BIRMINGHAM CITY University

The Dynamics of Flexible Working and Work-Family Balance: Implications on the Wellbeing of Global Majority Women in the U.K. Health Sector.

By

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Declaration

I attest that this thesis is submitted to Birmingham City University, United Kingdom, for the Degree of Doctor of Philosophy (PhD) and has not been previously submitted for any other award, degree or qualification to another academic institution. I affirm that this research is entirely my work, and I have obtained and presented all the information in compliance with the University's academic rules and ethical conduct.

Signed
Mutiat Ayodele Owolewa
2026

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Dedication

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Publications during the PhD Journey

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3. Adekoya, O., Haralakatta Ramanna, R., Okore, L.A., Idowu, T., **Owolewa, M.** and Adesanya, F., 2026. Exploring African women's roles and experiences as co-breadwinners and homemakers: a work–family entanglement perspective. *Employee Relations: The International Journal*, *48*(3), pp.479-500.
4. Ajonbadi, H., Adekoya, O.D., Mahmoud, S., Mansour, Y., Daher, K. and **Owolewa, M.A**., 2026. The augmented recruiter: examining AI integration and decision-making dynamics in Qatar's organisational hiring practices. *Journal of Work-Applied Management*, pp.1-18.

- ***Book Chapters***

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2. **Owolewa, M.A.,** Ajonbadi, H.A., and Gracey, S. (2025). Balancing Careers: Navigating Flexible Work and Gender Dynamics in the Moroccan Workplace. In *Careers in Africa: Trends, Opportunities and Challenges* (pp. 257-279). Cham: Springer Nature Switzerland.
3. Ajonbadi, H.A., Khan, S. and **Owolewa, M.** (2024). Before it goes south: the ethical dilemma of artificial intelligence in human resource management—the Bangladesh workplace experience. In *HRM, Artificial Intelligence and the Future of Work: Insights from the Global South* (pp. 147-167). Cham: Springer Nature Switzerland.
4. Ajonbadi, H.A., **Owolewa, M.A.,** Adekoya, O.D. and Mordi, C. (2024). Gender Equality and Flexible Working for Women Entrepreneurs in Egypt: A Critical Analysis. In *Exploring Entrepreneurship: Unpacking the Mosaic of Entrepreneurship across Africa* (pp. 129-150). Cham: Springer Nature Switzerland.

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List of Abbreviations

U.K.	United Kingdom
IT	Information Technology
GMW	Global Majority Women
NHS	National Health Service
GPs	General practitioners
ONS	Office for National Statistics
PPE	Personal Protective Equipment
IFS	Institute for Fiscal Studies
BMA	British Medical Association
GM	Global Minority
ICT	Information and Communications Technology
CIPD	Centre for Personnel and Development
FWA	Flexible Working Arrangements
CCGs	Clinical Commissioning Groups
EU	European Union
WFB	Work-family balance
WIF	Work-Domain Interference with Family
WFC	Work-family conflict

Abstract

This research explored the dynamics of flexible working and work-family balance and their implications on the wellbeing of Global Majority Women (GMW) in the U.K. health sector. GMW encompasses individuals from African, African/British, Asian, and other Minority Ethnic backgrounds who are not of British origin and belong to non-white ethnic groups. Despite extensive research on flexible working and work-family balance, limited attention has been paid to how intersecting identities shape access to and experiences of flexible working. This study addresses this theoretical gap by integrating Intersectionality Theory with Boundary Theory and Spillover Theory, extending existing work-family scholarship to better explain how structural inequalities shape the experiences of Global Majority Women in the U.K. health sector. The study employed a qualitative methodology based on a social constructionist epistemology, an interpretive philosophy, and an inductive research approach, collecting primary data from 37 GMW healthcare professionals working primarily in NHS and community care settings. Participants included doctors, nurses, care assistants, and other healthcare workers from diverse ethnic backgrounds. Data collection continued until saturation, with Purposive and snowball sampling ensuring participants met defined research criteria while maintaining demographic diversity.

The findings revealed that GMW conceptualise flexible working arrangements through a comprehensive life management framework that transcends traditional organisational definitions. Participants understood flexible working as encompassing four interconnected dimensions: autonomous control over time and space, seamless work-life integration, adaptive responsiveness to changing circumstances, and family-centred organisation whilst maintaining professional effectiveness. Cultural and religious variations emerged as significant factors, with African participants emphasising family-centred adaptability, Asian participants focusing on professional-personal equilibrium, and religious frameworks providing distinctive meaning-making systems for understanding workplace flexible working. The study demonstrated that GMW faced discrimination operating multiplicatively rather than additively, creating qualitatively distinct experiences of professional marginalisation through compounded credibility questioning, religious-cultural-gender conflicts, motherhood penalties intensified by migration status, and systemic barriers embedded within healthcare institutions. Despite these challenges, participants developed coping strategies including spiritual practices, social capital mobilisation, cognitive protective mechanisms, and strategic identity management. Critical facilitating factors for effective flexible working included supportive management, predictable scheduling, colleague networks, and cultural accommodation. However, significant barriers emerged through economic pressures, structural support deficits, implementation failures, and immigration-related constraints. The research revealed a concerning reliance on individual manager characteristics rather than systematic organisational policies, creating vulnerabilities for GMW who might encounter managers with limited cultural competence.

Practical implications include the need for comprehensive leadership development programmes with intersectional competencies, fundamental reform of flexible working policies to address GMW's distinctive needs, targeted professional development programmes, and systematic approaches to religious and cultural accommodation. The findings emphasise that while individual resilience enables survival within discriminatory environments, systematic organisational and policy changes remain essential for addressing underlying structural inequalities. This research concludes that flexible working holds promise for improving the wellbeing, work-family balance and career sustainability of GMW in healthcare, but only when grounded in an intersectional understanding of their lived experiences. Without this lens,

flexible working risks reproducing the very inequities it seeks to redress, highlighting the need for equity-focused approaches that prioritise structural change over individual adaptation.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Flexible working arrangements offer a mechanism for employees to better manage their work and family responsibilities, which may lead to improved work-family balance and reduced conflict between work and family responsibilities (Agnoletto, 2024). Flexible working is defined as situational, locational, and operational flexibility in the organisation (Chartered Institute of Personnel and Development, 2022). Flexible working provides a resource-conserving capability for employees, especially women, enabling them to adapt their work responsibilities to meet family obligations (Chung and Van Der Lippe, 2020).

Research has demonstrated that flexible work arrangements enable mothers to remain employed after childbirth and retain high-human-capital jobs during the period of peak family demands (Chung and Van Der Horst, 2018b). Mothers who can balance their work and family responsibilities also report greater satisfaction with their work-family balance (Chung and Booker, 2023). While flexible working arrangements contribute to gender equality in the larger society, they may concurrently shift the traditional gender role constructs both in the work and home domains, depending on previous views on gender roles and societal expectations for women's and men's roles (Chung and Van Der Lippe, 2020). There is evidence to suggest that when women use flexible working arrangements, they are likely to take on more domestic and caring responsibilities and therefore increase their work-family pressures rather than decrease these pressures (Owolewa *et al.,* 2025).

Work-Family Balance (WFB) is crucial to organisations and to employees. The inability to effectively manage important family matters can lead to increased levels of absenteeism, tardiness, and decreased concentration at work. When individuals fail to achieve WFB, they experience negative consequences across both domains of their lives (Haar *et al.,* 2019). Additionally, the literature supports that successful work-family policies have the potential to positively influence factors including absenteeism, tardiness, work-family conflict, stress, and improve organisational factors including productivity, morale, job satisfaction, and organisational commitment (Allen and French, 2023). However, although work-family conflict

affects both males and females, there is evidence that most of the responsibility associated with managing family responsibilities falls on the shoulders of women (Mordi *et al.,* 2023).

In the context of this study, wellbeing is defined as a holistic construct that includes physical health, mental and emotional stability, social connections and cultural safety. Given the unique experiences of GMW (GMW includes individuals of non-white ethnic origins who belong to Black, Asian and Minority Ethnic communities (Kapilashrami and Marsden, 2018), wellbeing is understood through the lens of systemic oppression and how workplace racism, visa restrictions, religious stigma, and cultural disconnections may serve as additional stressors beyond those traditionally recognised in work-family conflict (Jayachandran, 2021)

Furthermore, the pandemic further complicated the difficulties of work-family challenges. It raised concerns regarding the blurring of the lines between the work and personal domains and the increase in childcare burdens placed on women (Adisa et al., 2022). Women in patriarchal societies experience an amplified burden to successfully integrate their occupational and familial responsibilities (Adisa et al., 2019a; Akanji et al., 2020). Employees typically fill multiple roles simultaneously, and when these roles are not appropriately linked together, work-family conflict occurs and produces negative outcomes for both employees and employers (Ribeiro et al., 2023; Powell et al., 2019). Aziz-Ur-Rehman and Siddiqui (2019) suggest that providing employees with enhanced flexible working options is an effective means for organisations to promote employee wellbeing and create positive organisational outcomes. The flexible working options related to the temporal and spatial dimensions of employment provide significant support for employee wellbeing (Sekhar and Patwardhan, 2023).

Despite the positive effects of flexible working arrangements on workers' health and wellbeing, equality does not exist as regards these opportunities within industries and among different characteristics of workers. A rapid evidence review points out that women, ethnic minorities, individuals in low-status occupations, and people with other structural barriers have less opportunity to use flexible working arrangements, and this inequality may affect their health and wellbeing outcomes (Barnes et al., 2025). Furthermore, organisational culture, social norms and operational systems influence both how organisations provide flexibility for their employees and how employees enact flexibility, with evidence demonstrating that flexible work (including part-time and flexible working) remains predominantly located in female-dominated sectors and can be associated with a negative impact on an employee's career

progression if organisational culture and norms stigmatise flexibility (U.K. Government, 2025).

Work-family conflict negatively impacts the wellbeing of Global Majority Women (GMW) healthcare professionals, which may lead to increased levels of stress, burnout and mental health issues (Boamah et al., 2022; Brulin et al., 2023). GMW in healthcare experience distinct health crises that are largely ignored in mainstream literature on work-family conflict (British Medical Association, 2021). The COVID-19 pandemic has exacerbated the challenges for GMW healthcare professionals in the U.K. health sector. Healthcare professionals were subjected to extreme pressures and risk of contracting the virus (Ober and Karwot, 2023) and were at a higher rate of contracting COVID-19 than the general population. Mental health was identified as a major issue for healthcare workers, which included increased levels of stress, burnout and anxiety resulting from high demand for services and the emotional impact of providing care to severely ill patients (Reimann, 2023). The stressors associated with the COVID-19 pandemic have created a perfect storm of stressors for GMW healthcare professionals that compound the existing challenges of discrimination and cultural disconnection (Adisa et al., 2022; Bradley et al., 2023).

The U.K. health sector provides a highly relevant environment in which to investigate these dynamics. The National Health Service (NHS) contains a large proportion of female workers, and GMW face intersecting forms of discrimination and marginalisation based on race, gender and ethnic identity (British Medical Association, 2021). The NHS has a diverse workforce; approximately 48% of the cohort of registered doctors are female (G.M.C., 2023), and 41.9% of the cohort are categorised as belonging to the Global Majority (NHS, 2023; Oui et al., 2023). Nevertheless, there is an alarming trend of discrimination impacting the career paths of GMW, resulting in a grossly uneven distribution of training levels (NHS, 2022; Hussain et al., 2023).

GMW in the U.K. health sector commonly experience challenges in managing multiple roles, such as healthcare professionals, caregivers, and family members. Managing these roles can produce challenges to meet societal expectations and cultural norms and consequently may lead to work-family conflict (Adisa et al., 2021). Moreover, a study conducted by Gogoi et al. (2024) about the experiences of Healthcare Workers in the U.K. has documented how the intersections of race, ethnicity and gender, along with their occupational roles, contributed to different levels of disadvantage and discrimination, especially during times of crisis.

Spillover theory, boundary theory and intersectionality theory provide the theoretical foundation for this study. Spillover Theory (Zedeck, 1992) states that experiences, emotions, attitudes, and behaviours "spill over" from one domain (e.g., work) to another (e.g., family) and vice versa, which can have both positive and negative spillover effects on wellbeing (Greenhaus and Powell, 2006; Abdou et al., 2024; Sankar, 2025). Boundary Theory expands on spillover theory by describing the way people establish and maintain borders (in terms of time, place, and psychology) between work and family to create work-life balance, especially in situations where flexibility causes or contributes to blurring traditional role boundaries (Clark, 2000; Harris, 2024). While Spillover theory and Boundary theory capture role-based and psychological processes in work–family interaction, they often miss the inequalities that the intersecting social identities create.

Intersectionality theory addresses this limitation by providing a lens to understand the way multiple social identity categories, including race, gender, and class, can result in unique experiences of both privilege and oppression for individuals, and how these experiences cannot be understood when analysed separately (McBride et al., 2024; Kapilashrami et al., 2025). Intersectionality theory has been used to study the way in which systems of power and discrimination intersect and influence health inequities and health outcomes in different populations (Holman et al., 2021).

Integrating these three theories gives an overall framework for understanding how flexible working influences work-family balance and wellbeing amongst Global Majority women in the U.K. health sector. Using spillover and boundary theories allows the exploration of the interaction between work and family experience and how boundaries are established/managed within a flexible working context. Intersectionality theory identifies the structural or contextual inequalities which create unequal opportunities and outcomes with regard to access to flexibility, particularly when intersectional identities (e.g., race, religion, and gender) create cumulative disadvantage.

Despite the growth of research on flexible working and work-family balance, an important theoretical gap remains. Existing work-family frameworks, particularly Boundary Theory and Spillover Theory, explain how individuals manage work and family roles but provide limited insight into how structural inequalities shape these experiences. As a result, the experiences of Global Majority Women, whose work and family lives are influenced by the intersections of race, gender, ethnicity, religion, migration status and professional identity, remain

insufficiently theorised. This limitation means that existing work-family frameworks tend to assume that the processes through which employees negotiate work and family responsibilities are broadly similar across different groups of workers. In doing so, they pay insufficient attention to the ways in which structural inequalities shape both access to flexible working arrangements and the outcomes that these arrangements produce. As a result, the experiences of Global Majority Women cannot be fully understood through existing theoretical explanations alone. Integrating Intersectionality Theory with Boundary Theory and Spillover Theory therefore provides a more comprehensive conceptual framework that captures not only how work and family interact, but also how these interactions are influenced by power, identity and structural inequality.

Guided by this integrated theoretical perspective, the study addresses the identified conceptual gap by providing a more comprehensive understanding of how flexible working influences work-family balance and wellbeing among Global Majority Women in the U.K. health sector. Accordingly, the study is positioned as a theory-extending contribution. By integrating these complementary theoretical perspectives, it extends existing work-family frameworks to better explain how structural inequalities shape flexible working, work-family balance and wellbeing among Global Majority Women.

1.2 Statement of Research Problem

Despite the significant body of literature on Flexible Working Arrangements (FWA) and employee wellbeing across various institutions and countries, there remains an important knowledge gap regarding the experiences of Global Majority Women (GMW) employees in the U.K. health sector. The GMW includes individuals of non-white ethnic origins who belong to Black, Asian and Minority Ethnic communities (Kapilashrami and Marsden, 2018), and they face challenges that have been underrepresented in existing research on flexible working, work-family balance, and wellbeing.

Within healthcare settings, GMW employees experience difficulties when attempting to reconcile their professional responsibilities with their own personal commitments. The GMW employees' experiences of FWA are not only shaped by occupational demands but are also shaped by the intersection of their racial and gender identities, as well as their professional identities that have been previously underrepresented in the existing body of literature. While there exists a large body of literature with respect to FWA, wellbeing and work-family balance

within the general population (Akanji et al., 2020; Kapilashrami and Marsden, 2018), the impact that FWA have on the wellbeing and work-life balance of GMW employees in the U.K. health sector is still relatively unexplored.

Evidence suggests that discrimination is an important factor that affects the employability of GMW. The British Medical Association has published surveys that reveal alarming levels of discrimination experienced by doctors. Specifically, 76% of doctors reported experiencing racism while at work and 91% reported experiencing sexism during the same time frame (BMA, 2021; Bishu and Headley, 2020) and as such, these types of events can affect the way GMW employees perform in their work, reduce wellbeing, create a larger environment of burnout, and cause delays in decisions regarding personal or family matters (Boamah et al., 2022; Akanji et al., 2020). Additionally, quantitative studies further show that GMW employees experience poor wellbeing outcomes compared to their non-GMW counterparts, and that GMW employees are more likely to experience 2.3 times higher rates of workplace-related mental health issues and 47% report less job satisfaction with the organisational support systems that exist within their organisations, despite GMW employees being similar to their non-GMW counterparts on factors like education, experience, and job position (Bradley et al., 2023), which supports the idea that there is an impact of intersecting systemic factors on GMW's employability and not simply due to the individual characteristics of the employees.

Although there has been considerable research conducted into FWA and its potential to enhance employee wellbeing and Work-family Balance (Hill et al., 2008; Grant et al., 2019; Chung, 2022), their effectiveness is uneven. However, it is well-documented that one of the most common barriers to the successful implementation of FWA is the pervasive and commonly unrecognised effects of intersectional inequality. In particular, employees who experience discrimination because of race, gender or other identity categories perceive FWA as mechanisms that exacerbate work-family conflict (WFC) and limit career progression opportunities (Barnes et al., 2025; Jayaweera, 2021). This contradictory result is mainly due to the disconnection between the universal policy design of an organisation and the specific socio-cultural reality of an employee from a diverse background (McCartney, 2025; Adisa et al., 2021). The continuous conflict is primarily due to structural discrimination, unequal exposure to workplace pressures and culturally distinct familial obligations, which further create greater levels of work-family conflict for GMW in the healthcare sector (TUC, 2024; Public Health England, 2020; Bhala et al., 2020).

While FWA are generally used to mitigate work-family conflicts (WFC) and staff shortages, they are affected by intersectional inequalities. Employees who experience discrimination based on race, gender, or other social identities may view FWA as increasing WFC or constraining career opportunities (Ozbilgin et al., 2011; Jayaweera, 2021). The disconnect between the universal nature of organisational policies and the specific socio-cultural reality of employees creates this tension (Kamenou and Fearfull, 2006; Adisa et al., 2021). Discrimination based on structure, varying exposure to workplace pressures, and culturally diverse familial obligations increase WFC for GMW (Greenhaus and Beutell, 1985; Voydanoff, 2004; Public Health England, 2020; Bhala et al., 2020).

The COVID-19 pandemic exacerbated the inequities faced by GMW that exist in the workplace. As a result of their frontline exposure, heavy workload, and the erosion of the separation between their work and family life, GMW healthcare employees were more likely to experience stress, illness, and death (Blaskó et al., 2020; Ober and Karwot, 2023). Other obstacles include patients' preference for white physicians, anticipatory anxiety, and hierarchical structures that limit empowerment, as well as systemic barriers to reporting discrimination (BMA, 2021; Jayachandran, 2021).

Specifically, the rate of burnout and intention to leave the U.K.'s National Health Service (NHS) is increasing and has been attributed to extreme pressure, staff shortages, and work-life conflict (The Nuffield Trust, 2022). Workplace discrimination against GMW employees in the NHS remains an issue of some concern, particularly concerning the documented differences in GMW employee experiences of bullying, career advancement opportunities and day-to-day experiences, as well as their reported morale and mental health wellbeing, which are all impacted by the documented disparities in GMW workplace experiences (Kline, 2014). As such, it is important to identify the factors which can either support or hinder achieving a healthy work-family balance among GMW employees in this area of employment and to establish what impact organisational culture and supportive HRM practice have on GMW employees' ability to achieve work-family balance and wellbeing, and how professional, social, and structural barriers create difficulties for GMW employees in the achievement of these goals. Additionally, research is needed to evaluate the potential of fully equitable flexible working options to support the long-term goal of achieving sustainable work-family balance and career development for GMW employees in the NHS.

Therefore, it is important to research how GMW employees in the U.K. health care sector utilise flexible working arrangements, how FWA affect GMW employees' work-family balance, and how GMW employees' intersectional identities affect their wellbeing and career advancement. Providing evidence to guide policy and HR practice that supports equitable access to FWA, promotes sustainable work-family balance, and enhances the long-term wellbeing of GMW healthcare employees will be provided through addressing this gap. By examining the lived experiences of this workforce, the current study provides evidence to develop interventions and organisational strategies that recognise structural and intersectional barriers to promote both employee wellbeing and organisational success.

1.3 Research Aim and Objectives

The primary aim of this research is to explore the dynamics of flexible working and WFB on the wellbeing of Global Majority Women working in the United Kingdom Health Sector.

1.3.1 Research Objectives

1. To explore how GMW in the U.K. healthcare sector perceive and experience flexible working and WFB.
2. To investigate the intersectional challenges faced by GMW in achieving work-family balance and how this influences their wellbeing.
3. To examine how flexible working contributes to WFB and wellbeing of GMW in the U.K. health sector.

1.4 Research Questions

1. How do GMW in the U.K. healthcare sector perceive and experience flexible working and WFB?
2. What are the intersectional challenges faced by GMW in the U.K. health sector in achieving work-family balance and wellbeing?
3. How does flexible working contribute to WFB and wellbeing of GMW in the U.K. health sector?

1.5 Research Context: The U.K. Healthcare System

This research is in the U.K. health system, a complex system supported by the NHS, established in 1948. The NHS operates through separate entities across England, Scotland, Wales, and Northern Ireland and is funded through taxation, representing society as collectively responsible for health service delivery (NHS, 2023; Khan et al., 2020). General practitioners function as the initial point of contact with the health service and provide coordination of care from primary services to specialist consultation and emergency services (Adirahman et al., 2018). The U.K. healthcare system is facing several significant challenges that are impacting the experiences of the healthcare workforce and their ability to implement flexible working arrangements (NHS, 2024).

The major challenge is the lack of sufficient numbers of qualified staff. Secondary care in England currently reports approximately 121,070 vacant positions as of September 2023 and includes 8,858 doctor positions and 42,306 nursing positions (Austin-Egole et al., 2020). These Staffing shortages are reducing organisations' ability to support employees with flexible working by forcing organisations to focus on providing services rather than supporting employees' need for flexible working.

Since Brexit, the number of EU staff has decreased by 10,000, and every month 400 GPs leave the profession, resulting in England having a ratio of 2.9 physicians per 1,000 people, compared to an average of 3.7 in the EU (Timewise, 2018; Ribeiro et al., 2023). These shortfalls, coupled with a rising elderly population (41% of hospital admissions consist of patients 65+ years old), result in cascading effects and strains on the system, including increased waiting periods (Medina-Garrido et al., 2023). The numerous staffing shortages in the health sector will affect the amount of room for flexible working, particularly among GMW, who frequently experience high workloads and struggle to schedule their own work time.

COVID-19 created unprecedented workforce pressures in the U.K. healthcare system. Over 127,000 COVID-19 patients had been admitted to English hospitals by September 2021, overloading capacity and producing equipment shortages (Ortiz-Bonnin et al., 2023). The human toll was extreme, with over 850 healthcare workers having died from COVID-19 in England and Wales, and 39% of doctors reported increased stress during the pandemic (Boamah et al., 2022; Karakurt et al., 2023). Due to service transformation, nearly 4.7 million elective treatments were postponed, leading to a massive backlog of healthcare, with lasting

impacts (Ortiz-Bonnin et al., 2023). Notably, the pandemic exacerbated the existing inequalities in the U.K. healthcare system, as GMW communities experienced a disproportionate burden of the pandemic, with Bangladeshi and Black Caribbean populations having double- and 1.8-times greater death risks, respectively, compared to White British individuals (Kapilashrami and Marsden, 2018). The COVID-19 pandemic highlights the importance of implementing policies that support the work-family balance and wellbeing of GMW in the healthcare system.

Systemic gender and ethnic disparities exist in the U.K. labour market that complicate GMW in the healthcare system. A persistent gender pay gap exists in the U.K., with a median pay gap of 13.1%, increasing to 15.1% in the public sector. Only 10% of employers in the U.K. offer equivalent salaries (Devine and Foley, 2020). Occupational segregation confines women to healthcare, retail and hospitality jobs, which are typically low-paid. Seventy-five per cent of women's occupations are in the healthcare and social care sectors (Bertrand, 2020). The intersection of unpaid care work and employment further complicates the ability of women to access flexible working arrangements. The unequal distribution of unpaid care work impacts women's labour market participation, career advancement and access to flexible working opportunities (Chung and Booker, 2023). Although legislation such as the Equality Act (2010) is present, it continues to prevent women from achieving financial security and being able to effectively manage their work and family responsibilities (Devine and Foley, 2020)

Furthermore, ethnic minorities, who now make up 18.3% of the population of England and Wales by 2021, face a multitude of labour market challenges despite demographic growth (ONS, 2022). Ethnic minorities continue to be subject to widespread hiring discrimination, with ethnic minority applicants needing 50% more applications than White British applicants to achieve comparable success rates (Clark and Shankley, 2020). Despite controlling for education and experience, pay gaps remain for ethnic minorities, illustrating systemic discrimination in recruitment, promotion and workplace culture that reduces career advancement opportunities for ethnic minorities (Kapilashrami and Marsden, 2018).

In the NHS, systemic inequalities have resulted in significant disparities in the treatment of GMW. GMW comprise 41.9% of registered doctors; however, they experience systematic discrimination (British Medical Association, 2021). Recent surveys found that 76% of doctors experienced some form of workplace racism and 91% experienced some form of sexism in the last two years, with consultants identified as the most common source of discriminatory

behaviour towards GMW. GMW experience a range of discrimination, including both overt and covert forms of harassment, increased scrutiny, and White patient preferences that result in anticipated anxiety and excessive performance expectations (Chung, 2020; British Medical Association, 2021). Crenshaw developed the theoretical construct of intersectionality in 1989 to describe the manner in which multiple forms of inequality (race, gender, ethnicity, etc.) intersect to produce unique experiences for GMW in the workplace (Ajayi, 2021). An intersectional lens demonstrates how biases, cultural norms and institutional practices interact to determine access to hiring, promotion, work environment, and resources for GMW in the workplace (Adisa et al., 2021).

Additionally, systemic inequalities have a significant impact on the health care access, socio-economic and social mobility of Global Majority Women (GMW), as they experience inequitable access to health care, economic disadvantage and limited social mobility. Global Majority staff face greater barriers to accessing quality health care due to socio-economic factors, racism and discrimination (Boamah et al., 2022). Moreover, Global Majority staff experience economic inequality through housing discrimination, wage disparity and fewer opportunities for career advancement compared to their White counterparts (Austin-Egole et al., 2020). Systemic barriers exist in the workplace for GMW to progress into senior leadership positions, in addition to limited access to professional networking (CIPD, 2022) and unconscious bias during the evaluation process of senior leaders. These systemic barriers limit GMW's ability to engage in flexible working arrangements and subsequently increase their levels of stress and negatively affect their overall wellbeing.

These systemic inequalities, along with the challenging environment of the National Health Service (NHS) and the hierarchical structure of the NHS, create multiple barriers for GMW to participate in flexible working arrangements and achieve work-family balance within the health care system. The intersectionality of ethnicity and gender discrimination and the challenging environment of the NHS, and its hierarchical structure, influences the flexible working arrangements and wellbeing outcomes of GMW. Therefore, understanding these complexities is essential to conducting meaningful research demonstrating how GMW can fulfil their professional obligations and contribute to their family obligations while maintaining their wellbeing in the United Kingdom health care system.

1.6 Significance of the Study

This research adds to the collective body of knowledge by exploring the dynamics of Flexible working arrangements and work-family balance and their implications on the wellbeing of Global Majority women (GMW) employed in the U.K. health sector. Flexible working and work-family balance have long been topics of discussion in organisational and human resource management literature; much of the previous research has utilised a universalistic approach and has failed to acknowledge how these concepts may differ among various marginalised groups. There has been little or no research that utilises an empirical approach to assess the perceptions of GMW regarding flexible working and work-family balance in the health sector, although they are overrepresented in the health sector (NHS, 2024). As such, this study addresses the gap in the literature by utilising a marginalisation framework that expands the scope of understanding workplace wellbeing.

One of the primary contributions of this study includes the way it integrates flexible working, work-family balance, and wellbeing as interconnected and dynamic processes rather than as separate organisational outcomes. Many previous studies have examined flexible working as either a neutral policy tool or as one where the same benefits of flexible working apply to all employees. This study challenges those assumptions with evidence that the effectiveness of flexible working is influenced by social position, organisational culture, and structural conditions. With this integrated approach, the study provides a more nuanced understanding of how flexible working influences work-family balance and wellbeing for GMW in the U.K. health sector.

In addition, the study provides an important contribution to work-family balance research as it examines how GMW conceptualise and negotiate balance in their daily lives. Rather than viewing work-family balance as an individualised achievement or an outcome based on time management, the study views balance as a relational, cultural, and contextual phenomenon. Through the collection of participant-defined meanings of balance, the study builds upon prior work and expands the scope of work-family balance research in relation to an understudied population.

Empirically, the study provides original data illustrating how intersectional barriers to flexible working shape WFB and wellbeing of GMW. The findings from this study indicate that structural inequities, including workplace racism, religious discrimination, migration or visa

insecurity, gendered expectations related to care, and hierarchical organisational practices, significantly moderate access to and outcomes of flexible working. Such findings challenge the assumption that policies are neutral and illustrate how flexible working can both mitigate and exacerbate work-family conflict dependent on the organisational and social context in which it occurs.

As a result, the study further enhances our understanding of the conditions under which flexible working will support or constrain wellbeing. Additionally, through an intersectional lens, this study acknowledges the multiple, intersecting barriers to GMW wellbeing that occur where the intersections of race, gender, ethnicity, migration status and professional identity converge. This viewpoint is essential, as GMW is a diverse group who experience different barriers that cannot be explained through single-axis analysis (e.g. only analysing gender or only analysing race).

The theoretical contribution of this study lies in its theory-extending approach. While Boundary Theory and Spillover Theory explain how individuals negotiate work and family roles, they pay limited attention to how structural inequalities influence these processes. By integrating Intersectionality Theory with these established frameworks, the study extends existing theoretical understanding of flexible working, work-family balance and wellbeing. This integrated framework demonstrates that boundary management and spillover experiences are shaped by intersecting systems of inequality, including race, gender, ethnicity, religion and migration status, thereby incorporating dimensions of power, identity and context that remain underdeveloped within conventional work-family research.

Lastly, the study provides a meaningful contextual contribution by focusing on the U.K. health sector, a highly demanding sector characterised by rigid professional hierarchies and increasing reliance on flexible working as a workforce strategy. The U.K. health sector is also reliant on GMW; however, their experiences of flexible working and wellbeing are underrepresented in the literature. Therefore, by situating the study in this context, the study provides empirically grounded and practically relevant information to inform future research and practice, especially in consideration of the current workforce shortages and post-pandemic wellbeing concerns.

Ultimately, the study provides important contributions to both practice and policy. Specifically, the findings provide empirical evidence for healthcare leaders, policymakers, and HR practitioners who wish to create and implement flexible working arrangements that promote

work-family balance and wellbeing. However, unlike other studies that have emphasised flexibility as a singular solution to the work-family conflict faced by employees, this study advocates the need for organisations to develop intersectionally informed and culturally sensitive workplace practices. As a result, the study contributes to a larger dialogue surrounding equality, inclusion, and sustainable workforce wellbeing within the U.K. health sector and beyond.

1.7 Thesis Outline

This research consists of nine comprehensive chapters that systematically examine flexible working arrangements and WFB for GMW in the U.K. health sector.

- **Chapter One** sets the stage for the study by outlining the background, research problem, purposes, objectives and research questions of the study. It emphasises the importance of the study and serves as a guide for the remaining chapters.
- **Chapter Two** examines flexible working arrangements and examines different types of flexible working arrangements (time-flexible working, contract work, shift work and telecommuting). It reviews the determinants, benefits and barriers of flexible working arrangements and assesses the U.K. legal structure regarding flexible working arrangements. It then provides a detailed overview of current flexible working practices in the NHS.
- **Chapter Three** examines the conceptualisation of intersectionality, wellbeing, work and family, examining their relationship and the concept of work-family integration. It defines WFB and conflict and specifically examines the gender dynamics surrounding flexible work. It analyses how flexible working arrangements affect domestic areas from a gendered perspective, examines women's experiences with WFB and ultimately examines the intersection of flexible working arrangements, WFB, intersectionality and wellbeing.
- **Chapter Four** explains the theoretical framework for the study, analysing spillover theory, boundary theory and intersectionality theory, in relation to the research topic and includes a summary of the previous chapter.
- **Chapter Five** outlines the research methodology, commencing with the philosophical position that guides the study. It describes the research design, approach and qualitative methods. The chapter outlines the data collection process, sampling strategy, analysis methods, methods to ensure validity and reliability and ethical concerns.

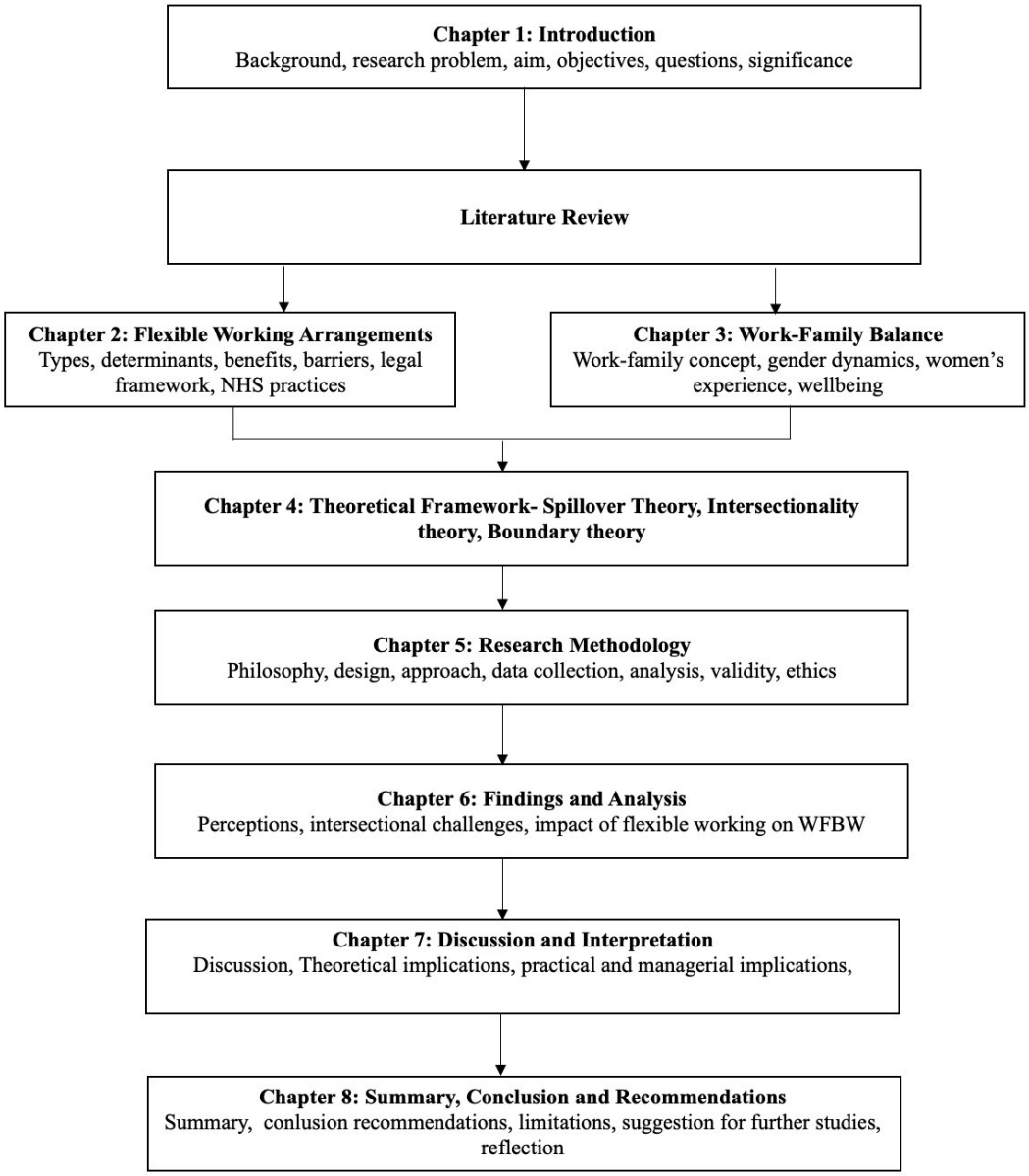

Figure 1.1: Thesis Outline

Source: Authors' compilation (2026)

- **Chapter Six** presents the research findings and analysis, organised around the three research questions. It explores GMW's perceptions of flexible working and WFB, including issues of stigma, intersectionality, and wellbeing. The chapter examines how intersectional challenges moderate GMW's WFB, wellbeing, and career advancement, including the role of organisational policies and family support systems. It concludes by analysing how flexible working arrangements shape the WFB and wellbeing of GMW in the U.K. health sector, with factors that hinder or contribute to the implementation of flexible working.

- **Chapter Seven** integrates the research findings by directly addressing each research question. It reviews the theoretical and practical implications of the findings before concluding with conclusions and recommendations.
- **Chapter Eight** provides a summary of the research findings, describing the methodology used and concludes with conclusions and recommendations derived from the study, and reflects on the entire research process. The chapter also identifies the limitations of the study and suggests avenues for future studies. Additionally, the researcher reflects on the entire research process.

CHAPTER TWO: FLEXIBLE WORKING ARRANGEMENTS

Flexible working arrangements (FWA) are one of the key concepts of this research to understand the experience of GMW regarding FWA. Thus, this chapter explores the concepts of FWA, different types of FWA (telecommuting, contract work, time-flexible working, and flexitime), the determinants of FWA, the benefits of FWA, and the barriers to FWA. The Chapter also evaluates the legal framework supporting FWA in the U.K., specifically the U.K. Health Sector as the study context.

2.1 The Concept of Flexible Working Arrangements

Flexible Working Arrangements originated in Europe in the 1970s when companies experienced difficulties related to globalisation, expanding product markets, the rapid adoption of new technologies and reducing labour costs (Azara et al. 2018). Policymakers recommended two possible responses (the 'low road' and the 'high road') to address these problems (Aziz-Ur-Rehman and Siddiqui 2019). The 'low road' focused on price competitiveness, a reduction in earnings and benefits for employees. In contrast, the 'high road' included technical innovation, quality endorsements and workforce development, but employees were expected to adapt to these changes, and therefore flexible working arrangements for both employers and employees (Kumar et al. 2023).

One of the earliest conceptualisations of workplace flexibility was provided by Atkinson (1984) through the Flexible Firm Model. The model distinguished between functional flexibility, numerical flexibility and financial flexibility, reflecting organisations' attempts to respond to changing economic conditions. Although primarily employer-centred and focused on organisational competitiveness, the model provided the foundation for subsequent debates on employee-oriented flexibility, autonomy and work-family balance (Kelliher and Anderson, 2010; Chung and van der Lippe, 2020). The concept of flexibility extends beyond organisational efficiency and should be understood from both employer and employee perspectives. From an employer perspective, flexibility enables organisations to respond to market uncertainty, control labour costs, and improve operational performance. From an employee perspective, flexibility provides greater autonomy over when, where, and how work is performed, supporting work-family balance, wellbeing, and career sustainability. Therefore, flexible working represents a negotiated arrangement in which organisational requirements and employee needs interact, rather than a practice that solely serves employer interests.

Over the years, flexible working has moved from being seen solely as a way of cutting costs to becoming an organisation-wide tool for increasing employee productivity, employee engagement and helping employees balance work and family responsibilities (Adisa et al. 2022; Tewari et al. 2025). Similarly, Bjärntoft et al. (2020) suggest that flexible working gives workers different skills and promotes a collaborative relationship between employees and managers to achieve organisational goals in other ways than providing employee autonomy and allowing them to decide on how and when to complete tasks, which may affect employee productivity (Caillier 2018). This aligns with the work of Sekhar and Patwardhan (2023) and Yadav and Bagri (2025), explaining flexible working as a tool that helps in developing employee competence and participation, which can reduce absenteeism, improve job satisfaction and increase organisational productivity.

International evidence suggests that the implementation and outcomes of flexible working vary across institutional and cultural contexts. Research from Nordic countries such as Sweden and Denmark indicates that strong welfare systems and family-friendly policies support higher utilisation of flexible working and more favourable work-family outcomes (Chung and van der Horst, 2018). In contrast, studies from the United States show that access to flexible working is often influenced by organisational discretion and occupational status, resulting in unequal access and benefits across employee groups (Kossek and Thompson, 2016). Similar challenges have been identified in developing economies, where organisational culture, labour market conditions, and socio-economic inequalities continue to shape employees' access to flexible working arrangements (Adisa et al., 2021). These differences suggest that the effectiveness of flexible working is shaped not only by organisational policies but also by broader socio-economic and institutional conditions. These variations suggest that flexible working cannot be understood as a universally beneficial practice, but rather as a context-dependent arrangement whose outcomes are shaped by institutional, organisational and social inequalities.

In relation to wellbeing, Harrop et al. (2025) and Austin-Egole et al. (2020) suggest that flexible working contributes to employees maintaining a healthy work-family balance by enabling them to accommodate their personal activities outside of work. The Chartered Institute of Personnel and Development (2022) undertook a study involving HR specialists from 585 organisations in the U.K. and found that the number of employees choosing flexible employment contracts had risen, indicating the widespread acceptance of flexible working.

However, Bellmann and Hübler (2021) and Chung (2022) suggest that, in addition to the potential benefits, flexible working may result in disadvantages for workers, for example, less opportunity for training, increased job insecurity and lower wages, thus creating the flexibility paradox: where flexible working is intended to empower employees, it can also create uncertainty for employees when used for organisational gain. However, while these definitions emphasise autonomy and adaptability, there is little recognition of unequal levels of access to flexible working arrangements for workers in racially and gendered workplaces.

Definitions of FWA have been identified in three major dimensions: The first dimension is Temporal Flexibility (the ability to control the time spent at work); the second dimension is Spatial Flexibility (the ability to control the location at which one works); and the third dimension is Autonomy over Work Processes (the ability to control how work is done). For example, according to Adisa et al. (2022), Flexible Working is defined using digital technology for enabling remote working. Similarly, Aziz-Ur-Rehman and Siddiqui (2019) define flexibility as the degree to which an employee controls both when and where work is completed. Other researchers have also developed broader definitions of FWA and defined them as including all forms of non-traditional arrangements (e.g. part-time, compressed schedule) that deviate from the traditional full-time, on-site working arrangement (Adisa et al., 2021; Adisa et al., 2014).

Different meanings can be attributed to the term FWA; for example, Dizaho et al. (2017) state that FWA can refer to flexitime, contract work, day jobs and shift work. Conversely, some organisations use flexible working arrangements as a means of using temporary employees to meet fluctuations in customer demand and achieve performance advantages (Adirahman et al., 2018). Consequently, the flexibility offered to employees is often to the advantage of the organisation rather than the employee. Furthermore, Adisa et al. (2014) suggest that flexible working can be viewed from two perspectives: firstly, the employers' pursuit of workers' flexible working to enhance profit and efficiency and secondly, how employees perceive the flexibility provided to them and how they manage to change or reorganise their work schedules to fit in with the flexibility provided to them. This study explores flexible working arrangements from the employees' viewpoint, focusing on how Global Majority Women in the Health Sector in the U.K. use, negotiate, and understand flexible working arrangements to improve work-family balance and wellbeing.

The literature on flexible working arrangements illustrates that flexible working arrangements can have a positive impact on both employees and organisations. Some of the positive impacts on employees and organisations include decreased stress levels, improved wellbeing, fewer absences from work and lower turnover rates (Austin-Egole et al., 2020). However, it is equally important to consider the potential negative consequences for employees, such as the possibility of exploitation or conflict with management (Chung, 2022). As part of the Flexible Working Regulations 2014 in the U.K., employees now have a statutory right to request flexible working. This right was further strengthened through reforms implemented in April 2024 under the Employment Relations (Flexible Working) Act 2023, which introduced a day-one right to request flexible working. The NHS in the U.K. is increasingly adopting flexible working as a major component of its strategies to address workforce shortages, including high employee turnover, recruitment shortfalls, and employee burnout, as well as to improve workforce diversity (NHS Employers, 2022). Although policies continue to evolve, unequal access to flexible working remains a significant issue for Global Majority Women, whose opportunities to utilise flexible working arrangements may be restricted by subtle biases and limited autonomy (Adisa et al., 2021; Chung, 2022).

Researchers have established several categories of flexible working arrangements, including contractual arrangements, functional arrangements, workplace arrangements, telecommuting, and home-based and flexitime (Chung, 2022; Adisa et al., 2022). Although such categorisations offer a clear way to view and compare different types of flexibility and how it can be accessed, negotiated or experienced by those from marginalised groups, this research therefore goes further than merely describing flexibility and instead explores how flexible working arrangements are implemented (in practice) and how they impact work–family balance and wellbeing for Global Majority Women in the U.K. health sector.

Table 2.1 outlines key definitions of flexible working arrangements found within the literature, demonstrating both the conceptual variation and lack of universal agreement about the definition of flexible working arrangements, which this study aims to challenge through an employee-focused perspective.

Table 2.1Definitions of Flexible Working Arrangements

Author(s)	Year	Definition
Adisa *et al.*	2022	A situation in which an employee works remotely from home while maintaining employment status with their company through a formal contract. Despite working outside the organisation's office space, they still engage with the employer and colleagues through teleconferencing channels.
Aziz-Ur-Rehman and Siddiqui	2019	The capacity of an employee to have control over their job, allowing employees to choose where they work (e.g., restaurants, hotels, trains, aeroplanes, or hotdesking arrangements within the organisation).
Chung and Van der Lippe	2020	Any policies or practices that allow employees to vary their time and location of work.
Adisa *et al.*	2021	A wide concept that involves any work arrangement that is different from the traditional 9 am-5 pm on-site jobs.
Tewari *et al.*	2025	A Human Resource strategy that allows organisations to cushion the increased effect of environmental dynamics by adapting various approaches to attain organisational goals through variation in where and when jobs are performed.
Harrop *et al.*	2025	Can be identified with flexitime, contract work, day jobs, and shift work.
Metselaar *et al.*	2023	The ability of individuals or employees to work from various locations while still achieving their goals.
Bocean *et al.*	2023	Encompasses different arrangements that give employees the freedom to choose when, where, and how they work.

Source: Author's Compilation (2026)

2.1.1 Time Flexible Working

Time flexible working refers to working patterns that depart from the standard full-time 40-hour week with fixed daily hours. Examples of time flexible working include flexitime, compressed working weeks, freelance work, rotating work, and zero-hours contracts (Ferrara et al. 2022). One of the main benefits of flexitime is that employees are allowed to determine when and what time they commence and finish their work, enabling employees to undertake external commitments (e.g. childcare or domestic duties) (Aziz-Ur-Rehman and Siddiqui 2019; Kim and Choi 2023). Many organisations that use flexitime have designated core hours, during which employee attendance is required for operational purposes (Gerdenitsch et al., 2015). While flexitime offers employees autonomy to organise their work, it is also designed to ensure that the organisational needs are coordinated. Whether or not flexitime effectively

achieves a balance between employee autonomy and organisational needs depends on the context of each organisation.

Both employees and employers experience several advantages through Flexitime, for example, increased efficiency, decreased absenteeism, lower employee turnover, and better work-life balance (Aziz-Ur-Rehman and Siddiqui 2019). The relationship between flexitime and productivity is inconsistent and does not benefit all, as even Aziz-Ur-Rehman and Siddiqui (2019) identified the variability of the relationship between flexitime and productivity. Several factors impact the relationship between flexibility and productivity, for example, job type, time commitments, and organisational culture, especially a manager's level of trust that may constrain an employee's ability to be autonomous (Aziz-Ur-Rehman and Siddiqui 2019; Tewari et al. 2025). However, the relationship between flexible working and productivity remains contested. While some studies report improvements in productivity due to increased autonomy, job satisfaction, and reduced commuting time, others suggest that flexibility may contribute to work intensification, longer working hours, role blurring, and employee burnout. Furthermore, productivity gains are often influenced by job type, organisational culture, managerial support, and the nature of work being undertaken. Consequently, flexible working should not be assumed to generate universal productivity benefits across all organisational contexts.

The degree of success for a flexitime initiative will depend upon the organisation's operations and the context in which it is implemented (Tremblay 2023). While flexible working time arrangements may help improve productivity and work-family balance, few empirical studies have investigated the claims made about the effectiveness of innovative working time arrangements. In addition, the lack of long-term studies into the outcomes resulting from the implementation of flexitime, particularly for marginalised groups (Tremblay, 2023), represents a significant weakness within the body of knowledge on the benefits of flexitime. The discrepancy is considerable, since experience with and availability of flexible time arrangements do not occur equally throughout workforces. The managerial discretion that occurs in many organisationally racialised and gendered organisational settings can also determine which employees will be considered "legitimate" users of flexible time arrangements; therefore, the literature is largely missing a discussion on equity, sustainability and wellbeing issues.

2.1.2 Contract Work

According to Gerdenitsch et al. (2015), contract work refers to employees engaged to carry out a task or job typically for a specific period, or to complete a specific project. Some scholars consider this type of temporary arrangement to be contingent working (Mishra, 2025). Contract workers are categorised by Fuller and Hirsh (2018) into the concept of numerical flexibility, depending upon the duration of the contract worker's engagement with the organisation.

There are numerous examples of types of flexible contracts, which include: fixed-term employment; extended trial periods; agency work; temporary employment; seasonal employment (Yucel and Fan, 2023). From an employee perspective, contract work is frequently viewed negatively, as a source of job insecurity, decreased self-esteem, increased absenteeism and decreased productivity, arising from a lack of commitment and security (Gerdenitsch et al., 2015). Contractual flexibility can have serious consequences on employees' wellbeing, especially if contract workers cannot use company resources such as training, support services and flexible working arrangements that permanent employees can. For organisations, it allows them to evaluate staff before deciding to make permanent hires and is a way for the organisation to adjust its workforce in relation to the demands of their business, especially when operating in fluctuating markets, i.e., those that experience variations in supply and demand (Yucel and Fan 2023).

The literature provides contradictory views on the benefits and drawbacks of contract work, as many of the existing studies in this area lack sufficient sample sizes and longitudinal data to form definitive conclusions. Therefore, there is currently very little known about how using contractual flexibility at work shapes work–family balance over time, which is very relevant to women from the global majority working in the health service, who make up a disproportionate number of those working in insecure and lower-grade jobs, where contractual flexibility is likely to be used by employers as a way to exert control over their employees rather than help them achieve better work-family balance.

2.1.3 Shift Work

Shift work involves rotating employees through day and night shifts and is commonly implemented in sectors that require continuous service delivery, including healthcare, law enforcement and hospitality (Atiku et al. 2018). Typically, employers will provide transportation from employees' homes to workplaces or transport allowances (Adisa et al. 2022; Akanji et al. 2020). A fundamental aspect of providing 24/7 patient care and the need for continuous and timely provision of services in the healthcare setting, in many cases, is achieved using shift work. Shift work can be arranged as fixed shifts, rotating shifts, or extended shifts (for example, 12-hour shifts), and this variability is influenced by both organisational needs to ensure the maximum number of productive hours are utilised, while also ensuring continuity of service provision.

Organisations have long recognised the operational advantages of implementing shift working systems to enable them to provide 24/7 services. The disadvantages of poorly planned and implemented shift working systems include the likelihood of staff experiencing fatigue, disrupting their ability to sleep, and increasing the risk of injury at work. The consequences of these issues can lead to ongoing effects on the wellbeing and job performance of employees (Chung and van der Lippe, 2020). Despite the risks associated with poorly organised shift working systems, much of the existing literature has focused on the operational benefits of shift working systems, rather than examining the broader implications of such systems on achieving work-family balance and creating sustainable employment opportunities.

Irregular and extended shift working arrangements, when combined with caring responsibilities, may exacerbate work-family conflicts, particularly if there is limited opportunity for employees to recover from shift working or inadequate support systems. These challenges are particularly evident in the health care sector where Global Majority Women are disproportionately employed in frontline positions and in shift-based positions. A notable omission in the literature relates to the cumulative wellbeing impacts of shift working arrangements and the extent to which these arrangements interact with gendered and racialised labour market dynamics.

2.1.4 Home-Based/Telecommuting Work

Telecommuting is using ICT to allow employees to do their work from places outside of the traditional workplace during paid hours at approved sites. Telecommuting aims to reduce employees' stress, burnout, and fatigue. However, self-employed employees are not included as telecommuters since they do their work from outside the employer's office (Azeem and Kotey, 2023). There is research to suggest that telecommuting reduces employee turnover and helps employees manage work-family conflicts (Bishu and Headley, 2020; Barath, 2022).

However, many studies have a high degree of selection bias. Organisations that implement telecommuting may have an existing employee-friendly culture which attracts certain types of employees who are sometimes predisposed to self-management (Bishu and Headley, 2020; Barath, 2022). Although the bulk of the studies (Bishu and Headley, 2020; Barath, 2022) present telecommuting as providing immediate costs of implementation that will be made up by the cost savings of not having to maintain the physical work site, there is a lack of studies examining the comprehensive cost or benefit analysis of telecommuting. Additionally, the assumption that telecommuting reduces stress and improves work-family balance for all employees overlooks the fact that employees differ greatly in terms of work preference, home environment and family circumstances (Azeem and Kotey, 2023).

The type of flexible work arrangements discussed above shows how organisations are trying to meet their goals and satisfy their employees by giving them control over their own work schedule. Unfortunately, in the U.K. health care sector, these types of flexible work arrangements are not equally available to all employees across all positions and grades. The CIPD (Working Lives, 2023) and the NHS (Staff Survey, 2024) reported similar findings. Although the Flexible Working (Amendment) Regulations 2024 permit employees to ask employers for flexible working, the utilisation of flexible working is often restricted by organisational and management attitudes and biases. Many of the restrictions on flexible working arrangements are disadvantageous to women and racialised minoritised employees who are working in frontline or lower-grade positions in the health care sector and also indicate the existence of structural inequality in the health care workplace practices. Thus, this study extends existing literature by exploring how flexible working arrangements contribute to work-family balance and wellbeing of GMW in the U.K. health sector.

2.2 Determinants of Flexible Working Arrangements

Employment patterns have changed over time from traditional fixed-hour full-time work to an increasing number of flexible employment arrangements that provide for varied hours and locations of work (Sekhar and Patwardhan, 2023). Labour market data shows that a large proportion of today's workforce is made up of part-time, contingent and contract workers (Kumar et al., 2023; Azeem and Kotey, 2023). Estimates indicate that around 50% of European workers and around 40% of U.S. workers will be employed as part-time, contingent or contract workers by 2030 (Vittis et al., 2025; Krapez, 2025). While flexible work arrangements are becoming increasingly relevant, there are many issues surrounding the distribution and experience of flexible working arrangements across occupational groups.

The literature identifies many factors that affect the extent to which employees utilise flexible working arrangements, such as employee preferences (Adisa et al., 2022), organisational culture (Irfan et al., 2023), technological infrastructure (Dodanwala et al., 2023; Ferrara et al., 2022) and external factors/crisis (Setiawan et al., 2025). However, the literature emphasises that all these factors are influenced by structural inequality based on race, gender and industry, and therefore determine who may be able to utilise flexible working arrangements and under what circumstances.

2.2.1 Employee Preferences

Employee preferences have been documented as one of the major factors that influence whether an organisation adopts flexible working arrangements (Akanji et al., 2020; Chung, 2020; Yucel and Fan, 2023; Yadav, 2025). Employee preferences have been categorised into work-life balance, family responsibilities and commute concerns (Yucel and Fan, 2023; Akanji et al., 2020; Chung, 2020). Pursuing work-family balance is a well-documented motivator for employees seeking flexible working arrangements, particularly in contexts characterised by high work intensity and long or irregular hours (Adisa et al., 2022). Moreover, the increase in employee recognition to negotiate between personal and professional commitments to support their wellbeing across the life course has been a reason for requesting flexible working arrangements (Yucel and Fan, 2023).

However, the work-family balance literature should be viewed critically. The assumption that flexible working will always result in an improvement in work-family balance fails to account for the potential negative consequences of flexible working, including the potential for work intensification, the blurring of the boundaries between the home and workplace, and the expectation that employees will be available to work outside of regular hours (Setiawan et al.,2025). Akanji et al. (2020) provided important counterpoints, arguing that employee-centred flexible work arrangements are more capable of harmonising an employee's life and employment requirements than employer-centred arrangements, which may lead to a decrease in an employee's work effort due to the perception of inequity. These dynamics highlight that employee preferences alone are insufficient to guarantee positive outcomes; rather, the design and implementation of flexibility are crucial.

Family responsibilities, specifically childcare, are a significant influence on employees' demand for flexible working arrangements. Kim and Choi (2023) found that employees with family responsibilities are primarily motivated by flexible working arrangements to effectively manage their family responsibilities. While this reflects broader social recognition of diverse family structures (Chung, 2020), much of the literature continues to underexplore how childcare responsibilities are unevenly distributed across gendered and racialised lines. This omission limits understanding of how flexible working preferences intersect with structural inequalities in caregiving and labour participation.

Another factor that determines the potential for flexible working is commuting. Metselaar et al. (2023) found that with growing numbers of workers desiring flexibility at work, the reasons for this include longer commute times, higher transport costs and time constraints. Davidescu et al. (2020) suggested that workers want to utilise flexible working to decrease travel-related stress and to enhance their overall quality of life. However, there is inadequate literature examining whether flexible working will transfer commuting-related stress into the home environment or create additional challenges for separating work from personal life. This gap is particularly relevant for understanding the wellbeing implications of flexible working beyond the workplace.

2.2.2 Organisational Culture

A key determinant of the success of flexible working arrangements and their adoption in organisations is organisational culture. The concept of organisational culture refers to the behaviours, values and beliefs held collectively by an organisation (Irfan et al., 2023). Leadership support is seen to be a key part of an organisation's culture that influences the development of a culture that supports the introduction of flexible working arrangements (Smith et al., 2019). Leaders who support flexible working arrangements are sending a powerful message to employees as to what behaviour is expected, acceptable and valued in the workplace and establishing a positive and supportive tone (Bradley et al., 2023).

Top management support enables employees to request flexible working arrangements without fear of stigma or professional repercussions (Sekhar and Patwardhan, 2023). Communication within the organisational structure has also been identified as being a significant factor in the implementation of flexible working arrangements (Urbanavičiūtė et al., 2023). Communication channels that are open and transparent help to develop trust between employees and managers, which is important in introducing new working arrangements (Li et al., 2023; Pensar and Rousi, 2023). Dialogue cultures are important in helping to reduce fears, concerns and misunderstandings around flexible work arrangements (Shirmohammadi et al., 2022).

However, there appears to be an overly optimistic view of flexible working arrangements in much of the research into organisational culture (Bradley et al., 2023; Irfan et al., 2023), and the difficulties involved in implementing flexible working arrangements, including power struggles, resistance to change and the practicalities of implementing flexible working arrangements. The assumption that leadership support (as highlighted by Sekhar and Patwardhan, 2023; Smith et al., 2019) will lead to the successful implementation of flexible working arrangements overlooks the potential for middle management to resist change and the complexities involved in operationalising flexible working arrangements (Urbanavičiūtė et al., 2023).

2.2.3 Technological Infrastructure

With today's modern workforce, technological infrastructure is a vital component of providing support for flexible working arrangements. Digital connectivity provides a fundamental platform for implementing flexible work arrangements (Dodanwala et al., 2023; Ferrara et al.,

2022). Employees require the appropriate tools and resources to undertake remote work, including reliable internet connections and the necessary hardware and software (Bellmann and Hübler, 2021; Choudhury et al., 2014). Technology allows remote employees to collaborate via the use of collaborative technologies such as video conferencing, project management software and cloud-based document sharing (Gerdenitsch et al., 2015; Adisa et al., 2022). A connected technological infrastructure allows the daily functioning of remote employees and fosters a sense of community amongst employees who are geographically distant (Mishra and Bharti, 2023).

Nevertheless, technology-enabled flexible working is not without limitations. Fan and Lin (2023) present a contrasting view to the technology-enhancing flexible working narratives, where they argue that technology-enabled flexible working arrangements may suppress employee voice by making it less likely and difficult for an employee to discuss serious issues. Moreover, Studies investigating technological infrastructure tend to focus on general technological literacy or access (Gerdenitsch et al., 2015; Adisa et al., 2022), and do not address the digital divide, cybersecurity issues and technical support needs that may affect an employee's ability to use flexible working arrangements effectively (Ferrara et al., 2022; Dodanwala et al., 2023). The obstacles mentioned could negatively impact Global Majority Women who work in the U.K. healthcare system (those with lower-paid positions) or reside in shared housing; therefore, they may have fewer digital technologies available at home and fewer organisational supports available for remote workers. Consequently, technology can either enable or create barriers to flexible working based on the structural context.

2.2.4 External Factors and Crises

External factors, such as crises or pandemics, have a significant effect on the implementation of flexible working arrangements. The COVID-19 pandemic has profoundly affected the rapid expansion of flexible working arrangements (Adisa et al., 2022). The COVID-19 pandemic provided organisations with a reason to rapidly implement remote work as a result of health and safety concerns (Rebelo et al., 2025). Research demonstrates that the COVID-19 pandemic prompted organisations to introduce remote work due to the need to ensure continued operations during times of uncertainty (Anderson and Kelliher, 2020; Fan and Yang, 2025). Research demonstrates how organisations that are responsive to crises, utilising flexible work options, are better equipped to maintain continuity in uncertain environments (Ober and

Karwot, 2023; Blaskó et al., 2020). Consequently, the pandemic led organisations to rethink their work structures and, consequently, the benefits of flexible working arrangements were more widely accepted (Chung et al., 2021; Bocean et al., 2023; Karakurt et al., 2023).

On the other hand, the rapid implementation of flexible working arrangements under the pressures of a crisis was often unstructured, poorly organised and lacking in proper training, digital infrastructure, and managerial support (Contreras et al., 2020; Carillo et al., 2021; Ipsen et al., 2021). Moreover, unplanned implementations of flexible working arrangements have increased stress, burnout and role conflict and blurred the boundaries between work and home life (Toscano and Zappalà, 2020). Importantly, the benefits of flexible working arrangements were not evenly distributed. Research shows that mothers were disproportionately burdened with domestic responsibilities (Feng and Savani, 2020; Chung et al., 2021), and workers from low-income and minority groups were less likely to have access to flexible working arrangements (Bonacini et al., 2021; Fan and Yang, 2025). These trends illustrate that, although crises stimulate the implementation of flexible working arrangements, if the design of the arrangements does not take into account inequitable distribution, they may increase inequity and undermine the resilience of an organisation and its employee wellbeing (Ortiz-Bonnin et al., 2023).

2.3 Benefits of Flexible Working Arrangements

Numerous researchers have investigated the benefits of flexible working arrangements (FWA) and have demonstrated their profound effects on both organisations and employees (Azara et al., 2018; Davidescu et al., 2020; Adisa et al., 2022; Chemei, 2025). Researchers have studied the outcomes of FWA on organisational systems and have identified several advantages, including enhanced employee performance, reduced costs, improved employee retention, improved work-family balance and positive side effects (Bjärntoft et al., 2020; Ferrara et al., 2022; Metselaar et al., 2023; Kumar et al., 2023; Barbieri et al., 2025). However, despite the known benefits of FWA, studies have increasingly shown that such benefits may be dependent upon a variety of contextual factors and that the distribution of such benefits may vary depending upon the occupation, level of hierarchy within the organisation, and socio-economic group. Furthermore, the benefits associated with flexible working remain contested within the literature, with some scholars arguing that flexibility may simultaneously increase autonomy and productivity while contributing to work intensification, boundary blurring and unequal

access among different employee groups (Chung and Van der Lippe, 2020; Kelliher and Anderson, 2010)

2.3.1 Enhanced Employee Performance

According to Sekhar and Patwardhan (2023), FWA can increase the performance of employees as well as the output of organisations. Similarly, Chung and Van der Lippe (2020) established that flexible workers tend to produce an equal amount of output or even greater amounts of output than employees who work under traditional arrangements. It should be noted that there are some concerns surrounding the above statement since there can be considerable variability between studies concerning how performance is measured, and the relationship between flexible working and performance outcomes is unclear, regarding whether it is causal or merely correlational. In terms of whether flexible working contributes to the enhancement of organisational performance through increased job satisfaction, Austin-Egole et al. (2020) found evidence to support such an argument as they were able to demonstrate that flexible working arrangements contribute to enhanced organisational performance through the expansion of work activities while maintaining or enhancing job satisfaction.

However, Austin-Egole et al. (2020) did not include control groups nor use longitudinal data in order to draw the most robust conclusions. Bellmann and Hübler (2021) argued that traditional working arrangements may not represent the most effective way to achieve the highest level of productivity, arguing that different individuals have different biological and daily rhythms based upon age, and therefore, if flexible working arrangements allow working hours to be aligned with these patterns, then performance, mood, and health may be improved (Bellman and Hübler, 2021). While the previous point has been made that the alignment of working hours to fit into individual patterns may improve performance, mood, and health (Gerdenitsch et al., 2015; Austin-Egole et al., 2020; Sekhar and Patwardhan, 2023; Kumar et al., 2023), the current state of research does not provide sufficient empirical evidence to support such claims. Research concerning flexible working arrangements often relies on self-report measures, rather than using objective measures of performance. As a result, potential biases may exist in regard to the reported benefits. Choi (2018) demonstrated that while flexible working arrangements can provide benefits regarding managing time, such arrangements also impact the type of tasks performed and the responsibilities associated with those tasks.

2.3.2 Cost savings

Kumar et al. (2023) emphasised that FWAs are linked to reduced expenses in areas of utility bills, furniture, overhead, and hiring costs. Adisa et al. (2022) also support this, that companies save money by having less need for office space, reduced security needs, lower certification costs, and less employee turnover. In this sense, companies that offer FWA are poised to quickly respond to labour market fluctuations and therefore will experience few negative economic impacts from unanticipated events.

However, some studies have found that cost savings may not always be directly evident. The reason for this is that employers also incur costs related to technologies and cybersecurity that are needed to support flexible employees and to provide training and resources to line managers to manage their team members who work remotely (De Menezes and Kelliher, 2017; Charalampous et al., 2019). This brings to the fore the need for organisations to carry out a detailed cost/benefit analysis so they can identify the immediate cost savings of flexible working and determine if there are any potential long-term implications. When not done, cost efficiencies may cost their employees' wellbeing or equity.

2.3.3 Improved Staff Retention

Research has shown that companies that provide flexible working arrangements have lower turnover rates compared to those that do not (Looney, 2025). Moreover, CIPD (2022) emphasised this in their report that 12% of workers left their profession or industry because of the absence of flexible working arrangements in 2022. Accordingly, Metselaar et al. (2023) and Hur (2025) agreed that flexible working arrangements led to higher employee retention, and employee retention is related to a decline in employee turnover intention. For Instance, Senior and managerial personnel may utilise flexible working arrangements to support their professional growth, particularly at times when they need to care for their children (Chung et al., 2021). Also, entry-level personnel may utilise flexible working arrangements to minimise work-family spillover and, in doing so, increase retention and commitment to the company (Dizaho et al., 2017).

However, although flexible working arrangements appear to contribute to increased retention, there should be caution in interpreting the relationship between flexible working arrangements and retention. High levels of retention are likely the result of numerous organisational factors,

including flexible working, employee-centric management practices, inclusive cultures, and modern HR practices (De Menezes and Kelliher, 2017). Additionally, many studies demonstrating a relationship between flexible working and retention utilised surveys, thereby establishing correlations instead of causal relationships (CIPD, 2022). It is difficult to determine the relative impact of flexible working on retention outcomes. Consequently, this review suggests that instead of being viewed as a standalone solution for increasing retention, flexible working arrangements are better understood as one essential component within a broader, comprehensive retention strategy.

2.3.4 Enhanced Work-Life Balance

Flexible working arrangements allow employees to achieve a better quality of work-life balance while reducing the amount of conflict between work and family responsibilities. For instance, Chung and van der Lippe (2020) found that flexible work arrangements and the amount of support provided by the organisation and the direct supervisor decreased the conflict between work and family obligations. In addition, Kumar et al. (2023) found that aligning work-life balance with organisational goals ultimately supports the success of the organisation. Moreover, Adisa et al. (2022) examined how flexible working arrangements can promote work-life balance and identified the various ways that flexible working arrangements can facilitate an environment that allows employees to better balance their work and personal/family obligations (Bellmann and Hübler, 2021).

However, there are still concerns about the belief that FWA enhance work-life balance. This may increase workload, blur boundaries between work and family and create the expectation that employees will be available at all times. The nature of FWA may lead to both reducing and increasing work–life conflict, depending on how they are implemented, managed and experienced by individual employee groups.

2.3.5 Operational Resilience

Flexible working arrangements provide employees with a greater likelihood of being available and capable of reacting to emergencies promptly (Azara et al., 2018; Bonacci et al., 2025). Flexible working arrangements enable employees to continue their work activities without interruption, even if there is a significant disruption such as a natural disaster, health crisis,

terrorism, or another unforeseen event (Blaskó et al., 2020). This is evident from research that demonstrated the positive effects of flexible working arrangements on business operations during the COVID-19 pandemic, giving them the ability to recover from uncertainty (Lab and Wooden, 2023; Anderson and Kelliher, 2020).

Despite that, the long-term success of FWA as a resilience approach will be influenced by whether there are appropriate support structures in place for FWA. When FWA are implemented quickly or without proper planning, employees can also develop greater levels of work-related stress, role conflict, and erosion of boundaries between their home life and work life; thus, organisational resilience (achieved through FWA) may harm employees personally, especially when flexibility is being imposed upon them rather than being developed through negotiation.

2.3.6 Employee Wellbeing

Flexible working options can result in improved employee wellbeing via increased work-life balance management, reduced stress, and improved mental health (Pensar and Rousi, 2023; Khan et al., 2025). Employees experience higher levels of job satisfaction and overall wellbeing due to the autonomy created by flexible work options (Kim et al., 2020). Flexible work options also support job satisfaction since employees can adjust their work schedules to meet their needs, creating higher levels of job satisfaction (Gupta and Nagariya, 2025). The combination of job satisfaction and stress reduction produces positive feedback loops contributing to improved overall wellbeing. In addition, employees can manage their family obligations, personal commitments, and work obligations, resulting in fewer conflicts and overall wellness improvements (Yucel and Fan, 2023; Khan et al., 2025).

While these advantages are not distributed equally. Research has shown that without a supportive organisational culture, positive managerial behaviours and equitable access to flexible working arrangements, flexible working may exacerbate existing inequalities. Specifically, women from a global majority background in the U.K. healthcare sector may experience greater barriers to accessing flexible working options than non-GMW women (UNISON, 2024). Furthermore, the wellbeing advantages of flexible working arrangements are often predicated upon self-reported and short-term evaluations and therefore do not fully

capture the total range of long-term effects of flexible working arrangements on various employee groups.

2.4 Barriers to Flexible Working Arrangements

Although there are documented advantages of flexible working arrangements, the implementation of flexible working arrangements poses several challenges for organisations. The increasing burden of work-related pressures and the negative impact on employees' wellbeing and mental health have caused organisations to re-examine the way they accommodate employees' personal lives within their work systems (Metselaar et al., 2023; Kashive and Roy, 2025). However, developing policies and programs to facilitate flexible working arrangements can be difficult (Kumar et al., 2023). While organisations develop policies and programs to help employees manage the pressures of their job, improved employee performance, decreased absenteeism, increased retention, improved work-family balance and improved employee wellbeing (Chung, 2020), there are still number of challenges that can arise related to the implementation of flexible working policies, including, but not limited to, a lack of willingness of organisations to implement flexible working arrangements, lack of awareness or misunderstanding among employees of flexible working arrangements (Chung and Booker, 2023; Petitta and Ghezzi, 2025).

Organisational culture and policies greatly impact the implementation of flexible working arrangements. Organisations that operate with strict and traditional job arrangements find it difficult to implement flexible working arrangements (Bjärntoft et al., 2020). Smith et al. (2019); Abendroth and Reimann, (2024) suggested that one of the reasons that organisations find it difficult to implement flexible working arrangements is that they fear that flexible working arrangements will limit organisational practices through inconsistent policy implementations, create line manager-employee crises and create concerns that employees will miss out on the organisational mission and values and therefore hinder the development of shared purpose and common organisational norms (Smith et al., 2019).

Bjärntoft et al. (2020) suggested that line managers and supervisors may also act as barriers to the implementation of flexible working arrangements if they hold biased attitudes towards productivity. Managers may believe that monitoring employees physically in order to determine task completion and avoid delays in task completion is the best way to ensure that

employees complete their tasks efficiently. This bias in attitudes towards productivity creates a barrier to the implementation of flexible working arrangements. However, viewing managerial resistance to flexible working arrangements as inherently problematic may mask legitimate operational concerns that may justify traditional working arrangements in certain contexts (Chung and Booker, 2023). Although Oruh (2017) identifies a vital managerial and organisational dynamic, that is, where managers will be willing to provide employees with rhetorical backing for their choices, while at the same time holding onto the right to make decisions on behalf of the employee, thus limiting the employee's ability to voice their own opinion and further exacerbating inequality and stress in the workplace.

The barriers experienced by Global Majority Women (GMW) in the U.K. Health Sector as a result of the managerial and organisational barriers they face are particularly extreme. Although there exist formal flexibility policies for all employees, many of the GMW in the U.K. The Health Sector does not have adequate access to them, thereby leaving them extremely susceptible to increased workload pressures, stigma, and career penalties (UNISON, 2024)—the gap between the theoretical availability of flexibility policies and what the GMW in the U.K. Health Sector experiences on a day-to-day basis shows how structural inequalities can affect the outcome of flexible working arrangements.

Another barrier to the implementation of flexible working arrangements is inadequate technology. Organisations and employees that are unable to provide the necessary tools and resources to support flexible working may find it difficult to adopt such arrangements (Ferrara et al., 2022). Additionally, concerns about cybersecurity may pose a barrier to implementing flexible working arrangements. Sekhar and Patwardhan (2023) asserted that organisations have cost concerns in terms of implementing flexible working arrangements, specifically the costs associated with employee training in data usage and management. Austin-Egole et al. (2020) characterised the implementation of flexible working policies as a complicated process. However, the literature on technological barriers to flexible working arrangements rarely distinguishes between true technological barriers and organisations' reluctance to invest in the necessary technology and training to support them.

Smith et al. (2019) also suggested that the lack of regulatory oversight of flexible working arrangements represents a barrier to the implementation of flexible working arrangements. In many cases, employees are working longer than they intended to and negatively impacting

their health. There are very few or no regulatory bodies that are able to limit these practices (Chung, 2022). For example, Japan experienced increased death rates due to extreme work overload and poor work conditions due to societal and government expectations of employment (Allen et al., 2023). Until governments take action to mitigate the risks of work-family imbalance, including the risk of long hours, work overload and gender bias on workforce wellbeing and mental stability, they may not fully appreciate the consequences.

Social impediments also represent a barrier to the implementation of flexible working arrangements. Kim et al. (2023) argued that community factors contribute to employees' experiences of work-life conflict. Employee attitudes toward personal responsibilities, such as eldercare, childcare, and family obligations, also influence employees' utilisation of flexible working arrangements (Hsiao, 2023). Traditional views of men as breadwinners and women as homemakers create challenges for women in balancing their responsibilities at home and at work, and create pressure in both domains (Adisa et al., 2019b). Fan and Lin (2023) argued that struggles between gender identities around responsibility and duty create societal tensions between work and family for both men and women, build pressure on women to keep family responsibilities from interfering with their career ambitions, and encourage men to be involved in household responsibilities and sacrifice their work for family (Mordi et al., 2023).

Finally, FWA may also limit the benefits of teamwork and physical interaction. Bellmann and Hübler (2021) noted that teamwork and collaboration are key to employee productivity, and flexible working arrangements may disrupt employee interactions and work quality. Shirmohammadi et al. (2022) found that employees who utilise flexible working arrangements report feeling isolated, and this negatively affects job satisfaction and performance. Furthermore, such isolation can lead to burnout, depression, and loneliness, ultimately undermining the overall wellbeing of these remote workers (Anderson and Kelliher, 2020).

Thus, as these studies suggest, although FWA can provide individuals with autonomy and flexibility, they can also undermine social cohesion when poorly implemented and unsupported.

2.5 The U.K. Legal Position on Flexible Work Arrangements

The U.K. government has taken several steps to create a competitive labour market through the introduction of flexible working arrangements and the creation of the most attractive country in the world to live and work in. Flexible working was first introduced by the U.K. government in 2003 for the primary caregiver of a child aged under six and for individuals caring for children with disabilities until the age of eighteen (Employment Relations (Flexible working) Act, 2003). The Act was amended in 2007 to add to the list of caregivers who qualify for flexible working, specifically parents and carers of children under seventeen and in 2014, the Act was amended again to extend the rights to all employees. Regardless of whether an employee is a caregiver or parent, employees are now able to request flexible working arrangements after twenty-six consecutive weeks of continuous employment and also request flexible working arrangements to study or train.

Through this legislation, workers will now formally be able to seek flexible working arrangements, i.e., remote working and flexible schedules. However, despite flexible working arrangements being in existence for nearly two decades, according to the research findings of Working Families in 2019, only a limited number of employees are using the available legislation. Of the 86 per cent of working parents wishing to adopt flexible working arrangements, only 49 per cent of working parents have been able to implement flexible working arrangements. Challenges to accessing flexible working arrangements have primarily been related to organisational culture and the level of support provided by organisations. Forty per cent of respondents believed that flexible working arrangements would be incompatible with their job, 37 per cent felt that flexible working arrangements were unavailable in their organisation, and 10 per cent of respondents indicated that their manager did not believe that employees should work flexible hours.

This gap between formal entitlement and practical flexibility was additionally highlighted by the COVID-19 pandemic; however, changes in attitudes toward flexibility since the pandemic remain unclear as to whether they will result in continued structural change. Persistent barriers to accessing flexible work arrangements include organisational restrictions, restrictive workplace culture, and management's lack of familiarity with flexible working options. In addition, the 26-week statutory qualifying period required for an employee to make a flexible working request creates additional barriers for employees in precarious or short-term positions.

The current law excludes individuals who do not qualify as 'employees' from requesting flexible working formally (Weldon-Johns, 2022).

Although employees have a statutory right to request flexible working, this does not constitute an automatic right to obtain flexible working arrangements. Employers may lawfully refuse requests where there are legitimate business grounds, including concerns relating to additional costs, the inability to reorganise work among existing staff, the need to recruit additional employees, detrimental effects on quality or performance, adverse impacts on customer demand, insufficient work during the periods requested, or planned structural changes (Department for Business and Trade, 2024; ACAS, 2024).

Consequently, access to flexible working remains subject to organisational judgement and managerial discretion. This distinction between the right to request and the right to obtain flexible working is particularly significant within healthcare settings, where staffing shortages, continuity of patient care and operational demands frequently influence organisational decisions. As a result, the implementation of flexible working may vary considerably across NHS Trusts despite a common legislative framework, reinforcing the importance of examining how organisational practice shapes employees' experiences of flexibility (Kossek et al., 2023; Allen et al., 2014).

Legislative limitations have restricted access to flexible working arrangements because the legislative framework has failed to normalise flexibility as part of the recruitment process for jobs (Brulin et al., 2021). Therefore, individuals who seek flexible working arrangements will be less likely to find and apply for appropriate jobs as a result of this failure to include flexibility in job advertisements. According to Brulin et al. (2021), flexible work should be an explicit part of all job advertisements to ensure equality and diversity of applicants for jobs. Although policies regarding flexible working arrangements may help those with caregiving responsibilities, if these policies are not designed to be proactive and inclusive, then the policies will likely reinforce inequality.

Historically, a number of barriers have existed beyond the informal response to an employee's desire to work flexibly, presenting a stark contrast to the modern frameworks discussed by contemporary researchers (e.g., Brulin et al., 2021; CIPD, 2023). The formal procedure for applying for flexible working arrangements has been a significant additional obstacle for

employees seeking such flexibility. An application would require employees to prepare a written submission stating their proposed changes, the date they wished them to take effect, how they would affect their employer, and any possible alternatives. Furthermore, each employee is allowed only one flexible working request annually, and employees do not have the right to appeal against their employers' decisions (only to appeal against the way the decision was made). As such, these processes prevented employees from responding to changing personal needs and have supported managerial discretion over employee wellbeing and autonomy (Working Families, 2023; Weldon-Johns, 2022).

The evolving narrative regarding the U.K.'s navigation of the changing environment of work, particularly post-COVID 19, has resulted in a comprehensive evaluation of the U.K.'s flexible working laws. This led to the reform of the Employment Relations (Flexible Working) Act of 2014. The reform presented a shift towards an employee-centric framework for flexible working; therefore, the recently enacted laws, which received Royal Assent on July 20, 2023, and took effect in April 2024, represent a significant departure from the previous approach to employee centric approach to flexible working. The most significant feature of these new laws is the empowerment of employees to apply for work arrangements immediately after signing their contract of employment. These new laws support CIPD's (2023) finding that flexible working should be incorporated into an employee's initial contract of employment.

The new laws also provide a mechanism for FWA to be included in job adverts as recommended by Brulin et al. (2021). Including flexible working within the Recruitment Process is an important way of creating an organisational culture that will support employees' health and wellbeing, facilitate work-family balance and meet the requirements of each employee. Under the new legislation, employees are able to submit multiple flexible working Requests per year (CIPD, 2023). The forward-thinking nature of this legislation enables employees to request alternative flexible working arrangements at varying times throughout the year due to changes in personal circumstances. More specifically, the new laws state that employees are entitled to receive a response from their employer no later than two months after they have submitted a request for flexible working arrangements. This will give employees adequate time to prepare for the result of their request and to plan accordingly. The new laws also permit employers to discuss flexible working arrangements with employees before rejecting them. Employers engaging in discussions with employees before rejecting their

requests for flexible working arrangements will lead to increased cooperation and teamwork between employers and employees (Working Families, 2023).

The legislative amendments have the most importance to Global Majority women in the NHS as they are generally impacted by intersectional barriers (e.g. race, gender, occupational segregation and family obligations) and may now be able to negotiate some of the structural obstacles to flexible work that limited their ability to work flexibly under previous rules (Chung and Booker, 2022). In addition to the removal of rigidities in procedures, the new policy could provide some additional bargaining power for employees to achieve their desired arrangements, but how much of an impact this has will also depend on the implementation of the policy at an organisational level and the views and behaviours of managers (Working Families, 2023). If flexible working is adopted into standard practice, rather than being viewed as a formal entitlement, then it is likely that the positive impact of the amendments to flexible working legislation will be realised (Weldon-Johns, 2022).

2.5.1 Present Flexible Working Practice in the NHS

The U.K. National Health Service's research on flexible working practices finds that the NHS is a very challenging environment in which to implement them. Although all NHS Trusts have to implement flexible working, there can be a considerable difference between the levels of flexibility within different areas of NHS Trusts (Timewise, 2018). The NHS is a clinically based workplace that is often shift-based, with high pressures associated with the workplace, which present several operational difficulties to implement flexible working when compared to traditional office-based workplaces (NHS Staff Survey, 2021).

The availability and levels of satisfaction with flexible working arrangements vary depending upon the type of job role and medical speciality, and the location of the Trust (Timewise, 2018). Consequently, the experiences of NHS staff members in relation to flexible working arrangements are inequitable; frontline staff, patient-facing and low-grade roles that are predominantly held by female and global majority employees have fewer opportunities for flexible working. The uneven distribution of flexibility to some extent demonstrates how organisational structure, job design and expectations around a role can perpetuate the inequality experienced in health care settings.

Although formal flexible working policies exist within NHS Trusts, the degree to which these policies have been taken up by staff is difficult to quantify. The reason for this difficulty lies primarily in the informal and locally negotiated way many flexible working arrangements take place and secondarily in the lack of an accepted or universal definition of what constitutes flexible working (Timewise, 2018). The informality of many flexible working arrangements can give line managers considerable freedom to make decisions as they see fit when it comes to flexible working arrangements. Consequently, these freedoms can create opportunities for line managers to use their own judgment in terms of flexibility and therefore increase the likelihood of inconsistent treatment, unequal application and personal preference (bias) of line managers towards different employees. In such a way that an employee's access to flexible working will be determined less by the flexible working arrangements available under the trust's flexible working policy and more by the manager's views on flexible working and the trust's culture in relation to flexible working. These systemic variations in satisfaction across different services are reflected in the findings of previous NHS Staff Surveys (NHS Staff Survey, 2021).

Recent findings from the NHS Staff Survey 2024 (published in April 2025) show a correlation between dissatisfaction with flexible working arrangements and the resultant impact on both staff wellbeing and staff retention (NHS Staff Survey, 2025). The survey found that those who are unhappy with flexible working opportunities intend to leave an employer at a significantly higher rate than those who are happy with flexible working. In fact, 34.4% of employees who expressed dissatisfaction with flexible working arrangements stated that they will leave their organisation, when possible, to take another position, while only 10.2% of employees expressed satisfaction with flexible working arrangements (NHS Staff Survey, 2025). Additionally, 41.6% of employees stated they will likely seek employment elsewhere within the next year, compared to 15.0% of employees who are satisfied (NHS Staff Survey, 2025).

Additional evidence from the NHS workforce data shows the positive correlation between flexible working arrangements and staff retention. Lacobucci (2025) states that the use of targeted staff support programs, such as flexible working and workload-sensitive staffing models, is one of the best ways to retain NHS workers during a time of long-term workforce shortages. Therefore, flexible working should be viewed as a strategic workforce strategy to reduce employee turnover when implemented based on the needs of staff and their job context.

Dissatisfaction with flexible working options is associated with employee burnout, according to the 2024 NHS Staff Survey. Of the staff who were dissatisfied with flexible working options (53.1%), more than half stated that they often or always feel burnt out due to work. Only 21.6% of staff were satisfied with flexible working. These findings show that the lack of flexibility at work may cause additional stress and physical or mental exhaustion on top of the already high-stress environment of the health care system. Flexible working options may not provide enough protection against overly demanding work conditions and may lead to increased employee disengagement and withdrawal if the option to work flexibly is restricted or unevenly applied.

Moscelli et al. (2025) found even greater support for these claims through research showing that employee retention in England NHS hospitals is significantly related to how engaged staff are with their jobs, how well staff can develop trusting and cooperative working relationships with each other, and the degree to which flexible working options are available and equitable among staff. Their findings suggest that organisations that promote a culture of collaboration, trust and adaptability (through examples such as providing equal access to flexible working arrangements) will have better sustained workforce stability. Organisations that have a rigid working environment and limit staff autonomy will have more disengaged staff and higher rates of turnover (Moscelli et al., 2025).

Finally, NHS Trust types show a wide range of differing levels of satisfaction with flexible working arrangements as indicated by data collected from Timewise (2018). The lowest levels of reported satisfaction were found among Ambulance Trusts; they also had lower reported satisfaction compared to other Trust types (Acute Trusts), while Mental Health Trusts, Community Trusts and CCGs reported higher satisfaction. Also, there is a large gap between different job classifications in terms of reported satisfaction; for example, EMS staff have low levels of reported satisfaction compared to administrative, managerial, and central services staff. The results indicate that flexible work arrangements are much easier to implement in non-clinical or non-shift-based jobs, such as managers and administrative staff, etc., rather than in clinical or front-line positions where employees may be required to work shifts. Table 2.2 below displays the levels of satisfaction with flexible working opportunities by Trust Category of the NHS.

Table 2.2: Satisfaction with Opportunities for Flexible Working, by Trust Type (Percentage of Staff)

	Average (%)	Maximum (%)	Minimum (%)
Clinical Commissioning Groups	72	94	36
Mental Health / Learning Disability Trusts	59	70	38
Combined Mental Health / Learning Disability and Community Trusts	58	64	50
Community Trusts	57	66	44
Acute Specialist Trusts	53	61	48
Combined Acute and Community Trusts	51	61	40
Acute Trusts	51	61	40
Ambulance Trusts	34	37	30

Source: Timewise (2018)

However, as a result of the operational pressures of health care delivery, the variations between types of work roles (as stated) indicate significant structural inequality in how flexibility is both allocated and experienced (Chung and Booker, 2022). Shift-based roles do not lend themselves to traditional approaches to flexibility. When attempting to create flexibility within this type of role, issues arise with regard to covering shifts, coordinating rotas, and redistributing unpopular shift times. Unless carefully designed to be equitable, flexible working arrangements will likely place increased workload burdens on colleagues or create tension within teams. Therefore, flexible working within the NHS is typically defined by organisational convenience rather than by employee wellbeing. These findings are consistent with the data in Table 2.3 that examines flexible working by Occupational Group.

Table 2.3: Satisfaction with Opportunities for Flexible Working by Occupational Group (Percentage of Staff)

	Average (%)	Maximum (%)	Minimum (%)
Ambulance	30	69	6
Admin and support	51	93	6
Social workers and social care	59	87	31
Aligned health professionals/other clinical	56	100	14
Central functions / general management	69	100	30
Nursing	52	93	9
Medical / dental	42	88	0

Source: Timewise (2018)

These findings emphasise the importance of developing flexible working arrangements tailored to specific roles, teams and job structures within the NHS. There are unique constraints in various medical specialities that require the development of job designs and work methodologies that recognise the specific constraints of each role, team and workplace. The significance of this issue is especially relevant to Global Majority women as they experience flexible working through the interaction of race, gender, occupational position, and their responsibility for caregiving (Chung and Booker, 2022). Consequently, the ability of Global Majority women to negotiate flexibility is further constrained by structural inequality, cultural expectations, and limited decision-making authority in healthcare organisations.

Therefore, additional research will be needed to progress from descriptive accounts of the availability of flexible working and to investigate how flexible working arrangements are experienced, negotiated, and constrained in practice (Weldon-Johns, 2022). Of specific interest is how flexible working can be developed and implemented to truly provide support to the work-family balance, wellbeing, and career advancement of Global Majority women working in the U.K. health sector.

2.6 Chapter Summary

This chapter explored the definition, determinants, benefits and barriers of Flexible Working Arrangements (FWA) in the U.K. and specifically in the National Health Service (NHS). The literature provides a clear understanding of FWA's in relation to the non-traditional 9-to-5 working hours. It encompasses a range of different flexible working arrangements, for example, Flexitime, Contract Work, Shift Work, Remote or Home-based working, etc. FWA can be influenced by an employee's personal preference, an organisation's culture, an organisation's technical capabilities and by external factors, e.g. the pandemic.

There is evidence to suggest that FWA can have many benefits; these include Increased Productivity, Increased Motivation, Cost Savings, Reduced Turnover, improved work-life balance, Organisational Resilience and employee well-being. However, there are many barriers to implementing FWA; these include An Organisation's Culture, Technical Inability, social norms, and Reduced Teamwork Opportunities.

Additionally, this chapter has reviewed the development of the U.K. Government's legislation surrounding FWA from the Employment Relations Act 2003 through to the 2014 Regulations and, most recently, the updates made to the Policy Guidance in April 2024. Although there is legislation supporting FWA, the implementation of FWA at an organisational level is inconsistent due to organisational resistance and a lack of process. Satisfaction levels with FWA vary significantly across different types of NHS Trusts and Occupational Groups; for example, those working in Emergency and Ambulance Services report the lowest level of satisfaction, whilst those working in Central Operations report the highest.

The differences between trusts and occupational groups indicate the need to develop flexible working to meet individual needs and strategies that take into account the intersectionality of identity. This research will provide a better understanding of how FWA can contribute to the wellbeing, work-family balance and career progression, especially for Global Majority women in the U.K. health sector.

CHAPTER THREE: WORK-FAMILY BALANCE AND WELLBEING

Changes in the way society views male breadwinners and female caregivers have created a shift in work–family balance (WFB) from single-earner families to dual-earner households (Adisa et al., 2019a). These changes in work patterns have greatly complicated the process of balancing work and family commitments, with these changes being most pronounced for women. Crucially, women's engagement in the workforce has significantly increased over time without a corresponding decrease in their role in household care and other responsibilities (Chung and Van der Lippe, 2020). The purpose of this chapter is to define the terms "work-family balance" and "wellbeing," and use these definitions to examine the research question, which explores Global Majority women's (GMW) perception and experience of achieving a work-family balance and its impact on their wellbeing.

This chapter views work and family as interconnected and not mutually exclusive. The chapter will take an integrated approach to study the degree to which GMW experience work-family integration, work-family conflict and work-family boundary management and how each of these factors influences their daily work-family balance. Moreover, the chapter takes on wellbeing, recognising that wellbeing can be affected by more than just individuals' ability to cope, but can also be influenced by structural and organisational issues and societal and cultural norms (Weldon-Johns, 2022). These factors can be especially relevant for women from the Global Majority, who experience work-family life through the lens of multiple identities (race, gender, immigration status, job status, etc.) (Adisa et al., 2022; NHS, 2024).

3.1 Work and Family Conceptualisation

Research has shown how an individual can achieve a balance of work and family obligations (Allen and French, 2023; Adisa et al., 2021; Adisa et al., 2022). The traditional model of male breadwinner and female homemaker is no longer relevant; the transition of family units from single-earner to dual-earner families has led to the development of several models of work–family balance (WFB) (Adisa et al., 2019). The growth of dual-career households, where both partners in the household are employed and manage family commitments simultaneously (Sharma, 2023), has influenced our understanding of WFB models and the differentiation of work-life.

There has been a significant difference in the perceptions of men and women regarding work-related experiences (Adisa et al., 2016). Additionally, the family routines have changed significantly due to substantial demographic and labour-force changes. Women are increasingly entering the workforce prior to getting married and then stopping their employment after they get married or after they have children (Bertrand, 2020). Research that investigates the degree to which women enter the workforce indicates that societal expectations of women's roles in the home continue to impede women's career advancement and wellbeing, particularly within demanding sectors such as healthcare. (Adisa et al., 2021).

These issues are amplified when considering Global Majority women, who are impacted by the intersection of race, gender, immigration status, and culturally defined expectations regarding work-family relationships. Additionally, Coelho Júnior et al. (2023) indicated that the work–family relationship should be considered in terms of both conflict and support-based approaches, to better understand the importance of the relationship to women in leadership positions. The increasing number of mothers in the workforce has contributed to the growing percentage of dual-career households (Berniell et al., 2023), therefore creating new and emerging family structures. Gendered dynamics play a larger role in the lives of Global Majority women, as a result of added cultural expectations, workplace bias, and racial stereotypes (NHS, 2024).

Although "work" has become a widely used term in scholarly studies, it continues to lack a definitive description. Scholars describe work in various ways. Examples of work include income-generating activities (Bjärntoft et al., 2020; Mordi et al., 2023; Abudy et al., 2023), paid activities that meet the demands of labour laws, including taxes and social security (Deery and Jago, 2015), or the broader definition of salaried work, including unpaid overtime and commuting time (Williams and Kayaoglu, 2020; Tyssedal, 2025). Kossek et al. (2018) further defined work by incorporating paid work and other aspects of one's life, including unpaid overtime. For this study, work is defined as all paid activities at a place of work during designated work hours, and includes unpaid time spent commuting to and from the workplace. This definition is important, especially to healthcare workers, whose working patterns, such as irregular hours, unpaid extensions of work time, and long shifts, profoundly influence work-family experience and wellbeing (Chung and Booker, 2022).

Table 3.1: Selected Definitions of Work

Author(s)	Year	Definition
Mordi *et al.*	2023	Jobs or activities for which money is earned.
Deery and Jago	2015	Paid activities that comply with labour law requirements such as taxation, social security, and other requirements (addressing whether formal or informal activities occur).
Tyssedal	2025	Salaried work, not excluding additional unpaid hours worked and travel time to and from the workplace.
Kossek *et al.*	2018	Both the worker's paid work and the remainder of their life (e.g., unpaid overtime hours).

Source: Author's Compilation (2026)

Family may be defined and viewed in numerous ways, including the responsibilities, actions, and needs of individuals as family members. Fan and Lin (2023) stated that a family comprised of people tied together through marriage, blood, or adoption establishes social roles while developing a shared culture. Similarly, Avolio et al. (2023) defined family as a crucial aspect of the structure of an individual's life. Meng (2022) further emphasised the variety of responsibilities and resources that influence the family roles of an individual, such as social interactions, religious affiliations, physical activity levels, and sleeping habits.

Table 3.2: Definitions of Family

Author(s)	Year	Definition
Avolio *et al.*	2023	An institution that is an essential aspect of life.
Meng	2022	Encompasses many responsibilities and other resources that affect family roles, such as social life, religious beliefs, exercise, and sleep.
Perry-Jenkins and Gerstel	2020	Relationships that are not the means of earning goods and services but rather preserve the family and improve its wellbeing.
Filipek	2020	A fundamental social unit that provides emotional support, socialisation, and resource allocation for its members.
Hantrais *et al.* 2019	2019	A complex network of interpersonal relationships characterised by mutual care, shared responsibilities, and intergenerational transmission of values and traditions.
Elsayed	2024	A primary source of identity, emotional nurturing, and social learning that shapes individual development and community integration.
Fan and Lin	2023	A dynamic interaction of individual members' needs, expectations, and roles, continuously negotiating boundaries and relationships.

Source: Compiled by Author (2026)

This research defines 'family' as individual relationships united through blood, adoption, marriage, and close social interactions, incorporating social, religious, exercise, and sleep requirements. Unlike work relationships designed for earning goods and services, family relationships focus on preservation and wellbeing enhancement (Perry-Jenkins and Gerstel, 2020). For Global Majority women who often juggle duties, cultural expectations and family responsibilities simultaneously, understanding these two domains is important for evaluating how work-family balance contributes to their wellbeing.

3.2 The Link Between Work and Family

Research consistently examines the relationship between work and family (Kumar et al., 2023; Mordi et al., 2023), with Kim and Choi (2023) focusing on a comprehensive linkage of family and work programmes as integrated systems for workers in their work and family lives. The dynamic interplay of work and family has undergone considerable changes largely as a result of an increase in the number of women involved in the workforce, the rise in dual earner families, and increasing diversity in family forms (Sharma, 2023; Radcliffe et al., 2023; Klammer, 2023).

The relationship between work and family domains has considerable implications for both organisations and society as a whole. Studies on WFB have shown that there are strong associations between work-family balance and outcomes such as wellbeing, organisational commitment and job satisfaction (Bradley et al., 2023; Irfan et al., 2023; Ober and Karwot, 2023). Guest (2002) developed five models to explore the relationship of work and life: Segmentation (work and non-work exist independently of each other), Spillover (one domain affects the other, either positively or negatively), Compensation (one domain compensates for shortfalls in the other), Instrumental (success in one domain supports success in the other), and Conflict (conflicting demands challenge the ability to perform effectively in each domain). Guest noted that these models were mostly used to describe specific circumstances rather than the underlying causes or significance of WFB practice implementation.

Therefore, taking into consideration Global Majority women in the healthcare sector, the models need to be interpreted through an intersectional perspective. The experiences of spillover, conflict, or integration as described previously may have different meanings because of some factors, including racialised organisational cultures and gendered expectations, as well as inequitable access to resources and support in the workplace (Chung and Booker 2022).

Evidence from recent studies has shown that minority ethnic women are more likely to report experiencing negative spillover due to increased levels of scrutiny and less flexibility or autonomy than other employees (Iacobucci, 2025; Moscelli et al., 2025). As such, work–family balance for GMW cannot be defined using only descriptive models. Rather, it will require the process of exploring how power, identity, and inequality influence the conditions in which a balance between work and family occurs.

3.2.1 Work-Family Integration

Work-family integration creates an organisational conflict due to the two being separate systems and domains yet interconnected. When different demands between these domains become incompatible, conflict emerges, affecting employees' experience in multiple ways, through their jobs, such as gender inequality, lower job satisfaction, and lower performance (Karakurt et al., 2023; Kumar et al., 2023; Ribeiro et al., 2023). Pensar and Rousi (2023) state that work-family conflict is unavoidable, arising not only from the imbalance in demand of each domain, but such conflicts also from workplace structure and practices, which are sometimes shaped by broader societal expectations (Weldon-Johns, 2022).

Cain and Lam (2011) identified the many variables that affect how family members perform their various family roles, including religious responsibilities, physical exercise, sleep and social activities, all of which are outside of the formal employment process; each directly impacts an employee’s ability to manage the demands of their job (Mordi et al., 2023). This knowledge reinforces the idea that in order to truly understand the challenges that employees face balancing work and family lives, we must look at how they live their family lives, as well as how employers attempt to address the challenges faced by employees in terms of work/family balance. In addressing the complexity of this issue, Wibowati et al. (2023) suggest using a 'dual agenda' strategy to accomplish both organisational success and employee quality of life by creating intentional links between the work domain and the life domain instead of viewing the two as separate and competitive entities.

This conceptualisation of the dual agenda framework is related to organisational family-friendliness and contributes to achieving gender equality in the workplace by providing employees with equitable, balanced and flexible working environments that consider the diversity of needs, goals, and objectives of individuals and organisations (Irfan et al., 2023). Ultimately, work and family balance is not simply about having flexible options available for

GMW; rather, it includes negotiating daily cultural expectations and inequitable caring responsibilities (Working families, 2023). Organisations that adopt the dual agenda will likely have less difficulty alleviating the pressures that GMW experience.

3.3 The Concept of Work-family balance

Extensive research has examined WFB in organisational settings (Vo et al., 2023; Tremblay, 2023; Medina-Garrido et al., 2023) due to the need for a healthy balance between domains to improve employee satisfaction, performance, organisational commitment, and output (Pensar and Rousi, 2023; Raja et al., 2023; Bocean et al., 2023; Li et al., 2023; Chung and Booker, 2023). Kim et al. (2023) noted WFB's contribution to employee wellbeing and the promotion of a healthy, productive society.

Although extensively used, there is no clear and unified definition of "WFB." Martucci (2023) defined WFB as leveraging or finding a way to reconcile work and family through work-family demands, while Ortiz-Bonnin et al. (2023) defined WFB as having an equal level of engagement and satisfaction with respect to work and family roles. Griffin et al. (2023) have conceptualised WFB as a global study of how work resources satisfy family demands and family resources satisfy work demands such that employees are able to effectively participate in both domains (Ajonbadi et al., 2023; Adisa et al., 2023). Using Family System Theory, Hosain (2025) framed WFB as achieving equilibrium between work demands and family responsibilities within the family system.

Chung and Booker (2023) have defined balance as being involved at a satisfactory level in both domains versus allocating the same amount of time and energy to both domains, recognising that different employees have different needs, wants, and family compositions. WFB can be considered as a human resource development tool for reducing employee stress and providing a means to achieve work-family balance (Boamah et al., 2022). Conversely, the lack of WFB can lead to increased employee turnover, absenteeism, job burnout and decreased productivity (Shirmohammadi et al., 2022; Jaga and Guetterman, 2023). Beyond this, Smothers et al. (2024) examined how spiritual wellbeing and self-efficacy enhance work-family balance engagement and satisfaction across the work and family domain. They highlighted that self-efficacy and spiritual wellbeing are key to enabling individuals to achieve WFB. As such, WFB is not dependent upon external time factors but rather the function of an individual's subjective experience of satisfaction.

WFB refers to organising time between work and family domains within broader self-management, time management, change management, and technology management considerations (Akanji et al., 2020). As an important employee wellbeing area, WFB helps reduce stress and promote satisfaction (Irfan et al., 2023), which is influenced by supportive organisational structures with family-friendly policies (Bradley et al., 2023). Therefore, WFB should be seen not only as conflict and enrichment but also as a link to positive work experiences at home and at work (Avolio et al., 2023).

The concept of balance is important for working women due to the different activities that are available in both domains. Although WFB affects both genders, female employees suffer most from combining work and family duties (Adisa et al., 2023; Wiens et al., 2022). Women work for various reasons: supplementing family income or seeking self-fulfilment and independence through paid employment (Aarntzen et al., 2023). Consequently, some women's domestic duties are hindered to some extent because of domestic needs and expectations. (Adisa et al., 2022).

Furthermore, empirical evidence has shown gendered disparities in role overload. Craig and Sawrikar's (2009) analysis of over 3,000 dual-earner Canadians found family demands correlating more strongly with female role overload than with their male counterparts. Women utilise various coping mechanisms for managing work and family life demands (Adisa et al., 2021), yet research confirms British working mothers struggle to balance work and family demands, employing various adaptation strategies (Mordi et al., 2023). In the organisation, WFB functions as a human resource strategy for empowering employees; its absence can, however, lead to burnout, stress and reduced productivity (Boamah et al., 2022; Irfan et al., 2023). However, for Global Majority Women, achieving this balance remains challenging due to various intersectional identities that shape their access to resources that enhance WFB (Chung and Booker, 2022). These various inequalities intensify work-family pressure for GMW and necessitate the need for intersectional analyses of WFB. To further understand these dynamics, the concept of work-family conflict is explained in the following section to illustrate the experience of work-family relationships, in which pressure can arise from roles that are not compatible with one another.

Table 3.3: Conceptualisation of WFB

Akanji *et al.*	**2020**	Comprehensive time management approach involving self-regulation, technological adaptation, and change management
Rashmi and Kataria	2021	Presents work-life balance as a broader social construct addressing gender equity and policy considerations in pursuit of personal and professional fulfilment
Boamah et al.	2022	Utilising human resource strategies to mitigate employee stress and promote holistic life management
Vyas	2022	Emphasises achieving a harmonious integration of professional and personal life domains.
Martucci	2023	Identifying strategic approaches to harmonise professional and personal life commitments
Ortiz-Bonnin et al.	2023	Examining the degree of balanced engagement and satisfaction across work and family domains
Smothers et al.	2024	Emphasising meaningful involvement of spiritual wellbeing and self-efficacy influences individuals' balance, engagement and satisfaction across work and family domains.
Hosain	2025	Framed work-family balance around the equilibrium between work and family responsibilities within the family system.

Source: Author's Compilation (2026)

3.3.1 Work and Family Conflict (WFC)

The balance between work and personal life among employees influences employees' productivity in the workplace (Ferrara *et al*., 2022). However, there is an inconsistency with this argument that higher job satisfaction is a result of more emotional support in the organisation (Han *et al.*, 2023). Additionally, Obrenovic *et al.* (2020) found that workers who experienced minimal role conflict performed better at work or at home because they were satisfied in each domain. Nonetheless, WFB practices are generally successful when employees have the required abilities and tools to navigate through their dual roles. Employee characteristics or different family activities can also influence an individual's ability to balance work and family (Dodanwala *et al.*, 2023), causing this inconsistency.

The difficulty of balancing work and family may be exacerbated by work-family conflict (Karakurt *et al.*, 2023). According to Orellana *et al.* (2021), work-domain interference with family (WIF) occurs when workload spills over to family life, while family-domain interference with work happens when family obligations affect work (FIW). Work-family conflict and family-work conflict were negatively correlated with satisfaction with life, relationship satisfaction, and agreement with one another (Cazan *et al.*, 2019). It is apparent, however, that Coelho Júnior *et al.* (2023) have an inconsistency in this argument by focusing only on aspects of work that interfere with family activities and vice versa. This study briefly

explores this limitation and provides a more comprehensive view of the interaction between work and family roles.

3.3.2 Gender and family conflicts in the flexible work environment

In addition to the many gender-related issues, family conflicts are an important part of the dynamics of flexible work environments. Due to the documented negative impacts of work-family conflicts on the wellbeing of employees (Davidescu et al., 2020), flexible work arrangements can help reduce the stresses associated with work-family conflicts and enhance the overall wellbeing of employees (Chung, 2022). These types of flexible work arrangements allow employees to manage their own hours at work and, as such, allow them to create borders between their work and family lives and adjust those borders when needed to reduce conflicts between their professional and private responsibilities (Fan and Lin, 2023).

The ability to effectively manage borders reduces work schedule rigidity, which interferes with family commitments and allows caregivers to integrate their caregiving responsibilities into their paid work. In addition to eliminating commute time, remote working creates additional time for childcare and work-related tasks (Chung et al., 2021). Although empirical evidence supports a link between flexible work arrangements and reduced work-family conflict under certain conditions and contexts, the evidence is inconsistent across various gender, job type and household composition contexts.

However, gender adds another layer of complexity to this relationship. Some studies demonstrate that the increased flexibility of working from home actually increases work-family conflict (Kim, Kim and Kim, 2019; Van der Lippe and Lippényi, 2020). On the other hand, Lab and Wooden (2023) demonstrated that work schedule control and working from home will make WFB less complicated. Bellmann and Hübler (2021) demonstrated that flexible work arrangements are especially useful for managing work-family conflicts during the post-natal period and in supporting job retention while improving wellbeing. However, Van der Lippe and Lippényi's (2020) and Guo et al. (2025) emphasise that family situation is significant, and that single employees without partners or children are the only demographic that benefits from flexible work arrangements and working from home. These mixed results illustrate that flexible working arrangements are unable to fully explain the variability in employee confidence in managing WFB. As a result, flexible work arrangements by

themselves will not be sufficient to resolve work-family conflict tensions, particularly among women who carry multiple burdens and responsibilities.

Urbanavičiūtė et al. (2023) argued that flexible working increases boundary permeability between work and non-work domains by removing physical barriers. While improving balance, flexible working can increase multitasking and boundary blurring between work and family (Metselaar et al., 2023; Reimann, 2023). Since women typically handle more housework and childcare than men (De Laat, 2023), they experience different outcomes from flexible working regarding work-family conflict. Moreover, work-role ambiguity may create gender-differentiated experiences in work-family conflict (Yucel and Fan, 2023). This means that different flexible working arrangements may produce varying outcomes for men and women. Chung and Van der Lippe (2020) found that women working from home achieved better work-life balance with increased schedule control, while teleworking women experienced no work-life balance improvement.

However, existing research focuses more on gender stance (Brulin et al., 2023), sidelining the ways in which structural inequalities and cultural expectations shape the outcomes of work-family experiences. These challenges are more intense for Global Majority women in the U.K. health sector, with several factors like race, gender and occupational expectations intersecting with flexible policies (Chung and Booker, 2022). When these intersect with flexible working arrangements, they are constrained by shift workload and caregiving responsibility, which reduces wellbeing and enhances work-family conflict. Flexible working, while well-intended, may not account for cultural norms, religious obligations or systemic inequalities in how workload is distributed (Weldon-Johns, 2022). Thus, there is a need to explore not just whether flexible working options are available but how it is experienced and actionable across several intersectional identities.

3.3.3 Flexible Working, Domestic Sphere Expansion, and Gender Perspectives

Flexible working can reduce employees' work-family conflicts but also increase their workload and domestic obligations. While flexible working arrangements have a positive relationship with family, some studies have also shown that flexible working arrangements can cause more work than reduce it, which leads to more paid work invading family life rather than the reverse (Anderson and Kelliher, 2020; Chung, 2020; Fuller and Hirsh, 2018; Chung and Van der Horst, 2018b). The problem is that in this situation, work tends to be an intrusion upon family life

rather than family life encroaching upon work. Some theories provide explanations as to why this happens (see Chung and Van der Horst, 2018b; Chung, 2020; Anderson and Kelliher, 2020). They can be summarised as follows: workers feel compelled to reciprocate for the flexibility they receive from employers through gift exchange; the boundaries between work and personal life become blurred, allowing workers to exert effort or work longer hours than they would have otherwise; or employers may increase workloads while also providing workers with more flexibility in their schedules.

The degree of flexibility in these boundaries between work and home domains will yield outcomes depending on factors such as the strength of these boundaries (Chung and Booker, 2023). Urbanavičiūtė *et al.* (2023) further argue that the domain which individuals identify with most, and the significance each domain holds in an individual's life, will contribute to the time spent on tasks within each domain. These dynamics, known as border management (Adisa *et al.*, 2022), may result in one domain expanding while another reduces. For instance, individuals may increase the number of working hours if they choose paid work over family and other aspects of life, and those who prioritise their home life may experience an increase in domestic activities such as housework and caregiving. Societal norms and external factors play a significant role in how one prioritises paid work and home life. Kim *et al.* (2020) highlight that gender is another factor that tends to affect the ability since it overlaps with the expectations of a worker who prioritises work above all else without other obligations (Bertrand, 2020; Jayachandran, 2021; Allen *et al.*, 2023).

Even though some advances have been made in addressing these inequalities (Chung and Van der Lippe, 2020; Klammer, 2023; Aarntzen *et al.*, 2023), gendered patterns of work and care persist (Sung, 2025). Men will continue to earn most of the household income after childbirth, while women are mainly responsible for caring for children, ill relatives, and household chores (Devine and Foley, 2020; British Medical Association, 2021; Aarntzen *et al.*, 2023). These divisions are significant factors that influence how employers, colleagues, friends, and families view flexibility in working, including the gendered division of labour and gendered norms pertaining to women's and men's roles. In turn, these perceptions influence the outcome of flexible working arrangements. A substantial body of literature has demonstrated a disparity in the number of hours worked by men and women who have adopted flexible working arrangements, with men being more likely than women to extend their hours when adopting flexible working arrangements (Chung and Booker, 2023).

In contrast, it has been shown that women are more likely than men to use flexible work arrangements to provide care (Brulin *et al.*, 2023; Kim and Choi, 2023; Wang and Cheng, 2025); however, this typically results in women engaging in additional unpaid domestic labour in addition to paid employment. Yucel and Fan (2023) highlight that middle-class workers who operate flexibly must conform to societal gender norms regarding appropriate behaviour for both men and women. This perception affects people's expectations about working for both men and women. According to research conducted (Blaskó *et al.*, 2020; British Medical Association, 2021), those around women anticipate that women will engage in domestic tasks at the same time they work when they adopt flexible working arrangements, such as doing so from home. These social expectations of gendered behaviour serve to reinforce existing gender-based inequality and restrict the ability of flexible working arrangements to effectively alleviate work-family conflict.

Based on several different variables, there are differences in the way that both men and women perceive and respond to flexible work arrangements. According to Chung (2020), women may be paid less than their male counterparts when they use flexible work arrangements for extended periods of time. This inequality is further exacerbated by the societal belief that women will continue to work long hours, while also being responsible for caring for dependents, which has been described as an injustice (Perry-Jenkins and Gerstel, 2020). Therefore, the societal beliefs regarding flexible work arrangements and gender significantly influence the assessment and response of both men and women to the same types of flexible work arrangements.

Research conducted through a qualitative method has shown that individuals often form expectations about the type of flexible work arrangements available to women who choose to work from home (e.g. De Laat, 2023; Yucel and Fan, 2023; Chung and Booker, 2023). As a result of these expectations, organisations make judgments about the distribution of opportunities and rewards related to flexible work arrangements for both men and women. Yucel and Fan's (2023) extensive study supports these findings by demonstrating that even though women utilise flexible work arrangements (i.e., flexible work hours), they are not compensated equally to their male counterparts. Furthermore, many mothers experience the difficulty of making decisions between working hours at work and taking care of children without any additional pay, which illustrates how flexibility may exacerbate work-family

conflicts instead of alleviating them (Chung, 2020; Fatima and Khan, 2025). Research in the United States has demonstrated that mothers have fewer choices regarding flexible work arrangements than fathers, and that these options are sometimes not exclusive to support childcare (Kim et al., 2020). Additionally, research indicates that women who take advantage of flexible work arrangements are scrutinised and socially stigmatised more than their male counterparts (Blithe, 2023; Lab and Wooden, 2023; Little, 2025).

However, a sign of progress can be seen in fathers who utilise flexible work arrangements to care for their children (Tremblay, 2023) if they do so. Men's and women's perceptions of flexibility, however, are heavily influenced by gendered expectations. The underlying assumption in societies with gender norms is that fathers will prioritise their work commitments and protect their professional domains (Aarntzen *et al.*, 2023), even when they choose flexible work to fulfil caregiving responsibilities. In contrast, mothers are expected to use their control over work for caregiving purposes even if they explicitly request it for performance-related reasons. These differing expectations reinforce gendered ideas about commitment and productivity. Furthermore, the lack of working arrangements that give employees more control over their work may be explained by the fact that workplaces dominated by women are less likely to offer them such arrangements for jobs to be done as and when due, limiting their capacity to meet their work and family obligations (Chung and Van der Lippe, 2020). The influence of flexible working on career progression is naturally shaped by preconceived notions about workers' priorities and how they will exercise more control over their work.

Using data from Berniell *et al.* (2023), it is evident that flexible working arrangements intended to enhance performance are more likely to be rewarded, whereas flexible working arrangements intended for family purposes are not. Chung's (2022) study provided empirical evidence of the negative influence of FWA for the purpose of family-related issues on career development, the fundamental reason being that it moves the employee away from being perceived as an 'ideal worker' standard. Organisations and colleagues tend to stereotype women who choose flexible working options, resulting in heightened gender inequalities in the labour market (Bishu and Headley, 2020). There are several studies that indicate flexible working arrangements may allow women to work longer hours after childbirth than their alternatives (Yucel and Fan, 2023; Chung and Booker, 2023). However, this is not always the case; research shows that women in demanding but well-paying occupations tend to have access to flexible work arrangements (Bustelo *et al.*, 2023) and tend to experience a smaller

wage gap between men and women (Abudy *et al.*, 2023). Because of this, it becomes apparent that understanding the influence of flexible working on gender equality, work-family conflict and career outcomes has a complex and multifaceted influence.

3.4 Women and Work-Family Balance

In recent years, Work-family conflict (WFC) has been attributed to the high number of women in paid jobs (Allen and French, 2023; Adisa *et al.*, 2021). Traditionally, women were unable to participate in paid work because they were responsible for domestic labour and child-rearing (Adisa *et al.*, 2016). With women's entry into the workforce, many still have a larger share of unpaid domestic and care responsibilities than men (Chung and Van der Lippe, 2020; Chung and Booker, 2023).In addition to being negatively affected by gendered cultural norms and assumptions, working women are also adversely affected by work–life issues and negatively affect wellbeing (Evertsson, 2014; Adisa *et al.*, 2021). Vo *et al.* (2023) also point out that women have difficulty balancing their careers, spouses, and children's demands, contributing to more WFC (Bishu and Headley, 2020; Neneh, 2025).

Furthermore, it is believed that women in developed countries who promote gender equality are generally expected to be able to experience higher levels of Work-Family Balance (WFB) (Klammer, 2023; Adisa et al., 2021), but gender-neutral policies often fail to produce equitable outcomes. Long-standing beliefs about women, hidden biases, and systemic inequalities continue to limit women's autonomy and create even greater work-family tensions (Jayachandran, 2021). Often, a male-dominated society allows men to control women at work and home, negatively affecting women's wellbeing (Adisa *et al.*, 2019). WFB has become a widely accepted means of helping employees (Blair-Loy, 2009), especially women, in order to better manage their roles at home and at work (Chung and Booker, 2023). However, the flexibility offered to employees does not always provide equal benefits. Self-employment and flexible work arrangements have been proposed as strategies to assist individuals in balancing competing work and family obligations (Choi, 2018). Nevertheless, studies indicate that entrepreneurs and flexible workers commonly find it difficult to establish clear boundaries between their work and family lives and thus may suffer from increased stress and emotional strain (Adisa et al., 2019b; Choi and Kessler, 2023).

Moreover, Adisa *et al.* (2021) highlight that women are more involved in the upbringing and development of their children than men, which is thought to contribute to WFC in women more than men. Single mothers and women lacking other forms of social support will experience an added burden (Mordi *et al.*, 2023; Adisa *et al.*, 2021). The adoption of various flexible working arrangements, such as flexitime, telecommuting, and shift work by organisations, often helps to accommodate these dual responsibilities (CIPD, 2022). In the U.K., the high cost of childcare further intensifies these challenges, causing women to seek family support or amend their working hours to accommodate their family needs or childcare (Devine and Foley, 2020; Business in the Community, 2022).

Even when working fewer hours, women may still maintain similar workloads, thereby increasing the time and energy to complete the tasks (Bradley, McDonald and Cox, 2023). In response, there have been numerous initiatives aimed at facilitating women's full participation in the workplace, leading to the expansion of flexible working arrangements such as maternity leave, telecommuting, and job sharing in order to promote WFB (CIPD, 2022). Also, organisations and governments have developed strategies to increase employee productivity while improving quality of life (Brough and Kalliath, 2009; Chung and Van der Lippe, 2020).

Despite these measures, research shows that women still experience WFC. This is because men do not contribute much to household duties and childcare (Chung, 2022; Chung and Booker, 2023; Brulin *et al.*, 2023; Avolio, Charles and Bautista, 2023). This is especially intense for Global Majority women in the U.K., who face several intersecting constraints of race, religion, and cultural expectations. These intersecting identities reinforce their WFC, as mothers often navigate several expectations. While flexible working arrangements can improve WFB, they may also result in reduced career progression or limited compensation compared to men (Yucel and Fan, 2023; Bishu and Headley, 2020; Chung, 2020; Blithe, 2023; Lab and Wooden, 2023). This illustrates the need to examine not just formal policies but the lived experience of employees across diverse identities in assessing the implications of flexible working for work-family balance and wellbeing.

3.5 Work-Family Balance and Flexible Working Arrangements

Work-family balance (WFB) and wellbeing of an employee can improve through flexible working arrangements (Chung, 2020; Khan et al., 2025). According to Sekhar and Patwardhan (2023), employees who perceived their work environment as family-friendly had less conflict between work and family (Hsiao, 2023; Aura and Desiana, 2023). There is, however, other evidence to suggest that flexibility provides a balance between work and life during parenthood; flexibility may result in greater WFB for some employees than others (Berniell *et al.*, 2023). According to De Laat (2023) and Reimann (2023), family situations of employees within organisations are important as they influence their performance and productivity, due to the responsibilities employees have outside of the workplace that affect how they experience flexibility. For example, telecommuting and remote work might not be as beneficial for employees who have partners and/or children, compared to single employees (De Laat, 2023). In terms of work-family conflict, working from home has a variety of influences. People who work remotely have lower work-family conflict, but higher family-to-work conflict. Telecommuting's influence on family-to-work balance was found to be negatively correlated with household size. In addition to allowing employees to manage potential conflicts between their family and work roles, there is a need to enhance flexible working arrangements to suit individuals' activities or schedule (Chung and Booker, 2023).

Furthermore, Li *et al.* (2023) highlighted that flexible working arrangements assist employees with family demands and work duties, which benefit individuals with higher family responsibilities as they have a greater ability to resolve work-family conflicts (Aziz-Ur-Rehman and Siddiqui, 2019). However, Austin-Egole *et al.* (2020) cite several organisational factors that hinder the use of flexible working arrangements, including employee resistance, technology, lack of managerial support or organisational culture, stating the importance of organisational variables as crucial to understanding the use of flexible working arrangements. Additionally, in the study conducted by Andrade *et al.* (2019), exploring the experience of employees from different countries on work-family balance, most employees across 37 countries do not perceive work to interfere with family life as often as they believe, but the truth is most likely in India and least likely in Georgia, Suriname, Taiwan, Hungary, Estonia, and Austria. The results suggest that institutional frameworks and cultural norms contribute to how employees perceive work–family balance (Azara *et al.*, 2018).

Moreover, Bjärntoft *et al.* (2020) posit that organisations that offer flexible working arrangements help workers cope with work-family conflicts, as flexibility allows individuals to take care of their children and other responsibilities while still doing their official duties. Several studies have shown that flexible work arrangements reduce work-family conflicts (Gerdenitsch *et al.*, 2015; Smith *et al.*, 2019; Hsu et al., 2024; Smit, 2025). However, Chung and Booker (2023) note that for flexibility to adequately address persistent imbalances between employees' work and family commitments, it must be meaningfully designed and fit to employees' needs. This is particularly necessary for employees with caregiving responsibilities, particularly women whose wellbeing and work–family balance is most impacted by rigid and inflexible work structures (Adisa et al., 2022).

3.6 Intersectionality and Work-Family Balance

The concept of intersectionality provides a crucial theoretical foundation for understanding how multiple identities interact to shape individuals' experiences in both work and family domains. While research on WFB has increased in recent years, studies examining WFB through an intersectional lens remain limited, particularly regarding GMW in healthcare. Crenshaw (1989) explains Intersectionality as the integration of social categories such as race, gender, ethnicity, class and religion that do not operate in a separate way but interact to form a unique experience of privilege and discrimination. When applied to work-family balance, intersectionality demonstrates how different identities simultaneously shape access to resources, institutional support, and cultural expectations regarding both work and family roles. (Kelly *et al.*, 2021; Collins *et al.*, 2021; Floris and Palmas, 2025).

Recent research has explained the understanding of intersectionality identities in the aspect of work-family balance (Heikkinen *et al.,* 2024; Kossek *et al.*, 2023). Geraldes *et al.* (2024) argued that when social identities intersect, they give rise to opportunity structures that determine individuals' access to flexible working, the level of supervisor support they receive and the prevalence of family-friendly organisational cultures. These structures create disparate pathways to work-family balance that cannot be understood through single-category analyses. Similarly, Chung (2020) uncovered that Black and Asian women endure a stigma surrounding work and family more than their white counterparts, as supervisors frequently see their flexibility requests through racialised stereotypes about dedication and work ethic, aligning

with Stamm et al.'s (2023) report on how requesting FWA places GMW in a disadvantaged position at work.

Furthermore, Reid et al. (2024) confirmed, similarly to other sources mentioned above, that GMW healthcare professionals reported a greater amount of work-family conflict than white women at the same hours and roles. Work-family conflict is also intensified by what Berdahl and Moore (2006) referred to as ethno-gendered harassment, which is known to be harassment that includes discrimination against individuals based on their racial/ethnic background and sex, and it creates additional stressors for GMW, in addition to those that contribute to their work-family responsibilities. Additionally, Kossek et al. (2021) pointed out that many studies about race and work-family conflict are carried out in the context of North America, whereas there is less focus on the unique experiences of GMW in the U.K. health sector. The lack of studies of GMW in the U.K. health sector represents a significant knowledge gap, as national policies, history of migration, and cultural context affect how intersectional identities produce work-family experiences (Ozbilgin et al., 2011; Chung and Booker, 2022).

Healthcare professionals who immigrated to the United Kingdom experience work-family conflict in ways that are different from native-born employees. Adisa et al. (2021) documented how immigration status affects both the career trajectory and family responsibilities of healthcare professionals, noting that immigrant women healthcare professionals experience transnational care networks and professional obligations, in part because of their immigration status. These transnational responsibilities, which may include supporting family abroad, add to the work-family conflict experienced by immigrant women healthcare professionals that is not experienced by native-born employees (Sampaio and Carvalho, 2022; Mikolai and Kulu, 2025).

Religious identity is another important, but understudied, aspect of intersectionality in work-family conflict. Linando (2022) demonstrated that Muslim women healthcare professionals encounter difficulties balancing prayer times, religious holidays, and dress code requirements with the traditional work schedule of healthcare workers. Such religious practices often conflict with conventional work schedules, producing conflicts that cannot be understood using gender analysis alone. Similarly, Bradley et al. (2023) illustrated that GMW from religious minority groups experience "cultural taxation" when attempting to navigate secular workplace norms that conflict with religious commitments, compounding their pursuit of work-family balance.

Although these authors provide insight into the issues encountered by GMW from religious minority groups, Tariq and Syed (2017) emphasised that most current research has not developed a theory regarding how immigration status and religious identity combine to impact gender and race and subsequently produce work-family experiences. As such, current research generally treats these categories as separate entities, rather than considering them as mutually constitutive, thus producing incomplete explanations of GMW's experiences (Hwang and Hoque, 2023).

Beyond individual identity markers, healthcare organisations and systems also contribute to the creation of work-family conflicts experienced by GMW through their policies and structures. Kapilashrami and Marsden (2018) showed that many of the flexible working policies implemented in healthcare organisations contain built-in biases that affect GMW. The flexibility in the application of these policies is typically based on the experiences of white, native-born workers, which can lead to disadvantages for GMW. Bishu and Headley (2020) further found that structural barriers to GMW's work-family conflict include the presence of structural racism within healthcare organisations. Kline (2014) has shown that although GMW represent a significant proportion of the healthcare workforce, they continue to be underrepresented in leadership positions throughout the history of the NHS. This vertical segregation of GMW limits their access to formal authority and power, which can limit their opportunities to advocate for more inclusive work-family policies (Atewologun et al., 2016; Champagne, 2024; Little, 2025).

The structural inequality faced by GMW healthcare professionals was even further exacerbated by the COVID-19 pandemic. Abuelgasim et al. (2020) demonstrated that GMW healthcare professionals were often assigned to high-risk clinical units during the pandemic, at the same time that they were burdened with additional family responsibilities caused by school closures and disruptions to their care networks. These concurrent demands placed an unprecedented amount of pressure on the work-family conflict experienced by GMW healthcare professionals, and the resulting stressors were unique to their intersecting identities (Obrenovic et al., 2020).

While much of the literature focused on the intersectional constraints, a growing body of research is exploring how GMW use their agency to manage their work-family conflict. Dennissen et al. (2018) documented the ways in which GMW healthcare professionals develop strategies to mediate the tension between their institutional constraints and the cultural

expectations of their workplace. These strategies included developing a network of professional colleagues who would support them; disclosing or concealing aspects of their identity strategically; and reframing cultural practices to fit the demands of their profession. Furthermore, Tlaiss (2015) documented the ways in which Muslim women physicians develop approaches to work-family balance that draw upon their religion and their communities. Nonetheless, as Fernando and Cohen (2014) pointed out, focusing on the agency of GMW may obscure the structural inequalities that necessitate such agency. Thus, future research must find a way to balance its focus on both the agency of GMW and the systemic constraints that shape their work-family experiences.

This imperative is reinforced by international research from Canada, Australia, and South Africa, which consistently demonstrates that women from racially minoritised backgrounds experience unique challenges in negotiating work and family responsibilities due to the interaction of race, gender, and socio-economic inequalities (Mirchandani, 2003; Essed, 1991; Booysen and Nkomo, 2010). These global findings reinforce the need for an intersectional approach to understanding flexible working and work-family balance among Global Majority Women in the U.K. health sector (Chung and Booker, 2022).

According to Vohra-Gupta et al. (2023), most of the research studies on the work-family conflict of healthcare professionals use single-category approaches when studying gender or race, and do not provide adequate theoretical consideration of the relationship between gender and race. Such approaches prevent researchers from achieving a full understanding of the specific challenges that GMW face. In addition, most of the studies on work-family conflict have employed quantitative methods to study work-family conflict. These methods do not permit researchers to fully understand the nuances of how intersectional identities create work-family conflict. As stated by Cho et al. (2013), qualitative methods of study will permit researchers to understand both the structural patterns and the lived experiences of GMWs' work-family conflict. Nevertheless, there is still limited research in the area of healthcare that uses qualitative methods to study work-family conflict.

Finally, very little research has investigated how flexible working arrangements influence work-family conflict in GMW healthcare professionals. Although research has identified differences in access to flexible working arrangements among different employee groups (Heikkinen et al., 2024), and research has identified varying impacts of flexible working

arrangements on work-family conflict (Blair-Loy, 2009), there is very limited research regarding how flexible working arrangements are perceived by GMW in the unique organisational, cultural and policy context of the U.K. healthcare sector. Since the U.K. healthcare sector has become increasingly reliant on flexible working arrangements (NHS, 2023), and since GMW represent a significant portion of the healthcare workforce (NHS, 2023), filling this knowledge gap is vital. Understanding whether these modern statutory provisions operate as genuine, empowering tools or merely policed, discretionary entitlements is essential for safeguarding the long-term work-family balance, psychological wellbeing, and professional advancement of Global Majority women within the health service **(**Weldon-Johns, 2022; Working Families, 2023).

3.7 Wellbeing Condition

Work–family balance, and flexible work arrangements in particular, are key to employee wellbeing, especially for employees in high-demand jobs like those found in healthcare. According to Fadiji et al. (2021); Evans et al. (2025), a person's wellbeing is defined as "the positive emotional experience of individuals including feelings of happiness and contentment, having the ability to develop their full potential, the belief they can control their lives, a sense of direction or purpose in their lives, and being involved in meaningful social relationships." According to the WHO (2001; 2024), "wellbeing" is the "positive state of being in which individuals have a degree of confidence in their own abilities, the resilience to deal with everyday life stresses, and the ability to be engaged in productive and creative activities." There are three interconnected dimensions of wellbeing that researchers have identified as relevant to work-family conflict: Hedonic Wellbeing – "happiness and satisfaction with life", Eudaimonic wellbeing – "feeling fulfilled and having a sense of purpose", and occupational wellbeing – "stress related to job, and job satisfaction" (Chingan et al., 2024; Ruggeri et al., 2020).

Greenhaus and Allen (2011) developed the foundational model that demonstrated how work-family imbalance negatively affects each of the three dimensions of wellbeing, creating a vicious cycle where imbalance generates physiological stress responses that limit an individual's capacity to achieve balance. A significant distinction exists between work-family balance and wellbeing. Work-family balance is focused on time allocation and management of roles in different domains. In contrast, wellbeing encompasses the overall health implications

of time allocations and role experiences (e.g., chronic stress, sleep quality, burnout) (Calvetti et al., 2024; Chen, 2025). Consequently, this study moves away from purely individualised definitions of wellbeing that place the entire burden of health onto employee resilience. Within a highly racialised and gendered framework like the U.K. healthcare system, occupational and psychological wellbeing are structurally determined. When GMW face systemic inequities, such as rigid shift patterns that ignore transnational care networks (Adisa et al., 2021) or subtle managerial biases in approving requests (Stamm et al., 2023), their lower wellbeing is not a failure of personal coping mechanisms, but a direct outcome of institutional friction (Weldon-Johns, 2022). As discussed in Sections 3.5 and 3.6, flexible work arrangements influence work–family balance and have a high impact on employee wellbeing.

Furthermore, research has shown that wellbeing has a positive correlation with professional, interpersonal, and personal success, and individuals with high levels of wellbeing are more productive at work, more creative, and more prosocial (Van der Deijl *et al.*, 2023; Khan *et al.*, 2020). A longitudinal study conducted by Weng *et al.* (2023) indicated that childhood wellbeing predicts adult wellbeing. Moreover, individual wellbeing is associated with better physical health and life expectancy (Cook and Davíðsdóttir, 2021) because of better performance at work (Dziuba *et al.*, 2020), and quality of life is associated with higher national economic performance (Edmans, 2023).

Employees in an organisation must be mentally, physically, and emotionally healthy. In addition to physical health, employee health can be improved in several ways. This includes how people engage in work and their perceptions, which have a major influence on their wellbeing and happiness. Six factors contribute to wellbeing in a definition that encompasses several perspectives: an attainable workload, a positive workplace connection, adequate control over work, management and coworker support, role clarity, and participation in organisational change (Rizwan and Sivasubramanian, 2022). When these conditions are absent, employees tend to experience low motivation and emotional exhaustion, which can increase stress and burnout. This is further confirmed by a few studies that assert that wellbeing is associated with a workplace environment which encourages a feeling of safety, joy, and respite (Fumero *et al.*, 2021; Raja *et al.*, 2023; Wibowati *et al.*, 2023; Deuze, 2025).

According to Obrenovic *et al.* (2020), employee wellbeing is a multidimensional construct that consists of five dimensions: affective, cognitive, social, professional and physical

wellbeing. Each plays a role in shaping a person's capacity to navigate both work and life demands (see Figure 3.1).

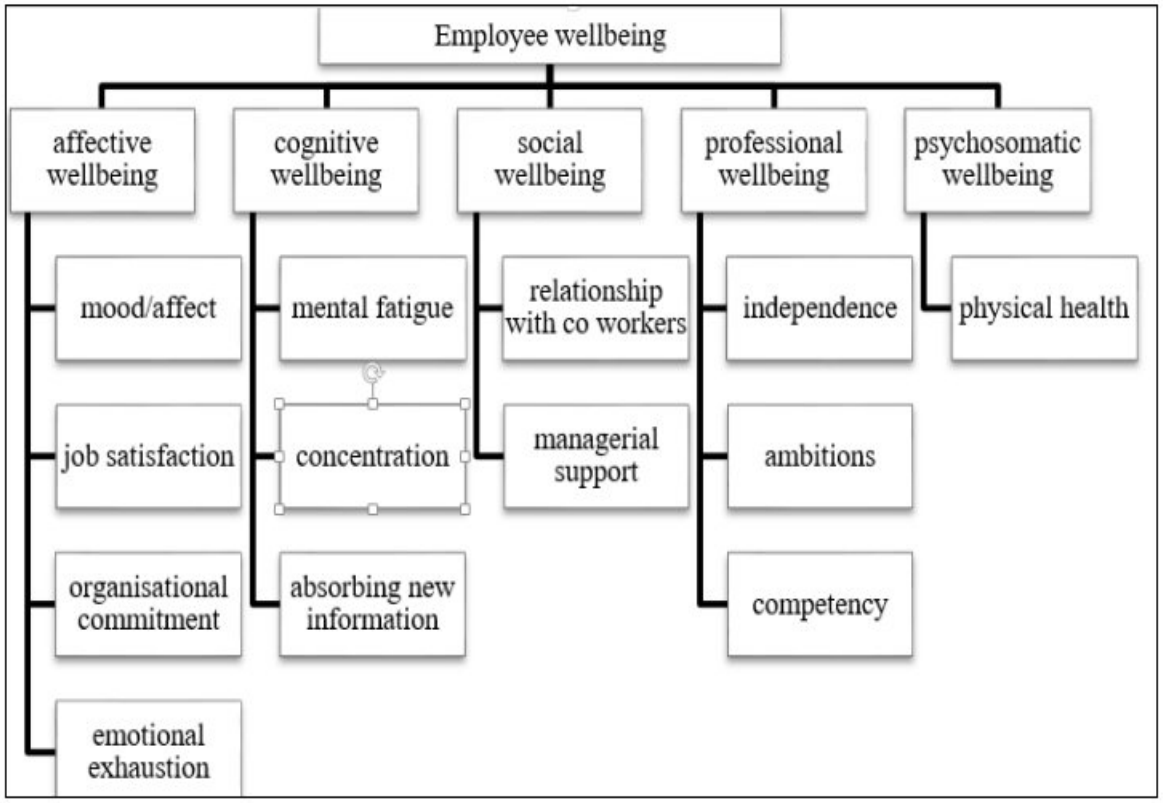

Figure 3.1Five Dimensions of WellBeing

Source: Obrenovic *et al.* (2020)

The Wellbeing of Employees is both a Personal Outcome and a Strategic Organisational Concern. It is a multi-faceted concept and will impact on the long-term success of an organisation. It is associated with greater career achievements, better financial rewards, greater job loyalty and higher productivity (Obrenovic et al., 2020; Boamah et al., 2022a). Wellbeing is being increasingly accepted as a strategic way of managing business (Zicari and Gamble, 2023), where companies are beginning to see the financial implications of employee health. Companies are learning that they have healthier employees who are more productive and therefore incur lower healthcare costs (Garcia, 2025)

Therefore, to achieve high levels of employee satisfaction and productivity, it is important that organisations focus on workplace wellbeing and creating healthy working environments. Work-family balance is a key factor in employee Wellbeing. Research demonstrates that achieving WFB, which affects productivity (Mishra and Bharti, 2023), is part of an employee's

wellbeing (Sekhar and Patwardhan, 2023). In addition, organisational Human Resource Management (HRM) policy and WFB strategy are key areas of organisational support to enable employees to achieve a healthy balance between work and private lives and enhance employee wellbeing (Bradley et al., 2023; Khan et al., 2025). With the continued growth of the importance of employee wellbeing and WFB, it is important to explore the relationships between employee wellbeing, work-family balance and diversity across various workforce groups in the context of increasing interest and importance of both employee wellbeing and work-family balance.

Importantly, while wellbeing challenges are experienced by all employees in the U.K. health sector, the specific challenges faced by GMW need to be addressed through the lens of intersecting structural and social inequalities. The NHS Workforce Race Equality Standard (2023) noted that there were consistently higher stress levels amongst ethnic minority women in the workforce than their white counterparts, despite similar roles and levels of seniority. These differences stem from workplace discrimination in the form of micro-aggression, limited career development opportunities and social isolation (Smith and Griffiths, 2022). Furthermore, the 'Strong Black Woman' stereotype creates an additional wellbeing barrier for Black female healthcare workers, restricting their ability to seek assistance and therefore exacerbating their mental health vulnerabilities (Parks and Hayman, 2024).

Migrant healthcare workers have an additional layer of wellbeing challenges because of their immigration status (visa uncertainty, family separation, etc.), which add to their mental health risks and decrease their wellbeing (Alegría et al., 2017; Al-Btoush and El-Bcheraoui, 2024). These findings are consistent with the points made in Section 3.6 that the wellbeing of GMW is shaped more by structural or organisational environments and less by individual resilience. The wellbeing-related challenges of GMW are influenced by the intersectionality of factors such as race, gender, migration status and religion. These factors result in wellbeing-related challenges of GMW that cannot be appropriately captured by one-dimensional wellbeing frameworks. Examples of wellbeing-related challenges faced by GMW include: religious stigma experienced by Muslim women in the workplace relating to prayer accommodation and uniforms, contributing to emotional strain, having the feeling of not being visible and identity suppression at workplace (Padela et al., 2012); the ‘invisible labour’ of migrant healthcare workers (Nwosu et al., 2021), for example cultural mediation and community representation, which results in burn-out but is not recognized as part of the formal workload. These

intersectional stressors help to explain why standard wellbeing interventions do not meet the needs of GMW.

Existing literature further highlights a range of factors that contribute to employee wellbeing (Kim *et al.*, 2023; Medina-Garrido *et al.*, 2023; Aboobaker and Shanujas, 2025). Among these factors, the organisation's culture plays a role in promoting employee wellbeing through family friendliness, like flexible working, operations and supportive supervision, all of which contribute to overall wellbeing (Bird, 2006). However, the relationship between flexible working and wellbeing is more complex. Li *et al.* (2023) establish a U-shaped relationship between flexible working practices and wellbeing. This implies that while having flexible working can improve the wellbeing of employees, there is a point where it can have a negative influence if poorly managed. Therefore, it is the implementation of flexibility rather than its availability that is of most significance (Weldon-Johns,2022).

Organisations that embrace FWA prove their concern for employee wellbeing and tend to retain their workforce more effectively (CIPD, 2023). The acceptance of these practices is on the rise due to their ability to meet both work and family commitments (Tremblay, 2023; Aziz-Ur-Rehman and Siddiqui, 2019). However, research findings indicate that job resources such as control over work time play a role in achieving a better work-family balance (Brulin *et al.*, 2023). There are two reasons behind the employer's strategic initiative: meeting business requirements and responding to employees' need for a better WFB. (Metselaar *et al.*, 2023; Kumar *et al.*, 2023).

While flexibility at work has been identified as one way to assist women in balancing their employment obligations with other aspects of their lives including those of family (Van der Lippe et al., 2021), it may also be seen to reinforce gender roles in both the home and workplace (Chung and Van der Lippe, 2020; Chung, 2022), where men can take advantage of flexible working opportunities and ultimately increase their hours and salary while women take on more care responsibility, contributing to further conflict in relation to work and family life.

Additionally, the advantages of flexible working do not appear to be distributed fairly across all workers. For example, Chung (2020) shows a Flexible working stigma for Global Majority Women. That is, their commitment to the organisation is questioned more often than that of white colleagues who use flexible working arrangements in the same ways. This negative

impact on wellbeing has the potential to undermine any positive benefits (Aura and Desiana, 2023) that flexible working arrangements would otherwise provide to employees. De Laat (2023) reported that while flexible working arrangements such as remote working have resulted in overwork and social isolation for many Healthcare Professionals, including Global Majority Women reporting the greatest amount of work intensification and the least amount of colleague support. It appears that without intentional work-life boundary management, flexibility in work arrangements can potentially reduce rather than improve employees' wellbeing over time. Thus, while flexible working has the potential to contribute to improved employee wellbeing, the delivery of wellbeing benefits to a diverse group of employees will require consideration of the power dynamics present in the workplace and the culture of the organisation, as well as existing inequities (Weldon-Johns, 2022).

Notably, Austin-Egole *et al.* (2020) demonstrated that even with access to flexible working arrangements, systemic barriers, including racism and sexism, continue to undermine wellbeing, particularly for GMW in healthcare settings. According to Urbanavičiūtė *et al.* (2023), employees who have responsibilities and control over their work hours tend to experience less depression, highlighting the positive effects of flexible work arrangements, especially for those working full-time. Tran *et al.* (2023) also support the connection between flexible work arrangements, personal and family wellbeing and employee performance. Their study emphasises how managerial support influences the relationship between work arrangements and performance. While previous research has examined how organisational culture affects employee wellbeing (Ferrara *et al.*, 2022; Ortiz-Bonnin *et al.*, 2023), there is still a lack of empirical studies investigating how flexible working mediates the relationship between Work-family balance and employee wellbeing, particularly among Global Majority Women in the U.K. health sector. With global changes caused by pandemic-induced lockdowns (Ober and Karwot, 2023), employee wellbeing and work-family balance remain crucial concerns for organisations. Therefore, it is crucial to conduct research to address this gap and offer organisations valuable insights on how to enhance the wellbeing of their employees.

3.8 Research Gap

Although there is a considerable amount of literature available about flexible working arrangements (FWA) and work–family balance (WFB), there are some areas where the research is still incomplete, particularly concerning Global Majority Women (GMW) in the U.K. Health Sector. A large proportion of previous research has studied either general populations or demographic subgroups and consequently ignored the various forms of intersectional disadvantage experienced by GMW, which ultimately affects their flexible working and WFB.

The first area of weakness in the literature involves the fact that very little is understood about how FWA affect GMW differently from the majority of white individuals. While many studies have identified the positive effects of FWA on reducing work–family conflict and enhancing WFB (Chung and Van Der Lippe, 2020), fewer studies have examined the different ways GMW experience FWA. Additionally, the application of an intersectional framework to examine WFB and FWA has been grossly underutilised in the literature. An intersectional perspective recognises that systems of oppression and privilege are interconnected and influence individuals' experiences (Crenshaw, 1989). In contrast to this, most studies examine social categories, such as race, gender and class, as additive, instead of recognising them as interactive and identifying the unique disadvantages GMW experience (Kapilashrami and Marsden, 2018; Collins and Bilge, 2020).

The second gap in the literature relates to the role of organisational culture and managerial support in facilitating FWA for GMW. Although supportive cultures and proactive leadership are recognised as fundamental to the successful implementation of flexible work practices (Smith et al., 2019; Yadav and Bagri, 2025), the research on how organisational culture and managerial support interact with the day-to-day work and family life of GMW is significantly limited. Some research indicates that GMW generally receive less organisational support and experience greater workplace discrimination compared to all other employee groups (British Medical Association, 2021). However, few studies have investigated the interaction between organisational culture and managerial support, and the impact of these variables on the relationship between FWA, WFB and wellbeing of GMW in health-care settings.

Additionally, external identity markers such as immigration status and religious affiliation are rarely considered within the discipline of work-family research, even though emerging

evidence indicates that they significantly influence work-family dynamics (Rodriguez and Scurry, 2019; Sangwa and Mutabazi, 2025). These variables are typically viewed as secondary or peripheral and are infrequently integrated into the broader picture of the challenges GMW experience across multiple dimensions. Immigration status, for example, can affect access to support networks, employment rights and career opportunities; whereas religious identity can affect daily routines, time management, and perceptions of organisational inclusion (Sav et al., 2014; Bradley et al., 2023). Consequently, given the U.K.'s specific historical context of migration, policies affecting the NHS, and cultural dynamics, it is imperative to conduct research in the U.K. which incorporates these contextual elements (Özbilgin et al., 2011; Ramboarison-Lalao et al., 2023; Abela, 2025).

In addition to structural inequalities dominating much of the discussion, there is increasing evidence of scholarship that investigates the agency that GMW employees employ when negotiating work-family boundaries. Research illustrates that GMW create innovative methods, including developing peer networks, selectively revealing identities, or reframing cultural expectations, to cope with and challenge institutional barriers (Dennissen et al., 2020; Tlaiss, 2015; Jean, 2025). However, as Fernando and Cohen (2014) observe, while researchers increasingly emphasise the agency that GMW demonstrate, by doing so, they may be depoliticising the systemic barriers that require these adaptive behaviours. Therefore, a balance must be achieved that acknowledges both the structural limitations and the individual strategies of resilience that GMW utilise.

Although FWA have become increasingly common in the U.K. health care industry, with the majority of the NHS workforce being GMW (NHS, 2023), and despite the considerable body of evidence regarding the impact of FWA on the WFB and wellbeing of other workers (e.g. Blair-Loy and Wharton, 2004; Kossek and Lautsch, 2018), very little empirical research has investigated how FWA influence the WFB and wellbeing of GMW in the U.K. health care industry. Flexible Working Arrangements are often viewed as a "universal benefit", with too little consideration given to the social, cultural and institutional contexts in which they occur. The COVID-19 Pandemic revealed and exacerbated such inequities by placing GMW at the forefront of both front-line health-care work and their increased responsibility for domestic and caregiving duties (Abuelgasim et al., 2020; Roesch et al., 2020; Montoya-Gajadhar, 2024).

Thus, there exists a strong need for research that employs an intersectional and contextual lens to examine the interdependent dynamics between FWA, WFB, and wellbeing amongst GMW in the U.K. health sector. Using a qualitative methodology and highlighting the multiple intersecting impacts of race, gender, immigration status, and religious identity, this study aims to create greater insight to enable more inclusive organisational policies and practices to be developed. By investigating these interconnected variables, this thesis achieves its theory-extending positioning. It does not merely document the presence of work-family conflict; it extends foundational WFB frameworks, such as Boundary and Spillover theories, which have historically been developed around more homogenous, structurally secure demographic groups (Amstad et al., 2011; Shockley et al., 2017). In doing so, it introduces the intersectional realities of Global Majority Women into these models; this study demonstrates how power asymmetries and systemic inequalities fundamentally alter the very mechanics of border management for minoritised individuals (Dierdorff and Ellington, 2008; Wayne et al., 2017).

3.9 Chapter Summary

In this chapter, the WFB and wellbeing in relation to Global Majority Women (GMW) were discussed. Specifically, the challenges of GMW were examined through the lens of WFB and wellbeing. In addition, the interconnection of the work and family domains was analysed using terms like work-life integration and work–family conflict. Traditional family structures changed from single earners to dual-income earners, greatly changing family routines. WFB was described as a tool used by Human Resources to help employees reduce stress.

The chapter also explored employee wellbeing as a multi-dimensional construct that is influenced by an organisation's family-friendly policies and better working conditions. Additionally, flexible working arrangements were viewed as a helpful tool for organisations which can be used to help their employees balance work and family responsibilities, particularly for women. However, these flexible working arrangements can sometimes perpetuate traditional gender roles in both professional and domestic settings due to the prevailing societal norms that dictate what men and women should be responsible for. The chapter ended by highlighting the major gaps in the current research base, justifying an intersectional qualitative investigation of the experiences of GMW in the U.K. health sector.

CHAPTER FOUR: THEORETICAL FRAMEWORK

This chapter provides the theoretical base for the study using a multi-dimensional approach to examine the complex dynamic influences of Flexible Work Arrangements (FWA) and work-family balance (WFB) for Global Majority Women (GMW) and their total wellbeing experience in the U.K. health sector. The three theoretical constructs used as the base for this study are Intersectionality Theory, Boundary Theory, and Spillover Theory. Together, the three theoretical constructs used in this study will allow for a strong analytic model to identify how the individual identity characteristics, domain boundaries, and the influence of one domain on the other influence the experiences of GMW while trying to balance their work-family responsibilities and wellbeing in the U.K. healthcare setting.

4.1 Intersectionality Theory

Intersectionality Theory was first introduced by Crenshaw (1989, 1991) as a response to the way in which identity categories were treated as singular or monolithic in anti-discrimination law and feminist theory. Crenshaw stated that because of the dual identity of Black women, they could not be understood solely by separating race and gender as separate categories (Crenshaw, 1989). The conceptual roots of intersectionality extend much farther than legal scholarship; the lived experiences of Black feminists such as the Combahee River Collective (1977) and the academic writings of Patricia Hill Collins (1990), who coined the term "matrix of domination," which refers to the interconnected systems of oppression that exist. Within the context of this study, intersectionality provides a mechanism to understand the lived experiences of Global Majority Women in the U.K. Health Sector, and how their intersecting identity factors impact their work/family experiences and wellbeing.

Since the development of intersectionality, the theory has grown from being a product of critical race feminism into a widely applicable framework in many disciplines such as sociology, psychology and organisational studies (Collins and Bilge, 2016; Rodriguez, 2024). McCall (2005) identifies three different methodological approaches to intersectionality research: anti-categorical complexity, which eliminates categorisations; inter-categorical complexity, which analyses the relationships between categories; and intra-categorical complexity, which analyses the social group at the ignored intersections. This study employed both inter-categorical and intra-categorical complexities to explore both the intersection of

multiple identities and the impacts of those identities on patterns of positive and negative experiences of GMW, and to examine the individual experience of each participant's intersecting identities.

In addition to expanding the field of intersectionality theory, Collins and Bilge (2016) identified six major concepts of intersectionality theory: social inequality; power relations; relationality; social context; complexity; and social justice. These six concepts allow researchers to systematically conduct intersectional analyses, and therefore, to evaluate the structural and cultural mechanisms that restrict individuals' ability to achieve Flexible Work Arrangements (FWA) and wellbeing. Social identities are mutually constitutive, and therefore create unique experiences, as opposed to varying in degrees when examined individually (Collins, 1990; Luiz and Terziev, 2024).

Furthermore, the concept of interlocking systems of oppression indicates that systems of power, including, but not limited to, racism, sexism and classism coexist, and interact, to support each other (Rodriguez et al., 2016; Collins, 1990); and that these systems of power lead to intersectional invisibility (Purdie-Vaughns and Eibach, 2008; Rodriguez, 2024); and that, as a result of this invisibility, individuals with multiple marginalized identities, such as GMW, may experience specific barriers to their advancement in the workplace that are not accounted for in policies designed to address either gender discrimination or racial discrimination as distinct concerns, that limit the efficiency of Flexible working arrangements and wellbeing initiatives.

Intersectionality has been extensively applied in the study of workplaces and organisations. Specifically, Remedios and Snyder (2018) studied how intersecting identities influenced workplace experiences. Remedios and Snyder found that women of colour had barriers to professional development that did not occur for other groups, and that would have been impossible to measure if one considered the effects of gender or race individually. Their study on intersectional discrimination illustrated how it is possible to evidence it through subtle but pervasive forms of microaggressions and exclusionary behaviours that are difficult to quantify using traditional frameworks for evaluating discrimination. In an extension of Remedios and Snyder's (2018) study, Opara et al. (2020) completed a study on the experiences of BAME professional women in the workplace and demonstrated that the connection between race and gender creates additional barriers to career progression, emphasising the importance of intersectional methods to understanding workplace inequality.

Specifically in healthcare settings, intersectionality has been effective in illustrating the manner in which multiple identity dimensions influence both patient experiences and the experiences of healthcare workers. Bowleg (2012) utilised intersectionality to examine health disparities; she stated that previous approaches used to address health disparities emphasised only single identity categories and thus failed to illustrate the complex interactions between race, gender, sexuality, and class in shaping health outcomes (Hankivsky, 2012; Shannon et al., 2022). This perspective has also been useful to assess the experiences of healthcare workers from marginalised groups, who simultaneously experience both the responsibilities of providing Patient care and experiencing workplace discrimination.

Furthermore, WFB research has increasingly utilised intersectionality theory to assess the degree to which multiple identity dimensions affect WFB experiences. Rosette et al. (2016) evaluated how Black women's experiences of work-family conflict were qualitatively distinct from White women and Black men; their results revealed several unique constraints experienced by Black women as a result of stereotypes and role expectations; their results also indicate that Black women experience additional intersectional stressors related to cultural expectations to provide support to family obligations that are not incorporated in traditional work-family models (Opara et al., 2020).

Additionally, many organisations' cultures replicate advantages and disadvantages based on gender and class simultaneously, as well as limit GMW's access to FWA and therefore limit the wellbeing advantages of such initiatives (Rodriguez et al., 2016; Weldon-Johns, 2022). Intersectionality, therefore, offers a framework for identifying how the relationship between an individual's interaction with FWA and WFB relates to broader institutional and societal patterns of inequity (Cho et al., 2013; Rodriguez et al., 2016). By utilising this Intersectional approach, the study prevents the generalisation of the experiences of GMW into a Single narrative and highlights the opportunities and challenges that exist across the healthcare environment.

Critics argue, however, that the theory's emphasis on complexity leads to analytical paralysis, making it difficult to establish clear causal connections or practical interventions (Nash, 2008; Hankivsky and Christoffersen, 2021). Moreover, the infinite complexity generated by multiplying identity categories and their interactions generates endless complexity that hinders

systematic analysis and comparison of cases. Furthermore, the theory's focus on marginalised identities may unintentionally replicate essentialist assumptions regarding identity categories, despite the critique of such essentialism (McCall, 2005). Nevertheless, intersectionality theory provides important theoretical foundations for understanding the experiences of GMW in the U.K. Health Sector, as these women navigate multiple, intersecting identity dimensions that define their experience of navigating flexible working arrangements, work-family balance, and wellbeing in the U.K. Health Sector (Chung and Booker, 2022).

4.2 Boundary Theory

Boundary theory, developed from sociological studies of Nippert-Eng (1996), has been used to explain how individuals actively manage the boundaries between work and home life. Sociologists have long studied the boundaries between the home and workplace; however, Nippert-Eng's (1996) ethnographic research showed that people are actively engaged in what she called "boundary work" to manage how much work is done at home and how much home is done at work. As such, her work challenged the idea that these two areas were separate or that the boundaries between them were fixed. She drew upon the sociological work of Kanter (1977), who had previously identified two types of work-family management approaches: segmented and integrated approaches. Nippert-Eng (1996) argued that the work-life boundaries in many people's lives are not based on the natural order of things but on the way we live, how we think about work and how we think about our personal lives. Therefore, the way we think about work-family boundaries is constructed and constantly changing.

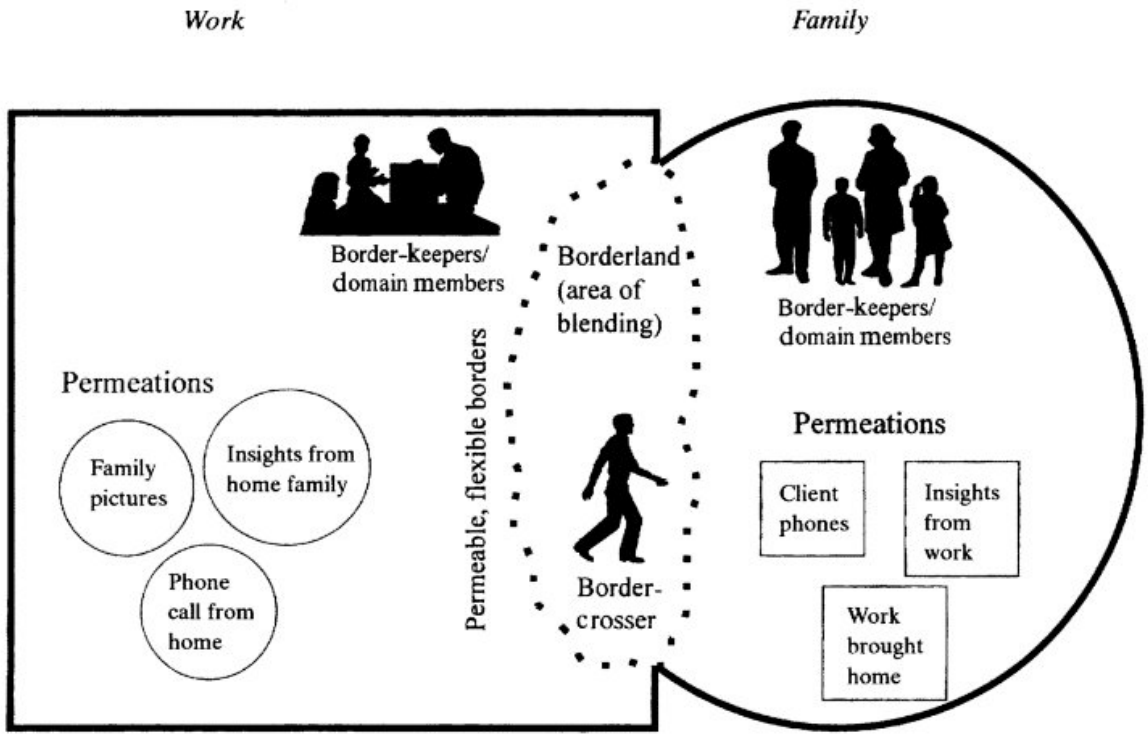

Figure 4.1: Boundary Theory

Source: Clark (2000)

The work of Ashforth et al. (2000) built upon this theory by establishing a systematic framework for understanding transitions between roles and the processes involved in managing those transitions, including concepts such as boundary-flexible working, permeability and contrast. They differentiated the theory from other theories of work and family based on conflict, which see work and family as incompatible (Ashforth et al., 2000). Clark (2000) added the idea of work-family border theory that highlighted the negotiated nature of boundaries and the role of "border-crossers" who move back and forth between work and family. Clark (2000) emphasised the active agency of individuals in constructing their own work-life boundaries while noting that the structural constraints surrounding us limit our ability to control the boundaries between work and family. She highlighted that boundary work is a constant process and does not just happen once.

Boundary theory, therefore, assumes that individuals are actively creating and controlling boundaries between different areas of their lives. In this sense, boundary theory emphasises human agency in the creation of work-family arrangements, while also recognising the structural constraints that exist and limit an individual's control over the boundaries between

work and family (Nippert-Eng, 1996; Ashforth et al., 2000). As stated above, the theory suggests that boundary management is a continuous, iterative process, requiring continued attention and adjustment. A core concept in boundary theory is the concept of boundary strength, which refers to the degree of flexibility or rigidity, permeability or impermeability, and similarity or contrast that exists across domains (Ashforth et al., 2000; Kreiner, 2006; Krstić, 2022). Flexible boundaries can be easily changed, both temporally and spatially, whereas rigid boundaries remain consistently separated. Permeable boundaries allow elements from one domain to enter another, whereas impermeable boundaries do not allow cross-domain influences. Contrasting boundaries emphasise the differences between domains, whereas similar boundaries minimise such differences (Kossek et al., 2023).

Boundary theory includes the concept of preference-supplies fit (Kreiner, 2006), which is the extent to which individuals' preferences for boundary management align with the supplies or resources available to them. Individuals who have a preference for integration or segmentation may find that their work and family contexts support or hinder their desired level of integration or segmentation (Kreiner, 2006). Where individuals have a high fit between their preferences and the supplies available to them, they will generally report higher levels of wellbeing and lower levels of work-family conflict. However, where there is a mismatch, individuals may experience increased stress and dissatisfaction.

The theory also highlights the significance of boundary work, which is defined as the active, intentional actions taken by individuals to manage and negotiate their boundaries (Nippert-Eng, 1996; Clark, 2000). Examples of boundary work practices include temporal strategies (when activities occur), spatial strategies (where activities occur), technological strategies (how communication tools are used), and behavioural strategies (what activities are performed in which domains). Effective boundary work is a continuous negotiation between the individual and their family members, colleagues, and organisations to demonstrate the social and relational aspects of managing boundaries (Kossek et al., 2023). Managers' and employers' views on flexibility at work and supporting employees' family commitments will have an effect on how employees manage their professional boundaries, which can contribute to their ability to achieve a good work-life balance.

The use of Boundary theory to examine the effects of different types of work arrangements on employees' perceptions of work-family Balance (WFB) has been popular within Organisational Research for many years. One example of this is Kreiner (2006), who studied

clergy and concluded that those who preferred Integration or Segmentation of their work and family lives were able to achieve a greater sense of WFB than those who did not have such preferences. Likewise, Fonner and Roloff (2010) studied remote workers and determined that the most successful remote workers were able to create a separation between their work and family activities through boundary work, which allowed them to minimise conflict between their two worlds. More recently, research suggests that flexible working arrangements can help improve both WFB and job satisfaction; although flexible working can also create additional WFC as a result of the blurring of boundaries between the work domain and the non-work domain (Kossek et al., 2023).

The Healthcare environment has also become a popular source of research, utilising boundary theory as a framework for study, due to the emotionally demanding and stressful work environment experienced by healthcare providers, which creates an environment where they are challenged to maintain the emotional boundaries between their roles as caring professionals and their family responsibilities. Examples include the study by Michel et al. (2014), who examined how healthcare providers manage the emotional boundaries that exist when caring for patients in their workplaces and when managing their boundaries between their Family and workplace lives. They discovered that creating emotional boundaries with family members was a common challenge for healthcare providers to perform the necessary caring dispositions required to deliver quality care to patients. Furthermore, Organisations that support availability and sacrifice limit a worker's ability to establish and control their boundaries between their work and personal life (Allen et al., 2014).

One of the greatest advantages of boundary theory is that it recognises that employees have agency and therefore the importance of person-environment fit in understanding why employees who participate in similar work arrangements achieve different degrees of work-family balance. Boundary theory allows researchers to examine different dimensions of work-family integration and work-family separation as well as flexible working arrangements, permeability and contrast, all of which provide researchers with a multi-dimensional conceptual framework for examining the impact of boundary management on work-family outcomes (Ashforth et al., 2000; Kossek et al., 2023).

While Boundary theory offers several benefits, it also has several limitations that restrict its ability to explain phenomena in certain contexts. A primary limitation of the theory is that it emphasises individual agency to the exclusion of structural barriers that limit individuals'

ability to define and manage their own boundaries, particularly for low-status individuals and for individuals experiencing prejudice and discrimination (Kossek et al., 2023; Eby et al., 2005). A second disadvantage of the theory is that by focusing on the individual management of boundaries, it fails to account for how organisational policy, social norms, and the organisation of power can create opportunities for boundaries for individuals that they do not themselves control (Eby et al., 2005; Kossek et al., 2023). One additional limitation of the theory is the difficulty of making accurate predictions or providing useful guidance for practitioners, because of the many dimensions of boundary strength and practices of boundary work included in the theory (Ollier-Malaterre et al., 2013; Kossek et al., 2023). Additionally, since the theory focuses on the conscious management of boundaries, it may fail to recognise the unconscious or automatic ways in which individuals manage the boundaries between their work and family responsibilities.

Despite these limitations, boundary theory offers a solid theoretical basis for understanding how Global Majority Women in the U.K. health sector manage the boundaries between their work and family responsibilities, and specifically the flexible working arrangements (FWA) they use to manage these boundaries. The intentional management of boundaries emphasised by the theory of boundary management is very helpful in explaining how Global Majority Women manage the conflicting expectations from different cultures and professions when they integrate and separate their work and family (Kossek et al., 2023). Additionally, Individual preferences, cultural background, and family structure will all have an impact on the use of boundary strategies that are acceptable to an employee. However, organisational policies and expectations will ultimately restrict the options that an employee has available to them (Allen et al., 2014). Thus, boundary theory provides a useful frame of reference to assess how flexible working arrangements (FWA) can influence work-family balance and wellbeing among the global majority women (GMW), through varying levels of flexibility, permeability, and contrasts across boundaries (Ashforth et al., 2000; Kossek et al., 2023).

4.3 Spillover Theory

Wilensky (1960, cited in Leldor et al., 2016) initially introduced the idea of spillover as an interaction between work and leisure domains. However, Staines (1980) built upon this work and made spillover applicable to work and family interactions. Since then, spillover theory has been one of the most frequently utilised theoretical models to examine work-family balance (Suter and Kowalski, 2021; Lakshmypriya and Krishna, 2016; Mordi et al., 2023; Garcia-Salirrosas et al., 2023). Researchers have recently applied spillover theory to a variety of contexts, such as remote work (Garcia-Salirrosas et al., 2023), cultural differences (Tlaiss and Kauser, 2011), and organisational structures (Czerwinska-Lubszczyk and Byrtek, 2024).

One major characteristic of spillover theory is that it is bidirectional (Staines, 1980; Schuettengruber et al., 2023). That is, spillover can flow from work to family and from family to work (Grzywacz et al., 2002; Tennakoon, 2021). Work-to-family spillover occurs when fatigue related to work negatively impacts engagement in family-related activities. Family-to-work spillover occurs when family experiences impact work experiences (Tennakoon, 2021). The bi-directional aspect of spillover theory is important because it allows researchers to understand the complexities involved in the interplay between work and family domains (Warren, 2021). Warren (2021) also found that job satisfaction can positively impact home affect and marital satisfaction when work and family experiences are integrated. Conversely, Watermeier et al. (2023) also found that family-related struggles can reduce the positive effect of job resources on work performance. Overall, these studies demonstrate the importance of considering both directions of spillover to fully understand the dynamics of work and family.

In addition to being bidirectional, spillover effects can be classified as either positive or negative (Staines, 1980; Sok et al., 2014; Khateeb, 2020) (See Figure 4.2). When positive aspects of one domain favourably influence the other domain, positive spillover is present. For example, if a company has supportive policies that enable employees to integrate work and family experiences, the employee may experience positive spillover (e.g., improved family functioning). Research has demonstrated a number of benefits associated with positive spillover, including higher job satisfaction (Garcia-Salirrosas et al., 2023) and enhanced psychological wellbeing (Farardinna et al., 2019). Ozdemir (2023) states that individuals feel satisfied with their jobs and experience positive emotions when they can balance their work and family experiences through positive spillover. Additionally, studies have also shown that there is a strong two-way relationship between positive spillover and satisfaction in different

areas of life (Sirgy et al., 2020; Michael et al., 2025). However, Lee et al. (2021) demonstrated that the relationship between positive spillover and depression follows a U-shaped pattern, and thus, both minimal and high levels of positive spillover may increase the likelihood of experiencing depressive mood.

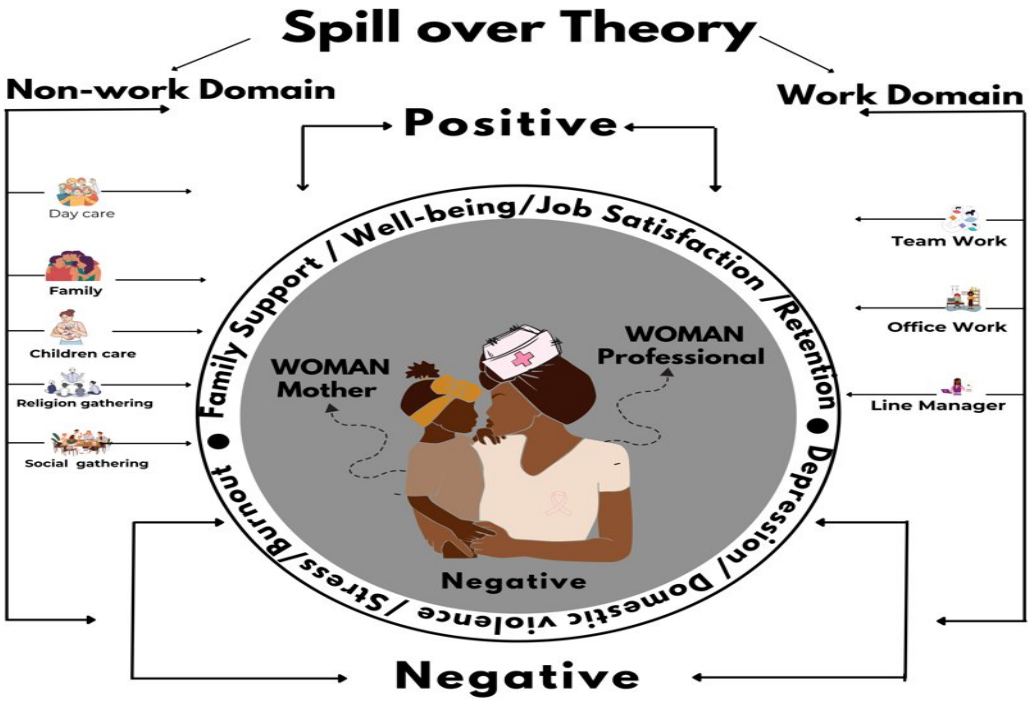

Figure 4.2Pictorial Representation of the Work-Family Spillover Theory

Source: Author's Findings (2026)

On the other hand, negative spillover occurs when limited resources to manage multiple roles create stress and strain across domains (Lee et al., 2021; Han, 2025). Several factors contribute to negative work-life spillover, including, but not limited to, work overload (Fung et al., 2021) and unfavourable schedules (Suter and Kowalski, 2021). Negative family-work spillover may also arise from family issues and lack of spousal support (Lee et al., 2021; García-Salirrosas et al., 2023). Wayne et al. (2017) emphasised that negative experiences in one domain can lead to negative experiences in the other domain, illustrating the potentially damaging cycle of negative spillover between domains.

There are several ways that negative spillover occurs through what have been identified as the three primary areas of time-based, strain-based and behaviour-based spillover (Greenhaus and Beutell, 1985). On the other hand, Greenhaus and Powell (2006) identified five areas of

positive spillover in different domains: skills and perspectives; psychological and physical resources; social capital; flexible work arrangements; and material resources. For example, problem-solving skills obtained in a job could help parents to resolve conflicts between children at home. Likewise, the ability to be resilient while dealing with family issues may allow an individual to develop better coping mechanisms for work-related issues. As demonstrated in the research conducted by Wayne et al. (2017), employees who have flexible options available to them at work are more likely to engage in family-related activities than employees who do not have flexible options available to them at work. Thus, there appears to be a correlation between work-related options and the experiences of the family.

In recent research, Han et al. (2023) have shown that work-related emotional exhaustion significantly predicted increased marital conflict and lower parenting quality when controlling for personality traits. This demonstrates how physiological and psychological symptoms of work-related stress can lead to detrimental impacts on family experiences. Behaviour-based spillover is defined as the inappropriate application of behaviours from one area into another. For example, Allen et al. (2014) found that managers who utilised directive communication patterns at work often transferred the same communication style to their homes, creating tension with their families. The physiological basis of negative spillover has important implications for health, as Radcliffe et al. (2023) noted that individuals experiencing chronic work-life conflict experienced diminished immune function and depression. These findings suggest that negative spillover may go beyond causing psychological distress and actually present a risk to health as a result of prolonged activation of the body's stress response.

Edwards and Rothbard (2000) defined two new forms of spillover – instrumental and affective. Instrumental spillover is the process of moving skills, behaviours, and values from one domain to another. For example, if an employee develops leadership skills while working, these will be applied to a similar situation in the family. Affective spillover occurs through the transfer of emotions and attitudes, e.g., work-related stress leads to irritability at home. Moreover, Caringal-Go et al. (2022) provided evidence that role identity is related to spillover. People tend to apply their role identities across different areas of their lives. For instance, someone who sees themselves as a supporting team leader at work may see this same quality in their family relationships, which may enhance both family dynamics and wellbeing.

Spillover theory has been widely used in research but has received criticism for being overly simplistic and lacking in the ability to account for the complexities of work-life interactions (Edwards and Rothbard, 2000). Critics argue that spillover theory places too much emphasis on structural and systemic influences on work-life balance and places too little emphasis on individual perceptions and experiences of work-life interactions. Additionally, Guest (2002) argued that spillover theory is overly general and needs further exploration into the causes and effects of spillover. Spillover theory assumes that the boundaries between work and family are clear-cut. However, in many cases where the boundaries between work and family are less clearly defined, this may be problematic. Tlaiss and Kauser (2011) noted that spillover theory does not take into account the gendered power dynamics that may exist in families and workplaces and may therefore not apply to all individuals. Although spillover theory is limited, it remains a key theoretical framework for researching work-family interactions.

As such, spillover theory is a good framework to utilise when investigating the role of flexible working arrangements on the work-life balance and wellbeing of GMWs in the U.K. health sector (Grzywacz and Butler, 2005; Ten Brummelhuis and Bakker, 2012; Kim, 2025). The fact that spillover theory looks at the reciprocal relationship between work and family experiences, makes it especially suitable for research regarding the role that GMWs' professional duties as healthcare workers have on their family experiences and vice versa, as well as how GMWs' cultural and family responsibilities impact their work experience and career development (Grzywacz and Marks, 2000; Wayne et al., 2004; Khan, 2025). The distinction made by spillover theory between positive and negative spillover is also useful to understand the reasons behind why flexible working arrangements can have a differential effect on GMWs depending on their cultural background, family structure and professional responsibilities (Greenhaus and Powell, 2006; Powell et al., 2009; Cui, 2023).

Depending on several contextual factors, i.e. cultural expectations, family structure, and professional demands, flexible working arrangements can lead to either positive spillover (e.g. increased family involvement and decreased stress) or negative spillover (e.g. role overload and boundary confusion) (Stevens et al., 2007; Voydanoff, 2005). Using spillover theory as a framework, this research can explore the context under which positive spillover can occur, and negative spillover can be minimised amongst GMW (Golden et al., 2006; Hill et al., 2003). Additionally, the mechanism-specific nature of spillover theory (instrumental vs. affective) provides a useful tool for studying the different pathways through which flexible working

arrangements affect the work-family experiences of GMW. (Edwards and Rothbard, 2000; Rothbard, 2000; Kim et al., 2025). For example, instrumental spillover may occur through improved time management skills or resource allocation. Alternatively, affective spillover may occur through reduced stress or improved emotional wellbeing (Bakker et al., 2011; Ten Brummelhuis and Bakker, 2012; Darathi and Sowmya, 2025). Studying the specific features of flexible working arrangements that promote cross-domain benefits or challenges (Hanson et al., 2006; Demerouti et al., 2001) is facilitated by the mechanism-specific nature of spillover theory. The fact that spillover effects can vary depending on the individual and the context, as recognised in spillover theory, aligns with the goal of the current study to explore how experiences differ across different ethnic, racial and religious backgrounds within the GMW population (Powell et al., 2009; Stevens et al., 2007). Therefore, flexible working policies should account for variance in spillover patterns and outcomes rather than assuming uniform effects across different groups (Gajendran and Harrison, 2007; Voydanoff, 2005).

4.4 Integration of Theoretical Frameworks

Three theoretical approaches have been applied to develop an integrative theoretical model to explain the experiences of GMW with FWA and WFB within the U.K. Health Sector. The intersectionality theory was used as the foundation for the explanation of the interconnectedness of social categories that influence the experiences of GMW with respect to WFB and access to FWA. Additionally, intersectionality theory provided a method to identify the contribution of GMW's multiple identities to distinct experiences of work-family balance (Rodriguez et al., 2016; Rosette et al., 2016; Settles et al., 2008; Floris and Palmas, 2025).

Boundary theory, built upon the analysis presented in the previous section, provides a more detailed understanding of the mechanisms through which GMW manage the boundaries between the work and family domains. GMW's preference for boundary management and the use of strategies to create and maintain these boundaries may be influenced by the intersectional identities identified using intersectionality theory (Clark, 2000; Kreiner, 2006; Michel et al., 2014). In addition to the above, the integration of boundary theory and intersectionality theory indicated that GMW's boundary work occurs in the context of multiple identity demands and cultural expectations that result in complex negotiations that go beyond simply integrating or segmenting work and family life (Allen et al., 2014; Kossek and Lautsch, 2012; Thompson et al., 1999).

Spillover theory is built upon the analysis provided in boundary theory and intersectionality theory to illustrate the mechanisms by which experiences of positive and negative spillover occur between the work and family domains. The spillover effects are therefore determined by both the intersecting identities (intersectionality theory) and the boundary management strategies (Boundary Theory) (Powell et al., 2009; Edwards and Rothbard, 2000; Ten Brummelhuis and Bakker, 2012). The integration of these theories indicates that spillover effects are not universal but are influenced by the combination of an individual's intersecting identities and their boundary management practices (Golden et al., 2006; Grzywacz and Marks, 2000; Stevens et al., 2007). For instance, where FWAs meet the cultural expectations of employees, positive spillover can increase employee wellbeing and job satisfaction, while negative spillover can result from flexible working arrangements failing to address the intersecting identities of employees, leading to greater levels of stress and further exacerbating current inequalities.

This theoretical integration recognises that GMW's experiences of flexible working arrangements occur at multiple levels of analysis (Holvino, 2010; Casper et al., 2018). At the identity level (Intersectionality Theory), the presence of multiple identity dimensions presents unique challenges and opportunities (Collins, 2015; Cho et al., 2013). At the boundary level (boundary theory), GMW employ various boundary management strategies to optimise work-family integration or separation based on personal preference and constraint (Ashforth et al., 2000; Kreiner et al., 2009). At the transfer level (spillover theory), GMW experience the transfer of experiences between domains that ultimately impact their WFB and general wellbeing (Greenhaus and Powell, 2006; Wayne et al., 2004) (see Figure 4.3). The use of this multi-level, multi-theory approach to understanding GMW's experiences emphasises the need to consider both structural inequalities and power dynamics (intersectionality theory), individual agency or preference-context fit (boundary theory), and cross-domain, dynamic influences (spillover theory) (Collins and Bilge, 2016; Kossek and Lautsch, 2012; Grzywacz and Butler, 2005; Otonkorpi-Lehtoranta, 2022; Cui, 2023). The integration further suggests that successful flexible working arrangements for GMW should accommodate the challenges of intersecting identities, facilitate diverse boundary management preferences, and optimise positive spillover while minimising negative spillover effects (Bowleg, 2012; Michel et al., 2014; Ten Brummelhuis and Bakker, 2012).

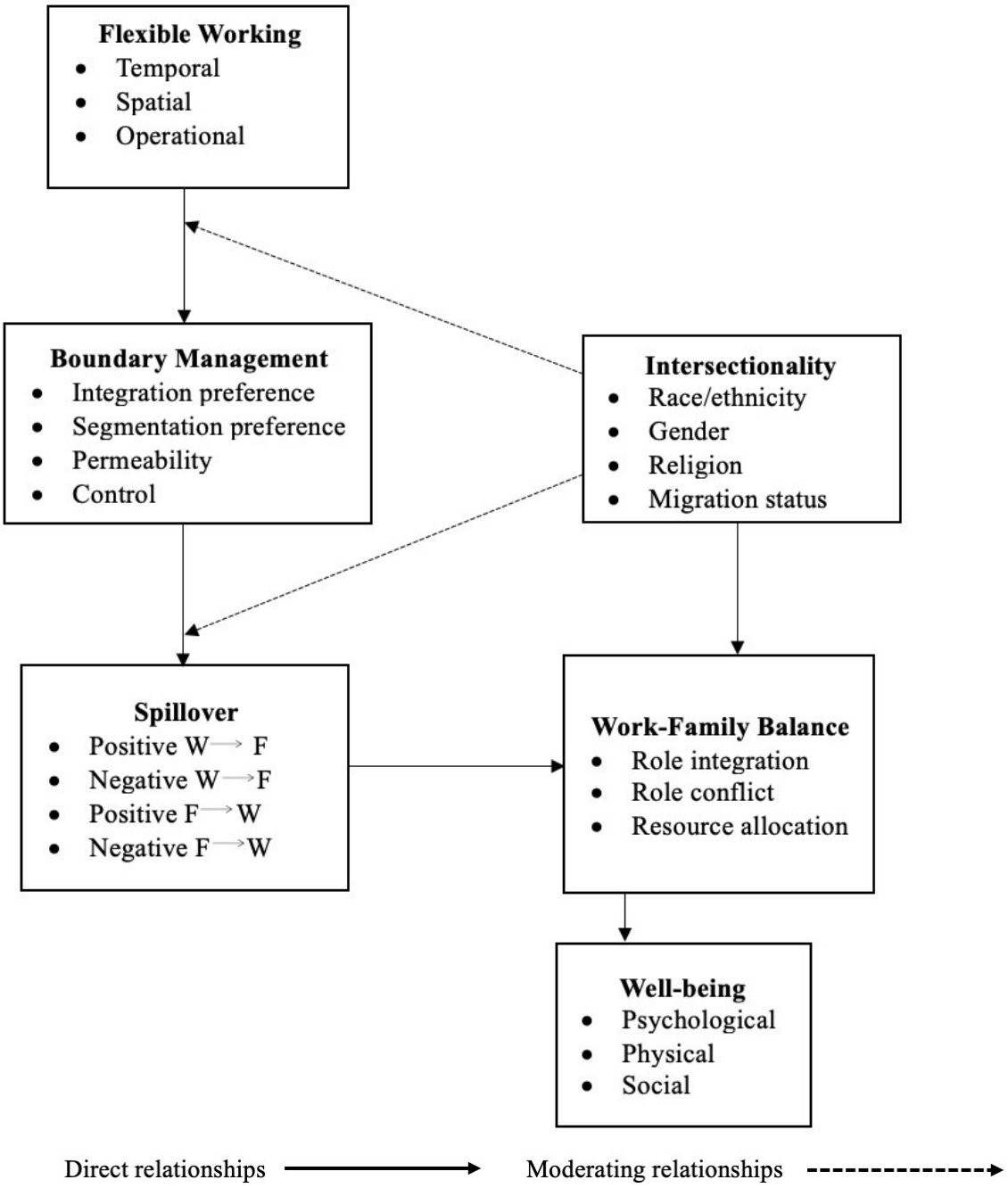

Figure 4.3 Theoretical Framework

Source: Author (2026)

Figure 4.3 depicts the integrated theoretical framework for this study. Drawing insights from the theories, the study argued that the three types of GMW experiences are a result of an amalgamation of (1) intersectional identities, which form the structural environment based on race and gender, migration status and (2) boundary management strategies, which illustrate how individuals proactively regulate their boundaries using integration, segmentation preferences and boundary work; and (3) spillover mechanisms, which are a representation of

the active exchange of both positive and/or negative affective and instrumental effects from one area to another. Essentially, the model demonstrates that FWA will determine the WFB and wellbeing experience for GMW in the U.K. health sector. In addition, researchers need to consider flexible work arrangements based on their ability to address intersectional barriers, meet employee boundary needs and generate positive spillover effects for enhancing GMW's WFB and employee wellbeing in the U.K. health sector.

Furthermore, the integrated theoretical framework helps to explain the policy-practice gap within U.K. healthcare organisations. Although legislation such as the right to request flexible working and equality policies aim to promote inclusion and work-family balance, their implementation is often shaped by organisational culture, managerial discretion, staffing pressures, and existing power structures (Kossek et al., 2023; Allen et al., 2014). From an intersectionality perspective, GMW may face barriers that are not fully addressed by generic workplace policies because race, gender, ethnicity, migration status, and family responsibilities intersect to create unique challenges (Crenshaw, 1989; Collins and Bilge, 2016). Boundary theory further suggests that access to flexible working does not automatically guarantee effective boundary management if organisational expectations continue to encourage constant availability and blurred role boundaries (Clark, 2000; Ashforth et al., 2000).

Similarly, spillover theory highlights that formal policies may fail to generate positive wellbeing outcomes when workplace practices create stress and work-family conflict (Greenhaus and Powell, 2006; Wayne et al., 2017). Taken together, these perspectives shift attention from whether flexible working policies exist to how they are interpreted, enacted and experienced within NHS Trusts. In doing so, the integrated framework addresses a limitation in much of the flexible working literature, which has tended to emphasise policy provision and employee outcomes while paying less attention to the organisational processes through which policy is translated into everyday practice. This theoretical position provides the foundation for the empirical investigation undertaken in this study.

4.5 Chapter Summary

The theoretical basis for this research is outlined in this chapter. A multidisciplinary theoretical framework was used to assess how FWA affect WFB, which in turn affects the wellbeing of GMW in the U.K. health sector. The theoretical foundations for this study are based on three supporting frameworks: namely, intersectionality theory, boundary theory, and spillover theory. Intersectionality theory (Crenshaw, 1989, 1991) addresses the single dimensionality of treating identity categories as monolithic in both anti-discrimination laws and feminist theory. Therefore, it offers a comprehensive analytical framework to explain how multiple identity dimensions, domain boundaries, and cross-domain effects influence the experience of GMW in managing work-family dynamics in healthcare environments.

Boundary theory (Nippert-Eng, 1996) explains how individuals construct and maintain boundaries between work and home domains. Nippert-Eng argued that while individuals can construct work-home arrangements, they face structural barriers that restrict their ability to make decisions about boundary work. Additionally, boundary theory suggests that GMW have preferences regarding whether to integrate or separate work and family that can be aligned with or not aligned with options available to them from both work and family.

Spillover theory (Staines, 1980) described the interaction between work and life domains. Spillover can flow from work to family and from family to work and can be positive or negative. Positive spillover occurs when favourable attributes from one domain increase the experience of the other domain. In contrast, negative spillover occurs when limited resources to manage multiple roles result in stress and strain across the domains. The study applied the three theories to explore how GMWs' experience with FWA shapes their WFB and well-being in the U.K. health sector.

CHAPTER FIVE: RESEARCH METHODOLOGY

This chapter outlines the methodology that was used to carry out the research aim and objectives, and the justifications of each methodological choice. The chapter is subdivided into eight major areas: philosophical overview, research philosophies, research design, sample, data collection, validity and reliability, method of data analysis, ethical considerations and chapter summary.

5.1 Philosophical Overview

The researcher's philosophical stance shapes the research methodologies, including decisions on research design, data collection, data analysis, and other research strategies. (Saunders et al., 2019; Creswell and Creswell, 2018; Paudel, 2024; Mwita, 2025). This philosophical stance is impacted by the researcher's ontology (the researcher's view of reality and the characteristics of the world), epistemology (the researcher's view of knowledge and how knowledge is acquired), and axiology (the researcher's value system and belief about ethics in research) (Saunders et al., 2019; Crotty, 2020). To explore the lived experiences of Global Majority Women (GMW) within the U.K. Health Sector, it is essential to develop a philosophical framework that allows for an understanding of their experiences within the context of their lived experience (Bryman and Bell, 2015). Below is the analysis of the three philosophical frameworks that exist for all research: axiology, epistemology and ontology (Kivunja and Kuyini, 2017; Creswell and Creswell, 2018; Saunders et al., 2019).

Ontology concerns what constitutes reality and how one understands existence (Denzin and Lincoln, 2018; Bhaskar, 2020). Perspectives on ontology vary across a continuum of realism to relativism. Realism believes that reality exists regardless of human perception and can be measured objectively (Burrell and Morgan, 2019), and has historically been linked to positivism, and views social phenomena as stable and measurable (Pickard, 2017). In contrast, relativism is the view that reality is constructed by social processes and is impacted by cultural, historical, and personal influences surrounding the individual (Burke and Christensen, 2014; Crotty, 2020; Pocock, 2025). According to this view, multiple realities exist simultaneously, shaped by individual perceptions, social interactions, cultural contexts, and historical circumstances (Denzin and Lincoln, 2018). This study adopts a relativist ontological position, acknowledging that reality is socially constructed. The lived experiences of GMW working in the U.K. health sector are shaped by a mix of culture, gender, race and the prevailing

institutional norms. As a result, their views on flexible working, work-family balance and overall wellbeing are anything but uniform; they vary with each person's context, reflecting the distinct positions and day-to-day realities they navigate within the healthcare system.

Axiology is concerned with how values impact the research process; that is, how the researcher's values, ethics, and biases will affect the research design and how the results are interpreted (Pickard, 2017; Setiawan and Yenti, 2025). Axiology can also be seen as a spectrum where one end is a claim of value-free inquiry, and the other end is a belief that research is ultimately value-bound. The value-free approach, often linked to the Positivistic school of thought, believes that researchers should remain detached from their subjects and maintain an objective stance (Neuman, 2014; Adinda et al., 2025). On the opposite end of the spectrum are value-bound approaches, which stem from the interpretive and critical schools of thought and suggest that a researcher's values and perspectives shape every part of the work (Denzin and Lincoln, 2018; Creswell and Poth, 2018; Vakhovskyi, 2025).

Given that this study is centred on GMW who work in the U.K. health sector, the issues of fairness, social justice and inclusion permeate every aspect of the research. Additionally, the researcher's understanding of inequalities and the lived realities of these women has influenced both how the researcher interacted with participants and how the researcher has interpreted their experiences with flexible working, WFB and wellbeing. Therefore, this research adopts a value-bound axiological stance, accepting that a researcher's own values and background will ultimately impact the study while maintaining ethical integrity and providing absolute respect to the participants' voices.

On the other hand, epistemology investigates the nature of knowledge, its bases, extent, and legitimacy, specifically the relationships between the knower (researcher) and what can be known (Otokiti, 2010; Adetayo, 2011; Lund et al., 2024; Adinda et al., 2025). Epistemological positions range from objectivism to subjectivism. Objectivism supports that knowledge is an objective entity which is discoverable and exists independently of the researcher's values and biases (Bryman, 2016; Crotty, 2020). According to objectivism, using rigorous methodologies can produce universal truths regarding social phenomena (Crotty, 2020). In contrast, Subjectivism argues that knowledge is inherently subjective and culturally and historically located, therefore co-created through interactions between researchers and participants (Lincoln and Guba, 2013; Lund et al., 2024). Furthermore, subjectivism accepts that all

knowledge is value-laden, incomplete, and developed by the researcher's theories, cultural backgrounds, and individual experiences (Creswell and Poth, 2018). Thus, this study adopts social constructionism as its epistemological stance, which has similarities to subjectivism in that it emphasises that knowledge is actively created rather than being passively found (Schwandt, 2000; Novikov and Novikov, 2012; Imran, 2024). Burr (2015) states that social constructivism questions taken-for-granted knowledge, recognises historical and cultural specifics, indicates that knowledge is maintained via social mechanisms, and connects the production of knowledge with social activity.

This perspective fits the study's aim to explore how Global Majority Women (GMW) healthcare professionals create meaning around flexible working arrangements and work-family balance (WFB) based on their particular socio-cultural environments. This means that the meanings attached to flexible working arrangements and wellbeing do not exist universally nor are they static; instead, they are developed through ongoing negotiations and interactions with colleagues, managers, family members, and broader organisational systems (Burkhard, 2022; Crotty, 2020). It highlights the significance of language, discourse, and cultural environment in forming individuals' experiences and interpretations of workplace policies, professional expectations, and family obligations (Burr, 2015).

Social constructivism also recognises that knowledge is created by the shared experience of the researcher with the participant and therefore, stresses the importance of gathering the participant's views, perceptions and lived experiences (Creswell and Poth, 2018) as it allows for a better understanding of how intersecting identities relate to the experiences of GMW healthcare professionals with regards to flexible working arrangements and WFB and its implications on their wellbeing (Kapilashrami and Marsden, 2018). The emphasis on contextualising these understandings also indicates the research study’s acknowledgement that the experiences of GMW healthcare professionals occur within a distinct range of historical, cultural and institutional settings.

This necessitates researchers to be deeply reflective of how the context(s) in which data is collected affect both the accounts of the participants and the researcher's interpretations of those accounts (Schwandt, 2000). For example, the context for many healthcare services in the U.K. is defined by the organisational dynamics and structural characteristics of the National Health Service; the short-term and longer-term impacts of the COVID-19 pandemic; and

societal or cultural expectations regarding gender, family and working life (Chung and Van der Lippe, 2020). Therefore, the contextual factors are crucial for determining how global majority women create meanings around flexible working, work-family balance and wellbeing.

5.2 Research Philosophies

Saunders et al. (2019) stated that the theoretical framework of the paradigms underpinning all research is based upon an understanding of how researchers create and assess knowledge, alongside an understanding of their perception of the nature of the knowledge they have created. This section identifies which philosophical paradigm best fits the aims of this particular research study, through the evaluation of five major categories of philosophical paradigms: positivism, post-positivism, critical realism, pragmatism, and interpretivism; each of these paradigms has different perceptions as to how knowledge is developed, and each has different perceptions as to what role the researcher plays in developing that knowledge.

When using a positivist approach, it is assumed that there is a separate reality from human perceptions of that reality. This reality may then be measured objectively through systematic observation and controlled experimentation (Bryman, 2016). The data collected during a positivist study will generally consist of quantifiable information, which is then generalizable to all similar situations regardless of context, as seen in studies of the natural sciences (Saunders et al., 2019). The ontology of positivism is one of realism, as it states that reality exists beyond human perception and can be measured using standardised instruments (Ponterotto, 2005; Ali, 2024), while epistemologically, positivism employs objectivism as researchers assume they can observe social phenomena without influencing or being influenced by the subjects they are studying (Crotty, 2020). Although the strengths of positivism include efficiency and replication, it is structurally limited in not capturing subject meanings or lived experiences, as these are significant to understanding human behaviour (Hesse-Biber, 2012; Lincoln and Guba, 2013; Ali, 2025). Therefore, positivism does not meet the objectives of this study, which aim to explore the lived experiences and social stories of GMW working in the U.K. health sector.

Post-positivism emerged as a historical response to the rigid limitations of positivism. Post-Positivism accepts that complete objective knowledge is impossible for humans to attain, and therefore, all knowledge is tentative and based upon probability (Creswell and Poth, 2018; Tripathi and Tripathi, 2024). Epistemologically, it concedes that pure objectivity is a mirage, as researchers inevitably carry the imprint of their contexts and biases (Creswell and Poth,

2018). Ontologically, post-positivism adopts a lowercase critical realist stance, acknowledging that knowledge is always provisional and probabilistic, yet striving to curb bias through methodological rigour and continual critical reflection (Zhang, 2023). Although this philosophy grants a measure of flexibility, it remains anchored in objectivity and broad generalisations, making it unsuitable for this research, which emphasises meaning and contextual insight over statistical probabilities.

Critical realism combines aspects of both realism and constructivism. It distinguishes between three domains of reality: the empirical (observable experiences), the actual (events that occur whether observed or not), and the real (underlying structures and mechanisms that generate events) (Easton, 2010; Bhaskar, 1998; Contini, 2024). This philosophy is useful in analysing how structure interacts with an individual's ability to act and make decisions (Zhang, 2023; Lawani, 2020). However, this strategy also has disadvantages. Notably, it is mainly concerned with identifying what caused a particular situation, and as such does not take into account how the situation influences an individual, and how they perceive or understand it (Lincoln and Guba, 2013). Since this study is looking at the perception of the lived experience of GMW and not at the mechanism of causality of the lived experience, critical realism was therefore not adopted.

Pragmatism is a problem-oriented research philosophy that prioritises 'what works', as opposed to abstract philosophical debate (Imran, 2024; Ugwu et al., 2021). Pragmatism is recognised for its methodological flexibility and for its concern with practical outcomes; it uses mixed methods to answer research questions. (Lawani, 2020; Tashakkori et al., 2021). As a result, pragmatism lends itself to applied research and its resultant findings, which could be used to inform both policy and practice (Creswell and Creswell, 2018); although, like most paradigms, pragmatism also has certain limitations. These include philosophical inconsistency and instrumental reductionism (Denzin and Lincoln, 2018; Lincoln and Guba, 2013), in addition to the fact that the focus on "what works" can result in the suppression of marginalised viewpoints or alternative conceptualisations, as opposed to being given primacy to dominant viewpoints or established frameworks (Hesse-Biber, 2012).

Like both positivism and critical realism, interpretivism is an overarching philosophical research tradition, with the primary focus being on developing an understanding of how individuals assign meaning to their social world and how such meanings are developed through

social interactions (Schwandt, 2000; Holtz and Odağ, 2020; Acharya, 2025). Interpretivist ontology emphasises relativism as a basis for understanding reality; in other words, many socially constructed realities can be present at the same time, and all are influenced by a myriad of historical, cultural and interpersonal factors (Lincoln and Guba, 2013; Acharya, 2025). Epistemologically, interpretivism is based on subjectivism, in that interpretivists recognise that all knowledge is created jointly through interactions between researchers and participants, in that each participant brings their own perspective and experiences to the research process (Denzin and Lincoln, 2018; Odağ, 2020). There are a number of strengths of interpretivism as a research philosophy tradition, including its emphasis on contextuality and on the processes of meaning-making (Schwandt, 2000; Rabi et al., 2025). In addition, because of its emphasis on understanding how individuals give meaning to their social worlds, interpretivism is particularly well-suited for investigating how individuals make sense of their work environments, and of the policies and practices that shape those environments, in addition to understanding how individuals interpret their personal experiences (Creswell and Poth, 2018; Rabi et al., 2025).

However, interpretivism is not without its limitations. One of the major limitations of interpretivism is that it can be difficult to generalise findings from a specific case to other cases (Bryman, 2016; Paudel, 2024). Another limitation of interpretivism is that the close relationship between researchers and participants can result in the researcher imposing their own background, assumptions and theoretical framework onto the participants and thereby influencing data collection and analysis (Netshakhuma, 2024). Finally, the emphasis on contextuality and on subjective meaning can result in researchers having difficulty developing a broader theoretical understanding of the phenomenon under investigation, or in developing recommendations for policy or practice that can be applied broadly across different settings (Creswell and Creswell, 2018; Darouei and Pluut, 2021). Despite these limitations, because the core intent of this research is to capture the depth, richness, and specific cultural realities of GMW navigating the U.K. health sector rather than producing broad, statistical generalizability, interpretivism was selected as the foundational philosophy for this study.

5.2.1 Underlying Research Philosophy: Interpretivism

This study adopts an interpretivist philosophy given that the focus of the research is on understanding the subjective meanings and lived experiences of GMW healthcare professionals regarding flexible working, work-family balance and the implications on their wellbeing. The interpretivist philosophy supports the notion that individuals' experiences of organisational policies and practices are shaped by their individualised perspectives, backgrounds and social positions (Schwandt, 2000; Saunders et al., 2019; Zhang, 2023; Rabi et al., 2025). Therefore, an interpretivist research philosophy is most suited to this study in order to examine how GMW healthcare professionals experience flexible working arrangements and WFB within the complex social dynamics of healthcare organisations.

Within the interpretivist frame, symbolic interactionism is a theory that can be applied to the study of work-family balance (WFB). Symbolic interactionism states that individuals act towards objects based on the meanings they assign to them; that these meanings emerge from the social interaction in which the meanings are derived; and that meanings are continually negotiated and revised through subsequent social interactions (Yong et al., 2021; Thompson, 2022). An interpretative approach allows the researcher to see how meanings are negotiated by GMW healthcare professionals about FWA through conversations they have with family members, colleagues, superiors, and the organisation's policies (Smith et al., 2019). Symbolic interactionism allows researchers to recognise that the meanings of flexible working arrangements can vary greatly based upon the role, expectations, and cultural context (Ashie, 2021) of those who are creating meanings.

Moreover, an interpretative research philosophy sees the researcher as being active in creating knowledge and therefore acknowledges that they bring their own perspectives, experiences, and theoretical frameworks into the research encounter; therefore, researchers need to be reflexive throughout the study (Castleberry and Nolen, 2018; Denzin and Lincoln, 2018; Paulus et al., 2025). Reflexivity is particularly important when researching sensitive issues like discrimination, wellbeing and work-family conflict among GMW healthcare professionals, because the researcher will need to use self-reflection to identify ways in which their own positionality and assumptions may affect their data collection, and ultimately influence what is being interpreted from the data (Hesse-Biber, 2012; Paulus et al., 2025).

In addition, an interpretative philosophy acknowledges that knowledge is developed through collaborative conversation between researchers and participants; as such, participants are also seen as co-constructionists of meaning and not just as passive providers of data (Acharya, 2025). Therefore, this philosophy of research aligns with the objective of this study to place centre stage the voice and experience of GMW healthcare professionals (Lincoln and Guba, 2013). An interpretative philosophy of research also views participants as co-creators of knowledge and values their interpretation, reflection and meaning-making processes as critical elements of the research (Creswell and Poth, 2018).

Although an interpretative philosophy of research is consistent with the objectives of this study, it is also relevant to be aware of some of the limitations of this philosophy and address potential methodological problems. A limitation is that due to the focus on contextual and subjective interpretation, there may be difficulty in transferring the findings to other contexts or populations (Bryman, 2016; Acharya, 2025). The study addressed this concern by utilising a purposive and snowball sampling strategy when collecting data to include various ethnic, racial and religious groups, professional roles and healthcare organisations (Patton, 2002). This enabled identification of both similarities and differences in the way that GMW healthcare professionals have experienced flexible working arrangements and WFB (Lincoln and Guba, 2013). More detailed information about the sampling strategies used in this study is described in the sampling strategy section.

A second issue related to interpretative research is researcher bias, as a researcher's background, theoretical perspective, and personal experiences all influence data collection and analysis (Tracy, 2013; Tomaszewski et al., 2020). To reduce the risk of researcher bias, the study employed several methods to enhance its credibility (Creswell and Poth, 2018). This included member checking, peer debriefing and keeping a reflexive journal during the research process (Creswell and Poth, 2018). Further details about the methods used in this study are explained in the validity and reliability sections.

As a researcher with a strong interest in issues relating to gender, ethnicity, and work-family balance, the researcher acknowledges that personal experiences, values, and perspectives may influence the research process. While this position facilitated trust and rapport with participants, particularly when discussing sensitive issues such as discrimination, family responsibilities, and workplace challenges, it also created the possibility of making

assumptions about participants' experiences. To minimise this risk, the researcher engaged in ongoing reflexive practice throughout the study, critically reflecting on how personal perspectives might influence data collection, interpretation, and analysis (Finlay, 2002; Berger, 2015). Particular attention was also paid to power dynamics during interviews to ensure that participants' voices remained central to the research process and that interpretations were grounded authentically in participants' accounts rather than researcher assumptions.

The researcher's positionality also influenced access to participants. Drawing on existing professional networks and familiarity with the U.K. healthcare sector helped establish trust and credibility with potential participants, making it easier to engage Global Majority Women who may have been reluctant to participate in research. At the same time, the researcher recognised that this familiarity could lead to assumptions of shared experiences or perspectives. To minimise this risk, participants were encouraged to explain their experiences in their own words, while follow-up and probing questions were used throughout the interviews to clarify meanings and ensure that the findings reflected participants' perspectives rather than the researcher's own assumptions.

Despite these limitations, an interpretative philosophy of research is the best philosophical approach for providing answers to the research questions of this study relating to how GMW healthcare professionals perceive and experience flexible working arrangements and WFB in the U.K. health sector (Schwandt, 2000; Acharya, 2025). The interpretivist philosophy allows for a deeper, more culturally sensitive understanding of how the organisational policies and practices affect the wellbeing and career development of GMW healthcare professionals (Lincoln and Guba, 2013).

5.3 Research Design

The research design for a study outlines the structure that supports how the research was carried out, including how data were collected, measured and analysed to answer the research questions (Saunders et al., 2019). A research design is essentially a road map that ties together the theoretical underpinnings of the study to the actual conduct of the study, providing a means to link the research questions to the method of investigation. A research design outlines how

the study will be conducted so that the most accurate results can be obtained and as little distortion (bias) as possible can occur (Creswell and Creswell, 2018).

The exploratory research design was chosen for this study as it allowed the researcher to explore FWA, WFB and their implications on the wellbeing of GMW in the healthcare sector of the U.K. Exploratory research designs are typically used for researching new or emerging fields of study where there are limited prior studies and, therefore, are best suited for identifying patterns or trends in the field of study. Exploratory research designs use open-ended questions to elicit the participants' experiences and perceptions about the topic being researched (Saunders et al., 2019; Fang et al., 2025). Kothari (2004) noted that one of the primary features of exploratory research designs is that they are "open" to discovering new ideas, concepts, and phenomena, and are used to study topics in which there is very little prior knowledge.

These aspects of exploratory research designs are highly relevant to this study, as there is very little prior research examining the relationships between FWA, WFB, and the wellbeing of GMW in the U.K. health care environment. Therefore, the exploratory nature of this research will facilitate the identification of emergent themes and patterns that would likely not have been identified using other, more structured research designs, especially given the complexity and multi-dimensionality of GMW's experiences interacting with FWA and WFBs in various health care settings. Furthermore, exploratory research designs also offer a structure for open-ended inquiry to accurately capture the depth and complexity of participants' lived experiences, which is central to the interpretive philosophy of this research (Fang et al., 2025).

5.3.1 Research Approach

The research approaches provide a logical foundation to develop knowledge and think about it within a study and represent the relationship between theory and evidence. This section describes three of the most popular methods of doing research: inductive, abductive, and deductive and explains why an Inductive method was chosen for this study. A top-down approach is used in deductive research. The top-down method uses pre-existing theory, and the researcher tests the theory by verifying if there is empirical proof that supports it (Saunders et al., 2019; Laari, 2025). Although a deductive methodology has many positive aspects, including rigorous science, replicable results and a high degree of reliability, it does have some limitations. A primary limitation of a deductive methodology is that it is less likely to generate new theoretical insights related to socially constructed concepts or to identify unexpected

patterns or meanings that arise from participants' lived experiences (Otokiti, 2010). A deductive methodology is commonly linked to positivist and post-positivist philosophical perspectives and to quantitative methodologies (Neuman, 2014; Laari, 2025).

Abduction lies between deduction and induction methodologies; the researcher uses an iterative process of relating theory to data (Ugwu et al., 2021). An abductive methodology typically involves developing an initial observation(s) that cannot be explained using extant theoretical constructs; this observation(s) serves as a springboard for creating a hypothetical explanation or hypothesis (Dubois and Gadde, 2002; Saunders et al., 2019). The abductive methodology allows the researcher to capture the complexity and messiness of social phenomena because it acknowledges that the creation of knowledge is often creative, iterative, and non-linear (Thompson, 2022). One limitation of the abductive methodology is that the flexibility of the approach may create challenges related to defining clear procedural methods (Dubois and Gadde, 2002).

A bottom-up logic is utilised in an inductive methodology whereby the researcher commences by collecting and analysing data, identifies patterns and themes within the data and subsequently uses those findings to construct conceptual frameworks or theoretical propositions that explain those patterns (Saunders et al., 2019; Laari, 2025). An inductive methodology contrasts with a deductive methodology in that the former generates new theoretical insights from the analysis of data collected during the research process, while the latter attempts to verify existing theories (Creswell and Poth, 2018). The inductive method of inquiry was appropriate for this study based upon its similarity to the interpretivist philosophy underpinning this research, as an inductive inquiry enables a deeper comprehension of how the experiences of GMW health care professionals who have experienced FWA and WFB are influenced by the various flexible working arrangements and WFB within the specific cultural and organisational environments where the individuals work and how the experiences of flexible working and WFB impact their wellbeing (Crotty, 2020).

An inductive inquiry also provides the ability to recognise and understand the complexity of multiple identities and social locations and can identify patterns and themes that may not exist from prior theory (Gioia et al., 2013; Chung and Van der Lippe, 2020).

5.3.2 Research Strategy

Research strategies help to identify systematic approaches for an empirical investigation of research questions as well as provide practical research methods that reflect research philosophies (Saunders et al., 2019; 2023). The purpose of this part of the paper is to describe three of the most common research strategies found within the social sciences; describe two of these strategies that could apply to understanding the experiences of GMW within the NHS in the U.K.; and explain why this study has chosen to use the case study approach.

Experimental research involves varying the independent variable(s) in order to assess their effect upon the dependent variable(s) in a controlled environment (Bryman, 2016; Coe et al., 2025). Experimental research is useful for identifying causal links between variables; however, this type of strategy is not suitable for this study because it removes the research topic from its normal environment and emphasises control over contextual awareness (Creswell and Creswell, 2018).

Surveys allow researchers to obtain standardised data from a large population and facilitate comparison and statistical analysis (Saunders et al., 2019; 2023 DePoy, 2024). Although surveys provide a quick and efficient method to collect data regarding flexible working arrangements and WFB experiences of many participants, surveys generally provide breadth rather than depth of understanding of the participants' experiences (Bryman and Bell, 2015; DePoy, 2024). In addition, the predetermined format of the survey questions may restrict participants from expressing their complex experiences concerning their intersectional identities and workplace interaction (Lincoln and Guba, 2013).

Ethnographic research, on the other hand, is based in anthropology (Eriksson et al., 2012; Derrah, 2024) and provides a rich and immersive experience for the researcher to participate in the daily activities of the research subject(s) for a long period of time to understand the social structures and cultural patterns that define everyday life (Creswell and Poth, 2018). Ethnography would provide a rich contextual understanding of the experiences of GMW healthcare professionals in the healthcare industry; however, ethnography requires extensive amounts of time to conduct (usually months or years), making it unfeasible to complete within the scope and timeline of this study (Bryman, 2016).

Furthermore, Action research involves cooperative investigation with the participants to identify problems, develop solutions and implement changes (Doherty and Manfredi, 2006). Though action research has the potential to help improve flexible working policies for GMW healthcare professionals, its focus on interventions may cause the very same practices that are being researched to be altered before fully understanding them (Creswell and Creswell, 2018; DePoy, 2024). Moreover, grounded theory involves collecting and analysing data systematically in order to develop a theory based directly on empirical observation, rather than testing established frameworks (Charmaz, 2006). Grounded theory is appropriate to generate significant theoretical insights about the experiences of GMW; however, its primary focus on developing theory may diminish the practical applications for changing flexible working practices identified by this study (Creswell and Poth, 2018).

Additionally, phenomenology is concerned with the study of the essence of lived experiences through the perspective of the participant (Tomaszewski et al., 2020). Phenomenology aligns with this study's goal of studying the subjective experiences of flexible working and WFB; however, its focus on individual consciousness does not provide an adequate understanding of the social, cultural and structural factors that influence the experiences of GMW in health care organisations (Neubauer et al., 2019). Following the evaluation of all possible alternative research strategies, this study will use the case study research strategy as the main research strategy for the following reasons. A case study is an in-depth examination of a contemporary issue in its real-world context (Yin, 2018). A case study is especially suitable for this study for several reasons. First, the case study research strategy aligns with the interpretivist philosophy that underlies this research. Interpretivism recognises that the experiences of flexible working and WFB are deeply embedded in specific organisational cultures, power dynamics and societal contexts (Stake, 1995). Therefore, conducting a case study will provide a more holistic view of the ways in which contextual factors affect individuals and their outcomes (Flyvbjerg, 2006).

Secondly, this study uses Stake's (1995) collective case study design to examine multiple cases to increase our understanding of a broader phenomenon. Each participating GMW healthcare professional is an individual case and allows for within-case and cross-case analyses to determine similarities and differences in terms of culture, role, and setting of the healthcare organisation (Yin, 2018). Collective cases are beneficial for achieving the replication logic mentioned earlier, where the findings from one case can either be supported or contradicted by

the findings from other cases and increase the validity and reliability of the research (Yin, 2018). Lastly, case studies are especially useful for exploratory research, such as this study, when there is little existing theory on the topic (Eisenhardt, 1989). Due to the lack of research on addressing the experiences of GMW healthcare professionals with flexible working arrangements and WFB and the role of WFB in affecting their wellbeing in the U.K., using a case study design will identify the context-dependent factors and processes that would not have been captured by any current theoretical framework (Flyvbjerg, 2006; Saunders et al., 2023).

5.3.3 Research Method

For this study, a qualitative research methodology was adopted. Although other research methodologies could have been used, they were ruled out due to their being unsuitable for addressing the research questions. Quantitative research methodology focuses on the measurement or testing of theories by collecting numerical data and using statistical analyses to determine whether there is a statistically significant difference between variables, thus testing hypotheses (Bryman, 2016). Quantitative research methods can be associated with positivist and post-positivist philosophical stances that seek generalizable results and causal explanation (Creswell and Creswell, 2018). Although quantitative research provides many benefits, such as larger sample sizes, standardised measures, and statistical generalisation, it does not allow for the level of detail, complexity, and contextualisation of the experiences of GMW health care professionals regarding FWA, WFB, and wellbeing (Lincoln and Guba, 2013; Saunders et al., 2023).

On the other hand, mixed methods research uses both qualitative and quantitative approaches to study a problem in a single study and combines the various forms of data to create a more complete picture of the issue studied (Tashakkori et al., 2021). This form of research fits the pragmatist philosophical perspective, which emphasises flexibility in methodology and practical problem solving over the need to fit into a particular philosophical paradigm (Creswell and Creswell, 2018; Shan, 2022). Amongst the merits of mixed-methods research are the ability to triangulate results from multiple data sets; to mitigate the limitations of each type of methodology; and to deal with various dimensions of complex research problems (Bryman, 2016; Sharma et al., 2023).

The decision to use a qualitative-only methodology was made to achieve the objectives of the research based on the following two main reasons: Firstly, the research questions focused on

the meanings that participants attach to their experiences, how participants make sense of their experiences and the contextual factors that influence these meanings and experiences rather than measuring variables or testing the relationship between them. Therefore, qualitative methods were seen as the best way to address the central investigation (Denzin and Lincoln, 2018; Saunders et al., 2023).

Secondly, the interpretivist philosophical position taken in this research (which emphasises that reality is socially constructed through the meanings attached to experiences) is more closely aligned with qualitative research approaches (that prioritise depth, context and the perspectives of participants) (Schwandt, 2000; Saunders et al., 2023). Thus, the subjective experience of GMW healthcare professionals and their experiences of flexible working and WFB are subjective realities and therefore, qualitative research approaches are better suited to capturing participants' views in depth.

Qualitative research methods prioritise depth at the expense of breadth and emphasise the generation of detailed descriptive accounts and interpretations of participants' experiences rather than the collection of numerical data or the generation of statistical generalisations (Bryman, 2016; Saunders et al., 2023). Qualitative research approaches, therefore, lend themselves well to the inductive research approach used in this research, which aims to generate theoretical insights from empirical data, as opposed to testing established hypotheses (Gioia et al., 2013). Qualitative research also acknowledges that the experiences of flexible working and work-family balance are subjective interpretations and constructions based upon the individual's experiences within their own social, cultural and organisational context (Lincoln and Guba, 2013). Given that this research is exploratory in nature, it requires an appropriate research method that will allow for new ideas to be developed and emerging themes to be pursued (Saunders et al., 2023): flexible Working, WFB, and Wellbeing in the U.K. Health Sector and its intersections with GMW is an area of research that is relatively unexplored and has many knowledge gaps (Creswell and Creswell, 2018).

Qualitative methods enable researchers to investigate areas of inquiry as they emerge and adjust their research methods to new findings as they arise during the research process (Patton, 2002; Saunders et al., 2023). This is especially valuable when researching complex issues relating to intersecting identities and cultural contexts, and when there are no established conceptual frameworks available to use (Crenshaw, 1991). Moreover, qualitative research methods can provide an overall perspective of how contextual factors contribute to the

experiences and outcomes of individuals (Flyvbjerg, 2006; Bouncken et al., 2025) and support the study of flexible working arrangements and WFB within real-world healthcare settings. (Burr, 2015).

Using qualitative research, this study has been able to explore how the professional experiences and wellbeing of GMW Healthcare Professionals were shaped by: Ethnicity, Race, Religion, Organisational Culture, Power Relations, Policy Implementation and Societal Structures (Yin, 2018). Understanding these contextual influences on GMW experiences and wellbeing is essential to developing practical recommendations and providing evidence-based solutions to address the complexities of real-world healthcare settings (Yin, 2018).

5.3.4 Time Horizon

The time horizon is an integral part of research design and shapes the kind of knowledge that is created from a research study (Saunders et al., 2023). The two types of time horizons used in research are cross-sectional and longitudinal. When the same sample is measured repeatedly across a long duration of time, this is known as longitudinal research (Bryman and Bell, 2015). Longitudinal research is best suited for tracking changes and the causal relationship between cause and effect, and developmental pathways over time (Bryman and Bell, 2015). There are many disadvantages to doing longitudinal research. Some of them require extended periods of time with research participants, large resource commitments, and participant drop-out (Neumann, 2014). Furthermore, there are difficulties with recruiting, retaining, and establishing trust with marginalised populations such as GMW healthcare workers that could exacerbate the aforementioned issues (Hesse-Biber, 2012).

Research that is conducted at one point in time is referred to as cross-sectional research (Bryman and Bell, 2023). Cross-sectional research is typically used for exploratory research studies that want to know the current situation regarding a subject area, identify patterns, and provide areas for additional research and policy development (Saunders et al., 2023). While cross-sectional designs have many limitations in relation to establishing causation compared to longitudinal designs, they offer several advantages, including practicality, cost-effectiveness, and capturing contemporary conditions (Creswell and Creswell, 2018; Smakowski et al., 2024).

The cross-sectional time horizon was selected for this research project for a variety of reasons. First, the selection of a cross-sectional time horizon is consistent with the exploratory objectives of this research project. Those objectives were designed to document the current experiences of GMW healthcare workers with regard to flexible working arrangements (FWA) and Work-family balance (WFB), and how those experiences relate to their wellbeing, as opposed to documenting change over time (Crotty, 2020; Smakowski et al., 2025). Second, because of the ever-changing environment of healthcare organisations and the evolving flexible working policies resulting from the COVID-19 pandemic, cross-sectional research allows for the collection of the most up-to-date information regarding these practices (Chung et al., 2021). This is especially relevant in an industry that is constantly undergoing changes due to factors such as technological advancements, regulatory changes, labour shortages, and public health emergencies (Kossek and Lautsch, 2018; Anderson et al., 2022). Third, cross-sectional research is aligned with the case study methodology and interpretive philosophy that is guiding this research. According to Yin (2018), cross-sectional data collection methods used in case studies provide rich, contextualised insights into complex social phenomena.

Therefore, for the purpose of exploring the experiences of GMW healthcare workers with FWA and WFB, cross-sectional research provides the researcher the opportunity to analyse the complex interrelationship between organisational practices, cultural context, intersectional identities, and personal perspectives at a single point in time (Crenshaw, 1991; Smakowski et al., 2024). Finally, cross-sectional research is also suitable for studies using participants from diverse groups, as it enables researchers to evaluate participants based on demographic characteristics, professional roles, and organisational environments (Bryman and Bell, 2015). This is consistent with the intersectional framework that is being used to guide this study. The study investigates how various aspects of identity intersect to produce experiences of FWA, WFB and wellbeing (Kapilashrami and Marsden, 2018).

Although cross-sectional research has several disadvantages, including its inability to assess changes over time or causality with high confidence (Saunders et al., 2019; Smakowski et al., 2024), this study has employed multiple strategies to improve the quality and quantity of the insight obtained. These strategies included gathering retrospective information about participants' experiences over time, placing the findings in longitudinal studies of WFB, and identifying patterns that suggest possible temporal processes and relationships (Creswell and Poth, 2018).

5.4 Sample

Purposive sampling was used to recruit participants for this research. Purposive sampling is a type of non-probability sampling that uses the connection between the research aims and the sample selection methods to determine which participants to include in the study (Patton, 2002; Obilor, 2023). The focus in purposive sampling is obtaining a rich source of data from individuals that can provide insight into the area of investigation, whereas statistical representation is not a primary concern (Lincoln and Guba, 2013; Nyimbili and Nyimbili, 2024). An example of how purposive sampling is applied to this study is as follows: the target population for this study was female GMW workers in the U.K. health care sector. The researcher was interested in the experiences of GMW workers regarding FWA and WFB in the U.K. Health Care Sector. This interest focused on how their intersecting identities of gender, race and ethnicity affected their experiences of FWA and WFB. For this reason, purposive sampling was determined to be the most appropriate method for this study. Purposive sampling is an effective method for obtaining context-specific data about the research question or phenomenon (Saunders et al., 2023).

Participants were recruited through professional networks, healthcare-related organisations, online platforms, and referrals from individuals who met the study's inclusion criteria. These recruitment channels were particularly useful in reaching Global Majority Women working across different areas of the U.K. healthcare sector. However, the researcher recognised that relying on professional networks and participant referrals could potentially introduce sampling bias by attracting individuals with similar backgrounds or experiences. To reduce this possibility, efforts were made to recruit participants from diverse ethnic backgrounds, professional roles, healthcare settings, and migration experiences, thereby broadening the range of perspectives represented in the study (Patton, 2015). Practically, this was achieved by actively monitoring the sample's demographic trajectory during recruitment; when an early over-representation of African-migrant medical doctors emerged, the researcher intentionally pivoted recruitment channels to target underrepresented groups, such as Asian and Arab professionals, allied health workers, and low-wage healthcare assistants.

Additionally, to ensure personal bias did not prematurely halt data collection, three extra interviews were deliberately conducted past the initial point of structural saturation to confirm

that no novel sub-themes were emerging (Saunders et al., 2019). The researcher also recognised that recruiting participants through existing professional networks could increase the likelihood of reaching individuals with similar backgrounds or experiences. To minimise this possibility, recruitment was extended beyond personal contacts to include healthcare organisations, online platforms and participant referrals. Throughout the recruitment process, the sample was reviewed continuously to ensure that participants represented a diverse range of ethnic backgrounds, professional roles, migration experiences and healthcare settings.

Because of the difficulties associated with recruiting individuals from marginalised and underrepresented populations (such as GMW), the limitations of purposive sampling were mitigated using Snowball sampling, which enables gaining access to more participants. Participants identified through purposive sampling were asked to identify and refer additional participants who met the inclusion criteria and could provide additional insight into the experience of being a GMW (Otokiti, 2010; Nyimbili and Nyimbili, 2024). This sampling strategy was successful in identifying GMW working in professional networks and communities that are typically inaccessible using purposive recruitment methods.

While snowball and purposive sampling have many benefits over other traditional methods of accessing populations that are difficult to study, there are several disadvantages, including the possibility of creating a homogenous sample (Collis and Hussey, 2014; Thomas, 2022). As such, the study used several ways of increasing the diversity of the sample. Participants were selected from different ethnic backgrounds, different professional roles, and different healthcare environments, which increased the breadth and depth of the perspectives captured in the research. The use of the intersectional framework in this research recognised that the experiences of FWA and WFB are influenced by multiple intersecting identity factors (Crenshaw, 1991).

The only eligibility criteria for the study were that participants must be GMW currently working in the U.K. healthcare sector. Data collection ceased once theoretical saturation was reached, i.e. further interviews yielded few or no new themes or insights (Saunders et al., 2019; 2023). In accordance with Cowling and Lawson's (2016) recommendations to validate saturation, a total of three extra interviews were conducted after theoretical saturation had been reached. The final sample of participants totalled 37 (See Table 5.1). The sample size was consistent with the sample size requirements for qualitative case-study research that prioritises depth over breadth (Creswell and Poth, 2018).

The ages of the participants ranged from 26 to 48 years, with the majority being between 30 and 40 years old, indicating a mature workforce in the middle of their professional careers. The age of the participants suggested they had sufficient professional experience to provide informed insights about their healthcare practices and migration experiences. The professional composition of the sample was diverse in terms of the range of healthcare specialisations. The largest group of participants were healthcare assistants or support staff and medical doctors (including general practitioners, medical practitioners, or trainee doctors). The sample also contained a large number of nursing professionals (registered nurses, midwives and nursing assistants). Allied health professionals (physiotherapists, healthcare administrators) were also present, in addition to other healthcare professionals. The ethnic composition of the sample includes African, Asian and other minority ethnic groups. The sample reflected broader trends of healthcare migration from Commonwealth Countries and regions with healthcare workforce shortages to the United Kingdom.

The sample also contained a high degree of religious diversity, with Christianity and Islam being equally represented as the two dominant faith groups. Smaller numbers of Hindu and Buddhist participants were also represented in the sample. The religious diversity of the sample provided important context for understanding how faith and cultural practices intersect with the provision of professional healthcare services in a multicultural environment. Migration status analysis showed that almost all participants were migrants and were at different stages of settlement in the U.K. A small number of participants were classed as long-term residents, and the remainder were classed as recent migrants. The professional experience of the participants in the U.K. ranged from 1 to 19 years, suggesting that they were at different levels of professional integration and cultural adaptation.

Most participants were managing professional responsibilities alongside significant personal commitments. The majority of participants were married, although single or divorced participants were less common in the sample. Most participants had children and had family sizes that varied greatly, indicating that many caring responsibilities may affect their professional experiences and career progression. Many of the participants worked in the NHS; a smaller number of participants worked in private community or social care environments. This distribution of employment settings is reflective of the main employment routes for migrant healthcare professionals and indicates the different organisational settings that may affect their professional experiences and integration processes.

5.5 Data Collection

Fundamentally, there are two sources of data for research: primary and secondary. For this study, primary data were the main source of data. Specifically, semi-structured interviews were used as the primary method of data collection (Bryman, 2016; Taherdoost, 2021). Semi-structured interviews strike a balance between structured and flexible working, and allow enough direction to address the research questions, while also allowing for emergent insights and participant-led exploration of any unanticipated themes (Otokiti, 2010; Purwanto et al., 2020). This approach was particularly important for this study as it explores the dynamics of flexible working and work-family balance and its implications on the wellbeing of global majority women working in the U.K. health sector.

To achieve this, an interview guide was developed and used in conducting the interviews. The guide was developed drawing on insights gained from an extensive review of literature on FWA, WFB, and the experiences of GMW in health care environments (see Appendix 1). The guide was organised around three objectives: (1) Participants' experiences and perceptions of flexible working and WLB; (2) examining the intersectional challenges faced by GMW and how they affect the ability of GMW to achieve WFB and wellbeing; (3) examining how FWA contribute to WFB and wellbeing of GMW. Although the guide was structured to provide a high degree of consistency among interviews and to align with the objectives of the study, the semi-structured design permitted flexibility in adapting the guide to the participants' experiences and perspectives (Pickard, 2017; Purwanto et al., 2020).

The pilot testing of the guide before the data collection phase of this research involved three health care professionals who met the study's inclusion criteria, but who would not be part of the final sample for the study. The pilot test provided an opportunity to revise the word choice of the questions, the order of the questions and the organisation of the questions to enhance the clarity and efficiency of the instrument (Saunders et al., 2019, 2023). The participant feedback received from the pilot tests led to the re-wording of a number of questions to improve clarity, and to add additional probes to allow for further investigation into specific aspects of FWA, intersectional challenges, WFB and participant wellbeing.

Interviews were conducted between October 2024 and February 2025, with each interview lasting approximately thirty to sixty minutes. All interviews were conducted via Microsoft Teams with participants' permission to record video and audio of the interview, which would

then be transcribed verbatim to provide an accurate representation of the data collected. The non-verbal communication, the observation data, and the preliminary analytical insights from all interviews were recorded and documented by the researcher during and after each interview (Stratford and Bradshaw, 2021).

The interviews were conducted in accordance with the principles of feminist interviewing (Hesse-Biber, 2012) as well as establishing a reciprocal relationship, being reflexive, and being aware of the inherent power differential involved within the interview process. These principles are particularly salient for this study because it is focused on the experiences of GMW and has an intersectional framework. Steps were taken to implement these principles during the interviews, including beginning each interview with rapport-building conversations, acknowledging the authority of participants to describe their own experiences, actively listening to participants and providing participants the opportunity to ask questions or express concerns at any time during the interview (Johnson et al., 2020).

Table 5.1: Demographics of the Respondents

Code	Age	Profession	Ethnicity	Religion	No of Children	Years of Exp.	Marital Status	Migration Status	Employment status/settings
P1	38	Healthcare Assistant	African	Christian	3	7	Married	Migrant	NHS
P2	44	Midwife	Indian	Hindu	1	8	Married	Migrant	NHS
P3	33	Care Assistant	African/British	Christian	2	3	Married	Long-term resident	Community/social care.
P4	46	Doctor (Trainee)	Asian	Hindu	4	5	Married	Migrant	Community/social care
P5	34	Doctor	African/British	Christian	2	1	Married	Migrant	Community/social care
P6	37	Care Worker	African	Christian	2	3	Married	Migrant	Community/social care
P7	39	Medical Doctor	African	Christian	4	5	Not stated	Migrant	Community/social care
P8	35	Medical Practitioner	African	Muslim	3	3.5	Married	Migrant	NHS
P9	33	Medical Doctor	African/British	Christian	3	4	Married	Recent migrant	NHS
P10	36	Medical Doctor	African	Christian	2	5	Married	Migrant	NHS
P11	35	Administrator	Asian	Buddhist	3	1	Married	Migrant	NHS
P12	37	Medical Doctor	African/British	Christian	2	5	Married	Long-term resident	NHS
P13	32	Doctor	Turkish	Muslim	3	7	Single	Recent migrant	NHS
P14	27	GP Trainee	African	Christian	0	1.3	Married	Migrant	NHS
P15	36	Medical Doctor	African	Christian	3	7	Married	Migrant	NHS
P16	39	General Practitioner	African	Muslim	2	6	Married	Migrant	NHS
P17	26	GP Trainee Doctor	Turkish	Muslim	0	1.5	Divorced	Recent migrant	NHS
P18	38	Support Worker	African	Muslim	2	2	Married	Migrant	Community/social care
P19	29	Healthcare Assistant	African	Muslim	0	2	Married	Migrant	NHS
P20	35	Healthcare Worker	African	Christian	3	2.5	Not stated	Migrant	Community/social care.

P21	34	Physiotherapist	African	Muslim	2	3	Not stated	Migrant	NHS
P22	42	Healthcare Assistant	African	Christian	3	3	Married	Migrant	NHS
P23	48	General Practitioner	African	Muslim	3	19	Married	Long-term	NHS
P24	46	Healthcare Worker	African	Muslim	2	3	Married	Migrant	NHS
P25	36	Healthcare Assistant	African	Muslim	2	1.5	Married	Migrant	NHS
P26	27	Midwife	Asian	Buddhist	1	2	Married	Migrant	NHS
P27	47	Finance Administrator	African	Muslim	4	3.5	Married	Migrant	NHS
P28	39	General Practitioner	African	Christian	2	8	Married	Migrant	NHS
P29	37	NHS Staff (Clinical Role)	African	Muslim	4	6	Married	Migrant	NHS
P30	35	Physiotherapist	African	Christian	0	2	Married	Migrant	NHS
P31	36	Nursing Assistant	African/British	Muslim	3	2.5	Not stated	Long-term resident	NHS
P32	41	Healthcare Assistant	African	Muslim	6	3	Not stated	Migrant	NHS
P33	47	Nurse	African	Muslim	2	7	Married	Migrant	NHS
P34	34	Healthcare Professional	Arab	Muslim	0	8	Not stated	Migrant	NHS
P35	35	Pharmacist	Asian	Hindu	2	5	Married	Migrant	NHS
P36	27	Nursing Support Assistant	Asian	Buddhist	1	2	Married	Migrant	NHS
P37	33	Midwife	Asian	Hindu	2	11	Married	Migrant	NHS

Source: Author's own compilation (2026)

5.6 Credibility and Transferability

Validity and reliability have evolved in qualitative research to better reflect the philosophical underpinnings of qualitative methodologies and epistemologies; they differ from the paradigms used in quantitative research, where the primary concern is the statistical generalizability and the standardised measurement of a population (Lincoln and Guba, 2013; Holtz and Odağ, 2020). In qualitative research, the researcher establishes the rigour and trustworthiness of the study through authentic and trustworthy means (Creswell and Poth, 2018).

However, reliability is about transparency and the methodological consistency that the researcher utilises in conducting the study, which is referred to as dependability (Saunders et al., 2019, 2023). Given the interpretive nature of qualitative research, it is sometimes not feasible to replicate the findings. Instead, dependability is attained through proper records taken of the method used and the step-by-step research procedures. Several reliability measures were implemented throughout this study. Before collecting any data, a formalised research protocol was created outlining the procedures for recruiting participants, collecting data through interviewing participants, documenting the data collected during interviews, transcribing the interview recordings, and analysing the collected data (Yin, 2018). This

research protocol was designed to provide a systematic framework to ensure that the research process would be consistent and to provide flexibility within qualitative research (Stake, 2005; Taherdoost, 2021).

Furthermore, a case study database was created to document and catalogue all data gathered during the study. This database contained all the interview data, analytical memos and context information concerning the participants and their workplace details (Stake, 2005). In this manner, the database and documentation provided a clear, transparent and accountable record of data collection, transcription and analysis (Lincoln and Guba, 2013; Coleman, 2025). Member checking was used to check the reliability and validity of the data. Research participants checked the interview transcript to provide feedback concerning the accuracy and completeness of the depiction of the data (Sutton and Austin, 2015). This collaborative validation process enabled researchers to identify any inaccuracies or omissions in the data and to be assured that the results of the research fairly represented the participants' experiences and viewpoints (Creswell and Creswell, 2018).

Validity in qualitative research is focused on the credibility, authenticity and transferability of the findings (Lincoln and Guba, 2013; Rose and Johnson, 2020). Validity in quantitative research concerns whether the research provides an accurate depiction of the phenomenon being investigated, and whether it is relevant and meaningful to the focus group (Pickard, 2017; Coleman, 2022). Due to the researcher's extensive contact with participants and the research platform, the credibility of the research was increased through extended interaction with the participants and on average interviews with participants took approximately 30-60 minutes and thus allowed the researcher adequate time to probe participants about their experiences of flexible working arrangements (FWA), work-family balance (WFB), and wellbeing (Creswell and Poth, 2018) in detail.

Utilising iterative questioning, the credibility of the research was further enhanced (Saunders et al., 2019). Iterative questioning allowed the researcher to return to previously discussed topics and investigate those topics through other lenses, to validate consistency and to clarify any confusion (Saunders et al., 2019). Data source triangulation was also utilised to further support the credibility of the findings through comparing the findings from multiple participants, professional categories and healthcare settings (Patton, 2002; Shufutinsky, 2020). Due to the inclusion of GMW from multiple ethnic groups, professional categories, and healthcare settings, the study found a wide range of views regarding flexible working

arrangements and work-life balance, along with similarities and differences related to these areas (Flyvbjerg, 2006; Shufutinsky, 2020). Peer debriefing sessions with peers experienced in qualitative research methodology provided the researcher with the opportunity to reflect critically on the research methodology, analytic interpretations and emerging themes (Lincoln and Guba, 2013; Sweeney et al., 2020). The peer debriefing sessions allowed the researcher to identify potential bias, questionable interpretations or methodological inconsistencies within the analytical framework and to revise the analytical framework to increase the credibility of the findings (Creswell and Creswell, 2018).

The systematic negative case analysis was used during the analysis for the purpose of identifying contradictions within the emerging trends (Kvale and Brinkmann, 2015; Malmqvist et al., 2019; Patton, 2002). Each contradiction identified was analysed to develop additional analyses and to better understand how context impacts the experiences of GMW in relation to FWA, WFB, and their wellbeing (Patton, 2002). Similar to the development of external validity in quantitative studies, the transferability of the results of this study was developed through providing a detailed description of the research context, participants and results (Lincoln and Guba, 2013). The detailed descriptions of the participant demographics, organisational setting, and type of flexible working arrangement(s) experienced by each participant will allow readers to determine if the findings from this study can be applied to their own context or population (Ponterotto, 2005). Although statistical generalisability cannot be made due to the qualitative nature of this study, the rich contextual information provided in this study will add to its analytic generalisability and theoretical transferability (Yin, 2018).

Confirmability, which pertains to the degree to which the results are reflective of the participants' perceptions versus the researcher's biases or preconceptions, was also enhanced through the use of reflexivity (Lincoln and Guba, 2013). A reflexive journal was kept by the researcher as part of the overall research process to document the researcher's methodological choices, analytical insights and personal reflection regarding how the researcher's positionality may have influenced the data collection and interpretation processes (Braun and Clarke, 2019; Pessoa et al., 2019; Haynes, 2020). Through the use of reflexivity practices, the researcher was able to identify and eliminate potential sources of bias, thereby increasing the objectivity and trustworthiness of the research findings (Hesse-Biber, 2012; Olmos-Vega et al., 2023). Furthermore, the authenticity of the study was further enriched through the use of feminist interviewing practices that emphasised the participants' voices and experiences (Castleberry

and Nolen, 2018). A participant-centred interview environment was established by the researcher that fostered reciprocity, empathy and awareness of the power dynamics at play, thereby allowing the participants to respond to sensitive questions about discrimination, cultural expectations and work-family conflict with greater authenticity (Hesse-Biber, 2012).

5.7 Method of Data Analysis

The qualitative responses obtained from the semi-structured interviews with the participants were analysed using thematic analysis. As identified by Braun and Clarke (2019), thematic methods of data analysis are used to identify themes and patterns in qualitative data from studies or research. This method gives room for proper exploration of experiences of GMW in the U.K. health sector regarding flexible working, work-family balance and their implications on their wellbeing, allowing for depth and a deep understanding of their lived experiences while remaining theoretically informed. The method allowed the researcher to familiarise themselves with the data gathered to initiate codes that were used to generate themes and patterns common in the data gathered. (Braun and Clarke, 2012). Braun and Clarke (2006; 2019) provided a six-stage thematic analysis framework for use in interpretivist studies. These stages are described below:

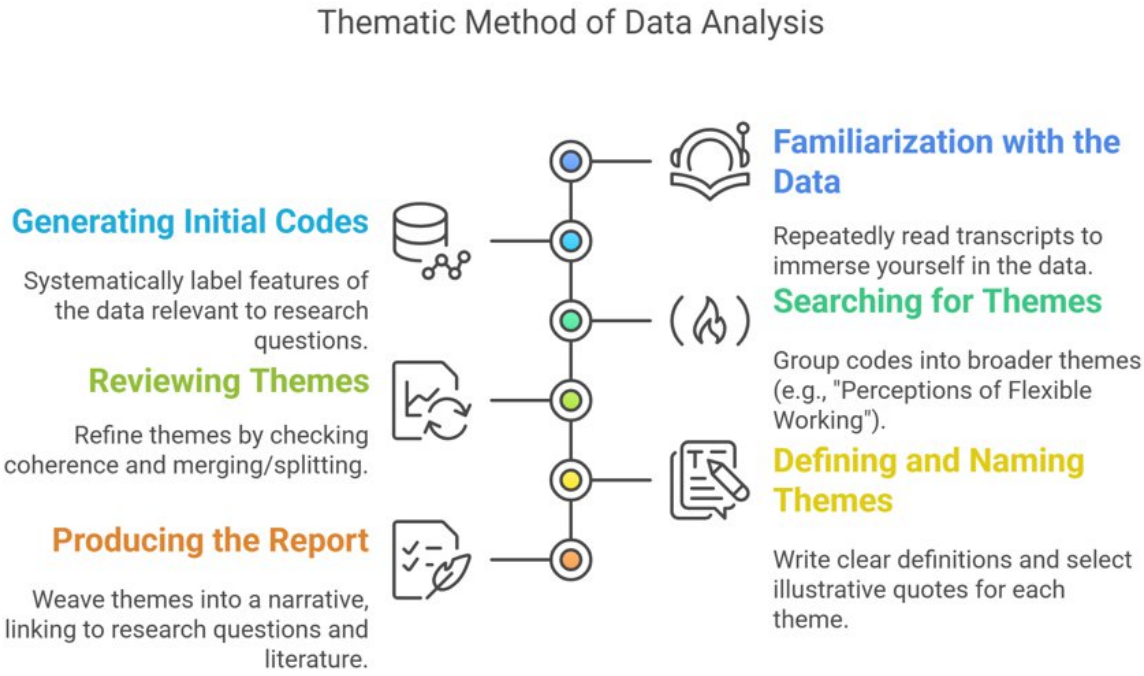

Figure 5.1Thematic Analysis Procedure

Source: Braun and Clarke (2019)

Data familiarisation: The researcher transcribed all interview recordings verbatim, then read through all transcripts several times to understand how participants experienced flexible working and work-family balance, and their implications for their wellbeing.

Initial Coding: An open coding methodology was employed to develop an in-depth understanding of the relationships among the data. All lines of the transcript were analysed to identify expressions and key concepts relevant to the research questions. The participants' narratives were used to develop codes that represent recurring themes and meanings, as well as the experiences and concerns found in their responses. The inductive method of developing codes is derived from data but remains open to theoretical interpretations informed by spillover theory, boundary theory, and the intersectionality framework. For example: Quote: "I have to take on extra shifts just to make ends meet, even if it affects my time with the kids." Code: Financial pressure causing work-family conflict.

Searching for Themes: The researcher grouped initial codes into categories that illustrated the common meanings and underlying issues in the data related to the research questions. These categories identified key elements of participants' experiences that aligned with the research objectives and were subsequently developed into candidate themes and sub-themes that represent the common stories among participants.

Reviewing Themes: The researcher continuously compared narrative data to conclude the final set of themes representing participants' accounts. The researcher repeatedly reviewed the entire dataset to confirm each theme demonstrated both coherence and distinctiveness, supported by strong evidence. Any themes lacking sufficient evidence were removed; those with significant overlap were either merged or revised to reflect the overall story better. This ensured the credibility of the findings.

Defining and Naming Themes: The research study used definitive theme names which accurately represented the common and unique aspects of participant experiences. The analysis included the identification of sub-themes to provide additional detail and organisation. The research analysed themes through the theoretical perspectives of Spillover Theory, Boundary Theory, and Intersectionality theory. Spillover theory, which explains how the work-family domain influences each other and wellbeing; intersectionality shows how race and gender, together with class, shape the experience of FWA, work-family balance and wellbeing of

GMW; and boundary theory shows how participants negotiated boundaries between the two domains.

Producing the Report: The final report presented themes through participant quotes and connected the findings to both theoretical concepts and existing research in the field. The interpretive narrative presented both the participants' meaning and voices while incorporating research-led and theory-informed insights to situate the findings within broader academic debates.

Furthermore, manual coding was used. The purpose of using a manual coding process is to allow the researcher to have close contact with data while conducting a reflective analysis of each narrative. A structured coding sheet was developed to ensure transparency and consistency throughout the analytical process. The sheet used for transcript analysis contained four sections: raw data extracts, initial codes, categories, final themes and sub-themes. The systematic method used throughout the analysis process maintained clear transparency, together with consistent results and complete traceability. The researcher chose manual coding over qualitative software tools because the dataset size remained manageable, and the approach provided better opportunities for deep analysis.

While the coding process and theme development followed an inductive approach, the interpretation of findings used spillover theory, boundary theory and the Intersectionality theory. The three-theory framework provided the basis for examining workplace flexible working, how it varied among employees, and how social identity influenced both professional commitment and employees' physical health. The combination of the three-theory framework created a framework for providing both empirically supported findings and theory-based results with an element of social context and theoretical context. This ultimately produced meaningful results in addition to viable policy recommendations.

5.8 Ethical Considerations

Research ethics are an integral part of the research process. Creswell and Creswell (2018) noted their importance in ensuring that the integrity of the research is upheld. According to Saunders *et al.* (2019), research ethics encompass the behaviour of researchers towards participants' rights and potential individuals influenced by the research process and results.

The study adhered to these guiding principles, protecting participants' rights, maintaining confidentiality and upholding standards throughout the entire research process.

The researcher adhered to the standards set by the university and obtained ethical approval before reaching out to the participants. Consent forms were provided to participants before the interview began to seek their approval for utilising the gathered information. Guillemin *et al.,* 2018; Drolet, 2023). The consent form was accompanied by an information sheet and debriefing sheet that outlined the nature of the research and objectives, as well as the requirements and consequences of participating in the study. Castleberry and Nolen, 2018; Saunders et al., 2023). Additionally, the researcher took a course on research integrity to be informed about all the processes involved in conducting research. This has also guided the researcher's behaviour to uphold good ethical standards.

However, an important ethical concern in this study involves using communication tools via the internet to reach out to participants for interviews efficiently and effectively; despite its numerous benefits, it also brings up ethical issues related to online research, like data security. (Saunders *et al.*, 2019; 2023). Nevertheless, the researcher utilised a university network-connected computer that has protective measures in place. The research information was consistently backed up and securely stored in the university's remote database (cloud storage). The researcher ensured that access to the information was tightly controlled to prevent unauthorised access and misuse of the data. Considering the concerns surrounding the utilisation of firsthand information, participants were guaranteed the confidentiality of their data in accordance with the current U.K. Data Protection Act (2018) regulations and General Data Protection Regulation (GDPR) requirements.

The research process encountered specific obstacles during the recruitment and interview process. Within the scope of this study, the recruitment of women from certain Asian communities became challenging because participants showed a preference for surveys instead of interviews, due to time limitations and concerns about confidentiality. The study's objectives became clearer to participants through referrals from previous participants, as women who had completed interviews shared positive experiences, which helped build trust. Scheduling interviews also gave practical challenges. Due to participants' busy schedules, most interviews were scheduled at odd hours. For example, many participants were available late at night, while others were scheduled for the early morning hours. The researcher made accommodations for

participants' schedules to reflect the nature of their work and to ensure that each participant felt comfortable and that their needs were met.

The act of emotional disclosure during interviews posed one of the ethical challenges. During these sessions, participants disclosed personal information regarding their burnout experiences, discriminatory incidents they experienced on-the-job, and problems they faced within their families. Anonymising sensitive topics occurred during the analysis phase; if needed, the researcher signposted participants to both local and institutional mental health support services (already included in the participant information sheet- Swift et al., 2007). The researcher's experiences illustrate why researchers should treat marginalised groups with sensitivity and responsibility when conducting qualitative research.

Throughout the research process, the researcher demonstrated ethical reflexivity by establishing a balanced relationship between empathy and professional distance, ensuring that the researcher's personal experiences did not affect how the data were interpreted. The researcher also employed relational ethics, as defined by Berger (2015), through commitment to three fundamental principles of relational ethics: care, respect, and accountability in all interactions with participants. This ethical stance was particularly important given the intersectional orientation of the study.

5.9 Chapter Summary

This chapter outlined the methodology used to investigate the experiences of GMW within the U.K. healthcare sector. An interpretivist philosophical framework was used to guide the research as it accepts that there are multiple social realities created by an individual's own experiences and perspectives. As such, an interpretivist philosophical framework is particularly suited when examining how GMW experience workplace policies through the intersectionality of their identities. A qualitative exploratory research design using an inductive approach was undertaken to identify evidence-based themes that arose from the data gathered during the research. Moreover, the research design was a case study as it enabled a holistic exploration of the phenomenon being studied in its natural setting, with each participant representing a unique individual case of a GMW in the U.K. health sector. The time frame of the research was cross-sectional; all participants were examined at one particular point in time.

Data were collected via remote semi-structured interviews facilitated by Microsoft Teams to provide both the participant with the ability to be flexible and the researcher with the ability to provide structure when investigating participants' experiences. Data were collected from participants who met the eligibility requirements of being a GMW and working in the U.K. healthcare sector and who were selected using purposive and snowball sampling techniques to ensure a diverse representation of ethnicities, race and profession.

Thematic analysis was used to analyse the collected data to identify patterns and trends relating to flexible working arrangements, work-family balance, and wellbeing among GMW. Ethical considerations were taken into account throughout the entire research process, with specific emphasis placed on protecting participant confidentiality and data security. Several validation techniques were used to enhance the validity of the study, including member checking, peer debriefing and sustained researcher reflexivity.

CHAPTER SIX: FINDINGS AND ANALYSIS

The purpose of this chapter is to present the results and analysis of the research as it relates to flexible working, WFB and how these will affect the wellbeing of GMW in the U.K. health sector. The U.K. Health Sector is a further strategic context in which race, gender and family-friendly policies intersect to influence employee experiences. Since GMW are exposed to the need to balance work and family, FWAs become a significant focus for this research. The present chapter also discusses how and in what ways FWAs affect their capacity to meet their professional, family, and personal needs, and, in doing so, how these dynamics affect their physical and emotional wellbeing.

6.1 Research Objective One: Perception and Experience of Flexible Working and WFB among GMW

This section answers the first research objective (1). This objective aimed to explore the perception and experience of flexible working and WFB among GMW in the U.K. healthcare sector. The findings are grouped into different sections. The first section showed the findings on the perception of flexible working among GMW. The second section presented the findings on the experience of flexible working arrangements among GMW; the third and fourth sections compared how these perceptions and experiences varied by Ethnic groups and religion, respectively. The fifth section focused on the perception and experience of WFB, and the sixth and seventh sections compared how these perceptions and experiences varied by ethnic groups and religion.

6.1.1 Main Theme: Perception of Flexible Working among GMW

It is important to understand the views or insights of GMW in the U.K. health sector regarding flexible working. This understanding would be incomplete without first exploring what the concept of flexible working means to them. Thus, the perception of Flexible working constituted an important theme that evolved from the interview findings. The analysis revealed four major sub-themes that illuminate the conceptualisation of flexible working among GMW in healthcare: (1) temporal and spatial autonomy, (2) work-life integration and harmonisation, (3) responsive adaptability to life circumstances, (4) optimised personal effectiveness and family-centric coordination (See Figure 6.1).

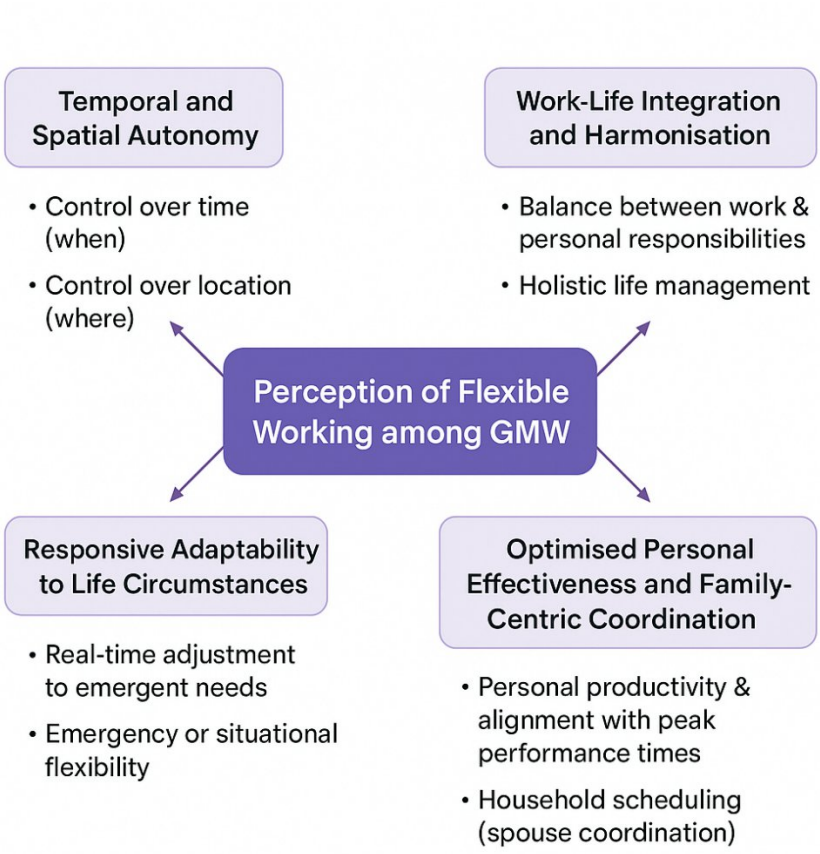

Figure 6.1: Perception of Flexible Working among GMW

Source: Author's own construction based on thematic analysis of interview data (2026).

6.1.1.1 Theme 1: Temporal and Spatial Autonomy

The first theme is the participants' perception of flexibility in terms of their own temporal and spatial control of work. Participants perceived flexible working as being able to have control over how they can manage their time and space to conduct their work, in comparison to the traditional organisation structures, which require employees to attend specific times and places. Participants consistently articulated flexible working in terms of freedom from conventional temporal constraints. As P19 (Healthcare Assistant, African Muslim) and P6 (Care Worker) explained:

> *"Flexible working means having the freedom to set your own schedule, rather than being restricted by your workplace's fixed hours. It's about organising your work in a way that suits you and completing tasks at a time that works best for you." (P19)*

"Flexible working is a situation whereby an employee has control over when and where to work… It allows for efficient work, but you can change your timing. You're starting and ending time." P6 (Care worker)

Other participants shared similar views:

"Flexible working…. is being able to choose the time that works best for me. It's about working when I'm truly free and comfortable, without my mind being elsewhere. For example, if I have childcare responsibilities, I know someone is there to take care of my child, so I can focus on work without distractions (P18).

"To me it means being able to choose your own working pattern according to how you are; you will be able to cope with your work and family life" (P34).

This perspective was echoed by P16 (General Practitioner, African Muslim), who described flexible working as

"In my own context, that would be the freedom to start work when it's most convenient and to finish when it's most convenient."

Similarly, P31 (Nursing Assistant) shared that:

"Flexible working arrangements mean I can choose any shift I like at any point in time and decide the number of hours I wish to work. For instance, I can decide to work for a 12-hour shift, an 8-hour shift, or a 6½-hour shift depending on the department I work with," P31 (Nursing Assistant)

Also, with P14: Flexible working is having the freedom to adjust your work time and location based on your needs. Not working the traditional 9:00 am to 5:00 pm in an office. One may work from home on some days or choose to work at different times of the day. This is useful if you cannot work within standard office hours, as you can always work extra hours to 'catch up' at a different time" (P14).

The study found that the spatial dimension of autonomy was equally significant. From the analysis, some participants expressed that location-based flexibility was integral to their understanding of flexible working. P10 (Medical Doctor, African Christian) articulated this perspective:

"It's not necessarily being tied to a rigid place of work; it could mean working from home."

Similarly, P27 (Finance Administrator, African Muslim) emphasised the value of location choice:

> *"I can work from home or from the office, with specific days set for each. I really like this kind of arrangement because it means I can work from home in a more informal setting."*

According to P21's experience,

> *"Flexible working is me being able to stay at home, in my comfort zone and do the official duties with no problem at all" (P21).*

Participants' views on flexible working for them are about liberating themselves from traditional organisational constraints and boundaries, and they see themselves as being in control of their own work, enabling them to make the necessary decisions that define the way they engage with their work. Flexibility is therefore crucial for Global Majority women in the U.K. health sector, as they have to manage the conflicting demands of both work and non-work roles. Thus, participants' ability to have greater control over their time and space enables them to organise their responsibilities more effectively and contributes to their sense of balance.

This finding is consistent with previous research (Wayne et al., 2017; Yucel and Fan, 2023), which has found that when employees have control and flexibility, they are more empowered to take an active role in their work and other aspects of their lives. Participants in this study also identified how having autonomy to make decisions contributes to their ability to achieve work-family balance. For example, participants P19 and P34 identified the importance of having control over their work schedules to help them achieve a better balance between their work and family lives. This aligns with research suggesting that achieving WFB is through the ability to choose when and where to work to dedicate time for family (Hill *et al.*, 2003; Kossek and Lautsch, 2018). This supports the positive spillover theory, which gives participants the ability to choose when and how they choose to work, and these allow them to manage boundaries effectively. However, while participants associate control over work with enhanced work-family balance, the extent to which balance is achieved remains shaped by several social and organisational contexts. These dynamics will be further explored in the subsequent section of this chapter.

6.1.1.2 Theme 2: Work-Life Integration and Harmonisation

The second theme represents the most prevalent conceptualisation of flexible working across the data corpus, with participants consistently framing flexible working in terms of achieving integration between professional responsibilities and personal life domains. This is in line with

existing literature suggesting that people have two main categories in their daily activities, that is, work and personal life (Blithe, 2023; Bocean *et al.*, 2023). While some research findings suggest that there is a need to establish clear boundaries between these domains (Bellmann and Hübler, 2021; Berniell et al., 2023), others view the two domains as interdependent and cannot be separated in the quest for balance and wellbeing of employees (Blair-Loy,2009; Bjärntoft et al., 2020). This is where flexible working comes in as a way of helping employees deal with both domains. This was distinguished by participants' focus on creating synergy rather than separation between work and personal spheres. The excerpts below convey the participants' thoughts:

P2 (Midwife, Indian/Hindu) provided a representative articulation:

> *"I am going to define flexible working as the ability to work at your own convenience in such a way that you'll be able to achieve work-family balance. You work in such a way that your work life is not going to affect your family life. Everything must be balanced."(P2)*

Similarly, P27 explained:

> *"Flexible working to me means having the time I need to get my tasks done at a time that's convenient for me, but still within the organisation's time frame. It lets me handle my work while also taking care of my personal responsibilities without one affecting the other" (P27)*
>
> *"Flexible working means having the ability to take time off work to address personal matters and then make up the hours later. It's about having the opportunity within the workplace to manage important aspects of life outside of work". (P5)*

P15's (Medical Doctor, African Christian) reiterated the perspective of integration by explaining:

> *"Flexible working is the work that can allow me to balance my home responsibilities as well as enjoy a balanced work life. It offers me the ability to handle other responsibilities that I have in my life without neglecting my work."*

The opinions expressed perceive flexible working as a means of managing the demands from multiple aspects of life without short-changing performance in any of the domains. P13's (Doctor, Turkish Asian Muslim) narration reinforced this position:

> *"Flexible working is having a job that accommodates both work-related needs and family responsibilities, allowing employees to achieve a balanced approach to their professional and personal lives." (P13)*

Participants see flexible working as a full-life approach to managing their lives rather than just as an alternative way of doing work. In line with this view, previous research has identified flexible working as a mechanism for supporting work-family balance, especially in the areas characterised by rigid working hours (Austin-Egole et al., 2020; Aura and Desiana, 2023). The narratives illustrate that some GMW integrated their caregiving responsibilities with their work responsibilities throughout the day, showing an integrative boundary management approach; and that other GMW segmented their work time into work-time-only periods, and used designated space for work to maintain work and family boundaries. This theme illustrates how flexible working is a means of boundary management, enabling GMW to proactively manage its own work-family interface.

6.1.1.3 Theme 3: Responsive Adaptability to Life Circumstances

This theme describes the participant's notion of flexible working as an adaptable response to changes in individual circumstances, unplanned events and variable life demands. The participants have stated that flexible working is a dynamic capability which provides the ability to make immediate and continuous adjustments to their working patterns as they arise from their needs. Flexible working was often described by participants in relation to crisis management and the ability to make responsive adjustments when unforeseen situations arise. P35 (Pharmacist, Asian Muslim), for example, explained:

> *"What I would think flexible work or flexible working at work would mean is that my work obviously would have responsibilities. However, there would be some aspects in terms of my contract terms that, if something does come up, then I should be able to be flexible and be able to cater to that. For example, if I were to have an emergency at home or if I had a child who was unwell... I have to go and get my child from school, or if my husband is unwell."*

The quote suggests that flexible working is a safety net that accommodates the uncertainty of life. P12 highlighted the compensatory aspect of responsive adaptability:

> *"Flexible working means having the ability to take time off work to address personal matters and then make up the hours later. It's about having the opportunity within the workplace to manage important aspects of life outside of work." (P12)*

Based on the opinion shared, it can be inferred that participants understood flexible working as an enabler of temporal trade-offs in a bid to maintain overall work commitment while

accommodating personal needs. This was well articulated by P17 (GP Trainee Doctor, Turkish):

> *"Flexible working, for me, is being able to have a better work-life balance and create space outside of my work life whenever I need it. Whether it's because of sickness, family responsibilities, or just my own wish, it's about having the flexible working to step away when necessary and manage things on my own terms." (P17)*

These findings show how participants perceive flexible working as an ability to have adaptability to be able to respond to life's dynamic needs and at the same time manage their job responsibilities; this is a finding that is similar to what has been identified by previous researchers, e.g. Adisa et al. (2019), that flexible work arrangements can assist employees to reconcile work and personal lives, thereby enhancing employee wellbeing.

6.1.1.4 Theme 4: Optimised Personal Effectiveness and Family-Centric Coordination

This theme captures participants' perceptions of how flexible working allowed them to create a better balance between personal productivity and family coordination. This further creates an environment that supports personal optimisation for individual employees while also supporting a strategic plan of family coordination. Many participants expressed their interest in creating personalised work arrangements to maximise their own efficiency while at the same time coordinating work schedules with family systems. For example, P18 (Support Worker, African Muslim) explained:

> *"Flexible working is being able to choose the time that works best for me. It's about working when I'm truly free and comfortable, without my mind being elsewhere." (P18)*

In this view, flexible working enables participants to perform at their best by fitting into each of their unique patterns of activity and circumstance. The importance of family coordination was most clearly illustrated in the way participants managed their households strategically. This can be seen in the quote from P32, who is a healthcare assistant of African Muslim origin:

> *"I requested in my office that my shifts align with my husband's off days so that one person will always be at home while the other is at work."(P32)*

A clear example of how family systems operate together using flexible schedules and flexible ways of doing things. In this regard, P1 demonstrated the Multitasking Dimension of flexible working:

> *"I can define flexible working as the ability to work at one's own convenience, allowing for multitasking and managing other responsibilities. For example, I currently work three days a week and use the remaining days for studying or other tasks."*

This shows what participants understand about Flexible Working, which is that they can effectively manage different roles in different areas of their lives. Participants also indicated the effectiveness in terms of time usage. This is shown in P23, the doctor who stated:

> *"I feel like flexible working is an approach that enables individuals to make effective use of their time." (P23)*

Similarly, Participant 10 explained:

> "*Flexible working means you can work at your own convenient time, which will not affect your family. The work and family will both be OK with you" (P10)*

Overall, participants viewed flexible working as a multidimensional phenomenon in which they can make decisions regarding their total lifestyle rather than just adjusting work schedules. As the last theme addressing the perception of flexible working by Global Majority women in the U.K. health sector, this section consolidates earlier themes and findings by showing how flexible working provides them with time and space autonomy, allows them to integrate work and life, allows them to be adaptable to changes in their lives, and allows them to achieve maximum effectiveness in their personal and family areas (See Table 6.1).

Table 6.1: Perception of Flexible Working among GMW

Theme	First Order Codes	Illustrative Quotes
Temporal and Spatial Autonomy	Control over work timing, freedom from fixed schedules, location-flexible working, workplace liberation, individual agency	"Flexible working means having the freedom to set your own schedule, rather than being restricted by your workplace's fixed hours" (P19, Healthcare Assistant, African Muslim) "My own context that would be the freedom to start work when I want it to be most convenient and to finish when it's most convenient" (P16, GP, African Muslim) " To me it means being able to choose your own working pattern according to how you are, you will be able to cope with your work and family life (P34, Healthcare Professional Arab)
Work-Life Integration and Harmonisation	Work-family balance, professional-personal synergy, holistic life organisation, multiple role management, comprehensive life strategy	"I am going to define flexible working as the ability to work at your own convenience in such a way that you'll be able to achieve work-family balance" (P2, Midwife, Indian Hindu) "Flexible working is the work that can allow me to balance my home responsibilities as well as enjoy a balanced work life" (P15, Medical Doctor, African Christian) "Flexible working is having a job that accommodates both work-related needs and family responsibilities" (P13, Doctor, Turkish Asian Muslim)
Responsive Adaptability to Life Circumstances	Crisis management, real-time adjustments, emergency accommodation, temporal trade-offs, adaptive capacity, unpredictability management	"If something does come up, then I should be able to be flexible and be able to cater to that. For example, if I were to have an emergency at home or if I had a child who was unwell" (P35, Pharmacist, Asian Muslim) "Flexible working means having the ability to take time off work to address personal matters and then make up the hours later" (P12, Doctor) "It's about having the flexible working to step away when necessary and manage things on my own terms" (P17, GP Trainee Doctor, Turkish)
Optimised Personal Effectiveness and Family-Centric Coordination	Personal productivity maximisation, strategic family coordination, peak performance alignment, household management, efficient role management, multitasking capability	"Flexible working is being able to choose the time that works best for me. It's about working when I'm truly free and comfortable, without my mind being elsewhere" (P18, Support Worker, African Muslim) "I requested in my office that my shifts align with my husband's off days so that one person will always be at home while the other is at work" (P32, Healthcare Assistant, African Muslim) "I can define flexible working as the ability to work at one's own convenient time, allowing for multitasking and managing other responsibilities" (P1, Health Assistant)

Source: Author's own compilation from interview data (2026).

6.1.2 Flexible Working Experience and Access Patterns among GMW

The study identified three key themes regarding the experience and access to flexible working arrangements among GMW in healthcare settings: Structured shift-based systems with variable choice, professional Role-based access hierarchies and requirement-based access gatekeeping (See Figure 7.2). These themes are discussed in the following section.

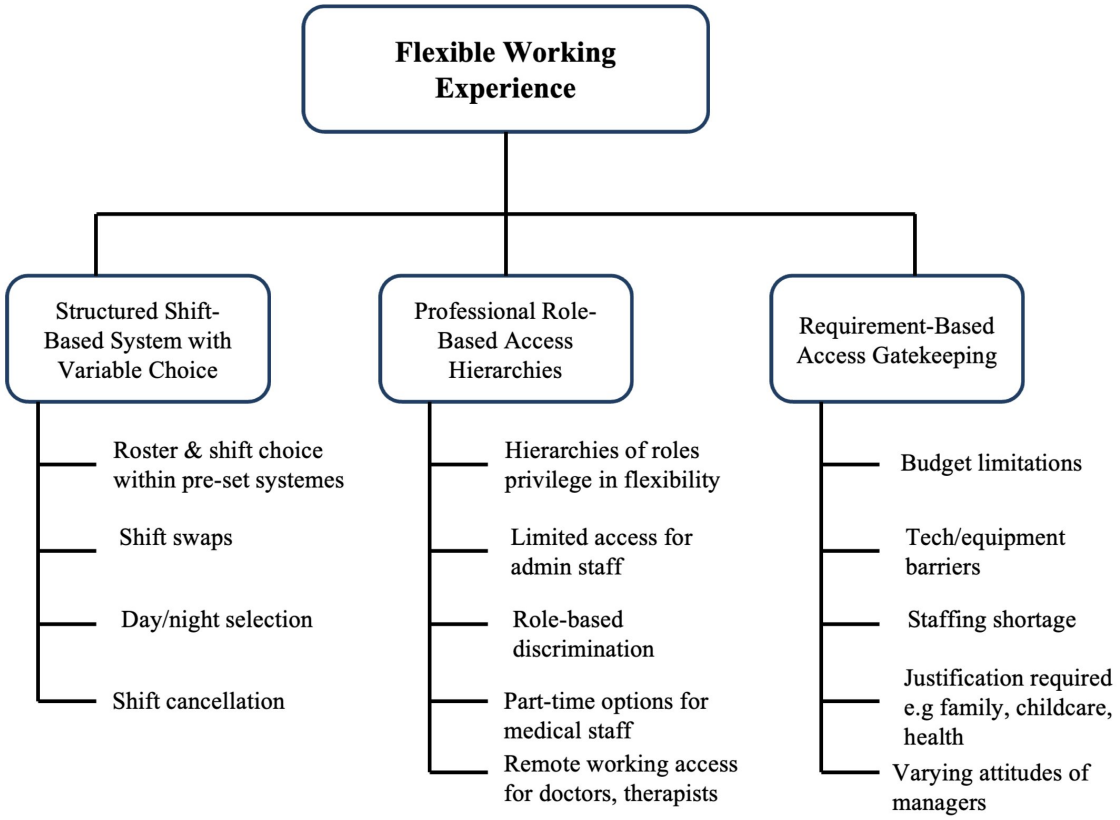

Figure 6.2: Experiences and Access to Flexible Working Arrangements

Source: Author's own construction based on thematic analysis of interview data (2026).

6.1.2.1 Theme 1: Structured Shift-Based Systems with Variable Choice

Healthcare workers, particularly those in nursing and care roles, operated within organisational shift systems that provided varying degrees of individual choice, representing the most common form of FWA among participants. Due to a predetermined rota system, many participants were able to influence their shift changes to some degree (See Table 6.2).

For example, P1 (Healthcare Assistant, African) shared:

> *"I work nights mostly. I'm a permanent night worker, and at times I pick the day shift at work... we always have a rota at work. We have a one-month rota prepared. My husband has his own rota as well, so I check his available dates and if those days are available. I could just pick an extra shift". (P1)*

Participants used a variety of methods to operate within an organisational structure while providing for their families. Care Assistants were one group that operated within a structured system. P3 (Care Assistant, African/British Caribbean) stated:

> *"Arrangement is based on a pro rota…. four days a week, 3 days, another week. And I think that is flexible enough, even if it's not conducive... I can swap with somebody for a more convenient day". (P3)*

The flexibility of the rota system allowed participants to respond to unanticipated family obligations while still meeting the organisation's obligation to provide adequate coverage. For other participants, the flexibility within these structured systems was variable, with some participants experiencing greater autonomy than others. P6 (Care Worker, African) noted how the organisation's flexible scheduling afforded her greater autonomy in selecting a work schedule to meet her family's needs:

> *"We have both the nights and days, and I've been able to pick anyone I want... due to flexible working and because I take care of my family, so I told my manager I won't be able to work at night. So, I changed to the day shift". (P6)*

The ability of employees to arrange working hours to be better suited to meet family commitments was demonstrated through employees changing their night shifts to day shifts. This shows organisational support for flexible working. Such employee flexibility has been seen as positive according to Avolio et al. (2023) and Austin-Egole et al. (2020), who identified that organisational culture plays a key part in facilitating flexible work arrangements. Employee flexibility can also be beneficial for employers through supportive management, which will enable organisations to ensure that flexible work arrangements are implemented to help the employee and align with the goals and mission of the organisation. However, P9 (Medical Doctor, African/Caribbean) stated that her employer used a very different and much more complex system of shift scheduling than this one.

> *"So, what I mean by standard working days is I resume at 8:00. And finish at 5:00 PM... when it's long days, it means that I resume work at 8:00 in the morning and finish past 8:00 PM... for the night shift, it's usually from past eight as well in the night... for the weekends, it's usually. Long days, weekends. So, it's usually from 8:00 AM to 8:30 PM as well". (P9)*

Although this system was complex, it offered participants a consistent and predictable work schedule that they could rely upon. Many participants reported varying levels of control over scheduling their work. P18 (Support Worker, African/Muslim) stated that she had complete control:

> *"So right now I'm working as a bank staff... So, I choose my shifts. In fact, I've not worked this week. I decide when I'm working... I will just choose my shift"(P18)*

While this approach to scheduling provided participants with the most flexibility in terms of their working hours, the same could be said to provide participants with less opportunity for stable employment and predictable income. For example, P31 (Nursing Assistant, African/ British/Muslim) described this tension: "*Personally, I work with a 12-hour shift.... presently I work weekends.... I make my own decisions about when I work."* She also stated that there are potential downsides to this type of scheduling, i.e., she can get an unexpected cancellation at the last moment, e.g., "I may get a call saying that my shift has been cancelled, no reason given. At the last minute, I got called by the manager, and they said that my shift had been cancelled."

These shift-based systems acted as a balancing mechanism between the needs of the organisation and the demand of GMW for FWA. However, the degree of individual choice available to participants varied significantly. While many participants were able to establish autonomous schedules, others found themselves limited by the constraints of their assigned shift systems. For those without access to extended family support networks, the opportunity to exchange shifts represented a significant mechanism to manage WFB.

6.1.2.2 Theme 2: Professional Role-Based Access Hierarchies

The findings showed variations in working arrangements on the basis of professional roles that created hierarchies of access to flexible working options in their organisations. Medical professionals generally experienced the greatest range of flexible working options. P4 (Doctor Trainee, Asian/Muslim) described formal part-time arrangements involved within medical training programmes:

> *"So, I work four days a week. Well, technically 40 hours a week. So that's Monday to Thursday, 8:00 to 6:00... There is an opportunity for part-time. So, if I wanted, I could go 80% or 60%, and some people even do as little as 50%" (P4)*

This demonstrates how medical training programs incorporated flexible working as a standard offering. Some medical professionals also access informal flexibility. P13 (Doctor, Turkish/Muslim) had access to ad-hoc remote working:

> *"On some occasions, I have an opportunity to work from home. It's not very regular. But sometimes if I do not have teaching... I can talk to my teaching manager and say that I'm going to work from home today". (P13)*

This informal arrangement shows how professional status enabled negotiated flexible working. Similarly, P30 (Physiotherapist, African) described a similar scenario:

> *"In my current rotation… I do have flexible working hours, and it works by circumstances where it is understood within the team, there's a provision within the team to say that you know I need to attend to something today. If it's a hospital appointment... You can take time off to attend to that, and then we pay that back in the form of a shift".*

This 'time-owing' system provided professional flexible working while maintaining service delivery. However, access to flexible working was not the case for all participants within the medical profession. Notably, P12 (Medical Doctor, African/British) experienced limited options even in a medical role:

> *"It's kind of rigid. I work 9:00 to 5:00... some flexible options exist… like I could decide to adjust my start or end time so I can decide to go 8:30 and finish at 4:30"(P12).*

Her preferred arrangement of compressed hours was unavailable:

> *"They could maybe allow me to do longer hours. Say, for example, instead of doing 8 hours every day, doing twelve hours over three or four days,"… but it has not been possible." (P12)*

However, administrative staff expressed challenges in gaining access to these kinds of flexible working options. For example, P11 (Administrator, Asian/Buddhist) shared:

> *"At the moment I work full-time in the office. So, I'm supposed to be at the office 9 to 5... they are not offering any, you know, remote working or hybrid working". (P11)*

She also stated that there was no possibility of hybrid working as an administrator. She expressed that there was a stark contrast to what had been previously experienced by medical professionals.

> *"I don't think most of the NHS organisations provide admin staff with the option to work from home, even though they provide it for doctors. Some of our Doctors can work from home on Fridays; even some social workers can work from home certain days, but admin staff cannot." (P11)*

These experiences highlight how organisational hierarchies allow clinical roles to have greater flexibility while limiting the flexibility of administrative roles. While some administrative staff may have achieved flexible working options through individual negotiation and organisational variation, this was less common than it was among medical professionals. As such, the findings highlight systemic hierarchies that influence the ability of individuals to achieve flexible working options as they relate to organisational power structures and the perceived needs of different roles.

Unlike the flexibility to choose shifts from a roster that is common in frontline care roles, which is typically an agreement between the employee and employer within a pre-determined framework, flexible working in line with professional role-based flexibility reflects the organisation's overall perceptions of the level of autonomy it wishes to allow its employees; the level of trust it has in them; and the degree of indispensable nature that it perceives as being required by certain roles. The reasons medical professionals have better access to FWA may include the fact that their professional status is likely to be higher within their organisation, and/or the fact that the nature of their work lends itself well to flexible working arrangements. In addition, the fact that administrative staff face limits to their flexible working options may result from long-held assumptions regarding the need for them to be physically present in an office setting, regardless of technological advancements allowing remote working (Celestin, 2023). The difference in the opportunities available to administrative staff as opposed to medical professionals in terms of flexible working options may also be related to the decisions made by organisations regarding policy choices as opposed to role requirements.

6.1.2.3 Theme 3: Requirement-Based Access Gatekeeping

From the analysis of the data, another issue that was identified was requirement-based gatekeeping for access to flexible working arrangements (See Table 6.2). Access to flexible working was developed by both formal and informal gatekeeping practices that required participants to explain why they wanted or needed it, and other requirements. In some instances, organisations had established set criteria which participants were required to meet

before being able to be granted access to flexible working. Other participants described the complex processes that they were required to follow in order to have access to flexible working.

> *"Yeah, you need to have a reason. It's not automatic... either childcare or maybe you have a mental issue or something else related, or maybe okay due to your health". P18 (Support Worker, African/Muslim)*

> *"My organisation has made arrangements for a flexible working option, though you need a specific reason to access it, like for childcare or other things" P23(General Practitioner, African Muslim)*

The quotes above provide examples of how flexible working was not viewed as an automatic right for all employees (i.e., an entitlement), but as an exception and thus conditional upon an employee demonstrating their personal circumstances as being valid or unusual enough to warrant such arrangements. The process also illustrates a medicalised and problem-oriented approach to flexible working where employees are expected to articulate their personal requirements as some form of deficiency or risk to the organisation, requiring organisational adjustments. In this way, these types of flexible work arrangements can contribute to what is perceived as inequity amongst staff, especially those who have circumstances that do not fit into predefined categories of eligibility.

P18 also noted:

> *"Maybe some kind of thoughts coming to their mind is that. Maybe those without kids.... they don't have the opportunity because they don't have evidence to show".*

Although some participants successfully negotiated complex coordinated arrangements. For example, P32 (Healthcare Assistant, African/Muslim) achieved synchronised scheduling with her husband:

> *"I requested in my office that they should arrange my shift so that anytime I am on shift will be the off day of my husband... So, one person will be at home… so I requested that, and it was granted for me". (P32)*

This demonstrates successful navigation of organisational gatekeeping through clear justification. The requirement for justification created hierarchies of deserving and undeserving cases. At the same time, some participants experienced proactive organisational offers rather than having to request flexible working. P14 (GP Trainee, African) stated: "*It was offered to me by my organisation."* Similarly, P36 (Nursing Support Assistant, Asian/Muslim) noted: *"They give you a choice... I choose one, and I think it's OK for me"*. These experiences suggest

organisational recognition of flexible working as a recruitment and retention tool. P34 (Healthcare Professional, Muslim/Arabic speaking) stated: *"Honestly, it was offered because the place I work in is supportive, so they offer this to everyone".* This proactive method was significantly different from systems based on requirements and suggested there were large organisational differences in flexible work culture. These actions suggest that in some organisations, flexible working arrangements were available with the policies and practices as a recruitment and retention strategy rather than as an exceptional tool. The analysis also showed that in some organisations, individual managers acted as gatekeepers to access flexible work arrangements. For example, P22 (African Healthcare Assistant) compared two different types of managers:

> *"We had in the past a manager who actually helped to seek individual flexible working... but my present manager does not".*

Moreover, P24 (Healthcare worker) also shared that: *"He gave me night for like a month... I was so happy... it was a great relief."* The arrangement in this case was considered supportive during a family crisis. This is evidence that organisational policies can be interpreted and carried out by individual managers' attitudes and perspectives, which can sometimes produce unequal experiences within the same organisation. P2 (Indian/Hindu Midwife) also noted that she experienced different levels of support from her manager before and after a change in management:

> *"Yeah, I mean my current manager is really good. I've not noticed any racial biases at all, and we have a team of mixed ethnicity and mixed backgrounds".*

This contrasted with her earlier discriminatory experience, demonstrating the significant impact of individual management styles. However, some participants expressed that in some cases organisational resource limitations created barriers to flexible working access beyond individual manager attitudes. P11 (Administrator, Asian/Buddhist) explained:

> *"Top management has taken a decision not to go ahead with flexible working arrangements..... I feel there are some sort of funding problems now. Because if we are going to work from home, they're supposed to provide us with a mobile phone headset and the laptop as well; for that, I believe at the moment they don't have enough funds. That is why they are not encouraging us to..."*

P20 (Healthcare Worker, African) also experienced resource-based restrictions:

> *"Yes, there is a flexible option at my place of work. But currently, my manager was telling me that he is not entertaining that, for now, because of the constraints of the staff, of course".*

The findings here showed that flexible working as an individual right is inhibited by shortages in organisational staffing, eligibility criteria, roles and organisational resources. FWAs at the organisation level were filtered through several different managerial layers before they reached employees, with varying levels of flexibility being provided across the organisation; this is often referred to as "gatekeeping" mechanisms. The need for justification when requesting flexible working arrangements can lead to employees' rights being treated as special cases or privileges, which may stigmatise them (Karjalainen and Ylhäinen, 2021). Access to FWA is contingent on individual management styles, which results in inequalities across the organisation (Githaiga, 2024). The difference in access between managers who offer FWA proactively and those who require employees to justify their request indicates that there are significant differences within organisations regarding flexible working culture, ranging from flexible to restrictive, and these affect participants' experiences of fairness, inclusion, and work-family balance.

Table 6.2: Current Working Arrangements and Access Patterns

Themes	First Order Codes	Illustrative Quotes
Structured Shift-Based Systems with Variable Choice	Predetermined roster systems, shift exchange mechanisms, personal choice within structure, family coordination, night/day shift options, self-directed scheduling, shift cancellation risks, income predictability concerns	"I work nights mostly. I'm a permanent night worker, and at times I pick the day shift at work... we always have a roster at work. We have like a one-month roster prepared" (P1, Healthcare Assistant, African/Nigerian) "Even if it's not conducive... I can swap with somebody for a more convenient day" (P3, Care Assistant, African/British Caribbean/African) "So right now I'm working as a staff... So I choose my shifts. In fact, I've not worked this week. I decide when I'm working" (P18, Support Worker, African/Muslim) "You may have had my shift cancelled without explanation. At the last minute, I got my shift cancelled" (P31, Nursing Assistant, African/British/Muslim)
Professional Role-Based Access Hierarchies	Medical professional advantages, part-time training opportunities, ad-hoc remote working, time-owning systems, administrative staff limitations, systematic role discrimination, organisational power structures, policy choice variations	"So, I work four days a week... there is an opportunity for part-time. So, if I wanted, I could go 80% or 60%, and some people even do as little as 50%" (P4, Doctor Trainee, Asian/Muslim) "I don't think the NHS most of the NHS organisations they won't provide admin staff to work from home even though they provide doctors... but admin they won't" (P11, Administrator, Asian/Buddhist) "I work two days in the office and three days at home" (P27, Finance Administrator, African/Muslim) "It's kind of rigid. I work 9:00 to 5:00... Many flexible options are adjusted, like I could decide to adjust my start or end time" (P12, Medical Doctor, African/British)
Requirement-Based Access Gatekeeping	Formal justification requirements, medicalised flexible working approach, Childcare/health criteria, perceived inequities, manager-dependent access, proactive organisational offers, Individual manager attitudes, resource-based restrictions, staffing pressure constraints	"Yeah, you need to have a reason. Yeah, it's not automatic... Yeah, either childcare or maybe. You have a kind of mental issue or something else related" (P18, Support Worker, African/Muslim) "Maybe those without kids... Some. I don't have kids. They don't have the opportunity because they don't have evidence to show" (P18, Support Worker, African/Muslim) "It was offered to me by my organisation" (P14, GP Trainee, African) "We had in the past a manager that is that's actually sought individual flexible working... but my present manager does not" (P22, Healthcare Assistant, African) "At the moment they don't have enough funds, because if we're going to work from home, they're supposed to provide us a mobile phone headset and the laptop" (P11, Administrator, Asian/Buddhist)

Source: Author's own compilation from interview data (2026).

6.1.3 Comparative Analysis of Flexible Working Perceptions by Ethnic Group

In order to assess whether the flexible working concepts were defined similarly across ethnic groups, and to compare differences in how flexibility was constructed and prioritised, the study conducted comparative analysis across three categories of ethnicity: African, African-British, and Asian (See Table 6.3). This comparative analysis identified similar yet distinct frameworks through which the flexibility of working was understood. These frameworks were influenced by the cultural values of each group, their identity as individuals from a particular culture, and their respective relationships with their families and employers.

6.1.3.1 African Participants: A family-centred framework for flexibility

African participants focused on flexible working, empowering workers to create flexibility and adaptation in their ability to meet their work and family responsibilities. They conceptualised flexible working as an adaptive mechanism that allows work schedules to adjust in response to changes in demands in both work and family domains. One participant emphasised, "*Flexible work means… the ability to be able to change or adapt to some circumstances… at work and at home*" (P1), indicating that the key to flexible working is the worker's ability to change to meet the changing needs of the worker's job and family rather than a rigid organisational provision.

Participants' responses illustrated that the core of their family-centred construct of flexible working is centred on family responsibilities. For example, P18 stated, "*Flexible working ... gives you time for family*," while P7 stated, "*Working the way that suits your life… being able to make a balance between your life and the work."* Together, these quotes illustrate that the purpose of flexible working is to facilitate the worker's ability to accomplish family responsibilities and also to create an opportunity for the worker to achieve a balance between work and family responsibilities.

As indicated above, African participants' construct of flexible working is centred around a family-first philosophy. In addition to family first, participants view work as an adaptive support system rather than a specific life domain. Their current time orientation highlights the importance of meeting the immediate family needs and responding to family emergencies on a timely basis. Therefore, African participants require flexible working arrangements that are capable of rapidly responding to unforeseen family needs. One participant provided an

excellent example of this need for rapid response to family needs: *"I have control over… when and where to work, especially when my family needs me, I should be there*" (P6).

In terms of the relationship between work and family responsibilities, the African participants' constructs of flexible working reflect the theoretical models of spillover theory and boundary theory, which indicate that work and family responsibilities will affect each other. Also, intersectionality theory explains how their racial and ethnic identity and cultural values will shape their unique experience of flexible working, especially in areas of caregiving and general family responsibilities.

The broad scope of flexible working used by African participants encompasses all aspects of home management, including childcare, personal convenience and overall life management. Decision-making in relation to flexible working is highly intuitive and based on the needs of the family. Therefore, flexible working policies must provide for spontaneous decisions made in relation to family responsibilities rather than requiring advance notice (Abrefa et al., 2023). Additionally, because African participants rely heavily on extended family networks and community support systems for childcare and household management, they expect the workplace to be aware of and accommodating of these needs. Because work is viewed as secondary to family responsibilities, African participants seek employers who are willing to recognise and support the worker's priority of family responsibilities with flexible working policies that do not penalise the worker for taking time off for family responsibilities.

6.1.3.2 African British Participants: An autonomous life integration framework

In contrast, flexible working was defined by African British participants primarily from the point of view of choice, life integration, and autonomy. Rather than emphasising family needs, African British Participants framed flexibility to encompass all that life could offer, i.e., opposed strict timetables and instead argued for the importance of life-wide participation. Participant P12 explained flexible working enables individuals: "*To balance your work with your social responsibilities.*"

Autonomy was a core element in their definition of flexible working. Participants highlighted the importance of having control over when they work and the structure of the role, emphasising flexible working as an ability: "*to be able to choose when you want to work or... to take time off for personal reasons*" (Participant 9); and: "*work which makes it possible to*

manage your life... and is not too rigid" (Participant 31). P3 emphasised more on the expectation of flexibility, stating: "*the objective of working conditions should allow you to live your life as normal as possible".*

Participants who were of African British descent developed an individualistic approach to balancing autonomy and social responsibility based upon their bicultural positioning, putting their individual value against social obligation. Their forward thinking, life-wide participation, and long-term development planning perspectives enabled them to see flexible working as a means to achieve long-term goals, rather than a response to short-term crisis. Thus, flexible working was therefore enclosed within the general consideration of quality of life and long-term participation across domains.

Compared to the broad scope of family management represented by the African participants' pursuit of flexible working, the African British participants had a moderate scope of flexible working that focused on personal choice, social involvement and quality of life. The forward-thinking strategic decision-making processes employed by African British participants to coordinate the multiple social responsibilities that they undertook demonstrate a level of planning capability that considers the interdependence between different life domains (Bannerman, 2024). Compared to the African participants, the African British participants utilised moderate levels of both formal and informal support mechanisms. The African British participants value independence but are also committed to maintaining social relationships. Therefore, they expect flexible working to be standard practice in the workplace rather than special concessions (Kossel et al., 2023). The workplace integration pattern, used by African British participants to obtain flexible working that enables wider life participation, positions work as a significant part of a socially complex life, but does not position work as either primary or secondary to other aspects of life (Tomlinson et al., 2018).

6.1.3.3 Asian Participants (Indian and Turkish): A professional/personal equilibrium framework

The Asian participants conceptualised flexible working as a means of balancing professional responsibility with personal flexibility. Their perception shows that they are conscious of the importance of their professional obligations, and at the same time, they value adapting to their personal and family needs. A participant described his dual-consciousness approach as follows: "*Obviously, my job has some responsibilities. But I feel that when there is an issue that comes*

up, then I should be able to be flexible." This quotation exemplifies that although the participants acknowledge professional responsibility, they desire flexible working time.

Asian participants conceptualised flexible working as an assortment of alternative work arrangements. An example of such a conceptualisation is illustrated in the following quotes: "*Work sometimes from home … if you don't work 9 to 5… you can make it up later"* (P13); and "*Flexible working … in working hours and pattern… home-based or remote working*" (P11). As seen, productivity was a major component of the Asian participants' conceptualisation of flexible working. For example, one participant stated, "*Maintain a balance between professional and personal responsibilities… maintain productivity of both*" (P35). In this statement, the participant's approach to flexible working is framed around maximising productivity and thus maintains a performance-oriented approach, which sees flexible working as a way to maximise productivity as opposed to a means of supporting personal/family responsibilities.

The professional-personal obligation equilibrium demonstrated by the Asian participants demonstrates cultural values of achieving both professional success and meeting traditional family expectations. Long-term goals for the Asian participants include career progression and family stability. Therefore, the flexible working practices employed by the Asian participants are seen as a means of facilitating long-term strategic planning for their lives rather than as a response to their immediate needs or desires for personal fulfilment.

Asian participants also demonstrated a structured shift toward flexible working practices, which refers to working within the parameters of professional constraints that reflect gendered roles. Therefore, their approach to flexible working represents a restrictive approach to flexible working, where professional standards are maintained, and the ability to provide for personal flexibility is limited. The measured nature of the decision-making processes employed by the Asian participants results in the preservation of productivity and professional standards, as indicated by their emphasis on "maintaining productivity of both" domains.

The varying levels of reliance on support systems exhibited by the Asian participants include formal childcare support, along with traditional family support systems for women. Consequently, they expect workplaces to develop policies that supplement existing family support systems (Padavic et al., 2020). The workplace integration pattern sought by the Asian participants aims to accommodate family responsibilities while maintaining a professional

image and productivity. Overall, flexible working is seen as a professional tool that supports rather than detracts from career success (Beigi et al., 2024).

When taken collectively, these research results show that the definition of flexible working varies depending upon ethnicity, as well as being shaped by the participant's cultural and social contexts. Participants from African backgrounds stressed the importance of immediate family responses to their work patterns, while participants who identified with an African-British background placed the most emphasis on autonomy in the work-life context and the overall integration of work into all areas of their lives, and the participants from Asian backgrounds were concerned about how they could achieve an equilibrium between the professional and personal aspects of their lives. These differing perspectives illustrate the need for a culturally responsive, flexible working policy that takes into consideration the varying definitions, expectations, and limitations that different employees may have.

Table 6.3: Ethnic Group Perceptions of Flexible Working - Comparative Analysis

Ethnic Group	Representative Quotes	Definition Characteristics	Key Theme	Primary Motivators
African	"Flexible work means... the ability to be able to change or adapt to some circumstances... at work and at home" (P1) "Flexible working is a situation whereby an employee has control over... when and where to work" (P6) "Flexible working... gives you flexible working in your life... to have time for family" (P18) "Working the way that suits your life... being able to make a balance between your life and the work" (P7)	Employee empowerment through control over timing and location, with adaptability as a core feature. Strong emphasis on convenience-based arrangements and family accommodation, with home management as an integral component.	**Family-centred Adaptability**	• Family care responsibilities • Personal life management • Achieving work-home equilibrium • Personal convenience • Family wellbeing
African/British	"Balance out... your social responsibilities against your work" (P12) "Ability to choose when you want to work or... take time off for personal reasons" (P9) "Work that makes it easy... to manage your personal life... that is not rigid" (P31) "Working condition that allows you to participate in your normal life" (P3)	Choice and personal autonomy with rejection of rigid structures. Emphasis on creating opportunities for personal time-off and working conditions that facilitate broader life participation.	**Autonomous Life Integration**	• Balancing social responsibilities • Maintaining personal autonomy • Active life participation • Avoiding work overload • Personal wellbeing
Asian (including Indian/Turkish)	"My work obviously would have responsibilities. However, if something does come up, then I should be able to be flexible" (P4) "Work sometimes from home... if you don't work 9 to 5... you can make it up later" (P13) "Flexible working... in working hours and pattern... home-based or remote working" (P11) "Balance between professional and personal responsibilities... maintaining productivity of both" (P35)	Professional responsibility maintenance while gaining personal flexible working. Includes alternative work locations and non-traditional hours with productivity preservation and explicit gender considerations.	**Professional-Personal Equilibrium**	• Maintaining professional standards • Accommodating family care • Managing unexpected events • Productivity preservation • Gender-specific responsibilities

Ethnic Group	Conceptual Framing	Temporal Perspective	Flexible Working Scope	Decision-Making Approach	Support System Reliance	Workplace Integration
African	Family-first orientation with work as an adaptive support system	Present-focused with emphasis on daily family needs and immediate circumstances	Broad scope encompassing home management, childcare, and personal convenience	Intuitive and needs-based decisions driven by family circumstances	High reliance on extended family networks and community support for childcare and household management	Seeks workplace understanding and accommodation for family obligations; views work as secondary to family needs
African/British	Individual	Future-oriented	Moderate scope	Strategic decision-	Moderate reliance on	Expects workplace

	autonomy balanced with social responsibility	planning with emphasis on life participation and personal development	focusing on personal choice, social engagement, and quality of life	making balancing multiple social responsibilities	both formal and informal support systems; values independence while maintaining social connections	flexible working as standard practice; seeks integration that allows broader life participation
Asian (including Indian/Turkish)	Professional duty balanced with personal/gender obligations	Long-term perspective with career progression and family stability considerations	Structured scope within professional boundaries, with specific attention to gender roles	Calculated decision-making, ensuring productivity maintenance and professional standards	Variable reliance - formal childcare support combined with traditional family structures, particularly for women	Seeks workplace policies that accommodate family needs while maintaining professional image and productivity

Source: Author's own compilation from interview data (2026).

6.1.4 Comparative Analysis: Perceptions of Flexible Working by Religion

This section explored the perceptions of flexible working arrangements among participants from three religious groups: Christian, Muslim, and Hindu/Buddhist. The results of the comparative analysis showed that the religious and cultural backgrounds of the participants influenced both their perception of flexible working and the ways in which they experienced flexible working in their workplaces (see Table 6.4). In addition to motivating individuals to seek flexibility in their work, religion affected the conditions under which flexible work arrangements were viewed as acceptable, accessible, and successful.

6.1.4.1 Christian Participants

Christian participants consistently viewed flexible working as a way of achieving a better balance between their personal lives and work and framed flexible working as a means of gaining greater autonomy and control over their working hours. The participants identified themselves as individuals who valued adaptability and flexibility. One participant described flexible working as follows: "*To be able to adapt to some situation... To be able to bend some."* This metaphorical representation of flexible working, therefore, reflects a mechanical understanding of flexible working; that is, the ability of work to be adapted to fit in with changes in an employee's life without losing any of the core aspects of work.

Participants reported that motherhood was often cited as the main reason for seeking flexible working arrangements. A number of participants referred to the fact that caring for a family member - usually a child - was a key driver of their need for flexible working. For example, P28 noted that "*Flexible working means having working hours that allow you to be there to do your other roles, such as being a mum, which is obviously very important.*"

It is worth noting that the majority of the Christian participants' accounts reflected a positive attitude towards their employer providing flexible working arrangements. It appeared that many of the participants believed that their employers would accommodate their requests for flexible working and that they had a legitimate claim to such arrangements. In contrast, the experiences of the other two groups of participants suggest that the Christian participants may have benefited from a form of cultural privilege in relation to their ability to negotiate flexible working arrangements.

6.1.4.2 Muslim Participants

Muslim participants brought to light a distinctly different conceptualisation of flexible working. Flexible working was described by many of the Muslim participants as not only a preferable way of working but an indispensable means of fulfilling their religious duties and preserving their cultural identity. In evidence of this is P19's statement: "*If I am not permitted to pray, I don't wish to work.*" This is a significant representation of the concept that religious accommodations are essential to employment and not simply an optional agreement.

The theme of religious accommodation is represented throughout the descriptions of Muslim participants. Prayer times are the organising principle of flexible working arrangements for Muslims. P24 describes his experience as a positive example of this: "*When it is time for me to pray..., they permit me to do so."* This provides an example of how flexible working arrangements take on significance only to the degree that they serve religious requirements. Therefore, the needs of Muslim participants to establish flexible working arrangements exist temporally relative to Islamic prayer times and therefore, distinctively differ from the secular needs of WFB.

An additional issue of concern is the intersectionality of disadvantage. P16 describes her position as follows: "*Being a Black African Muslim Woman… puts you in a disadvantaged position.*" This quote exemplifies how religious identity is combined with racial and gender identity to create greater workplace disadvantages than would be created individually. The theme suggests that flexible working arrangements are now about not only providing accommodation but also creating equitable and inclusive workplaces for those who have compound workplace disadvantages due to the intersection of their identities. Spatially, Muslim participants suggest that they appreciate when employers provide separate, dedicated spaces for them to perform prayers. P27 expresses satisfaction with: *"they've actually given me a space in which I can recite my prayers.*" This suggests that flexible working includes not only temporal arrangements, but also spatial considerations for religious practices.

Unlike other religious participants, Muslim participants similarly suggest that their appreciation of flexible working arrangements is contingent on their religious needs being met. This contingent assessment of flexible working arrangements differs from the unconditional assessments of flexible working arrangements made by Christian participants.

6.1.4.3 Hindu/Buddhism Participants

Hindu/Buddhist participants discussed flexible working arrangements based upon two major themes, necessity and fairness in the workplace, framing flexible working as a solution to problems such as family crises and inequities rather than a workplace practice. In this context, flexible working was most commonly used to respond to emergencies and to manage crises at home. As P4 stated, "*If I were to have an emergency at home or if I had a child who was sick, then flexible working would be necessary*." Inequity and discrimination were identified as themes in the accounts of flexible working arrangements provided by Hindu/Buddhist employees. P2 described how she requested flexible working arrangements after having a child, and her request was denied even though many of the other midwives in her department who also had children had similar arrangements approved: "*I felt it wasn't fair because a lot of other midwives with children had flexible working contracts.*" Such a situation denotes that flexible working was experienced as inconsistent and contingent, reinforcing perceptions of unfair treatment.

The accounts of the Hindu/Buddhist participants represent a reactive approach to providing flexible working arrangements in the workplace rather than a proactive approach of accommodating flexible working as a standard aspect of the workplace. While employees were generally able to consider flexible working as a common factor in their jobs, they were largely able to see flexible working as a method of responding to family emergencies and health-related emergencies.

As such, the accounts from the Hindu/Buddhist employees have illustrated a new motivation for creating flexible working arrangements that has not been addressed in prior research examining flexible working arrangements.

For instance, P35 explained that the current Flexible working arrangements were being utilised to allow her to pursue her education; "*At this moment, I am doing part-time ... and I am focusing on my studies too"*. This shows that flexible working can also be used for personal development and education advancement, not just for crisis management or caregiving responsibilities, which is a contribution to the existing field of flexible working literature.

Based on the accounts of the Hindu/Buddhist employees, the type of jobs in which the employees are working limits their ability to obtain flexible working arrangements. For

example, P35 stated that "*In pharmacy ...they don't care about flexible working*", indicating that the employees' ability to negotiate flexible working arrangements is limited by the culture of their profession. This systemic limitation of flexible working arrangements also indicates that the Hindu/Buddhist employees may experience additional barriers in obtaining flexible working arrangements than those experienced by employees in the general workforce.

These differences suggest that religious identity significantly mediates how individuals understand and experience flexible working. Christian participants understood flexibility in terms of an "adaptive entitlement," whereas Muslim participants identified it with being "essential to religious practice and participation", and Hindu/Buddhist participants experienced flexibility largely as an "unevenly available and reactive resource."

These findings also support Spillover Theory because religious and cultural values from personal life influence work preferences and also align with Boundary Theory and Intersectionality Theory, showing how religion combines with gender and ethnicity, and social roles also affect flexible working. The combination of these identities determines how people experience or perceive flexible working. These different identities create unique patterns of entitlement, negotiation, and constraint and show that flexible work policies need to be developed to fit each individual's identity rather than being a one-size-fits-all policy. Therefore, there is a need for workplace policies to be culturally and religiously responsive (Garcia-Yeste et al., 2022).

Table 6.4: Comparative Analysis of Flexible Working Across Religions

Religion	Representative Quotes	Definition Characteristics	Key Theme	Metaphors Used	Primary Motivators
Christian	"Flexible work means... the ability to be able to change or adapt to some circumstances... at work and at home... ability to bend some" (P1) "A working condition, that is, that allows you to participate in your normal life more often than you want to" (P3) "An employee has control over when and where to work" (P6) "being able to make a balance between your life and the work" (P7)	Christian participants define flexible working as adaptability and personal control, emphasising individual agency and work-life balance through personal choice over timing and location. They view it as enabling participation in normal life while accommodating personal circumstances and family responsibilities.	**Personal Autonomy and Balance**	*"Ability to bend" "Balance" "Control" "Participate in normal life"*	• Family responsibilities (especially motherhood) • Personal life participation • Individual comfort and convenience • Work-life equilibrium • Personal time management
Muslim	"Being a black African Muslim woman… puts you in a disadvantaged position" (P16) "If I'm not allowed to pray, I don't want the job" (P19) "I cannot do a referral for termination of pregnancy because it's against my religious belief… and that is accepted within the NHS" (P23) "When it is time for me to pray… they will allow me to do that" (P24) "They've actually given me a place where I can say my prayers" (P27)	Muslim participants define flexible working as religious accommodation and identity preservation, with prayer time integration as the fundamental requirement. They emphasise the need for both temporal and spatial workplace accommodations that respect Islamic obligations and enable faith-work alignment.	**Religious Identity Integration**	"Disadvantaged position" "Space" "Relief" "Acceptance"	• Religious obligations (prayer times) • Faith practice accommodation • Cultural identity maintenance • Family and childcare needs • Community participation
Hindu/ Buddhism	"The management, before me, even returned to work, declined my request. They said no straight out. And it felt it wasn't fair because a lot of other midwives with children had flexible working contracts" (P2) "If I were to have an emergency at home or if I had a child who was unwell... I have to go and get my child from school, or if my husband was unwell" (P4) "In pharmacy… they don't care about flexible working" (P35) "They give you a choice… I choose one, and I think it's OK for me" (P36)	Hindu/Buddhist participants define flexible working as emergency responsiveness and practical necessity, focusing on crisis management and family caregiving needs. They emphasise multi-role balance, particularly between educational pursuits and work, while highlighting concerns about equitable access and fair treatment.	**Practical Necessity and Equity**	"Emergency" "Choice" "Unfair" "Care"	• Family emergencies and caregiving • Educational commitments • Child illness and school needs • Spousal care responsibilities • Career development • Emergency response needs

Source: Author's own compilation from interview data (2026).

6.1.5 Perception and Experience of Work-family Balance among GMW

This study explored the perception and experiences of work-family balance (WFB) among Global Majority Women (GMW). The analysis revealed six interconnected themes describing GMW's Perception of WFB. These themes present balance as a (1) dynamic equilibrium requiring active management, (2) boundary creation between domains, (3) simultaneous responsibility fulfilment, (4) contextual adaptation to circumstances, (5) flexible working and personal choice, and (6) realistic compromise rather than perfection (See Figure 6.3). These themes show that WFB is experienced in different ways and is a continuous process that occurs through structural demands and individual agency.

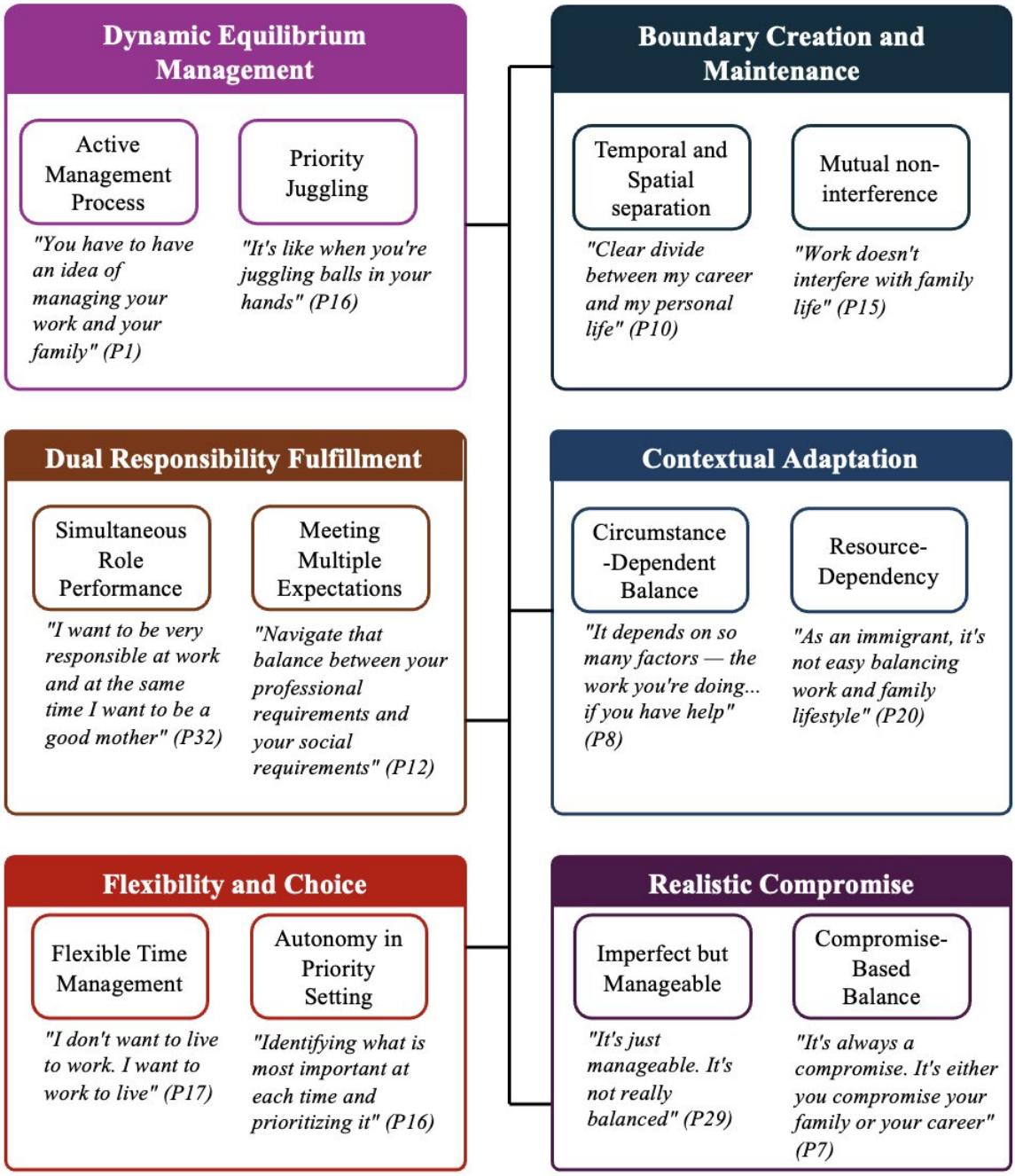

Figure 6.3: Perceptions of WFB among GMW
Source: Author's own construction based on thematic analysis of interview data (2026).

6.1.5.1 Theme 1: Dynamic Equilibrium Management

Participants, in general, do not see WFB as a static, 50/50 split of time between work and family domains. Instead, as shown in Table 6.5, participants generally viewed WFB as a fluid and dynamic process that continually evolves and adapts in response to changing work demands, family needs and personal priorities. Participants indicated that achieving WFB is not about reaching a state of equilibrium but about continuing to negotiate the different competing priorities across time and contexts.

Subtheme 2.1: ***Balance as an Active Management Process***

All participants discussed WFB as a process that requires active planning, continuous reflection, and adaptive responses to life events and other challenges. Participants indicated that they did not believe that achieving WFB would occur naturally; instead, participants felt that it was imperative to take a conscious approach when allocating time, energy and attention in the pursuit of achieving WFB.

> *"Work-family balance means like... you are working and it's not affecting your family. Yeah, like balancing the two together... having time for the family, as in finding a balance between the two." (P1, Healthcare Assistant, African)*

> *"You have to have an idea of managing your work and your family or your personal life... a way for us to be happy and a way to have a productive life." (P19, Healthcare Assistant, African)*

The same viewpoint is found across all these participants; they believe achieving balance will require more than just spending an equivalent amount of time on each area of their lives. Rather, WFB is achieved through ongoing decision-making to support both their personal wellbeing and relational wellbeing. The participants recognised that self-awareness and being adaptable are key components when trying to achieve work-family balance. Thus, participants viewed balancing work and family as a dynamic, developmental process that can and will be influenced by different stages of one's life, the changing needs of their families, and the changing demands of their careers. This supports Spillover Theory, which states that stresses or events experienced in one area of life can impact another area of life. Participants' accounts also highlight their efforts to manage the potential for spillover into their personal or relational lives through their own active boundary management.

Sub Theme 1.2: Balancing as a Prioritisation Juggling

A powerful metaphor of juggling appeared in many interviews and reflected the temporal and situational nature of WFB: a constant act of shifting priorities, resources, and responsibilities among various "balls" (roles) while in motion (see Table 6.5).

> *"It's like when you're juggling balls in your hands. Imagine you have, like, 4 or 5 balls, and you are juggling them... at some point, there will only be one ball in your hand at a time... There will be times when the family would come first... There will be times where work may have to supersede." (P16, General Practitioner, African)*

> *"What is important is identifying what is most important at each time and prioritising it at those particular times." (P16, General Practitioner, African)*

The metaphor of juggling illustrates participants' experiences of WFB's dynamic nature; the image of juggling emphasises the awareness that not all roles can be equally present at every moment. Boundary theory is demonstrated here, where participants proactively make decisions regarding which roles to give priority at what time to protect role integrity (i.e., preserve both work and family roles) and reduce conflict. In addition to demonstrating boundary theory, this proactive decision-making reflects an intersectionality framework (Crenshaw, 1991), as participants' experiences with work-family balance are impacted by their racial identity, gender identity and social location and how these intersect to shape expectations, create additional sources of stress and impact how they approach achieving balance between their work and family roles.

Therefore, being unbalanced at any one time in no way indicates a failure in WFB. Therefore, a major contributor to achieving a balanced WFB will be maintaining momentum and minimising the number of "balls" dropped, rather than always striving for perfect balance. This perspective suggests an adaptable and resilient view of WFB, where WFB is seen as fluid coordination (Dzingwa and Terblanche, 2024) rather than a static achievement. Collectively, theme 1 illustrates that participants see WFB as a deliberate, goal-oriented and contextualised practice. Rather than seeking symmetries or distributing time and energy equally across different roles, participants are seeking "fit". Participants demonstrate their understanding of their "realities" (job demands, family obligations, social/cultural expectations) by rejecting a "static" or "idealised" model of balance. This theme supports our conceptualisation of WFB as a continuing, dynamic, and adaptive process rather than a "fixed" end-state goal, an equilibrium

in motion which requires the active participation of employees, adaptability at work, and resilience.

6.1.5.2 Theme 2: Creating and Maintaining Boundaries

Participants perceived WFB primarily as creating and maintaining boundaries. In fact, creating and maintaining boundaries were key ways to create WFB for many participants. Many participants believed that boundaries were needed to protect each domain from the other. Participants believed that boundaries would help prevent stress and allow them to be effective in either domain and so support emotional and cognitive wellbeing.

Subtheme 2.1: ***Temporal and Spatial Separation***

Many of the participants reported using temporal and spatial separation of their work and family as a way to create WFB. Participants believed that physically separating work and family or establishing designated times for each allowed them to be present and fully engaged in either area.

> *"I simply have time for each. When I'm working, I'm working. And when I'm with my family, I am with my family. And when I'm working, there's someone there to take care of the family. (P3, Care Assistant, African/British)*
>
> *"Clear divide between my career and my personal life... having like a line, like a divide... a boundary... I have responsibility and my personal life." (P10, Medical Doctor, African)*

While participants did use temporally segregated hours to work and spend time with their families, they also used spatial segregation to establish separate environments or mental spaces to maintain domain integrity. The use of spatial segregation allowed participants to focus, prevent emotional spillover and manage role-related expectations.

The above segment illustrates how participants utilised segmentation of time and space to create boundaries between their work and family roles. This aligns with boundary theory, which emphasises that the preservation of boundaries is critical to individual wellbeing and optimal function of roles, which serves as a tool to respond to the high demand of labour inherent in healthcare professions.

Subtheme 2.2: ***Mutual Non-Interference***

The findings show that some participants expressed the importance of not interfering with their work and family roles. In this respect, achieving balance was defined as a state in which neither domain encroaches upon or compromises the other to protect performance and wellbeing.

> *"Work-family balance means being able to work and at the same time being able to keep the family together so that while working, the family is not affected. Or while keeping the family together, you're also able to work." (P25, Healthcare Assistant, African)*
>
> *"Work doesn't interfere with family life, and family life does not reduce one's effectiveness at work." (P15, Medical Doctor, African)*
>
> *"You won't be comfortable because your mind will be on what's happening to them... So, you might be kind of distracted from what you are doing." (P18,* Support Worker*)*

The concept of not interfering shows that participants saw WFB as much more than just presence or time management; they saw WFB as a state of mental/emotional clarity and the ability to give oneself completely over to one role without the psychological burden of the other role. (whether due to distractions, emotional leakage, or logistical conflicts) (Isa and Indrayati, 2023; Wang, 2024). As such, participants identified role contamination (where stress, concerns from one domain bleed into the other) as a significant threat to performance and personal wellbeing and therefore created strategies (e.g. delegated childcare during work hours, 'turned off' from work once at home), showing their ability to exemplify active boundary management and that presents negative spillover. Their experience shows a factor of their intersectional identities intersecting with their professional expectations and personal values, showing the lens of intersectionality theory.

In general, the findings of theme 2 illustrate that participants conceived WFB as largely dependent on boundary work, i.e. actively constructing and defending role-based boundaries. This is particularly pertinent in high-stress professions, e.g. healthcare, where the emotional labour and unpredictable schedules associated with these occupations can easily blur boundaries (Delgado et al., 2023). Therefore, the participants' comments support the two central principles of boundary theory, i.e. the influence of boundary strength on role satisfaction/conflict outcomes. This theme demonstrates that participants' strategies reflect not only personal adaptation but also a form of resistance to the blurring or erasure of personal

space by work demands. Thus, the strategies employed are both personal adaptations and subtle forms of resistance to the erasure of personal space by work demands.

6.1.5.3 Theme 3: Dual Responsibility Fulfilment

The most common concept of WFB for the participants is being able to meet the responsibilities of the two domains at the same time. Participants viewed WFB as achieving competent performance in all of their roles at once rather than balancing by dividing time between work and family. The participants reported feeling a strong obligation to be successful and excel in each area; they felt compelled due to their own personal values, what society expects of them, and their professional aspirations. This positioned WFB as an outcome of role effectiveness rather than role separation.

Subtheme 3.1: Simultaneous Role Performance

Many participants viewed WFB as the ability to perform well in both work and family roles without compromising either. This involved not only physical presence but also emotional and mental engagement in both domains. WFB, therefore, was defined as a kind of dual effectiveness, being responsible, capable, and present as both a professional and a family member.

> *"I want to be very responsible at work, and at the same time I want to be a good mother to my kids and a good wife to my husband. So, I have to balance the two." (P32, Healthcare Assistant, African)*

> *"Being flexible... working flexibly at work will actually enhance work-family balance... if you've got other household chores which can enhance family relationships, you need to be off work." (P22, Healthcare Assistant, African)*

> *"I think it's just... being engaged and satisfied with my work as well as my family roles." (P9)*

These quotes highlight that participants did not aspire to perfection in either role at the expense of the other but rather sought to find ways of doing justice to both roles. Flexible working, especially from employers, was seen as a key enabler of this form of balance, as it allowed individuals to respond effectively to shifting needs in the home while remaining productive and committed at work. Participants' ability to perform better in the two roles shows their awareness of the spillover theory that satisfaction or strain in one role can have an impact on their ability to perform in the other role and also affect their wellbeing. The high level of positive spillover experienced by many participants as a result of their use of flexible work

arrangements and the perceived competence and fulfilment they experienced within each domain further supports this view. However, the evidence also suggests that managing emotional energy across multiple domains may be a source of potential overload when structural support for these processes is limited.

Sub-theme 3.2: Meeting Multiple Expectations

In addition to managing time and tasks, WFB has been found to relate to the ability to manage and fulfil multiple different types of expectations - social, familial, cultural and professional expectations. Often these expectations are complex, and sometimes conflicting, and therefore require considerable self-awareness, negotiating and judgment capabilities.

> *"Trying to balance out your parental house, not just parental house, your social responsibilities against your work. Your work responsibilities as well... navigate that balance between your professional requirements and then your social requirements." (P12, Medical Doctor, African/British)*
>
> *"You have to... you have to be responsible for your family. You have to do the right thing, your roles." (P6)*

The data from this sub-theme demonstrate how participants were not only managing day-to-day responsibilities but also balancing their behaviours with long-standing culturally and morally based obligations. The concept of "being the right type of person" has been found to relate to many norms around caregiving, social and professional contributions, etc. The participants' data indicate that there is a significant degree of role salience present in both domains, i.e. neither domain can be dispensed with or seen as secondary to the other. Participants reported feeling an obligation to meet the expected levels of performance in both domains. Balance was obtained when participants felt they had fulfilled the multifaceted expectations of both domains.

This theme relates to intersectionality theory as it demonstrates the emotional and identity-related stakes involved in meeting the expectations of both employers and family members. Thus, the intersecting nature of their identities resulted in pressure to be successful in both domains at the same time; therefore, WFB was not merely a logistical issue but an obligation to maintain their identity as capable caregivers for their families while performing professionally within the workplace.

Whereas other themes (i.e. separation or priority) emphasise the boundary theory of separation or prioritise competing demands, this theme emphasises integration through capability - i.e. the belief that it is possible and indeed desirable to succeed in both work and family roles to obtain a meaningful sense of balance rather than rigid domain segregation. While participants' use of an integrative approach to WFB allowed them to find greater balance between their work and family obligations, it placed participants at greater risk of experiencing role overload in areas where organisational flexibility and structural support were less available to participants.

Theme 3 demonstrated that participants viewed WFB as a process of fulfilling value-based duties and responsibilities to meet the expectations of their work and family roles, and that balance was achieved when participants perceived that they had fulfilled their responsibilities to both their work and family in a manner consistent with their perception of themselves and relational commitments. This view of WFB implicitly challenges the structure of barriers such as inflexible work arrangements and unequal gendered divisions of care that limit participants from fulfilling their dual responsibilities to their work and family in reality.

6.1.5.4 Theme 4: Contextual Adaptation

A key commonality expressed by participants was the recognition of WFB as a situational or dynamic construct that is highly contingent on the particularised factors influencing each individual's lives (e.g., family relationships, job responsibilities, social structure or supervision), which are always changing and can be different from one time to another. Participants noted that individuals cannot apply a "one-way," or standardised method toward achieving their own WFB goals because WFB is not a fixed model or strategy but rather a flexible process that participants referred to as "contextual adaptation." Contextual adaptation refers to participants' ways of adjusting the methods and expectations used to achieve work-family balance based on changes in an individual's life needs or resources. The idea of contextual adaptation illustrates a critique of traditional or rigid models of WFB that promote a more flexible and tailored WFB approach that aligns with the specific circumstances of each individual at any given time.

Subtheme 4.1: Circumstance-Dependent Balance

Participants noted repeatedly that WFB is not a uniform or static experience but is dependent on various aspects of the individual's life, such as their job, number of dependents, age or stage of life, and partner participation. The concept of what is considered to be balance may be the same for two individuals; however, it is possible for two individuals to use the same strategies or aspire to the same outcomes and obtain completely different results due to differences in their resource environments.

> *"It depends on so many factors; it depends on the work you're doing. It depends on whether you have help. And it depends on your partner as well... Also depends on how many kids you have and how you want to cope with it." (P8, Medical Practitioner, African)*
>
> *"Given that my husband is working as well and I'm working as well, we do find time for ourselves... this is the ideal work-family balance for me at the moment, but where a child is involved in this situation... maybe I would need more time at home." (P4, Doctor Trainee, Asian)*
>
> *"There are some professions who are in the NHS. They can't work from home. They have to be there, right? So, for them, I don't think there will be flexible working." (P35)*

These quotes illustrate how WFB is constructed in negotiation with one's actual experiences rather than through idealised strategies. Such factors as job flexibility, spousal support, family size, and the amount of time devoted to caring for dependents all contributed to how participants conceived of and achieved balance. Those in rigid or high-demand occupations acknowledged that WFB may be much more challenging to attain without extensive structural support. This indicates a spillover effect, where the pressures from the workplace intensify the pressure in the home environment for those with fewer opportunities to modify their work schedules.

In terms of boundary theory, participants' ability to establish or modify their boundaries was largely determined by their occupation. When boundaries could not be easily modified (i.e., due to shift-based work or physical presence), participants perceived less control over balance outcomes. Therefore, balance became viewed not as an individual outcome, but rather as an outcome of external structural factors.

Subtheme 4.2: Resource-Dependent Conceptualisation

Participants viewed WFB based on the resources available to them. Resources can be in the form of a supportive spouse or partner, extended family and friends, domestic assistance (such as nannies) and flexible work arrangements which have institutional support.

> *"I have certain sets of tasks to complete for the family. I don't really have support, so before I go to work... even after coming back, I have certain things to do for my family... It's not that I come home to rest" (P11, Administrator, Asian)*
>
> *"As an immigrant, it's not easy balancing work and family lifestyle, especially... when you don't have a family around and you [don't have] friends around." (P20)*
>
> *"My husband is very supportive. He supports me a lot, so that's the reason why I'm going to work. I have no problem with family this time." (P36)*

These quotes illustrate how individuals acknowledge that WFB is not solely dependent on personal effort, time management, etc.; however, it is also directly influenced by the different levels of access to the support system. For example, many of the participants identified with the emotional and practical burden of not having family networks due to migration or cultural dislocation. This shows an intersectional lens here as participants' experiences are shaped by the intersection of gender, race, immigration status and professional place within the U.K. health sector. Other participants indicated their partner's support allowed them to take paid employment, allowing them to mitigate the negative effects of WFB (negative spillover) and establish functional boundaries between their work and family responsibilities. Those without these supports, however, stated that WFB was emotionally and physically taxing and resembled an extension of work, rather than a transition from work into rest and recovery.

This theme challenges the existing paradigmatic frameworks of WFB that include standardised models of WFB, such as the "Ideal Worker" model, which compartmentalise work and life, or the "Super Parent" model that demonstrates seamless integration between work and home life. In contrast, participants' accounts of WFB are highly context-dependent and must therefore be adaptable to an individual's changing career needs, family composition, flexible working arrangements, equitable access to resources and recognition of the diversity of participants.

Therefore, the participants framed WFB as a relational and systemic achievement, rather than solely an individual time management skill or discipline. Overall, the participants conceptualised WFB as a fluid and adaptable process, responsive to a person's personal, social, and professional environments. This theme further supports the notion that successful WFB

(especially for Global Majority women working in healthcare) requires structural responsiveness, along with individual adaptability.

6.1.5.5 Theme 5: Flexible Working and Choice

Participants often described their beliefs that WFB is based on the values of personal independence, flexible schedules, and the freedom to choose which domains of life they would prioritise their time and energy. The participants who had a view of work-family balance as an equal division of time did not have this same perception. Instead, the participants who were advocating for the importance of having agency over the roles they chose to prioritise and when or why they chose to do so viewed work-family balance as a dynamic, personally created process that was made possible through self-control and decision-making authority. This theme, therefore, creates a shift in perspective away from the structural constraints and ideological constructs of WFB toward internally controlled, conscious, and purposeful lifestyles. Participants' accounts show how flexible working arrangements have enabled them to align their daily lives with their personal values, identity and wellbeing needs.

Subtheme 5.1: Flexible Time Management

Participants identified flexible time management as a primary aspect of their WFB. Participants associated flexible working with enhanced wellbeing, greater satisfaction, and better ability to fulfil both work and family obligations.

> *"Work-family balance in my context... a kind of situation or that work mode that gives you flexible working in your life to be able to work as well as have time for family and all those important things in your life." (P19, Healthcare Assistant, African)*
>
> *"I don't want work to take over the rest of my life, right? I don't want to live to work. I want to work to live." (P17, GP Trainee Doctor, Turkish)*
>
> *"I particularly went for those [jobs] that had hybrid options, so I could, you know, fulfil the kind of life I wanted to live and family." (P27)*

These quotes demonstrate a deliberate pursuit of jobs that provide agency in time structuring (i.e., hybrid working, part-time, etc.) in order to create a lifestyle that is consistent with participants' values and life objectives. Flexible working was not simply about ease of use, but about empowerment and control in designing one's daily rhythms and long-term commitments. From a spillover perspective, Flexible time management was considered to be a way to limit

negative spillover (i.e., reduce the amount of work in a person's personal time) and, at the same time, increase positive spillover (i.e., allow the emotional satisfaction and stability experienced in one's family life to spill over into the workplace).

Subtheme 5.2: Autonomy in Priority Setting

In addition to flexible scheduling, participants emphasised the importance of having the discretion to decide what is most important at any given time. Participants conceptualised WFB as the ability to reallocate priority as needed based on personal or family needs; an adaptive and value-driven approach.

> *"What is important is identifying what is most important at each time and prioritising it at those particular times." (P16, General Practitioner, African)*
>
> *"I don't really subscribe to the idea of working five days out of seven in a week... I feel that a good balance would be for me to work max four days a week." (P30)*
>
> *"Obviously, my kids come first before any job... I want them to partake in, you know, being there and taking up school, picking them up and being able to do my job." (P28)*

These views emphasise a strong sense of agency in making value-based decisions. Participants dismissed rigid or externally determined schedules in favour of individualised routines that prioritise children, health, or personal wellbeing when necessary. For many, this autonomy was necessary to fulfil role responsibilities and maintain a sense of authenticity and congruence with their own identity and life purpose. This subtheme highlights the relational and ethical components of WFB, where choices are often made based on deeply held values, not simply practical considerations.

Participants used their flexibility to help them create and manage boundaries between their roles. An intersectional lens shows that not everyone has equal access to the kind of autonomy that participants had; whether they could make choices about how to use their time depended on factors including occupational status, organisational culture, gendered caregiving expectations, and the participant's racial position within the health care system. Agency was highly valued; however, it was not accessible to everyone.

This theme projects a perception of WFB centred in freedom, self-directedness, and proactive lifestyle management. Participants sought neither time equality nor equal time but equal control and advocated for the ability to adjust schedules and priorities in response to changing personal

and familial realities. The concept of balance presented here is consistent with psychological theories of autonomy and self-determination and suggests that satisfaction with WFB is more related to perceived control and alignment with personal values than to objective conditions. Flexible working and choice serve as both the means and ends of WFB for participants, emphasising the desire for a life where individuals can exercise agency without feeling guilty or experiencing structural disadvantage. In total, participants conceptualised WFB as an empowered, iterative process of negotiation, where success is contingent upon the existence of flexible systems and the opportunity to make individualised choices without compromise to one's values or responsibilities.

6.1.5.6 Theme 6: A Realistic Compromise

Most participants stated that WFB did not mean to have everything perfectly balanced; it referred to the "practical" and sometimes "not perfect" process of achieving some level of compromise among life domains. These views reject the idea that you can have it all and accept that pursuing balance among competing demands may be accompanied by some degree of stress, sacrifice and unfulfilled aspirations. However, most participants accepted that achieving "partial success" or what they called "good enough" solutions represented a successful balance between their work and family life. Therefore, this theme represents an ethos of realism in which achieving balance is not about achieving a static, perfect condition but a continuous negotiation among the many demands and constraints of work and family responsibilities, such as gender, profession, care-giving responsibilities and structural barriers (Gerçek, 2024).

Sub-theme 6.1: Imperfect but Manageable

Participants emphasised that a perfect balance between WFB is very rare and therefore typically refers to achieving a level of "manageability". The balance of work and family responsibilities is considered manageable when the individual achieves an acceptable level of performance on both work and family responsibilities, although the standard achieved may be less than ideal.

> *"It's just manageable. It's not really balanced… Sometimes just call it work-family balance when it's not. It's not balance… we can't have it all the time anyway." (P29, NHS Staff, African)*

> *"It is hard. It is very difficult, and it's probably the biggest challenge yet, like between having a passion for the job that I do love and being a mom to my children, who I also do love." (P2, Midwife, Indian)*

This account highlights the tension between desire (aspiration) and reality (acceptance) and demonstrates how WFB is sought out within the constraints of time, energy and available resources. This is particularly evident in healthcare settings, where emotional labour and professional responsibility frequently extend beyond formal working hours.

> *It is virtually impossible as a health worker to entirely segregate your work demands from family obligations because, often, they affect each other. For example, as a nurse, when I attend to my patients, when I get home after work, most of my experiences with them keep coming back to my head. Sometimes, I try to think of a better method to treat them or what else I could have done better for their care; and sometimes, I even consult colleagues to find out what else they would do better…. something like a check and balance" (P23).*
>
> *"Sometimes I need to do some online courses for reflection when there are issues related to safeguarding…. or developmental courses, which are part of my personal time to ensure I am fit to continue working" (P37).*
>
> *…. During the pandemic, there are situations where I would be at home consulting and doing administrative work… at that point, it shows there is no way work and family can be separated. Sometimes I stop to attend to family needs, and in some situations, I get a call from my manager to check on the blood results of some patients, even when it's after work hours…it was intense then..." (P31).*
>
> *"The COVID-19 situation made it clear that working from home is doable. There was lots of work to be done due to a high number of patients, so there is no way you will not consult from home, especially being a General Practitioner… cases that would not go to the hospital will come to you, and there were lots to do at home and stay safe and distance from others as well to avoid contracting the virus…it was a lot of work" (P21).*

The analysis shows how inevitable spillover is, especially in high-intensity emotion jobs (such as health care). From a spillover perspective, participants' experiences show cognitive and affective spillover from their jobs into their family time and personal space. It can be observed that the participants expressed the difficulty they face in balancing multiple demands. Many defined success by their ability to keep pushing and not giving up, rather than striving to achieve a perfect outcome.

Subtheme 6.2: Compromise-Based Balance

Participants repeatedly indicated that achieving WFB would require making difficult choices to balance their responsibilities across multiple domains, underscoring how inevitable spillover is. Such compromises were expressed by participants to be both practical decision-making processes and emotionally charged decisions that can result in feelings of guilt, loss and regret.

> *"It's always been a struggle most times…. It's always a compromise. It's either you compromise your family, or you compromise your career." (P7, Medical Doctor, African)*
>
> *"There are times when I will feel very guilty for having a job because I'm unable to do everything that I want to with the children." (P16, GP, Africa)*

P2 continued to add to this subtheme, stating:

> *"There's oftentimes where I will miss out on things for the kids, as things like assemblies or school plays… because I'm at work." (P2, Midwife, Indian)*

This subtheme identifies the emotional challenges of compromise. The repeated expressions of guilt by mothers in particular connect to existing research regarding the "Ideal Worker" versus "Ideal Mother" conflicts that women are socially expected to address (Batram-Zantvoort et al., 2022). Participants do not appear to accept the need for trade-offs without some form of moral tension and internal conflict. Here, the results show participants acknowledge a balanced life as a series of compromised solutions rather than the achievement of perfect equilibrium. The stories told by the participants indicate the emotional labour of compromise, including the fact that even "practical" solutions may be achieved at a personal or relational cost (Miller and Riley, 2022).

The compromises made by participants were exacerbated from an intersectional viewpoint, given their positioning as Global Majority women within the U.K. healthcare system. This is due to gendered expectations of caregiving, and racially pressured expectations of performance at work, along with the inflexibility of organisational structures and processes, which limited participants' options and placed the burden of compromise on the personal and family lives of the participants. From a boundary theory standpoint, participants' experiences demonstrate the limits of controlling boundaries in high-demand healthcare environments where work frequently intrudes into personal time, regardless of a participant's best efforts to establish and

maintain clear boundaries. The loss of boundaries did not represent a failure; rather, it was reframed as an inevitability that would require the development of emotional resiliency.

The acceptance of imperfection and the willingness to move between different domains illustrates what has been called a "reality-based orientation" to balance, one that emphasises sustainability over symmetry and emotional honesty over idealism (Greene, 2024). By doing so, participants reject dominant cultural discourses that encourage complete control, optimal use of time and the mythical expectation of being able to "do it all." This subtheme brings to light the gendered and structural aspects of compromise. The majority of the sacrifices reported by participants, such as missing children's events or feeling pulled between responsibilities, are shaped by the rigid requirements of the workplace, inflexible schedules, and the undervaluation of caring work. Overall, this subtheme defines WFB as an imperfect, emotionally complex and contextually negotiated process. For participants, WFB is not about reaching equilibrium; it is about coming to terms with limitations and finding realistic wellbeing in the face of conflicting demands.

Table 6.5: Summary of Perception of WFB Among GMW

Theme	Subthemes	Key Codes	Illustrative Quotes
Work-Family Balance as Dynamic Equilibrium Management	Balance as an Active Management Process Balance as Priority Juggling	Active Management Juggling	"You have to have an idea of managing your work and your family" (P1) "It's like when you're juggling balls in your hands" (P16)
Work-Family Balance as Boundary Creation and Maintenance	Temporal and Spatial Separation Mutual Non-Interference	Clear Divide Non-Interference	"Clear divide between my career and my personal life" (P10) "Work doesn't interfere with family life" (P15)
Work-Family Balance as Dual Responsibility Fulfilment	Simultaneous Role Performance Meeting Multiple Expectations	Dual Effectiveness Multiple Expectations	"I want to be very responsible at work, and at the same time I want to be a good mother" (P32) "Navigate that balance between your professional requirements and your social requirements" (P12)
Work-Family Balance as Contextual Adaptation	Circumstance-Dependent Balance Resource-Dependent Conceptualisation	Contextual Adaptation Resource Dependency	"It depends on so many factors — the work you're doing... if you have help" (P8) "As an immigrant, it's not easy balancing work and family lifestyle" (P20)
Work-Family Balance as Flexible Working and Choice	Flexible Time Management Autonomy in Priority Setting	Flexible working Autonomy	"I don't want to live to work. I want to work to live" (P17) "Identifying what is most important at each time and prioritising it" (P6)
Work-Family Balance as Realistic Compromise	Imperfect but Manageable Compromise-Based	Manageable Compromise	"It's just manageable. It's not really balanced" (P29) "It's always a compromise. It's

	Balance	either you compromise your family or your career" (P7)

Source: Author's own compilation from interview data (2026).

6.1.6 Comparative Analysis of WFB Perception Across Ethnic Groups

Cultural differences in how people understand WFB were found in the research to vary depending on which ethnic background was studied (See Table 6.6). Different ethnicities will have their own cultural values, social norms and economic realities that are likely to shape the way WFB is perceived.

Participants from African backgrounds perceive WFB to be a continuous battle where there are no endpoints in sight, and as such, require continuous negotiation and strategic thinking. They identified the persistence of the conflicting demands for time and energy and the need for continuous strategic planning to effectively manage both work and family responsibilities. The African perspective on WFB is heavily influenced by extended family obligations and cultural pressures on families and, therefore, may face greater challenges than those from more traditional nuclear families. The fact that many of these participants stated that preserving their mental health is critical to being able to achieve WFB shows that it is not merely a matter of being able to manage time effectively, but also about being able to maintain psychological wellbeing and having a stable home environment.

The use of words like "battle", "negotiation" and "compromising" shows that African participants are facing significant barriers when trying to achieve WFB. These challenges can be viewed through an intersectional lens; they are the result of the combination of race, ethnicity and gender-based caregiving expectations, race- or ethnicity-based labour conditions, and limited organisational flexibility. This intersectionality creates limitations on the types of balance strategies that can be used by this group.

In contrast, the African British participants had the most structured and planned ways of approaching WFB. They used pre-existing formal support networks and had clear boundaries in place for how much of their time could be spent in either domain (work or family), and as such, have developed effective methods to prevent neglect in both areas of their lives. It would appear that this group has managed to develop effective ways of integrating the cultural values they hold with the resources that are available to them within the U.K. context, to achieve good

WFB. Their focus on planning, routine and defining boundaries is an indication of a stronger degree of boundary control as described in boundary theory's use of segmentation and role management.

Importantly, their ability to utilise and draw upon resources and support networks indicates the impact of structural advantages rather than cultural factors in determining the outcomes for achieving Work-Family Balance (WFB). The results further indicate that African British participants had greater capacity to establish cultural expectations as workable arrangements and demonstrate how factors of immigration history, familiarity with institutions and social capital are influential in balancing work and family responsibilities.

Asian participants approached WFB through several highly formalised systems of support and showed great adaptability at all stages of their lives. The fact that they emphasised the importance of "organised systems of support" and made references to "practical arrangements" indicates that they have a much more methodical approach to achieving WFB. The "protective" attitudes they expressed towards their careers ("I've come this far. I won't go back now") indicate a strong desire to continue to advance professionally, while at the same time working strategically with their families to plan and cooperate around family responsibilities.

This strategy embodies an adaptive model of integration, in which both work and family roles are coordinated and managed cooperatively; while separating the two (strictly) is not an option, this cooperative coordination is consistent with the idea of integration as per boundary theory. In addition, culturally informed family practices have the potential to provide support for continued employment, even in a high-demand environment.

The above findings illustrate that perceptions of Work-Family Balance are influenced by an intersection of culture, gender, norms surrounding caregiving, organisational structure and the availability of support resources. While all the African participants perceived WFB as a constant and emotionally taxing struggle, the African British and Asian participants were able to utilise more structured or strategic models of WFB, supported by their ability to exert control over boundaries and access to formal systems of support.

Thus, this comparative analysis supports the argument that Work-Family Balance is a process that is contextually embedded and socially constructed, as opposed to being either a universal or an individually defined outcome. Furthermore, the observed differences among ethnic

groups emphasise the need to acknowledge the intersections between cultural expectations and structural constraints that influence not only how balance is pursued, but also what defines success and sustainability.

Table 6.6: Comparative Analysis of Perception of WFB across Ethnic Groups

Ethnic Group	Representative Quotes	Definition Characteristics	Key Theme	Primary Motivators
African	"It's always been a struggle... Is either you compromise your family, or you compromise your career" (P7) "Equations need to be balanced... anything that has to do with mental health" (P24)	African participants view work-family balance as a constant negotiation requiring compromise and strategic prioritisation. They emphasise the mental health implications and see balance as essential for overall well-being and family stability.	**Compromise and Negotiation**	• Financial responsibility to extended family • Cultural expectations • Mental health preservation
African/ British	"None should be so far from the impact of the other... when I'm working, there's someone there to take care of the family" (P3) "I get enough time to spend with my husband, and I get enough time to do the things I enjoy" (P4)	African/British participants approach work-family balance with established support systems and clearer boundary management. They emphasise preventing neglect in either domain or demonstrate more structured approaches to achieving balance through established networks.	**Established Support Networks**	• Preventing family neglect • Utilising established systems • Structured time allocation
Asian	"I can maintain everything... my husband is very supportive" (P36) "I've gone this far. I can't go back now" (P13)	Asian participants approach work-family balance through structured support systems and life-stage adaptability. They emphasise practical arrangements and view balance as achievable through proper planning and family cooperation.	**Structured Support Systems**	• Career investment protection • Family support utilisation • Life stage optimisation

Source: Author's own compilation from interview data (2026).

6.1.7 Comparison of WFB Perception Between Religions

Religious belief systems have a significant effect on how participants view, conceptualise, and achieve WFB by creating a framework of values and rules that are specific to that religion (See Table 6.7). Participants across religious affiliations experienced many of the same practical issues as they attempted to achieve balance; however, there existed differences in how each group conceptualised balance and how each pursued it.

Participants from Christian religions viewed WFB as being a function of morals; family welfare was seen as the primary goal to be achieved at the expense of professional success. The feeling

of guilt experienced when work interferes with family time indicates that Christian participants have internalised a value system which places the protection of family above career considerations. Therefore, Christians will be motivated to achieve a state of balance between work and family but will also be subject to the psychological burden of guilt if they cannot maintain that balance. The spillover theory is supported in that emotional spillover occurred as well, since the pressures associated with work were taken into family life through feelings of guilt, stress and evaluating oneself morally. Therefore, WFB was pursued by many not just for practical reasons, but also because they felt a need to fulfil what they saw as their moral obligations; however, the pursuit of these obligations resulted in significant psychological distress when achieving the desired level of balance proved impossible.

Muslims pursued WFB as achieving success in two domains simultaneously (i.e., productive and fulfilling work and family life) and would seek to maintain productivity and fulfilment across all domains of their lives but would never sacrifice one domain to achieve success in another. This dual-domain approach to pursuing WFB is especially prevalent among migrant workers whose extended family support systems are absent, and therefore, the family unit itself must assume responsibility for achieving balance across all life domains. Going by boundary theory, this suggests a more integrative boundary management style, in that the migrant participants were managing their role at home (family) simultaneously with their role at work (job), as opposed to maintaining clear boundaries between each. The participants' religion provided a unifying framework that allowed them to draw upon resources and strategies that helped to foster resilience and continuities within their family life during their transition into a new organisational and cultural environment.

In contrast to both Christian and Muslim participants, Hindu/Buddhist participants demonstrated the greatest flexibility and contextuality in their pursuit of WFB, as they viewed WFB as an evolutionary concept that requires them to adjust to changing life conditions and multiple interdependent responsibilities. The holistic perspective of Hindu/Buddhists allows them to recognise that the need for balance changes with each stage of life (e.g., child-rearing) and emphasises the development of their support systems in order to optimise their ability to achieve balance between work and family rather than an individualistic approach. This perspective is in line with both the spillover theory, which recognises that what happens in one area of life can have an impact on another, and with intersectionality, as the different types of

obligations, cultural expectations and structural conditions of participants' lives influenced their strategies for achieving balance.

Although all three groups agree that WFB is essential and that they will encounter many of the same practical problems in achieving balance (e.g., childcare, time management), there were many differences in the ways that they conceptualised and pursued balance based on their religious values and cultural background. These results indicate that successful WFB strategies should take into account the cultural differences among the various groups studied and provide flexible support systems that accommodate the different values that define individuals' attitudes toward work and family (Darcy et al., 2012; Masterson et al., 2021) and organisational and policy initiatives that provide flexibility, support structures and inclusive policies.

Table 6.7: Comparative Analysis of Perception of WFB across Religion

Religion	Representative Quotes	Definition Characteristics	Key Theme	Primary Motivators
Christian	"There are times when I will feel very guilty for having a job" (P2) "No family member should be justified just because a woman is working" (P3)	Christian participants frame work-family balance as a moral responsibility where family welfare takes precedence. They experience guilt when work interferes with family time and view balance as protecting the family from work-related neglect.	**Moral Family Priority**	• Family protection • Guilt avoidance • Moral obligation fulfilment
Muslim	"Being able to work and at the same time being able to keep the family together" (P25) "Work-family balance is very important, especially since we migrate from another place" (P8)	Muslim participants approach work-family balance as achieving simultaneous productivity in both domains without one affecting the other. They see balance as particularly crucial for migrants who lack traditional support systems.	**Simultaneous Productivity**	• Dual domain success • Cultural adaptation • Support system compensation
Hindu/ Buddhist	"This is the ideal Work-family balance for me at the moment, but where a child is involved... I would need more time at home" (P4) "Balance my commitments, my responsibilities towards my family" (P11)	Hindu/Buddhist participants view work-family balance as contextual and adaptable to life circumstances while managing multiple interconnected responsibilities holistically. They emphasise family support systems and recognise that balance requirements change with different life stages.	**Holistic Adaptability**	• Life stage alignment • Multiple commitment fulfilment • Support system optimisation

Source: Author's own compilation from interview data (2026).

6.2 Research Objective Two: To investigate the Intersectional Challenges faced by GMW in achieving WFB and wellbeing.

The results for the second research objective, which was to determine the intersectional challenges experienced by GMW health care professionals in the U.K., focusing on how multiple identity markers intersect to shape their experience of work-family balance (WFB), wellbeing and career Progression. The data demonstrate that the workplace marginalisation experienced by participants cannot be explained solely using a singular axis of explanation such as gender, race or migrant status. Instead, it is the combination of these identities which resulted in unique forms of disadvantage for participants and thus influenced their level of participation within the workforce, their access to opportunities, their psychological wellbeing, and their ability to fulfil both the demands of their work and family.

The findings are consistent with the theoretical frameworks of Intersectionality Theory, in that they indicate how gender, race, religion and migrant status intersect to create complex forms of discrimination and exclusion for GMW in the workplace. The findings are also consistent with Boundary Theory in that they indicate that the intersecting pressures created by the intersection of these identity categories restricted participants' ability to create and maintain boundaries between their work and family roles. Using the framework of Spillover Theory, the study found that the emotional stress, increased scrutiny and insecurity experienced in the workplace frequently "spilt over" into participants' family lives, resulting in decreased wellbeing and participants' ability to attain sustainable work-family balance. The study identified the coping mechanisms and resilience strategies employed by participants while they were navigating these interdependent demands.

6.2.1 Intersectional Challenges and Work-Family Balance, Wellbeing and Career Progression

The results of the study provide insight into the multifaceted nature of workplace discrimination experienced by minority health care professionals from an intersectional perspective. Through the process of analysing participant responses, five distinct themes emerged that demonstrate how multiple identity markers intersect to create unique patterns of marginalisation that cannot be explained using single-axis frameworks of understanding.

The first theme illustrates how participants experienced compounded professional marginalisation, which arises from the intersection of race, culture, gender and migrant status, resulting in increased visibility and heightened scrutiny in healthcare settings. When they were. The second theme explores the complex negotiation between religious-cultural identity and professional integration, illustrating the tension between personal conviction and organisational expectation. The third theme examines the intersection of motherhood and racialised and immigration-related burdens to create unique barriers to career advancement. The fourth theme focuses on the significant psychological and emotional toll associated with negotiating multiple marginalised identities, including identity concealment and role conflict. The final theme examines systemic and structural barriers embedded in workplace policies and practices that fail to accommodate the intersectional realities of participants' experiences and thus contribute to institutional exclusion and limit equity in accessing career advancement opportunities (See Fig. 6.4 and Table 6.8).

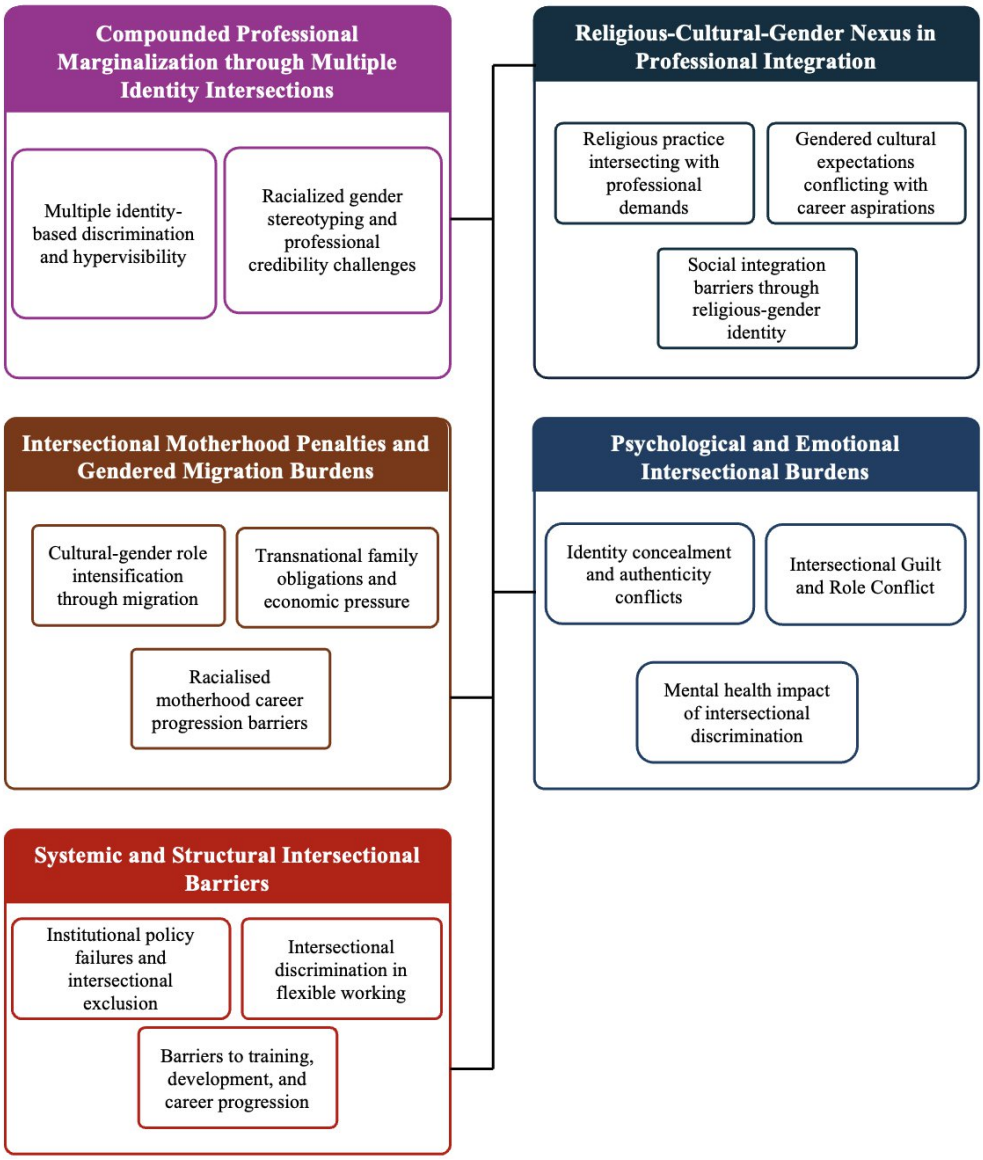

Figure 6.4: Intersectional Challenges facing GMW in the U.K. Health Sector

Source: Author's own construction based on thematic analysis of interview data (2026).

6.2.1.1 Theme 1: Compounded professional marginalisation through multiple intersections of identity

This theme describes how the different identity markers of participants, i.e. gender, race, religion, and migrant status, created unique and complex ways of experiencing marginalisation in healthcare settings. Participants' descriptions indicated that the way these identity markers did not act as separate entities but as interdependent factors in how participants were judged, viewed and treated within the workplace. Therefore, combined to generate increased levels of

persistent discrimination that would not have occurred if they had been evaluated on an individual basis or professional characteristics.

Additionally, many of the participants stated that the degree of scrutiny they received, as well as their credibility and their access to resources within the organisation, were significantly impacted by the fact that they were being viewed through the lens of their intersecting identities. This finding is consistent with the principles of intersectionality theory that describe how categories of difference are connected and produce unique and distinct forms of disadvantages that are different from single-axis experience based on how they intersect (Shontee, 2024). Moreover, the compounded disadvantages that participants accounted for had an impact on their wellbeing and their ability to balance work-family responsibilities.

Subtheme 1.1 Multiple identity-based discrimination and hypervisibility

Participants indicated that they experienced discrimination as a result of their gender, women, racial identity, religious minority status, and immigrant status, often together at work. Their intersectional identities made them extremely visible in the workplace, where they were subject to continuous observation, unrealistic expectations and greater repercussions for mistakes than their non-intersectional counterparts. Many participants indicated the expectation that they had to perform above normal expectations as professionals to counteract assumptions that they could not perform as competent professionals. One participant (P16, African Muslim General Practitioner) encapsulated this layered marginalisation by stating:

> *"Generally, I think, and that's all over the world, not only in the U.K., all over the world as women, you are at a disadvantaged position... as Muslims, you are also at a disadvantaged position in the U.K.... And as a black person, you are also in a minority position. So now imagine being a black African Muslim woman. So that puts you in... exactly."*

Similarly, P28 (African Christian General Practitioner) emphasised the disproportionate consequences faced by Black and ethnic minority professionals:

> *"Obviously, nobody likes to feel discriminated against…. you're trying to obviously prove yourself and do the best that you can, so you don't make any mistakes…. the fear is that if you make a mistake, that will cause you a lot. But to some people, white people, if they make mistakes, it usually doesn't mean the end of their career... I think when you're black and an ethnic minority, it doesn't always end that way..."*

The accounts also show that because participants' actions were being more closely watched by others, their work was subject to greater levels of professional surveillance. This has resulted in participants having to continually regulate their actions at work (i.e., emotional labour), and experience increased levels of anxiety; both of these have negatively impacted participants' wellbeing. From a boundary theory standpoint, the continuous need for participants to monitor and perform themselves made it nearly impossible for participants to dis-identify from work during non-work hours and thus establish a psychological separation between their work life and their family life.

Another dimension of structural vulnerability was the impact of migrants' legal status; this is highlighted by P1 (African Christian Healthcare Assistant), who links her inability to formally report experiences of discrimination against her to her dependent visa status:

> *"So being black, it's something that really affects everything and is still affecting me at work... very bad, but you know, there's nothing you can do. I'm on sponsorship. I can't say I want to stop coming to work because of that."*

The same experience is reflected in P16 (African Muslim General Practitioner);

> *"The only thing I can say is... some form of discrimination... when you are on the Tier 2 visa…"*

The intersection of race, gender and immigration status resulted in structural vulnerability and limited participants' ability to be autonomous in their role. The possibility of losing employment or having their visas revoked due to speaking out created a culture of silence. It resulted in greater levels of stress and emotional strain for these participants.

As such, from a spillover theory perspective, the pressures experienced by participants with regard to being constantly visible in the workplace, and feeling vulnerable to job insecurity, often spill over into participants' personal or family life. Participants reported bringing the stresses and anxieties of work into the home, and the emotional exhaustion they experienced at work resulted in their being unable to fully participate in family roles. Therefore, while increased visibility in health care environments may result in increased opportunities for some individuals, it has not resulted in the same level of inclusion and recognition for Global Majority women. Increased visibility has instead resulted in a persistent sense of surveillance

that restricts participants' ability to be flexible, increases participants' emotional labour, and disrupts participants' work–family balance and overall wellbeing.

Subtheme 1.2: Racialised Gender Stereotypes and Professional Credibility Challenges

Participants also reported that they were subject to gendered and racialised stereotypes, which negatively impacted their professional credibility and legitimacy within the healthcare settings. These stereotypes shaped how participants interacted with both colleagues and patients, and participants indicated that their competence was regularly questioned or diminished due to factors such as their appearance, accent, and perceived inferiority. This leads participants to have to justify their expertise or professional knowledge.

For example, P1 (Healthcare Assistant) shared that:

> *" There was this time... another African lady and I... suggested other ways we can do things in my workplace... but because the idea came from us, we black, they don't want to accept it. It became something that we had to go to the management with the rest, because they don't want to work with the blacks."*

P16 (African Muslim General Practitioner) added:

> *"I've had patients telling me you look too young to be my doctor... It's more of a prejudice because the way you are seen as a woman, you are not expected to hold any high place in society, so to now be a female doctor, then as a black... prejudice attached to black people."*

This example demonstrates that the application of race-based stereotypes led to the exclusion of this participant from any opportunities to be involved in a decision-making process. These experiences support intersectionality theory, where race and gender are seen as intersecting and resulting in whose expertise is recognised and whose input will be dismissed within an organisational structure. This pattern of stereotyping was not limited to interactions with patients. P17 (Turkish Muslim GP Trainee) described feeling more critically treated by female colleagues, suggesting an intersection of gendered competition and racialised difference:

> *"I cannot prove this, but it's a feeling. But I believe our female colleagues. Treat other female colleagues more critically. This is both from female doctor colleagues, but also from female nursing colleagues. They sort of see you as a competition, I think. And they tend to challenge your decisions more than your male counterparts."*

Participant P31, an African/British Muslim nursing assistant, stated that she had experienced favouritism toward her white colleague as well as the consequences of speaking out about it.

> *"When a Black British worker works compared to a White British worker, they have a preference, favouritism... Once I speak up and I say that this is not right, the next one is to look down on you like, oh, where did you come from?"*

The participant accounts provided describe the experience of being vocal about what participants perceive to be unfair treatment in the workplace as creating both professional and emotional risk, thus further contributing to the reinforcement of silence and compliance among participants. The participant accounts illustrate how participants had to continually manage their identity, credibility, and emotional response(s) as a result of participating in work-related activities; thereby, blurring the boundaries between participants' professional and personal lives. In addition, participants reported experiencing feelings of frustration, invalidation, and emotional exhaustion outside of the workplace as a result of their engagement with work-related issues; thereby, limiting participants' ability to disengage from work-related stressors.

Furthermore, the participant accounts illustrate that participants experienced persistent questioning of their competence and legitimacy because of their intersectional positionality (i.e., being Black and female). This persistent questioning of participants' competence and legitimacy is consistent with negative spillover theory (Gareis and Barnett, 2007), which suggests that the negative impacts of work on family life are often due to the spillover of work-related stressors into family life. As such, the persistent questioning of participants' competence and legitimacy has negatively impacted participants' wellbeing and their ability to participate in family roles.

Overall, the findings suggest that participants' experiences of decreased credibility were not due solely to race or gender alone; rather, it also resulted from the intersection of multiple identity markers, which positioned them as being simultaneously over-identified through stereotypical representations and undervalued as professionals. These intersections have important implications for participants' wellbeing, work-family balance, and career advancement.

6.2.1.2 Theme 2: Religious-Cultural-Gender Nexus in Professional Integration

This theme examines how participants' professional integration within the U.K. health sector was influenced by the intersection of their religious beliefs, cultural practices, and gender identity. Participants reported a variety of challenges, including trying to reconcile their

personal religious convictions with the professional responsibilities they had accepted; reconciling their personal values with societal and family expectations; and attempting to fit into a workplace culture that frequently devalues visible aspects of religious or cultural identity. Data collected on this theme showed that these issues were most pronounced among women from ethnic minorities who practice Hinduism, Christianity or Islam, who are typically marginalised in many workplace cultures that have dominant expectations regarding religion, culture and gender identity.

Subtheme 2.1: ***Religious Practice Intersecting with Professional Demands and Threat Perceptions***

Many participants from Muslim backgrounds identified conflict between fulfilling religious obligations and the professional requirements of the clinical workplace. Participants felt that their Islamic prayers, dress codes and requirements for modesty conflicted with the inflexibility of institutional structures and time demands of clinical medicine. The conflicts experienced by participants created both emotional distress, feelings of guilt, and perceptions of being misunderstood or perceived as a threat to colleagues. P17 (Turkish Muslim GP Trainee) discussed the emotional impact of missing religious obligations because of inflexible working hours:

> *"For example, being a Muslim. When I work, when I overwork and when I don't have time to break…. I miss my prayer times because our prayers have to be in a certain time frame…. When I can't get a break during that time, I feel very guilty"*

The accounts above illustrate how organisational inflexibility limited participants' capacity to cope with religious and professional roles at the same time. From a boundary theory point of view, the lack of accommodation for short prayer breaks undermined participants' efforts to create and maintain boundaries between their personal beliefs and professional duties and therefore led to conflicts in relation to their professional role and emotional distress.

Similarly, P31 (African/British Muslim Nursing Assistant) described suspicion and questioning from colleagues when she attempted to practice her faith at work:

> *"As a Muslim and a black person... I am seen as a threat to them. I was... I was questioned about going to pray. Why should I have to go and pray always?"*

Another participant's account of being visible because of her religious identity, such as wearing hijab, causes other colleagues to distance themselves.

"Just by me wearing a headscarf, some people feel the need to keep a distance. There are people who don't understand why I am different, why I wear the hijab. Some have preconceived opinions about people who wear the hijab or identify as Muslims. I don't even have to say I'm Muslim…it's just the representation of the hijab. Sometimes, people hold back; they are not as cooperative, and I can tell that my work experience is influenced by both my religion and the colour of my skin" (P34).

The accounts illustrate how religion can become visible in the workplace and contribute to the perception that participants are 'different', and also potentially viewed as a threat. An intersectional point on this reflects general Islamophobia and racism and contributes to the marginalisation of participants from their workplaces, which leads to a lack of psychological security and the undermining of their professional development.

In some cases, participants felt compelled to compromise their religious values for the sake of complying with institutional policy. As P23 (African Muslim General Practitioner) noted:

"Sometimes I have had to jeopardise my beliefs or my own religious beliefs …for my work's sake…. when you are in clinical areas, your shirt sleeves have to be tucked below the elbow. From a religious point of view, that is not acceptable, but that's what the job dictates."

"As a Muslim, I can't wear a dress that is tight-fitted or reveals my shape, so I go for three or four sizes bigger. But my manager called me out in front of a patient and said, 'Your dress is too big; it's big enough to fit three people.' I confronted her privately and told her, 'This is discrimination. (P24)

These accounts show how organisational policies can sometimes cause disadvantages to religious minority women, having them choose between their religion and professional rules. This causes stress and exhaustion for participants, which may affect their wellbeing and work-family balance.

However, some participants also report positive experiences and support regarding religious accommodation, such as:

"I was provided a place to pray at work by my department, and everyone respects that for me; I never had any issues with anyone from the staff members" (P13).

"My workplace is accommodating of my religious practices, because when it is time for prayer, I go for my prayer; when I do night shifts, I will go for my night prayer apart from compulsory prayers. That makes me happy a lot" (P8).

Organisational practices and policies aimed at promoting inclusive workplaces have developed over time; however, evidence from this study suggests that the workplace remains an

inconsistent and culturally specific place in which individuals are able to express their religious beliefs through practice.

Consistent with the spillover theory of emotions, when employees felt excluded or socially marginalised because of their religious identities or practices at work, those feelings were often brought home with them. The resultant negative emotional states and lack of recovery experienced by these employees were often a result of the social exclusion they had experienced at work. According to the findings of the present research, organisations have made significant strides toward inclusivity over recent years; nonetheless, systemic prejudices and misunderstandings of culture remain prevalent among all organisational settings, especially for women of colour who openly practice their faith (Jayachandran, 2021; Chung and van der Lippe, 2020; Kim and Choi, 2023).

2.2 Sub-theme: Gendered Cultural Expectations Conflicting with Career Aspirations

Participants further indicated how their gendered cultural identities generated conflicting ambitions between individual aspirations for careers and family obligations. In addition to this, traditional gender expectations based on many of these cultures, specifically those in South Asia, the Middle East and Africa, often included domestic responsibilities, childcare and family sacrifices, and therefore conflicted with participants' work roles and career goals. P2 (African Hindu Midwife) stated that her generation expected women not to pursue careers, but rather to be homemakers:

"They expect that women should be stay-at-home moms… And I think particularly in the Asian community, that is something from the old generation that is quite difficult."

P17 (Turkish Muslim GP Trainee) stated how women who pursued careers were perceived to be abnormal or not feminine in certain community settings:

> *"If you work too much and don't have children… people would find it very awkward if you were to become a woman… just career oriented."*

The narratives illustrate how constructions of femininity in culture have presented career aspirations as contradictory to being a female. When examining these norms through an intersectional lens, race, religion and immigration status intensified the pressure on Global

Majority females to be competent at their profession and fulfil the expectations of their traditional gender roles.

In addition, P4 (Asian Hindu Doctor) expressed how women from ethnic communities are pressured to put their families first, ahead of their career ambitions:

> *"There is a lot of pressure… to maintain a family and work balance and sometimes… at the expense of their careers."*

Moreover, others express their situation:

> *"I changed the career path…. because I am a woman, I considered family, home and religion as more important. As for me, as a Muslim, the primary responsibility is to meet the needs of my family" (P8)*

> *"You have to compromise your family or your career." It has always been, and remains, difficult for women in the health sector" (P20).*

> *"I choose to work less than full time, and this affects career progression, which might be slowed down and a lower-paying job…because I want to have time for the family (P27).*

> *"I believe that in some cases, if I want to engage in some fields, I will be away from my family for more hours. In this case, I feel that I have limited choices because I am a woman" (P28)*

The stories also show how the participants took on the social expectations of society; many framed their career compromise as a personal choice rather than structural barriers. Through a boundary theory lens, the social norm that a woman's role is to provide for her family created blurred boundaries between work and family life, resulting in disproportionately higher expectations for women's time, energy and emotional capital.

In a similar vein, a nurse at a psychiatric hospital identified that the embodiment of gendered realities added additional complexity to their working experiences:

> *"Some of the patients can be violent because of their illness, and there are times I need my male colleagues to assist me. It's not something I can always do by myself." (P21)*

Another participant also noted how menstruation created problems at work in high-demand environments. One participant shared:

> *"Sometimes I have very bad period cramps, and there is no leave to take for menstrual-related problems, and I have to come to work. It diverts my mind, but I don't want to appear weak or make excuses" (P13)*

This quote shows how biological realities such as menstruation are not considered in workplace policies, and therefore, women suffer in silence when they are in pain or discomfort at work. Lack of formal measures to support menstruation affects performance and decreases productivity, particularly in physically or mentally demanding jobs. The above quotes demonstrate negative spillover because work-related stress and fatigue negatively impact the participant's personal and family life. The emotional exhaustion demonstrates role interference, which supports the main idea of the spillover theory. Sasaki *et al.* (2017) argued that menstruation is one of the factors that have not been considered in the workplace in terms of diversity, even though it affects the performance of women in terms of productivity and health. They state that most of the time, women do not discuss menstruation and other related issues in society due to stigma and thus, women should not be asked to suffer in silence as if it is their own failure. Similarly, a participant narrates how gender roles and expectations affect her work experience and performance:

> *"Yes, it is in a very big way. For example, when I work with a man in the same ward, we are supposed to do the same work at the same level of authority and the same level of expectation. However, we have different responsibilities at home. For instance, a man can sleep at 8 pm and wake up to get to work by 9 am. He gets up at 8:40, has breakfast, and leaves home; he drives for 15 minutes and gets to work at 8:55, and it is fine. For a woman to achieve that, she might have to get up at 5 am and do a lot of things to meet up for 9 am. But the same level of performance is expected at work" (P11).*

Examples like these illustrate how what may appear to be gender neutral workplace policies are actually embedded in a gendered reality, where the burden of caring for family is disproportionately placed on women and therefore disadvantages them in their employment opportunities.

This feeling of powerlessness can lead to the suppression of career development, and this is a reason to sustain the conflict between work and family. Career growth is particularly affected by these issues, as there is a tendency for women to be discouraged from seeking leadership positions owing to the pressure and cultural norms that come with them. One participant had no interest in such positions, given the challenge of balancing work and family life:

> "*I did not have my sights set on leadership positions…. because I am a woman" (P33)*

These examples demonstrate how social norms regarding work and family influenced many women's goals and aspirations at work and encouraged women to opt out of the opportunity to pursue a management or leadership role.

Cultural integration is also a significant factor that determines career growth. Another participant stated that the lack of assimilation into the British culture hindered their chances of getting jobs and networking:

> *"I think I have not culturally integrated into the British culture, and that affects my work in a way… like mingling with other staff members because of the cultural differences. When you meet with people, you get more information and things that will help your career. But when you don't meet people, information is not very readily available to you" (P5)*

In summary, this section demonstrates an internal struggle that participants felt while attempting to balance a desire to progress in their careers with societal norms that emphasised sacrifice for others and compliance with the traditionally accepted gender roles. The interplay of these two forces created barriers to advancement in their careers, increased the level of conflict between their work and family obligations, and resulted in spillovers from their work that had negative consequences for the wellbeing of Global Majority women in the U.K. health care system.

Subtheme 2.3: Social Integration Barriers Through Religious-Gender Identity Navigation

In addition to professional obstacles, participants mentioned additional obstacles to social integration as a result of their religious-gender identities. For example, many participants described ways in which their religious identity affected their ability to participate in social activities at work, which often serves as an important place to build relationships and professional networking. These included but were not limited to not participating in holiday celebrations (Christmas), wearing religious clothing (hijab), or displaying other visible characteristics of their religion or ethnicity, creating environments where they felt excluded, misunderstood or were subjected to microaggressions that made it difficult to develop social relationships and networks at work. The account from participant 27 describes how she opted out of workplace celebrations based on her religious identity:

> *"There's a plan for a Christmas gathering… but because I do not celebrate Christmas, I don't feel comfortable attending such gatherings."*

This example shows that organisational social norms (often presented as inclusive or optional) can inadvertently create barriers for employees with religious identities different from those of most employees in an organisation. Participants had to continually negotiate boundaries between their religious values and the social expectations of the workplace to maintain comfort and avoid misunderstandings; they chose to withdraw from these interactions to avoid both.

Others, such as P21 (African Muslim Physiotherapist), described how visible religious identifiers like the hijab created social distance and fostered prejudice:

> *"Just by me wearing a headscarf…people feel the need to keep a distance. There are people who don't understand why I am different…. People have preconceived opinions about you know, people who wear hijab or identify as Muslims".*

P34 (Healthcare Professional) recounted an incident with a patient who mocked her religious dress:

> *"I did have a patient once. Who told me about my hijab, What is this weird hat you're wearing? And that I did find offensive. But given that he was a very, very unwell patient. I did not respond to it, but my consultant did, and he said it's none of your business."*

This incident shows how religious-gender identity can expose women to disrespect or disadvantage in both clinical and social interactions.

P4 further narrated another situation regarding shaking hands:

> *"Being a Muslim woman, I don't shake hands with men, and that's one thing I find is initially very difficult to explain, but I've learned that as well."*

Collectively, these accounts demonstrate how religious and cultural practices, especially when visibly embodied by women, can generate alienation, limit participation in workplace culture, and reinforce marginalisation. An intersectional lens would demonstrate that religion did not function independently but was part of a system that intersected with race and gender to increase the experience of marginalisation and exclusion in workplace social culture. Going with the spillover theory, this demonstrates that the repetitive nature of social exclusion and microaggressions extends beyond the workplace to impact participants' emotional wellbeing and sense of belonging in the workplace, and that participants' experience of being socially excluded at work causes them to carry over to their personal life, creating additional stress and limiting their ability to recover from those experiences.

6.2.1.3 Theme 3: Intersectional Motherhood Penalties and Gendered Migration Burdens

This theme focuses on the specific intersections of race, gender, motherhood, and migrant status that contribute to the "lived experience" of GMW healthcare professionals working in the U.K. These women's experiences present the existence of many barriers that contribute to limiting professional advancement due to their care responsibilities both at home and internationally (to help support family members). These many barriers exist via the following mechanisms: Racialised motherhood and its effects on an individual's ability to move up in her career; Gendered expectations of responsibility within the home after migrating; Additional responsibilities resulting from caring for family members who live across borders.

Subtheme 3.1: Racialised Motherhood: Obstacles to Career Advancement

Many participants said that barriers to their careers have been made much worse because they are mothers, face racism/discrimination, and work in an environment with many inflexible expectations. Women experience the "motherhood penalty" (a major barrier to women's career advancement), and this is further exacerbated by both race and religion; this has extended how long it takes for them to complete their training, slowed down the progression of their careers and excluded them from professional networks and communities. A participant (P15, African Christian Medical Doctor) stated:

> *"So, because I have to be the one to carry the pregnancy, I have to be on my leave... That has slowed me down... that has extended my [training time] ... currently in GP training."*

A participant (P13, Turkish Muslim Doctor) noted that the stigma of prolonged training was often misperceived as a lack of knowledge:

> *"A stigma in the sense that, oh, my training is extended so I'm around longer. So because people have seen me for four years, whereas I'm still a second year, they feel I know the same to the same extent... as somebody who's in fourth year."*

The accounts provided by the participants provide evidence of intersectional practices, which involve gendered expectations of what it means to be a "good" mother and race-based assumptions creating professional disadvantages for the participants.

A third participant (P28, African Christian General Practitioner) recounted having to advocate forcefully for reasonable accommodations during pregnancy at the height of the COVID-19 pandemic:

> *"I've been asking for flexible working, especially when I was pregnant. My second child was born during the pandemic, and I was asking for working from home... It felt like I was being unreasonable towards my team, whereas at the time it was very, you know, it was obvious that black and ethnic minority groups were more vulnerable to COVID, and I was heavily pregnant at the time, so I had to really fight for myself and, you know."*

Rather than maternity being accepted as an institutional norm, the participants were expected to validate why they needed flexibility, while at the same time risking their own wellbeing. Another participant shares her own experience of reduced pay during maternity leave:

> *"Because now, during my maternity leave, the month I need to leave. Obviously, my pay was reduced... So now as well because I'm still on my maternity leave. Also, people who will start training together are already in the same ST3, like year 3, and their money is more than mine. Now that I'm still in my second year because of my one-year maternity leave."(P31)*

Other participants share their experiences of being a mother:

> *"I work less than full time because of children; I need a lot of time with them, and my husband is a family-oriented person, so it gives me more years in training with not so much in salary as well" (P23)*

> *"At first, when I arrived in the U.K., I had issues with the social services. I had to return my kids home to Nigeria; it was a hard time for me to balance my work and being a mother" (P18)*

> *"I am a single mum of two here in the U.K.; my kids' dad is still back home… It's difficult to do the school run in the morning when you are just returning from night shift and also make up for the kids' weekend activities…when I am supposed to be resting" (P6)*

> *"When I was pregnant, I had to stay away from my job because the machine emits radiation, which is bad for the foetus" (P37)*

These narratives collectively illustrate that motherhood-related interruptions were not experienced in isolation but were mediated by racialised assumptions about competence and commitment. The findings suggest that institutional structures often fail to support the dual identities of mother and professional in racially equitable ways.

The lack of organisational support for the participants' needs to create and maintain appropriate work-family boundaries limits the participants' abilities to control their work-family boundaries

(Boundary Theory). Furthermore, reduced income during maternity leave (P31) and lower income due to part-time employment (P23) illustrate how economic consequences can further exacerbate professional stagnation. As the participants experienced these consequences in the context of their family lives, this further reinforced the financial burden and emotional exhaustion of the participants and is therefore consistent with Spillover Theory. In addition, collectively, the participants' experiences provide additional evidence of the systemic nature of supporting GMW as both professionals and mothers in equitable ways.

Subtheme 3.2: Cultural-Gender Role Intensification Through Migration

The second sub-theme also describes how migration increases culturally based gender roles, especially regarding domestic labour and caring for children. Participants explained that they felt overwhelmed by being expected to perform traditional duties as a homemaker while performing their professional role as well; many of them did not have family members here who could assist. This was expressed by one participant (P28, African Christian GP).

> *"You find out you take on a lot more... compared to a white British woman... You're meant to run the house, look after the children, go to work and look after the whole family."*

Another participant (P22, African Christian Healthcare Assistant) spoke specifically about the cultural differences in domestic labour, particularly in relation to food preparation:

> *"The type of cooking you undergo... all this stress we undergo at home, they don't do that because... they can just afford to get a sandwich and crisps... They don't have to cook and cook and fry and toast."*

Similarly, P12 (African/British Christian Medical Doctor) emphasised how cultural expectations around women's roles directly impinge on professional development:

> *"Like there's that cultural expectation for women, for African women, to be the home holders basically, and obviously that's going to interfere with how much you can put into your own work, your professional development and stuff because you can't do more than you can."*

Others agree to the cultural expectations:

> *"You know in how culture women do the house chores, so immediately I am entering my house, my daughter is already by the door saying mum I am hungry, and I need to rush to the kitchen irrespective of if I am tired or not from work" (P36)*

"My daughter likes my local food or our cultural food, so I need to make her choices even if I can afford a burger" (P1)

"Obviously, my kids come first before any job. In an ideal world, I would be able to fully partake in their lives…. being there for them, taking them to school, picking them up and being able to do my job and earn a decent wage. But it's almost impossible to balance work and family, especially if you're a woman of colour" (P17).

"Women in my own culture are expected to stay at home, not to work outside the house to care for the children and the family. They believe that a female has to do everything in their house" (P32).

Social expectations about women's roles as homemakers create much of the stress that is already present when women try to balance work and family responsibilities. A participant noted that:

"From my own experience, there is an implicit perception of gender roles, according to which women are supposed to stay at home and take care of the household even if they are working. This puts a lot of pressure…working and struggling to meet the challenges of a stressful job, and at the same time being responsible for running the home and taking care of the family. It is a difficult task to fulfil both roles" (P5).

"There is a strong cultural expectation to take on the bulk of domestic chores at home, even after returning from work. We are often seen as the gatekeepers of the household. While some men become more supportive after relocating to places like the U.K., many still hold onto traditional mentalities. This lack of change can create tension and imbalance within the home, making it even more challenging to manage work and family life."(P9).

This shows that women who are caregivers and employees are subjected to more pressure because the expectations of workplace performance are not accommodated for the unequal demands they encounter at home. Furthermore, these biological and social problems, in combination with cultural notions of care work, render it difficult for women to manage home and work. This reinforces the findings of Akanji et al. (2020) and Bjarnadóttir et al. (2021) that the wellbeing of GMW in the U.K.'s healthcare sector is not mostly considered since everyone expects them to play the caring role at work and at home. This cultural expectation creates feelings of guilt when women are not able to meet the traditional models of caregiving.

Subtheme 3.3: Transnational Family Obligations and Economic Pressure Intersections

The third subtheme focuses on the added layer of responsibility faced by GMW arising from transnational care obligations. Participants highlighted the emotional and economic burdens associated with supporting extended family members in their countries of origin, in addition to

meeting the demands of their immediate families and professional roles in the U.K. Participants described the emotional toll of being unable to fulfil culturally expected familial roles, which affect their work-family experience:

> *"Culturally, we look after our families, not just our immediate family, but our extended family... I'm not able to live up to that expectation. I live far away from home. I cannot even see them in a year sometimes." (P33, African Muslim Nurse)*
>
> *"I have families back home in Africa that I need to cater for, so it's difficult for you to lay off or avoid not working" (P24)*
>
> *"Here in the U.K., you and your partner need to keep working to meet up with expenses, and I also have parents who I need to cater for and other family members" (P27)*

Another participant (P22, African Christian Healthcare Assistant) compared the working hours of migrant healthcare workers to those of their white British colleagues:

> *"Most of them work 22 hours a week and have more days off... We Blacks do [work more hours]."*
>
> *"They have everything to their advantage; they get paid for being a citizen, so they don't really need to work so much to sort their bills" (P3)*

Similarly, P20 (African Christian Healthcare Worker) reflected on the absence of social and familial support in the host country:

> *"As an immigrant, it's not easy balancing work and family lifestyle, especially when you don't have family or friends around."*
>
> *"There is no support like the way it is back home, especially from families, relatives… it's just you and yourself, so it's difficult to cope easily with work and family" (P7)*

> *"I struggle to get a place to put my kids when I need to go to work. I got a friend also helping, but she became sick, and I was left with no other option..." (P15)*
>
> *"One major issue I currently have is a lack of childcare support. I pay a lot for my childminder and seek help from neighbours. When she is sick, I struggle with work and getting her booked for an appointment to see a doctor" (P3)*

The experiences revealed by these accounts illustrate how migrant women undertake additional transnational and local responsibilities for finance and emotion, and therefore, add to their already existing role as caregivers locally; thereby increasing their chronic stress and exhausting them further from achieving Work-family Balance (WFB). The experience of

migrant women demonstrates how the combination of race, gender, migration and motherhood uniquely and multilaterally challenges migrant women's access to healthcare due to the intersectionality of these factors. Their narratives also demonstrate how societal racism and discrimination based on culture and the lack of flexible working arrangements in institutions and transnational responsibilities exacerbate and enhance traditional 'motherhood penalties'.

In addition to this, Mishra and Bharti (2023) and Kim et al. (2023) found that having support systems in place was beneficial to immigrant women balancing work with caring for children, and the lack of an extended family was a disadvantage to women who were immigrants. In addition to this, Anderson and Kelliher (2020) stated that a hostile workplace environment and gendered expectations can be harmful to women in demanding occupations and result in career stagnation and burnout.

In summary, Theme 3 illustrates how GMW health professionals are unable to maintain a balance at work and with their families as a result of a combination of structural, cultural, and institutional barriers rather than by individual choice. The burden of these barriers is increased by the combined burden of caring for children as mothers from ethnic minority backgrounds who are also subject to intensified gender roles due to immigration and have multiple (transnational) care obligations, which weaken the boundaries, increase the spillover effect and limit access to equitable career opportunities and wellbeing. This Theme supports the use of an analytical framework of an intersectional, boundary-aware and spillover-sensitive nature to analyse WFB among migrant women in the NHS.

6.2.1.4 Theme 4: Psychological and Emotional Intersectional Burdens

This Theme represents the psychological and emotional impacts of managing the intersections of marginalised identities within the U.K. healthcare sector. In this theme, we explored how the intersectionality of the GMW contributes to their wellness, work-related burden and wellbeing as they navigated these intersections. Participants indicated that the cognitive and emotional burdens associated with hiding aspects of their identity, internalising guilt from the conflicted expectations of culture and professionalism and managing the cumulative mental health burden of discrimination and social isolation were all contributing factors to the intersectionality of GMW WFB. Three sub-themes were identified for this theme: identity

concealment and authenticity conflicts; intersectional guilt and role conflict; mental health impacts of cumulative marginalisation.

Sub-theme 4.1: Identity Concealment and Authenticity Conflicts

Many participants experienced feelings of inferiority, alienation and decreased self-worth in association with the psychological burden of concealing or downplaying components of their identity, which may be racial, religious or cultural in nature, to be accepted within the known white community. For example, P8 (an African Muslim Medical Practitioner) described the disconnection between her professional identity and true self due to the necessity of being able to remain visible and accepted in predominantly White, Western professional environments.

Others reported experiencing subtle racial undertones that shaped their interactions, but which often remained unspoken due to a normalisation of discrimination or a lack of safe avenues for expression. As P10 (African Christian Medical Doctor) noted:

> *"Actually, some racial undertones in the way some people behave... I think I did experience that, really, but they [were] really allowed. I didn't really dwell on it... I think people are seen [treated this way] everywhere."*
>
> *"As a black... It is very difficult. Honestly, you just need to be intentional about it when you come into the system that you weren't born into….at first you have this kind of inferiority complex" (P19).*

This experience is a perfect example of intersectionality in action, where race/ethnicity and religion meet to create professional expectations and ultimately generate emotional dissonance and inner conflict. The initial struggle with self-doubt, she said, was something she had to actively work to overcome. Beyond the internal struggles, there were external pressures as well. There were racial stereotypes that had a long way of influencing how others see GMW to behave. For example, a participant mentioned that people expected her to "get angry easily," a stereotypical and wrong notion of her that she did her best to disprove. This placed an additional burden, not only on her but also on other women of colour.

A more overt instance of exclusion was described by P30 (African Christian Physiotherapist), who recounted a distressing incident of racialised microaggression and ostracism shortly after joining a new team:

> *"I was in a team that I just joined. I was in the team for less than one week, and I basically had a gang up... she told me that... your team... not comfortable with you because you smell, they say you have a bad odour, or you smell."*

Another participant shared a distressing experience; she said that she was told she had a smell and was told to shower twice a day. She also mentioned that a colleague would condescendingly address her:

> *"I was told I smelled, and I should shower twice a day.... It was very traumatising; it was very humiliating…. There was one other colleague who would address me in a way that was quite insulting to me, in the form of instructions in several situations…. Like a donkey…. You know, spoke to me very rudely" (P24)*

On account of food- related cultural insensitivity, a participant noted:

> *"On this particular day, I brought lunch from home, and I had fish in my food. I needed to microwave it, and a few minutes later, two members of staff came and started asking who brought the fish that is this smelling…that is me and would refuse to sit with me and keep their distance from me whenever I need to eat or in the rest area. I had to stop taking food to work because it is one of my favourites" (P36).*

This illustrates how common everyday practices can become a source of marginalisation for women and cause them to have to suppress their cultural expressions to avoid being targeted.

Similarly, a participant has experienced some patient discrimination based on race, where patients did not want to be taken care of by her because of their skin colour.

> *"At some time, I have patients who do not want to be treated by me because of my colour; they would rather have white people take care of them. I ask my colleagues to help in such situations" (P32)*

These events created additional feelings of devaluation and professional invisibility that contributed to the emotional exhaustion experienced by the women. Boundary theory provides a framework to understand how the emotional strain experienced in the workplace cannot simply be confined to the boundaries of the workplace. Rather, participants found themselves carrying the psychological effects of the discrimination they experienced beyond the confines of the workplace and found it difficult to regain their emotional footing.

Spillover theory provides further insight into why participants experienced negative spillover into areas such as their mental health, self-esteem and overall quality of life due to prolonged exposure to the stress of identity-based discriminatory behaviours. This supports the work of Chung and Van der Lippe (2022) that organisations should recognise that they have to combat

not just the stigma associated with the marginalised groups, but also the biases toward those groups. The experiences described in the stories exemplify the mental burden of working within an organisation where one has to suppress authenticity and conceal aspects of their cultural identity, creating emotional dissonance and negatively impacting wellbeing, which is reflective of negative spillover.

Subtheme 4.2: Intersectional Guilt and Role Conflict

Study participants felt significant amounts of guilt resulting from a conflict between their professional duties and societal expectations related to their gender and familial roles. This guilt was especially strong regarding care for others (children), adherence to religious practices and marriage expectations. This feeling of guilt can't be viewed in terms of a universal maternal experience; it is instead amplified by the intersections of race, gender, religion and migration that produce cultural support for sacrifices but institutional non-support for them.

Participant P9 (British/African Christian Doctor) expressed maternal guilt that developed because she had been away for extended periods of time with work, leaving her children:

> *"This mother-to-child bonding, the more you are away from the child, you feel that. Oh... like you're cheating on the child... I know this is my working hour, but if I'm using more than the time I'm supposed to use, I feel like, oh, I'm cheating on these children."*

Additionally, one participant stated that:

"At the end you just realise if everything was worth it, the kids you do everything for no longer connect with you as you wanted, now that they are grown up because you were busy with work during their childhood" (P17)

The stories here show how these professional demands leak over into the private or emotional spaces of participants and have caused long-term guilt and sadness (negative spillover) and also create a long-term sense of "loss" of their own selves.

Similarly, P15 (African Christian Medical Doctor) articulated feelings of inadequacy at home, rooted in cultural expectations around being a 'good woman' and mother:

> *"Even when your husband is doing things for you... You feel guilty. Like, oh, if I were more [available], I'd have to be doing this... feeling like, oh, I'm not the good woman that I should be."*

This internalised guilt represents a psychological breakdown of boundaries (boundary erosion) because, although these women were in professional roles, they continued to identify with culturally defined roles for women and therefore continued to emotionally carry the burden of failure when they could not accomplish their professional responsibilities, thereby increasing their long-term emotional exhaustion.

Some participants also shared how the clash between work and religious obligations created internal conflicts, leading to feelings of guilt and self-doubt. For example, P17 (Turkish Muslim GP Trainee) shared:

> *"When I can't get a break during that time, I feel very guilty, to be honest, because I missed my prayer. And it creates an inner conflict, as if I am neglecting myself, or am I neglecting my religion because of this work?"*

These quotes show how participants have challenged reconciling professional expectations and cultural-religious roles. The findings show how intersectional guilt results in psychological strain, as women absorb structural inequalities as personal failure.

Subtheme 4.3: Mental Health Impact of Intersectional Discrimination and Isolation

The cumulative effect of racism, gendered expectations, religious marginalisation, and geographic isolation emerged as a significant source of mental health distress among participants. These intersectional pressures contributed to feelings of alienation, burnout, and, in some cases, the need for formal psychological intervention. Thus, the participants explained how physical, emotional, and feeling unwell affected their overall wellbeing. One participant stated that being a mother and being active at work can be tiring, in her words:

> *"As mum, you can't come home and just have a hard day… you have got kids to look after…. by the end of the day, you feel rundown." (P6).*

Also apparent is the physical cost of work-family conflict in the day-to-day lives of participants. A participant recalled the health implications of managing excess work hours, saying:

> *"I did it for one year, I was sick for one year after working 50 hours a week for some durations… it took me a year to get over the stress" (P19).*

These experiences reflect negative spillover, where the dual influence of work and care responsibilities is a source of chronic stress, health issues and reduced quality of life. Another

participant, P15, a Medical Doctor and a mother of 3 Kids, during the interview, used words such as struggle and compromise when talking about how she feels about WFB or between work responsibilities and personal life. She stated,

> *"There's always a drift or shift towards one side, usually, and the attempt to not make a balance either between the family and work eventually affects your whole life."*
>
> *This is a clear sign of her frustration and the emotional burnout that comes with the attempt to balance multiple demands that finally affect her personal health or wellbeing.*

Her last opinion about this issue is that *"It's always a struggle,"* which shows the high level of difficulty and the constant feeling of tug of war in her attempt to achieve balance.

Similarly, another participant also highlighted the exhausting nature of the rigid work routines and said:

> *"We have to leave home very early in the morning, and come back late in the evening. It's tiring. I come back late and still have a lot of things to do."*

The emotional and mental toll was further underscored as she shared*: "It's exhausting, emotionally draining. So mentally also, sometimes it can be draining" (P18).*

Another participant described the feelings of inadequacy that come from making career sacrifices:

> *"I am always feeling depressed and unhappy whenever I see my colleagues becoming consultants while I have at least two more years to go before I can become a consultant." (P3).*

The pressure of work, along with coworkers' attitudes, had a big effect on their mental wellbeing and happiness at work, for certain individuals. One person shared her story:

> *"I recently started a job a few years back, and it wasn't until after about one or two years that I truly felt the heavy burden of stress weighing down on me. The demands of the job were overwhelming, and navigating through a work setting with unhelpful colleagues added to the challenges. It significantly influenced my wellbeing and altered my perception of my role" (P7).*

The cumulative effect of these experiences demonstrates the double role of responsibility for both work and care as a source of chronic stress, illness, and a diminished quality of life. The collective narrative of the participants shows the constant pull-and-pull between their professional and personal lives; therefore, there is an urgent necessity to implement workplace policy that will allow employees to be flexible and to improve their overall wellness. For many people, managing the demands of work and family can be a very exhausting and mentally

debilitating process, and it is something they deal with on a day-in, day-out basis. The participant describes her experience in managing these two roles, and she states it is an overwhelming and exhausting process.

> *"It is not easy to manage everything at the same time. I get tired and tired in the body and mind. At work, there is so much pressure, and I can do nothing about it. I also can't just stop when I am supposed to be resting; I have to keep on going" (P32).*

The pressure has built up to such a point that she feels like she is being pulled in a million different directions with no way to relax.

Another participant expressed how the pressure of work and family affects her mental health:

> *"It really takes a toll on my mental health; it really does. I have reported it to my managers, but it is still tough. It is not easy to leave the workplace and then return the next day, especially when you also have to look after the children, spend time with your own husband, and go out as a family. It is a lot to handle, and it does the body and the mental capacity. It is tiring to even attempt to do all of this" (P14).*

A medical doctor expresses work and family balance as a struggle that influences her ability to excel in any area of her life:

> *"It's hard, it really is. It feels like you are always having to do everything at the same time. You do not feel like you are fully present at work because of the pressure of having small children, but at the same time, you don't feel like you are fully present as a mother because of your work. It's just… It's tiring. You are feeling like you are being called in every direction, and you don't really feel like you are in any area of your life. Not at work, not at home with your family, and for sure not in your personal life. You can't even find the time to exercise or do the things that you really love because of all this. It's exhausting, overwhelming and does make me sad" (P4).*

A participant also recounted her experience of depression after childbirth, yet having to return to work without fully healing:

> *"I clearly remember when I had my second child, and after my maternity leave was over, I had to go back to work. It was just too much pressure, trying to manage work while being tired and lacking sleep, and looking after a newborn. I wasn't coping at all. I was down, uninterested in everything and eventually was diagnosed with postnatal depression. I was prescribed medication to help me get better. It was a long process, but with that support, I was able to go back to work in a safe way and to establish a better schedule with my new baby. It was a tough time, but I did get through it" (P23).*

These experiences mirror the struggles of some other participants who shared a similar psychological influence of work-family balance struggles:

> *"I had too much on my plate, and my workload was overwhelming, and my family responsibilities were piling up. It all became too much, and I suddenly broke down. I had to call for help with my kids' care and leave my home because I just couldn't handle it anymore. I wasn't getting the support I needed, and it pushed me into a deep depression. I realised I needed time away from everything. I was referred to a counsellor and began to focus on taking care of myself. What makes it so ironic is that I am an occupational therapist, and I have always told my patients to prioritise self-care, exercise, and rest, but I hardly ever practised what I preached. I had to learn the hard way when I hit rock bottom and had to step away from all my responsibilities. It was a wake-up call to finally put myself first" (P21).*

In addition, a participant feels stressed and has challenges in balancing work and family, perceiving that she has limited time resources, which affects her wellbeing and relationship with her children.

> *"It's been stressful, and it has certainly taken a toll on my wellbeing. I think the worst of it is that I have been able to spend less time with my children as they were growing up. Because of that, we didn't develop the kind of close relationship I always wanted to have with them. It's something I regret, but at the time, I didn't feel like I had much of a choice. It's been tough, honestly" (P29).*

Similarly, another participant shared a tragic experience stemming from work-family conflict:

> *"I work night shifts and have not been getting enough sleep because my company has no provision for anything but night staff. I also have to rise early to look after my children when I am done with work, and thus I have little time to sleep. It got to the point that I started bleeding once and had no idea why. I was taken to the emergency unit, and that is when I was told that I was already two months pregnant, and I was losing the baby. I was taken to the hospital, and they had to do a full assessment of the fetus. We lost the baby, and it got to me mentally as well as physically. It was a very tragic experience, and it made me understand the effects of pressure and lack of sleep on the body" (P20).*

These stories show the intersectional challenges faced by GMW in the U.K. health sector and how it significantly affects their mental and emotional wellbeing; many participants experience stress and feelings of being torn between responsibilities. For instance, participants' quotes below illustrate their expressions:

> *"My wellbeing...is affected. In the mornings, I am so busy that sometimes I even miss breakfast. And even after coming home, it's not like I get to relax or do something for myself. I must cook for the kids, feed them, bathe them and put them to bed. It's only when all that is done that I am tired. It is as if there is no space for*

me in my own life. I don't have flexible work arrangements to make things easier, but I feel like I am always giving to everyone else. It's just non-stop, and it does get to me" (P31).

"It will certainly have an influence on you without a doubt. By the time the day ends. You are feeling utterly drained. And this doesn't just happen on one day; it seems to carry on for days in a row. Handling the kids' tantrums becomes incredibly overwhelming. If you were in a frame of mind, maybe you could manage it more effectively, and things would seem more serene and harmonious. However, when you're feeling this exhausted, it's challenging to maintain composure and deal with it all. It feels overwhelming when everything keeps stacking up, and all you can do is push through it" (37).

"It really affects my mental health; it truly does. I've said it so many times. There are things you know you shouldn't get angry about, but when you're constantly stressed from trying to balance work and family, it's hard to keep your emotions in check. Sometimes, the frustration just spills over, and it affects how I interact at home. It's like you're carrying this weight, and no matter how much you try to stay calm, it just builds up" (P9).

The study also shows that the chronic stress that comes from managing the two competing demands leads to physical health problems, emotional fatigue, and lowered life quality. In a similar work, Akanji et al. (2020) also established that the lack of flexibility at the workplace worsens the situation for working mothers and leads to higher levels of burnout and ill health. The testimonies reveal how multiple identity markers such as race, religion, gender and professional role combine to create intense feelings of marginalisation, which forms the core of intersectionality theory. The described emotional distress extends into different life areas according to Spillover Theory because workplace discrimination creates negative effects on mental health and personal relationships, and overall wellbeing. The participants demonstrate Boundary Theory by attempting to establish emotional and psychological limits between their professional duties and personal identity while hiding aspects of themselves to endure hostile work environments. The research demonstrates the immediate requirement for mental health support that understands intersectionality alongside culturally safe workplaces and inclusive policies which recognise the diverse experiences of healthcare minoritised women.

6.2.1.5 Theme 5: Systemic and Structural Intersectional Barriers in Workplace Policies and Practices

Participants indicated in this theme that many of the workplace structures, institutional policies and organisational culture do not accommodate the complex reality of GMW in the healthcare sector, which has multiple identities as race, religion, sex, parent, and migrant status, creating institutional barriers to equal treatment, flexible work arrangements and career development opportunities. Participants across all of the data sets noted that both formal institutional oversight and informal workplace norms consistently recreated exclusions and inequalities in less overt and more consistent forms.

Sub-theme 5.1: Institutional policy failures and intersectional exclusion

Several participants stated that organisational policies and practices did not adequately address the religious or cultural needs of participants. Some participants discussed the lack of recognition of religious observance at specific times of prayer or periods of fasting, which led to them feeling marginalised or misunderstood. Many participants illustrated that this failure of recognition was not limited to an institution's lack of understanding; however, it was also supported by colleagues from the same ethnic background, further complicating the dynamics within the group. One participant (P14, African Muslim GP Trainee), when discussing her experiences during Ramadan, identified that management had a lack of understanding of the impact of Ramadan:

> *"In Ramadan… it can be a little bit hard to cope with… I believe they weren't very aware of it, to be honest."*

Another participant (P32, African Muslim Healthcare Assistant) described being reported for praying at work, even by colleagues from similar ethnic backgrounds:

> *"Someone reported to me that I used to pray… funny enough, it's those people from Africa that raised the issue… I said, people take breaks for cigarettes, so why can't I take five or ten minutes to pray?"*

The two cases above show how professional boundaries are rigidly defined by secular Western values of professionalism, which leave few possibilities for employees to express their faith.

Also, Some Participants mention their experience with systemic racism:

> *"There is no public holiday for me to celebrate my festivals… but others get to have one …I will have to take leave for that day, sometimes not approved" … (P13)*

Institutional racism was also expressed:

> *"When you are seeking a promotion or more training. You know, you're the one everyone expects to be promoted… You have put in the work, you have proved yourself, and you are right there. But then… it does not happen. And you know why? Because you are an ethnic minority" (P21)*

The narratives demonstrate the fundamental principles of intersectionality theory, which show how different social identities like race, religion, gender and immigration status create multiple layers of discrimination and exclusion at work. Boundary theory is illustrated by how the participants' struggles to adapt their religious and cultural practices (such as praying and observing religious holidays) to rigidly structured and disciplined organisational work systems are shown to have negative emotional impacts on the participants' motivation and family life/overall wellbeing through spillover theory. The collective experience of the participants demonstrates that there is a systemic failure for the organisation to effectively apply equity, cultural sensitivity, and religion-inclusive processes in all aspects of the operation. These experiences indicate a larger failure for organisations to create and include religious and cultural inclusion in policies and daily procedures, resulting in feelings of being excluded and treated inequitably.

Subtheme 5.2: Intersectional Discrimination in Flexible Working and Economic Vulnerability

Race, gender, religion, immigration status and being a mother intersected to form a major barrier to obtaining flexible work options. Women with childcare responsibilities noted that many times they asked about flexible work arrangements were dismissed or discouraged by management, and often flexible work arrangements were approved for other employees who worked in equivalent positions. For example, P2 (Midwife; African Hindu) stated:

> *"Other midwives who are white with children had flexible contracts that were granted…I know this because I was the only non-white among them…. but my own was not granted…"*

Similarly, P28 (African Christian GP) expressed frustration at the lack of support for women of colour:

"It's almost impossible, especially if you're a woman of colour… you're not as well supported."

Some other participants state:

"When I asked for my leave, it kept being rejected with no reason and for over a year, I could not get any annual leave. To be honest, it appears to me that British women are more likely to be allowed flexible working arrangements, whether it is for childcare, family reasons or other reasons, than others. It is a gap that can't be overlooked" (P20)

"I've noticed that when I request time off or ask for flexibility, it's scrutinised more than when my white colleagues do the same. I feel like I constantly need to justify myself." (P7)

Another participant, a nurse in a university hospital, shared her difficulties in obtaining flexible working arrangements and how this influenced her wellbeing. She stated:

"When I asked for flexible working, the reality was not as smooth as it had been sold to us at the beginning. It was at the time they were celebrating black and ethnic minorities; I was just considered a statistic." (P31)

With these narratives, flexible working arrangements in the context of Global Majority Women (GMW) are not universally available or equitable; instead, they represent a stratified resource for those who have access to them. The application of an intersectionality lens demonstrates that race, gender, and migration status all mediate participants' ability to utilise flexible working arrangements, creating significant risks to the global majority of women's economic viability. Many participants reported lower income levels and slower career advancement opportunities due to being forced to work on a part-time basis because of their caregiving responsibilities.

P33 (African Muslim Nurse) also explained:

"I chose to work two days a week to attend to the kids, but it makes me lag financially because I'm not able to earn what I'm supposed to."

These accounts show how Institutions force GMW into making trade-offs between handling caregiving roles and gaining financial security, thereby reinforcing long-term inequality.

Subtheme 5.3: Barriers to Training, Development, and Career Progression

Another common theme observed is the structural barriers participants experienced when attempting to access career development and training resources for their careers. In addition to being hampered by domestic responsibility as well as race and gender-based issues, participants were also challenged to maintain a level of parity with colleagues in terms of advancement,

which has resulted in many feeling stagnant and excluded from their profession. This is evident through P13's statement about her peers advancing while she continued to be in training:

> *"My colleagues who I started with finished their training, became consultants, and I'm still training… they say things like, 'You need to hurry up and finish too."*

In addition to these obstacles, others also stated that their inability to complete additional training was due to caring for families at home. For example, P15 (African Christian Medical Doctor) explained:

> *"You are supposed to be studying more… but at home, it's just picking up the children, cooking… I don't have a lot of time to enhance my knowledge."*

P32 (African Muslim Healthcare Assistant) similarly viewed pursuing advanced education as virtually impossible:

> *"To go for career progression or further education like a master's, I see it as very challenging… with the children."*

The quotes draw attention to how the constraints associated with family responsibilities and the inflexibility of employment-related structures within workplaces affect the ability of individuals representing marginalised groups to pursue their professional aspirations. In this way, GMW's career stagnation was normalised, thereby reinforcing their feelings of being excluded from the profession and marginalised as professionals.

This theme shows how institutional (e.g., policy), societal, cultural, and policy-based factors intersect to form structural obstacles to upward mobility for healthcare workers whose identity intersects across categories. Even though the policies related to career development are developed on paper, the participant data demonstrates a consistent failure to implement these policies in practice, along with a lack of flexible work arrangements, as well as a lack of cultural understanding of differences. These system-wide failures create a workplace environment that is normalised in its practices of exclusivity, in which FWAs are stratified by race and gender, and career advancement is available only to those workers whose identities align with the prevailing values of the workplace. The systemic shortfalls identified above provide evidence of a workplace culture that is normalised to include exclusions, where FWAs are stratified based on race and gender, and career advancement is open to those who identify with the dominant values of the workplace.

Table 6.8: Intersectional Challenges in Healthcare Among GMW

Themes	Subthemes	First-order codes	Illustrative Quotes
Compounded Professional Marginalisation Through Multiple Identity Intersections	Multiple Identity-Based Discrimination and Hypervisibility	Hypervisibility, continuous surveillance, and a disadvantaged position	"Imagine being a black African Muslim woman. So that puts you in... exactly." (P16)
	Racialised Gender Stereotyping and Professional Credibility Challenges	Prejudice, competition, and favouritism	"You look too young to be my doctor" (P16); "Oh, where did you come from?" (P31)
Religious-Cultural-Gender Nexus in Professional Integration	Religious Practice Intersecting with Professional Demands	Threat, guilt, jeopardising beliefs	"I am seen as a threat to them" (P31); "I feel very guilty" (P17)
	Gendered Cultural Expectations Conflicting with Career Aspirations	Stay-at-home expectations, burden, sacrifice	"women should be stay-at-home moms" (P2); "at the expense of their careers" (P4)
	Social Integration Barriers Through Religious-Gender Identity	Distance, weird hat, preconceived opinions	"What is this weird hat you're wearing?" (Patient to P34)
Intersectional Motherhood Penalties and Gendered Migration Burdens	Racialised Motherhood Career Progression Barriers	Slowed down, extended training, stigma	"That has slowed me down" (P15); "I had to really fight for myself" (P28)
	Cultural-Gender Role Intensification Through Migration	Double burden, homeowners, stress	"Culturally we're still very much behind" (P28); "all this stress we undergo at home" (P22)
	Transnational Family Obligations and Economic Pressure	Live up to expectations, balancing act.	"I'm not able to live up to that expectation" (P33); "it's not easy balancing work and family" (P20)
Psychological and Emotional Intersectional Burdens	Identity Concealment and Authenticity Conflicts	Intimidated, an inferiority complex, sticks out like a sore thumb	"having like an inferiority complex" (P8); "stick out like a sore thumb" (P30)
	Intersectional Guilt and Role Conflict	Cheating on the child, inner conflict, neglecting	"you're cheating on the child" (P9); "creates an inner conflict" (P17)
	Mental Health Impact of Intersectional Discrimination	Stressful to the point, only a Black person, isolation	"it was stressful... I was even thinking of leaving" (P10); "I'm the only Black person here" (P33)
Systemic and Structural Intersectional Barriers	Institutional Policy Failures and Intersectional Exclusion	Weren't very aware, reported breaks for cigarettes	"they weren't very aware of it" (P14); "people take breaks for cigarettes" (P32)
	Intersectional Discrimination in Flexible Working	Almost impossible, declined request, lag behind	"It's almost impossible, especially if you're a woman of colour" (P28)
	Barriers to Training, Development, and Career Progression	Hurry up and finish, very challenging, stagnation	"You need to hurry up and finish too" (P13); "I see it as very challenging" (P32)

Source: Author's own compilation from interview data (2026).

6.2.2 Coping Mechanisms and Resilience Strategies

Global Majority Women (GMW) in the U.K. experiences illustrate the negotiation between personal agency and structural obstacles. GMW find ways to navigate the overlapping demands placed on them while building the capacity to be professionally successful and to have families in systems that were never designed to support these women's realities. Five types of coping mechanisms were identified: internal psychological adaptation; external resource mobilisation; strategic reconstruction of the life-course; strategic time management; and seeking structural accommodations.

Each type of coping mechanism is an entirely separate way of managing the various forms of inter-sectional challenges and shows the resilience demonstrated by GMW, as well as the systemic nature of the obstacles they face (see figure 6.5). Importantly, the prevalence of such strategies demonstrates employees' ability to adapt and take control of their situation; however, they also represent a larger issue within the organisation: providing equitable and inclusive workspaces for all employees. Resilience is defined as employees being able to endure the stress and harm they are experiencing due to inadequate workplace conditions that have been created structurally; it is not the lack of harm experienced by the employee.

6.2.2.1 Theme 1: Internal Psychological Adaptation

This theme illustrates how GMW transform their inner world to achieve psychological balance despite structural barriers. This includes the creation of new internal experiences, expectations, and meanings that help maintain a sense of psychological homeostasis.

As opposed to simply enduring the demands of the job, this theme represents a form of intentional meaning-making and emotional regulation to preserve one's mental health and to develop strategies of identity-work in an environment with high demand and low institutional support.

This type of adaptation is consistent with Intersectionality Theory, which shows how employees will create internal ways of coping with the cumulative effect of various characteristics (race, gender, migrant status, religion, etc.) and occupational hierarchy on employees in the workplace. This type of adaptation is also consistent with Boundary Theory, as employees describe creating internal strategies to emotionally cope with the blurred lines of work and family life when organisational structures or controls do not exist.

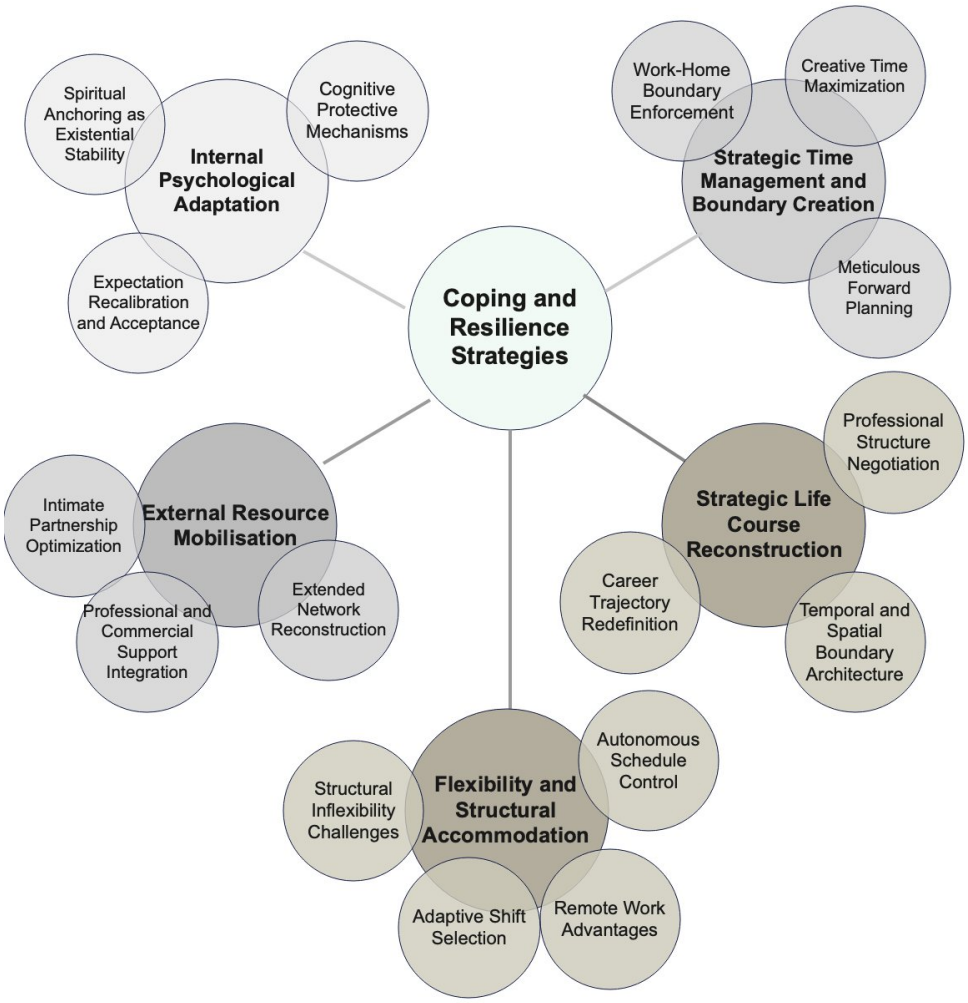

Figure 6.5: Coping and Resilience Strategies

Source: Author's own construction based on thematic analysis of interview data (2026).

Subtheme 1.1: Spiritual Anchors as Existential Stability

For many of the GMW interviewed, their religious or spiritual practice provided a means of creating existential stability in a time of great professional and cultural dislocation. Rather than being viewed simply as a source of comfort, their spiritual and religious practices were seen as essential to the development of meaning-making and identity stability during times of significant change and challenge. P12, a Medical Doctor, articulated this anchoring function:

> *"Religion has been really good. Because obviously you have like good times and bad times, even at work... when you come back to the basics of your religion, trying to listen to some sermons on comforting words. They kind of also just help with your wellbeing in general."*

Other Participants explain how they manage their stress:

"When everything seems too much, I resort to praying and attending my Sunday services where I get to meet new people and another fresh environment" (P14)

"I read my Quran and other religious texts on coping with calamities, and that does ease my tension or mood" (P21)

The quotes show how spiritual anchoring provided the participants with some form of stability. However, at the same time, in situations where the institutional structures do not accommodate religious practices, it becomes a source of identity fragmentation. However, spiritual anchoring could create additional psychological tension when workplace demands conflicted with religious obligations. P17, a Medical Doctor, described this internal conflict:

"When I overwork and when I don't have time to break... I miss my prayer times, I feel very guilty….it creates an inner conflict, as if I'm neglecting myself, or am I neglecting my religion because of this work"

The tension in this narration shows that institutional rigidity is capable of fragmenting a woman's identity as she is forced to choose between her professional obligations and her commitment to her religious beliefs. The tension also illustrates how a woman's religious identity (especially if she is Muslim) intersects with her racial identity, gender identity and occupational status to create increased emotional labour and inner turmoil, rather than accommodating these identities or allowing her to incorporate them into her work experience. Faith in this context has become one additional area where she has to sacrifice herself.

Subtheme 1.2: Cognitive Protective Mechanisms

Some participants shared how they deliberately try to protect their minds from being psychologically overwhelmed. This is a form of active psychological self-regulation rather than passive acceptance. P11, a Healthcare Assistant, exemplified this protective approach:

"So, what I do as much as possible is not to overthink it, and also, I try to enjoy every moment of my life rather than thinking of or starting to complain about that, even though I feel it's tiring and stressful"

P13 also mentioned how she focuses only on her work:

"I am very good at minding my own business, as this makes my life very peaceful. I don't let other people's problems bother me. If I could get paid for minding my business, I would be a rich woman"

This cognitive protection involved training mental attention away from uncontrollable stressors toward manageable present-moment experiences. P32, a Healthcare Assistant, described compartmentalisation efforts:

> *"At times, if there is a problem at work that maybe something happens…I'll just try to let it go out of my mind so that I'll be able to concentrate on what I'm doing at home."*

Another Participant mentioned:

> *"When I get home, I make sure that work is at work. I allow myself to rest and just be. I often stay alone in a quiet corner of the house to compose myself. That one quiet moment revives me." (P30)*

Despite the use of internal psychological adaptation by participants to regulate their emotional distress, it illustrates resilience as a necessary reaction to systemic ignorance of intersectional identities, not an innate ability. While this strategy serves as a survival route, it reinforces the argument that flexible working, when not adequately implemented, moves the burden of adaptation onto GMW, creating more inequality.

Subtheme 1.3: Expectation Recalibration and Acceptance

Rather than relying on external changes, participants actively modified internal standards and expectations to create psychological sustainability. This involved conscious rejection of perfectionist ideals and acceptance of "good enough" standards across life domains. P14, a Doctor, demonstrated deliberate expectation adjustment:

> *"So, the number one thing is I try not to be a perfectionist. I try to like look away, like know that I've tried my best... You are trying your best as a good mom. You are a good doctor."*

Having this self-talk is an example of "cognitive" work in which individuals are working to keep their self-worth intact as they have been unable to live up to the ideals they hold for themselves. Practical acceptance was demonstrated by P9 (a Health Care Worker):

> *"If I get home and I can cook, I cook. If we can't cook, we eat out... I do what I can do, and I leave the rest to be honest."*

This psychological adaptation allows the participants to function in difficult or restricted environments while protecting their mental health and relationships with their family. This allows participants to establish an internal boundary, which helps manage role overload, provided there are weak or permeable external boundaries. However, while expectation recalibration may support a woman's short-term wellbeing, it is also a symptom of a deeper

structural problem; women have to reduce their expectations for organisational and social reasons because these systems do not provide space for women to fulfil their multiple roles. As such, acceptance can be seen as a survival tactic and less as a tool of empowerment within structurally inequitable systems.

6.2.2.2 Theme 2: External Resource Mobilisation

In this theme, participants use many types of outside resources to cope with the pressures of their jobs and their families. These include money, personal relationships, and social institutions such as schools and hospitals. In contrast to the ways participants used their own internal resources to adapt to their changing situations, they identified, secured, developed and used these external resources to compensate for the limited institutional provision.

Subtheme 2.1: ***Intimate Partnership Optimisation***

Participants had developed strategies for maximising the level of support they could receive from their partners through communication, developing expectations and negotiating roles with their partner. The participants were proactive in their relationship management and did not rely on the pre-existing dynamic of their marriage. P4, a Medical Doctor, stated that he was able to develop an environment of positive spousal encouragement as a protective factor.

> *" My husband encourages me a lot when I'm down, when I'm not doing very well in something. To sort of push me up. Yeah, it works like a protective factor for me."*

Similarly, P6, a health care worker, described developing a system with her husband to care for their children:

> *"And then when you have a supportive husband that understands the situation of your workplace… We both try to make sure everything works out well."*

P2 also said that she believed she wouldn't be able to balance her job and family life without her husband:

> *“I think it’s because I have a really supportive husband. I don’t think I would be able to do it without him.”*

These emotional buffers provided by the husbands helped GMW maintain a healthy level of mental well-being and avoid burnout. However, maximising husbands' support was limited by cultural expectations and the existing dynamics of their relationship; therefore, participants had to carefully navigate traditional gender roles to increase their husbands' support. This study

illustrates an important theoretical insight: Resilience is relational but unequal. The health and wellbeing of women are dependent on having a husband who provides support, thus reducing the level of responsibility women have for balancing family and work life and eliminating organisational responsibility.

Subtheme 2.2: Extended Network Reconstruction

As many of the participants' families lived in their countries of origin, they were unable to rely on their original family support systems. As a result, they were forced to develop new support systems through strategic community engagement, use of professional services and mobilisation of their transnational family networks. Many participants made considerable investments to rebuild their family support systems, particularly those that had been separated by geography. P34, a Medical Doctor, compared her current lack of family support to the potential family support available to her in her country of origin:

> *"And to be honest, in my home country, I don't think this would be possible for most of the medical specialities without family support; if there is good family support, they can help with the childcare."*

Some participants made considerable investments in family reunification. For example, P8 described strategic investment in securing childcare support: *"We invested in bringing our moms to help... that was very helpful."* This was a considerable investment in both financial terms and in terms of rebuilding a family support system across international borders. Other participants also described similar arrangements. For example:

> *"I connect with family. What I enjoy most is talking to my husband and the fact that I have a sister in the same city. At times, I send my kids to her place (P27)*

> *"I go for swimming and hiking…. this also makes me connect with other people of like minds…it makes it easier to relieve stress" (P3)*

These examples demonstrate the women's ability to manage competing demands between work and family responsibilities. Furthermore, they illustrate the need for structural changes to reduce the burden on GMW and provide an environment that supports wellbeing.

Subtheme 2.3: Professional and Commercial Support Integration

Participants developed multi-layered support systems by combining informal networks of community support with professional services, including childcare services and workplace

arrangements with colleagues. P12, a Medical Doctor, recognised the need for professional services to support her family obligations:

" I have a nanny. That's the only way I can do it."

This demonstrates a resource mobilisation strategy based on the practical need for professional support services. Similarly, P9 described the mutual support that developed among colleagues at work:

> *"I had a colleague with whom we kind of made an arrangement. What happened is whenever I'm on night, she comes early. Just to have me leave on time as well."*

However, these arrangements may not be stable. P20, a Healthcare Worker, described the unpredictability of informal networks:

> *"The woman I keep my kids with at times might be sick. I have to go for another alternative, like a friend around or something."*

This illustrates how participants use an informal support system to manage the conflict between work and family.

6.2.2.3 Theme 3: Strategic Life Course Reconstruction

This theme describes how participants completely transform their overall life courses, their professional paths, and the timing of these paths to ensure that they can have a long-term balance of their professional lives and their personal lives. This is a macro-level life course transformation involving decisions that are rigid towards career, identity and future possibilities as an important response to structural inflexibility in the U.K. healthcare system. This is different from the micro-level processes described in internal adaptation and resource mobilisation.

Subtheme 3.1: Career Trajectory Redefinition

Participants consciously redefined career success metrics, timelines, and pathways to prioritise integration over traditional advancement models. This involved a fundamental reconceptualisation of professional trajectories rather than temporary adjustments. P7, a Medical Professional, articulated the reality of extended timelines:

> *"You're not putting all your energy into the career, so your career progression might be slowed down... Some people at 35 are done... but in a woman who*

probably had to go less than full time had to take some time for maternity leave... 45 or 50 she's not even yet done"

This is an example of how mothers' involvement in childcare can create additional barriers throughout their working lives.

P14, a Medical Trainee, explicitly accepted career modification due to gendered and biological expectations:

"Because I have to be the one to carry the pregnancy, I have to raise my family. That has slowed me down... But obviously, if I didn't have to balance family and work. Say I was a man. Now I'll just continue."

P28, a Medical Doctor, described how family priorities constrained career adventurousness:

"Because you can't take on roles whenever you think of taking on a role. You just think I won't have the time, or I won't apply myself fully. So, you'd rather stick to what you know and not try, and you know. Be adventurous and move on to other things that could be good for your career."

These narratives revealed how women's careers are influenced by institutional penalties associated with caregiving and, in return, reinforce intersectional inequalities across gender, race and migration status.

Subtheme 3.2: Professional Structure Negotiation

Some participants were proactive in seeking FWA, others considered changing positions to better accommodate integration, while some also negotiated alternative professional structures. This involved proactive career restructuring. P2, a Midwife, described a career transition motivated by flexible working needs:

"I was just told verbally over the phone that they wouldn't be able to fulfil my request. I wasn't even given the option to complete the paperwork to put it through formally, and that's when I made the decision to come out into the community."

This shows how institutional gatekeepers can push women out of jobs rather than retaining them.

P12, a Medical Doctor, demonstrated creative professional restructuring:

"I work two days in my normal day-to-day practice, and then I work out of hours for another organisation to make up for the pay loss…. I work weekends and evenings when my husband is at home with the kids."

While this might have improved financial status, it came with lots of intensified scheduling demands.

P11, a Healthcare Assistant, contrasted different employment structures:

> *"With the organisation I am currently with…Am I allowed to work from home? I have more time to engage with my family commitments"*

These accounts show how uneven access to flexible working arrangements is, often based on the organisation's structure or nature of the job rather than it being a formal policy alone.

Subtheme 3.3: Temporal and Spatial Boundary Architecture

Participants designed their own system of managing time and creating physical boundaries to support integration and separation between the home and work domains as required. This involved architectural thinking about life organisation. P34, a Medical Doctor, illustrated complex temporal coordination across time zones and work schedules:

> *" Sometimes I used to speak with my daughter, who is not here with me, while on the bus going home. Sometimes I wake up so early before my work time. So, I can catch her and have a quick video chat with her before she goes to school. Sometimes it happens during my break; it was just while eating."*

This reflects the ability to manage time, including emotional labour.

P16, a General Practitioner, demonstrated proactive boundary architecture: *"I refused a work laptop... when I'm home..."* This represents strategic boundary creation to prevent domain blurring. P4, a Healthcare assistant, described cognitive switching systems:

> *" Once I get out of work, I don't think about work anymore, so I switch off completely from work... I've trained my brain to sort of do that"*

This approach shows how participants try to avoid emotional spillover by avoiding boundary erosion in healthcare roles.

Despite these strategies used by participants, there is evidence of work-family role conflict. The following expressions provide insight into the participants' experiences:

> *"There have been times where there've been school trips that the kids have wanted me to attend…. I have had to say no…. that's difficult to disappoint the kids" (P21).*

Similarly, a participant expressed her challenge as coming from her kids clamouring for attention:

> *"I think the biggest issue is that when children get used to you, they will want to be with you…. where I work is a bit far from my house, and that is a big challenge. I get tired of the traffic to and from my workplace" (P8).*

The above statement is a description of the emotional strain many GMW endure while attempting to meet the needs of their children's attachment difficulties and their employment responsibilities. Extant studies support these experiences, which state that long commutes are a major source of stress and will leave less time to devote to family care, thus exacerbating work-family conflict (Han et al., 2023; Hsiao, 2023; Farradinn et al., 2019). Some of the structural obstacles that contribute to making these problems worse include a lack of accessible, affordable childcare options and a lack of culturally sensitive policies at the workplace. A participant stated:

> *"There's no workplace nursery, and childcare is so expensive." (P22).*

Overall, this theme reveals how GMW deals with systemic inflexibility by restructuring its futures. This costs women emotionally and professionally as they need to adapt to the rigid organisation policies rather than the organisation adapting to women's lives.

6.2.2.4 Theme 4: Strategic Time Management and Boundary Creation

A number of participants iterated that developing time management skills and establishing a set of personal boundaries was a necessary part of balancing the responsibilities of work and family life. Healthcare professionals' work environment, which includes irregular shift patterns and working long hours under emotionally demanding conditions, has led participants to employ boundary setting and time management as a survival tool. Most of the participants stated they spent a lot of time thinking about each day and planning what needed to be accomplished ahead of the days it would be needed. All the domestic activities (e.g., preparing meals, caring for children, etc.) were also scheduled into their work schedule and their family's needs. For example, P11 described preparing meals strategically to minimise stress during workdays:

> *"I do cook at night for the next day."*

In a similar manner, participants did not utilise their non-work days as a means to relax, but instead as an opportunity to plan and organise for future events. P22 stated:

> *"Any day I'm off work… I have to have a good preparation for those days."*

In addition to being an example of how participants manage their time, they also demonstrate an ability to use anticipatory coping. In this case, participants were able to lessen the stress or avoid stress by planning or through forward thinking. P7 further explained the process:

> *"It boils down to good planning… there's a lot of planning ahead….and you are reviewing all the time."*

A few of the participants indicated they utilised shared calendars and open communication as a means of planning. P8 demonstrated this concept in action:

> *"At every time we try to look at our timetable… when are you working? When am I not working? Okay, if you are working in the morning, how do we strategise this?"*

While the majority of non-working days were not used as "rest" but as "organisational labour" zones and reinforced the 'invisibility' of unpaid women's labour. Additionally, participants reported that having clear boundaries between their job and family life would contribute to their overall wellness and be a factor in how fully they could interact with their family. Many participants mentioned that mental and physical disconnection from the workplace at the end of each workday was key to establishing boundaries. P4 shared:

> *"Once I get out of work, I don't think about work anymore… I've trained my brain; once I step out, that's it."*

Other participants established boundaries by refusing to allow their work to invade their private spaces. P16 provided an example of this decision-making process:

> *"I refused a work laptop…. anything that happens at work stays at work."*

Participants utilised these alternatives as a means of developing some degree of control over their lives, which are shaped by both social norms (to be available) and workplace expectations (not to have work interfere with the private sphere).

In order to limit interruptions in their family life or personal goals, some participants integrated their responsibilities into their daily routines. P16 provided an example of incorporating educational activities into her daily routine:

"I tend to do my studying early in the morning... when the whole house is sleeping, so it's not impacting anybody."

P16's method is an example of temporal multitasking and demonstrates a very high level of discipline with regard to her time and priorities. These examples illustrate how there is a thin line between efficiently managing your time and protecting yourself. The participants were not only utilising time management strategies to accomplish more work, but they were also utilising them as a means to protect their mental health, maintain their relationships, and have some level of control over the uncertainty and unpredictability that exists within both their personal and professional lives. As such, GMW not only cope with work-family conflicts, but they also redesign their lives around them.

6.2.2.5 Theme 5: Flexible Working and Structural Accommodation

Flexible scheduling at work was one of the main factors that contributed to the various ways in which participants were able to achieve WFB. The many ways in which the participants were able to describe how they utilised flexible scheduling to meet the competing demands of their professional responsibilities and their family/personal responsibilities illustrate the value of flexible scheduling in enabling individuals to achieve WFB. Employees typically respond positively to flexible work options when available. Due to the nature of the organisational structure of the healthcare industry, flexible scheduling options are extremely limited for employees in this industry. The ability of participants to make choices about their own schedules enabled them to develop the tools needed to better coordinate the multiple demands of their lives and ultimately create a more harmonious environment in their homes.

. P25 exemplified the positive effects of determining one's own work schedule:

"The fact that I was able to choose the number of hours I want and the days that I want has enabled me to achieve a work-family balance."

Having flexibility in scheduling was a source of control for participants that enabled them to proactively plan and to synchronise their professional commitments with their family obligations, particularly childcare, transportation of children to and from schools, etc. Flexibility in scheduling was not only beneficial from a logistical standpoint but also served to decrease the levels of stress and increase the levels of satisfaction for participants. Remote work, although limited in availability, particularly in clinical positions, was viewed as a positive structural support when available. Participants believed that home-based work

eliminated the need to commute, provided a less structured work environment, and provided them with the opportunity to have greater control over their daily routines. P27 stated:

> *"The fact that I'm able to work at home some days gives me the opportunity to plan… I feel very relaxed."*

Remote work was viewed by participants as a means of providing them with an opportunity to de-stress and to regain time that could have been lost due to hospital-based routines. Some participants intentionally selected their shift schedules to maximise their availability to their families. For some participants, selecting to work evening shifts or morning shifts provided them with more availability to care for their children and to complete household responsibilities during the day. P31 provided an example of how she chose to select her shift schedule:

> *"I try to do night shifts. I can have time for them during the day."*

It should be noted that while choosing to select shift schedules in order to maximise availability to their families was helpful for some participants, this approach also resulted in the loss of rest, fatigue and cumulative health costs. These experiences show how even with the availability of flexible working, there are still trade-offs that strain rather than alleviate it. Participants repeatedly expressed dissatisfaction with the inability of even part-time or purportedly flexible work arrangements to match their spouse/partner's schedules or meet the broader needs of their families. P17 candidly described the negative impact of working excessive hours:

> *"When you work close to 50 hours per week, all you can do is sleep and eat right."*

This is indicative of the limited usefulness of "flexible working" in systems in which baseline expectations are already unrealistic. Even when participants were able to secure part-time positions, scheduling conflicts between their spouses/children and their schedules resulted in feelings of disconnection from their families and decreased familial cohesion. P19 provided an example of this phenomenon:

> *"Every time my husband is home, I'm at work... It's very difficult for us to have personal time or family time."*

The illustrations demonstrate how FWAs in practice do not always translate to meaningful WFB. For flexible working to be successful, it needs to have a strong structural basis, including regularly scheduled shifts, predictability in the schedule and open communication between

employees and managers. Although ad hoc adjustments are valued, they rarely provide the systemic structure necessary to create long-term well-being. Participants' data show that flexible work arrangements can only be successful with structural supports.

Particularly for migrant and female health care providers, there may also be reliance on childcare services and/or no extended family members available to provide assistance. While flexible schedules and shift choices are essential survival techniques for many, these need to be reinforced by policies which acknowledge the complexity of healthcare workers' personal lives. Without this reinforcement, the burden of adjustment falls disproportionately on individuals, particularly women, causing increased stress and inequity among the health care workforce.

Furthermore, Theme 5 highlights that Flexible Working will not automatically help reduce inequalities; it will only do so if inequalities are addressed through the organisation's organisational and cultural design. Therefore, Flexible Working should be seen as a potential solution; it needs to be used in conjunction with other solutions to create real change.

Table 6.8: Coping and Resilience Strategies By GMW

Theme	Subtheme	First-Order Codes	Illustrative Quotes
Internal Psychological Adaptation	Spiritual Anchoring as Existential Stability	Religious practices as a meaning-making framework, faith-based identity stability, and workplace-religion conflict management	"Religion has been really good... when you come back to the basics of your religion, trying to reconnect with your Lord... They kind of just help" (P12) "When I can't get a break during that time, I feel very guilty... it creates an inner conflict" (P17)
	Cognitive Protective Mechanisms	Deliberate restriction of rumination, mental attention training, and compartmentalisation strategies	"What I do as much as possible not to overthink it... try to enjoy every moment of my life" (P11) "I'll just try to let it go out of my mind so that I'll be able to concentrate on what I'm doing at home" (P32)
	Expectation Recalibration and Acceptance	Rejection of perfectionist ideals, "Good enough" standards acceptance, self-worth maintenance strategies	"I try not to be a perfectionist... You are trying your best, a good mom. You are a good doctor" (P14) "I do what I can do, and I leave the rest to be honest" (P9)
External Resource Mobilisation	Intimate Partnership Optimisation	Strategic spousal support cultivation, communication and expectation setting, role negotiation in relationships	"My husband encourages me a lot when I'm down... it works like a protective factor for me" (P4) "I think it's because I have a really, really supportive husband. I don't think I would be able to do it without him" (P2)
	Extended Network Reconstruction	Strategic community engagement, transnational family mobilisation, and creative support system building	"We invested in bringing our moms to help... that was very helpful" (P8) "In my home country... without family support... we can help with the child care" (P34)
	Professional and Commercial Support Integration	Multi-layered support systems, professional childcare services, colleague-based mutual arrangements	"I have a nanny. That's the only way I can do it" (P12) "We kind of make an arrangement... when I'm on night, she comes early" (P9)
Strategic Life Course Reconstruction	Career Trajectory Redefinition	Success metrics reconceptualisation, extended timeline acceptance, integration over advancement priority	"Your career progression might be slowed down... by the time they are like 35, they are done... but in a woman... 45 she's not even yet done" (P7) "Because I have to be the one to carry pregnancy... That has slowed me down" (P14)
	Professional Structure Negotiation	Flexible working arrangements seeking, position changes for integration, and alternative professional structures.	"I made the decision to come out into the community" (P2) "I decided I was going to work two days... and then I worked out of hours... to make up for the pay loss" (P28)
	Temporal and Spatial Boundary Architecture	Sophisticated time management systems, physical boundary structures, and domain integration strategies	"Sometimes I used to speak with her while on the bus... Sometimes I walk so early before my work time" (P34) "I refused a work laptop... when I'm home" (P16)
Strategic Time	Meticulous Forward	Anticipatory coping strategies, continuous planning	"Without cooking in the morning, I do cooking at night for

Management and Boundary Creation	Planning	processes, and shared calendar coordination	the next day" (P11) "At every time we try to look at our timetable... how do we strategise this?" (P8)
	Work-Home Boundary Enforcement	mental disconnection strategies, physical space separation, and psychological compartmentalisation	"Once I get out of work, I don't think about work anymore... I've trained my brain" (P4) "I refused a work laptop because I don't want to bring work home" (P16)
	Creative Time Maximisation	Temporal multitasking, early morning optimisation, and minimal disruption integration	"I tend to do my studying early in the morning... when the whole house is sleeping" (P16)
Flexible working and Structural Accommodation	Autonomous Schedule Control	Self-determined working hours, part-time work arrangements, proactive planning, and facilitation	"The fact that I was able to choose the number of hours I want and the days that I want has enabled me to achieve a work-family balance" (P25)
	Remote Work Advantages	Commuting time reduction, environmental stress reduction, and daily routine control	"The fact that I'm able to work at home some days allows me to plan... I feel very relaxed" (P27)
	Adaptive Shift Selection	Strategic shift pattern choices, night/early morning optimisation, and daytime availability creation	"I try to do night shifts. I can have time for them during the day" (P31)
	Structural Inflexible Working Challenges	Healthcare system rigidity, scheduling mismatches, and unsustainable baseline expectations	"When you work close to 50 hours per week, all you can do is sleep and eat right" (P17) "Every time my husband is home, I'm at work... It's very difficult for us to have personal time" (P19)

Source: Author's own compilation from interview data (2026).

6.3 Research Objective Three: How Flexible working arrangements contribute to WFB and wellbeing of GMW

This research objective explored how flexible working arrangements (FWA) contribute to the global majority women's (GMW) working in the U.K. work-family balance (WFB) and wellbeing. The results of this research objective are reported in this section. Firstly, the contribution of flexible working arrangements to the GMW's WFB and wellbeing is examined. Two themes were identified from the findings. The first theme examines the contributions of flexible working arrangements to individual wellbeing and identity transformation, through an examination of psychological restoration, professional identity reconfiguration, and personal agency development. The second theme examines the relational aspects of flexible working arrangements, including family relationships, partnership relations, and professional collaboration. Subsequently, the findings examine facilitators and barriers to the effective use of flexible working arrangements (See Table 7.10).

6.3.1 Flexible Working Arrangements, WFB and Wellbeing

FWA were found to have effects at multiple interconnected levels; namely, individual, interpersonal and systemic, creating ripple effects. The results show that Flexible Working Arrangements (FWA) facilitate Work-family Balance (WFB) and wellbeing by providing multiple levels of support to enhance psychological restoration, autonomy, and personal agency. Consistently throughout the interviews, participants identified FWA as allowing them to get a sense of control back in relation to how they use their time, energy and emotional resources. As these forms of pressure are interconnected (gender, ethnicity, migration status and professional expectations), this control was especially important in the context of the U.K.'s healthcare system.

6.3.1.1 Theme 1: Individual Wellbeing and Identity Transformation

The first major theme to emerge from the findings reflects the profound level of individual-level transformation experienced by participants as a result of their engagement with flexible working arrangements. Here, FWAs are shown to have psychological restoration, reconfiguration of professional identity and an increase in personal agency. FWAs also allow GMW to create an essential transformation in their self-perceptions of being a professional,

caregiver, and individual who can manage and adapt to multiple, complex cultural and professional demands.

Sub-theme 1.1: Psychological Restoration and Mental Health Enhancement

The psychological advantages of FWA emerged as one of the most persistent and influential themes across all participants' narratives. The advantages of flexible working arrangements as reported by participants went far beyond the alleviation of stress; they represented an improvement in the participants' mental health, emotional regulation and general psychological wellbeing. The data indicate that relatively limited access to flexible working can lead to disproportionate psychological benefits, suggesting that the ability to exert autonomy and control may be especially beneficial for GMW in the U.K. healthcare roles. P13, a Medical Doctor who has only occasional access to flexible working arrangements, stated the psychological benefits clearly as follows:

> *"When I have the opportunity to work from home….it makes me more balanced, feel more balanced and more motivated. Flexible working is helping with mental health and helping with work-family balance, and makes me more motivated for the other working days."*

The study also illustrated how flexible working allows workers to retain psychological benefits after their flexible working days are completed and to maintain these benefits in the long term. As such, there are sustainable gains in terms of motivation and emotional balance that follow workers back to their normal working arrangements. Workers reported a feeling of restored control and independence in their professional lives as a result of the psychological restoration they received from flexible working.

In particular, for those workers experiencing work-related stress, burnout, or mental health issues, the psychological benefits of flexible working were evident. For example, Dr P10 said she believed that "Flexible working will give me better job satisfaction and higher productivity," reinforcing the link between wellbeing and performance. In addition, these findings support existing research suggesting that organisational investment in flexible working generates returns both in terms of the wellbeing of employees and in terms of their professional effectiveness and commitment to work (Buick et al, 2024).

The study also found that the psychological benefits of flexible working enabled workers to develop a level of protection and personal agency, in terms of their workload and their levels

of involvement in their work. Ms P16, for example, noted: *"Set clear expectations and boundaries, not overworking myself."* Other workers highlighted the positive spillover effects from work to family, including:

> "*I feel more in control and less overwhelmed" (P26)*

> *" It just makes everything easier to manage and reduces so much stress. It's a gamechanger, really" (P35).*

The findings show that flexible working can offer a chance for GMW to develop their emotional availability, have higher role satisfaction, and generally have better overall wellness.

Notably, Flexible working may not remove all of the health issues experienced by many of the participants; however, the research found that flexible working does create an environment where the participants' ability to engage in intentional self-care and stress management was enhanced. For example, Nurse P33 stated:

> *"It has not improved [my health], it has worsened it... I consciously take time to go for a walk; it has helped me."*

Flexible working has enabled P33 to take advantage of self-care and intentional stress management strategies; as such, it is clear that flexible working is a form of enhancing resources, particularly for GNW navigating intersecting professional and personal demands.

Flexible working also afforded participants greater control over how they managed the complexities of work-family demands; thus, it empowered the participants to make choices about their overall wellbeing, to achieve greater financial independence and to be able to invest more completely in their chosen careers.

> *"Well, for me, it has improved my WFB and overall wellbeing. Having that financial freedom….it brings a sense of satisfaction and fulfilment that you can't really put into words. It just makes a difference" (P5).*

> *"Honestly, it's a good thing to work in a flexible environment. When you have that flexibility, you're able to do so much more. You can function better overall." (P12).*

> *"The fact that I can work from home some days gives me the chance to plan my time better. It helps me get so much done while keeping that sense of joy in what I do. Even though I'm working, I can still take care of my personal needs and private life. It's a good balance, and it makes me feel like I'm not missing out on the things that matter most to me" (P37)*

These quotes collectively demonstrate positive bidirectional spillover, where flexibility in work reinforces personal fulfilment, which in turn enhances professional commitment.

Subtheme 1.2: Professional Identity Reconfiguration and Career Sustainability

The data analysis results indicated that participants could remain engaged professionally (to some extent) while avoiding complete withdrawal from the labour force (therefore able to strategically manage their personal and professional needs), as adaptations during this time are most critical to Global majority women whose investments in professional training and career advancement have likely occurred before and after migrating. For these women, leaving their entire job would cost them their professional identity, life purpose and economic loss.

With Flexible working arrangements, participants can continue making meaningful contributions to their profession by adjusting the structure and intensity of their contribution in response to changes that occur throughout their lives.

P17, a Medical Doctor, discussed the process of professional identity transformation:

> *"I do love my job, but I just don't want to do it 100%. I don't want to do it full-time, right? I still definitely want to keep working, and I believe I have a lot to give to the Community, to the hospital and everything, so flexible working is a solution I think."*

The quotation shows how flexible working arrangements enable participants to be active in their careers and avoid withdrawing from employment entirely (i.e., a hybrid model of work); this flexibility enables participants to both maintain their professional identities and safeguard their personal wellness. Flexible Working Arrangements (FWA) allowed participants to create new boundaries in relation to their involvement with work; hence, they could continue to be professionally involved without jeopardising their wellbeing. However, this creation of new boundaries also indicates identity work, as participants have proactively changed what it means to be a committed professional within non-traditional full-time standards.

Many of the adaptations for professional identity enabled through flexible work models were proactively undertaken by participants as strategic responses to the structural limitations of workplace environments and societal expectations. In this light, P7, a Healthcare worker, shared:

> *"I've tried to achieve work-family balance by choosing a speciality that would not make me do night shifts or weekends."*

P7 intentionally changed her profession and adapted her professional identity to support her need for self-care while still contributing to society and advancing in her career. These decisions were because of her intersectional identities, such as gender, immigration status and the demanding nature of healthcare work. Therefore, participants have used flexible working to navigate their intersecting pressures for long-term career engagement.

The participants who were negatively impacted by the strict and demanding characteristics of traditional healthcare structures or felt limited by their own professional demands due to family obligations or health issues benefited from being able to continue to sustain their professional identities, but with less work. Maintaining a professional identity, while also decreasing the number of hours worked, supports existing research that flexible working arrangements are considered essential to career longevity and overall job satisfaction (Chen et al., 2020).

Subtheme 1.3: Self-Care, Personal Agency, and Empowerment

Flexible working arrangements also enabled participants to develop and implement their personal agency outside of the confines of their workplace. It empowered GMW to create boundaries around themselves, to purposefully manage their own self-care, and to regain their sense of independence and self-efficacy. A Healthcare Assistant (P25) explained the multi-dimensional advantages of flexible work:

> *"It has helped me financially, emotionally, in every way... I was not doing anything for five months. Being dependent is not the best place to be."*

The above quote illustrates the manner in which flexible work creates opportunities for women to regain their sense of personal agency and independence; thus, creating overall multidimensional wellbeing, including financial stability, emotional wellbeing and self-efficacy. The reference to becoming independent and not being dependent also illustrates the importance of flexible work arrangements for migrant women who are likely to experience professional or personal dependence as a result of their migration experience and caregiving expectations (Anthias and Lazaridis, 2020). FWA thus functioned as a mechanism for empowerment which allowed participants to regain control over their lives and status.

In many cases, the personal agency gained by the participants through flexible work arrangements was realised through improved self-care and stress management techniques. An example is provided by P16 (Nursing Support Assistant), who stated she *"establishes boundaries and expectations clearly... doesn't overwork herself"*, while P33 (Nurse) states *"I make a conscious effort to go for walks...it has really helped"*.

Despite ongoing major health issues, participants were able to find an opportunity to plan out space for purposeful wellness activities and to regulate their emotions. This supports boundary theory, as FWA allow clear segmentation between job role and personal wellbeing; on the side of spillover theory, it shows that good self-care in the life domain will contribute to continued workforce participation and emotional stability. Overall, this indicates that flexible work arrangements can offer unique benefits to GMW who are likely to be subject to multiple stresses associated with the migration process, cultural adaptation, and the process of integrating into the workforce.

Subtheme 1.4: Psychological Distress and the Costs of Inflexible Working.

The study demonstrated that participants experienced mental strain due to their lack of access to flexible work arrangements. The study results support the notion of how all of these rigid working practices can collectively impact the participant's experience with mental health and how they can be productive. P7 (Healthcare) described this emotional weight of traditional hours of employment: "It's tiresome... It is emotionally exhausting... It is mentally exhausting sometimes as well."

P7's description illustrates how the cumulative negative effects of rigid working practices negatively affect many facets of the participant's mental health; ultimately affecting the individual's overall wellbeing and professional viability. The negative psychological impacts of rigid working are more profoundly felt when related to the disruption of one's natural circadian rhythms and cognitive processes. P17 (Medical Trainee) describes the disruption to his sleep patterns due to the inflexibility of scheduling: "*Night shifts take a couple of days to get my sleeping schedule back... I think I worked my 60%."*

This account shows how inflexible scheduling requirements cause the loss of normal physiological functions and reduce cognitive capacity and overall functioning; this may have long-term effects on professional performance and personal wellbeing.

Importantly, some participants describe the negative impacts of FWA on their mental health and overall wellbeing as a result of their work and family responsibilities, even though they used flexible working arrangements. Therefore, these findings provide evidence for the negative spillover potential of flexibility on Work-Family Balance and wellbeing.

> *"It's affecting me deeply. Honestly, it's eating away at me, but in a way, it's also pushing me to want to do more for myself, to find ways to cope and take better care of my mental health" (P11).*
>
> *"The pressure of managing my time is one of the biggest challenges I'm facing right now, and it's causing me a lot of stress. It's exhausting trying to juggle everything, and it feels like there's never enough time to get it all done" (P31).*

Some participants pointed out that flexibility might result in rigid schedules, restricted social interactions and insufficient time for personal activities.

> *"Because of my flexible working arrangement... my life is rigid; it becomes difficult for me to fit another thing into my schedule because every other thing is occupying my time" (P35).*
>
> *"It is difficult to socialise because your time is fixed with one thing or the other. I would prefer to be resting or sleeping before my next shift… It's difficult because you can't lose track of time with a flexible working arrangement" (P15).*
>
> *"My life is either work, sleep or sleep work…I rotate a specific pattern every time…making life boring sometimes…" (P18).*
>
> *"I am navigating lots of things in my life... this is because of flexible working …it makes me do more things and not even having that time to myself again…(P5).*

These examples reveal how flexible working sometimes is not positive but can be negative, emphasising the negative spillover of flexibility to individual life experiences. Collectively, the evidence presented here indicates that flexible work arrangements are neither universally beneficial nor a "good thing". Flexible work arrangements may have varying effects on wellbeing at work (WFB) and wellbeing in general based upon workload expectations, organisational culture and individual circumstances. In the case of GMW, flexible work arrangements may either support wellbeing or increase strain, emphasising that flexibility must be relevant, supportive, and contextual as opposed to merely symbolic.

6.3.1.2 Theme 2: Relational Dynamics and Social Connection

The findings indicated that FWA are a form of relational intervention that can have positive effects on family bonds, affect the relationship between partners and create positive impacts

on professional partnerships; however, they also identified the potential for negative social consequences due to inflexible working practices.

Subtheme 2.1: Parent-Child Enhancement and Family Bonding

Participants reported that their use of FWA allowed them to participate in meaningful family-based activities that provided consistent and high-quality care, developed stronger parent-child relationships and improved overall family cohesiveness. Participants identified FWA as developing opportunities for care through tangible caring actions while developing clear boundaries for quality time spent with family members. For example, P12, a doctor working a four-day work week, described how her flexible work arrangement impacted her relationship with her children:

> *"The days I work from home are really good because it just creates more time to bond with the kids. That's the day I decide to make breakfast, and I can drop them off at school when they come back, and they meet me at home."*

This quote clearly describes how FWA allow participants to be engaged in family-based activities through tangible acts of care, such as preparing children's meals or dropping them off at school, which create opportunities for expressing love and care through physical presence, which develops emotional bonds between parents and children. In addition to these practical aspects of childcare, these examples illustrate how participants manage temporal boundaries more effectively, enabling participants to show love and attention to their children through participation in meaningful daily routines rather than being disconnected by the demands of their work.

This approach was especially important to participants who were trying to balance the demands of a career in healthcare with family obligations. P3, a Care Assistant, illustrated this by stating that she valued having time to be with her family members:

> *"I simply have time for each of them…when I'm working, that means I'm working, and when I'm with my family, I am with my family. And when I'm working, they are not being neglected."*

In terms of temporal boundaries, this participant's ability to manage her time effectively allows her to give undivided attention to her family and ensure that her children do not experience neglect due to her work commitments. As discussed previously, this ensures that participants' family relationships are supported through flexible working, as it allows them to be emotionally

available to their families. Furthermore, this supports participants in maintaining their own mental health, which has been shown to positively support workplace performance. As discussed previously, P32, a Health Care worker, stated that:

> *"When you are on flexible working hours, you will be able to concentrate very well at work... Your children are in safe hands."*

This statement suggests that the level of family relationship quality and concentration levels at work are directly related and support the notion of positive interdependence between family and professional life through the development of a cycle of positive reinforcement between both areas of participants' lives. For GMW working in the healthcare sector, FWA enables them to reconcile professional expectations with cultural expectations such as caregiving responsibilities and family support and still maintain their role in the labour market.

Sub-theme 2.2 Partnership Transformation and Domestic Equity

Flexible working practices caused considerable changes in partnerships and have resulted in a more equitable distribution of domestic duties, as well as more supportive partnership relationships for all participants and their partners. These are fundamental changes to the way households are organised and to the roles within partnerships that go far beyond the provision of scheduling flexibility. P19, a Healthcare Assistant, explains how flexible working changed her partnership dynamics:

> *"Flexible working has helped... I've been able to manage my time better... My husband now cooks, cleans... we do everything together."*

From P19's narrative, flexible working enabled participants to create possibilities for an equal share of domestic tasks and create a more collaborative partnership dynamic; this creates a possibility for the participants to transition from being individually responsible for domestic tasks to being jointly responsible for domestic duties. This could be especially helpful for migrant women who have been socialised with the expectation of performing domestic duties based on their cultural background (Venugopal and Huq, 2022). The cooperative partnership development created by flexible working extends beyond the equal distribution of domestic tasks and includes creating the opportunity to spend quality time together, as well as creating common experiences. P4, a Doctor Trainee, stated:

"Yes, we do find time for ourselves... I get enough time to spend with my husband, and I get enough time to do the things I enjoy."

Having extra time allows the participants to get closer to their partners as well as participate in leisure activities or hobbies which they have a preference for; therefore, it is clear that flexible working enables the participants to create multi-dimensional relationships and get satisfaction from doing what they want. Flexible working thus allows the participants to fulfil their work obligations and adapt to their family's cultural requirements to show their love for their family. From a spillover theory perspective, higher levels of relationship satisfaction were associated with increased overall wellbeing among participants, which furthered their ability to handle job demands.

The organisational responsiveness was a significant contributor to relational outcomes among the participants. Many of the participants noted that they could make adjustments to their schedule due to family needs because of managerial support:

"Before, I was working as a night carer, but because of my family commitments. I spoke to my manager and explained that I couldn't continue with the night shifts… I was able to switch to the day shift. It's made a huge difference…" (P9).

"So, if there's ever an emergency with my family, I can easily call my workplace and let them know… they offer emergency family leave." (P3).

"What helps me the most is that we usually get our schedules beforehand. So, I can plan things out in advance" (P21).

"The fact that I'm able to work from home on some days allows me to plan better and be there for my family when they need me." (P36).

The experiences detailed above demonstrate how organisational responsiveness and managerial support are two of the most important facilitators of flexible working. The importance of these adjustments and changes to partnerships from a gendered and race-based intersectionality can also be seen as important for individuals such as GMW (who have many interrelated responsibilities). These include responsibilities that are culturally based, family-based, and gender based.

Sub Theme 2.3: Professional Relationships and Team Dynamics

Unlike the common view that a reduction in working hours will have a negative impact on workplace relationships, a large number of the individuals who participated in this study found that flexible work arrangements had an overall positive impact on their professional relationships and work performance. The data collected through the study supported the idea

that when flexible work arrangements are structured properly, they may lead to improved team collaboration and professional problem-solving, while maintaining the same level of patient care quality and organisational commitment as traditional full-time employment. For instance, P30, a physiotherapist, shared an experience:

> *"The flexibility of my team allows me to be able to attend a long-standing court case of my friend online during working hours…. That I worked and I was able to permanently resolve all of the pending issues that have been ongoing for 2 years, and she was back in her role that day, made me so happy, and I appreciated team support always."*

The above example illustrates how Flexible Working Arrangements (FWA) can be utilised as a mechanism for employees to collaborate in resolving common problems as well as provide support for each other, as opposed to negatively affecting employee productivity. The fact that Participants can stay fully engaged with their jobs while managing important personal obligations suggests that an individual's job performance has much more to do with being engaged and having the necessary focus and working within a supportive team environment where all members have a high level of trust for one another than it does with the amount of hours they spend working. As such, this supports the findings of Weideman and Hofmeyr (2020), who argue that a successful FWA arrangement is predicated upon a high degree of effective communication amongst the participants, and the intentional and strategic application of time to utilise the designated working hours effectively. P24, a healthcare worker, reported:

> *"98% it works well for me... We know when to work, when to play, when to travel; it works well."*

This participant's ability to separate work from personal activities effectively through structuring time management allowed her to establish a separation between her work and private life, yet at the same time allowed her to meet the standards expected of her as a professional and also be an active member of her team. This implies that flexible work arrangements can promote professional relationships and help build better working relationships for employees who can actively participate in their working hours more than they were previously able to in rigid schedules. Additionally, flexible working will reduce the amount of work-life conflict that occurs for employees, thereby reducing their level of stress, and subsequently increasing the likelihood of employees having positive experiences with their colleagues and working together more cohesively as a team within the healthcare settings.

Sub Theme 2.4: Social Isolation and Relationship Strain

In contrast, the analysis also illustrated the high social costs of participants when flexible working arrangements were either unavailable or when work demands conflicted with relationship maintenance. Therefore, these results illustrate how inflexible work arrangements may result in negative spillover effects that damage family relationships and reduce community participation. For example, P8, a healthcare worker in traditional arrangements, reported the negative impact of inflexible work arrangements on family relationships:

> *"You feel like shouting more at your kids... bringing pressure from work to home."*

This narrative demonstrates the creation of negative emotional spillover from rigid work arrangements to damage family relationships and social connections. The failure of participants to adequately manage work-related stress and transition effectively between professional and family roles resulted in a cascade effect that damaged the quality of relationships and overall family wellbeing. The social isolation resulting from rigid work arrangements was particularly evident in reduced community participation and compromised social relationships. For example, P17, a medical trainee, stated:

> *"I do have to compromise on... the time I spend with my family or friends."*

This forced choice between professional obligations and social relationships created social isolation that is likely to be particularly problematic for Global Majority Women (GMW) because of their potential pre-existing barriers to social connections and community inclusion, especially those with migrant backgrounds. Therefore, the lack of FWA posed particular challenges for GMW, who rely heavily on family and community relationships for social support, cultural connection and practical help. In addition, the social isolation resulting from inflexible work commitments may exacerbate other migration-related challenges and limit access to important sources of resilience, negatively impacting overall wellbeing. These findings uncover the important role of FWA as a tool for shaping overall wellbeing, social integration and a sustainability mechanism for women navigating complex family demands rather than just an organisation's policies.

Table 6.9: Flexible Working Arrangements, WFB and Wellbeing

Theme	Sub-theme	Illustrative Quotes	Participant	System Level	Interpretation
Individual Wellbeing and Identity	**Psychological Restoration**	"When I have the opportunity to work from home... it makes me feel more balanced and more motivated. For the working days... flexible working is helping with mental health and helping with work-family balance"	P13 (Medical Doctor)	Individual	Limited flexible working creates disproportionate positive psychological impact, demonstrating the powerful restorative effect of autonomy on mental health and work motivation.
		"Once I finish at work, I have my family to attend to... We are proud of you today... I've been happy to go to work..."	P31 (Healthcare worker)	Individual	Family validation and support systems are strengthened through flexible arrangements, creating positive feedback loops for emotional wellbeing and work satisfaction.
		"Flexible working… would give me better job satisfaction… higher productivity"	P10 (Medical Doctor)	Individual	Psychological restoration directly correlates with enhanced work performance, suggesting organisational benefits emerge from individual wellbeing improvements.
		"very relaxed and really giving me kind of joy that I can manage my time the way I want... My organisation is very supportive"	P27 (Finance Administrator)	Individual	Autonomy over time management generates joy and satisfaction, while organisational support amplifies these psychological benefits.
	Professional Identity Reconfiguration	"I do love my job, but I just don't want to do it 100%. I don't want to do it full time... I still definitely want to keep working, and I believe I have a lot to give to the Community"	P17 (Medical Doctor)	Individual	Flexible working enables sustained professional engagement while preventing complete career abandonment, representing strategic identity adaptation to maintain both personal wellbeing and professional contribution.
		"I've tried to achieve work-family balance... by choosing a speciality that would not make me do night shifts or weekends"	P7 (Healthcare professional)	Individual	Career trajectory modifications are strategic responses to systemic constraints, representing adaptive professional identity reformulation to preserve wellbeing.
	Self-Care and Personal Agency	"Set clear expectations and boundaries… not overworking myself"	P16 (Nursing Support Assistant)	Individual	Flexible arrangements empower GMW to establish protective boundaries and exercise personal agency over work intensity, preventing burnout.
		"I consciously take time to go for a walk… it has helped me"	P33 (Nurse)	Individual	Even when health challenges persist, flexible working creates opportunities for deliberate self-care practices and stress management strategies.
		"It has helped me financially, emotionally, in every way... I was not doing anything for five months… being dependent is not the best place to be"	P25 (Healthcare Assistant)	Individual	Flexible working restores personal agency and independence, contributing to multidimensional wellbeing and self-efficacy.
	Psychological Distress	"It's tiring... emotionally draining... mentally also sometimes can be draining"	P7 (Healthcare professional)	Individual	Rigid work structures create a cumulative psychological burden affecting multiple dimensions of mental health, demonstrating the cost of inflexible working.
		"Working night shifts... takes a couple of days for my sleeping schedule to get back... I think I worked my 60%"	P17 (Medical trainee)	Individual	Inflexible scheduling disrupts fundamental biological rhythms, reducing cognitive capacity

					and overall functioning.
		"It has not improved [my health], it has worsened it"	P33 (Nurse)	Individual	When flexible working is insufficient or poorly implemented, individual health burdens may persist or increase despite interventions.
Relational Dynamics	**Parent-Child Enhancement**	"Think so if you say, for example, the days I work from home are really good because it just creates more time to bond with the kids. That's the day I decide, OK. I'm making toast bread because I know they love toast bread in the morning, and I can drop them off at school"	P12 (Medical Doctor)	Interpersonal	Flexible working enables meaningful domestic engagement and demonstration of care through concrete nurturing activities, strengthening parent-child bonds.
		"I simply have time for each when I'm working, and I'm working, and when I'm with my family, I am with my family... They are not being neglected"	P3 (Care Assistant)	Interpersonal	Clear temporal boundaries facilitate quality presence and prevent family neglect while maintaining professional commitment.
		"When you are on flexible working hours, you will be able to concentrate very well at work... Your children are in safe hands"	P32 (Healthcare worker)	Interpersonal	Family security enhances workplace focus, demonstrating how relational wellbeing supports professional performance.
	Partnership Transformation	"My husband now cooks, cleans... we do everything together"	P19 (Healthcare Assistant)	Interpersonal	Flexible working catalyses more equitable domestic role distribution and strengthens collaborative partnership dynamics.
		"Yes, we do find time for ourselves... I get enough time to spend with my husband, and I get enough time to do the things I enjoy, like going out, going on holidays"	P4 (Doctor Trainee)	Interpersonal	Extended time availability enhances both couple relationships and the individual pursuit of personal interests and recreation.
	Professional Relationships and Team Dynamics	"I went into the meeting... with my friend online and the team... I was able to permanently resolve all of the pending issues that have been ongoing for 2 years"	P30 (Physiotherapist)	Interpersonal	Flexible working can enhance rather than compromise professional collaboration and problem-solving effectiveness.
		"98% it works well for me... We know when to work, when to play, when to travel… it works well"	P24 (Healthcare Worker)	Interpersonal	Structured flexible working enables optimal time management across professional and personal relationships.
	Social Isolation and Relationship Strain	"You feel like shouting more at your kids... bringing pressure from work to home"	P8 (Healthcare worker)	Interpersonal	Rigid work arrangements create negative emotional spillover that damages family relationships and social connections.
		"I do have to compromise on... the time I spare for my family or friends"	P17 (Medical trainee)	Interpersonal	Inflexible work demands lead to compromised social relationships and reduced community engagement, creating isolation.

Source: Author's own compilation from interview data (2026).

6.4 Factors that Facilitate or Hinder the Effectiveness of Flexible Working Arrangements among GMW

The findings reported here identify the main factors which influence how effectively Flexible Working Arrangements (FWA) can support both Work-family Balance (WFB) and wellbeing amongst Global Majority women (GMW). The results demonstrate that while FWA can generally be viewed as having a positive effect for many people, it will only produce such an effect if all three enabling organisational, relational, and cultural conditions exist.

6.4.1 Factors Facilitating Effective Flexible Working for WLB and Wellbeing

The positive effects of FWA on work-family balance and wellbeing among GMW depend on a number of factors that provide the conditions and support systems needed for flexible working arrangements to achieve their full potential. Four interrelated supporting factors have been identified: organisational policies and managerial attitudes, planning and predictable scheduling, colleagues' support networks, and cultural and religious accommodations (see Figure 6.6). Together, these factors shape how FWAs are experienced, accessed, and sustained in practice.

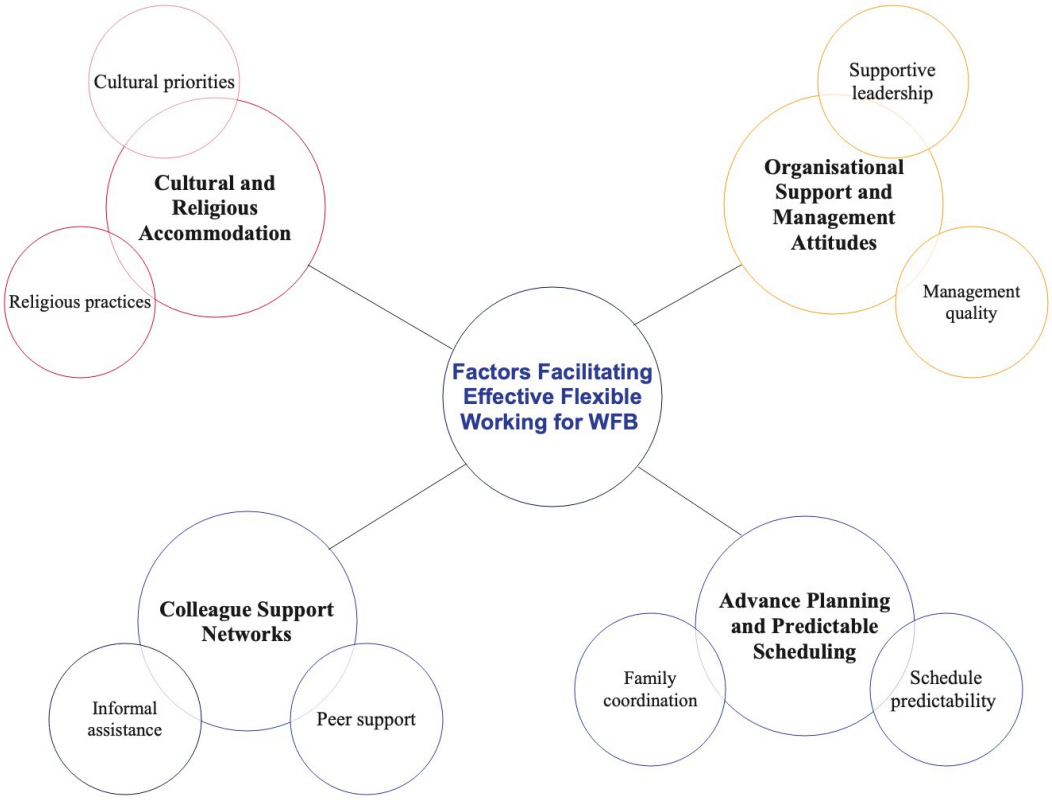

Figure 6.6: Factors Facilitating Effective Flexible Working for WLB and Wellbeing

Source: Author's own construction based on thematic analysis of interview data (2026).

6.4.1.1 Theme 1: Organisational Support and Management Attitudes

Organisational policies and managerial attitudes were identified as key facilitating factors for the success of FWA. Participants consistently referred to supportive and understanding managerial practices as providing essential support to their ability to manage their professional and family responsibilities. Such support was not restricted to formal policies, but also included the everyday practices and discretionary judgments of managers. For many participants, having a sympathetic and caring manager was essential to developing FWA. A specific example is provided by P30 (physiotherapist), who explained:

> *"I spoke to my leads and said, ' Oh, I have a friend who has a challenge... I would like to support them... Can I step out during the meeting?... And they said, ' Yeah, that's fine... not only was I granted that, but I was also supported... They were really keen about making sure that I had everything I needed."*

The quote above demonstrates more than a policy-based approval process; it provides evidence of how proactive and empathetic managerial practices can empower employees to manage both their work and personal responsibilities. There is an indication that "being supported" emphasises the relational aspect of flexibility, where support is a mechanism of trust and care. This finding supports boundary theory, which emphasises how supportive managers help in an easier transition into new roles and lessen the work-family conflict by recognising employees' non-work identity.

Participants also commented on the variability of support within organisations and departments. P32 (health care assistant) said:

> *"My organisation, they are very, very supportive. They listen to me when I explain to them."*

In this quote, "listening" is used to indicate the value placed on being heard, included and acknowledged. The quote indicates that even in cases where FWAs are not formally implemented, the willingness of managers to engage with the needs of individual employees enables the creation of flexible and responsive working arrangements. Other participants made similar comments. For example:

> *"When my organisation grants my request for flexible working…. I was even told again that if I need to change it, because circumstances may change…. I still have the opportunity to change. I will say that they are very supportive …. they granted it's 100%." (P9).*

P36 also narrated:

> *"Our teaching manager is quite supportive…. if you don't have any teaching commitments or clinical responsibilities, you can work from home…. it's not seen as a stigma or anything negative, it's more about flexibility when the situation allows for it" (P36).*

The evidence presented here supports the conclusion that managerial views have a major part to play in determining whether flexibility is seen by employees as positive empowerment or stigma; when managers view flexibility as normal/legitimate rather than special/exceptional, this enables their employees to regulate the boundaries between their work and family roles.

Additionally, P11 (administrator) indicated that the understanding nature of her employers allowed her to attend to family responsibilities without disrupting her work:

> *"Since my employer is very flexible... they understood our family commitments... when I have a childcare issue, they grant me leave. So, I was able to take 2 days leave and came home and spent the days with my child." (P3).*

This example illustrates how informal, discretionary FWA can be as impactful as a formal arrangement when facilitated by managers attuned to their staff's personal circumstances. In this context, the provision of empathy and understanding was critical in creating a meaningful and effective FWA, regardless of whether formal structures existed or not. The emotional tone associated with these accounts was further emphasised by P4 (doctor trainee), who urged organisations to develop a values-based approach to flexible working:

> *"Be more flexible. Be understanding and be kind... You never know what's going on in someone's family... Being kind and not just being very harsh on someone."*

In this view, the emotional side of workplace culture is considered in addition to how kindness could support FWA for workers. The participant's appeal also points out that an inflexible or unsympathetic approach to management by the organisation may exacerbate work-family conflict; however, an employee-centred (empathetic) leader may be able to reduce such conflicts. In addition, participants offered suggestions for making FWA better aligned with the needs of workers and their families. Participants suggested the opportunity to create their own

schedules at work as one option to help them balance family and work responsibilities. Two examples include:

> *"Parents have so much to do and so much to keep up with. They should be given that room to choose the times and days that work best for them" (P7).*
>
> *"If employees could select their shifts or come up with schedules that suit them, it would be a huge boost to productivity and wellbeing as opposed to working in strict timelines" (P25).*

A specific recommendation was made to shorten the shift lengths*:*

> *"If organisations can move shifts from 12-hour shifts to 8-hour shifts or have three shifts in a day instead of two, then the work-family quality and productivity will increase greatly" (P33).*

Furthermore, participants pointed out that it is crucial to increase the awareness of the existing flexible working options, especially for ethnic minorities who may not be fully aware of all the policies available. One participant noted*,*

> *"Sometimes people, especially ethnic minorities, are not aware of all the flexible working arrangements that are available to them." (P9).*

Another participant shared that*:*

> *"When transitioning to the U.K.'s healthcare system, not everyone is informed about these options unless they are told specifically. Lack of information can lead to a lot of stress and difficulties in people's lives" (P14).*

These results show a reflection of structural inequality in access to flexibility, therefore support an intersectional view of how the workplace is influenced by factors including gender, ethnicity and migration status.

Similarly, participants want organisations to create a trusting and inspiring work environment. A participant shared:

> *"Let people demonstrate to you that they can do the job. Encourage us, give us a chance, and let us prove ourselves (P23)*

The above quotes also explain the importance of organisational support in the promotion of a culture of flexibility, which is a greater concern for GMW who are likely to have caregiving and cultural responsibilities along with a highly demanding professional role. Some of these pressures can be eased by flexible working arrangements through increasing control and autonomy over work-family boundaries, thus leading to better mental health and wellbeing.

Research shows that flexible working can improve wellbeing by giving people more control over their work-family balance (Ajonbadi *et al.,* 2023). For GMW in the U.K. health sector, this flexibility can be revolutionary, enabling them to balance professional and personal responsibilities more easily. Thus, through the implementation of supportive policies and fostering a culture of inclusive management in the U.K. health sector, the challenges that GMW encounter can be addressed. The positive impact of this on their wellbeing, as well as the equality and efficiency of the workplace, will help create a culture where all employees can be successful regardless of their background.

In summary, the theme shows how interpersonal relationships affect both the adoption and use of flexible working arrangements. Participants consistently stressed that while policy is important, it was the behaviour and attitude of the line manager which would ultimately determine if an employee could access flexible working arrangements.

6.4.1.2 Theme 2: Advance planning and predictable schedules

The second major theme that emerged from the analysis relates to the role of advance planning and predictable scheduling in enabling the effective implementation of WFB (See Figure 6.6). There were repeated references made by the participants to the necessity of having prior knowledge of their work patterns, and how this would enable the coordination of personal, childcare and other family commitments with increased ease and confidence. While the predictability in scheduling provided participants with an operational advantage, it also had a direct connection to the emotional wellbeing, sense of control and maintenance of family routines for the participants.

Many participants acknowledged that the ability to plan provided them with a protective factor against the chaos that may be inherent in unpredictable shift working. P9 (Medical Doctor) explained how advanced scheduling allowed for long-term planning and aligning of personal and professional priorities:

> *"What helps most of the time is that we normally have our [rosters] beforehand. So, one can easily plan... if I have mine before my next vacation, I know okay, these are the days I have off, so I can easily plan my annual leaves, my study leaves... just to suit my family's needs."*

The narrative illustrates how, in advance of the beginning of their workdays, the participants had the ability to schedule time for professional development or other personal obligations as

a result of their access to the scheduling information. The narrative also illustrates how, through structured schedules, the participants were able to have control over their own time. Structured scheduling is not just beneficial to the individual, but it also facilitates establishing consistent routines among a partner and children. In this regard, P1 (Healthcare Assistant) explained:

> *"If I work days, I work nights. My husband does days mostly... if I'm off today, he's off today. So, we have time for the family... We work four days a week... So, we have three days for ourselves... We take our leave at the same time."*

This quote offers a view on how couples manage their time and coordinate between the two jobs they each have when both are working as dual-career families. This is an example of how this couple use predictable scheduling to gain relational advantages. Predictable scheduling allows them to take care of their children and spend quality time together by having a similar schedule (e.g., taking leave at the same time). Participants also reported that predictability contributed to greater psychological wellbeing, as well as provided a means for coordinating.

P3 (Care Assistant) articulated the clarity of mind and reduced stress she experienced due to knowing when she was scheduled to work:

> *"Positively, I think the fact that I have a specific day I work, it gives me more time with my children... You know when you are there, you're there. When you're not there, you're not there. It's not something they just called you impromptu."*

The above quote highlights the impact that scheduling has on the individual's mental and emotional wellbeing. Understanding the time at which an employee will be working enables the employee to create a separation in their roles (work and personal), thereby decreasing the amount of anticipatory stress and role conflict. The lack of last-minute scheduling changes was considered to be a necessary condition for an employee to effectively manage their boundaries.

Overall, the importance of employees having the ability to create and maintain schedules so as to allow them to better support WFB was emphasised in this theme. The participants' comments show that they prefer routine with enough time for thought about the future, planning and coordinating family members, and reducing stress. This study showed that organisations who wish to increase the wellbeing and retention of their employees will need to develop and implement rosters that are both predictable and transparent. Therefore, as well as being an operational necessity, predictable scheduling has the potential to assist organisations in

providing employees with greater autonomy, improve relational harmony and the overall wellbeing of employees.

6.4.1.3 Theme 3: Colleague Support Networks

Peer-based support systems were mentioned as a source of aid for employees to assist with the day-to-day realities of their work and personal life as they implemented flexible work arrangements (Table 6.11). As with formal organisational policies, peer support systems helped employees to better manage their complex work and personal lives. Participants emphasised the importance of peer understanding, reciprocal support, and teamwork to develop a work environment that supports flexible work arrangements and employee wellbeing. Several participants described the organic development of reciprocal support agreements among colleagues. P9 (Medical Doctor) explained how collaboration among colleagues can facilitate scheduling challenges and help develop mutually beneficial routines:

> *"But luckily, I had a partner there who I was working closely with... when I'm on night, she comes early... just to have me leave on time as well. And I did the same thing for her also."*

This example demonstrates how employees can exercise agency in creating flexible work arrangements through developing trust and collaborative working practices. It also represents peer-enabled flexible working, where colleagues work together to manage conflicting responsibilities, while still fulfilling professional duties. Employee willingness to be adaptable and provide peer support was a key component of how flexible working was applied in practice, particularly in high-demand areas such as health services.

Support offered among colleagues went beyond swapping shifts to involve more personal forms of support. P1 (Healthcare Assistant) describes how a coworker assisted her during an urgent childcare emergency:

> *"There's no place I can put my child. So, I ask colleagues, can you please help me with her? Some of them even offer to help with... minding my child."*

P1's account shows how peer support can sometimes blur the boundaries between professional and personal domains. These examples of informal care-sharing demonstrate the strength of peer relationships in the workplace and how employees are able to compensate for structural

deficiencies in formal workplace support. The concept of peer support is further supported by P20 (Healthcare Worker), who has a strong sense of teamwork and interdependence:

> *"My unit... we work as a team... We receive support. I've given many people support, and they've supported me as well... They were so willing to help at any time."*

P20's statement illustrates the relational structure that enables effective, flexible working in teams. Trust and reciprocity appear to be major enablers of flexibility and suggest that flexible working is not only dependent on policy but is deeply rooted in the social organisation of the workplace.

Consistent with Schulte et al. (2020), these informal networks tend to generate a shared sense of responsibility among team members to ensure that the overall functioning of the team is maintained while addressing the needs of the individual. This balance between flexible working and the maintenance of team integrity illustrates the importance of workplace culture in determining whether flexible working arrangements succeed (Bello et al., 2024). Where the organisational design or policy framework limits employee ability to implement flexible working arrangements, employee support networks fill the gap, allowing employees to continue working without negatively impacting service delivery (Matli, 2020).

These results show that the success of flexible working is not solely based on management support or organisational policy but is influenced by the peer-based dynamics and informal networks of colleagues in the workplace. Peer support enabled adaptability, improved team morale, and created a culture of mutual care, which is especially relevant in high-emotion labour and time-demanding workplaces such as healthcare.

6.4.1.4 Theme 4: Culture and Religion Workplace Accommodations

One of the primary themes noted in the responses of participants was the need to accommodate cultural and religious practices to enable meaningful flexible work options (see Table 6.11). Many participants believed that flexible work was not just about managing time; it was about incorporating some aspects of their culture and faith into their workday. When employers and managers demonstrate a level of cultural awareness and create an environment where employees' religious and family obligations are accommodated, employees feel included and psychologically safer. One example is from participant P34 (Healthcare Assistant), who

identified a positive aspect of accommodating her religion in a lower-pressure work environment:

> *"Maybe because it is more relaxed than the old one... So, they are even more than happy to help me with my prayer, to provide an empty room."*

P34's response shows how providing an employee with a place to pray during breaks has been viewed by this participant as a sign of organisational supportiveness and inclusion. These types of gestures have high levels of symbolic value and are typically viewed as signs of an organisation's respect for an individual's culture and religion. This is important as it allows them to be able to practice religion at work without having to compartmentalise parts of themselves at work or suppress who they are as a person.

Participant P31 (Healthcare Assistant) stated that she prioritised her family and religion when compared to work, and how flexible working enabled her to prioritise these:

> *"My religion comes first. My family and religion come first... And I work right to manage my work, but the ones that come first are my religion and my family."*

This account shows how flexible work arrangements allowed participants to honour their value systems in terms of work, family and religion and did not require them to withdraw from the labour force. In this manner, flexible work arrangements serve as boundary-enabling mechanisms that allow individuals to align their work lives with the very important, personal, and cultural values they hold.

In accordance with Spillover Theory, allowing for religious and cultural practices also limited the spillover of negative emotions (i.e., emotional exhaustion or resentment) from work to home. For example, when participants felt that their identities were respected at work, they typically experienced positive emotional states (e.g., calmness, gratitude, feeling safe psychologically) that would flow to family and community life. However, if such respect was absent, then it is likely that participants would experience emotional exhaustion and/or resentment as a result of the spilling over of negative emotions from work to home.

Additionally, P22 (Healthcare Assistant) referenced cultural norms surrounding family and social engagements that influenced the way people perceive expectations regarding time spent at home versus time spent at work:

> *"Because culturally, from where we are from, you have to like to greet your… extended family members... But yeah, because your time is so scheduled, you hardly have the time."*

P22's comments highlight the collectivist nature of many participants' cultures, which emphasise the importance of extended family relationships and community interaction. Conventional work patterns often conflict with these expectations, resulting in tension and separation between the two. Therefore, flexible work options that account for cultural expectations, such as time for praying or visiting with family, were found to be empowering and affirming to participants.

Accommodating cultural and religious practices can serve not only as a functional mechanism to facilitate FWA but also as a marker of cultural competency and institutional inclusiveness. Organisations that develop spaces that recognise and adapt to the cultural realities of their employees report higher levels of job satisfaction and engagement. Conversely, if organisations fail to incorporate mechanisms to accommodate the cultural realities of their employees, workplaces may be perceived as hostile or emotionally draining, particularly for GMW, whose identities and responsibilities extend beyond dominant workplace norms.

Overall, this study has demonstrated that for flexible working arrangements to be considered as effective, it will also be necessary to take into consideration the intersectional position of employees, the borders employees have to navigate, and the spill-over emotions that occur as a result of cultural and religious identity being either enabled or inhibited in the workplace.

Table 6.10: Factors Facilitating Effective Flexible Working for WLB - Thematic Analysis

Theme	Subthemes	First-Order Codes	Illustrative Quotes
Organisational Support and Management Attitudes	Supportive Leadership	Understanding, empathy, flexible working, and listening	"My organisation, they are very, very supportive. They listen to me when I explain to them." (P32) "However, since my employer is very flexible and they are very helpful so that they can understand our family commitments" (P11)
	Management Quality	Kindness, accommodation, privacy, support	"What I would say is for companies or for workplaces to be more flexible. Be understanding and be kind, importantly, because you never know what's going on in someone's family" (P4) "They asked him to try to be, you know, really empathetic... they just wanted to make sure that I had the privacy" (P30)
Advance Planning and Predictable Scheduling	Schedule Predictability	Planning, coordination, predictability, stability	"What helps most of the time is because we normally have our beforehand. So one can easily plan... I know, OK, these are the days I have off" (P9)
	Family Coordination	Synchronisation, balance, time management, boundaries	"If I work days, I work nights. My husband does days mostly... So we have three days for ourselves" (P1) "It's not something they just called you impromptu" (P3)
Colleague Support Networks	Peer Support	Reciprocity, collaboration, teamwork, coverage	"But luckily I had a partner there... So we kind of made an arrangement... And I did the same thing for her also" (P9)
	Informal Assistance	Childcare, emergency help, mutual aid, flexible working	"Can you please help me with her? Since you're off work tomorrow, then I get support from like one or two of them" (P1) "They were so willing to help at any time... I usually ask for it if I need more" (P20)
Cultural and Religious Accommodation	Religious Practices	Prayer, accommodation, space, respect	"So they are even more than happy to help me with my prayer, to provide an empty room" (P34)
	Cultural Priorities	Family-first, religion-first, community, values	"My religion comes first. My family and religion come first" (P31) "Because culturally from where we are from, you have to like greet your... extended family members" (P22)

Source: Author's own compilation from interview data (2026).

6.4.2 Hindering Factors and Systemic Barriers of Flexible Working

This section describes the major hindrances to the effective implementation of flexible working for GMW in the U.K. health sector (see Figure 6.7). These are multi-level barriers that can interact in complex ways, requiring more than one solution (see Table 6.12).

6.4.2.1 Theme 1: Economic Constraints and Financial Exchanges

Participants identified economic concerns as a key recurring barrier to accessing and maintaining flexible working arrangements. For most participants, flexible working was viewed as a mechanism for improving WFB; however, financial insecurity and the direct financial implications of reduced hours or shared job arrangements were the predominant factors undermining flexible working as a viable means of achieving work-family balance. Many participants reported that financial constraints limited their ability to negotiate their work schedules, thereby reducing the flexibility they desired. A direct example of this conflict was demonstrated by Participant 7 (Medical Doctor) in his response to the relationship between working hours and income:

> *"However, the challenge about not working every day is that if you work less than full-time, your pay also goes by that proportion. So, if you work 80%, your pay goes down by 20%... So, you have to consider where you're going to get that income from. But you still need that money, yeah. So that's actually one of the reasons you are still forced back to go to work full-time."*

This example demonstrates how an individual's need to earn money can cause them to abandon their desire for flexibility, resulting in limited agency. In line with the Boundary theory, the participant has little opportunity to adjust the boundaries between their work and personal/family life due to financial necessities. The participant is often required to find full-time employment, which can have negative effects on their wellbeing and quality of life, as well as their family life.

Participant 27 added:

> *"I cannot use flexible working because of finance. The basic salary was quite low, and even though it increased a bit over the years, it was still difficult at first. I had to take on extra jobs just to manage. But doing those extra jobs, you know, sometimes it would encroach on my time; it was a lot to juggle" (P27)*

This quote provides evidence that the economic model underlying flexible working will often penalise individuals who reduce their working hours; therefore, flexible working depends on an individual's financial capacity to accommodate the resulting economic loss. Moreover, flexible working was perceived by many participants as a privilege rather than a right, accessible only to those who could afford the loss of income. The conflict between economic stability and WFB was particularly evident for women who were the primary earners in their households or had high living costs. Participant 17 (Medical Doctor) expanded on this point, highlighting the geographical disparities in affordability and the impact that local living costs have on the feasibility of reducing working hours:

> *"I know several colleagues who want to switch to less than full-time but are a bit concerned financially... if there were more financing to it, a lot more of my colleagues would switch to less than full-time."*

This is an example of a larger structural inequality in the application of flexible working policy, wherein the formal rights given to employees do not provide them with equal access to those rights. Therefore, the financial feasibility of implementing flexible working arrangements becomes a "hidden" factor that excludes individuals who are in less economically privileged situations. In addition, it shows that to take into account employees' work-life decisions, you must consider contextual economic circumstances (housing costs, childcare costs, spouses' incomes).

In addition to lower incomes, the participants spoke about the indirect financial burdens associated with flexible working.

Participant 34 (Health Care Assistant) explained:

> *"Sometimes you will have to pay too much for things like childcare or frequent visits to your home. This will be expensive, but you have no other option."*

The analysis showed that flexible work is not always a financially viable option to support family commitments, especially when there are no resources available to support families (e.g., affordable childcare or public transportation); therefore, many participants questioned if the benefits of flexible working were worth the increased economic burden associated with using FWA, thereby reducing the potential for flexible working to be used as a long-term solution to improve WFB. This indicates that flexible working has great potential to support WFB and wellbeing but is subject to significant constraints due to the worker's economics and the

financial realities of the worker's family. Similar to existing research (Jacobey et al., 2024; Kossek and Kelliher, 2023), the study found that without proper financial protections and institutional support, flexible working may create or widen the gaps of inequality in the workplace and family domains of workers in the U.K. health care industry. The economic factors serve as a system-wide constraint on the choices available to GMW in the U.K. health care industry. This is further exacerbated by the blurring of the boundaries between work and family life, creating negative spillover effects across all aspects of their lives.

6.4.2.2 Theme 2: Structural Support Deficits

Participants consistently highlighted numerous structural deficiencies within the social and organisational contexts that significantly hindered the practical implementation of flexible working arrangements in their organisations. The structural limitations were linked to inadequate child-care provision, insufficient social support networks, and failure of institutions to adapt to the needs of employees who worked nonstandard hours, including GMW with child-care obligations. Participants repeatedly cited the limited availability of childcare as a barrier to implementing FWA. Although participants' employers provided flexible working-time arrangements on paper, the lack of appropriate childcare options made the FWA unworkable for a large proportion of participants. Participant P4 (a doctor trainee) suggested that one possible approach to addressing this issue was to provide on-site child-care facilities:

> *"If companies can invest in a nursery... Parents can chip in if they're probably paying way more for an outside nursery, and they could do this at work, so that would keep mothers more at peace knowing that they're in a safe environment, and women may not need to take a lot more carer days off."*

Such a facility would reduce the physical and emotional burden on parents and also contribute to reduced absences and higher employee retention rates. From a spillover theory perspective, inadequate child-care provision can enhance negative spillovers from the family domain to the work domain through stress, fatigue, and higher rates of absences. In contrast, accessible workplace-based child-care could potentially help limit these negative spillovers, as it would stabilise the availability of child-care services and allow workers to continue to be engaged in their work regularly.

Child-care facilities based at work sites, particularly in health care settings, could help alleviate the difficulties experienced by many employees whose work patterns included long hours or irregular hours or long or unpredictable care periods. The lack of flexibility in most traditional child-care services, which are usually scheduled for 9–5 hours, severely limits the ability of employees working nontraditional hours, such as night or weekend shifts. Participant P22 (health care assistant) demonstrated how this limitation has resulted in her combining day and night shifts because of the inflexibility of her child-care schedule:

> *"Because of childcare, I've combined day shift with night shifts... if not for childcare, I wouldn't be having the night shifts at all."*

Participant P22's comment illustrates a disconnect between GMW's circumstances and the structural support systems available for flexible work. This mismatch forces GMW to compromise their work-life balance and may lead to lower job satisfaction. A failure to provide adequate institutional support for boundary management is reflected in the child-care structure's lack of flexibility, which prevents participants from establishing and maintaining appropriate boundaries between their work and family domains. Therefore, participants do not blur the lines between their work and family domains because they want to; rather, they blur them because they have to.

Although there are other private solutions to the problem of child-care (for example, a participant employed in the medical profession (P12) stated that she had hired a nanny to assist her with providing child-care), these are extremely expensive and therefore only available to a small number of participants. Participant P12 commented: "*I hire a nanny. That is my only option."* While the nannies provide necessary childcare assistance, they also represent a significant additional financial burden for the participants who employ them, thereby reinforcing the interrelation between the structural and economic constraints they face. Furthermore, for those participants who cannot afford to hire a nanny, flexible working becomes more of a theoretical right than a practical reality.

Additionally, the lack of support in terms of childcare is compounded by the absence of broader social support networks, particularly for female migrant workers and internationally trained health professionals who often lack extended family in the U.K. and are unfamiliar with the local support systems and entitlements. Participant P12 (medical doctor) commented:

"How difficult it is to navigate things in the U.K. and not having enough social support."

These comments suggest that, in the absence of such support, formal flexible working policies may symbolically reinforce the rights of those who already possess more resources (i.e., wealth, social capital, or access to family support) and fail to enhance the experiences of GMW substantively.

Overall, the findings reported here demonstrate how systemic inadequacies in child care and social support networks constrain the implementation and maintenance of flexible working arrangements for many women, particularly in high-demand fields such as health care.

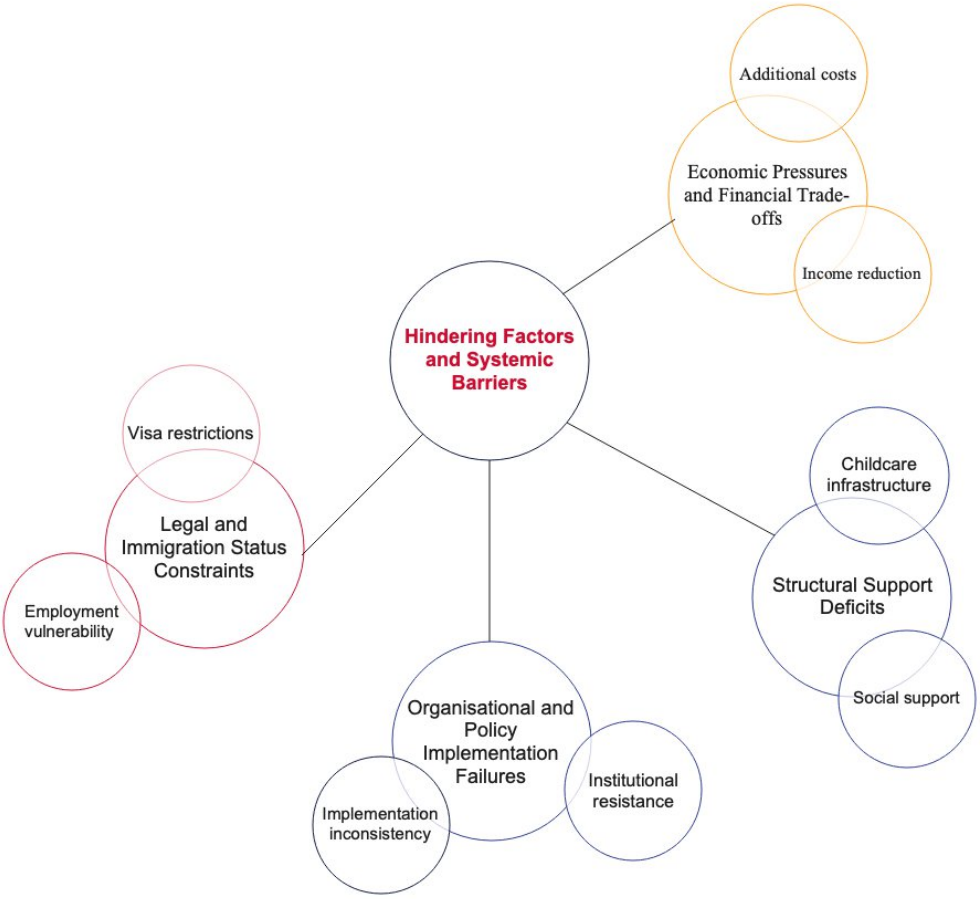

Figure 6.7: Factors Hindering Effective Flexible Working for WFB

Source: Author's own construction based on thematic analysis of interview data (2026).

6.4.2.3 Theme 3: Organisational and Policy Implementation Failures

Many participants indicated that while there have been organisational and policy implementation issues, many of these continue to affect how and if participants can effectively utilise FWA as a practical option. In many cases, the systemic implementation failures experienced by participants resulted from an organisation's failure to implement FWA-related policies. This systemic failure often occurred when participants encountered institutional resistance to implementing flexible work options and lacked sufficient resources to properly support FWA or lacked a corporate culture that supported flexible working. These institutional, resource-based and cultural challenges created and maintained inequitable working environments and placed disproportionate burdens on the employees who are GMW.

Many participants also noted a significant gap between the stated purpose of flexible work policies and their actual implementation. Many organisations' formal policies on flexible working practices were supportive of the idea of flexible working arrangements. Still, the processes associated with providing FWA were consistently under-resourced, selectively applied or subject to hierarchical barriers within the employing organisation. Below are examples of how participants experienced the implementation of FWA.

> *"Some organisations are not very supportive. I think flexible working should just be something that's offered upfront, like it should be stated clearly at the interview stage or even when advertising jobs. That way, women know what's available to them, what they can ask for, and they don't have to struggle to get it later." (P5).*

This narration illustrates that the burden to negotiate for flexible working is being placed on employees. This reflects a weak organisational structure on boundary management, where employees negotiate boundaries on their own rather than the available Institutional practices. Some participants also narrate how high workload and rigid schedules reduce the effect of flexible working:

> *"It's a bit hard on clinical days. Sometimes I might leave work late because I need to finish everything. Normally, I'm supposed to finish by 5:00 PM, but there are times when I end up leaving the hospital at, you know, 7:00 or 8:00 PM. I don't make plans these days… just keep them free in case I need to stay late." (P3).*

> *"I can be called upon, and that's one of the challenges. I can't say I've been able to get 100% flexibility because sometimes, they'll put a call through, asking me to help at work. If I'm doing a long day, I do 6:00 AM to 10:00 PM…that's a long stretch." (P18).*

The experiences described above show that FWA can increase negative spillover from work to family if there is no adjustment to workload or staffing levels. Instead of decreasing stress and pressure associated with a work role, these experiences show that FWA in demanding healthcare settings blur work-family boundaries; increase hours worked; and ultimately create additional physical and emotional exhaustion, and limit opportunities for rest and recovery.
Participants also reported that managers' discretion and inadequate staffing were mostly used to decline flexible working requests. P31 stated:

> *"It depends on the department and the workforce, like, the number of staff they have. My manager refuses to grant my flexible working option request because of staff strength" (P31).*

> *"If it's not for childcare purposes, they won't approve it. And if there are already a lot of staff on flexible working arrangements, they just outright reject new requests." (P23).*

The accounts illustrate that flexibility is rationed in organisations to create hierarchies of access internally. When viewed through the lens of intersectionality, this rationing of flexibility contributes to inequality, because the individuals who have more organisational power, social capital or are seen as being more legitimate will be able to obtain accommodations. The rigid rostering practices were also limiting participants' ability to manage their work-family boundaries. As Participant P29 noted:

> *"The rota is fixed, you cannot influence it, so you just work yourself around it" (P29)*

Intersectionality, identities, stigma and discrimination are also a hindrance to the use of flexible working options, as participants express their view:

> *"People don't really know what is available to them, especially ethnic minorities workers… there's that fear of stigmatisation." (P13).*

Some described being judged and a penalty related to flexible w working. P15 narrated:

> *"I sometimes feel down seeing my colleagues becoming consultants and being challenged why I have not finished yet, though I am on less than full-time, so it takes me longer to finish training" (P15).*

This example illustrates that while organisational culture may still see a 'normal' career path as one with no breaks or interruptions, they view flexible working as an exception to the norm of professional commitment.

P16's account shows that it is possible for people who work part-time hours to have less of a better work-family balance than full-time workers. This highlights that there are

intersections in how individuals are viewed and treated based on race and gender when it comes to their ability to be productive and available at times that suit them.

> *"I work two days a week, which is half of my work, so my working hours…the 20 hours are quite intense, and they don't permit family work life; I can't drop my kids off to school…. I finish at 19:00. (P16).*

This reflects that compressed work can intensify work-family conflicts, boundary strain and produce negative spillover of flexibility.

P28 (General Practitioner) shared a particularly stark account of institutional resistance when seeking remote work accommodations during a high-risk pregnancy in the COVID-19 pandemic:

> *"It was obvious that black and ethnic minorities were more vulnerable to COVID... I had to really fight for myself and advocate for myself."*

Furthermore, the story reveals the lack of emotional and responsive attitudes toward individuals' health risks and shows how different types of intersecting vulnerabilities, like gender and ethnicity, can make it even harder to get accommodations. Additionally, a number of participants reported that financial limitations or limited resources were barriers to the implementation of otherwise reasonable flexible work options. P11 (Administrator) explained:

> *"Top management has taken a decision not to go ahead with flexible working options... they don't have enough funds."*

P11's statement demonstrates how there can be a difference between managerial support for flexible work arrangements, as well as the organisation having the capability to implement these arrangements. Although some middle managers were supportive of flexible work arrangements and wanted to implement them, they were unable to do so due to the organisation's lack of commitment.

An additional feature of this theme is the lack of employee participation in creating the flexible work arrangements, particularly in regard to scheduling. Many of the participants expressed frustration with being unable to provide input on their schedules and rosters. P22 (Healthcare Assistant) stated:

> *"We were not being consulted before developing the roster, and if you have childcare challenges, they say no, you have to sort that out yourself - that's not being flexible."*

These quotes show a major misconception of what flexible working means. Notably, it was perceived as an arrangement offered unilaterally by the employer, as opposed to something that is designed through a collaborative process between the employer and employee. Flexible working requires communication, negotiation and responsiveness to individual needs, especially for employees who need to balance caregiving responsibilities with their job requirements and/or limited domestic support.

Participants also identified inconsistencies within the organisation related to access to flexible working. Depending upon the manager of their department, the type of job they held and whether they knew someone in upper management, flexible working opportunities existed for many participants, but not all. These inconsistencies lead to inequity and demoralisation, particularly when employees see other employees getting flexible working arrangements that they cannot get.

6.4.2.4 Theme 4: Legal and Immigration Status Constraints

Migrant professional participants (especially those with employer-sponsored visas) narrated immigration- and visa-based limitations of their legal status, which created both relational and psychological and technical barriers for accessing flexible work arrangements. Relational/psychological barriers were present in that sponsorship creates a power imbalance between employer and employee and therefore makes negotiating a job that is satisfactory and leaving a job that is unsatisfactory very difficult for the employee.

Technical barriers existed in that the strict visa rules imposed by immigration authorities significantly limit the type and quantity of work an individual can undertake. Additionally, participants felt that immigration-related constraints widened existing inequalities associated with race, ethnicity, and employment security among migrant workers. Participant P9 (Medical Doctor) described the technical constraint of their immigration status:

> *"Because I'm on sponsorship... if I look at 80% less than full-time, there's a maximum number of hours I can take off."*

Participant P16 recalled being refused flexible work hours by her employer:

> *"I just wanted to work nine to three, three days a week, and then the admin team had to come back to me and tell me that oh... because I'm on a Tier 2 visa, the minimum hours I can do was 30 hours."*

These examples demonstrate how policy-based rigidities are imposed upon workers by immigration policies and limit the ability of even willing employers to provide flexible working arrangements. However, the most impactful effects of visa constraints were relational and psychological. Participants commonly described how sponsorship creates unbalanced power dynamics between employer and employee and thus makes it difficult for employees to negotiate improved working conditions or leave bad jobs. Participant P7 (Medical Doctor) explained:

> *"Your visa status... if people have their passport or have finished with visa issues, they can opt for any kind of job... but when you don't have any security... ethnicity or bias comes in... Most people, like maybe Black ethnicity or immigrants, are really affected because they are forced to work even if they don't want to."*

The statement makes clear how vulnerable migrant workers are as a result of being both racially defined and economically insecure because migrant workers experience multiple vulnerabilities. Migrant workers are constrained by policy and have differential exposure to prejudice, exploitation and reduced autonomy as a result of their intersecting identities. The disadvantageous effects of intersecting identities are compounded to create inequality within organisational systems, which appear to be neutral.

The legal dependency of migrant workers, as such, strengthens the racialization of inequality in the labour market; and a lot of marginalised workers will be locked into low-quality work either by virtue of needing to meet an immigration related wage requirement to secure a visa, or from fear of losing their visa (Croke, 2023). In addition, the sponsor-based structural dependency for migrant workers means that the participants have limited job mobility and thus are forced to continue working in low-quality jobs during the length of the sponsorship. Participant P22 (Healthcare Assistant) noted:

> *"You cannot just change your work overnight because I've been sponsored where I work. So let me just be managing myself till after those five years, then I can get better work."*

The sentiment of this quote suggests the sense of resignation and survivalism that defines "survivalist flexible working", which is an approach to flexible working at odds with the wellbeing of workers; one that also undermines the goals of inclusivity in all aspects of workforce practices. Participants have also identified unequal opportunities for flexible working throughout the organisation based on immigration status. Participant P9 (Medical Doctor) noted:

"Most of my colleagues here are from the same ethnicity, same background... we are a bit limited in terms of how flexible we can go with our work schedule... but when we talk about our White counterparts... It's easier for them."

This example illustrates how immigration-precariat exacerbates racial and ethnic inequalities within organisations that otherwise promote equality and diversity. Immigration regimes external to the organisation create structural inequalities that influence organisational experiences and outcomes. Therefore, workplace equality initiatives must address immigration and legal status as both material and symbolic dimensions of inclusion (Christie, 2023).

Participant experiences captured under this theme highlight the lack of visibility of immigration status within mainstream WFB and flexible working literatures, which have focused primarily on gender and caregiving roles. This study demonstrates that the immigration status of an employee determines how much boundary control they are able to exert at their place of employment, the degree to which work-related stress spills over into family life, and whether or not an employer will provide them with flexible work options.

Table 6.6.11: Hindering Factors and Systemic Barriers

Theme	Subthemes	First-Order Codes	Illustrative Quotes
Economic Pressures and Financial Trade-offs	Income Reduction	Part-time, proportional-pay, financial-pressure, trade-offs	"If you work 80%, your pay goes down by 20%... So you have to consider where you're going to get that income from" (P7) "I know several colleagues who want to switch to less than full-time but are a bit concerned financially" (P17)
	Additional Costs	Childcare costs, private solutions, expensive, unsustainable	"Sometimes you will have to pay too much for things like childcare... This will be expensive, but you have no other option" (P34) "I have a nanny. That's the only way I can do it" (P12)
Structural Support Deficits	Childcare Infrastructure	Inadequate, inaccessible, unaffordable, 24-hour gaps	"If companies can invest in a nursery... that would keep mothers more at peace" (P4) "Because of childcare, I've combined day shift with night shifts" (P22)
	Social Support	Limited networks, navigation difficulties, migrant challenges, isolation	"How difficult it is to navigate things in the U.K. and not having enough social support" (P12)
Organisational and Policy Implementation Failures	Institutional Resistance	Discrimination, inflexible working, advocacy-burden, unreasonable	"I've been asking for flexible working... It felt like I was being unreasonable towards my team" (P28) "Even though my managers said they have discussed this... top management has taken a decision to not go ahead" (P11)
	Implementation Inconsistency	No consultation, inequity, resource	"We were not being consulted before developing the roster... they say no, you

		constraints, policy gaps	have to sort that out yourself" (P22)
Legal and Immigration Status Constraints	Visa Restrictions	Sponsorship, hour-limits, threshold-requirements, dependency	"Because I'm on sponsorship... there's a maximum number of hours I can take off" (P9) "Because I'm on a Tier 2 visa, the minimum hours I can do are 30 hours" (P16)
	Employment Vulnerability	Forced-acceptance, limited-mobility, power-imbalance, differential-access	"They are forced to work even if they don't want to, because if your income doesn't get to a certain threshold, then your visa can be revoked" (P7) "Most of my colleagues... we are a bit limited... but when we talk about our White counterparts... it's easier for them" (P9)

Source: Author's own compilation from interview data (2026).

6.5 Chapter Summary

This chapter has presented the findings from the interviews and analysed the results in light of the perceptions and lived experiences of Global Majority Women (GMW) working in the U.K. health sector. The interview findings have been classified into three areas of inquiry based on the research objectives. The first section identified the participants' perceptions of flexible working and work-family balance (WFB). It reveals that GMW describe flexible working as autonomy in work decisions, adaptability of work structures, and the ability to integrate work and personal life effectively. On the other hand, WFB is described as the process of balancing work and family roles, in which flexibility is vital for managing work-family conflict and enhancing overall well-being.

In addition to the previous research that examined GMW's WFB experience, this chapter has assessed a variety of forms of intersectional barriers that affect GMW's ability to achieve both WFB and overall wellbeing. Drawing on Intersectionality theory, the findings demonstrated that structural and cultural barriers exist for GMW that cannot be understood through gender alone. Those barriers include (but are not limited to) restrictive visa regulations, workplace discrimination against GMW, traditional gender roles, lack of institutional support for GMW, and other forms of barriers that can impede the WFB of immigrant women and create additional economic and social challenges beyond those experienced by other groups.

From a Boundary Theory viewpoint, the results demonstrate that while GMW have the capability of establishing, maintaining, and negotiating boundaries between their work and family lives, this capability can be significantly restricted by a number of systemic barriers, including unpredictable scheduling, inflexible organisational procedures, and immigration-

related constraints on work arrangements. Therefore, flexible working is often used as an uneven or conditional way of boundary regulation (i.e., flexible working) rather than being utilised as a real boundary-regulating system.

In addition, the research found that a variety of spillover (negative) effects are generated by employees' inability to use flexible work arrangements (FWA), inconsistent application of FWA, and symbolic support for FWA rather than substantive support. Participants' accounts were consistent with Spillover theory in that they often reported that work-related stress, fatigue, and insecurity regularly "spilt over" into their family and social domains, thus negatively impacting their overall wellbeing and relationship quality. These effects were particularly evident where there existed systemic bias and stigma regarding FWA, which positioned GMW as being less committed or less deserving of accommodation for their efforts to manage both professional and personal responsibilities.

Although there were some barriers to using flexible working arrangements (FWA) and work-family balance (WFB) for Global majority women (GMW), there are a number of enabling factors as well, which can help to support the use of FWA and WFB for GMW. The most important of these are: a workplace culture that supports and includes everyone; management practices that enable employees to participate and acknowledge the different needs of all employees; a network of colleagues who can provide each other with support; and clearly communicated flexible work options that are accessible to all employees. However, this research shows that having a formal flexible work policy in place does not guarantee that all employees will be able to access those options, and therefore, there may be an unfair advantage to certain groups of employees, such as racialised and migrant workers.

The results show there is an important disparity between having flexible work arrangements and their being implemented fairly. Flexible work arrangements are commonly viewed as a solution to address work-family balance (WFB) issues universally; however, this research has demonstrated that how effective they are depends on intersections of power relationships, structural barriers, and organisational cultures. Therefore, with no consideration given to intersectionality, boundary control and spillover processes, flexible working may result in greater inequality for Global Majority Women in the U.K. Health Sector rather than less.

CHAPTER SEVEN: DISCUSSION OF FINDINGS

This chapter discusses the findings of the study in relation to the findings from extant literature. The findings are discussed in line with the research objectives stated in the first chapter of the thesis. The chapter integrates the empirical findings with theoretical developments in intersectionality theory, boundary theory, and spillover theory to position this research both within and outside of extant research on flexible working. Therefore, the discussion addresses the following key research questions.

1. How do GMW in the U.K. healthcare sector perceive and experience flexible working and WFB?
2. What are the intersectional challenges faced by GMW in the U.K. health sector in achieving work-family balance and wellbeing?
3. How does flexible working contribute to WFB and wellbeing of GMW in the U.K. health sector?

7.1 Research Question One: Perception and Experiences of Flexible Working and WFB

This section addresses the first research question, on how GMW understand and experience flexible working arrangements (FWA) and work-family balance (WFB). The discussion explored cultural and religious variations in conceptualising flexible working, revealing how participants frame these arrangements as complete life management strategies rather than simple workplace accommodations. The analysis of WFB perceptions demonstrates the dynamic, contextual nature of balance achievement, challenging static models prevalent in existing literature.

7.1.1 Perception and Experience of Flexible Working

This study found that GMW's perception of flexible working was more comprehensive than the traditional view of flexible working within the literature, defined by when, where and how work takes place (Aura and Desiana, 2023; Hsiao, 2023; Rehman and Siddiqui, 2019; Chung and van der Lippe). Participants viewed flexible working as a method of holistic life management strategy rather than organisational practices or HR policies, consisting of four interrelated components: flexibility over time and space; the smooth integration of work and life; the capacity to respond to changes in life circumstances; and organising all aspects of life according to family needs while remaining personally productive.

This finding indicates that flexible working is, to GMW, a structural means of enabling survival and wellbeing, rather than simply a workplace benefit. This contrasts with the majority of studies on flexible working, which have viewed it primarily as an option offered by employers (Li et al., 2023; Chung and Booker, 2023). This study shows that GMW see flexibility as a necessity in order to navigate both the social, cultural and institutional barriers. The findings from this study, therefore, extend previous research in viewing flexible working as a capability-based resource and not just a contractually agreed-upon employment condition.

Recent developments in U.K. legislation, such as The Flexible Working (Amendment) Regulations 2023, which became effective on April 6, 2024, now grant employees the right to request flexible working options from their employer from the first day of employment. Such developments illustrate that flexible working is becoming recognised as a fundamental workplace right as opposed to an optional benefit offered by employers. However, these research findings indicate that there is a considerable knowledge gap between the legal entitlements provided to employees regarding flexible working and the actual flexible working options available to employees in practice. This extends existing literature by demonstrating that legal rights to flexible working arrangements do not necessarily equate to equal and meaningful access to flexible working arrangements, especially for marginalised employee populations (Chung, 2022). As such, this study showed that the gap seen by participants between policy and practice demonstrates how structural inequities continue to affect the practical availability of flexible work despite increased formal policy.

It is plausible that many of the participants' definitions of flexible working can be explained as broader than the common definition of flexible work, given that they understood the concept through an intersectional lens. This is due to the complexities of managing life as a marginalised person who may be experiencing multiple marginalities related to gender, race, ethnicity, religion, migration status, and caregiving responsibilities (Aziz-Ur-Rehman and Siddiqui, 2019; Bjärntoft et al., 2020). Participants described "flexible working" as "workplace liberation," not merely as an accommodation. This shows that GMW’s idea of flexible working seeks to challenge organisational cultures that are discriminatory towards women from racialised backgrounds. This finding supports intersectionality theory by demonstrating that flexible working arrangements are not awarded the same way across women but are shaped by their identities.

From a theoretical perspective, this finding demonstrates that boundary theory requires further refinement when applied to marginalised groups. It then provides a framework for understanding how GMW utilise flexible working to establish what the researchers currently describe as "adaptive boundaries" (boundaries that allow strategic integration between different parts of life while maintaining protective separation as needed), not based on their preference, but as an adaptive way to respond to structural constraints, limited choice and institutional inflexibility. Unlike previous assumptions that people proactively create boundaries based on preference, either segmentation or integration (Kossek et al., 2023), the current findings, therefore, extend the boundary theory by indicating that GMW in the U.K. healthcare sector develop boundaries as a result of structural constraints and not based on personal preference. As such, these represent adaptive responses to persistent institutional failures despite advancements in legislation.

In terms of the complexities of flexible working, recent research from Tackett and Lemon (2025) identified that remote/hybrid employees experience greater amounts of stress and anger than full-time office workers; they also report higher levels of employee engagement. Such a duality was observed by the participants of this study to be intensified by the cultural expectations and possible workplace discrimination faced by GMW while managing FWA. The post-pandemic world has drastically changed how people perceive flexible working. With approximately 4 million people switching careers because of the lack of flexible working options in their workplaces, flexible working has evolved from a “nice to have” to a career-determining factor (CIPD, 2022). For GMW, the post-pandemic shift represented both opportunities and risks. While flexible working options expand the possibilities for GMW to integrate work and life, the competitive flexible working environment disadvantages those who do not have the social and cultural capital to negotiate optimal flexible working options (Sekhar and Patwardhan, 2023).

Additionally, the current study identified significant cultural and religious differences in how GMW perceived and practised flexible working. The differences in how GMW perceived and practised flexible working illustrate what current intersectionality scholarship describes as qualitatively different experiences produced by the intersections of identity markers rather than the sum of additive characteristics (Adisa et al., 2019a; Adisa et al., 2021). Flexible working was defined by the African participants as "family-centred flexibility." This is indicative of a collectivist culture that emphasises family relationships, both immediate and

extended, and a responsiveness to the needs of those relationships. As such, the African participants' collectivist way of viewing flexible working is contrary to the Individualist Western way of looking at flexible working, which views employee decisions regarding flexible working as being made in isolation with little consideration for what may come first (Benevene et al., 2022; Chung, 2020). This finding demonstrates a clear spillover from family domain and cultural values into work expectations; the participant held the notion that family responsibilities are relevant and should influence work-related flexibility. This extends the spillover theory (Boamah et al., 2022) to illustrate cultural spillovers that are not common in the mainstream WFB research.

The collective approach to flexible working taken by African participants may, however, conflict with organisational culture that emphasises individual accountability and predictable planning. The participants' emphasis on home management, childcare and personal convenience as integrally related responsibilities illustrates distributed care networks (community-based approaches to childcare that extend beyond the bounds of the nuclear family) (Austin-Egole et al., 2020). This cultural framework positions flexible working as facilitating community-based care responsibilities rather than simply individual WFB, thus expanding the definition of flexible working beyond simple work-family relationships to include larger social networks that are particularly important to immigrant families.

The bicultural African/British group demonstrated autonomous life integration and therefore demonstrated cultural code-switching, which enables them to balance competing cultural expectations. This result extends boundary theory through how the bicultural African/British group demonstrated boundary transcendence, i.e. their ability to strategically transition between different cultural frameworks as required rather than an individual skill (Thompson, 2008). The forward-thinking planning characteristic of the bicultural African/British group illustrates that they have effectively merged Western individualistic career planning with African communalistic values, resulting in hybrid approaches that neither completely embrace nor reject the cultural model.

In terms of professional/personal equilibrium, the responses from the Asian participants reflected a number of cultural values related to hierarchy and role fulfilment that are common within many Asian cultures; however, they also demonstrated an awareness of modern workplace expectations (Adirahman *et al.,* 2018). As such, the professional/personal equilibrium response of the Asian participants reflects the notion of strategic integration, as

described in boundary theory (Kossek *et al.,* 2023), in which the work and family domains remain separate but coordinate functionally. However, the culturally specific nature of the equilibrium developed by these participants creates barriers to the development of universal boundary management models. Thus, this study illustrates the degree to which cultural values influence the types of boundary construction strategies employed by Asian participants, thereby limiting the universality of existing boundary models (Kossek *et al.,* 2023)

The comparison of the religious frameworks provided a number of examples of how spiritual frameworks can be used as separate and independent meaning-making systems for conceptualising FWA and, thus, extend the scope of secular WFB models to include the sacred dimensions that have been commonly ignored in organisational research (Aarntzen et al., 2023). For example, the Christian participants generally constructed FWA in terms of individual empowerment and maternal obligation, and these constructions reflect the Protestant work ethic values of personal responsibility and divine calling that are being applied to current family forms (Adisa et al., 2021). The mechanical metaphors used by the Christian participants to describe "bending" work arrangements illustrate the flexible boundary management of boundary theory that adjusts to the situational needs of individuals and maintains the structural integrity necessary to sustain themselves.

In contrast, the Muslim participants viewed flexible working as a religious necessity, not a preference; therefore, the responses from the Muslim participants illustrated the ways in which religious obligations can create unyielding temporal and spatial demands that exceed the limits of secular WFB frameworks (Caillier, 2018). The emphasis on prayer accommodations by the Muslim participants as fundamental employment rights challenges the secular WFB models, showing how flexibility cannot be meaningfully assessed without putting in place religious citizenship and the right to full participation in society while maintaining distinctive cultural and religious practices (Bishu and Headley, 2020).

Hindu/Buddhist participants approached flexible working pragmatically as a means of crisis management and educational advancement and therefore illustrated philosophical traditions that emphasise contextually dependent ethics and adaptive responses to changing circumstances (Bjärntoft et al., 2020). From a spillover theory perspective, this approach illustrates values-based spillover, whereby the participants' spiritual principles of acceptance and adaptation influenced their expectations in the workplace and their perception of long-term career development.

Taken collectively, this study demonstrates that there is no such thing as a 'one size fits all' approach to Flexible Working; rather, it is an experience which can be mediated through culture, religion, or structure. This study builds upon current research by demonstrating how the perceptions and experiences of flexible working and Work-Family Balance (WFB) can be influenced by individuals' intersecting identities, their meaning-making systems, and by institutional constraints, therefore challenging the 'one size fits all' models of flexible working and WFB.

7.1.2 Perceptions and Experiences of Work-Family Balance among GMW

This research has shown that GMWs' perception of work-family balance is not based on a particular or idealised "state" but a process that is continually negotiated and influenced by participants' environment. Across the six interrelated themes, WFB was viewed as: (1) a dynamic equilibrium that requires active management; (2) creating boundaries between domains; (3) fulfilling responsibilities in two domains simultaneously; (4) adapting to circumstances; (5) making choices in flexible working, and (6) achieving compromise rather than achieving perfect balance. This conceptualisation of WFB challenges traditional views of WFB, which have viewed WFB as a fixed endpoint, a time-based equilibrium, or an equal distribution of time and energy across domains (Greenhaus and Powell, 2006). Participants' accounts portrayed WFB as a continuing and negotiated process; this is consistent with recent changes in how WFB is studied today (i.e., Dizaho et al., 2017; Chung and Booker, 2023) in terms of how people understand and experience WFB.

The metaphorical representation of balance as "juggling balls in your hands" illustrates the temporal and situational aspects of managing competing responsibilities, which are also supported by current WFB development toward the use of process-oriented, dynamic approaches to WFB (Dizaho et al., 2017; Austin-Egole et al., 2020; Ferrara et al., 2022). As demonstrated through a spillover theory lens, this dynamic understanding shows how GMW actively manage both the positive and negative spillovers that exist between their work and family domains (Sirgy et al., 2020; Bellmann and Hübler, 2021). The emphasis placed on the active engagement in one role positively impacting or negatively impacting performance in the other role reflects recent WFB literature, particularly in the context of healthcare workers (Metselaar et al., 2023). Importantly, this study extends the spillover theory by showing that GMW achieve this orchestration in the face of structural constraints rather than organisational

support, demonstrating how individuals adapt to the systemic inadequacies present in these structures.

The "priority juggling" sub-theme illustrates temporally flexible working practices that demonstrate what contemporary work and family scholars refer to as "temporal work-life integration," where balance is achieved across time rather than within a specific period of time (Austin-Egole et al., 2020). The acknowledgement that "there will be times where the family would come first... there will be times where work may have to supersede" illustrates strategic adaptations to the demands of the occupation while still fulfilling commitments to both domains. The type of approach the GMW take to achieve this form of balance supports recent research on post-pandemic, unpredictable schedules, and their challenges to develop consistent work-life boundaries for healthcare workers (Aziz-Ur-Rehman and Siddiqui, 2019; Chung and Booker, 2023). The study, however, has added to the existing body of research and shows that while participants were able to make these adjustments, they did so from positions of social inequality. Such adjustments were based on gendered and racialised expectations of what was expected of them as GMW in both their workplace and home lives.

This dynamic approach to achieving balance contrasts with static models of balance and acknowledges the reality of competing demands inherent in a professional's life, particularly for healthcare workers in post-pandemic contexts (Ferrara et al., 2022). The second major theme demonstrated how the GMW conceptualised WFB as boundary creation and maintenance that provides both protective and functional benefits. In accordance with a boundary theory perspective, the participants' emphasis on "a clear divide between career and personal life" represents protective segmentation strategies (Nippert-Eng, 1996). Unlike traditional boundary management theories that depend on individual preferences, however, the findings demonstrate that for GMW, boundary management provides protective functions against the possible stereotyping and discrimination in health care settings, which is particularly relevant given recent research that has shown persistent employment disparities between minority ethnic men and women, with minority ethnic women suffering from double disadvantage (Li and Heath, 2020).

The findings extend boundary theory to explain how the intersectionality lens shows how gender, migrant status, and ethnic identity influence the construction of boundaries and therefore render boundary management a survival strategy and not merely a question of preference (Guillem, 2008). Their spatial and temporal separation strategies illustrate updates

to work and family boundary theory, highlighting the significance of physical and psychological boundaries in managing multiple roles (Wepfer et al., 2017; Davidescu et al., 2020) and further illustrate the impact of power relationships and structural constraints on boundary work.

Furthermore, the emphasis on "preventing 'role contamination'" and "maintaining mental and emotional clarity" demonstrates the psychological dimension that is involved in that boundary work, which allows for the protection of professional credibility while managing the intersections of identity (Davidescu et al., 2020). In addition, the mutual non-interference sub-theme supports Chung's (2022) research on how cognitive and emotional regulation go beyond separation to include attentional resource management. The participants' acknowledgement that "you won't be comfortable because your mind will be on what's happening to them" demonstrates an awareness of the attention-based allocation of resources and its implications for role performance and adds to the emerging body of literature on emotional labour in healthcare workers, as well as the complexity of the absence of immediate family support systems.

The conceptualisation of WFB as dual responsibility fulfilment demonstrates the profound effects of intersecting identities on the balance of expectations and experiences of GMW. The desire to be "very responsible at work and at the same time... a good mother... and a good wife" illustrates the intensive responsibility ideology while also engaging with professional identity expectations (Fan and Lin, 2023). This dual commitment challenges simplified WFB frameworks that neglect to consider gendered and racialised expectations. From an intersectionality theory perspective, the simultaneous role performance subtheme illustrates how GMW navigate identity code-switching (adjusting behaviour and presentation across social contexts while maintaining authentic self-expression) (Manzi et al., 2024). The emphasis on being "engaged and satisfied with work as well as family roles" illustrates identity integration that exceeds simple role switching and adds to the developing literature on WFB among women of colour by demonstrating the heightened pressures of achieving exceptional performance across all life domains resulting from multiple marginalised identities.

The "meeting multiple expectations" sub-theme demonstrates the complex navigation of cultural, familial, and professional expectations experienced by GMW in contemporary multicultural societies. In accordance with Chung et al. (2021), the need to "navigate that balance between professional requirements and social requirements" illustrates updated

intersectionality frameworks where multiple identity forms produce unique challenges and opportunities that cannot be analysed through single-axis frameworks. As some studies have shown, these expectations have intensified in post-pandemic work environments characterised by increased visibility into home life through video conferencing, creating further pressure to demonstrate professional competency while navigating family responsibilities (Obrenovic et al., 2020; Abuelgasim et al., 2020). For GMW, this increased visibility can provoke additional scrutiny and stereotyping, highlighting the intersectional vulnerabilities arising from gender, ethnicity, and professional roles.

One of the primary contributions of this study is in demonstrating how GMW conceptualise WFB as dependent on structural factors, not just personal factors. The recognition that balance "depends on so many factors - it depends on the work you're doing... if you have help... your partner" challenges the individualism that pervades much of the existing research on WFB (Kim et al., 2019; Van der Lippe and Lippényi, 2020); instead, their accounts support systemic approaches to WFB that account for a broader range of social determinants (Vohra-Gupta et al., 2023). From a spillover theory perspective, the circumstance-dependent balance subtheme illustrates how job characteristics, family structure, and life-stage intersect to create distinct spillover patterns and balance requirements (Medina-Garrido et al., 2023; Vo et al., 2023; Tremblay, 2023). Recognising that "there are some professions that are in the NHS. They can't work from home" is an acknowledgement of the constraints that occupational roles may have on WFB and that many of these constraints are frequently ignored or under-considered in the current literature on WFB, specifically with regard to the impact of the COVID-19 pandemic on the healthcare sector.

The resource-dependent conceptualisation of WFB also accentuates the importance of social capital and support networks as key resources for achieving WFB among immigrant populations. Participant's experiences as immigrants lacking traditional family networks ("as an immigrant, it's not easy balancing work and family lifestyle… when you don't have a family around") illustrates the way in which migration disrupts pre-existing support systems and creates further obstacles to achieving balance in line with previous research (Pensar and Rousi, 2023) and this finding expands on emerging research concerning WFB amongst immigrant populations and the intersections of migration status, gender, and occupation (Karakurt et al., 2023; Kumar et al., 2023; Ribeiro et al., 2023). These findings suggest that the absence of extended family support networks introduces unique challenges that require creative

resolutions and organisational acknowledgement of immigrant-specific support requirements to facilitate WFB and GMW needs.

The conceptualisation of WFB as flexible working and choice illustrates the centrality of autonomy and self-determination in participants' perceptions of balance. The preference for 'work to live' instead of 'live to work' illustrates an ideological orientation that places value on personal fulfilment and relationship quality over external success markers (Adisa et al., 2023; Ajonbadi et al., 2023). The flexible time management sub-theme illustrates the importance of temporal autonomy in achieving WFB. Participants' intentional selection of jobs "that had hybrid options so I could… fulfil the kind of life I wanted to live" illustrates how some GMW deliberately develop FWA that allow for the expression of their personal values and priorities (Tapani et al., 2022). These findings add to the developing literature on FWA and employee wellbeing and highlight how GMW create and utilise FWA within structurally restricted environments (Calvetti et al., 2024; Chen, 2025). The study's findings illustrate that although individual choice is important, it occurs under structural conditions that differentially affect women of colour (Smith and Griffiths, 2022). Participants' ability to choose FWA will depend on professional status, industry characteristics, and cultural capital that may be inequitably distributed amongst ethnic and religious groups.

The conceptualisation of WFB as a reasonable compromise is the major contribution of this study. Participants' realisation that balance is "just manageable… it's not really balanced" challenges the perfectionism paradigm found in the majority of WFB discourse and organisational initiatives (Parks and Hayman, 2024). These findings support recent research promoting sustainable integration approaches to WFB that emphasise the need for long-term practicality as opposed to the ideal of perfection (Alegría et al., 2017; Al-Btoush and El-Bcheraoui, 2024). The imperfect but manageable subtheme illustrates emotional candour regarding the difficulties of achieving WFB, commonly absent from academic literature. The acknowledgement that "it is hard... it is probably the biggest challenge yet" while continuing to commit to both work and family roles demonstrates resilient engagement (the ability to continue to demonstrate motivation and commitment in difficult circumstances) (Griffin et al., 2023). This compromise-based balance subtheme illustrates the emotional complexity of the trade-offs involved in WFB. The experiences of guilt ("there are times where I will feel very guilty for having a job because I am unable to do everything that I want to with the children") demonstrate the maternal responsibility burden and its psychological impact. However, the

current findings provide an extension of previous research by illustrating how cultural expectations and migration-related separation from extended family support systems exacerbate these emotional challenges for GMW.

Mishra and Bharti's (2023) research on working mothers' emotional experiences demonstrated that feelings of guilt and role conflict are common among working mothers, but the intensity of and ways to manage these experiences are highly variable depending upon cultural background, available support systems, and availability of workplace FWA. For GMW, the emotional challenges of WFB are further exacerbated by professional advancement expectations as well as the added pressure to present their respective cultural communities in a positive light. In addition to demonstrating the significance of within-group diversity in the context of contemporary intersectionality theory, the results of the comparative analysis of ethnic and religious groups provided evidence of the large cultural differences in the ways in which people conceptualise and develop strategies to achieve WFB.

The African participants emphasised "struggle," "resilience," and maintaining mental health as examples of adaptive coping mechanisms (Martucci, 2023). Thus, the fact that African participants emphasised preserving mental health illustrates that, for this group, WFB is about psychological survival and family stability, and therefore, extends the previous research concept of WFB among immigrant populations by demonstrating how migration disrupts support structures and thereby creates additional balance challenges (Jaga and Guetterman, 2023). Moreso, the findings emphasised the work of Jaga and Guetterman (2023) on the necessity of extended family recreation after migration in order to achieve successful work-family integration, which is a role of the community network.

African/Black participants used a structured approach to effectively engage multiple cultural systems while maintaining mental health (Calvetti et al., 2024; Chen, 2025). The focus on "established support networks" illustrates how cultural adaptation strategies can be integrated with available institutional resources, providing an example of what recent migration researchers have described as "strategic assimilation" (selective adoption of host culture practices while preserving valuable aspects of cultural heritage) (Khan et al., 2020; Van der Deijl et al., 2023). The cultural navigation that this group has developed using both heritage and host culture resources to develop effective Work-Family Balance (WFB) strategies provides an important model for organisations wishing to assist immigrant employees to achieve work-family balance.

Asian participants demonstrated an understanding of organisationally supported structures and a long-term planning approach to balance work and family commitments. This supports the contemporary cross-cultural psychologists who highlight the role of family cooperation and collectivist decision-making processes in these cultural settings (Cook and Davíðsdóttir, 2021; Chung and Booker, 2023). Participants were able to understand and reflect on the opportunity cost of investing in careers through time committed to one area at the expense of the other, and to develop long-term plans for both domains. This reflects typical cultural values associated with education and professional advancement while also adapting these values to meet the current realities of today's careers. This systematic and organised approach to balancing work and family responsibility illustrates the potential for using cultural values to develop effective WFB strategies and provide alternatives to deficit-based approaches that see cultural differences as barriers rather than as sources of strength.

The religious comparative analysis illustrates how spiritual or sacred belief systems inform moral reasoning about prioritising work and family balance, extending current secular WFB models by incorporating new sacred dimensions that have recently been identified within contemporary organisational psychology (Urbanavičiūtė et al., 2023). Christian participants viewed WFB issues through the lens of "family welfare takes precedence" and demonstrated an integration of traditional views of family as a sacred institution with contemporary gender role expectations, and as such developed distinct methods of resolving WFB issues that emphasise spiritual compatibility in addition to practicality. Muslim participants primarily emphasised the value of simultaneous productivity and stated that it was consistent with the Islamic principles of balance and the integration of the individual's spiritual and worldly responsibilities, and addressed contemporary workplace expectations (Linando, 2022). This integrated approach to productivity and spiritual obligation is relevant to developing workplace policies that accommodate religious obligations while maintaining productivity standards.

Hindu/Buddhist participants tended to focus on the idea of adaptable holism and illustrated philosophical traditions that promote ethical consideration based on context, that a person's duties will vary at different times throughout their life and that they should be able to adapt their duties to fit the changing requirements of today's careers (Bradley et al., 2023). These philosophical ideas provide a basis for coping with the many WFB problems that individuals experience by employing accepting and adaptive strategies.

7.2 Research Question Two: Intersectional Barriers to WFB and Wellbeing

This section of the chapter outlines the obstacles experienced by participants as Global Majority Women (GMW) to achieve work–family balance (WFB) and wellbeing in the U.K. health care system. As members of many marginalised groups, including race, gender, religious, and migrant statuses, the participants' experiences demonstrate how discrimination functions multiplicatively, not additively. Discrimination is multi-marginalising as opposed to multi-additive. In doing so, this section demonstrates how intersectionality affects both WFB and wellbeing for GMW in a way that can't be demonstrated using single-axis approaches, which supports Research Objective Two.

7.2.1 Intersectional Challenges to WFB and Wellbeing

As previously noted, the analysis demonstrated that GMW experience discrimination that works multiplicatively and not additively, aggregating with Crenshaw's (1989) assertion that intersecting identities produce qualitatively distinct forms of disadvantage. Therefore, they have unique experiences that can't be examined separately using individual identity categories. In total, five connected themes emerged: compounded professional marginalisation through multiple identity intersections, the religious-cultural-gender nexus in professional integration, the intersectional motherhood penalty and gendered migration burden, the psychological and emotional intersectional burdens, and the systemic and structural intersectional barriers. Unlike existing traditional WFB research that isolates gender or caregiving roles, the findings demonstrate how WFB and wellbeing are shaped by multiple identities that operate at the same time.

As illustrated by Crenshaw (1989), the participants' experiences demonstrate what she defines as intersectional invisibility, whereby individuals, because they possess multiple marginalised identities (women, racial minority, religious minority, migrant), are rendered invisible in pre-existing frameworks designed to recognise discrimination along one axis. This finding aligns with Collins and Bilge's (2016) analysis, positioning it within what they define as the matrix of domination, where multiple systems of oppression converge to generate specific types of disadvantages. At the same time, the hypervisibility paradox was present in the participants' descriptions of being expected to serve as representatives of entire communities while simultaneously having their professional contributions questioned or diminished. These requirements also created a different, often unseen, burden for the participants as they were

always required to explain, validate, or support some aspect of their identity in the workplace. This dynamic reflects what Bishu and Headley (2020) describe as diversity fatigue, extending their work by illustrating how this burden directly undermines WFB and psychological wellbeing within healthcare settings.

This study also extended intersectionality scholarship within WFB through participants reporting how the marginalisation experienced at work was impacting their family and personal life; thus, illustrating spillover theory (Akanji et al. 2020), which explains how negative experiences at work can affect an individual's emotional state and wellbeing outside of work. Unlike previous studies' assumption that workload is a driver of spillover, these research findings demonstrated that intersectional identities such as race, gender, and religion also act as a spillover mechanism leading to a significant increase in work and family conflict and emotional exhaustion.

Participants indicated that their professional abilities and skills were systemically questioned, not simply because of the participants' gender, but along with racialised stereotypes about their intellectual capabilities and cultural and religious stereotypes. This finding supports the work of Hwang and Hoque (2023), which shows that professional credibility is undermined by the discrimination occurring at the intersection of gender and racial identities, rather than solely as a result of each identity individually.

These findings further challenge the idea of the "neutrality" of evidence-based medicine. Participants' accounts indicated that while evidence-based practice is viewed as an objective approach, it can serve as an instrument for expressing microaggressions in terms of intersecting oppressions (Abuelgasim et al., 2020; Kline, 2014). Thus, these results illustrate how cultural bias may be embedded into what are typically perceived as value-free evaluative systems and thus reinforce existing notions of the objectivity of professional standards. Additionally, the continuous scrutiny of decision-making by participants increased their performance anxiety, as well as their work-family conflict, and thus supports the limitations of organisational WFB interventions for marginalised workers.

Consequently, participants experienced increased levels of performance anxiety and expanded work-family conflicts, where they perceived themselves as required to work twice as hard to achieve the same level of recognition as their colleagues, yet they continued to be viewed with scepticism regarding their competency. Although previous research indicates that FWA can

reduce conflict between WFB (Chung and Van Der Horst, 2018), participants experience on structural discrimination and burdens related to multiple identities often cancel out the advantages of FWA. This study further develops WFB literature demonstrating that simply having flexibility is not sufficient to overcome the effects of intersectional discrimination on how an employee perceives, receives and is assessed in relation to that flexibility. Consistent with Kapilashrami and Marsden (2018) and Bishu and Headley (2020), the application of organisational policies was seen to be unequal; the policies reinforced inequality instead of reducing it.

The intersection of religious identity with the professional demands of the workplace created especially complicated challenges that extend beyond the parameters of standard WFB frameworks. The missed prayer times due to the requirements of the job created an ongoing internal conflict that made participants feel a sense of spiritual guilt. This aligns with Linando's (2022) findings, while extending them by showing how professional and family responsibilities can intersect with religious conflicts simultaneously. Additionally, some participants utilised the term "spiritually homeless" to describe their experience of long hours of clinical shifts and inability to maintain their religious practices. This strengthens the findings of Kapilashrami and Marsden (2018) and Jayachandran (2021), demonstrating that religious identity fragmentation results in individuals experiencing disconnection from the core spiritual values that typically provide meaning and resilience.

The examples provided demonstrate that boundary management is not based solely upon individual preferences; however, it requires the consideration of the necessity for strategic segregation of work, family and spiritual realms. The participants indicated that the intersections of gender, culture, religion and professional identity produced conflicting and at times opposing expectations. This study has built upon Yuval-Davis (1992), the concept of the "triple burden," in demonstrating the "quadruple burden" of GMW from religious minority backgrounds, as they are required to navigate both professional workplace discrimination and cultural authenticity, professional responsibility, and domestic obligation.

Community surveillance further increased work-family conflicts as participants described how cultural belonging became conditional on conformity to traditional gender roles. This resulted in impossible choices between professional advancement and cultural acceptance. This result is also consistent with Vohra-Gupta et al.'s (2023) research on the impact of professional success in threatening a woman's cultural legitimacy; however, it extends their work into

healthcare settings and shows how intersectional power structures can limit the options of women who are GMW, so they may choose to pursue career advancement at the expense of their own wellbeing.

In summary, this section has demonstrated how both organisational structures and professional culture create intersectional barriers to women's flexibility in work and wellbeing. Therefore, this study advances WFB literature in that it places the importance of intersectionality at the centre of its discussions of flexibility and wellbeing; challenges one-dimensional views of flexibility and wellbeing; and highlights the ineffectiveness of standard organisational interventions to address power, identity, and inequality. Figure 7.1 presents a conceptual framework that synthesises the relationships between flexible working, work–family balance and wellbeing for Global Majority women in the U.K. health sector, drawing on the findings of this study.

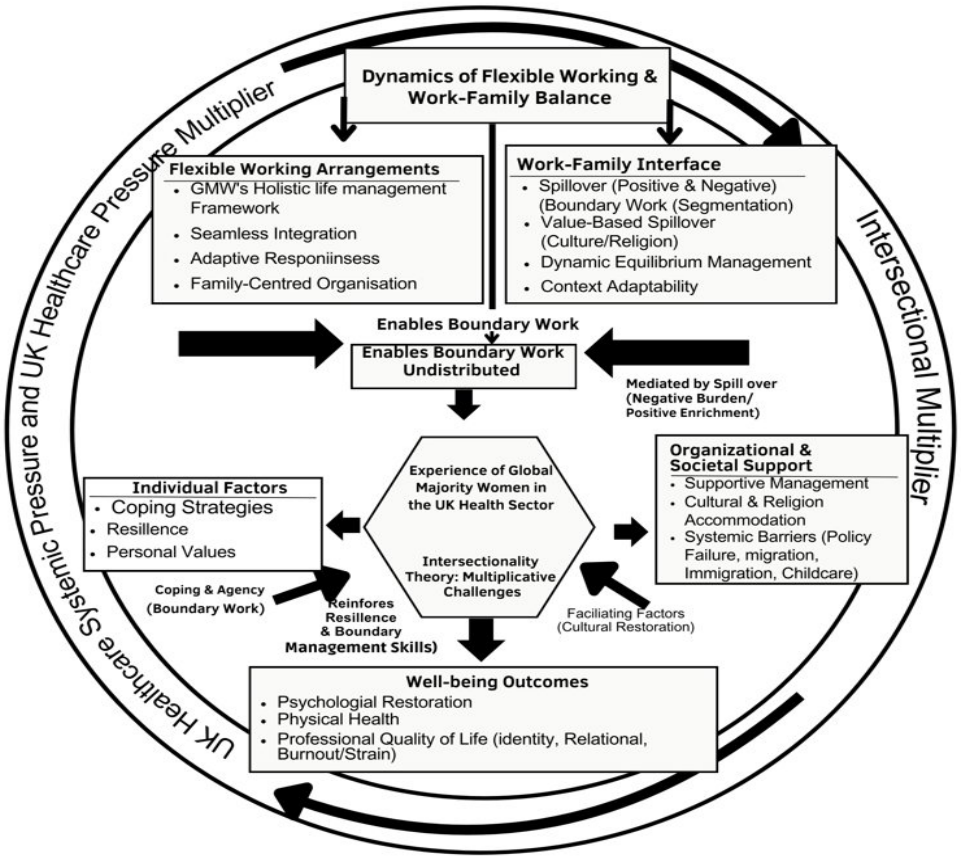

Figure 7.1: Emerging Conceptual Framework of Flexible Working, Work-Family Balance and Wellbeing of Global Majority Women in the U.K. Health Sector.

Source: Author's own construction based on thematic analysis of interview data (2026).

7.2.2 Psychological Coping and Resiliency Strategies

Participants' psychological coping strategies show a great deal of individual resiliency yet demonstrate how systemic inadequacies of healthcare organisations fail to support diverse professionals. Data analysis identified five different, though related, coping strategies: internal psychological adaptation, external resource mobilisation, strategic life course reconstruction, strategic time management, and structural accommodation-seeking. These coping strategies demonstrate that GMW have been forced to develop very complex and multi-dimensional resilience frameworks due to an institutional structure that does not take into account the needs generated by intersecting identities. The coping strategies described here should therefore be viewed as a structural response from the intersection of gender, race, immigration status and employment in the U.K. health care system rather than an individual preference.

Spirituality was a component of many participants' coping strategies, which served as a means of establishing meaning-making and identity stability in hostile work environments. Thus, with respect to intersectionality, spirituality is central because it represents how women from the Global Majority draw upon culturally based resources to mitigate exclusion that stems from race, gender and migrant vulnerability. This finding contrasts with prior mainstream WFB research, which has either ignored or marginalised religious dimensions of wellbeing (Kreiner et al., 2009; Haar et al., 2020), and demonstrates that religion is not just one of many factors in the lives of individuals that may influence their wellbeing at times, but is instead an integral component of the ways that individuals manage the boundary between work and life and their overall wellbeing, which is not captured by WFB models. This finding contradicts many of the traditional ways of thinking about work-family balance, which are based on Boundary Theory and suggest that people have some control over their boundaries when they experience some degree of boundary failure by organisational systems. Faith can be a boundary anchor (a point around which boundaries turn) when organisational systems fail to provide psychological safety.

This study found that participants' spiritual practices served as a therapeutic function, consistent with Chung and Van der Lippe's (2020) findings on the relationship between

religiosity and coping among ethnic minority groups. However, this study demonstrated additional complexity in healthcare environments, where participants experienced extreme emotional labour and had to preserve their spiritual needs. Spillover theory helps explain why emotions are restored with spiritual capabilities, but when not allowed at work, can lead to negative spillover. In addition, Vo et al. (2023) found that those who practice religion experience greater psychological resilience and job satisfaction despite experiencing discrimination; this study finds the same relationship exists for GMW who experience more severe levels of intersectional stressors. Additionally, Kim and Choi (2023) also reported that religion was positively related to the levels of burnout and length of careers for healthcare workers; this aligns with participants' comments about using their faith as a protective mechanism from many types of workplace discrimination and microaggression.

Participants were able to develop both strong support networks and connections with one another by developing "spiritual coping" mechanisms and challenging the idea of being isolated as a migrant through the "boundary theory" concept of "active boundary spanning." Participants established new social support systems in the U.K. (Kislov et al., 2021), creating global support systems across geographic and cultural divides. The "bring our mothers to help" demonstrates a high financial cost; it demonstrates a strategic resource mobilisation that enables professional continuity and meets the caregiving responsibilities. This supports the research of Jayachandran (2021) that establishes the "global care chains" enabling professional movement, while maintaining cultural ties. In contrast to most of the previous work-family studies, which conceptualise extended family support as informal or culturally acceptable forms of support, this study shows that extended family arrangements are purposeful, costly, and structured due to the lack of formal institutional assistance for families experiencing exclusion.

This study extends the body of research by demonstrating that GMW intentionally make these arrangements as part of their general resilience strategies and not simply as a result of needing family support. Professional mentoring networks developed across racial, cultural, and religious boundaries provide networking strategies that go beyond traditional methods of self-segregation. Participants developed what they referred to as "survival networks," informal professional relationships centred around workplace discrimination, and facilitating professional success in spite of structural barriers. Survival networks often consist of other minority individuals from different backgrounds who share similar experiences of

marginalisation. This is where Intersectionality Theory has significant potential in illustrating how these inter-ethnic alliances demonstrate shared structural positions (not a shared identity) and show how marginalisation creates commonalities that lead to collective strategies to cope with disadvantage. This finding demonstrates that GMW develop collective counter spaces to protect themselves from institutional hostility and contributes to intersectionality theory and reduces the effects of negative spillovers that can occur across work and family domains. Despite this, spillover theory also indicates that there are costs to the maintenance of these social network ties in terms of the emotional burden of being responsible for coordination, emotional support and continuing the relationship remains an individualised responsibility.

The cognitive protective mechanisms used by participants are beyond traditional stress management and include identity protection strategies that are shaped by their intersectional position as GMW in the U.K. health sector. Participants' compartmentalisation strategies align with Goffman's (1963) stigma management, but unlike the voluntary boundary work that occurs among privileged professionals, the compartmentalisation strategies employed by participants are a product of necessity and not choice, indicating an adaptation to structural inadequacies rather than an optimal work design (Chung and van der Horst, 2018b). This is a significant distinction because boundary theory frequently assumes that individuals have agency and can make choices regarding their boundaries. In contrast, the participants' boundary work was identified as both compulsory and defensive rather than as voluntary and based on preferences. This distinction illustrates that flexible working can serve as a means of identity protection rather than as a method of managing work and life, especially when discrimination is involved.

Kapilashrami and Marsden (2018) explain how individuals from multiple marginalised groups employ "strategic authenticity," selectively revealing identity aspects depending on contextual assessments of safety. This helps to understand the participants' experiences. However, this study illustrates that for health workers who experience numerous types of discrimination, this process is much more intense for them. Intersectionality Theory explains why these are intensified, as it describes how experiencing multiple forms of discrimination (racism, sexism, migrant status uncertainty) simultaneously increases the amount of cognitive effort required to manage identities. This process requires a tremendous amount of cognitive labour to evaluate social environments, anticipate potential discrimination, and control behaviour to prevent

targeting. Participants explained that this type of work is exhausting and creates what researchers call "identity vigilance fatigue."

Participants employed code-switching behaviours that went beyond language-based adaptations to include cultural code-switching, modifications to behavioural patterns, communication styles, and expression of values to fit the organisational expectations that participants believed existed. These adaptations require specific forms of cultural intelligence and emotional regulation and may lead to psychological strain from the repeated suppression of identity. From a spillover viewpoint, identity suppression on an ongoing basis develops over time and leads to a transfer of emotional exhaustion from workplace interactions to family interactions and personal wellbeing. Participants demonstrated a unique perspective of sustainability in the context of constraint, and proactively modified performance standards to maintain their self-worth despite structural barriers. Craig and Sawrikar (2009) and Mordi et al. (2023) show that when individuals are discriminated against, they develop "contextual realism", an ability to set a high standard for themselves, while at the same time acknowledging the limitations that the environment imposes upon their success.

The decision to deliberately reject perfectionist standards indicates the participant was engaged in Steele's (1993) definition of self-affirmation, which is the process of reflecting on your values to maintain your self-identity when you feel threatened. In light of the abundance of literature on stereotype threat experienced by women and racial and ethnic minorities in professional contexts, the participants' recalculation of what is expected of them may be viewed as both psychologically protective and as a way to resist the discriminatory environment that exists. This research builds on previous resilience studies by demonstrating that recalibration is not the same as thriving; instead, it represents a form of sustainability that occurs when individuals endure continuous and chronic structural strain.

Karakurt et al. (2023) indicate that this recalibration is a type of adaptive resilience, or the psychological flexibility that enables individuals to maintain motivation and overall wellbeing in the presence of structural barriers. While it seems as though the adaptive capacity has been developed to a high level in individuals with multiple marginalised identities, participants were able to create a professional persona that was distinct from their personal identity. Thus, it provides a psychological barrier to protect them from the effects of discrimination while also enabling them to perform professionally efficiently; however, they had to expend significant amounts of emotional labour and cognitive resources. This supports the findings of Ten

Brummelhuis and Bakker (2012), who define this as identity work burden, which is the additional number of psychological resources that must be expended to remain effective in one's profession, while simultaneously dealing with the effects of discrimination.

There are serious concerns about the long-term sustainability of the protective mechanisms used by participants. Participants reported periods of "identity exhaustion" in which the cognitive demands of constantly negotiating their identity led to temporary disengagement from their profession. This finding is consistent with Collins et al. (2021), who demonstrated that prolonged identity work can result in career plateau effects and consideration of early retirement among multiply marginalised professionals, thus emphasising the need for systemic rather than individual solutions. This study provides empirical evidence that challenges healthcare institutions to recognise that although individual resilience enables GMW to survive in discriminatory environments, it will never replace the need for systemic change. The coping mechanisms developed by participants reflect adaptations to institutional failures, and not evidence that the current systems are sufficient to support diverse professionals. Moreover, resilience functioned as a short-term buffer across each of the five coping strategies examined in this study. It obscured the role of institutions in creating the conditions that will result in long-term spillovers.

7.3 Research Question Three: How does Flexible Working Influence Work-family balance and Wellbeing?

This section discusses how flexible working arrangements influence work–family balance (WFB) and wellbeing among Global Majority Women (GMW) in the U.K. healthcare sector, as well as the conditions under which such arrangements promote or constrain WFB and wellbeing for GMW. The discussion brings together spillover theory, boundary theory and intersectionality theory to illustrate both the positive and negative implications of flexible working for GMW.

7.3.1 Individual wellbeing and identity transformation

Flexible working arrangements (FWA) were found to be a strong stimulus for psychological restoration among GMW health care workers. Participants described flexible working arrangements as facilitating psychological restoration by enhancing their wellbeing, including mental health, emotional regulation, and psychological wellbeing. Such benefits are consistent

with prior research demonstrating the positive effect of employee-negotiated flexibility on health and wellbeing (e.g., Fadiji et al., 2021) and include reductions in stress, stress-related illnesses, and sickness absence, as well as improved WFB, all of which are consistent with the current study's findings of comprehensive wellbeing enhancements. This finding shows a positive relationship from the point of view of spillover theory, which shows that increased workplace autonomy helps enhance psychological functioning across multiple life domains. These findings are consistent with those reported by Heikkinen et al. (2024), where the researchers documented wellbeing improvements, even though flexibility was limited for many participants; this suggests that some degree of flexibility is enough to create real wellbeing advantages.

Notwithstanding the wellbeing benefits produced by FWA, such benefits are not always uncomplicated. Participants' reports of stress and tension, even though FWA improve their wellbeing are consistent with existing research identifying the benefits of flexible working and the challenges of the hybrid or remote working environments. The previous studies mentioned were conducted by Gallup Research (2021), Smith et al. (2019), and Metselaar et al. (2023), which found that hybrid and remote working professionals experienced higher levels of stress and anger and reported better job engagement compared to full-time onsite working professionals. This study extends this literature by highlighting that these contradictions are particularly pronounced for GMW in the U.K. health care sector, where increased professional isolation and cultural adaptation may increase barriers to wellbeing.

The findings from this study indicate that flexibility does indeed increase an individual's ability to manage their own autonomy in terms of how they define and create their own boundaries at work; however, increased flexibility can also lead to the blurring of lines between what is considered "work" and what is considered "home," which increases the potential for negative spillover when individuals experience difficulty creating or maintaining those boundaries. As such, these results demonstrate the need to consider whether there are some limitations in the assumption that autonomy always leads to greater levels of wellbeing, as has been assumed in much of the literature on flexible working (Gajendran and Harrison, 2007; Kim et al., 2020).

The findings from this study are also consistent with the research conducted by Smith et al. (2019) and Metselaar et al. (2023) examining flexible working in health care contexts and validating the use of spillover theory, while identifying nuanced gender-based differences in wellbeing outcomes. Their findings demonstrated that men reported improved job satisfaction

and mental health as a result of FWA, while women reported improved job satisfaction as a result of FWA. Notable among the findings of the current study is that FWA outcomes on wellbeing are not only shaped by gender for GMW but also by migration status, race and occupation. This study illustrates why it is critical to move away from simply comparing men and women on flexible working and consider the broader social locations that influence wellbeing outcomes associated with FWA.

Notable among the findings of the current study is the extent to which FWA appeared to transform the professional identities of GMW healthcare workers. Many internationally educated immigrant healthcare workers often experience skill underutilisation by working in lower-skilled healthcare jobs or outside of healthcare after migration. Therefore, the autonomy afforded GMW healthcare workers through FWA has the potential to be professionally transformative in terms of providing them with the ability to reconstruct their professional identities within a constrained labour market. In this respect, the transformation of professional identity through FWA facilitated by GMW healthcare workers represents an example of adaptive career navigation in labour markets as described by Bjärntoft et al. (2020). Therefore, flexible working functioned not only as a tool for scheduling working hours but also as a mechanism for fostering professional identity and self-worth.

Although FWA allowed for reconstructing identities, the results of this research also pose very important questions regarding whether FWA represent a true empowerment of migrant women or simply alternative ways in which they can cope within certain constraints. Flexible career changes in GMW health care workers were often made as a result of gendered care responsibilities and constraints related to migration and not as a consequence of freely selected career pathways. The results support the debate regarding the Protean Career Model (Aarntzen et al., 2023; Chung and Van der Lippe, 2020) that focuses on self-determined career decision-making. The study uses an Intersectional perspective (Collins and Bilge, 2016) and shows how the agency of migrant women through FWA is influenced by structural inequalities; therefore, it is argued that empowerment is relative and contextual instead of being absolute.

For GMW in health care, however, these career reconfigurations represent both empowering strategies for managing careers as well as systemically limiting career advancement opportunities. The research also indicates that this is a factor that goes beyond the boundaries of the workplace. Using spillover theory, more autonomy in one's work arrangement will likely result in positive spillover to home life, decrease the amount of pressure experienced by GMW

and improve their emotional wellbeing. On the other hand, autonomy can lead to negative spillover from work to home life due to the blurring of work and home roles when flexibility occurs. Boundary theory also provides evidence supporting the results of the current study (Ashforth et al., 2000), indicating that autonomy enables GMW to establish and adjust boundaries as they deem appropriate, yet creates challenges for them to maintain separate roles.

Consistent with studies that have demonstrated that autonomy satisfaction acts as a mediator between FWA and wellbeing outcomes (Tremblay, 2023; Aziz-Ur-Rehman and Siddiqui, 2019), the current study findings show that autonomy alone cannot guarantee wellbeing. Through the lens of intersectionality theory (Collins and Bilge, 2016), the degree to which FWAs create meaningful forms of agency for GMW are shaped by the social positions and contexts in which they operate. The participants' reports of multi-dimensional wellbeing benefits as a result of FWA include improved financial wellbeing, emotional wellbeing and personal empowerment. Research studies conducted by Ruggeri et al. (2020) and Chingan et al. (2024) support the findings of the current study and demonstrate that FWA can result in multi-dimensional wellbeing benefits. This study extends their findings by emphasising that structural conditions are required for these benefits to materialise.

Overall, this study adds to the body of literature on flexible working and wellbeing. The results showed that FWA can act as conditional wellbeing resources (i.e. wellbeing-enhancing if certain conditions are met), rather than as universally enabling arrangements. Thus, while FWA were found to enhance individual wellbeing and identity construction amongst GMW healthcare workers, there was a concurrent risk that they would mask structural inequalities related to migrant status, gendered expectations around labour, and professional recognition. This study drew upon the theoretical frameworks of spillover, boundary and intersectionality in order to develop an understanding of how wellbeing outcomes arise from the interaction between individual agency and structural constraints. Therefore, FWA should be viewed not as a standalone solution, but as a mechanism which requires both systemic organisational and policy-level support to produce equitable and sustainable wellbeing outcomes.

7.3.2 Relational Dynamics and Social Connection

These results indicate that flexible working arrangements (FWA) allow participants to engage in meaningful ways in family life, which strengthens the relationship between parents and

children and overall family cohesion. By way of spillover theory, these relational benefits reflect positive spillover from increased temporal autonomy to enhanced relational quality across all family areas. Participants described the many specific acts of caring (e.g., preparing meals consistent with their children's preferences, transporting children to and from school, being physically present for daily routines), that they engage in due to their FWA, as examples of the types of caring actions identified in Tronto's (1993) ethics of care framework as reflective of attentiveness, responsibility, competence, and responsiveness that can foster stronger emotional connections between family members, reinforcing the relational significance of FWA beyond logical conveniences.

Consistent with Allen et al. (2023) and Kim and Choi (2023), the findings confirm that WFB is a multi-dimensional concept, which has been developed from temporal, emotional, and relational characteristics. Such studies have shown that FWA can reduce work-family conflict by giving employees more control over how they allocate their time. This form of autonomy appears to be significant for GMW, who often take on a disproportionate amount of family care responsibilities and who are adjusting to new cultural environments. In addition to reducing conflicts between work and family, FWAs enable participants to continue practising cultural traditions related to food preparation, child supervision and other daily family activities (Ferrara et al., 2022); and therefore, help to provide a sense of cultural continuity and family stability.

The results also indicate that spousal partnerships have transformed, given the possibility of creating a more equitable division of domestic labour among partners. Intersectional findings indicate that flexible working strengthens family and relational wellbeing for migrant women only when it is supported by inclusive organisational practices and secure employment conditions (Owolewa et al., 2026). From a boundary theory perspective, FWAs create the temporal and emotional space for partners to renegotiate their boundaries regarding their domestic roles; however, the renegotiation of domestic roles requires a great deal of additional relationship work and a mutual commitment to change. Allen et al. (2023) supported this interpretation, arguing that structural changes in work arrangements can provide an opportunity for challenging traditional gender roles, but these opportunities require both partner intentional negotiation and cultural support.

The processes that occur for GMW in transforming their domestic collaborations are influenced by cultural expectations, historical migration experience, intersection of race, class, and gender,

all of which are central to intersectionality theory. The shared domestic participation reported by participants aligns with the concept of "undoing gender" through redistributing household labour (Sánchez-Mira, 2024), although these transformations appear facilitated by, and not directly caused by workplace flexibility. It is imperative to differentiate between the two since FWAs generate required yet insufficient conditions for gender equality in domestic relationships. There are many other variables that contribute to how flexible working results in fairer domestic relationships, including the attitudes of the partner, cultural standards and financial circumstances.

FWA offer common experiences and time together, similar to how Kim and Choi (2023) stated that they help develop "intentional" relationships through purposeful investment of time and making meaning. However, the benefits of flexible working partnerships can be influenced by the partner's willingness and capacity to adapt to new domestic structures; therefore, there should be structural support for flexible working combined with changes in gender roles in society. For GMW families, adjusting to FWA may be difficult due to differences in gender role expectations between generations and various degrees of cultural assimilation. Prior research has explored flexible working in open workplaces (Abudy et al., 2023), while Chung and Booker (2023) found that the physical setting of flexible work can have effects on both the employee's stress level and their ability to psychologically separate from work, which can be particularly relevant for family relationships of healthcare workers who encounter emotionally challenging work situations. Contrary to studies that assume that reducing hours worked will result in a decrease in the quality of professional relationships, this study found that well-planned FWA can improve professional relationships and productivity.

The current study’s findings contradict the assumptions of the "ideal worker" model. This assumes that the most professional and capable employee is one who works long hours and spends time at their workplace. In contrast, other studies have shown that FWA, when designed and executed correctly, can provide employees with an opportunity to enhance their performance at work rather than diminishing their output. Flexible working does not result in an increase in the quantity of work but instead results in a quality of work that allows employees to be more focused and use their time more efficiently. For example, with FWA, GMW staff members are able to more attentively care for patients; make better clinical decisions; experience less burnout and therefore improve their overall health and wellbeing. According

to the spillover theory, reducing stress at home will help to create a positive emotional environment at work, which shows reciprocal benefits in both domains.

Boundary theory illustrates that, in flexible working environments, the relationship among employees is dependent on effective communication, managing time, and effectively utilising available time. However, the study's findings illustrate that sustaining effective professional relationships in FWA requires a supportive team culture and cooperative problem-solving techniques that collaboratively manage boundaries and accountability of the group to ensure the effectiveness of the team. In summary, the study finds that FWA cannot be viewed as solely an individual-based arrangement but rather emphasises the role of organisation-based cultures in supporting various forms of working arrangements.

In addition, Flexibility in healthcare also has additional challenges to balance, such as patient safety, continuity of patient care, and coordination among teams. Healthcare systems in many countries (U.S. (Hussein, 2022); U.K.; Germany (Smith et al., 2022)) are increasingly reliant on foreign-born healthcare workers to address workforce shortages and assist in meeting the growing demand of an ageing population. Consequently, the increased reliance on foreign-born healthcare workers increases the opportunities and challenges facing migrant healthcare workers and subsequently creates a greater need for supportive working arrangements to maintain a healthy and productive workforce. The design and implementation of FWA requires careful consideration of the issues of patient safety, continuity of care, and coordination of teams as described by studies completed by Bjärntoft et al. (2020) and Chung and Booker (2023).

There are additional considerations for GMW that should be included in the FWA, such as language barriers, cultural differences in professional communication, and varying levels of support for professional development. FWA that include consideration of these factors, it may be particularly effective in promoting both individual performance and team dynamics. These findings thereby support the need for organisational approaches that incorporate intersectional awareness techniques into flexible working policies to promote equal opportunities and outcomes.

7.4 Facilitating and Hindering Factors for Flexible Working Effectiveness

In this section, the structural, systemic and organisational factors that either facilitate or hinder the flexible working effectiveness for GMW in the U.K. healthcare sector are addressed. The section also covers the facilitating factors, which include organisational support, predictable scheduling, colleague support networks and cultural and religious accommodation; along with the hindering factors, which include economic pressures, infrastructure deficits, implementation failures and immigration-related constraints. This section ties the theoretical perspectives with practical implications for academic research and policy development, as it explains how individuals' experiences reflect broader systemic issues and therefore require multi-level interventions to achieve meaningful changes for this population.

7.4.1 Facilitating Factors for Effective Flexible Working

The analysis found four major themes that facilitate effective FWA for GMW in the healthcare sector: organisational support and management attitudes, planning and predictable scheduling, colleague support networks, and cultural and religious accommodation. As noted previously, these facilitating factors are interdependent to create an environment where flexible working can truly support work-family balance (WFB) instead of just being a formal policy. In addition, all participants stated that they required supportive leadership and high-quality management to have successful use of flexible working experiences. This supports the research by Kossek and Lautsch (2018) that the degree of managerial understanding, empathy and willingness to listen has become a requirement for more than just good management practice. Also, as noted in the 2024 Global Culture Report, 80% of health care professionals said that having flexible working options at work would affect their decision to remain at their employer, and only 50% of health care professionals said that their employers' organisational culture supports flexible working. Therefore, there appears to be a disconnect between employee needs and the delivery of flexible working by employers.

In fact, the participants' accounts of flexible working were significantly different when compared to participants who had supportive managers versus non-supportive managers. Furthermore, based on insights from spillover theory (Edwards and Rothbard, 2000; Kelliher and Anderson, 2010; Fung et al., 2021), a positive spillover effect occurs in an organisation when a positive workplace relationship has a positive impact on an individual's overall wellbeing and job effectiveness. Therefore, when managers are able to demonstrate a clear

understanding of the complex issues that GMW face, the support demonstrated by the manager extends beyond the confines of the workplace to positively impact an individual's overall life satisfaction and career. In this way, flexible working effectiveness was closely tied to the relational quality of managerial support rather than the mere existence of formal policies.

However, the results indicate a worrying reliance on individual manager characteristics rather than an established organisational policy framework. Such an individualised approach creates specific vulnerabilities for GMW that managers with limited cultural awareness or unconscious biases may exacerbate (Choi, 2018). The present study extends existing research to show that, for the GMW group, it is not just managers' discretion that affects the quality of flexible-working experiences, but also whether flexible working is even available to them. Rather than addressing structural inequalities, this focus illustrates the broader trend in organisational diversity management toward personalising relationships over changing structures (Austin-Egole et al., 2020).

A top-down organisational level approach may be beneficial to some individuals with supportive managers; this finding supports arguments that such approaches perpetuate paternalism and fail to deal with the systemic inequality issues facing many employees (Austin-Egole et al., 2020; Gerdenitsch et al., 2015; Kumar et al., 2023; Sekhar and Patwardhan, 2023). This study also expands upon previous criticisms by showing how managerial discretion has an unfair and disproportionate negative impact on the GMW group's ability to participate in FWA due to a variety of factors, such as their immigration status, cultural background, and gender-based expectations.

Scholars have indicated that if an organisation wants to move past the managerial discretion at an individual level, the organisation needs to develop systems that allow all employees equal access to FWA (Metselaar et al., 2023). This study supports and contextualises this argument within the U.K. healthcare sector, where a formalised and standardised system of providing FWA is important due to the potential for poor implementation to worsen pre-existing vulnerabilities (e.g., immigration status, cultural background, and gender expectations) related to being a GMW employee (Sekhar and Patwardhan, 2023).

Scheduling predictability and family synchronisation were two important factors which allowed GMW to successfully manage all their responsibilities (Tremblay, 2023). This support boundary theory (Nippert-Eng, 1996), by showing how a high degree of notice before making

scheduling decisions, organisations allow GMW to plan and schedule their work and family responsibilities with greater confidence and clarity than would be possible if they did not receive such notice. In addition to allowing GMW to more effectively coordinate their responsibilities across the boundaries of the work and personal domains, the predictability of GMW's scheduling allows them to also more effectively use the resources available to them as they coordinate their work responsibilities with those of their partners or family members to address issues related to child care and other family responsibilities, supporting Greenhaus and Powell, (2006) work-family enrichment framework while extending by situating it within a migration context. . Childcare coordination is an important issue for migrant families because migrant families often do not have access to extensive family networks of relatives as is commonly found in many countries of origin (Nippert-Eng, 1996).

Temporal predictability also allows GMW to develop routine practices that enable them to fulfil both their professional responsibilities and their family obligations (Kossek et al., 2023). As such, advance scheduling encompasses family system functioning as well as the individual's needs and conveniences. Consistent with prior research, when work hours are unpredictable, the responsibility to continually adjust work hours is unfairly placed upon women who have primary caregiving responsibilities (Smith and Griffiths, 2022). This study extends these findings by demonstrating how Predictable scheduling empowers GMW to distribute fairly the responsibility of resolving conflicts between work and family and to pursue sustainable work-family integration strategies (Wayne et al., 2017).

Another key factor supporting GMW in utilising FWA to meet their work-family responsibilities was peer support and informal help from coworkers. GMW participants developed mutual support agreements amongst themselves, whereby they agreed to reciprocally cover for one another in the event of a personal emergency or when someone needed to take scheduled leave (LePine et al., 2007). This finding supports existing literature on creating cooperative relationships in the workplace and how these types of relationships can enhance access to FWA (Kossek et al., 2011).

The reciprocity in how these informal arrangements are structured helps to create sustainable partnerships among GMW participants and establish a professional relationship with their colleagues, which can go beyond the use of FWA (Obrenovic et al., 2020). Participants stated that their colleagues provided them with both technical assistance (related to scheduling and coverage) and emotional support in dealing with the complexities of work-family balance

(Rizwan and Sivasubramanian, 2022). A colleague being willing to help GMW with emergency childcare or schedule coverage is an example of workplace community that prioritises the wellbeing of its members, supporting the work of (Rizwan and Sivasubramanian, 2022). While using informal networks of support provides a number of benefits with respect to FWA, this study extends existing research by highlighting several disadvantages with regard to equity and the sustainability of FWA (Van der Deijl et al., 2023; Fadiji et al., 2021; Lin et al., 2022). In addition, GMW participants without a large or strong network of colleagues will not be able to gain similar access to the same FWA, which creates a larger problem of the individualisation of FWA and the need for a systemic approach rather than an ad hoc approach to developing FWA (Poelmans et al., 2008). Unlike studies that present informal flexibility as universally beneficial, this research demonstrates how reliance on informal arrangements can reproduce inequality among GMW.

Cultural and religious accommodation was a final key facilitator of GMW's ability to utilise FWA. Cultural and religious accommodation provides a means of extending the concept of workplace inclusion beyond the realm of formal diversity policies to the day-to-day practices and interactions in the workplace (Greenhaus and Powell, 2006). GMW appreciated their employer's willingness to provide space and time for religious observance, as well as their employer's understanding of cultural priorities that place greater emphasis on family and community obligations. These findings support boundary theory, which suggests that organisational cultural accommodation enables individuals to successfully manage boundaries between their professional responsibilities and their cultural or religious identity (Ashforth et al., 2000; Nippert-Eng, 1996).

At the same time, this study extends existing research by illustrating how cultural accommodation will be a key concern for GMW because, on one hand, they will have to deal with being encouraged to adopt Western values and work practices, but on the other hand, GMW want to maintain their cultural identity and support systems for their families and wellbeing (Greenhaus and Allen, 2011). Accommodating cultural aspects in professional health care services can raise several challenges that require creative and innovative answers to both the requirements of GMW and the demands of providing professional services (Syed, 2017). As an example, accommodating cultural and religious practices within the work environment could involve scheduling coordination among a diverse team of workers, training team members to be able to provide coverage for each other during religious holidays or

creating FWAs which enable GMW to engage in cultural practices while still meeting patient care expectations (Bellmann and Hübler, 2021). These results highlight the need for organisational policies which are culturally sensitive and efficient in operation to ensure that flexible working is both inclusive and practical.

7.4.2 Hindering Factors and Systemic Barriers of Flexible Working

This section examines the hindrances and systemic barriers to FWA within the U.K. health sector. There are four types of hindrances: economic pressure and financial trade-off; structural support deficit; organisational policies implementation failure; and legal and immigration status limitation. These four types of hindrances typically intersect with one another and create cumulative barriers which limit flexible work arrangement options for participants despite their formal availability. This finding is consistent with previous studies indicating that FWA exist within broader structural and institutional conditions rather than a standalone individual choice (Kumar et al., 2023). While there has been extensive research on the impact of regulatory environments and policies on FWA, this research demonstrates how the experience of FWA may compound disadvantage for GMW Healthcare workers, where they are both subject to highly restrictive regulations and have little ability to influence those regulations.

Many of the participants identified financial constraints as the most significant barrier to accessing FWA. The link between fewer hours worked and lower earnings creates a substantial amount of economic pressure for migrant families that have moved and settled in a foreign country, supporting previous findings that FWA can involve financial penalties, particularly for women and migrant workers (Austin-Egole et al., 2020; Mordi et al., 2023). Because of these economic pressures, many participants are faced with deciding between financial stability and FWA and being forced to choose a short-term financial situation over long-term wellness (Austin-Egole et al., 2020). Prior studies have shown that there are trade-offs when people make flexible work arrangement choices based on economics.

This research expands upon prior research by showing how this trade-off occurs across international borders with financial responsibility, such as sending money back home, having few or no alternative incomes available and lacking the help from extended family in the host country for financial assistance (Fan and Lin, 2023). In addition to reduced wages, participants indicated that FWA also produce indirect costs such as childcare costs, transportation costs and the cost of private solutions to bridge gaps in formal support systems. These findings

challenge the implicit assumption in some flexible working literature that FWA inherently reduce financial strain. Using boundary theory (Clark, 2000; Kossek et al., 2012), the financial constraints that exist for participants cause boundary management decisions to be made based on financial necessity rather than on the principles of optimising WFB. This economic situation erodes the autonomy advantages provided by FWA, extending Kelliher and Anderson's (2010) work by demonstrating how economic uncertainty undermines the advantages of FWA in a migrant worker context.

The continued impact of long-term economic pressure on an employee's personal life is likely to exacerbate many of these factors. Therefore, the findings support Spillover Theory by demonstrating how the job environment can negatively influence a worker's family life; however, this research expands upon Spillover Theory to include immigration-related employment uncertainty as a factor that may increase the likelihood of negative spillover occurring. Many GMW health care workers experienced limited job options available to them outside of their current position and were concerned that failure to meet their employers' expectations could jeopardise their immigration status (Mohammadi et al., 2022). In turn, these factors are likely to create or continue to create unequal power dynamics for employees and limit their ability to take full advantage of the rights they must request Flexible Work Arrangements.

A second type of barrier that was commonly mentioned by participants is the lack of supportive infrastructure, specifically in terms of childcare and social support systems. Participants stated that they encountered substantial difficulties in accessing affordable and reliable childcare that accommodated the variable and unpredictable schedules that are typical of healthcare work. This finding also confirms previous studies on the necessity of external support systems for the effective use of flexible work arrangements (FWA) as noted in work of Bishu and Headley (2020); Barath (2022), but it expands upon the literature by stating that FWA's are not sufficient to improve working family balance (WFB) among Global Majority Women (GMW) if the social infrastructure needed to utilize the flexibility is unavailable. It is structural isolation that restricts the effectiveness of FWA's for many migrant worker families, as opposed to personal preference.

Due to the structural nature of these support deficits, neither individual nor organisational-based solutions can sufficiently address the root causes of work-family conflict. This conclusion provides empirical evidence supporting multi-system, policy-advocated,

coordinated approaches to addressing work-family conflict through such mechanisms as community-based support structures and extended childcare options (Fuller and Hirsh, 2018; Gerdenitsch et al., 2015). The participants' accounts indicated that one of the greatest barriers to attaining the potential benefits of FWA was the disconnect between the formulation of formal policies within organisations and the actual practices implemented within those same organisations, thereby providing further empirical support to Kumar et al.'s (2023) assertion that while the availability of formalised policies does not automatically equate to their accessibility.

Some participants also identified institutional resistance to flexible working as a further barrier to the use of FWA to achieve improved WFB. The type of resistance displayed by institutions included requiring excessive levels of justification for requests for flexible working, failure to consult with employees regarding their choice of schedule, and inconsistent application of policies across different employee groups. These research results are consistent with past studies showing that organisations will resist some degree of flexibility, even when they have the same goals to be flexible (Ferrara et al., 2022; Aziz-Ur-Rehman and Siddiqui, 2019). This study also extends existing research by showing that participants are demotivated and emotionally drained because they need to advocate for FWA, which should be a normal routine (Heikkinen et al., 2024). The absence of participative approaches to flexible work planning reflects broader concerns regarding worker voice and democratic participation in workplace decision-making (Blair-Loy, 2009). Additionally, these findings show that the lack of mechanisms for participation in flexible work planning exists because of the hierarchical nature of healthcare organisations (Ferrara et al., 2022; Bishu and Headley, 2020).

Immigration status also emerged as a critical barrier shaping access to FWA for GMW. Recent immigration policy changes have had a significant effect on healthcare and social care workers and have limited their ability to access FWA (Syed, 2017). Restrictions on bringing dependants and higher salary thresholds are two recent examples of how immigration policy has created barriers to flexible working for migrant workers in the U.K. (Hwang and Hoque, 2023). These findings support existing research on how visa restrictions create both technical barriers (for example, hourly wage requirements and salary thresholds) and relational barriers (for example, reliance on the sponsorship of employers) (Bjärntoft et al., 2020; Chung and Booker, 2023). It also extends previous studies by demonstrating how immigration restrictions lead to FWA that enable the exercise of organisational power. Participants often stated they were reluctant to

request FWA in spite of their legal right to do so because they feared that doing so would negatively impact their employers' perception and result in loss of sponsorship.

From an intersectionality perspective, Immigration status can be viewed as an additional layer of constraint that intersects with gender, ethnicity and religion, and affects the position of employees within organisational hierarchies and their access to workplace accommodations (Crenshaw, 1991; Cho et al., 2013). This study expands upon the intersectionality theory and demonstrates that immigration status is a form of both an identity marker and a structural method of labour control for FWA (Alegría et al., 2017; Al-Btoush and El-Bcheraoui, 2024). These immigration related limitations extend beyond the experience of the individual to the functioning of the health care system as a whole (Ozbilgin et al., 2011). This results in a negative spillover effect. When large proportions of the health care workforce experience immigration-related constraints to flexible working, the health care system's ability to respond to worker needs and retain high-quality staff is severely constrained, implying that addressing these constraints may be essential for the sustainability of the health care system (Ruggeri et al., 2020; Chingan et al., 2024).

This study contributes to flexible working and work-family balance literature by illustrating that FWA for GMW healthcare employees cannot be viewed strictly from an individual perspective or through access to available organisational policies. Rather, the study illustrates how economic instability, deficits in structural support, institutional opposition, and immigration regimes all intersect to limit the actual utilisation of FWA in the U.K. health sector. As such, the study integrates three theoretical frameworks, including boundary theory, spillover theory, and intersectionality, to provide additional support for understanding the migration-related power dynamics and systemic vulnerabilities which affect the utilisation of FWA in healthcare systems. Consequently, the study challenges universalised views of the benefits of flexible working and emphasises the need for organisation-based and policy-based initiatives to promote equitable, effective, and sustainable FWA in healthcare systems.

7.5 Theoretical Implications

The findings of this study have significant theoretical implications for research. The study contributes to the extension of intersectionality theory by demonstrating that the combination of multiple identity categories produces qualitatively different experiences of working life rather than simply additive disadvantages. The concept of multiplicative discrimination found

in this study challenges traditional single-axis discrimination frameworks and further develops the theoretical understanding of how systems of power operate in organisational contexts.

Empirical evidence was provided for Crenshaw's (1989) concept of intersecting invisibility, which demonstrates that while GMW are simultaneously made visibly present due to the conspicuousness of their differences, they remain invisible in terms of being considered for promotion opportunities and are therefore marginalised and ignored in the workplace. The study also provides an example of the hypervisibility paradox as described by Crenshaw (1989) and Ajayi (2021), where individuals experience both visibility and invisibility at the same time as they possess multiple marginalised identities within organisational contexts. This paradox occurs when individuals are expected to represent entire communities but have their professional contributions questioned or minimised.

The findings of this study extend Collins and Bilge's (2016) matrix of domination by demonstrating that multiple systems of oppression intersect uniquely in organisational contexts of healthcare and thereby create forms of disadvantage that cannot be addressed using traditional diversity intervention programs focused on a single-identity category. Moreover, the understanding of identity vigilance fatigue as a unique psychological phenomenon has also been advanced through the results of this study, representing an additional form of cognitive and emotional labour that individuals with multiple marginalised identities experience to continually assess their social environment, anticipate possible discrimination, and adjust their responses appropriately across all dimensions of identity simultaneously (Benevene et al., 2022).

The results of this study have significantly advanced boundary theory by introducing the concept of adaptive boundaries in structured environments. While previous versions of boundary theory (Clark, 2000) have assumed voluntary boundary management through individual preferences, the results of this study demonstrate that GMW construct boundaries as survival mechanisms in response to systemic barriers as opposed to personal preference (Sekhar and Patwardhan, 2023). Therefore, there is a fundamental difference between preference-based and necessity-based boundary construction that shifts the foundation of contemporary boundary theory literature. The study also contributes to the concept of boundary transcendence shown by bicultural participants, which involves strategic navigation of multiple cultural frameworks depending upon the context (Kaur et al., 2024; Edwards and Rothbard, 2000; Joshi, 2024). Thus, the present study extended the application of boundary theory beyond

traditional work-family domains to include cultural boundary navigation to highlight the way that individuals with intersectional identities develop unique boundary management strategies to navigate cultural boundaries and sustain meaningful identity relationships. Furthermore, this study's results improved our knowledge of protectionist segmentation strategies, which transcend simple role separation. Boundary management serves as a form of protection for GMW against the possible negative effects of stereotyping and discrimination and is not simply a convenient organisational tool. Therefore, the study's results show that boundary construction can serve to protect identity, which is often underappreciated within modern theoretical frameworks.

Additionally, this study provided contributions to spillover theory by demonstrating value-based spillover, where religion and culture shaped both expectations and responses at the workplace and sustained a long-term view toward career development (Guidi et al., 2020). The study's findings demonstrated how religion and culture produced various spillover patterns that extended traditional secular work-family models to include sacred dimensions that were typically absent in the organisational literature. The study also made contributions to structural spillover, which demonstrated how systemic barriers in one domain produce cascading effects in other life domains. Structural spillover challenged traditional spillover theory, which primarily focused on individual spillover effects (Allen and French, 2023), since the study's findings demonstrated that structural inequality produces spillover patterns that cannot be managed using individual boundary management (Wong et al., 2021).

Furthermore, this study has built upon existing knowledge of positive institutional spillover, as supportive organisational cultures can create benefits for employees that are greater than what they would obtain from their work environment alone and contribute to the employee's overall life satisfaction and professional commitment. Positive Institutional Spillover builds on the growing body of literature examining how organisationally supported systems can create positive spillovers for individuals with multiple forms of marginalisation (Sahay and Wei, 2023).

The study challenges the traditional, static WFB models and demonstrates that WFB is a continuously managed dynamic state of being rather than an end-state or a "50/50" distribution of time and energy. Additionally, temporal work-life integration was introduced in the study to demonstrate that achieving balance is an ongoing process across time, not just at a given

point in time, and provided empirical evidence for how GMW healthcare workers experiencing unpredictability in their scheduling can establish sustainable work-life arrangements.

The study demonstrated that realistic compromise paradigms can be developed to challenge traditional perfectionist approaches to WFB and provide evidence that GMW can develop sustainable WFB approaches that are focused on long-term sustainability as opposed to achieving temporary perfection. The study provides a base for developing sustainable models for integrating work and family that take into consideration the structural barriers to work-family integration. Furthermore, the study expands our knowledge of circumstance-dependent balance, which is based on work-related factors, family-related factors, life-stage, and personal resource availability. The results of this study contribute to the ongoing development of emerging theoretical frameworks that focus on a systemic approach to WFB by examining a broader set of social determinants of health in addition to individual time management and organisational policies.

The research study's results also improved theoretical knowledge of how cultural frameworks shape the way we think about and implement workplace flexible working. Flexible working is culturally influenced by cultural code-switching, or how biculturally competent people develop hybrid approaches to flexible working that extend beyond the original cultural framework but still maintain the authentic relationship of identity. Moreover, the study expanded our theoretical knowledge of how distributed care networks function within the population of immigrants; therefore, extending the work-family theory from a single-family unit (nuclear) to an extended network of social support that is very important to the success of immigrant families (Schadler, 2016). Furthermore, the research study's results challenged Western individualistic models of work-family Integration by providing evidence that collectivist cultural orientations produce FWA and strategies for implementation.

Lastly, the research study provided further theoretical understanding of the concept of sacred or secular integration in workplace flexible working; this was accomplished through the illustration of how religious frameworks provide unique meaning-making systems that can be used to extend traditional secular WFB models to include a spiritual dimension. As such, this will allow for the development of more inclusive theoretical models of workplace flexible working that incorporate the many diverse spiritual and cultural needs of employees.

The results from this research indicate that intersectionality, boundary management and spillover all have an interdependent relationship with each other. The intersectional identities that individuals have can influence both the limitations and potentialities of the boundary management practices they use and the manner in which boundary management influences the extent and type of spillover experienced. Through combining the theoretical frameworks of intersectionality, boundary management and spillover, this study provides a more comprehensive, contextual and inclusive way of examining work– family balance among GMW than previously available. The results illustrate how the intersection of identity, agency and structure creates inequitable outcomes and contributes to the advancement of theory over individualised, decontextualised theories.

7.6 Practical Implications of the Study

The findings of this study have practical significance at the individual level, for developing a GMW's career; at the organisational level, for developing policies that support GMW in healthcare workplaces; and at the national level, for developing a plan to sustain and increase GMW participation in healthcare settings. Collectively, these findings provide evidence-based support for the need to develop an inclusive and effective approach to supporting GMW in the workplace. One of the major findings of this study was the key roles that supportive supervisors play in assisting GMW achieve their career goals, reinforcing evidence from published work arising from this research that managerial discretion and relational support shape access to flexible working and career progression in U.K. healthcare contexts (Owolewa, Nzekwe-Excel and Ajonbadi, 2026).

Therefore, it is recommended that organisations develop and implement a comprehensive leadership development program that goes beyond the diversity training that many organisations provide to their leaders and helps leaders to develop the competences they need to support employees with multiple identities (Chen and Fulmer, 2018) and provide intersectional leadership training to their managers so they can better understand how the interplay of multiple identity categories affects the support needs of employees and their experiences in the workplace.

While UK equality and flexible working policies provide an important framework for supporting employees, the findings suggest that their implementation within NHS trusts and other healthcare organisations remains inconsistent. Participants' experiences indicated that

access to flexible working arrangements and workplace support often depended on individual managerial discretion rather than consistent organisational practice, resulting in variation across departments. This reinforces evidence that organisational culture and managerial interpretation shape employees' experiences of flexible working, demonstrating that the existence of policies alone does not guarantee equitable implementation (Anderson and Kelliher, 2020; Chung and van der Horst, 2018b).

The findings suggest the need for organisations to create manager competency frameworks which include, but are not limited to, cultural sensitivity, religious accommodation knowledge and awareness of the immigration-related constraints that impact flexible working arrangements (FWA). In addition, training programs should transition their focus from individual manager discretion to system-wide, organisation-based practices to ensure that all employees have equal access to FWA, regardless of manager characteristics or unconscious biases.

Organisations should also establish mentoring programs that link GMW with senior professional colleagues within the organisation to provide career guidance as well as help navigate the organisation's culture. The mentoring programs established should also include cross-cultural mentoring relationships, going beyond the normal homophily patterns that are common in organisations, and be able to offer practical advice for career development despite the structural barriers (Hong et al., 2021).

In addition to identifying a need for flexible working economic supports, the study also identified a need for healthcare organisations to provide more comprehensive flexibility options that would enable GMW to better utilise these options by eliminating the financial constraints associated with reduced work hours. Examples of flexible working economic supports are: graduated pay reduction plans, professional development funding for part-time workers, and performance-based compensation to ensure that employees can maintain their earning potential when they choose to reduce their hours of work (Chung and Van der Lippe, 2020).

The study found a need for healthcare organisations to implement systemic approaches to accommodate employee religious and cultural practices, as opposed to allowing managers to make accommodations on an individual basis. This suggests that, although equality and inclusion policies exist within many healthcare organisations, their implementation is often

reliant on informal negotiations with individual managers rather than standardised organisational processes.

Consequently, employees may experience inconsistent levels of support despite working under the same organisational policies, highlighting the need for standardised implementation and greater organisational accountability (Adisa et al., 2022; Anderson and Kelliher, 2020). Systematic approaches should be implemented through accommodation coordination systems to facilitate cross-training, schedule coordination and coverage arrangements to accommodate the diversity of employee religious and cultural practices while ensuring continuous patient care. Moreover, healthcare organisations should create designated areas for religious observance and scheduling systems that reflect the priorities of employee culture and develop team-based approaches to coverage that distribute the responsibility for employee accommodations among all team members, reducing the burden placed on individual employees.

The findings indicate that there is a need for healthcare organisations to develop professional development programs designed specifically to address the unique career challenges faced by GMW within the context of healthcare organisations (Adisa et al., 2022; Gerdenitsch et al., 2015; Brulin et al., 2023). These professional development programs should include credential recognition support, cultural competency development, and networking opportunities to advance the careers of GMW despite structural barriers. In addition, healthcare organisations should develop and communicate transparent advancement criteria that clearly outline objective, non-discriminatory and measurable standards for advancing in one's career in order to minimise opportunities for discrimination and provide structured pathways for career advancement (Chung and van der Horst, 2018b).

The study emphasises that organisations have to develop fully integrated workforce planning systems which consider the specific needs of immigrant health care professionals. National health care policies should create structures to aid immigrant health care professionals in their immigration-related constraints on flexible working options; retain and develop the workforce; and create credential recognition structures to utilise internationally acquired credentials properly (Kaur et al., 2024). The findings indicate a need for organisations to evaluate the current visa restrictions on flexible working and create pathways for credential recognition to be able to utilise international qualifications properly.

The study indicates a need for organisations to develop support systems for the infrastructure deficits identified in this study. Given projected healthcare workforce shortages, national policy development should give priority to strategies to retain GMW and address the structural barriers that are identified in this study, rather than just focusing on recruiting GMW to fill the voids in the workforce. Addressing the structural support deficits identified in this study will require collaborative approaches from many different systems (Anderson and Kelliher, 2020), including the development of childcare infrastructure that addresses the irregular schedules that are typical in health care work (e.g., childcare provisions during evenings, nights, weekends, etc. that will enable health care workers to utilise FWA appropriately). Recommended solutions include developing community support systems to provide navigation support for immigrant families; increasing access to affordable childcare that addresses the schedules of health care workers; and creating mechanisms for collaboration between health care organisations and community support services (Butcher et al., 2023).

Finally, the findings indicate a need for national policy development to create integrated support systems that go beyond employing immigrant health care workers to address the larger settlement needs that impact health care workers' ability to integrate their work and life. Potential solutions include developing community networks that connect immigrant families socially and practically; developing resource information systems that assist immigrant families in identifying available resources; and developing mechanisms for collaboration between health care employers and settlement support services (Kapilashrami and Marsden, 2018).

7.7 Chapter summary

This chapter reports the findings related to GMW healthcare workers' experiences with respect to FWA and WFB. The discussion indicated that GMW conceptualised flexible working as a holistic approach to managing their lives, which included control over time and space, work-life integration, flexibility to respond to change, and a family-centred organisation. It was evident from this chapter that differences in culture and religion represented important variables to consider when examining flexible working at work; in particular, African participants emphasised flexibility as being family-centric, Asian participants emphasised achieving a balance between the professional and personal spheres of life, and religious belief systems provided unique ways for participants to make sense of workplace flexible working.

The chapter reported on the intersectional challenges experienced by GMW, indicating that they experienced discrimination in a multiplicative manner rather than in a simple additive manner, creating qualitatively distinct experiences of professional marginalisation. These intersecting challenges were reported to include multiple credibility questions, conflict between religious, cultural, and gender identities, increased penalties associated with being a mother due to an immigrant status, and institutionalised barriers within healthcare organisations. While these challenges were significant, participants had developed a number of coping strategies to deal with them, including spiritual practices, mobilising social capital, developing cognitive protective mechanisms and using strategic identity management. FWA positively influenced participants' wellbeing through psychological restoration and identity transformation, allowing participants to reclaim professional agency and to fulfil multiple responsibilities. Additionally, FWA positively impacted relational dynamics and enhanced participants' family relationships and their ability to be effective professionals through a greater focus on their work responsibilities.

Critical facilitating factors to FWA included: having supportive management, having predictable schedules, having collegial networks, and having culturally accommodating workplaces. Significant barriers to FWA included: economic pressures, structural deficiencies in support, ineffective implementation of FWA and legal/immigration restrictions. The findings of the study indicate that although individual resilience may have allowed GMW to survive in environments where there was discrimination, system-wide organisational and policy change are required to address the systemic inequality issues that limit GMW's professional experiences and wellbeing outcomes. The chapter concludes by discussing some of the theoretical and practical implications of the findings. The next chapter summarises the study results, discusses conclusions based on those results, presents recommendations and discusses the limitations and opportunities for future studies.

CHAPTER EIGHT: CONCLUSION AND RECOMMENDATIONS

8.1 Overview of the Research

This research explored the influence of flexible working arrangements (FWA) on work-family balance (WFB) and the wellbeing of Global Majority Women (GMW) in the U.K. Health Care Sector. Given the rising diversity in the U.K.'s Healthcare Workforce, GMW from Black, Asian, and other minority ethnic groups face many more challenges than their White counterparts, which will affect their capacity to achieve a sustainable balance between professional and personal responsibilities. While flexible working has been promoted as an effective way of enhancing WFB, this study examined the role of flexible working through an intersectional lens and, therefore, considered the interrelated impacts of gender, race, ethnicity, immigration status, and system-wide inequalities. The main objective of this research was to explore the dynamics of flexible working and WFB on the wellbeing of GMW working in the U.K. Health Care Sector. In addition to the above, specific objectives were to identify how GMW in the U.K. Health Care Sector perceive and experience flexible working and WFB; to investigate the intersectional challenges that GMW experienced in achieving WFB and wellbeing; and to determine how flexible working contributes to WFB and wellbeing of GMW in the U.K. health sector.

Among the contributions of this research, the identification of the Hypervisibility Paradox provides a new way of understanding the experiences of Global Majority Women within the U.K. healthcare sector. As the analysis developed, it became evident that participants' experiences of flexible working, work-family balance and wellbeing could not be fully understood through existing explanations of gender or ethnicity alone. Instead, participants consistently described being highly visible because of their race, gender, religion and migration status, while at the same time feeling overlooked in relation to career progression, organisational support and the implementation of flexible working policies (Adisa et al., 2022; Kapilashrami and Marsden, 2018). This paradox provides the conceptual thread that runs throughout the findings and offers a new way of understanding how flexible working is experienced by Global Majority Women within the U.K. healthcare sector.

A qualitative methodology based on an interpretivist approach was employed, collecting primary data from 37 GMW healthcare professionals, including doctors, nurses, administrative staff and care assistants, working in NHS and community care settings. Semi-structured

interviews were used to gather data about participants' lived experiences of flexible working and WFB. A thematic analytical method was utilised to identify common patterns associated with access to flexible working, organisational culture, policy implementation, and participant wellbeing.

The findings show how deeply intersectional identities shape the way Global Majority Women see and use flexible working, highlighting the limitations of current models that largely reflect the experiences of White majority populations. Central to these findings is the Hypervisibility Paradox, which underpins how Global Majority Women experience healthcare workplaces. These workers are simultaneously hyper-visible because of their race, gender, and migration status, leaving them exposed to constant scrutiny and intense performance pressures (Adisa et al., 2022), yet they are completely invisible when it comes to career progression, policy design, or management support (Kapilashrami and Marsden, 2018). Because of this paradox, flexible working is not just an HR tool; it is a vital survival mechanism. Participants use flexible arrangements as part of a holistic life management strategy built around four pillars: personal control over time, seamless integration, being highly responsive to change, and keeping the family at the centre without dropping professional standards. To survive this exhausting daily paradox, women rely heavily on their cultural and religious backgrounds, using collective family networks and strategic code-switching to protect their mental space and create autonomy where the institution fails them (Finlay, 2002; Berger, 2015).

The study's assessment of WFB perceptions revealed that participants had a dynamic and contextual perception of WFB that challenged static models of WFB that are represented in much of the current literature. Participants perceived WFB as requiring continuous management through six key dimensions: dynamic equilibrium and constant adjustment, establishing intentional boundaries between life areas, meeting responsibilities in multiple roles at once, adapting to changing circumstances, flexibly applying flexible working and personal choices to meet structural constraints, and finding realistic compromise rather than seeking perfection. Thus, participants rejected the traditional WFB discourse that views balance as a fixed destination or an equal distribution of time and energy between domains.

These findings both support and extend existing work-family balance literature. While traditional conceptualisations often portray work-family balance as the achievement of equilibrium between work and family domains (Greenhaus and Allen, 2011), participants in this study described balance as a fluid and continuously negotiated process. This finding aligns

with more recent scholarship that conceptualises work-family balance as dynamic and context-dependent (Allen et al., 2020; Casper et al., 2018), while extending this literature through an intersectional understanding of how race, migration status, religion, and gender shape balance experiences among Global Majority Women.

The study also revealed five interconnected themes of the intersectional challenges, showing that GMW experience multiplicative discrimination and hypervisibility paradox, which include compounded professional marginalisation through multiple identity intersections; the religious-cultural-gender nexus in professional integration; intersectional motherhood penalties and gendered migration burdens; the psychological and emotional intersectional burden; and systemic and structural intersectional barriers within healthcare organisations.

The coping and resilience strategies developed by the participants demonstrated an impressive amount of individual adaptability; however, at the same time, they exposed the extent of the failure of the institution to provide appropriate support for diverse professionals. Five distinct, yet interconnected coping approaches were identified: internal psychological adaptation through spiritual practices and cognitive protective mechanisms; external resource mobilisation through social capital development and professional networking; strategic life course reconstruction through career changes and expectation adjustments; strategic time management through compartmentalisation and juggling priorities; and structural accommodation seeking through advocacy and negotiation. These coping strategies demonstrate their resilience and a way to respond to the institution's inability to provide support systems.

The findings support previous research demonstrating that women from minority ethnic backgrounds often develop individual coping strategies to navigate organisational inequalities (Adisa et al., 2022; Kapilashrami and Marsden, 2018). However, this study extends existing knowledge by illustrating how coping mechanisms are simultaneously shaped by cultural identity, migration experiences, religious beliefs, and family responsibilities.

Flexible working had an impact on individual wellbeing, relational dynamics, social connections and identity transformation regarding psychological restoration. The areas with a positive impact of flexible working included reduced stress, improved mental health, enhanced emotional regulation and overall better psychological function. Flexible working also enabled the redefinition of professional identity, strategic changes in one’s career path, and the

development of personal agency that extends beyond work-related boundaries. However, the positive impacts experienced by GMW flexible workers occurred under extremely limited conditions, and therefore it raises questions about the extent to which the empowerment of individuals via flexible work represents true freedom or is simply an example of how individuals adapt to ongoing structural inequalities.

These findings contribute to growing debates regarding the paradoxical effects of flexible working. Consistent with Chung and van der Lippe (2020), flexible working enhanced autonomy and wellbeing for many participants. However, the findings also support studies suggesting that flexibility may transfer responsibility for managing structural inequalities onto individuals rather than organisations (Lott and Chung, 2016), particularly among marginalised groups.

Overall, the study demonstrates that flexible working arrangements are a critical tool for managing work and multiple life demands among GMW but must also be considered within the organisation and institutional policy context to address systemic inequalities.

8.2 Conclusion

This thesis explores how flexible working arrangements impact the work-family balance and the wellbeing of GMW in the U.K. Healthcare Sector. A central contribution of this study is the identification of the Hypervisibility Paradox. The findings demonstrate that Global Majority Women (GMW) are simultaneously hyper-visible and invisible within healthcare organisations. Participants described being highly visible through their race, ethnicity, gender, religion, migration status, and cultural identities, often experiencing heightened scrutiny, stereotyping, and additional performance expectations. At the same time, they reported feeling invisible within organisational decision-making processes, career progression opportunities, wellbeing initiatives, and the implementation of flexible working policies.

This paradox extends existing intersectional scholarship by demonstrating how visibility can function as both a source of marginalisation and exclusion, challenging assumptions that representation alone leads to inclusion (Crenshaw, 1989; Kapilashrami and Marsden, 2018). The Hypervisibility Paradox provides a new conceptual lens through which flexible working, work-family balance, and wellbeing can be understood among GMW in the U.K. healthcare sector.

More specifically, this thesis examines how flexible working arrangements intersect with the concepts of intersectionality, spillover, and boundary theories; and how the intersection of these systems of power and inequality (with organisational practices and personal identity) impacts on GMW's experiences of flexible working in the U.K. healthcare sector. The study demonstrates that flexible working arrangements are not simply HR tools or organisational policies; rather, they are contextual, relational practices, which have been impacted upon by societal and cultural norms and expectations, and by the physical and embodied nature of identity.

This thesis has contributed to the discussion on flexibility by demonstrating how intersectionality impacts both access to flexible working arrangements and the outcomes of those practices. Flexible working can reinforce inequalities but also mitigate them depending on how organisational structures and managers mediate access. While some participants experienced positive outcomes from flexible working (i.e., better work-life integration and improved psychological wellbeing), others experienced negative outcomes (e.g., increased role overload and emotional strain).

These findings both support and extend existing literature on flexible working. Consistent with previous studies, flexible working was found to enhance work-family balance by increasing employees' control over time and work arrangements (Chung and van der Lippe, 2020; Adisa et al., 2021). However, unlike much of the existing literature which presents flexible working as a generally positive employment practice, this study demonstrates that access to and outcomes of flexible working are mediated by intersecting identities and organisational inequalities. The findings therefore support calls for a more critical and intersectional understanding of workplace flexibility, particularly for racialised and migrant women working within highly structured organisational environments (Kapilashrami and Marsden, 2018; Adisa et al., 2022).

The spillover between work and family domains was evident; however, it was not uniformly positive, as participants' experiences were influenced by their commitments to culture, religion, and family. For example, Christian participants indicated that flexible work arrangements enabled them to fulfil their maternal obligations; Muslim participants saw it as necessary to fulfil religious obligations; and bicultural participants used complex cultural code-switching strategies to create an autonomous space for themselves. Participants demonstrated a wide range of boundary constructions and negotiations (from segmentation to integration) depending

on their job roles, family structures, faith commitments and perceived agency within their organisations. Importantly, the ability to construct and negotiate boundaries was not equally distributed, with GMW in junior roles demonstrating less agency in managing their boundaries, while others demonstrated creative ways of controlling their time and energy. These findings suggest that boundary management should be reconceptualised as an intersectional process, shaped by both structural constraints and individual coping mechanisms.

This thesis makes theoretical, empirical, conceptual, and practical contributions to knowledge. Theoretically, it advances understanding of flexible working and work-family balance by integrating Intersectionality Theory, Boundary Theory, and Spillover Theory to explain how structural inequalities shape the experiences of GMW. Empirically, it provides rich qualitative evidence from a group that remains underrepresented within flexible working research in the U.K. healthcare sector. Conceptually, the study introduces the Hypervisibility Paradox, which captures the simultaneous visibility and invisibility experienced by GMW within organisational settings. Practically, the findings demonstrate that flexible working policies alone are insufficient to improve wellbeing outcomes unless organisations also address the structural and cultural barriers that shape how such policies are implemented and experienced.

Collectively, these contributions strengthen the growing body of research on flexible working, work-family balance and intersectionality. Although previous studies have demonstrated the value of flexible working in supporting work-family balance (Chung and van der Lippe, 2020) and others have highlighted the influence of intersecting identities on workplace experiences (Adisa et al., 2022; Kapilashrami and Marsden, 2018), this research shows that these issues cannot be considered in isolation. Instead, it demonstrates how organisational inequalities shape both access to flexible working and how it is experienced by Global Majority Women. In doing so, it highlights that the benefits of workplace flexibility are closely linked to the organisational and structural contexts in which flexible working is implemented.

Firstly, it expands the literature on work-family and flexible working by combining intersectionality with the theoretical perspectives of boundary and spillover. This reveals how women who are marginalised due to gender, race, and migration status experience and understand flexible working practices differently from non-marginalised women. This shows the importance of developing contextually grounded approaches that reflect the specific needs of GMW in healthcare settings, rather than assuming a one-size-fits-all model. Secondly, this thesis provides a voice to GMW in the U.K. healthcare sector, a previously underrepresented

demographic in organisational research and sheds new light on the specific strategies, challenges and aspirations of GMW regarding flexible working and wellbeing. The participants' accounts illustrate that achieving work-family balance is an ongoing and culturally specific process; it does not occur as a static condition, nor as an equal distribution of time and energy.

The study also demonstrates that practical, yet realistic compromise models can be created to question the traditional perfectionist approach to achieving a perfect work-family balance. GMW have successfully established long-term ways to achieve a balance of work and family that place greater importance on developing long-term sustainability than short-term perfection. These results establish a basis for new systemic approaches to balancing work and family, which will consider the impact of the structure of an individual's work, their stage in life, their available resources to support themselves, and their culture. Additionally, this research has demonstrated the influence of cultural frameworks on flexible working arrangements, including through the use of cultural code-switching, using distributed care networks and collectivist approaches to sharing responsibilities. In addition to extending conventional secular models of flexible working, religious and spiritual frameworks have been shown to allow the development of more inclusive models of flexible working that may address the diversity of spiritual and cultural requirements of individuals.

The potential impact of this study extends beyond the healthcare sector. The findings demonstrate that workplace flexibility cannot be understood solely as a human resource practice but must also be viewed as an issue of equity, inclusion, and organisational justice. By highlighting how flexible working policies interact with race, gender, migration status, religion, and caring responsibilities, this research provides evidence to inform the development of more inclusive organisational policies and management practices. The findings also offer policymakers and healthcare leaders a stronger evidence base for designing flexible working initiatives that move beyond formal policy provision towards meaningful and equitable implementation.

Therefore, the study concludes that flexible working has the potential to improve the wellbeing of GMW in the U.K. healthcare sector if viewed through an intersectional lens. Applying flexible working without this lens increases the risk of replicating the same inequalities that flexible working aims to resolve. To develop inclusive workplaces that prioritise equity, rather than equality, and structural change, rather than individual adaptation, and recognise the voice

rather than the assumption of GMW to enable meaningful work-family integration and sustainable wellbeing.

8.3 Recommendations

Based on the findings of this study, the following recommendations are proposed. These recommendations are in line with the research objectives and extend them by addressing organisational, policy, and societal conditions that shape GMW's access to flexible working, work-family balance, and wellbeing in U.K. healthcare settings.

8.3.1 Establish Culturally Responsive Flexible Work Options

Healthcare organisations need to go beyond the standard flexible working arrangements (FWA) available to everyone to establish culturally responsive FWA that recognises and incorporates the needs and expectations of GMW. This means comprehensive cultural competency training for managers and policy makers focused on understanding the variety of ways GMW use cultural and religious frameworks to make decisions about flexible working needs and how to implement flexible working.

FWA should incorporate various pathways to flexible working to meet the variety of cultural approaches to decision-making, planning, and the distribution of family responsibilities. The participants who were from an African background emphasised the importance of FWAs that recognise and support distributed care networks and reactive response patterns, while Asian participants believed that the only way to achieve a balance between professionalism and personal life was by using structured methods that have clear boundaries and processes but also provide personal flexibility. Bicultural participants demonstrated the need for autonomy supported by culturally informed boundary management.

Healthcare organisations need to go further to formally recognise the legitimacy of employees' spiritual obligations as part of their job in order to allow them to be supported by the organisation and not simply advocated for by the individual. Healthcare organisations should establish partnerships with community organisations that offer culturally and religiously based services so that they can assist in creating bridges of support that will help GMW to maintain flexible work options while at the same time allowing them to maintain their connection to their culture. The use of a collaboration model recognises that the success of a workplace

inclusive environment is built upon the presence of community support outside of the organisation itself.

8.3.2 Implement Intersectional Anti-Discrimination and Support Mechanisms

Single-axis anti-discrimination frameworks do not adequately address the intersectional challenges experienced by GMW; therefore, organisations must develop intersectional frameworks to address the many ways in which GMW experience discrimination. To achieve this, organisations can develop an intersectional monitoring system to monitor how individuals experience discrimination across multiple dimensions at the same time.

These intersectional monitoring systems will allow organisations to see compound patterns of discrimination in a way that single-axis monitoring systems cannot. GMW experience compounded marginalisation as a result of their identities, and professional development and advancement programs must be completely redesigned to reflect these realities. Examples of changes that organisations could make include: 1) Establishing mentorship programs for GMW to have mentors who can provide support based on shared experiences; 2) Developing advancement paths within the organisation that recognise different styles of leadership and cultural approaches to professional development; 3) Providing training to help eliminate stereotypes and assumptions related to intersectionality.

Organisationally supported professional networks for GMW should provide peer support, professional development opportunities and advocacy platforms to promote systemic change. The "hypervisibility paradox" identified in this research highlights the need for specific interventions designed to protect GMW from the burden of being hyper-visible while promoting meaningful participation in organisational decision-making processes.

Organisations must develop comprehensive psychological and emotional support systems to address the intersectional burdens experienced by GMW. Examples of such systems include: 1) Providing access to culturally competent counselling services; 2) Providing stress management programs that acknowledge and respect cultural and religious coping mechanisms; 3) Implementing workload management strategies that acknowledge the additional emotional labour associated with constantly negotiating one's identity in hostile work environments.

8.3.3 Provide Holistic Wellbeing and Empowerment Programs

Healthcare organisations should design a full range of wellbeing programs for GMW that recognise the multiple dimensions of benefits associated with FWA as well as the organisational structures that limit the transformative potential of FWA. The programs should be designed to go beyond the level of individualised stress management and should include systemic changes that will allow workers to have greater control over their lives and workplaces. The programs should also include professional identity development programs for GMW that will provide them with access to information about how to optimise their credentials; navigate through career pathways; and develop leadership competencies that will recognise a wide variety of cultural perspectives on career development.

The programs should also include comprehensive family support systems to address the relational dynamics described in this study. Examples of these types of programs include on-site or subsidised childcare that is consistent with the health care work schedule of GMW; family integration programs that will support the employment of spouses and the education of children; and partnerships with community-based organisations that will support extended social networks for families that do not have extended family connections. Finally, the programs should include financial empowerment initiatives to help GMW overcome the economic constraints that force them to choose between financial security and work-family balance. These programs can include FWAs that minimise income loss, provide financial literacy and planning services targeted to the needs of migrant families, and offer career advancement opportunities for GMW to progress without sacrificing flexibility.

Healthcare organisations should design a comprehensive program of cultural and religious accommodations that go beyond compliance and create an inclusive workplace environment. Examples of these types of programs include not only providing space for religious observance but also creating space for such observance; accommodating employee dietary restrictions in employee break rooms; allowing employee personal care arrangements to reflect the employee's culture; and recognising employee cultural celebrations and observances in employee scheduling and leave policies.

8.3.4 Develop Multilevel Interventions to Address Systemic Barriers

This research has shown that there is a need for coordinated multi-level intervention strategies to remove the systemic barriers to FWA at the organisational, policy, and societal levels. This should include management development programs delivered with consistency, equity, and fairness across all levels of an organisation in implementing FWA. Additionally, performance evaluation systems should assess and measure both individual and team-based management of FWA and the inclusive leadership practices that support them.

In order to address the structural deficits in support that were identified in this research, employers must develop strategic partnerships and advocacy efforts to develop supportive infrastructure. Employers should partner with local government, childcare agencies and other community-based organisations to develop integrated support systems to help employees use FWA. This could take many forms such as promoting extended hours of operation of childcare services that allow employees to schedule their shifts more flexibly; implementing transportation solutions that enable employees to have greater flexibility in how they plan their schedules; and creating community-based programs that support employees' social connections and social support networks as a means of increasing employee wellbeing and productivity.

Finally, Healthcare employers should advocate for changes in policy related to immigration to address the immigration-related barriers to FWA that exist for GMW. Employer associations, professional associations and advocacy groups should collaborate to lobby for policies that recognise the contributions of healthcare workers by permitting family reunification and by assuring that no immigration policy will prevent GMW from accessing workplace accommodations such as flexible working. In addition to advocating for policy changes related to immigration, employers must advocate for policy changes related to economics to remove the economic penalties that employers pay when they provide FWA to their employees. Examples of these types of policy changes would include lobbying for tax incentives for employers that adopt FWA; lobbying for childcare subsidies for employers who hire healthcare workers; and creation of funding mechanisms that will allow employers to provide FWA to GMW while maintaining or increasing their compensation packages.

8.3.5 Additional Strategic Recommendations

Health-care systems should formally establish network structures for the sharing of successful strategies for implementing workplace integration and FWA for GMW. Organisations should create spaces for the sharing of new ways of working together to facilitate workplace inclusion and FWA; establish mentoring relationships between organisations in different phases of creating inclusive workplaces; and create resource libraries with useful tips for creating culturally sensitive workplace policies.

Collaborations between health-care organisations, professional organisations, and advocacy organisations can help to bring about policy reform that deals with the structural barriers to FWA as described in this study. Some examples of potential collaborative activities include advocating for the development of child-care policy that takes into account the needs of health-care workers; supporting the development of immigration policy that helps health-care workers to pursue FWA instead of hindering them; and advocating for amendments to employment laws that protect employees from discrimination based on multiple characteristics (i.e., intersectional discrimination).

In addition to influencing policy reform, health-care organisations should develop strategic partnerships with organisations representing the cultural, religious, or community interests of GMW. These partnerships should involve mutual educational programs designed to increase the cultural competency of the organisation while providing community organisations with information about health-care careers and advancement opportunities. In addition, these partnerships should focus on developing cultural bridges between diverse staff populations that encourage an understanding of each other's cultures, foster cross-cultural communication and learning, and ultimately lead to a richer and less isolating organisational environment for GMW. These partnerships should also be focused on having ongoing, meaningful conversations about the diverse ways that people approach work, family, and professional relationships.

Achieving the positive changes for GMW in health-care settings in the U.K. as recommended by this research requires sustained commitment and adequate resources to sustainably measure progress toward creating positive changes for GMW. Creating meaningful positive changes for GMW in health-care settings requires comprehensive multi-level interventions that address both the immediate accommodation needs of GMW, and the systemic changes needed to satisfy

those needs. Successful implementation of the recommendations outlined in this research by health-care organisations will benefit both the career development and wellbeing of GMW and will enable health-care organisations to better deliver culturally competent care to increasingly diverse patient populations, and support more effective, inclusive and sustainable health-care delivery systems.

8.4 Limitations of the Research

The study gives a rich understanding of the experience of GMW in the U.K. health sector; however, the research has some limitations that need to be recognised when using this data. One of these limitations is that the research was conducted using a qualitative methodology which prioritises depth over breadth. The focus of Qualitative methodology on depth allowed the researcher to provide detailed analysis of GMW healthcare professionals' lived experiences, identity negotiations, and how they interpreted flexible working and wellbeing. However, as such a study cannot produce statistical results to generate wide-scale statistical representations of the GMW workforce within the larger health care environment, the study's findings will demonstrate trends or patterns of experience among the sample group but will not be able to determine the frequency of these trends or patterns in the larger GMW workforce.

The second limitation is that the study was conducted in the U.K. health care system, which is a system that is unique to the U.K. due to the regulatory framework that governs the health care industry, immigration laws and policies, and the structure of the health care workforce. These elements contribute to the nature of FWA and WFB in ways that may not be directly applicable to other industries or countries. Therefore, the results of this study may be limited in their applicability outside of the U.K. health care sector. However, the theoretical analysis of intersectionality, flexible working and culturally mediated decision making can be applied to other areas outside of the health sector.

The third limitation is that the study focused specifically on GMW, which is an important element to centring the voices of women who are frequently marginalised. However, the study does limit comparative analysis to understand whether the experiences of GMW healthcare professionals were unique to this group or if they are indicative of broader systemic issues that affect other healthcare professionals. Therefore, organisational intent, rationale for policies, and how managers interpret flexible working were inferred from the data as opposed to being directly investigated through empirical evidence.

Fourth, while this research has captured intersectionality across a number of identity dimensions, i.e., ethnicity, migration status, religion, etc. and caregiving responsibilities, as an individual's intersectional experience will be constantly evolving, for example, with regard to life stage, career transition or changes in organisational and policy environment, this research represents a snapshot at one particular point in time and therefore cannot illustrate how these experiences may develop over time.

Finally, the research was conducted within the context of the U.K.'s immigration and welfare policies that influence the extent to which migrant healthcare workers have access to flexible working, family reunification and secure employment. Future developments in immigration, labour or welfare policies could potentially change the structural conditions against which GMW negotiate for flexible working arrangements.

8.5 Future Research

Based on the findings and limitations of this study, there are several potential avenues of future research that will expand the knowledge of flexible working and WFB.

First, future research could undertake comparative or cross-sector investigation of the intersectional dynamics identified in the healthcare sector. This would enable comparative examination of whether the patterns that have been identified in healthcare are replicated in other sectors. This would allow for a deeper understanding of how flexible working experiences of GMW are shaped by institutional, cultural, and policy environments.

Second, there is scope for mixed-methods or quantitative research to examine common and organisational outcomes of intersectional inequalities in access to flexible working arrangements. This type of study would allow researchers to explore relationships between various intersecting identity groups, the extent of managers' discretionary power over employees when it comes to granting access to flexible working, and the impact on employees' career development, wellbeing, etc., thereby supporting the findings from the qualitative data collected for this study.

Third, future research can investigate managers, senior leaders and HR professionals' perceptions about flexible working to better understand their interpretations, implementations and constraints around flexible working policy. Such a study will provide insights into

implementation gaps identified in this study and will assist with the design of more effective leadership interventions.

Fourth, a longitudinal study would allow researchers to see how people experience being at an intersection develop over time, i.e., during times of transition, e.g. when they migrate, have children, advance their careers, go through menopause, etc. and how flexible working arrangements may influence long-term wellbeing by affecting the way that these people experience these transitions in their lives.

Fifth, future studies should include more formal examination of community, religion, and culture, in relation to the ways that work-family integration affects women who are at the intersections of multiple identities. An investigation into organisational practices and external support systems will help provide a fuller picture of the factors that enable organisations to offer flexible work arrangements to employees, which can then inform the development of more comprehensive and inclusive policies.

Finally, given the identification of the Hyper-Visibility Paradox in this study, future research should further develop this concept theoretically and empirically. Comparative studies across sectors, professions, and national contexts would help determine whether the paradox is unique to healthcare settings or reflects broader organisational patterns affecting Global Majority Women. Future research could also examine how the Hyper-Visibility Paradox influences leadership opportunities, career progression, psychological wellbeing, and organisational commitment, thereby establishing its broader explanatory value within intersectionality and organisational studies.

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Appendices

Appendix 1: Semi-Structured Interview Questions

Research Objectives	Semi-Structured Interview Questions	Probes
To explore how GMW in the U.K. health sector experience and perceive flexible working and WFB, and how these experiences vary by ethnicity, race, and religious context?	• How do you define flexible working in your context? • Can you describe your current working arrangement and any flexible working options available to you? • How did you come to decide on this arrangement? Was it something you requested or was it offered to you? • How do you perceive the concept of work-family balance, and how important is it to you? • How do you manage balancing your work responsibilities with your family or personal life? • What challenges do you face in maintaining this balance? • Can you provide an example of a time when work demands conflicted with family responsibilities? How did you handle it? • Have you noticed any differences in how flexible working is perceived or implemented among your colleagues from different ethnic, racial, or religious backgrounds? • Can you share any positive experiences or support you have received in the workplace that you believe are related to your ethnicity, race, or religion?	• What type of Flexible working arrangementsdo you prefer? • How does that make you feel? • Have you ever had a time to hide your identity? • Have you ever experienced stigma for using flexible working arrangements?
To analyse how intersectional challenges shape the ability of global majority women to achieve work-family balance and explore how these challenges mediate their wellbeing and career advancement.	• How does your race, religion, gender, or ethnicity impact your work experience and work-family balance? • Do you feel cultural expectations as a global majority woman add extra pressure to maintain a work-family balance? Can you give specific examples? • Have you faced any specific challenges or discrimination at work related to your race, religion, gender, or ethnicity? Can you provide some examples? • Do you feel that maintaining a balance between work and family has improved or worsened your overall wellbeing? In what ways? • What coping strategies do you use to manage work-family balance stress, and how do these strategies affect your wellbeing? • Do you think gender roles and expectations affect how you manage your work and family responsibilities? How? • How do these combined challenges of race, gender, and religion contribute to your overall wellbeing and career progression? • How do work-family balance challenges shape your mental, emotional, and physical wellbeing?	• Can you elaborate on that? • How did that situation make you feel? • What was the outcome of that experience? • How did you cope with or overcome that challenge?
To evaluate the extent to which flexible working arrangements contribute to the WFB and wellbeing of GMW in the U.K. health sector?	• To what extent do you feel that flexible working arrangements influence your ability to balance work and family responsibilities? • How does your work-family balance shape your overall wellbeing, both physically and emotionally? • How supportive do you feel your organisation is in terms of offering flexible working arrangements?	• Can you provide more detail on that? • How did that situation make you feel? • Can you share any examples related to this topic? • What do you think could be done differently to address this issue?
Key factors that facilitate or hinder its effectiveness	• Based on your experiences, what recommendations would you make to improve the effectiveness of flexible working arrangements for GMW in the U.K. health sector? • Are there any specific policies or practices you believe would better support work-family balance and wellbeing? • Is there anything else you would like to share about your experiences with work-family balance as a GMW in the U.K.	

	health sector?	

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02/Oct/2024

Mrs Mutiat Owolewa

Mutiat.owolewa@mail.bcu.ac.uk

Dear Mutiat,

Re: Owolewa /#12812 /sub5 /R(A) /2024 /Oct /BLSS FAEC - The Dynamics of flexible working and work-family balance: implications on the wellbeing of Global Majority women in the UK health sector.

Thank you for your application and documentation regarding the above activity. I am pleased to take Chair's Action and approve this activity.

Provided that you are granted Permission of Access by relevant parties (meeting requirements as laid out by them), you may begin your activity.

I can also confirm that any person participating in the project is covered under the University's insurance arrangements.

Please note that ethics approval only covers your activity as it has been detailed in your ethics application. If you wish to make any changes to the activity, then you must submit an Amendment application for approval of the proposed changes.

Examples of changes include (but are not limited to) adding a new study site, a new method of participant recruitment, adding a new method of data collection and/or change of Project Lead.

Please also note that the Business, Law and Social Sciences Faculty Academic Ethics Committee should be notified of any serious adverse effects arising as a result of this activity.

If for any reason the Committee feels that the activity is no longer ethically sound, it reserves the right to withdraw its approval. In the unlikely event of issues arising which would lead to this, you will be consulted.

Keep a copy of this letter along with the corresponding application for your records as evidence of approval.

If you have any queries, please contact BLSSethics@bcu.ac.uk.