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A comparison of family/work life experiences of South African female optometrist in different work settings

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A Research Report submitted to the faculty of Commerce, Law and Management, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirement for the degree of Master of Business Administration

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ABSTRACT

South Africa has witnessed an increase in the number of women joining the labour force since the onset of democratic change. While there is little or no literature on women optometrist in South Africa, the assumption is that there has been an increase

in the number of women joining the optometric field as has been witnessed elsewhere in the world.

The rationale behind this study is that the researcher realised the importance to:

- Reduce the apparent increased staff turnover and higher levels of absenteeism.
- Highlight work life balance as a strategic issue.
- Reduce the strain put on families by the increase in women joining the workforce.

The main aim of this study was to compare how different working settings impact on the family work balance of the South African female Optometrist. The three work settings investigated were self employed practice, public servant optometrist and a private practice employee.
The main two stressors identified in these settings were working hours and work load.

Control of these stressors is seen as a moderating variable where the extent to which a person can exert control over these stressors determines the extent to which she will have a positive work family life. These stressors demands from an optometrist energy and time as valuable resources to meet the expectations of the two life domains.

The literature review revealed that the self employed stands a better chance to have a control over these stressors and therefore experience a positive work family life. It was however found out that it is how a person responds to these stressors that really determines work family balance. Another important factor that was uncovered is the importance of family support structures like a supportive husband and other members of the family like parents and domestic worker.
The research methodology was both quantitative and qualitative.

DECLARATION

I, Rwesi Gabriel Leeuw, declare that this research report is my own unaided work. It is submitted in partial fulfillment of the requirements for the degree of Master Of Business Administration in the University of the Witwatersrand, Johannesburg. To the

best of my knowledge it has not been submitted before for any degree or examination in this or any other university

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1. INTRODUCTION

1.1 Purpose of study

The purpose of this study is to investigate how different work settings impact on the family/work balance of female optometrists in South Africa.

The three different work settings to be investigated are: working in a hospital, self-employment and working for a private practice (see Figure 1).

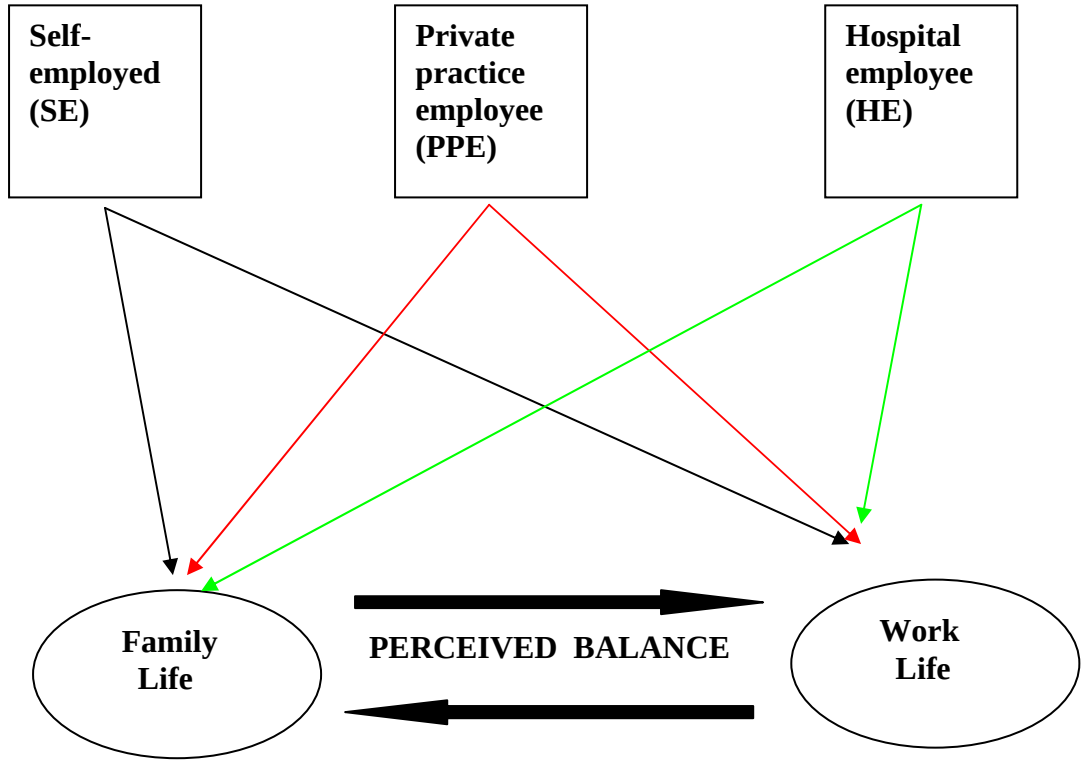


Figure 1: "Family/ Work balance" model for the female optometrist

According to Geldenhuys and Naydene (2007), South Africa has witnessed an increase in the number of women joining the labour force since the onset of democratic change. While there is little or no literature on women optometrists in South Africa, the assumption is that there has been an increase in the number of women joining the optometric field, as has been witnessed elsewhere in the world.

The rationale behind this study is that the researcher realised the importance of:

- Highlighting work/life balance as a strategic issue. Oosthuizen (1980) states that by implementing a holistic strategy that is also aligned with the business strategy, companies will not only attain the obvious benefits with regard to employee engagement, but also improve their bottom line results.
- Reducing the strain put on families by the increase in women joining the workforce as alluded to in the literature reviewed in this research report.
- Informing employers of the most favourable conditions for attracting female optometrists to the vacant positions in the field.

1.2 Background to the problem

Women across the world have for years been discriminated against and subsequently sidelined from participating in the formal economy. There is, however, a change which has seen an increase in the number of woman joining the workforce, including female optometrists. According to Reisinger (2006), Senior Associate Editor of the article "The changing face of optometry", there has been an increase in the number of female students joining the field of optometry in USA. She gives as an example the Indiana University of Optometry (IUSO), where there were 79 students. Of that number, only 13 were women, but the number was up from only three women in the class of 1975, when the faculty was largely all male. This increase has, however, brought with it new challenges of work/life balance for these female students.

1.2.1 Gender stereotypes and traditions

According to Duffy and Pupo (1992), in early urban communities, women worked both in the home and in the public domain. These authors write that many young working–class women were employed as domestic servants; when married, they often worked at home informally, taking in dressmaking, mending and laundry to augment the family's income. They further explain that before marriage, middle-class women might work as teachers or nurses and that marriage typically marked the end of such paid employment.

Newman (1995) explains that cultures are organised around gender in two ways: hierarchically, with women at lower grades and tiers, and through the definition of jobs as women's work or men's work. She further states that the gender typing of jobs

has traditionally been fairly strong, with women occupying the functionally special jobs (such as personnel) or service professions (such as nursing, social work, or teaching of young children) most closely associated with female roles. She continues that traditionally there has always been an invisible hierarchy operating between sectors, with male-dominated professions generally accorded more pay and status than traditional female professions, whether occupied by men or by women.

The South African situation has become quite different since the onset of democratic changes. This is reflected in the policy changes brought about by the South African government, most obviously in the introduction of the Employment Equity Act, No.55 of 1998. In describing this Act, Van Dy*k* (2001: 357-358) explain: "Affirmative action and employment equity are two related concepts now fully formulated as law in the Employment Equity Act, No.55 of 1998". These authors further mention that the definition of affirmative action reflects labour market policy aimed at addressing past imbalances that are a direct result of discrimination (gender or racial), while the definition of employment equity reflects labour market policy aimed at preventing future discrimination.

It is for these reasons of policy changes amongst others that we are witnessing more women joining the formal sector of the economy in South Africa.

1.2.2 Changing role of women

Gender and role stereotypes are gradually becoming a thing of the past.

Geldenhuys and Naydene (2007) indicate that it is a well-acknowledged fact that the role of women in society has been changing worldwide over recent decades and that South Africa has not been exempt from this trend. Dramatic changes, politically, socially, economically and educationally, have occurred in South Africa since its first democratic, non-racial elections in 1994, which have affected the lives of many citizens. These changes have had major implications for South African women, also regarding their identities.

Geldenhuys and Naydene (2007) argue that these changes have necessitated a reevaluation of the prior conceptualization of identity among women, an issue they believe has moved from the periphery of academic discourse to the centre.

Geldenhuys and Naydene (2007) quote Mokoena (1999) as saying, the new political dispensation has brought with it radical changes in all spheres of life, including a transformation in the perception of the stereotyped roles of women.
Hendey (2007) notes that participation in the work role is made more difficult by participation in the family role. She quotes Greenhaus and Beutell (1985), who state that conflict arises when the demands of one role impact on the expectations of the other role (spillover). They explain that the exposure to stress in the one domain leads to tension, fatigue and irritability, which affect the person's ability to operate effectively in the other domain.

1.2.3 Skill shortage in South Africa

Owing to the skills shortage in South Africa, there is increasing recognition that women might be the solution to this problem, according to Brest (1991). To this end there is increasing pressure for women to join the workforce.

Brest (1991), who indicates that there is shortage of both managerial and technical skills in South Africa, believes that womanpower has often been cited as the obvious source from which to draw new managerial skill and expertise to overcome this crisis. Brest (1991) mentions that it is of critical importance to South African business to identify and overcome the forces retarding the progress of women managers, and to develop strategies for giving renewed impetus to the utilisation of the female managerial resource.

1.2.4 Importance of family units

Whilst it is important for women to join the work force, the importance of family units should not be construed as less important.

The family is the nucleus of society, and when it weakens or crumbles the stability of the entire community is adversely affected. It is thus imperative to initiate and co-ordinate resources to maintain a healthy and happy marriage and family life. The main resources looked at in this research are the time and energy that a working mother gives to the family.



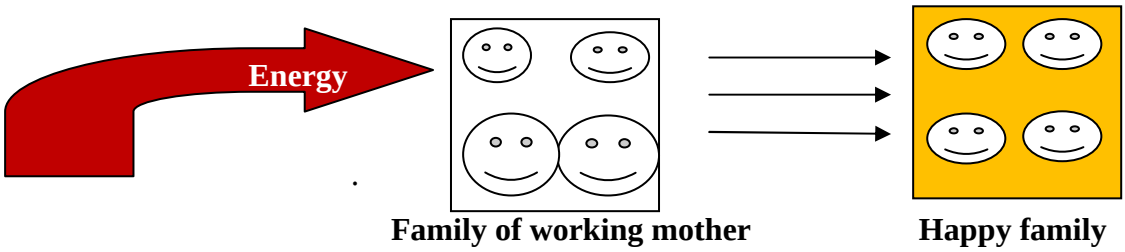


Figure 2: Time and energy, resources for a happy family

Hendey (2007) quotes Bubolz (2001) as arguing that family plays a vital role in society by building human capital, and investing in the health, education, values and skills of its members to enable them to play productive roles in society.

According to Hendey (2007), Bantam (1999) mentions that every child and adult should feel that he or she is special and be encouraged to pursue his or her own dreams in a family setting, and that everyone's individuality should be permitted to flourish. Bantam (1999) further writes that, although every family has conflicts, all the family members should feel as though they can express themselves openly, share their feelings, and have their opinions listened to with understanding. Conflicts and disagreements are a normal part of family life and are important insofar as they permit people to communicate their differences and ventilate their feelings.

1.3 Problem statement

1.3.1 Research problem

To investigate the family-work experiences of female optometrists employed in different work settings.

1.4 Significance of the study

The importance of this study is to identify areas or factors that are potential stressors for female optometrists in dealing with work-life conflict. It is also important to investigate how working time and workload can be managed for the purpose of bringing about desirable family and work balance.

According to the “Alliance for work life balance” (2006), it is vital that:

- Companies must recognise employees as assets and afford them flexible working hours.
- Companies must know that enabling a work-life balance is a vital business strategy that has profound consequences for the type of work environment a company’s leadership is trying to create. If command and control make up the predominant leadership style, work-life is not likely to be a good fit without completely changing the existing culture.
- Companies must know that a work-life management approach is a power tool to be wielded only by organisations that are serious about increasing attraction, motivation and retention of staff. It requires taking care of employees as conscientiously as any other vital resource.
- Companies must know about value alignment. Aligning the organisation’s and the individual’s core values is essential to success.

1.5 Delimitations and limitations

1.5.1 Delimitations

- The research was confined to female optometrists of South Africa only.
- Focus was on female optometrists working for hospitals, those who are self-employed and those employed by private practices.

1.5.2 Limitations

Because of time and geographical constraints not all provinces were included in the study. Only female optometrists from urban areas in Gauteng, Mpumalanga, North West and Limpopo Province were considered.

1. Definitions of terms

Work-life (family) conflict

According to Fu and Shaffer (2001), work-family conflict is generally defined as a form of inter-role conflict in which compliance to one of the role pressures makes it more difficult to comply with the other.

Work stress

According to Widrich (1992), work stress is defined by Newman and Beehr (1979:1) as "a situation wherein job related factors interact with the worker to change (i.e., disrupt or enhance) his or her psychological and/ or physiological condition such that the person (i.e., mind-body) is forced to deviate from normal functioning".

Widrich (1992) defines stressors as objective environmental characteristics or events, and stress as subjective interpretation of the experience of stressors. The distinction between stressors and stress is therefore important because individuals who experience the same event may not interpret or perceive it in the same manner.

Finally, "strain" refers to the individual's psychological, behavioural or physiological response to his/her subjective experience of stressors (Widrich, 1992).

Work-life

According to "Alliance for work life progress" (2006), "work-life" refers to a specific set of organisational practices, policies, programmes and a philosophy that recommends support for the efforts of everyone in the workforce to achieve success both at work and at home.

The Alliance further states that "work-life" refers to the reciprocal links between an individual's work and personal life.

Workload

According to Federal Aviation Awareness (2005), workload can be defined as the physiological and mental demands that occur while performing a task or a combination of tasks.

Workplace flexibility

Workplace flexibility is "the ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks," according to Hill (2008: 152).

Optometry

According to the Health Professional Council of South Africa, optometry is an autonomous, regulated / registered healthcare profession and optometrists are the primary providers of vision care, which includes refraction[1] and dispensing[2], detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system. The profession is constituted in terms of the Regulations relating to the Constitution of the Professional Board for Optometry and Dispensing Opticians, Regulation No. R. 1063 of 28 July 2003.

Public service

Public service (such as is provided by government hospitals) means a service rendered by the state at the national, provincial or local level of government and which includes organisations that function under the auspices of the government or are largely subsidised by the state or recognised by a board for the purposes of these rules.

Private practice

Private practice means the practice of a health practitioner who practices for his or her own account, either in sole practice, or as a partner in a partnership, or as an associate in an association with other practitioners, or as a director of a company established in terms of section 54A of the Act.

Ophthalmology

Ophthalmology is the branch of medicine which deals with the diseases and surgery of the visual pathways, including the eye, brain and areas surrounding the eye. (Ophthalmology Society of South Africa).

2. LITERATURE REVIEW

[1] Testing of the disorders of the eyes for possible correction with spectacles
[2] Cut lenses into a frame and giving them to the patient. See figure 9

2.1 Introduction

As mentioned above, Geldenhuys and Naydene (2007) write that the role of women in society has been changing worldwide and that South Africa has not been an exception. The authors write of political and economical changes which have had major implications for South African women.

Milburn (2004) describes work-life balance as being made up of the increasingly difficult trade-offs between work and home, money and time that families have to make when they have children or dependents. Women are sometimes faced with a choice between satisfying work demands and family demands. Satisfaction of the one role compromises the other role. Milburn (2004) suggests that work/life balance has become an issue as a consequence of profound economic and social changes. "Over recent decades extended families and communities have weakened. Families have ceased to comprise male breadwinners and female homemakers, and because women still do the lion's share of caring responsibilities – for older relatives as well as younger children – it is their careers which tend to lag, so intensifying the pressure they feel" (Milburn 2004:1).

2.2 Why are women entering paid employment?

The number of women entering paid employment is on the increase. Women are joining the labour force for different reasons.

Fernandez (1986) argues that social scientists have long recognised that work plays an essential role in the lives of human beings. Work is at the centre of most adult lives, providing them with a sense of identity, self-esteem and order, or, in other words, fulfilling both egoistic and social needs.

According to Duffy and Pupo (1992), single women have always been a part of the paid work force and many married women (particularly working-class women) have also worked for pay, although often in the informal economy. One of the reasons why women are entering paid employment, according to these authors, is the changes in women's life patterns, alterations in the structure of the economy, modifications in the prevailing cultural ideas, and policy changes.

A different view by Mussen, Conger and Kagan (1979) as quoted by Josephs (2006) suggests that first born children are usually pushed harder to achieve and given responsibility for younger siblings at an earlier age. Josephs (2006) states that girls with older brothers are often more ambitious and aggressive than girls with sisters. She further writes that many of these girls will imitate and identify with an older brother, who is perceived as stronger and more competent. Kotze (2003) reports that women cherish motivational stimulation, self-esteem, a sense of control, physical stamina, and bursts of energy.

According to Resisinger (2006), many optometrists say they chose their career because of a personal eye-related experience and a desire to care for people. But some women optometrists say they chose optometry for other reasons, such as that it can offer them a work-life balance so that they can have a career and care for a family. Resisinger (2006) suggests that although optometry can offer women a work-life balance, the profession does pose several career obstacles to women, as outlined below.

2.2.1 Social perception

One of the obstacles identified by Reisinger (2006) is the perception patients have of female optometrists, which leads them to question whether female optometrists can do what traditionally has been a man's job.

Reisinger (2006) concedes that although some patients may question the competence of female optometrists, others prefer them to male optometrists. She cites studies conducted where patients typically are more satisfied with female physicians than male physicians because female physicians spend more time with them and tend to engage in more positive talk, psychosocial question-asking and emotionally focused talk than male physicians.

2.2.1.1 Less pay

Reisinger (2006) found from studies she reviewed that female optometrists in the USA earned on average less than their male counter-parts. One reason for the imbalance was that women worked fewer hours than male optometrists. Another reason advanced by Shechtman (2006), as quoted by Reisinger (2006) for women being paid less is that men are more aggressive with salary negotiations than women.

She argues that some women accept a job for less pay because of other rewards, such as flexibility in time. Reisinger (2006) indicates that Marossy (2006) agrees with this view, finding that vacation time, sick leave, insurance coverage and pregnancy leave weigh heavily on what a job is worth for a woman. She claims that if a position does not offer premium pay but instead offers paid maternity leave, this could be a lucrative job offer for a female optometrist planning on having children in the near future.

Proposition 1: Female optometrists who are self-employed will have more positive experiences of work-life balance than those working in hospital or private practice. Female optometrists working in hospital will have the least positive experience.

2.3 Challenges faced by the working woman

Fernandez (1986) mentions that since the responsibility for the handling of dual family/work roles falls primarily on the woman, it is clear who experiences the greatest degree of stress. He further states that a feeling of guilt underlies the stress experienced by many working women. The feeling, he writes, stems primarily from leaving young children in order to go to work. He believes that this guilt feeling is sometimes self-inflicted but is often imposed on women by family members, friends, and neighbours who stay at home with their children.

According to Mostert and Koekemoer (2007), a recent study among South African employees revealed that work more often interferes with their personal lives than the other way around. Major stressors, according to this study, included work environment, nature of the job, difficult and inflexible work arrangements, high pressure and workload, poor working relationships, and an unsupportive working environment. Individuals indicated that there were various aspects of their personal lives that they regarded as important, including spending quality time with their family and friends. “Compared to 4.52% of the participants who experience positive interaction between the two domains, 55,43% of the participants reported that the interaction between their work and personal lives is negative, which is most often strain and time-based interference” (Muster and Chokebore, 2007: 1).

The study noted that women experienced more stressors in their personal lives (i.e. demanding aspects in their family lives and taking care of an extended family), while men experienced higher pressure in the work domain. This could be indicative that men regard themselves as breadwinners and women as homemakers.

2.4 Challenges of being a mother and a wife

The multiple role-playing by women has, in many instances, had a negative impact on their physical and mental well being. Women in our societies are faced with the challenges of managing expectations placed upon them by society, as mentioned by Dludlu (1993).

Widrich (1992) asserts that, despite the increase in women's labour force participation, there has been little change in the division of family labour. She feels that women continue to perform the majority of housework and child-care tasks, and they thus enter the workplace while at the same time maintaining their family responsibilities. She further mentions that, as a result, women may experience much greater and more family demands than men and therefore encounter far more difficulty in fulfilling both work and family obligations.

Josephs (206) quotes Coe (1993) who cites a study conducted by the institute of Management in the UK (1992) that reported 42% of women saying that having children had negatively affected their careers, compared to only 16% of men. Taking a break to take care of children appeared to be particularly damaging: of the 29% of women who had taken a career break to care for children, 39% returned to work at a lower management grade.

Societal expectations place a lot of pressure on women with regard to family roles; this social stereotype has transcended racial boundaries.

Magwasa (2003) reports that within the black community in South Africa it was found that working mothers no matter what circumstances have driven them into the working market are often held responsible for anything wrong that befalls their children. One woman had to close her sewing school and lost all her sewing equipment and other assets. This was after her teenage son committed suicide and this was blamed on her by her husband and his family, who felt that this would not have

occurred had she been at home as a full-time housewife and mother. Magwasa (2003) further quotes a white mother who she suggests was well off but opted to join the job market. The woman said: "There are few situations that allow mothers freedom and a free of guilt feeling when they have to leave their children for work to pursue their longing for having a career. I have been considered as a selfish person, but I do not care because I love what I am doing" (Magwasa 2003:6).

Mosterd and Kotze (2003) mention that as a result of organisations faced with heightened competition globally, employees experience increasing performance pressure. These authors claim that the hours spent in the workplace, especially for managers and professionals, are increasing and that high performance organisations have raised their expectations regarding time, energy and work commitment. He concludes by saying that the dual role women have to play makes it difficult for them to meet these higher organisational expectations and that they are thus faced with a challenge to balance the competing expectations of work and home, along with all their other roles.

Fernandez (1986) says while society has accepted that women have a right to work outside the home, it still regards women as primary homemakers and child care givers. Fernandez (1986) believes that there has been little departure from traditional roles in the home in dual-career families. He writes that women must be Super-mom, wife, worker, and confidante.

2.5 The extent of work/life conflict and spillovers

According to Greenhaus and Beutell (1985), work-home interference and work-family conflict can be defined as "a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible so that participation in one role [home] is made more difficult by participation in another role [work]".

Greenhaus and Beutell (2006) quotes Edwards and Rothbard (2000) who argue that because of incompatible role pressures arising from the work and family domains, effectiveness in one role is hampered by experience in the other role.

In other words, work-family conflict occurs when experiences in a role *interfere with* meeting the requirements and achieving effectiveness in the other role write Greenhaus and Beutell (1985).

Greenhaus, Allen and Spector (2006) conclude that the essence of work-family conflict is inter-role interference, and work-family conflict could just as easily be referred to as "work-family interference".

Fernandez (1986) mentions that workingwomen's new economic independence and evolving career inspiration/aspirations often create new stresses and conflicts in the home.

He further states that society is slowly accepting the idea that women have a right to work outside the home, but the widely held conviction that women should be the primary or exclusive child care providers and homemakers in a family has not changed in any perceptible degree.

Andrew and Witney (1976) mention that family and work are the two main domains for many adults, and that when conflicts between these two domains occur there are potentially adverse effects for individuals, families and organisations.

Burke (1980) writes that although men increasingly express interest in a more balanced commitment to their work role, it is women who experience the highest levels of conflict between work and family, since women are still expected to perform the bulk of family household tasks and responsibilities.

Hendey (2007) contends that if individuals reconcile their conflict through an attitude that attributes fault to one sphere of their lives, then this potentially could indicate a lack of desire to achieve balance and would exacerbate their conflict experience.

She further explains that coping strategies may aim mainly at exiting one of the spheres of life by either quitting the job or exiting marriage. The solution is that stress resulting from this imbalance should not be attributed to either of the two spheres of life.

Milburn (2004) made a speech to UK parliament in which she said:

> "My own experience has made me realize how much it matters. When I gave up my job 9 months ago as health secretary I did so because I had come to realize one simple thing: I could not have everything. Reconciling a demanding 24 hour a day career with anything remotely resembling a normal family life had become, for me at least, impossible." (Milburn 2004:1)

Clearly Milburn attributed the conflict of work/life balance to long hours of work and consequently decided to quit the job. She described her feeling after quitting.

> "Mine was a very personal choice to be around more to see my kids grow up… life feels a million times better. If my post bag is anything to go by, the choice I made, to put family ahead of career, seemed to strike a chord." (Milburn 2004:1)

According to Brooklyn (1980), the person may experience a spillover effect, where the feelings, attitudes, and behaviours created by work spill over into family life. He writes that the lingering of emotions is prevalent, attitudes and behavioural patterns are shaped at work because work is seen as the place for adult socialisation.

Brooklyn (1980) contends that stereotype about managers/career people is that there is a price that must be paid for career success and that career achievement requires sacrifice and compromise of family and leisure time. Satisfaction and fulfillment of one's dreams for both of these life domains require more time and energy than is available.

According to Bailyn (1993), much research has concentrated on role conflict in that working family members find their roles as parents or spouses conflicting with their roles as employees in terms of time, energy, and character traits that each arena requires. However, Barnett, Marshall, and Singer (1992) and Barnett and Hyde (2001) dispute this position and demonstrate that multiple roles enhance well being. Role quality, not the number of roles, is crucial in determining working parents' welfare.

One aspect of assuming multiple roles is that time spent at a job usually implies time away from family.

Proposition 2: There is likely to be a spill over from work to family if there is a low sense of control over work stressors.

2.6 Job satisfaction

"Job satisfaction is defined as 'the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs'" (Spector, 1997: 2).
This definition suggests that job satisfaction is a general or global affective reaction that individuals hold about their job.

Empirical findings indicate that absolute levels of earnings consistently increase job satisfaction (Clark, 1996; Clark and Oswald, 1996). Figure 3 shows the balance between money and job satisfaction. Movement from one work place to the other may be influenced by an increase in money earned.

While this research examines the issue of work-family balance amongst the three settings, job satisfaction in general may be underpinned by how a workplace provides work-family balance.



Figure 3: Money versus job satisfaction

Locke (1983) proposed that job satisfaction is the result of the perceived relationship between an individual's needs, what the job entails and the resulting feelings.

Hinks (2009) maintains that hours worked could be interpreted as a proxy for effort, with greater effort (more hours) resulting in brighter future employment opportunities and higher earnings. However, the relationship between number of hours worked and job satisfaction is clouded by a number of issues. Firstly, some workers could be under-employed and want more hours of work. This is far more likely in developing countries and particularly in South Africa where unemployment is so high.
Hinks (2009) suggests that it is expected that the under-employed are less satisfied with work than those reporting no under-employment. However, those workers with long hours could equally be dissatisfied with expending so much effort and reducing leisure time.

Distinguishing between employees and the self-employed is also necessary here. In the UK, Clark (1996) finds that hours worked have a strongly negative effect on earnings' satisfaction and to a lesser extent job satisfaction.

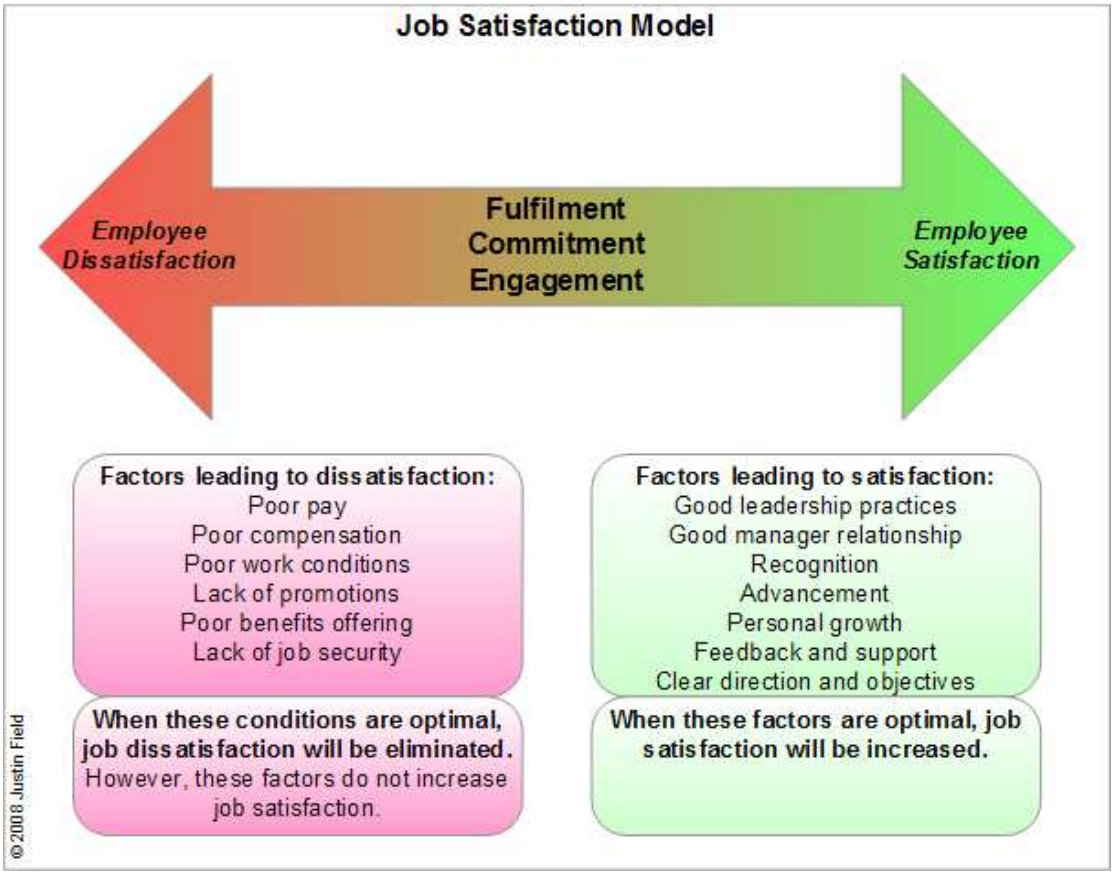


Figure 4. Job satisfaction model. Field, J (2008)

2.7 Direct effect of job-related variables on marital satisfaction

Brockwood (2007) contends that a fairly consistent finding in the literature is that marital satisfaction and satisfaction at work are positively related to one another, both cross-sectionally and over time. For example, 12 years of data examining the relationship between marital satisfaction/discord and job satisfaction revealed that the two were in fact positively related (Rogers & May, 2003). According to Brookwood (2007), marital quality appeared to be a better predictor of subsequent job satisfaction than the other way around. Thus, marital and job satisfaction appear to be related both in the long- and short term. Brooklyn (2007) finds that researchers theorise that the relationship between marital and job satisfaction is driven primarily by spillover of emotional states, so that arguments and stress at work are likely to lead to marital conflict.

Brockwood (2007) mentions that according to Schultz, Cowen and Brennan (2004), some support has been found for the direct spillover of mood between work and family. After a day at work that resulted in negative arousal, husbands reported being more withdrawn from their partner at home that evening, whereas wives tended to exhibit more angry marital behaviour after such day. Brockwood (2007) indicates that Roberts and Levenson (2001) conducted a study of male police officers in which they found that job stress was negatively associated with marital interactions with one's spouse, which was a precursor for marital distress and potential dissolution.

Roberts and Levensons (2001), as quoted by Brockwood (2007) found that on days when the husband reported greater physical exhaustion due to work, wives tended to respond more positively, acting in a supportive role. This suggests that psychological and physical stressors may be differently associated with marital functioning and should be considered separately. The researchers did caution, however, that this supportive function may work in the short term, but may ultimately have detrimental effects on a marriage if it were an ongoing occurrence.

Other research has focused on the degree to which specific job characteristics can predict marital quality of the individual, as well as of the individual's spouse. Piotrkowski, (1979) divided these variables into two categories. The first category includes psychosocial characteristics, such as supervisor support or the degree to

which the job is enriching to one's life, which is expected to lead to spill over of affective mood states. The second category includes structural characteristics, such as work hours or location, which are expected to affect the practical aspects of combining work and family (Greenhaus and Beutell, 1985).

Hughes (1992) mentioned that several psychosocial characteristics have been linked with improved marital quality, including having an enriching job, a supportive supervisor, and a low risk of being laid off. Structural characteristics, on the other hand, have had mixed success in predicting marital quality. In general, research has found little support for a direct relationship between the number of hours worked and marital quality.

Brockwood (2007) Further says, division of labour, both domestic and paid, has been shown to be a weak predictor of marital satisfaction for both husbands and wives. Researchers found that this relationship was largely mediated by how equitable each partner found the division to be, as well as the amount of empathy each spouse had for the other. Barnett and Brennan (2003) described a study that examined how well the work schedule of one's partner fit with one's own in balancing work and family demands. Results indicated that for women, greater work-schedule fit was related to increased marital role quality, although no relationship was found for husbands. This would suggest that previous non-significant findings may be partially due to mediating or moderating affects of other variables influencing the direct relationship between structural job characteristics and marital satisfaction, such as gender, parental status, or work-family fit, concluded Brockwood (2007) .

In one of the few studies conducted to examine a couple-level predictor of marital satisfaction, Brockwood reveals that Conger (1999) found the joint economic pressures experienced by a couple predicted their individual reports of marital distress three years later. This relationship was strongest for couples with low perceived levels of spousal support.

2.8 Dual career couples

According to Carter and Carter (1995), dual career couples means: he works, she works.

Baskin (1998) finds that the past several decades have witnessed dramatic changes in the way people view families. She suggests that these changes are in terms of the way people view relationships and in the way they integrate career and family issues to obtain a satisfying and economically prosperous life. In 1998, she predicted that in the year 2000 women might form majority of the workforce. Baskin (1998) believes dual career couples often have one child or at most two. The assumption may be that they are busy. She further believes dual career women are more likely than women in traditional marriages to have had mothers who were employed when they were children.

According to Carter and Carter (1995) in their book "He works, She works", the number one conflict faced by women in dual career families is role conflict. Baskin (1998) finds that taking on multiple responsibilities in connection with others, traditionally gave women their power and their feeling of self-worth.

Carter and Carter (1995) feel that the number one conflict among their male clients in dual career marriages is the lack of nurturing that they receive from their wife or significant other because their partner is not fulfilling the feminine part of their marriage or couples' contract. There are expectations of intimacy that were supposed to continue after work and children.

2.9 Control over work or freedom of choice

Control could be viewed as a moderating variable between the work setting as an independent variable on one hand and family work experience as a dependent variable on the other hand.

Hurlimann (2001) argues that control is one factor that determines how work is viewed and consequently how the individual responds to it. She quotes Nijhuis (1999) as explaining that job control is defined as the individual's potential control over his or her tasks and his or her conduct during the working day. She further claims that if the individual perceives that they have more job control they are more likely to respond positively to their job and vice versa.

According to Kruger (1987), "control" refers to the tendency to believe and act as if one is able to influence the course of events in one's life.

Karasek (1979) contend that job control is made up of two parts, control over the individual tasks required by the job and control over when these tasks are carried out. Essentially the second part of job control refers to hours of work and when they are carried out, i.e. how much choice individual has in determining their own working hours. The first part could refer to work overload or work intensity.

Karasek (1979) also describes this phenomenon by concluding that high demands of time and energy on individuals only elicit conflict if the individual has no means of controlling or coping with the demands.

According to Spector (1986), in order for individuals to feel that they have control over a work domain, they must:

- Perceive that there are actions that can be taken that will be effective in modifying the situation; and
- Feel confident that they are able to perform those needed actions, given their current abilities and worksite constraints.

Thus employee's perceptions of control are determined by their own skill and attitudes, as well as by organisational norms, structure and policies. Another concept that encompasses perceived control is autonomy or freedom from close supervision.

Long and Sharon (1993) says participation and influence in decision making have been used as indicators of perceived control. Participation is a necessary but not sufficient condition for having a say in or influence over decisions.

Hendey (2007) quotes Voydanoff (1988) who found that work-family conflict is buffered by an individual's ability to exert control over the circumstances of that conflict. For example, individuals who have an element of control over their working hours and stress factors would be able to wield influence over these factors to reduce levels of stress.

Proposition 3: There is a positive correlation between sense of control over work stressors and work-family balance.

Proposition 4: A female optometrist who is self-employed will have a better sense of control over work stressors than one who is employed by an organisation.

2.10 Stress

Owing to the changes occurring around role of women in society and the increased number of women joining the workforce, an increase in stress level seems inevitable. Women at work would love to prove themselves against the stereotypes that have seen men occupying top positions, whilst at home they are still expected to be the best homemakers and caregivers.

According to Widrich (1992), the concept of stress still remains poorly defined. She believes this confusion may be attributed in part to the diversity of research that has been conducted on the stress concept, and the varying research methods that these disciplines have adopted.

2.10.1 Work stress

Mulaudzi (2005) quotes Di Salvo (1995) as suggesting that work-related stress has generally been seen to be a result of an imbalance between environmental demands and individual capabilities. Work-related stress is said to have adverse effects on productivity, absenteeism, worker turnover, and employee health and well being. In addition, these effects have clear-cut direct costs to employers (Spielberger and Reheiser, 1995).

Mulaudzi (2005) reveals that Cartwrite and Cooper (1997) differentiated a number of primary work-related stressors: (1) factors intrinsic to the job itself; (2) roles in the organisation; (3) relationships at work, such as those with supervisors, colleagues and subordinates; (4) career development issues; (5) organisational factors, including the structure and climate of the organisation as well as its culture and political environment; (6) and, lastly, the home-work interface.

Lazarus (1999) reported that clinicians have come to recognise that job stress and family stress do not exist independently or in isolation but that they interact

substantially. This s because work and family represent two of the most important aspects of an adult's life (Frone 1992).

According to Widrich (1992), the interactionist model recognizes that individuals respond differently to stressful work situations. This implies that the relationship between work stress and marital functioning will not be the same for all individuals. Rather, it is likely that the experience of work stress would not impact directly on one's marital functioning, but would depend on one's specific response to the stress (Kruger, 1987).

2.11 Working hours and work overload/intensity

Energy and time are the main resources that any individual would need to satisfy both the home and the workplace demands. This means time spent on the work domain is time spent away from the family domain. In addition, workload demands energy, which when spent at work may lead to exhaustion and tiredness.

2.11.1 Working hours

Hurlimann (2001) writes that one way of providing the individual with choice in determining their working hours is to introduce flexibility with regard to the hours the individual works. She defines flexible working hours as the formal or informal arrangement between employers and their employee that allows the employee at least some discretion or control over the specific hours of the day or week when work is performed. According to her, flexible working hours do not therefore change the number of hours worked per week.

Hurlimann's (2001) study showed that wives preferred fewer working hours than husbands, which was further endorsed by husbands who preferred their wives to work fewer hours. Study indicated that perceived work family interference is related to a desire to reduce the number of hours worked for both self and family.

Hurlimann (2001) maintains that the characteristics of the role the individual is fulfilling may also account for the hours worked by individuals. The amount of choice is further determined by the activities that the role requires. She quotes Perlow,(1999) as claiming that roles may require individual cognitive activities, collaborative activities or a combination of the two. Cognitive activities may require long spells of

concentration as in the case of administrative work, while collaborative activities require periods of interaction with others in the work place.

Reisinger (2006) argues that flexibility, one of the factors that drive women into optometry, means that women typically can work fewer hours. In her study of the number of hours Pennsylvania College of Optometry graduates work, she found that five years after graduated, women work on average fewer hours than males, 36 and 41 hours respectively.

Table 1: Average number of hours Pennsylvania college of optometry graduates work per week

YEARS SINCE GRADUATIONS	*MEN*	*WOMEN*
1 to 5	40.9	36.1
6 to 10	40	32.6
11 to 15	39.6	25.9
16 to 20	39.4	30.7
21 to 25	40	32.6

2.11.2 Work load

According to the organisation "Jobquality.ca" (2005) workload means having enough time to do your job well, being able to balance work and personal life and not constantly feeling stressed or frenzied.

According to Cooper (1993), a more important stressor for professionals is work overload. French and Caplan (1973) have differentiated work overload in terms of quantitative and qualitative overload. "Quantitative overload" refers to having too much to do, while "qualitative overload" means work that is too difficult.

There is evidence that qualitative overload is a source of stress, and this is particularly relevant to managers. Arnold (2005) finds that too much work often leads to working long hours.

2.11.3 Workaholism

According to McMillan, Bradly, O'Driscoll and Marsh (2003), workaholism involves a personal reluctance to disengage from work and a tendency to work or think about work anytime, anywhere. McMillan et al (2003) argues that workaholics typically have difficulty in switching off; they think about work more frequently after hours; they talk about work more frequently; they are more achievement oriented; and they are more task-focused than non-workaholics.

> "Workaholics place their work firmly in the centre of their lives and progressively all other aspects of their life, such as family,

> sport and other interests, are no longer the focus of attention. Workaholics feel the urge to create and respond to self-imposed demands… .” (Buelens, 2002: 63) quoted by Mc Millan.

2.12 Conclusion

Balance as has been pointed out above is not about equity, but about what an individual perceives it to be. It is about being able to make hard choices with regard to some trade-offs without any feeling of guilt. One woman’s balance may not be another’s balance.

Control over work stressors will give the female optometrist a chance to create a balance between work and family, if indeed there is a positive correlation between sense of control over work stressors and family work balance. This suggests that self-employment, if the propositions are proved right, will be the female optometrist’s choice of work setting.

2.13 Propositions

Proposition 1: A female optometrist who is self-employed will have more positive experiences of work-life balance than one who is employed by an organisation.

Proposition 2: There is likely to be a spillover from work to family if there is a low sense of control over work stressors.

Proposition 3: There is a positive correlation between sense of control over work stressors and work-family balance.

Proposition 4: A female optometrist who is self-employed will have better sense of control over work stressors than one who is employed by an organisation.

3. RESEARCH METHODOLOGY

3.1 Research design

The research followed is a mixed research methodology. Creswell (2003) states that problems addressed by social and health science researchers are complex, and the use of either quantitative or qualitative approaches by themselves is inadequate to address this complexity. He further claims that there is more insight to be gained from the combination of both qualitative and quantitative research than either form by itself. The combined use provides an expanded understanding of research problems.

The model of mixed method used was achieved through triangulation, where the researcher collected quantitative data and then qualitative data to determine whether there was convergence, differences, or some combinations. For example figure 11 to 16 shows how data received from the questionnaires relates to the text from interviews.

The mixing of the methods is found in the discussion and interpretation chapter, chapter 4, in page 43 . This chapter first provides quantitative statistical results followed by qualitative quotes that support or disconfirm the quantitative results.

3.1.1 Qualitative design

Creswell (2003) describes the qualitative approach as one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives. He describes constructivist perspectives as the multiple meanings of individual experiences, meanings that are socially and historically constructed, with the intent of developing a theory or pattern. Interviews were conducted and the researcher collected open-ended, emerging data with the primary intent of developing themes. Table 3 (see Section 4.1) shows the themes, categories and meaning units that were developed.

Qualitative research methodology was used because, according to Silverman (2004), qualitative methodology enables the researcher to get closer to the subject's perspective through detailed interviewing and observation. By using the qualitative research, the researcher intended to find out about perception, feelings, attitudes, understanding and meanings relating to the work-family experience of female

optometrists. Achieving this objective involved conducting interviews and administering questionnaires and analysing the content of the transcriptions.

Qualitative methods were used for two main purposes: to uncover and understand what lies behind the family-work experience of female optometrists in South Africa about which little is yet known, and to gain novel and fresh slants on things about which quite a bit is already known on this matter. This research could be classified as a phenomenological study, in which the researcher attempted to identify the essence of human experiences concerning work/life balance by using the descriptions provided by the participants in this study. Silverman (2004) points out that understanding the lived experiences marks phenomenology as a philosophy as well as a method. Little to nothing has been explored about the experiences of female optometrists with regard to work/ life balance.

3.1.2 Quantitative design

Leedy and Ormrod (2005) state that quantitative researchers usually start with a specific hypothesis to be tested. They isolate the variables they intend to study, control for extraneous variables, use a standardised procedure to collect some form of numerical data, and use statistical procedures to analyse and draw conclusions from the data. In this research a questionnaire was drawn up to establish whether different forms of employment as shown in figure 1 above have different impacts on the female optometrist's experience of family/life balance.

The questions in the questionnaire were designed according to a Likert scale. These questions excluded biographical information and working hours. According to Wegner (1993), a Likert scale is a form of interval-scaled data, which is associated with quantitative random variables. This scale possesses both order and distance properties and in each case the respondent was asked to tick only the one answer which mostly represented her feeling. The questionnaire was structured in the following manner:

- Biographical information (name, date, location, age, gender, marital status, number of children and years of work experience);
- Working hours (number of working hours per week);
- Workload (amount of work);

- Control/Flexibility (amount of control);
- Family-work balance experience; and
- Spillover from work to family.

The construction of the questionnaire was based on the literature review conducted for the study and past research work. During the pilot project the questionnaire was amended where this was revealed to be necessary.

According to Leedy and Ormrod (2005), qualitative and quantitative research designs are appropriate for answering different kinds of questions and as a result we learn more about the world when we have both methodologies at our disposal than when we are limited to only one approach or the other. According to these authors, they allow us to analyse and interpret data both objectively and subjectively.

3.2 The importance of the researcher's context on the research

Dillon, D and Alvermann, E. (1996:116) comment that

> "Qualitative researchers can never overlook the fact that they are gendered, multi-culturally situated, and theoretically inclined to view phenomena in ways that influence what questions get asked and what methodology is used to answer those questions …incorporating this information into a research proposal is critical to the readers' understanding of the researcher."

For the benefit of the research reader, it is important to mention that the researcher is black, male, married and an optometrist with his own practice. The researcher has been brought up in a cultural setting where sex stereotyping is the order of the day. The researcher acknowledges what Mokoena (1999) and Geldenhuys and Naydene (2007) have written as cited in the literature review of this study that the role of women in society is changing and that therefore the perception about sex stereotypes should likewise change.

3.3 Procedure for data collection

3.3.1 Qualitative method

Data was collected using interviews. The researcher used interviews as a way of generating empirical data about work/life issues by asking 15 female optometrists to talk about their work family experiences. Five optometrists were taken from each of the three work settings selected for the study. Hospital optometrists were identified with the assistance of the head of optometry from the Limpopo provincial government and the rest were handpicked after referral by other colleagues. They were contacted telephonically and a neutral place was sought in which to hold the interview. Neither the interviewee's office nor the interviewer's office was used.

The interview was not a structured, quantitative oriented survey interview in format, but took the form of semi-formal guided conversation, to enable free-flowing informational exchange. The exploratory questions used to stimulate the conversation are attached in Appendix B. For as long as there was new information extracted from the interviewee, conversation was allowed to continue, but when the interviewee repeated what had already been said, such interview was stopped. The interviewee did most of the talking and the interviewer stimulated her to continue talking, by punctuating her speech with questions and promptings.

Recording material was prepared and checked; however, the interviewee was notified of the recording of the conversation and confidentiality of the content of the interview was assured.

3.3.2 Quantitative method

Following the quantitative approach, 42 questionnaires were sent out to and received back from optometrists of all work settings. The registry from the Health Professional Council of South Africa (HPCSA) and database from the South African Optometric Association were used to identify these optometrists. Before they were sent the questionnaires, the optometrists were briefed about the purpose of the research and the questionnaires, and assured of confidentiality. Questionnaires were sent by post, email and hand-post. The questions were kept short, clear and simple.

In answering the Likert scale questions, the respondents chose the answers which best represented their feelings, for example:

Amount of work is:

1. Very bearable 2. Bearable 3. Neutral 4. Unbearable 5. Very unbearable

Each of the answers was allocated a different weight for the purpose of analysis. For example "very bearable" meant the lowest (1) workload whereas "very unbearable" meant highest workload (5). (See Appendix D.)

3.4 The instruments

The data-collection instruments used were interviews and questionnaires.

3.4.1 Interviews

Silverman (2004) contends that the interview is a neutral means of extracting information, and that the interviewer asks questions and the interviewee provides answers. He writes that the interview process is actually the conduit between two participants and that the interviewer's involvement must be minimal and neutral. During the interview the researcher being an optometrist tried his best to be neutral and there was also minimal involvement.

The researcher used the skills mentioned by Silverman (2004) as beneficial in an interview situation: creating good rapport, being sensitive to non-verbal cues and encouraging quiet participants. Leedy and Ormrod (2005) write that a typical interview looks more like an informal conversation, with the interviewee doing most of the talking and the researcher doing most of the listening.

3.4.2 Questionnaires

According to Wegner (1993), the questionnaire is the data-collection instrument used to gather data in all interview situations. He further writes that the design of the questionnaire is critical to ensure that the correct research questions are addressed and that accurate and appropriate data for statistical analysis is collected.

Mulaudzi (2005) quoting De Vos and Fouche (1998) writes that it is important for the quantitative instruments used in research to meet the following criteria: they must be valid, reliable and brief.

3.4.2.1 Biographical questionnaire

This is the questionnaire developed by the researcher to obtain the research participants' personal demographics. The importance of this questionnaire is in that it can be used to compare the trends in South Africa with those oversees. The questionnaire required the following information: age, marital status, number of children and years of experience as an optometrist.

3.4.2.2 Work life scale

Koeske, Kirk and Rauktis's (1994) "Work Life Scale" was used. It is a short 15-item scale, which has also been used in other studies in South Africa. Koeske *et al* (1994) reported that this scale was developed and validated in a series of studies for a period of over a decade among people in helping professions. The reliability of this scale has been found to be adequate and the alpha reliabilities were originally reported to range from 0.83 to 0.91.

3.4.2.3 Family life scale

Widrich (1992) states that Kruger (1987) adapted the "Daily ratings of Family Activities" into a 20-item scale suitable for use in studies where daily ratings are not obtained. Widrich reports that reliability of the scale yielded a Cronchbar alpha coefficient of 0.88.

According Mulaudzi (2205) The Cleminshaw –Guidibaldi Parenting Scale (Cleminshaw & Guidibaldi, 1980) comprises 50 Licket-type items measuring five main factors: spouse support, child parent relationship, parent performance, spouse discipline and control, and general satisfaction. Spouse support and spouse discipline and control are excluded from this study, as the above scale deals with them.

3.5 Analysis method

3.5.1 Qualitative method

The primary mode of analysis was through content analysis. According to Silverman (2004), the technique is suitable for analysing one-on-one interview data. The interview was recorded, the data transcribed and then analysed using conventional techniques for qualitative data, most commonly content analysis. See Appendix C.

In analysing data, the researcher examined the data with recurrent instances of some kind. These instances were identified and grouped together by means of coding systems. Participants' utterances were used as unit of analysis. Silverman (2004) writes that the unit of analysis provides the basis for developing a coding system. (See Table 3 in Chapter 4)

Once the data was coded, it was quantified even though Morgan (1993) argues for the use of simple descriptive counts of codes. Two different content analyses, one quantitative, one qualitative, of the same interview data were used. The results of the quantitative content analysis are presented as frequency counts, while the results of the qualitative content analysis are presented as illustrative quotations.

Leedy and Ormrod (2001) explain that the central task during data analysis is to identify common themes in people's descriptions of their experiences. They argue that the following steps must be taken:

- Identify statements that relate to the topic. Separate relevant from irrelevant information and then break the relevant information into a single thought.
- Group statements into meaning units.
- Seek divergent perspectives.
- Construct a composite. Use the various meanings identified to develop an overall description of the phenomenon as people typically experience it.

3.5.1.1 Qualitative version of content analysis

1. Good management style:

Ann: "My boss is not so much concerned about my coming late but whether I reach my targets at a given time"

"If there is work to be done, I don't mind staying overtime as long as my boss knows that when I have family problems to attend to he will grant me the permission."

2. Societal expectations.

Mary: "There are few situations that allow mothers freedom and a free of guilt feeling when they have to leave their children for work to pursue their longing for having a career. I have been considered as a selfish person by people around me, but I do not care because I love what I am doing."

3. Family support

Jane: “I have a very strong supportive family structure in my husband and nanny, my husband and children are not too demanding.”

4. Gender stereotype:

“I always have ready answers for those man and women who think women are incompetent.”

3.5.2 Quantitative method

3.5.2.1 *Quantitative version of content analysis*

Content analyses (working-related factors affecting marital and job satisfaction)

1. Flexible working hours. 5 instances
2. Workload manageable. 3 instances
3. Not tired after work. 3 instances
4. Sympathetic to my family issues 5 instances
5. Supportive workplace environment 3 instances
6. Salary is satisfactory 5 instances
7. Others 4 instances

Statistical tools such as mean and correlation were used in the analysis and interpretation of quantitative results. The results of the Likert scale were used to obtain the averages of the questions posed in the questionnaires. Correlation was used in the case of propositions 2 and 3.

3.6 Population description

Interviews and questionnaires were conducted using populations mainly from Gauteng, Mpumalanga, North West and Limpopo provinces. Section 3.7: Sampling method below describes the composition of the sample. The population from which the sample was taken is those women registered with the Health Profession Council of South Africa (HPCSA). For the purpose of the interviews five women were taken from each work setting, so that a total of 15 names were drawn. The same population was used for the purpose of the questionnaires, where 42 female optometrists were drawn.

3.7 Sampling method

Not every member of the population was investigated for reasons of cost and time constraints amongst others.

More than 300 female optometrists were sent questionnaires by email and post. The South African Optometric Database was used in the case of emails and postal addresses were obtained from the HPCSA registry. The initial target for questionnaires was a minimum of 90 women, 30 from each setting, but the response was poor – only 42 responses were obtained.

Participants in this study were required to fulfill the following criteria:

- Female optometrist, living and working in South Africa;
- Married or having a partner and living together;
- Having a child or children living at home;
- Currently working either for a hospital, private practice or self-employed.

3.8 Validity

3.8.1 External validity

Kimberley (2002) describes validity as the extent to which a measuring procedure represents the intended, and only the intended concept. He advises that in thinking about validity the researcher must ask if they are measuring what they intend to measure.

Kimberley (2002) describes *external validity* as the ability of the research to be generalised across persons, settings and times. He further writes that a context-specific sample may reduce the external validity of the research.

As mentioned, South Africa is a culturally diverse country. The choice of a sample is not necessarily representative of all cultural groups. In this research external validity was compromised because the sample was not representative of all the cultural groups of the country. To offset this, a larger number of questionnaires was sent out, and the selection of participants was made from as diverse a population as possible, black and white alike.

Of all the questionnaires that were sent only a few were received and this cannot be confidently said to be a representative sample of the entire optometrist population, which therefore throws doubt on the validity of the research findings.

3.8.2 Internal validity

According to Leedy and Ormrod (2001), the internal validity of a research study is the extent to which the study's design and the data it yields allow the researcher to draw accurate conclusions about cause and effect and other relationships within the data.

In the case of the three work settings under research an assumption could be made that the difference among them was time and workload. The research investigated whether there were any other factors that might influence the results other than time and workload. Leedy and Ormrod suggest that to ensure the internal validity of a research study, the researcher needs to take whatever precautions they can to eliminate other possible explanations for the results observed, for example personalities.

After an interview was conducted, participants were asked the following questions.

1. Why did you answer each question the way you did?
2. What did you understand by the question in hand?
3. Are you happy that you were assured of the confidentiality of the content of the interview?

3.9 Pilot research

More than three people from each work setting type were chosen for the purpose of the interview and two for questionnaires during the pilot project.

The purpose of pilot research was to check with the participants whether they understood the content of the questionnaire and to obtain their input with regard to the structure of the questionnaire. Valuable input was made which resulted in the rearrangement of the questions. The responses obtained during the pilot interviews gave the researcher an idea of what was to come.

The questionnaire was also given to ordinary women who were not optometrists and their input was also sought.

3.10 Reliability

Reliability is defined as the extent to which similar research conducted in future will result in similar outcomes…it deals with the accuracy of the measurement (Leedy & Ormrod, 2005).

Golashani (2003) quotes Joppe (2000) in defining reliability as the extent to which results are consistent over time; an accurate representation of the total population under study is referred to as "reliable"; and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.

Kirk and Miller (1986) identify three types of reliability referred to in quantitative research, which relate to: (1) the degree to which a measurement, given repeatedly, remains the same; (2) the stability of a measurement over time; and (3) the similarity of measurements within a given time period.

Charles (1995) adheres to the notions that consistency with which questionnaire (test) items are answered or individual's scores remain relatively the same can be determined through the test-retest method at two different times

How repeatable the interview will be depends upon the honesty of interviewees; that is, how honestly they answered the questions. The researcher being an optometrist himself cannot overlook the possibility he might have unknowingly influenced the process of the interview.

The influence might have come because the interviewees themselves would have known that the researcher was clued up on the industry issues.

The sample of population from which data was collected through questionnaires cannot be said to be representative of the population across South Africa. This is because of the small sample size obtained from each workplace.

A pilot study was conducted to check whether the questionnaire was well structured; that is, if the participants would be able to understand it. Whilst the input from the pilot project respondents was useful, during the actual interview and during

administration of questionnaires, some participants exhibited difficulty in understanding the questions. This indicates that participants might have had different understandings of the questions and this therefore casts some doubt on whether the same results will be yielded if the tests were repeated.

4. PRESENTATION AND DISCUSSION OF RESULTS

4.1 Sample characteristics

4.1.1 Sample profile

Table 2. Sample profile

	Self-employed	**Hospital employee**	**Private practice**
Gender and race	**Female optometrist**	**Female optometrist**	**Female optometrist**
No of interviewees	5	5	5
No of questionnaires	15	15	12
Total No	20	20	17
		Total	57

4.1.2 Sample data

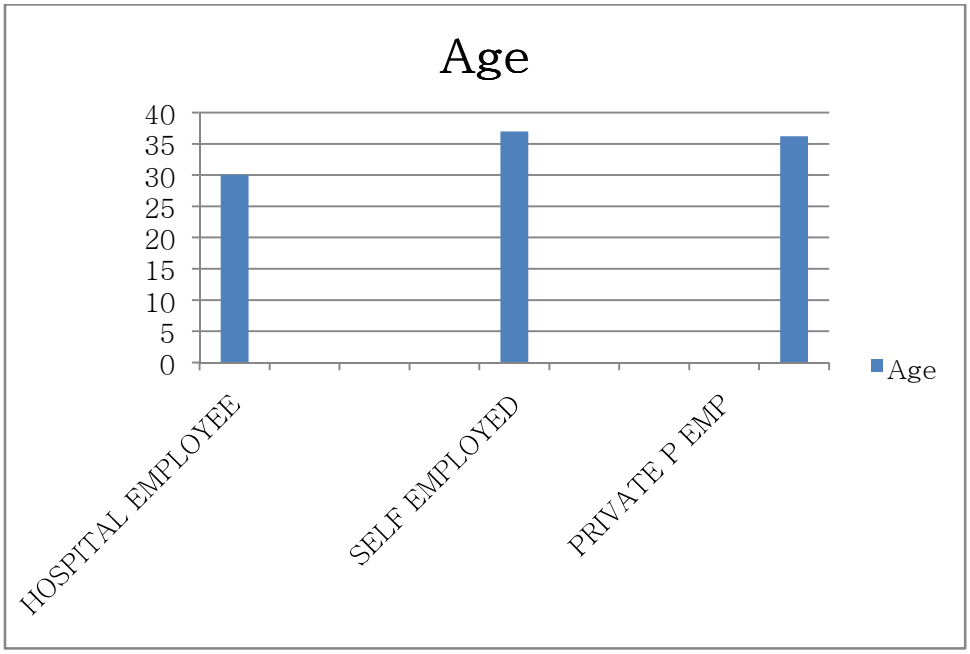


Figure 5: Distribution of age of optometrists

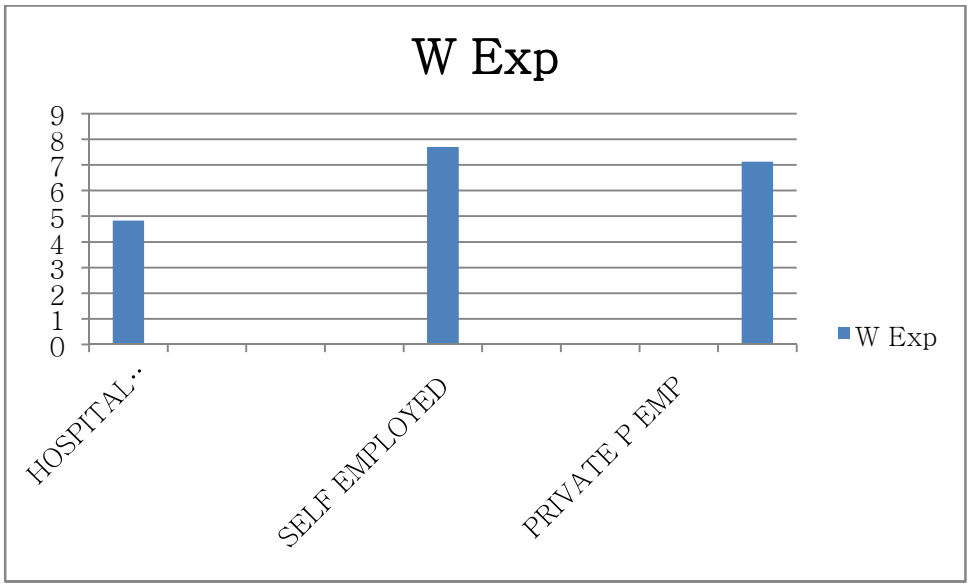
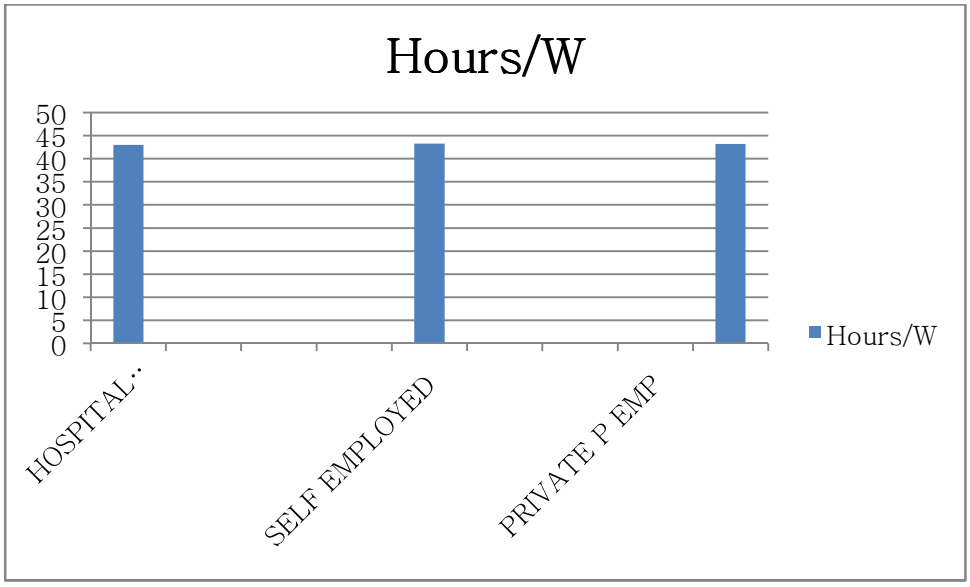
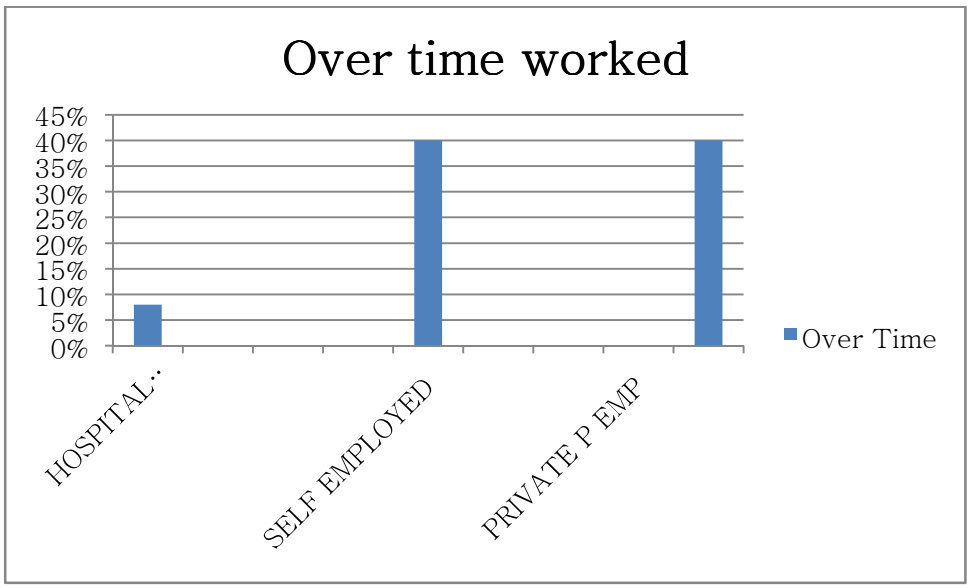


Figure 6: Distribution of work experience



Hours worked per week

Figure 7:



% of Optometrists doing overtime

Figure 8:

4.1.3 Background of optometrists interviewed

SSE A has a practice in a suburb in Gauteng Province and has qualified from Rand Afrikaans University (University of Johannesburg). She is over 40 years of age and has over 10 years of experience. She delegates most of her administrative work.

SSE B has her practice in the North West Province. She qualified from the University of the North in 1995. She also believes in delegating her admin, but cuts her own jobs. She is about 37 years old.

SSE D has her practice in Gauteng Province. She qualified about 10 years ago from the University of the North. She does her own administrative work and cuts her own jobs (dispensing). She is between 30 and 35 years of age.

SSE C worked for a franchise group before opening her own practice in Gauteng Province. She is about 25 years of age and qualified from the University of the North some five years ago. She does not have a laboratory in which to cut her own jobs but does her own administrative work.

SSE E qualified from the University of the North in 1996 and practices in Gauteng Province. She does not have a laboratory of her own but does her own administrative work. She is about 37 years of age.

PPE A works for a franchise group in Johannesburg. She is over 40 years old and has more than eight years of experience. She once owned a practice but opted to work for someone else because of the overload she experienced with owning a practice.

PPE B works part time for a franchise group in one of the Pretoria suburbs. She is over 40 years of age and more than eight years of experience. She has worked for a clinic before where she experienced great work satisfaction apart from a poor salary. She intends opening her own practice and leaving her present employment to be able to concentrate on her family.

PPE C is working for a private optometrist in Mpumalanga. She is about 27 years old and qualified from the University of the North some five years ago. She intends opening her own practice quite soon.

PPE D is also working in Mpumalanga and qualified some five years ago from the University of the North as well. She also intends opening up her own practice quite soon.

PPE E is working in the North West Province. She qualified from the University of the North some six years ago. She intends opening her own practice quite soon. She is about 26 years of age.

HE A is working in hospitals around Gauteng Province. She qualified from the University of the North some 12 years ago and she is a senior optometrist at work. She does not talk about opening her own practice; she seems content with her current work setting. She is over 30 years of age.

HE B qualified from the University of the Limpopo in around 1999 and joined the hospital immediately. She then left the hospital and opened her own practice about which she reported dissatisfaction due to work overload. She subsequently returned to the hospital where she holds a senior position today. She works for a hospital in Limpopo Province.

HE E works for a hospital in Limpopo Province. She qualified some four years ago and she is working on a contract basis after having received a state bursary. She is looking forward to completing her contractual obligation and starting her own practice. She also qualified from the University of the North.

HE D is an employee in Limpopo Province. She qualified from the University of the North and is over 30 years of age. She was also sponsored by the University and is serving her contractual term with the hospital. She also expressed her wish to open up her own practice as soon as her contract is over.

HE C is over 30 years of age and works in Limpopo Province. She is not serving out a contractual obligation and has expressed her satisfaction in working for the government in spite of her low salary. She is content because of the guaranteed monthly salary and the types of leave available from the hospital.

4.2 Qualitative results

4.2.1 Introduction

Data was collected using interviews with optometrists from the three settings: self-employed (SE), hospital employee (HE) and private practice employee (PPE).

A comparison among the three work settings was made in terms of control, family work experience, spillover, workload and working hours.

The letters "A", "B", "C", "D" and "E" refer to individuals within these work settings; for example, "SE A" would mean individual A who is self-employed, "PPE B" individual B who is a private practice employee, and "HE D" is individual D who is a hospital employee.

During the interviews emerging themes were identified and Table 3 presents a schematic diagram of these themes.

Table 3: Schematic diagram of emerging themes

CATEGORIES	THEMES	MEANING UNITS
WORKLOAD	**Delegations**	SE A delegates work to her staff members because they are paid for it.
		SE B does 20% of admin and 80% goes to staff members
	Appointments	SE A regulates flow of patients by means of appointments
		People just drop in without making appointments in private practice.
	Medical a**ids**	There is too much work for self-employed in claiming medical aids which leads to W-F spillover
	Decision making	Workers can make suggestions, but the boss makes final decisions

CATEGORIES	THEMES	MEANING UNITS
CONTROL		Policy and structure of organisation are determined by the owner of practice
	Free from supervision	All optometrists reported to be free from supervision
	Influence	All optometrists can influence the day-to-day running of the practice
FAMILY/ WORK EXPERIENCE	Family Supportive structure	All optometrists reported supportive husbands
		With some there was a permanent nanny and some did not have permanent one
JOB SATISFACTION	Money	Hospital employees complained about low salaries
	Leave	PPE complained about absence of annual and other forms of leave
	Guilt	SE always had feelings of guilt with regard to neglecting either work or family. Others had guilt feelings about neglecting family
REASONS FOR WORK	Life pattern	They reported that children are now attending private schools and therefore they must work
	Economy	They reported they wanted to be economically independent
	Self-worth	They felt good that they were contributing towards the family

4.2.2 Workload

4.2.2.1 Self-employed (SE)

According to Cooper (1993), an important stressor for professionals is work overload.

According to SE A, she uses appointments to manage the number of patient consultations. However, she mentions that someone who has made an appointment might use the opportunity to squeeze in her/his child, yet this does not happen often.

In terms of administration she says she delegates some of her work to her staff members: “I am having staff members who are paid to do their work”, she said.

She has outsourced some of the work, such as workshop[3]; she does not do this work herself; she sends her jobs to Witbank.

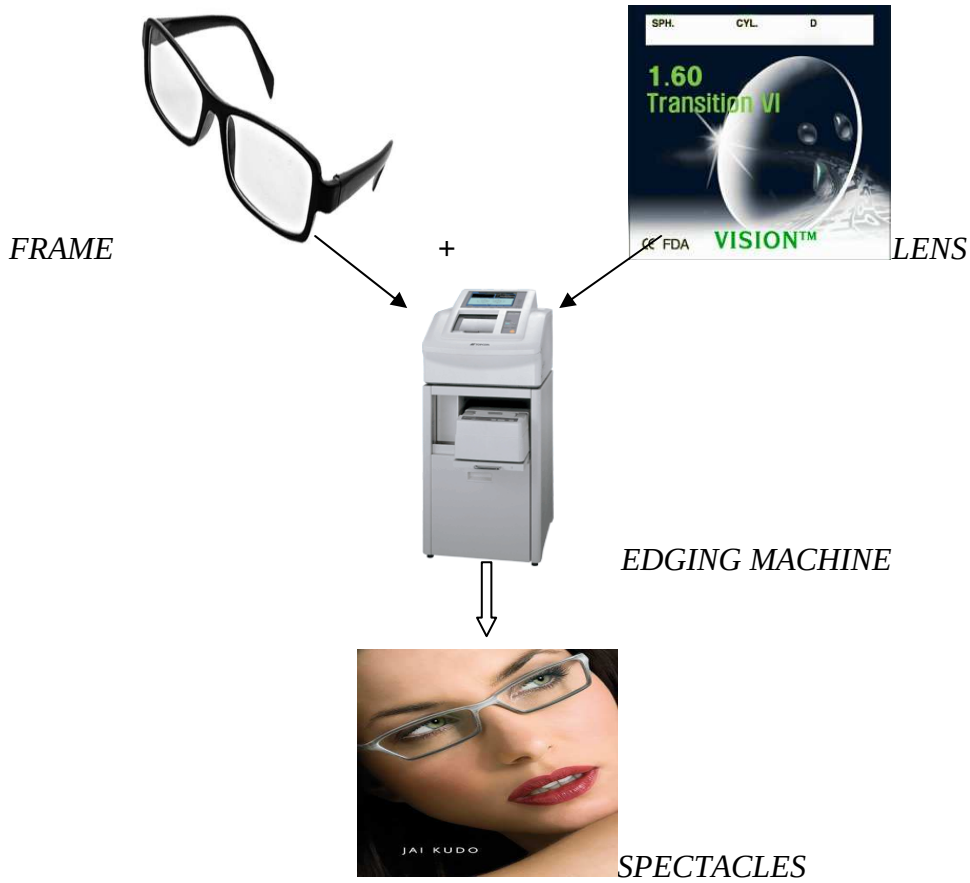


Figure 9: Workshop model

[3] Workshop involves optical dispensing, which is to cut (edge) lenses and fit them into frames to become spectacles, ready to dispense to the patient.

SE B delegates 80% of her work to staff and she does only 20% of administration.
However, she does her own workshop. She maintains that she used to be overworked when she promised patients speedy service in terms of workshop. She says she now takes her time and that has relaxed her a lot.
In terms of appointments, she says her current system is not working for her: patients just drop in at will and she only finds time to relax in between consultations.

SE C has so much workload in terms of medical aid claims that she takes work home. (spillover)

SE D is thinking of outsourcing practice management to relieve herself of the unbearable workload. She says she has to use overtime to make up lost time.
This confirms Arnold's (2005) statement that too much work often leads to working long hours.
SE D reported that she is an optometrist, lab technician and an administrator. She is a "hands on" person who delegates very little. The only thing she reported she does not do is reception work. She has so much work that she sometimes knocks off very late and goes to work very early. This has been so to a large extent because she has been on maternity leave.

SE E says she does not delegate and that she is a "hands on" practitioner. She says she is averagely busy and uses appointments to regulate and manage consultations. However, she admits that she sometimes fails to finish work and in that case takes it home.

4.2.2.2 Hospital employee

Background

The following hospital employees work in different hospitals and none of them works in the same hospital. From the report obtained from these optometrists, hospitals differ in terms of busyness.

There are what the participants call referral hospitals, academic hospitals and regional hospitals among others.

Referral hospitals are those with an ophthalmologist (eye specialist), and most difficult pathological cases are sent to such hospitals where operations and infections are treated.

Other hospitals, such as regional hospitals, only have the services of an ophthalmic nurse and an optometrist. An ophthalmic nurse also takes part in treating pathology but is not allowed to perform any operations or prescribe spectacles.

While optometrists can take part in treating pathology their main area of speciality is correction of refractive disorders of the eye. This would mean correcting eye disorders by means of spectacles. Optometrists are also not allowed to perform operations. Only ophthalmologists can perform operations.

Referral hospitals, while concentrating mainly on surgical correction, are also called referral hospitals because there are student ophthalmologists who carry out their practical work there.

This means that referral hospitals are more busy than regional hospitals and that regional hospitals with ophthalmic nurses are more busy than those without.

The other factor that determines the busyness of a hospital optometrist is whether she holds a senior position or not. Those who are in senior positions tend to be busier because they are also involved in administrative work.

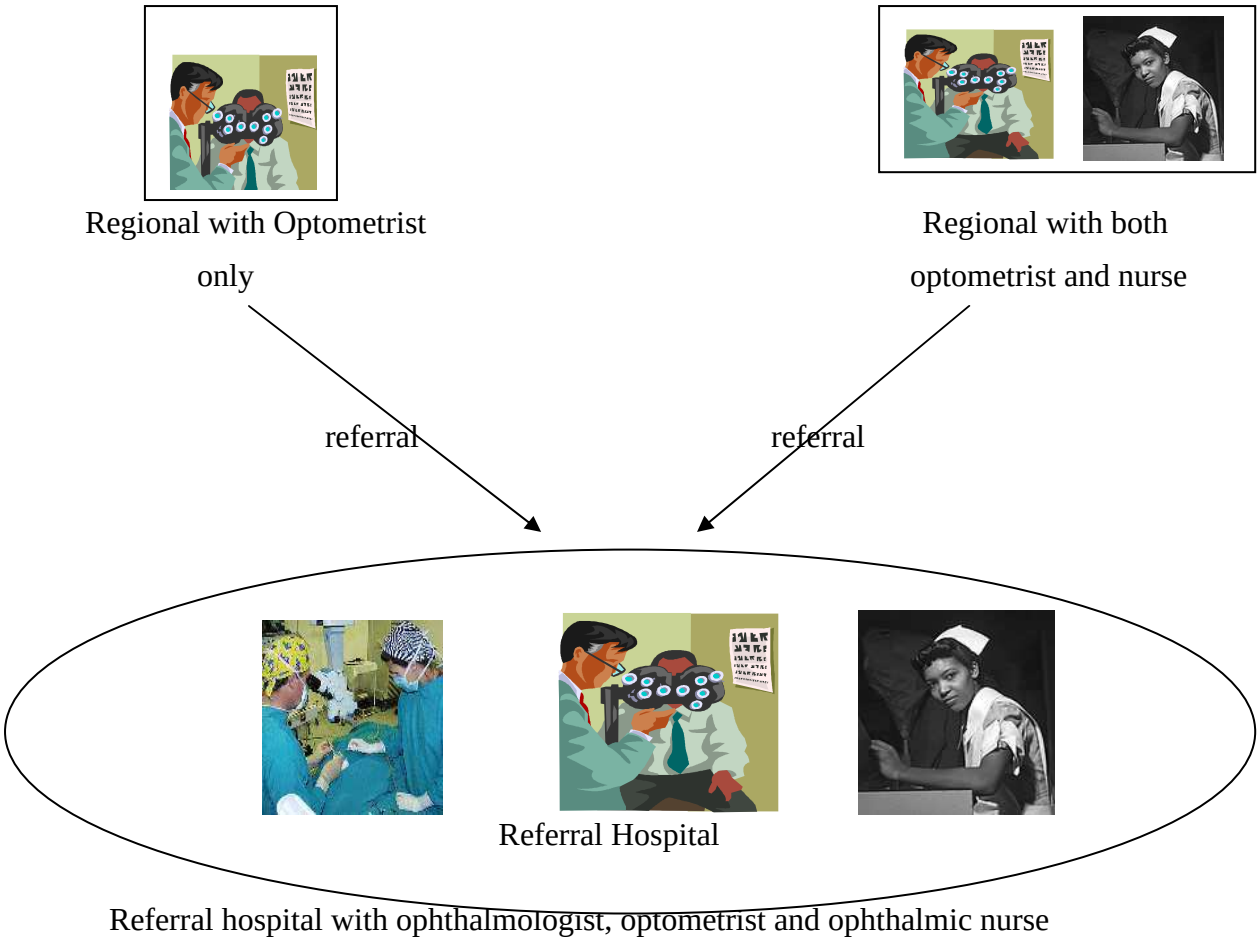


Figure 10: Structure of hospitals

HE A says work is sometimes very unbearable because it is someone else who allocates and determines the number of patients to be seen. No patient can be turned away and this forces her to work overtime sometimes. This overtime can be compensated by time and not money she says. As a senior she is also involved in the administration duties. According to HE A, "The MEC can at any given time call a meeting and you have no choice but to attend."

HE B says there is lot of work in terms of patients' consultations and that she is also involved in administration as a senior. She says one of the difficult types of work is to manage people because people are sometimes insubordinate.

HE C reports that her department is seeing about 40 patients per day, which she says is too much work. When the other partner is absent, which happens from time to time, work becomes very unbearable. The department has the services of both an ophthalmic nurse and optometrists that is why they are seeing so many patients.

HE D says that her workload is too much, especially if one of the staff is absent, which is a common occurrence. People take family responsibility leave from time to time, she says, while the hospital is itself very busy. Their hospital only has an optometrist allocated for eye-care. They neither have an ophthalmic nurse nor an ophthalmologist. For pathology they refer patients to Mankweng or CN Phatudi Hospitals to ophthalmologists.

Levenson (2001) suggests that psychological and physical stressors may be differently associated with marital functioning and should be considered separately. Whilst hospital optometrists do not take work home, they are however tired after work.

HE E: "There is not much work in this hospital; that is why I can do private consultations after work." She said that they see a maximum of seven patients per day. She says a lot of work is undertaken at the referral hospitals, such as the Mankweng Hospital.

Arnold (2005) finds that too much work often leads to working long hours. This is not, however, the case with hospital employees; they work normal working hours from 08h00 to 17h00. Only HE A reported overtime sometimes; yet this was compensated for by working fewer hours at a later stage.

4.2.2.3 Private practice employee (PPE)

According to PPE A there is not much work where she works and she is seldom tired after work.

PPE B says that she is expected to do administration work like stock taking and marketing activity. She says her organisation is a highly competitive one where employees experience increased performance pressure.

Kotze (2003) writes that the hours spent in the workplace, especially for managers and professionals, are increasing and that high performance organisations have raised their expectations regarding time, energy and work commitment.

PPE B says the boss sets target for the workers by saying: if you see so many patients you will get so much. Management encourages competition among workers to the extent that they compare the workers' performances.

Kotze (2003) adds that the dual role women have to play makes it difficult for them to meet these higher organisational expectations and that they are thus faced with a challenge to balance the competing expectations of work and home, along with all their other roles.

According to PPE C at the organisation she works for they see approximately four patients per day and she is also expected to carry out administration work over and above seeing patients for consultations.

PPE D reports that she is involved in both administration and consultation and that she is normally tired after work. She sees about six patients per day.

PPE E reports that they see about 80 patients per month and did not complain about the workload. She maintains that the owner of the practice does the administration himself on a monthly basis.

4.2.3 Spillover

4.2.3.1 Self-employed (SE)

SE A says she does not take work home because she has staff members who are paid to do work. She says some of her work she has outsourced: she mentioned that her jobs are sent elsewhere to be cut.

According to SE B, she does not take work home because she also delegates work to her staff members.

SE C says that she does take work home to do medical aid claims and that makes her feel guilty because she feels she is neglecting her family.

SE D does not take work home; she rather stays overtime or comes to work very early to finish work not completed. This takes time away from the family she complains.

Whenever she tries to take work home she is unlikely to be able to do it because of the huge responsibilities she has at home.

SE E reports that she sometimes takes work home to do medical aid claims.

4.2.3.2 Hospital employee (HE)

All hospital employees reported that they do not take work home; the only thing most of them take home is a tired body because of the huge workload.

Brooklyn (1980) writes that satisfaction and fulfilment of one's dreams for both of these life domains require more time and energy than is often available.

HE C says there are times when she has arrived home tired, has gone to sleep immediately and has only woken up the following day. This is indicative of how energy as a resource is important for working women.

HE A has also reported sleeping after work but would wake up to take care of her family.

HE B says the absence of spillover was not the case when she was self-employed. She says she would sometimes cut short her holidays because of her practice commitments, but now that she is working in a hospital she can relax with the family especially during holidays.

4.2.3.3 Private practice employees (PPE)

Private practice employees (PPE) also reported that they do not take their work home. PPE A said this suited her very well for the sake of the family because when she was self-employed she would carry a lot of work home.

4.2.4 Work-family experience

According to Widrich (1992), the interactionist model recognises that individuals respond differently to stressful work situations. This implies that the relationship between work stress and marital functioning will not be the same for all individuals. Rather, it is likely that the experience of work stress would not impact directly on one's marital functioning, but would depend on one's specific response to the stress

reported (Kruger, 1987). Therefore, work-family experience is a function of perceived control over work stressors.

Hurlimann (2001) finds that control is one factor that determines how work is viewed and consequently how the individual responds to it.

4.2.4.1 Self-employed

SE A reports that she has both a supportive mom and husband. As a busy person, her husband releases her whenever she must attend to her career-related matters. She maintains that she shares domestic roles with her husband: what her husband is good at, he will do and what she is good at, she will do.
She also has a mom, an ex-teacher, who helps her children with academic matters like doing school work.

SE B also indicates that she has a supportive husband with whom she shares domestic roles. She admits, however, that whenever they are on holiday she finds herself thinking about the practice and wanting to go back to work. She feels the practice is like her baby.

SE C says she sometimes feels guilty about taking work home, especially medical aid claims. This is because she is involved in both office and mobile practice. However, she says that whenever she has some matters to attend to at home she will drop everything and do so without any feelings of guilt about work. She takes holidays with her family from time to time and does not bother herself with the practice whenever she is away on holiday; she believes in taking things easy.

SE D seems to be delegating little both at home and at work; she is too hands on. She reports a supportive husband yet she changes nappies, baths the children, wakes up to feed them and even cooks for the family. She probably does not give her husband the chance to share in the domestic labour, as she reported that when she is not around things crumble. She says whenever she arrives home, however tired, she may feel rejuvenated and therefore gets involved in her homemaking role.
She reports that she had to cut her maternity leave short to work because she wants things to go her way.

Clearly her family work experience is not a positive one because she sometimes works overtime and goes to work very early. She even has little time for her new born baby.

According to SE E, she gives her family that time after work. She reports that when it is time off from work she does not work extra hours; she goes home. She also says during holidays with her family she relaxes; she does not worry about what is happening at work. She has learned to live with what she has and therefore would not put financial pressure on herself. This she says is because of her upbringing, where her family had to survive on what they had.
In terms of household chores she shares domestic chores with her domestic worker.

4.2.4.2 Hospital employee
HE A says that when she arrives home she usually takes a nap before she attends to family matters like washing the children, cooking, doing homework and signing their books. "I don't have a nanny because of the size of my house. I depend on the after care to take care of children after school. The hospital provides facilities for after care for a reasonable amount," she said.
She has a helpful husband, however, who takes care of the children whenever she is not around.
She has made it a habit that on Saturdays she goes to the park with her family to make up for the time she has not spent with the family during the week; she reports that this has alleviated her feelings of guilt.

HE B reports that she now has more time to spend with her family unlike when she was in private practice. She says in private practice she used not to sleep because of worry about non-payment of medical aid. During holidays with her family she would be restless and wish to go back home to work at her practice. Now since she has been working at the hospital things have changed; she is more relaxed.

HE C says that she feels tired when she arrives home. "Sometimes I just sleep without attending to the family chores. In terms of cooking they will just eat bread and see to finish. I cannot force matters to cook whilst I am tired," she reported.
In terms of support she says she does not have a nanny, she only calls somebody if there is too much work to do like washing the clothes of her children. Her husband's

clothes are washed by her. “I cannot ask someone to do my husband’s clothes,” she explained.

HE E says that she sometimes does private jobs apart from working in the hospital, and this leaves her with little time to spend with her family. To offset this she usually takes leave whenever she has private jobs so that she can spend enough time with family.
She mentions that she has a supportive husband who even brings take-away food if she is tired. There is also someone who helps with other domestic chores, but not cooking, which is mainly reserved for her.

4.2.4.3 Private practice employee
PPE A reports that she works on Saturdays from nine to five and this obviously interferes with her family life, but her family is used to it. She also reported having enough support from home but did not provide details.
She says whenever she wants to spend time with her family she takes leave, even though it is unpaid leave.

PPE B says she only works in the morning as an employee and in the afternoon she goes to her own practice. Because of this arrangement she says she can see her children go to school in the morning and see them when they come back in the afternoon.

According to PPE C she is always exhausted after work, yet will continue working in spite of that. She complains of an unsupportive husband and says that if it were not for her child she would stop cooking. She feels her husband is unfair by complaining of being tired after work. “After all we are all working,” she said.

PPE D also complains of a husband that is not particularly supportive. Her tiredness leads to moody feelings, especially if her husband is not helpful.

4.2.5 Sense of control
Karasek *et al* (1999) contend that job control is made up essentially of two parts, control over the individual tasks required by the job and control over when these tasks are carried out.

Hurlimann (2001) argues that control is one factor that determines how work is viewed and consequently how the individual responds to it.

According to Kruger (1987), "control" refers to the tendency to believe and act as if one is able to *influence* the course of events in one's life.

According to Spector (1986), in order for individuals to feel that they have control over a work domain, they must feel confident that they are able to perform those needed actions, given their current *abilities* and *worksite constraints*. When they can perform those given tasks is important. Worksite constrains could mean presence or absence of equipment, organisational norms, structures and policies. He specifies that another concept that encompasses perceived control is autonomy or freedom from *close supervision*.

Long and Sharon (1993) says participation and influence in *decision making* have been used as indicators of perceived control. The following can therefore be used as indicators of Control

- Influence over events at work;
- Abilities of individuals to perform given tasks;
- When can they perform these tasks;
- Work constraints (policies and structure);
- Close supervision; and
- Decision-making abilities.

4.2.5.1 Self-employed (SE)

Self employed optometrists as the owners of their companies determine the policies and the structure of the company.

Whilst all SEs have influence over the tasks at work they do not have complete influence over patients' consultation times. Only two self-employed optometrists (SE A and SE E) reported effective patient flow through appointments.

A patient who may not be seen at her/his convenient time may resort to going elsewhere, depending on the degree of loyalty they have to the optometrist concerned and depending if they have an alternative time for the consultation.

SE A also controls her workload by delegating work to her staff members and outsourcing other jobs. The only time she goes over time is when someone who has made appointment may decide to have their child also consulted. She says she can attend emergencies without any feeling of guilt. She does not experience spillover of work into her family time.

SE B also delegates 80% of her work but cannot control the flow of patients by appointments. Patients come when and as they wish. This inability to control the flow of patients makes her feel guilt whenever she is on holiday with her family, to the point that she cuts short her holidays. She says that even if she has emergency to attend to outside of her work she would feel guilty afterwards.

All of the interviewees apart from SE A experience spillover and all have no supervisors and make their own decisions in terms of clinical and administrative matters.

4.2.5.2 Hospital employees

Hospital employees cannot influence how many patients should be seen at a given time: the patients are booked in by the administrative staff.

HE A is the only interviewee who reported working overtime because of too many patients booked. She says there is nothing she can do but to see all of them.

All hospital optometrists have their policies and work structure put in place by the government officials. All of the interviewees say they can influence day-to-day running of the work, like taking decisions on clinical matters.

They mostly work in pairs and one of them would be a supervisor. All the subordinates reported good working relations where there was no scrutiny, command or control over their work.

None of them reported spillover. They work set hours, from 08h00 until 17h00. Saturdays they do not work.

In the case of an emergency in their personal lives they could take family responsibility leave or just abscond. They also enjoyed other forms of leave like maternity and annual leave. There was no reason for them to feel guilty when on leave because their salary was guaranteed.

Generally hospital employees had many patient consultations to attend and as a result were very tired after work. HE A and HE C reported this tiredness had a negative impact on their families, with HE A being able to rest after work so as to attend to family matters and HE C seeming to have no answer to this negative impact.

4.2.5.3 Private practice employee

Private practice employees do not determine policies and organisational structure; these are determined by the owners of the practices. Private practices are made up of sole owners and franchise groups.

PPE B is the only one of the five interviewees who reported to be working for a franchise group.

She says in this particular franchise, one is expected to take part both in clinical work and administration like stock taking and marketing activities. She says the setup is very structured and from time to time there are new sets of rules and procedures.

There is no chance to make decisions and influence the course of events. One's work, she says, is closely monitored and supervised because performance management is key to how employees are managed.

The rest of the interviewees who were private practice employees were not supervised and they did have a say in the clinical affairs of the practice.

PPE B says elsewhere as a private practice employee, one is encouraged to contribute one's innovations to the practice and influence the course of events.

There are no spillovers with private practice employees and there is certainly no annual leave or family responsibility leave as in the hospital situation. In cases of emergency the interviewees would take an unpaid leave.

The above scenario synnario is represented in a quantitative way in Table 4 below.
Table 4 below shows, of the five optometrists interviewed from each setting, how many have control over their work stressors.

Table 4: Optometrists from each setting with control over work stressors

CONTROL	SE	HE	PPE
Influence over number of patients to be Consulted	2/5	0/5	0/5
Abilities of individuals to perform given tasks	5/5	5/5	5/5
Abilities of individuals to perform their duties during working hours	1/5	5/5	5/5
How many are in control of policies and organisational structure?	5/5	0/5	0/5
How many are free from close supervision?	5/5	5/5	5/5
Decision-making abilities in terms of emergencies	5/5	5/5	3/5
TOTAL NO CONTROL /30	23/30	20/30	18/30

4.2.6 Job satisfaction and reason for working

Spector (1997) defines job satisfaction as the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs.

Empirical findings indicate that absolute levels of earnings consistently increase job satisfaction (Clark, 1996; Clark and Oswald, 1996).

4.2.6.1 Self-employed

SE A: "Passion. I derive emotional happiness and a sense of pride in my accomplishment. At the end of the day my business brain tells me it has been a good day, unlike working for someone, you work harder but your salary stays the same."

SE B: "I do not see myself without work. I wish to be independent. In terms of my personality I think I am a winner. I do not want to be successful through somebody, be it my brother, my mother or husband. I wish to achieve by myself not through somebody else, the opposite would have killed me. I would wish to be fulfilled.

"Flexibility at work is there but feelings of guilt are there as well; sometimes you wish you were working for someone where you would just demand leave and sit home."

Fernandez (1986) reports that social scientists have long recognised that work plays an essential role in the lives of human beings. Work is at the centre of most adult lives, providing them with a sense of identity, self-esteem and order, or, in other words, fulfilling both egoistic and social needs. This seems to be the case with SE B.

SE C: "In terms of sitting home and not working I do not see myself doing that. That won't work for me, we are living in the environment where things are expensive, I do not want to bother someone else, I wish to be independent financially. We need to help each other out. Being self-employed, yes *it is about money* everyone wants to grow. I do not experience problem with medical aid, with my income I can do budget quite well. I do not compete or compare myself with friends; I have accepted we cannot be the same."

SE D: "I cannot imagine not working, there is security in work. I want to achieve certain things especially for my children. Going to work is about financial strength and being able to help your husband."

SE E: "I do not see myself staying at home without working; I feel I will be bored. Besides I don't want to be asking money for what I need, I want to finance myself. You find that you have different values with your partner, what you value he does not

value and that creates argument whether to buy it or not. Sometimes on Tuesdays I do not work, and there are times when I would feel so bored from sitting at home."

4.2.6.2 Hospital employee

HE A: "Passion and being able to learn more. With private setting the scope for learning more is limited. There are limited number of equipments and therefore you don't get to learn more equipments. Interaction with ophthalmologists adds to my knowledge unlike in a private setting where you refer a patient and it takes time to get feedback from the ophthalmologists; here there is constant interaction with them. In the process my knowledge of pathology has increased more than that of private practitioners. Even some of the ophthalmologists I tell them that I am not a mere refractionist[4] but an ophthalmic refractionist. This passion with pathology, started when I was at the university doing my final year, I used to teach the second year students pathology. Private practitioners are interested mostly in the queue [numbers]. In terms of salary and monetary reward, I just want my basic needs to be met."

Locke (1983) proposed that job satisfaction is the result of the perceived relationship between an individual's needs, what the job entails and the resulting feelings.

HE A clearly shows that money is important as far as it is needed for her basic needs to be met. She says at her workplace there are facilities for preschool children and therefore her children are well taken care of.

HE B: "When I was in private practice I use to work on Saturdays and even during holidays, but now I only work from Monday to Friday. I do not take a lot of work home in hospital unlike during private practice; I used to take administration work home, especially medical aid. During private practice I used not to sleep, I would be worried if medical aid would pay or not pay. Sometimes they would take a long time before they pay and I would be having so many debts to pay. It would sometimes be wonderful to get one big chunk of money from medical aid but when it comes there are many debts to pay. This also affected my budgeting a lot. With hospital you know how much you are going to get and can therefore budget."

2. Refractionist refers to an optometrist. The work of an optometrist is to determine the refractive disorder of the eye.

While self-employment is the envy of many other employed optometrists, HE B has tasted what is feels like to have her own practice and therefore prefers to be in a hospital setting. She also occupies a senior position and could be getting a slightly better salary than others.

HE C: “I don’t like private practice because people in private are always stressed, they would tell you this month there is no money. That is business, sometimes it is up and sometimes down. I have observed this because I sometimes do locum with private practices. In terms of sitting at home and not working that cannot work we must help each other at home, children needs private school nowadays, therefore it will be difficult for one partner to work alone. Life is very expensive we want our children to have better life than the life we lived.
“I chose to work for hospital than to work for a private optometrist because they pay in bits and pieces, they would tell you that they are experiencing problems. They make their problems ours, so the hospital is the best.”

According to Duffy and Pupo (1992), the reasons why women are entering paid employment is the changes in women’s life patterns, alterations in the structure of the economy, modifications in the prevailing cultural ideas and policy changes. The political changes in South Africa have brought with them the opportunities for children to attend private schools whereas in the past they were only allowed to attend public schools. These private schools place great financial pressure on the lives of parents.

HE D: “I chose to go to hospital first and foremost because I had a bursary from the government, and secondly because I wanted to finish some studies. With private practice there is too much work and complications, I would not have been able to cope up with my studies. I am more academic than clinic orientated.
“When I am finished with my studies and bursary I will quit this government setup for a private practice, this setup is very frustrating.
“I will be leaving because with government salary is very low. Those who says they don’t have problem with money and that they are fulfilled and satisfied, they are lying.
“I may be satisfied with work situation such as leave with pay and things like flexible hours but not with salary. We are taking home less than R10 000 and I am a senior for

that matter, what about those who are not seniors. Life is too demanding you cannot make it with the kind of salary we are getting. Yes private practice is too demanding in terms of work and complications but there is money with private practice. With government there is definitely peace of mind."

HE E: "I cannot think of quitting now because of bursary. I am left with one year's service for the government before I can think of quitting I would not just leave them like that because they have helped me a great deal. The slightest chance I get to leave the hospital I will definitely use because my friends are making it out there. As for us here at the hospital we are just working for peanuts, what is five thousand rand after all when your counterparts are making it out there. What can you just do with that, it is just that they have helped me a lot in terms of the bursary that is why I am committed in rendering a service until I finish my contract with them."

4.2.6.3 Private practice employee

PPE A: "…..It is now good for me because I cannot take work home, it suits my family well, that is why I joined locum and left my practice. When I was working for myself, I used to take a lot of work home, like accounts and administration.

"Now it is easy work I am not tired after work.

"I don't have annual paid leave if I need holiday I make them aware at work and I go. I don't get paid when I take a holiday. I can take the whole week if I so wish.

"Monday to Friday I work from 9h00 to 17h00 plus lunch time, one hour every day. When I get home, I am not tired and obviously I don't take work home."

PPE A's job satisfaction is centred on how it impacts on her family satisfaction.

While Brooklyn (2007) believes that the relationship between marital and job satisfaction is driven primarily by spillover of emotional states, so that arguments and stress at work are likely to lead to marital conflict, here is it evident that physically carrying work home has impacted negatively on PPE A before. She is now happy that she will never have to carry work home again.

PPE B: "You are expected to do marketing and other administrative matters like stock taking. You are expected to keep an eye on the running of the practice and report the developments, even if it is not your practice. They set targets for you, if you see so

many people you will get this much. On a personal level I don't like it because you tend to focus on targets rather than on servicing the patients. From time to time there are new procedure and regulations, the aim being to make more and more money.

"They want money to the extent that workers' performances are compared with each other. They stimulate competition amongst workers. You end up being work conscious and not patient conscious. As an individual you wish to be loyal to your employer and to please them. At the beginning you kind of enjoy it but with time you find that this not consistent with who I am, doesn't auger well with you.

"If I compare being an employee at a clinic (bureau for the blind) the challenge of being in a clinic is that you see a lot of cases and that enhances your profession. There is more job satisfaction with being in a clinic than being in private practice. In private practice it is about sale and retailing, being able to sell fashionable and expensive eyewear. This is fashion versus profession. Because of the structures and rules you cannot make your own discretion, like if there is a repeat patient they will expect the patient to keep on paying. Even if you may feel like the patient must not pay and you tell your superiors they will not listen to you because all they want is money and more practices. I find this very much unethical most of the time, because you don't take the plight of the patient at heart, even the services is sometimes compromised, very unethical. They even prefer new optometrists whom they will be able to teach what they want, not experienced optometrists with their own baggage.

"If I were to choose between bureau and private practice employee, I would choose bureau, because there it is about your profession and you enjoy working with ophthalmologists. It is good to see a patient going through the entire eye care programme. The only problem with the bureau which I will have to tell them is to increase their salary."

PPE B finds pleasure in rendering service to the people, yet believes she has to be paid well. Working with ophthalmologists is here seen again as a benefit for optometrists.

PPE C: "I feel I will be bored being home. No, no under no circumstance will I consider that, I think it is socially unacceptable. I won't be able to stand for myself financially. I do consider working for myself in future, I am not afraid of challenges. I believe I have grown in the time that I have been working for someone, I have gained experience. I have clue what is happening out there, I am ready to stand on my own.

We work from 9h00 to 17h00 everyday from Monday to Saturday. I sometimes feel like life has stopped, this is very unfair, even salary is not satisfactory."

PPE D: "I don't believe I can be a housewife because I think I will run crazy, I wish to be financially independent. I hope to open my practice someday, especially if I find a suitable spot. If I cannot make it in private practice I will go back to being an employee, but before I go back I will do my best in my own practice. I have seen people doing mobile practice but I will not go that direction because it is against the law, I don't want my four year degree to go down the drain by going against the law."

PPE E: "I do not see myself as a housewife, that is unthinkable. Life is too tough, things are expensive and I need to help my husband as well. One day I hope to open up my own practice."

In conclusion job satisfaction is about what a person needs, and whether the work setting can meet such needs. It is not a "one glove fits all" situation. According to studies conducted in the USA, as mentioned in the literature review above (see Chapter 2), female optometrists in the USA prefer to work for fewer hours so that they can be with their families. Looking at the South African situation, Table 5 shows hospital employees have the greatest probability of resigning from their jobs. Their main reason for quitting is lack of money.

From this research only one employee from private practice worked for fewer hours to take care of her family. However, she reported that she would be starting her own practice soon.

The only feasible solution to this migration from hospital to private practice could be an increase in the salary of public servants.

4.3 Quantitative results

The following are the averages obtained from total scores of the questionnaires shown in Appendix D.

Table 5: Questionnaire score card

AVERAGES	Self-Employed	Private Practice Employee	Hospital Employee
AGE	37	36	30
Wrk Ex	7.73	7.13	4.83
H/W	43.3	43.2	42.91
W L	8.6	7.67	6.58
S O C	29.67	26.4	26.58
F/W Ex	31.1	29.9	31.3
Sp Ov	9.07	8.07	6.92
Sp over (energy)	3.13	3.46	3.16
Prob of Resgn	1.67	1.93	3.17

Wrk Ex = work experience

H/W = Hours Worked

W L = Work Load

S O C = Sense Of Control

F/W Ex = Family work experience

Sp Ov = Spill Over (energy)

Prob of Resgn = probability of resigning

4.3.1 Age and work experience

The average age of the self-employed is higher than the hospital and private practice employees, with the hospital having the youngest employees with the lowest work experience.

The reason for lowest age being seen among the hospital employees could be that a bursary is offered to them as students by the government and immediately after completion of their degree they must serve the government in compensation for the bursary. Most of these employees go to university immediately after completing school, which is why they are younger than the other two categories.

Work experience among the hospital employees also attests to the above assumption.

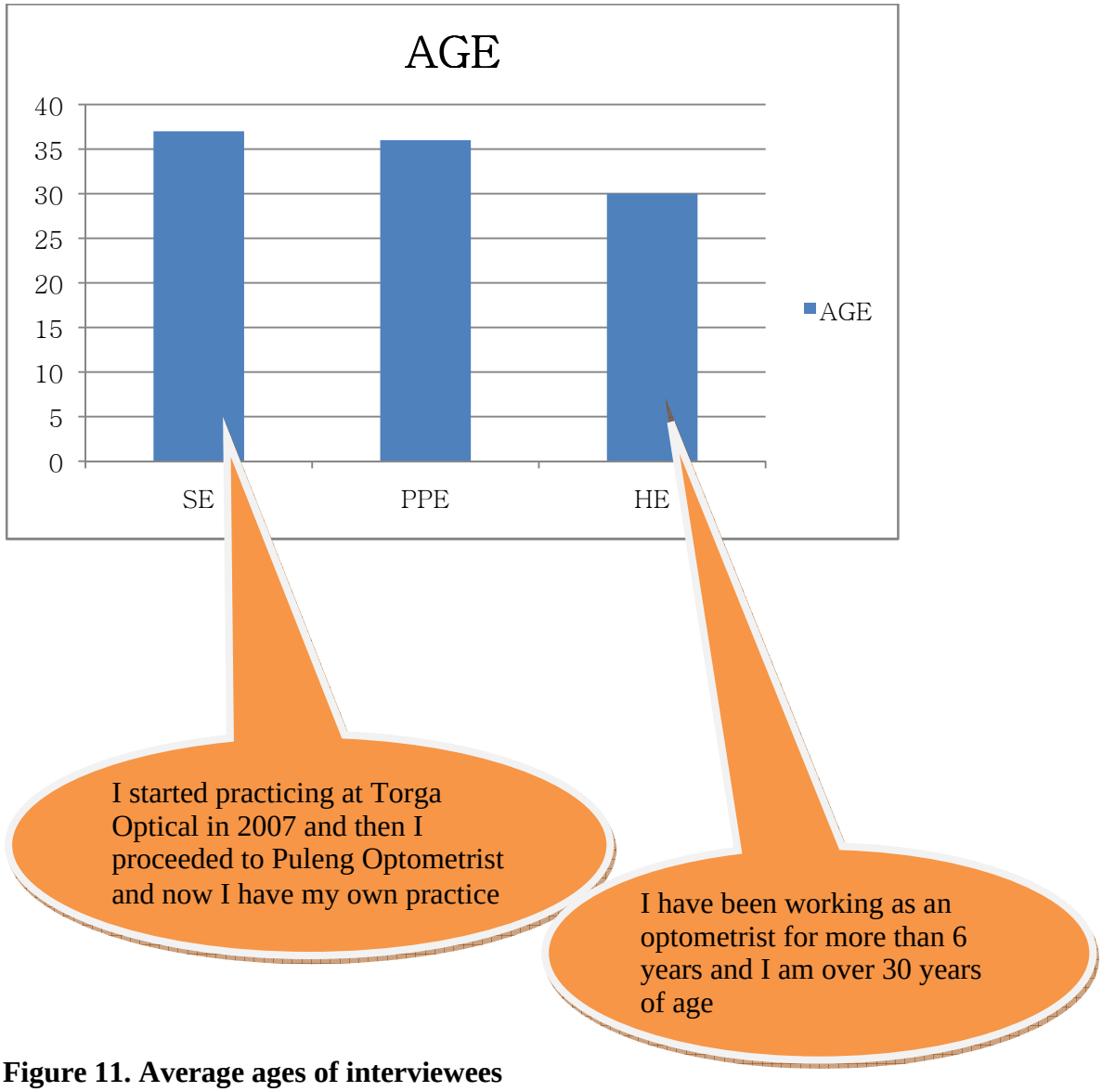


Figure 11. Average ages of interviewees

4.3.2 Hours worked

The hours worked per week in the three different settings are not significantly different, although workload is reported to be higher within the self-employed category than the others, with the hospital having the lowest workload.

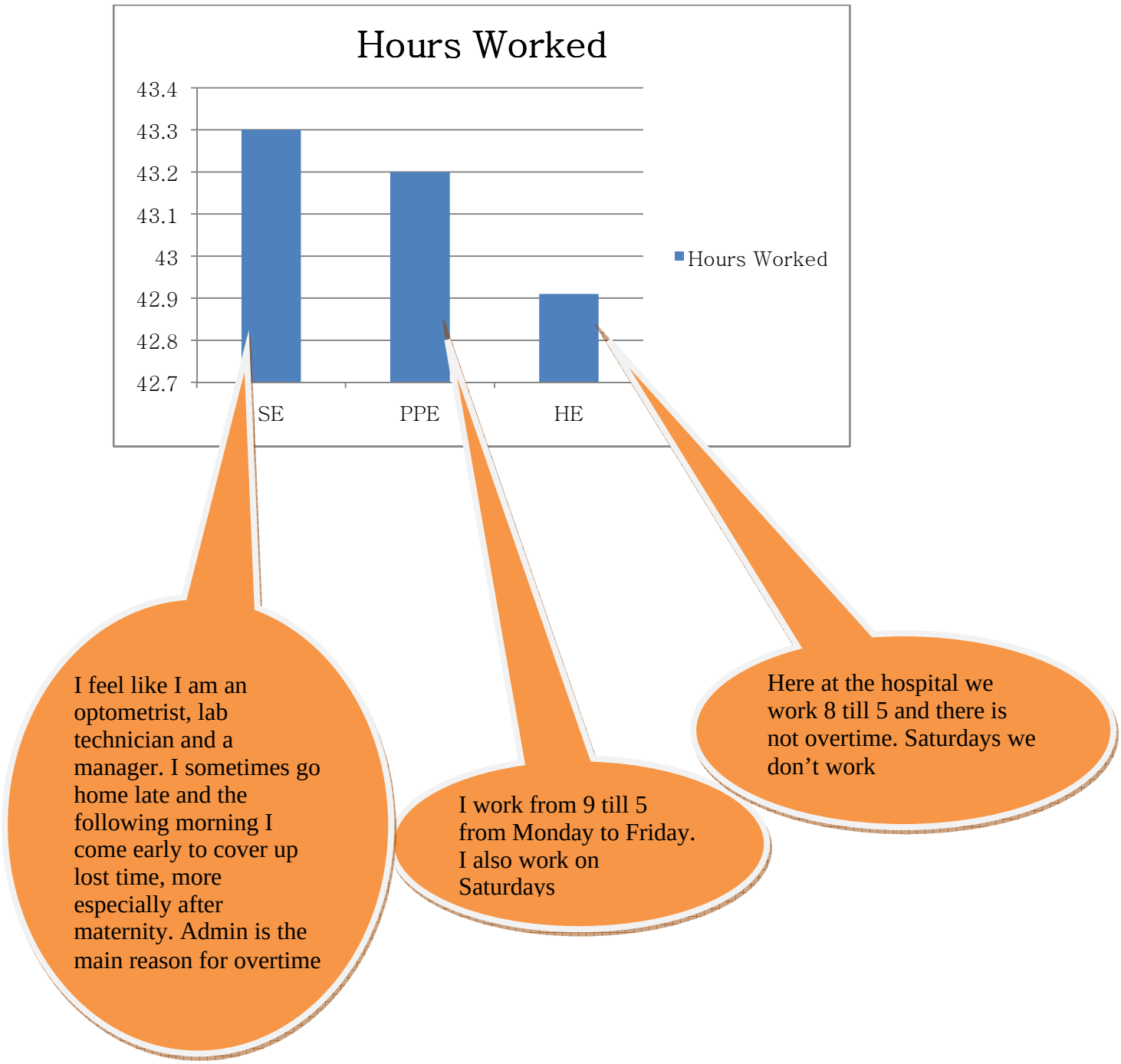


Figure 12: Average of hours worked

4.3.3 Work load

This higher workload among the self-employed might be because of the large amount of medical aid and other administrative work, which even causes spillover from work to family.

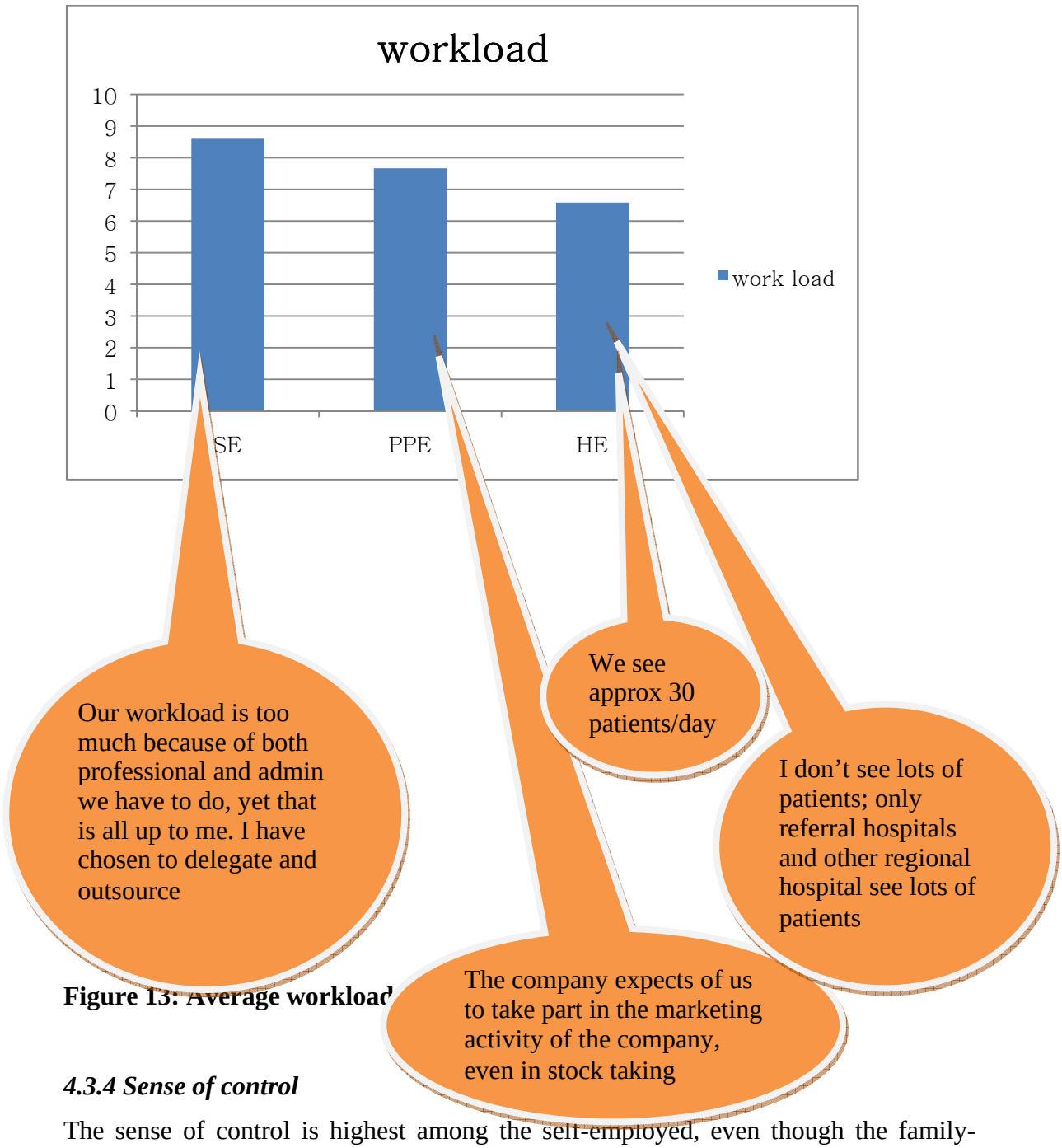


Figure 13: Average workload

4.3.4 Sense of control

The sense of control is highest among the self-employed, even though the family-work experience is more positive in the hospital setting than the other settings.

It might make sense that spillover is greater among the self-employed because there is a greater workload among these optometrists.

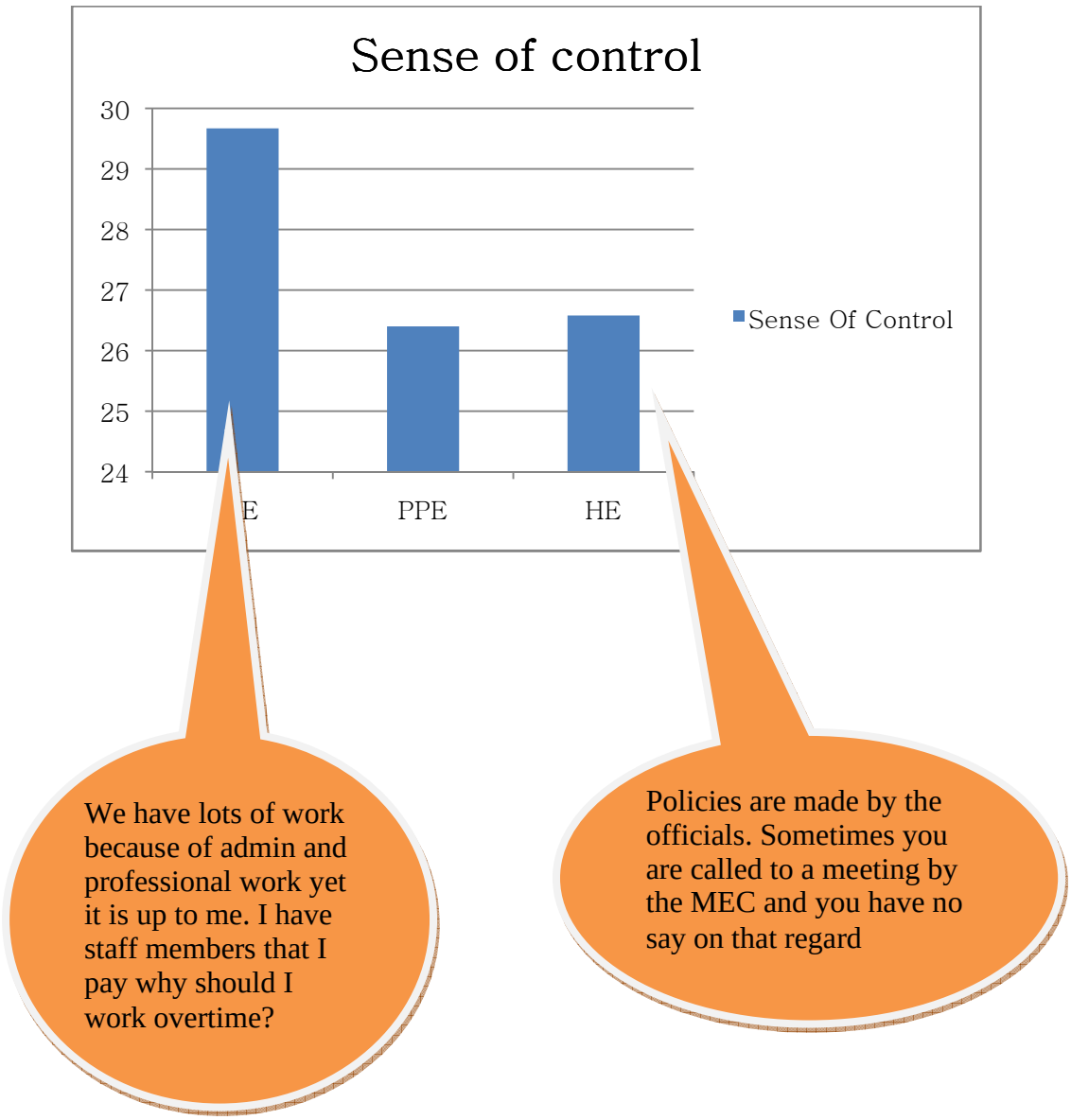
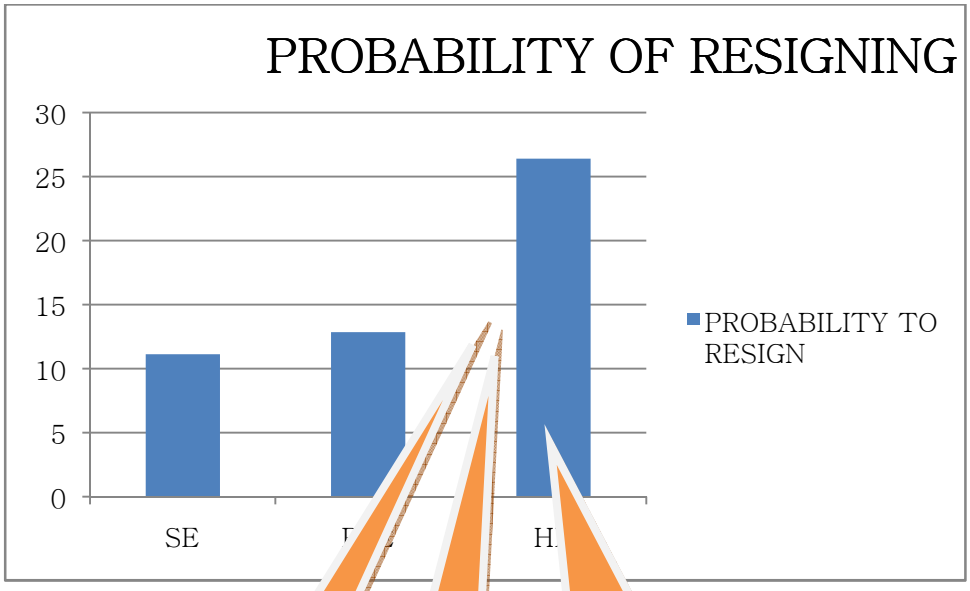


Figure 14: Average score in sense of control over work stressors

4.3.5 Probability of resigning

The optometrists who reported the highest probability of resigning from their work were the hospital optometrists. This was also picked up from the interviews, where interviewees from the hospital setting complained greatly about their low salary. There were, however, those who were content with working for the government because they were afraid with the workload experienced by those self-employed.



…salary with the government is very small

I am content with the government. I used to have my own practice; there is too much stress with medical aid there

The government has helped me a lot with regards to bursary that is why I wish to serve the full term with hospital but as soon as I get the chance to leave I shall do so immediately. My friends are making money in their own practices.

core de

As indicated above the self employed optometrists experiences too much workload due to medical aid and other administration work whilst the employees experiences little spillover.

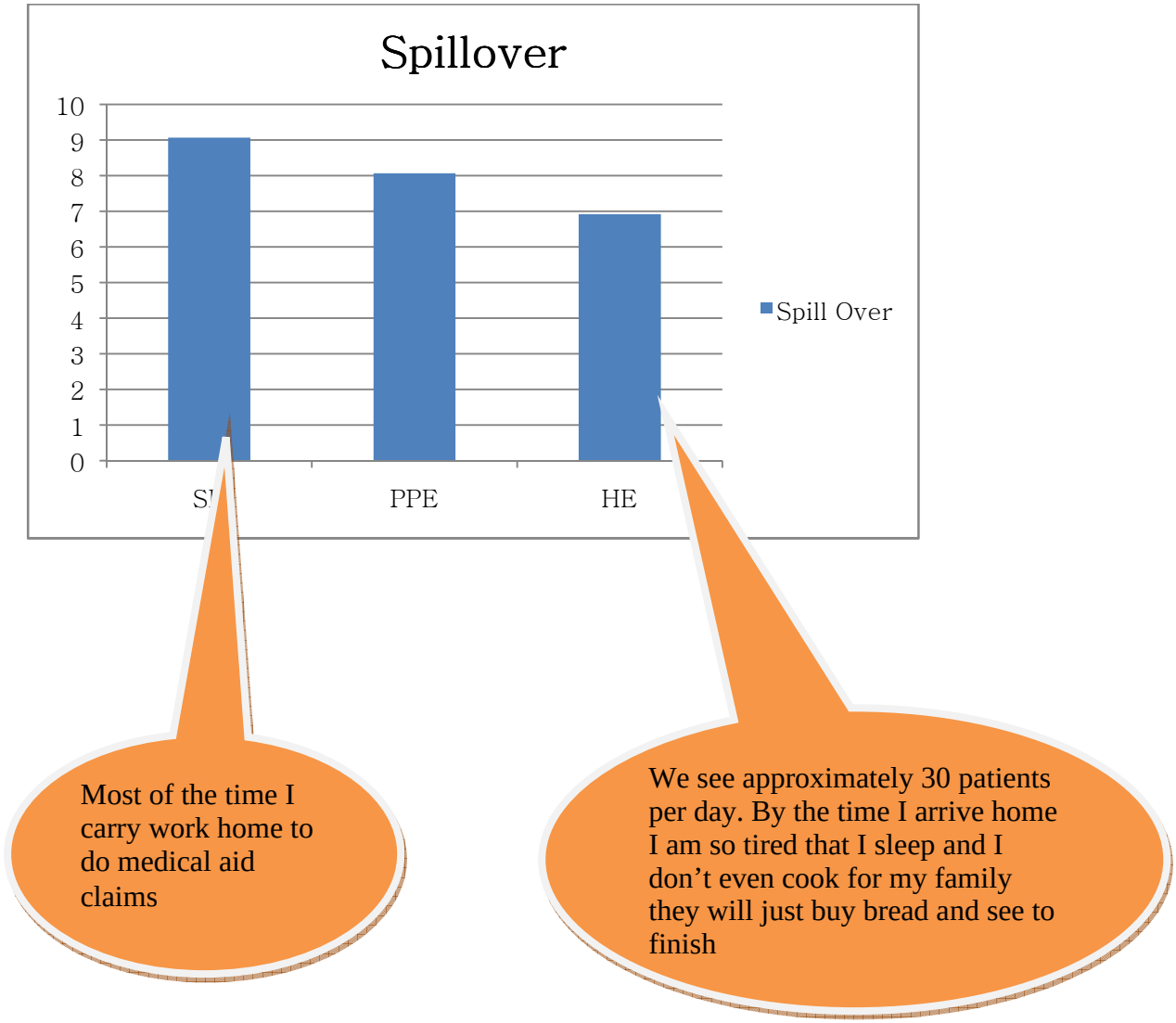


Figure 16: Average score on spillover effects

Table 6: A summary of the research results

	Adv / Disadv	**Hospital**	**Self-employed**	**Private Practice Employee**
Control	Advantages	Can control day-to-day operations	They are in control / charge. They make their own policies and organisational structure	Some are in control of the day-to-day running of the clinics
	Disadvantages	Policies are made	They cannot	Policies are made

		by the officials	control the number of clients coming	by the owners
Salary	Advantages	Salary is guaranteed	Best salary	Salary guaranteed and better than hospital
	Disadvantages	Very low salary	Salary not guaranteed	Lower than self-employed
Profession	Advantages	Can benefit from working with ophthalmologists. More knowledge on pathology	Gain knowledge in terms of administration & contact lens	Contact lens knowledge gained
	Disadvantages	No contact lens knowledge gained	Little pathology knowledge gained	Little pathology knowledge gained
Leave	Advantage	All forms of leave given and no work on Saturdays	Can take leave at will	
	Disadvantage		Some feel guilty when on leave	Sometimes no leave, depending on the practitioner
Spillover	Advantages	None (time)		No spillover
	Disadvantage	Spillover (energy)	Spillover (Time & Energy)	

Correlation

Zappe C (2006) writes that if we want to measure the correlation between two variables X and Y and if we want to form a scatter plot, then X and Y must be paired variables; that means the X and Y for any observation should be naturally paired. X and Y must be for example values for a single person.

The data set provided by the Licket scale is presented in the form of a table in Appendix D. Each value in the table corresponds to a particular variable. The variables that are looked at in this section are workload, family life experience and sense of control over stressors.

According to Zappe C (2006), correlation is always between -1 and +1. The closer the value is to 1, the stronger the correlation is. The closer the value is to 0 the lower the correlation. The negative value shows there is inverse proportionality between the variables and a positive value shows direct proportionality. Statistical tools are used in this way to calculate the correlation between variables as shown below.

According to Proposition 3: There is a positive correlation between sense of control over the work stressors and work-family balance.
According to Proposition 2: There is likely to be a spillover from work to family if there is less sense of control over the work stressors.

Table 7 presents the correlation values for the above propositions in the three different work settings.

Table 7: Correlation values

	Self Employed	**Hospital Employee**	**Private P Employee**
Sense of control v/s. WF experience	0.496	-0.13865	0.3431
Sense of control v/s. spillover	-0.11887	-0.006459	-0.10106

5. CONCLUSION AND RECOMMENDATIONS

The purpose of this research was to look at how different work settings impact on the work-family balance of female optometrists in South Africa.

Control was seen as a moderating variable between the perceived balance and the work stressors. According to Table 4, certain indicators were used to show how much control the interviewees had over their work stressors. These indicators were taken from the literature review conducted as part of this research and cannot be said to be universal indicators. However, for the purpose of the research these were the indicators used.

According to Table 4 (interviewees' scorecard), 18 of private practice employees reported control over work stressors compared to 20 of hospital employee and 23 of the self-employed.

From Table 5 (questionnaires scorecard), the self-employed scored more on control compared to the other two work settings and also scored highest on family-work experience.

This may not necessarily lead to the conclusion that there is a positive correlation between sense of control over the work stressors and work-family balance because:

- The scatter graph between these two variables does not suggest a correlation. This graph is taken from the self-employed setting, which showed a higher correlation in Table 5 above.

  According to Hurlimann (2001) it is not the perceived sense of control over work stressors which determine the family-work (FW) balance, but the response to work stressors that does. Widrich (1992) also quotes Kruger (1987) who states that it is how a person responds to the work stressors that is key and that people may respond differently to work stressors.

  The research concludes that:

  There is no positive correlation between sense of control and work-family balance.

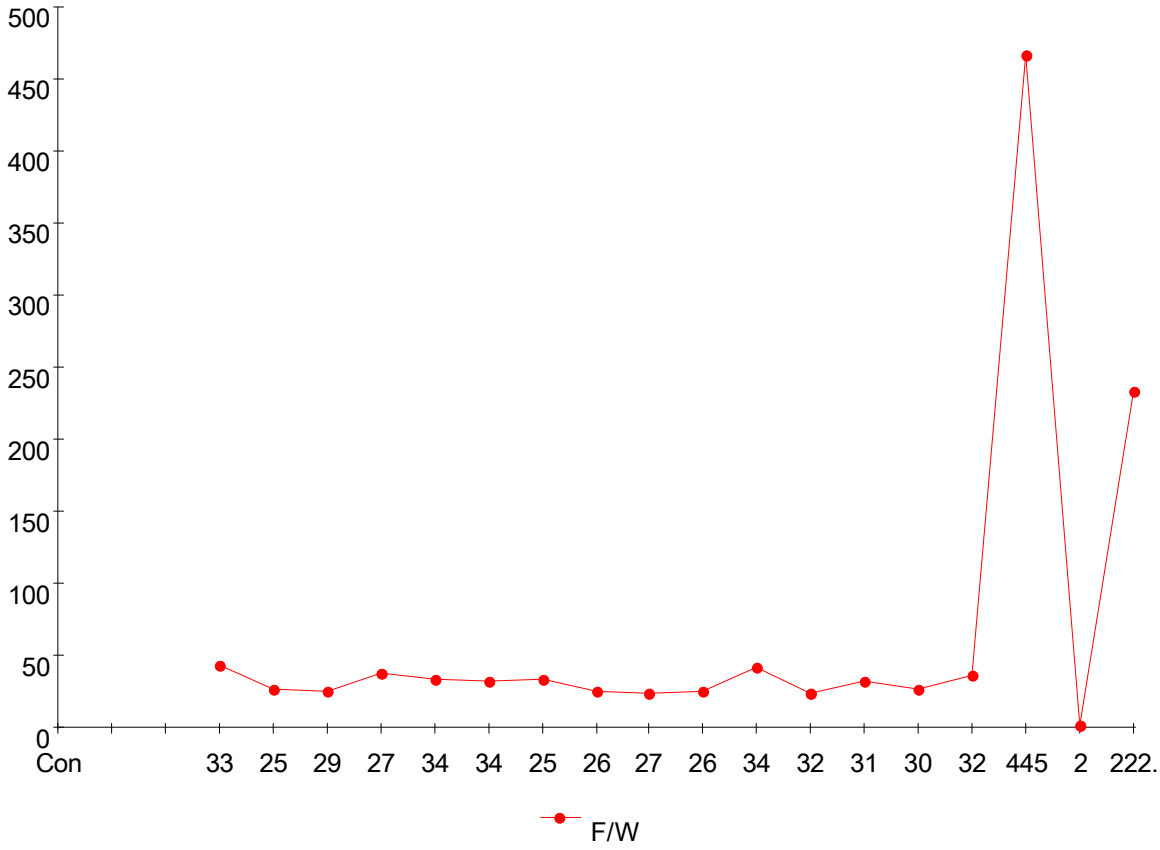


Figure 17:

Correlation graph 1 (sense of control vs FW experience)

If there was positive correlation between the two variables the graph should have been a straight line according to the following diagram.

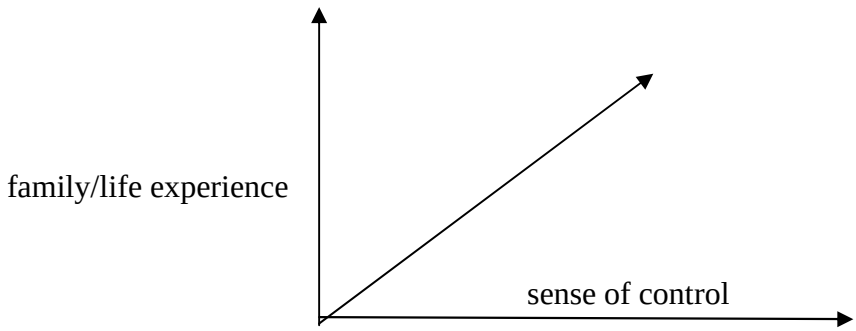


Figure 18:

The highest score of spillover from work to family within the self-employed setting suggests that there is a direct interference of work-related affairs in the

family domain, yet the self-employed reported the highest score with regard to positive family-work experience.

This leads to the conclusion that:

- There could be other factors affecting the positive family-work experience, factors like good family support structure as reported by SE A.
- The highest score of spillover does not necessarily lead to negative family-work experience.

The scores (see Tables 5 and 6) indicate that self-employed optometrists have more control over work stressors and this leads to the acceptance to the proposition that: *Self-employed optometrists will have more sense of control over work stressors than others*. As mentioned above, they craft the policies and structure of the company and they can take part in regulating the appointments of clients, however difficult this has proved itself to be sometimes.

Finally it can be concluded that control is an important factor in determining positive work-family experience, yet it is not the sole determining factor. It is a combination of how a person responds to the work stressors plus the family support structures amongst others that will determine the outcome of family-work experience.

Family support structures involve both a husband that is supportive of the career of the spouse and other family members like nanny and parents.

Hurlimann (2001) writes that control is one factor that determines how work is viewed and consequently how the individual responds to it.

The research therefore concludes that the self-employed have the advantage of having positive work-family experience, yet it is the factors mentioned above (how a person responds to the work stressors plus the family support structures) which will determine which work setting will have a positive work-family experience.

It is recommended that:

- Hospitals need to increase their salaries if they want to increase the retention rate of workers.
- The government might look into the issue of compulsory internship for new graduates. This will not only help the government with human resources but will benefit the students in terms of professional work, especially pathology.
- Private practices need to afford their workers annual leave and other forms of leave.
- The self-employed need to find ways to outsource administrative work and the running of workshop.

  Delegation of duty to staff members must be the norm. It is therefore important for optometrists who own their own practices to take caution when hiring staff, that they take on people who will be skilled enough to handle the required workload.
- Generally all female optometrists need to try and establish a strong supportive system at home, which includes a supportive husband and a domestic worker.

5.1 Recommendation for future research

Investigations should be conducted with male optometrists to compare their experiences to the experiences of female optometrists:

- If there is division of labour at home;
- If men also experience the same guilt feelings about neglecting the family;
- How supportive they are to their career wives.

In investigating private practice employees and the self-employed, distinction must be made with regard to franchise groups and non-franchise groups. The impact of these franchise groups should be investigated.

Further investigation could be made to see if work-family experiences have an impact on the divorce rate in the country.

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APPENDICES

Appendix A.

QUESTIONNAIRE

Instruction: tick the appropriate box

Biographical:

1. Sex:

Male	Female

2. Age:

< 25	25 -30	31-40	>40

3. Marital Status:

Single	Married	Divorced	Widow	Partner

4. Number of Children?

1	2	3	More

5. What is the age of oldest child?

<5	6-10	11-15	>15

6. What is the age of youngest child?

<5	6-10	11-15	>15

7. Where do you work?

Hospital	Private Practice	Self Employed

8. How many years of experience as an optometrist?

<2	2 – 4	4 - 6	6 – 8	>8

Working Hours:

9. How many hours do you work per week?

>45 hrs	45 hrs	40 – 44 hrs	< 40 hrs

10. Do you have paid annual leave?

Yes	No

11. Do you have paid maternity leave?

Yes	No

12. Do you work overtime

Yes	No

In the remaining sections, tick the answer that best match the scale below:

(a) Strongly agree.
(b) Agree
(c) Neutral
(d) Disagree
(e) Strongly disagree.

For example:

(a)	(b). **X**	(c)	(d)	(e)

Workload:

13. How bearable is your workload.

(a)	(b)	(c)	(d)	(e)
Very bearable.	Bearable	Neutral	Unbearable	Very unbearable

14. How do you feelings after work.

(a)	(b)	(c)	(d)	(e)
Very Well.	Well	Neutral	Exhausted	Very Exhausted

15. Time with family after work.

(a)	(b)	(c)	(d)	(e)
More than enough.	Enough	Neutral	Little	Very Little

16. Do you work overtime

(a)	(b)	(c)	(d)	(e)
Never.	Seldom	Neutral	Often	Very often

17. I sometimes carry my work home.

(a)	(b)	(c)	(d)	(e)
Never	Seldom	Neutral	Often	Very Often

18. Any pressure to finish the volume of work you have every day

(a)	(b)	(c)	(d)	(e)
Very Little.	Little	Neutral	Much	Very much

19. Any chance you can quit this job.

(a)	(b)	(c)	(d)	(e)
Very Little.	Little	Neutral	Much	Very Much

20. Do you do work not assigned to you, like helping others

(a)	(b)	(c)	(d)	(e)
Very little.	Little	Neutral	Much	Very much

Sense of Control:

21. I am in control of the tasks required of me

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

22. I determine when the tasks can be done and completed

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

23. I feel confident that I have the ability and skill to perform the needed task.

(a)	(b)	(c)	(d)	(e)

Totally agree. Agree Neutral Disagree Total disagree

24. In accomplishing my task I am not hindered by the constraints at work.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

25. The organizational culture is not that of control and command.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

26. I am free from close supervision scrutiny of my work.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

27. I participate and can influence the decision making process at work.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

Experiences of family work life:

28. How easy is it to choose between family and work situations.

(a)	(b)	(c)	(d)	(e)
Very easy.	Easy	Neutral	Difficult	Very difficult

29. I never have feelings of guilty about the choices I have made.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

30. Family commitments are not a hindrance to my career advancement

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

31. Work does not interferes with family life

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

32. Reconciling a demanding work schedule with Normal family life is possible

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

33. I have a strong family support structure to help me take care of my family

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

34. I do not feel like quitting my job and take care of my family.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

35. Looking at my job, I do not feel I should have started family later.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

36. Balancing work and family is not a struggle.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

Spillover. (Work to Life and Life to Work)

37. I sometimes carry my work commitments home.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

38. I don’t give my family enough time due to the work I carry home.

(a)	(b)	(c)	(d)	(e)
Totally agree.	Agree	Neutral	Disagree	Total disagree

APPENDIX B

Questions for the Interview:

What is your perceived family work balance?
What are your experiences about workload?
What are your experiences about working hours?
What are your experiences about spill over effects?
Do you feel you have a sense of control over work stressors?
What other factors play an important role in family work balance other than stressors?

Work load/ intensity:

What can you tell us in your own words about how bearable and difficult is your work load.
Do you get home tired? Do you carry work home? How is administration, if you are involved in it?
Why did you choose optometry as a career?
Why did you choose to be an employee/ self employed?

Control:

Do you have complete control over your work setting? Like no supervision by superiors and are you part of decision making process?
If you happen to have emergency in your family setting, how do you handle it relative to your work?
Do you have flexible working hours?
How often do take leave?

Family work experience:

How does your work impact on your family life?
How does working as an employee/ self employed assist you in your family situation?
Why not sit at home and stop working to take care of your family?
Tell us about your support structure.
After work do you have to take part in family chores?
Do you cope? Do you get help? Nanny/ husband, tell us.
Do you have enough time with family, like do you go out together?
What do you wish should change in your family/ work setting?

Money

How does the money you get or wish to get impact on you, your work and family?

APPENDIX C

The following are the transcripts of the interview.

Self-employed A

I don't believe in assigning of roles in my family, everyone does what he/she can do best. If my husband is good at cooking and wishes to cook that day, so be it. Why must I do things he is good at?

I also believe my husband and I are partners, we share roles and responsibilities.

Workload

The question of patients-workload depends on how I manage their expectations. We use appointments to control and manage patients' overload. As to practitioners who cannot effectively manage their patients' workload through appointments sometimes it is because of the kind of market you are targeting.
Whenever patients come and drop by, it is for the sake of making appointments not for consultation. It does happen sometimes that a patient has booked an appointment for herself, and when she is here with the children she might decide there and there to have the kids also tested to the point I may knock off at 18h00 instead of 17h00. It happen but not every day.

One other thing that adds to workload is the combination of clinical work and administrative work you must do. But that is the choice I made.

Working hours
I normally don't work overtime unless for reasons like above. I regulate the hours I work with appointments.

Spillover: I do not carry work home, why should I if I am having staff members who are paid to do their work. They are good and are doing their job well.

Support System
I am having my mom who has been there for me. As an ex-teacher she helps my kids even with schoolwork, things that I could not have done because of teaching skill she does for me.
My husband is very supportive to my career; he releases me when I have to go out on career matters.

Sense of control: I am very much in control of what is happening around the practice, I must see to it things are ok. I am a hands on person.

Reason for choosing this kind of work setting: Passion. I derive emotional happiness and a sense of pride in my accomplishment. At the end of the day my business brain tells me it has been a good day, unlike working for someone, you work harder but your salary stays the same.

Self-employed B

I am an average practice, not very busy. In terms of work load I do not do 100 per cent administration, I only do about 20 per cent. That is why I do not have too much workload. My staff members handles a bulk of administration, I only come and do checkups. Otherwise I would not be able to make it. I do things that need my attention and not the attention of staff members. I used to cut jobs myself, promising patients to get jobs quickly, but I have since decided to relax and do jobs at my own time.

Work load would have been easily managed if the issue of appointments were effective. Yet I would say with breaks I have in between consultations I can relax and attend to some other things.

In terms of daily programme I cannot plan my day because patients comes in dribs and drabs.

Family life experience

I do not carry work home since I have delegated my admin work to my staff members.

The only thing that is taking my time are the professional courses we are doing, it has been very hectic.

When you are away with the family the catch is that your practice is your baby, if you do not work you will not earn as simple as that. You worry and sometimes cut short your holidays because you experience feelings of guilt. That also happened when I was attending the course, you worry about your absence in the practice.

I do not see myself without work. I wish to be independent. In terms of my personality I think I am a winner. I do not want to be successful through somebody, be it my brother, my mother or husband. I wish to achieve by myself not through somebody else, the opposite would have killed me. I would wish to be fulfilled.

In terms of support at home I feel things have changed, men take part equally in domestic matters. They take part in doing homework, taking children to school and even in extra mural activities at school.

Control

In my work settings I take full control of activities, I make decisions without consulting. I have my own vision and therefore I put my own effort in accomplishing the vision. If I have responsibilities to attend at home I am free to go, it is just that it is not easy to skip work. You feel pressure to be at work at all times, I do have feelings

of guilt sometimes when I skip work. I like to be in the driving seat so that I won't have anyone to blame but myself.
Flexibility is there but feelings of guilt are there as well, sometimes you wish you were working for someone where you would just demand leave and sit home.

Self-employed C

Finished 2007, started working at Torga then Puleng optometrist till this year July and then went on my own.
I do take work home to do claims, I sometimes feel guilty taking work home; I feel like I am neglecting my family.
I rely on the domestic worker for a lot of chores like baby and cooking; in fact she does general work in the house. I wish I could stop this work but it seems difficult.
In terms of friends I make time on Saturdays, if I do not have time for my friends I do not have as much guilt as I do with family, because they sometimes also do not have time for me because they might be working night duty.

In terms of sitting home and not working I do not see myself doing that. That won't work for me, we are living in the environment where things are expensive, I do not want to bother someone else; I wish to be independent financially. We need to help each other out.

Flexibility

If there are responsibility at home I would leave and attend to them. I do not feel guilt or pressure I tell myself something will come up. I take things simple. During long weekends I go on holiday and even during school closings. During school closing because I do mobile with school children and when they close I take the opportunity to go on holiday.
Beings self-employed, yes it is about money everyone wants to grow. I do not experience problem with medical aid, with my income I can do budget quite well.
I do not compete or compare myself with friends; I have accepted we cannot be the same.

Workload

There is too much work that is why I sometimes take work home; I wish I should not do so but it is just difficult.

Self-employed D

Work is very unbearable. I sometimes use overtime to cover up lost time. Like now that I have been on maternity leave I have to put more time to cover up. I sometimes come during the weekend and even after hours. I have even cut short my maternity because of the workload. I have had people helping me in my absence but things would not work the way you want them, that is including the service to the patients. My second month on maternity I had to sometimes come and spend few hours especially to do medical aid claims.

The problem is that you are an optometrist, lab technician and an administrator. You are all in one except a receptionist.

Sometimes I think of outsourcing practice manager, someone who will do things like bad debts and check if medical aid has paid.

One must see to it that everything else balances, I am not a superwoman. What is worse is that I also cut jobs for the practice, at the end of the day I just feel withdrawn.

For whatever reason when I arrive home I acquire strength from nowhere. I think it is because I tell myself that no one will make it happen; I have to do it myself.

No matter how tired I am I will go into that mode of working. I will do the cooking because my husband enjoys good food and I too am passionate about cooking. At night I must wake up to feed the new born baby. I have assumed the role of a superwoman; I change nappies and I bathe my children. When I am not around things just fall apart.

I feel I am wired to work; I am a hands on person both at work and at home; I want things to work my way, that is why I believe I am a superwoman.

There is sometimes a problem with being superwoman your body can just give in to a deep sleep. Like a woman who went into a deep sleep after tripping and when she woke up the child was gone, dead after choking.

I cannot imagine not working, there is security in work. I want to achieving certain things, especially for my children. Going to work is about financial strength and being able to help your husband.

Self-employed E

I am averagely busy, seeing about five patients per day.
I don't really tired about after work; it however depends on the type of case I have seen during the day.
In terms of administration I am hands on I don't like delegating because I don't want mistakes. I sometimes take claims home. When I get busy at home my partner would help with domestic chores; he is very understanding.
We have a domestic worker who helps with a lot of work, including cooking for the family. As for homework I usually do that obviously not the nanny. When I am on holiday with my family I don't care, even if I am losing patients I relaxed.
I only work from Monday to Saturday, that is the rule which I do not compromise.
As for the running of the practice, I am in complete control. I work with appointments and if I am not there and the patient comes she or he will come back again. I have loyal patients. I work from 9h00 until 16h00 every day. When that time comes to go home I don't compromise I go, unless there is a patient who has made a request to come later, only on those special cases will I work overtime.

I have a strict daily timetable, I have things that I do when I wake up, like gym and when I come back from work there are things I must do, and I stick to my timetable.
In terms of financial pressure, I have learned to appreciate what I have, as long as I can afford what I need. I guess that is the way I have been brought up; I have struggled a lot in life. I grew up by surviving on what we had: we did not have a wealthy family background that is why I have learned good financial management.
I do not see myself staying at home without working; I feel I will be bored. Besides I don't want to be asking money for what I need, I want to finance myself. You find that you have different values with your partner; what you value and would like to buy he does not value and that created argument whether to buy it or not.
Sometimes on Tuesdays I do not work, and there are times when I would feel so bored from sitting at home.

Hospital Employee A

Drivers and reason for choosing career

Passion and being able to learn more.

With private setting the scope for learning more is limited. There are limited number of equipments and therefore you don't get to learn more equipments. Interaction with ophthalmologists adds to my knowledge unlike in a private setting where you refer a patient and it takes time to get feedback from the ophthalmologists; here there is constant interaction with them. In the process my knowledge of pathology has increased more than that of private practitioners.

Even some of the ophthalmologists I tell them that I am not a mere refractionist but an ophthalmic refractionist.

This passion with pathology, started when I was at the university doing my final year, I used to teach the second year students pathology.

Private practitioners are interested mostly in the queue (numbers).

In terms of salary and monetary reward, I just want my basic needs to be met.

Working load and working hours

When doing screening, somebody book patients for me, I have no choice in the number of patients that must be done. I sometimes work overtime. The extra time that I have work will be compensated with hours not money, meaning I will work less hours next time.

I sometimes tell them that they must not overbook, it is the kind of people you work with, some of them are new comers and they don't know how you work. Whenever there are more patients you cannot turn them back. Other case where you don't have much say are emergency cases; you are obliged to attend them.

Family/work experience

When I arrive home I usually take a nap between 17h00 and 18h00. After this nap I can attend to family matters like washing the children, cooking, doing homework and signing their books. I don't have a nanny because of the size of my house. I depend on after care to take care of children after school. The hospital provides facilities for after care for a reasonable amount, about R500 compared to R1600 with private preschools.

If I do not get a nap before my home chores I would fall asleep after meal. My husband is very helpful. He would sometimes take care of the children if I am not around or if I am unable. I do not tell him what to do; he does it by himself.
One thing I do as a tradition and must is that during the weekend I make time for my family where we go out for a walk in a park or something. This I do to compensate for the time I did not have for my family.
I do not subscribe to the notion of 50/50. I still believe my husband is the sole breadwinner and I am the homemaker. My husband provides money and protection for the family and I decide on the activities of the house.
Guilt feeling were sometimes there but since the advent of walking at the park on Saturdays there is less feelings of guilt.

Flexibility and working hours
Every December I do not work (annual leave) and I spend wonderful time with my family.
If I happen to have emergency at home or so I would just phone them at work and they would grant me opportunity to attend my personal matters. From there we will discuss if the time off will be taken from family responsibility, annual leave or sick leave.

Sense of Control
Emergencies and meeting with MEC are pressing and you don't have much say but to attend.
Mandates from above with regards to work and task are sometimes binding and you don't have much say to change them.
I don't work under supervision, no one scrutinise my work.

Hospital employee B
Workload differs from hospital to hospital; for example, there are hospitals which have ophthalmologists and others do not have.
We have what we call tertiary hospitals, referral hospitals and other hospitals.

Family life experience
When I was in private practice I use to work on Saturday s and even during holidays, but now I only work from Monday to Friday. I do not take a lot of work home in

hospital unlike during private practice; I used to take administration work home, especially medical aid. During private practice I used not to sleep, I would be worried if medical aid would pay or not pay. Sometimes they would take a long time before they pay and I would be having so many debts to pay. It would sometimes be wonderful to get one big chunk of money from medical aid, but when it comes there are many debts already. This also affected my budgeting a lot. With hospital you know how much you are going to get and can therefore budget.

I am not a big spender. I do not want to compare myself with others in terms of who has a car or this and that I have to be disciplined and be content with what I have.
You know there are times I wish to be home and take care of my family, cook and take children to school, but that is not possible: life is difficult.

Control over subordinates
As a supervisor some people do not want to work, it is difficult to manage people. I sometimes experience lack of commitment from subordinates. I personally do not have an immediate supervisor; I have my way, especially in making decisions. The only constraints are things like budget. I do not make decision in that regard, policy makers and those at higher levels determine the budget. This has an effect on us when we are supposed to buy equipment and it cannot be provided.

Support
My husband is very supportive; we sometimes share family responsibilities.

Time wise we have many forms of leave which I can choose from whenever there is need.

Hospital employee C

The hospital does not have ophthalmologists; there is therefore not much interaction with them. There is, however, too much work; they see in the region of about 40 patients per day.
I feel tired when I arrive home. Sometimes I just sleep without attending to the family chores. In terms of cooking they will just eat bread and see to finish. I cannot force matters to cook whilst I am tired; I sleep until the following day.

I don’t intend leaving the hospital anyhow in spite of workload. I will not go private I will always work in the hospital. I don’t like private because people in private are always stressed; they would tell you this month there is no money. That is business, sometimes it is up and sometimes down. I have observed that because I sometimes do locum with private practices.

There is a supervisor and we work quite well there are no problems. If I want something to happen I would consult her to discuss issues she does not give me problems.

If I have problems at home I would request leave from her she will never refuse.

There will be too much work of course if I go home but they will see to finish because even with her she does phone sometimes and request to excuse herself so we help each other.

In terms of sitting at home and not working that cannot work we much help each other at home. Children needs private school nowadays; therefore, it will be difficult for one partner to work alone. Life is very expensive; we want our children to have better life than the life we lived. In terms of support I don’t have a nanny; I only call somebody if there is too much work to do like washing the clothes of children. My husband’s clothes will be washed by myself, I cannot ask someone to do my husband’s clothes.

Optometrists like expensive lifestyle that is why they struggle a lot. I chose to work for hospital than to work for a private optometrist because they pay in bits and pieces; they would tell you that they are experiencing problems. They make their problems yours, so the hospital is the best. I don’t take work home.

Hospital employee D

There is too much workload, especially when one of us is absent that is when we feel stressed out. The absence of individuals is very common. People likes taking leave, like family responsibility leave.

Our hospital is very busy but not like those having ophthalmologists. Whenever there are ophthalmologist cases, we send them to Mankweng or CN Phatudi Hospital. We used to see about 300 patients per month, but now we see about 100 patients per month. This is because we use to see pathology cases, but now we see only optometry-related cases. Places like Kgapane they see both pathology and refractive problems that is why they could be seeing many patients.

I chose to go hospital first and foremost because I had a bursary from the government, and secondarily because I wanted to finish some studies. With private there is too much work and complications, I would not have been able to cope up with my studies. I am more academic than clinic orientated.

When I am finished with my studies and bursary I will quit this government setup for a private practice; this setup is very frustrating.

I will be leaving because with government salary is very low. Those who says they don't have problem with money they are fulfilled and satisfied, they are lying.

I may be satisfied with work situation such as leave with pay and things like flexible hours but not with salary. We are taking home less than R10 000 and I am a senior for that matter, what about those who are not seniors. Life is too demanding: you cannot make it with the kind of salary we are getting. Yes private practice is too demanding in terms of work and complicated but there is money with private practice. With government there is definitely peace of mind.

We don't take work home; whenever you do it is only when you work in the admin.

If I have problems at home I will request and they will grant me my wish to go; sometimes I can just disappear and nobody will know where I am.

The issue of command and control is not there, close scrutiny by supervisors is not there, I can make decisions about the running of the operations.

In terms of home I have support from nanny and from the supportive husband. I feel my husband is from heaven; he helps with everything.

Hospital employee E

There is not much work in this hospital, we see at most seven patients per day. Other hospitals are very busy like Mankweng and Polokwane Hospitals. There is no overtime that is why I can even work privately after work so I can do extra money. With government there is no money. The person I work with both of us are juniors.

I never feel tired after work, I feel very well after work. I have little time with family because of private work, even though I do not do mobile practice every day.

Whenever I have many appointments I would take whole day leave so that I can have enough time even with my family. After work I do not really have much to do at home, if I can cook and bathe the child I am ok.

I cannot think of quitting now because of bursary. I am left with one year's service for the government; before I can think of quitting I would not just leave them like that because they have helped me a great deal. The slightest chance I get to leave the

hospital I will definitely use because my friends are making it out there. As for us here at the hospital we are just working for peanuts: what is five thousand rand after all when your counterparts are making it out there. What can you just do with that, it is just that they have helped me a lot in terms of the bursary that is why I am committed in rendering a service until I finish my contract with them.

I do not have supervisors: we are two juniors; the senior optometrists are in the region.

There is not much control or command; I am at liberty to make my own decisions, especially with regards to operational matters.

We do, however, get instructions from the region with regards to administrative matters. They are, however, not in our face. If at all I have clinical problems that I cannot solve I would consult the region to help me out, otherwise we do everything by ourselves. In terms of clinical equipment I believe we have everything we need; there are no constraints when it comes to equipment.

If there are personal matters to attend to like family related, I take family responsibility leave. If not I would arrange with my colleague or sometimes I would just go without permission. You find that sometimes it is Friday and I want to go to Johannesburg for personal reason I do ask the manager to leave. Most of the time they respond positively, otherwise I will abscond. I have just told myself that when I am at work I should give my all to work and when I am home do the same at home. I do not experience spillovers.

In terms of support I get enough support from home, especially from my husband.

He fully takes part in family chores like washing of dishes and in terms of cooking he would bring a take-away whenever I have been busy and I am tired.

I also employ the services of someone to do the washing, but in terms of cooking I do it myself I do not want to delegate it someone to cook for my family.

In family matters you must study your partner and know what kind of a person is he and try by all means to please him.

Sometimes I come back very tired especially from private jobs and when I come back home I take a nap and then do whatever I am supposed to do domestically, more so because the child would be at school. In terms of private jobs I service the schools most of the time and I go there in the morning.

It is very strenuous to do private jobs, it is all because of the little money from the government that I am involved in private jobs.

It is not that I am complaining I have to cope with the situation. I usually tell myself that I have to cope with work and family chores.
With regards to family chores I believe I cannot wait for the husband or look at him for homemaking role, when people come in here they will not blame the husband but you as a women.

Private practice employee A

I am a locum. I used to work for myself, I sold my practice and now I am working for somebody.
It is now good for me because I cannot take work home, it suits my family well; that is why I joined locum and left my practice. When I was working for myself, I used to take a lot of work home, like accounts and administration. I work Saturdays 9 to 5.
Nothing is ideal; we all have to work very hard. It does interfere with family but we are used to it now so.
Now it is easy work I am not tired after work.
I don't have annual paid leave if I need holiday I make them aware at work and I don't work. I don't get paid when I take a holiday. I can take the hole week if I so wish. Monday to Friday I work from 09h00 to 17h00 plus lunch time, one hour every day. When I get home, I am not tired and obviously I don't take work home.
I don't take part in decision I am not closely supervised, I am self-motivated. I stick to my appointment book. You do get people coming in wanting to see us even if they did not make an appointment. Most of the time it is Saturdays, and Saturdays are very busy days. They feel disappointed and angry but they would come back; they do not go elsewhere. We try squeeze them if we can but if we cannot they will have to understand.
I do find support In terms of family life balance. Life is tough we have to work hard to make it happen. I cannot sit home and not work. It is about being in control of your own destiny. We must all put our weight; you cannot know what life has in store. You must be financially independent. You must be in control of your own life; you cannot know what life can bring tomorrow.
As an optometrist you must not be supervised; you must be well and self-motivated.

Private practice employee B

I have worked several places as an employee. At some places it's do it yourself, your own way. Tell us how you would want it to be. In others like where I am now the setup is more structured. You do it according to the book. You are expected to do marketing and other administrative matters like stock taking. You are expected to keep an eye on the running of the practice and report the developments, even if it is not your practice. They set targets for you, if you see so many people you will get this much. On a personal level I don't like it because you tend to focus on targets rather than on servicing the patients.

From time to time there are new procedure and regulations the aim being to make more and more money.

They want money to the extent that workers' performances are compared with each other. They stimulate competition amongst workers.

Your end up being work conscious and not patient conscious. As an individual you wish to be loyal to your employer and to please them.

At the beginning you kind of enjoy it but with time you find that this not consistent with who I am, doesn't auger well with you.

If my compare being an employee at a clinic (bureau for the blind) the challenge of being in a clinic is that you see a lot of cases and that enhances your profession. There is more job satisfaction with being in a clinic than being in private practice.

In private practice it is about sale and retailing, being able to sell fashionable and expensive eyewear. This is fashion versus profession.

Because of the structures and rules you cannot make your own discretion, like if there is a repeat patient they will expect the patient to keep on paying. Even if you may feel like the patient must not pay and you tell your superiors they will not listen to you because all they want is money and more practices. I find this more very much unethical most of the time, because you don't take the plight of the patient at heart, even the services is sometimes compromised, very unethical. They even prefer new optometrists whom they will be able to teach what they want, not experienced optometrists with their own baggage.

If I were to choose between bureau and private practice employee, I would choose bureau, because there it is about your profession and you enjoy working with ophthalmologists. It is good to see a patient going through the entire eye care programme.

The only problem with the bureau I will have to tell them to increase their salary.

I was earning ok though because I was working as a manager and an optometrist.

Presently I work only in the afternoon as an employee, and in the morning I work at my own practice.
In terms of my family before children go to school I am there with them and when they come back I am there. I intend working full time for myself where I will have enough time with my family and if the practice grows I will employ someone.

Private practice employee C
We see about four to five patients and I am sometimes involved in administration even though my main work it is refraction.
I am generally tired when I arrive home after work. However exhausted I may be I have to cook and take care of family. I cannot rest immediately because I am afraid I won't have the energy to stand up; I will be more tired. I would rather do what I am supposed to do and rest later. My husband helps whenever he feels like; he would complain that he is tired. I feel that it is very unfair because we are all from work. If it was not for the child I would not cook or do anything I would just sleep and rest.
I don't consider being house wife, otherwise I should not have gone to school. I have never considered that and never will I even consider it. I feel I will be bored being home. No, no under no circumstance will I consider that. I think it is socially unacceptable. I won't be able to stand for myself financially.
I do consider working for myself in future, I am not afraid of challenges. I believe I have grown in the time that I have been working for someone; I have gained experience. I have clue what is happening out there; I am ready to stand on my own.

I chose optometry because I like it, I did not know that there was money with this field; I only realised when I was in that there are chances to make lots of monies.

In terms of control we are very much in control of the running of the practice. The owner has left it into our hands; she is never there, so there is no supervision
In case of emergencies I take leave, anyway we don't have any annual leave.
I sometimes take leave from Friday to Monday.
We work from 09h00 to 17h00 everyday from Monday to Saturday. I sometimes feel like life has stopped; this is very unfair, even salary is not satisfactory

Private practice employee D

During summer we work hard compared to winter. I see about six patients per day. I am usually involved in administration as well because sometimes the receptionist will not be here and I do her work. That is very tiring to do both and I am not compensated for doing extra work.

I however do not take work home, I do everything at work.

When I arrive home I am tired and I find myself moody and irritable, when I have to work I just work because I have to. I do not like bothering anyone to help me do my chores, if my husband feels like helping he will help. I do however ask my husband to help, especially with children's homework. If I ask him and he does not want to help I hold a serious grudge against him. Other chores like washing dishes I rely on my domestic worker I do not prefer somebody to cook, she can cook only porridge but not everything.

There is more instruction than control, but there is no supervision on my work. Control comes more on administration matters and the running of practice. My boss lives and runs another practice elsewhere; that is why I would take care of some small matters, but the major issues about the practice I get instruction from him. If I get a difficult patient I would ask him to help me.

I don't believe I can be a housewife because I think I will run crazy, I wish to be financially independent. I hope to open my practice someday, especially if I find a suitable spot. If I cannot make it in private practice I will go back to being an employee, but before I go back I will do my best in my own practice. I have seen people doing mobile practice but I will not go that direction because it is against the law. I don't want my four year degree to go down the drain by going against the law.

Private Practice Employee E

I work in an averagely busy practice. My boss has another practice elsewhere and we basically are in charge of the day-to-day running of the practice. He comes on monthly basis to check the books. Things like medical aid claim we send to him, we do not do them ourselves. Even orders are made by him not us. By us I am referring to the receptionists and I.

We hold a meeting every month whenever he is here and from this meeting we derive policies and structure of the practice. He is a very strict person who wants things to be orderly.
There is no one who supervise my work. Before I started with his practice we spend time together where he fine tuned me with regards to the profession. A lot of us when we come fresh from the school we still have to receive further training and he is quite good at it.
I cannot complain about workload, I actually enjoy my work. I usually finish my work here I do not carry it home. We see approximately 80 patients per month. I besides my professional work I am involved in workshop activity, that is cutting jobs. I do not, however, carry work home. Everything I do here at work and finish it here.

In terms of time I work from 8h30 until 14h30 with a lunch hour in between. I have not yet taken annual leave but whenever I want to go home I would make him aware and will therefore go. I had a family gathering sometimes back and there was no problem going home; even around here if I want to go somewhere for personal reason I just pick up the phone and tell him and there won't be any problem.
If I have emergency at home I phone my boss, he always allows me time off with full pay. I can sometimes take the whole weekend plus extra two days with full pay; he is a nice person.

When I arrive home I am not really tired. I do take care of my family by cooking for them. We do have a domestic worker, yet I do not believe she should cook for my husband; my husband enjoys my meal and I believe the way to a man's heart is through the stomach. My husband can cook too, but I do not prefer him to cook.

I do not see myself as a housewife; that is unthinkable. Life is too tough, things are expensive and I need to help my husband as well. One day I hope to open up my own practice.

APPENDIX D

Scores obtained from the Questionnaires.

Each of the answers was allocated different weight for the purpose of analysis.

SELF-EMPLOYMENT TABLE

Opt	Age	Work Exp	Hours/ Week	Ovt	Work Load	Sense Control	F/W exp	Spill Over	Prob. of Resign
1	35.5	8	42.5	N	6	33	43	9	1
2	35.5	8	40	N	7	25	27	5	1
3	27.5	5	40	N	8	29	25	5	3
4	40	8	45	Y	6	27	37	5	1
5	35.5	7	47.5	Y	8	34	34	8	2
6	40	8	47.5	Y	11	34	32	12	2
7	40	8	42.5	Y	9	25	34	9	1
8	40	8	47.5	Y	11	26	25	13	1
9	40	8	40	Y	14	27	24	15	1
10	40	8	47.5	Y	11	26	25	13	1
11	35.5	8	42.5	Y	6	34	42	5	1
12	40	8	47.5	Y	9	32	24	14	2
13	35.5	8	40	N	8	31	32	5	3
14	35.5	8	40	N	11	30	26	12	4
15	35.5	8	40	N	4	32	36	6	1
TOT	556	116	650		129	445	466	136	25
	15	15	15		15	15	15	15	15
AV	37.1	7.7333	43.3		8.6	29.67	31.1	9.067	1.6667

PRIVATE PRACTICE EMPLOYEE

Opt	Age	Work Exp	Hours/ Week	Ovt	Work Load	Sense Control	F/W Exp	Spill Over	Prob Res
1	35.5	8	45	N	6	24	21	6	2
2	40	8	42.5	N	6	25	32	5	4
3	35.5	7	42.5	Y	9	29	33	8	3
4	40	8	42.5	Y	9	28	29	11	3
5	35.5	8	42.5	Y	8	29	36	9	1
6	35.5	8	42.5	N	6	21	23	6	2
7	40	8	40	Y	3	28	25	8	1
8	35.5	5	45	N	8	28	40	5	1
9	27.5	7	47.5	Y	7	24	21	8	2
10	35.5	8	47.5	Y	9	25	29	11	2
11	35.5	8	42.5	N	9	31	22	5	1
12	35.5	8	42.5	Y	10	25	37	11	2
13	40	8	40	N	8	30	38	8	1
14	35.5	5	42.5	Y	12	24	33	12	1
15	35.5	3	42.5	Y	5	25	29	8	3
TOT	542.5	107	647.5		115	396	448	121	29
	15	15	15	15	15	15	15	15	15
AV	36.167	7.13	43.17		7.667	26.4	29.87	8.07	1.933

HOSPITAL EMPLOYEE

Opt	Age	Work Exp	Hours/ Week	Ovt	Work Load	Sense Control	F/W exp	Spill Over	Prob Res
1	27.5	2	40	N	2	29	46	3	5
2	25	2	42.5	N	2	27	30	4	5
3	32.5	7	42.5	N	7	24	40	5	4
4	27.5	3	47.5	N	11	28	27	4	5
5	27.5	5	40	Y	12	30	18	14	5
6	32.5	8	42.5	N	5	27	37	6	2
7	32.5	3	47.5	N	8	26	34	7	4
8	27.5	2	45	N	10	25	24	9	2
9	32.5	3	42.5	N	8	25	36	10	1
10	32.5	8	42.5	N	4	27	39	6	1
11	32.5	7	40	N	7	24	27	9	3
12	32.5	8	42.5	N	3	27	17	6	1
TOT	363	58	515		79	319	375	83	38
	12	12	12	12	12	12	12	12	12
AV	30	4.83	42.917		6.583	26.583	31.3	6.92	3.17

Consistency Matrix

Lit Review Topics	Propositions	Source of Data	Source of Theory	Analysis
Topic 1 Spillover	In case where there is less sense of control over work stressors, there will be work to family spill over	Questionnaires & Interviews	Brooklyn (1980)	Descriptive statistics. MEAN and STD deviation Content Analysis
Topic 2 Sense of control	A female optometrist who is self employed is likely to have a bigger sense of control over work intensity and working hours than the other two working settings, with hospital employee experiencing least control.	Questionnaires & Interviews	Spector (1986) Kruger (1987) Karasek et al (1999)	Descriptive statistics MEAN and STD deviation Content Analysis

Lit Review Topics	Propositions	Source of Data	Source of Theory	Analysis
Topic 3 Experiences of Family life balance.	The self-employed female optometrist is likely to experience better family life balance compared to the other two, with the hospital employee having the least experience.	Questionnaires & Interviews	Resisinger. C Coe (1993) Magwasa (2002)	Descriptive statistics. Correlation, Mean and STD Content Analysis
Topic 4 Correlation between degree of control and family work balance	There will be a positive correlation between sense of control and family work balance.	Questionnaires & Interviews	Kotze (2003) Kruger (1987)	Descriptive statistics Mean, Correlation and STD Content Analysis