

## Episode 57 - Emotion at Work in Flexible Working

**Phil Willcox:** Hello and welcome to the Emotion at Work podcast where we take a deep dive into the human condition. Now flexible working is a topic that is (a) seems to be in the news every single day at the moment, whether it be on the newspapers or, or elsewhere. Flexible working is just such a big topic and one that is filled with emotion. And that emotion could be the ease and relief it can bring to some or maybe the suspicion and the scrutiny that it can bring for others. And there's also a risk that by talking about flexible working, it might exclude those whose role or job is impossible to be done in a flexible way. And at the same time, I'm going to run that risk, because today's guest I think is really interesting in that they're looking to challenge or to reframe the narrative that sits around flexible working. And as regular listeners of this podcast will know, doing that from a perspective of data and research is right up my street. So my guest today is a researcher, a practitioner and a senior lecturer, at The Manchester Metropolitan University and I'm very, very glad that she's joining me today. So let's get our guest on the which is Dr. Krystal Wilkinson. Hi, Krystal.

**Dr. Krystal Wilkinson:** Hi, there, thanks a lot for having me.

**Phil Willcox:** Thank you so much for coming on. I'm delighted to have you on as a guest and really enjoyed our off-air kind of conversation to get the frame and everything set up. So really, really excited about today.

**Dr. Krystal Wilkinson:** Me too.

**Phil Willcox:** Now, we're recording this podcast in January and as per usual, we will open with an unexpected yet innocuous question. So my unexpected yet innocuous question for you is New Year's resolutions. What do you think?

**Dr. Krystal Wilkinson:** Oh, yeah, I really don't want to do them anymore. So in the past, I have made them often and often failed. So I'm much of the opinion now, you know, if you want to change something, do it on the day that you want to change it. Don't put the pressure on yourself to have to make a big change just because it's the start of a new year.

**Phil Willcox:** Just because it's the start of the year. So there's a lady who I follow on Twitter called Fiona McBride and she put out a post around intentions and talking about the intent, you know, so what are your intentions for, not necessarily for a year, but what are your intentions for a day, a week, a month? Those things, so not resolutions perse but more intentions and my wife and I get together at the start of each year and we say right, what are our intentions for this year? So sometimes they're kind of boring stuff, like hang curtains in the office or lay grass seed on this particular part of the garden or sometimes they're a bit a bit more exciting, but yeah, I like the idea of intentions rather than resolutions.

**Dr. Krystal Wilkinson:** Yeah, I like it.

**Phil Willcox:** Well, I think the, I think in in the workplace, there must be like a lot of pressure as well around January time to make changes, you know, to kind of, with that classic New Year New Start thing.

**Dr. Krystal Wilkinson:** Yeah.

**Phil Willcox:** And flexible working, I guess, I don't know, for a lot of workplaces, from what I read and from talking to my clients flexible working is high on that list of things that they know they want to look at, but they're not necessarily, I guess sure how to go about it. And I think that one of the challenges that I really enjoyed about reading when I was reading some of your work was about the idea of work life challenges or work life dilemmas rather than kind of work life balance or, or flexible working being something that is only for, you know, those that might be parents or carers or those things so yeah, just wondered what made you choose that frame around work life challenges or work life dilemmas?

**Dr. Krystal Wilkinson:** Yeah, well, so the research was from my PhD, but when we were writing kind of some of the academic outputs from it, there's always you know, the contribution to the theory and the work life balance literature, and when it's talking about problems with the work life balance, it's usually talking about work life conflict and work life conflict is actually fairly narrowly defined in the literature as kind of time based conflict or strain based conflict and yeah, although the concept is work life, sorry the concept is work life conflict and work life balance, quite often it is taken to be work family conflict, or work family balance. So what we found in our, or what I found in my interviews that we then went on to write the paper based on was that people who don't fit the narrow definition of family that they think the work life balance stuff is for, which is usually very, very young children and occasionally, elder relatives, if you're a carer, or if you've got somebody who's got a disability and you're a carer they just don't think they're entitled to take part in it. So the work life challenge that we identified was kind of when you have, when to assert your desire for any kind of work life balance, you've got to challenge normative assumptions in the organisation about who actually does need support and who qualifies for support and who's entitled to support. And then the dilemmas was, like the internal dilemmas, the internal discussions that you might have about investing in those different domains. So for the particular sample that we were looking at, or I was looking at my PhD research, it was young managers and professionals. And so there was sort of like an internal dilemma about, well how much do I push for time off from a work life balance versus how much do I work all the hours because it might progress my career? And while I haven't got children should I take advantage of not having children to really push on the career front. So it's just kind of extending the conversation a little bit to cover more people in the workforce. And I've kind of carried on with that interest really in in further research that I've done. So I'm looking at complex fertility journeys at the moment and there's, there's kind of two different ways that that factors in because people going through fertility treatments, they do have those time conflicts that people have, who have children, if you're going to have to go to fertility clinics often and you're having to, you know, do lots of kind of research around your specific condition and the specific treatment, there's a lot of kind of logistical work that's, that's involved in that, which does take time. So you do have the time based work life complex, but you also don't have that sense of entitlement and that legitimacy, because quite often, there's not any policies around fertility treatment, or it's very limited what support there is. So I think, I think with the notion of these kind of challenges and

dilemmas does kind of carry through as well. And, you know, the idea of, if I disclose that I'm having fertility treatment do then people assume that I'm not interested in career development anymore, and kind of discount different things. So yeah, just useful concepts I'm thinking.

**Phil Willcox:** Oh, there's so much in there I want to ask about. Okay, so you said that commonly in the literature it's framed as so work life balance. So you said that within the research work life balance is seen as a conflict and it's a conflict of time and then there's, is it an implication is it an implicit assumption that it's about families and caring either for young children or potentially elder relatives? Or is it an explicit thing, would you say?

**Dr. Krystal Wilkinson:** I think it's, it's difficult. So a lot of the policies that we have for flexible working, for example, we've been in office, one of the origins in legislation was a work family thing. So initially, you know, the right to request that sort of working was if you were a parent, or carer and then only later was extended to anybody. And I think, you know, we think about all the maternity protections and all the benefits and time off that you get related to family, I think it was quite often normative assumptions in organisations that this flexible working, flexibility, flexible working, family friendly provisions, you know, that it's for a certain demographic group. And the literature I mean, the literature is just that the origins of the work, work life balance come from kind of work family balance. So a lot of studies, they still, they focus on working parents, it's much rarer that you'll have other groups specifically of the focus or if there are a mixed sample, it's usually the parental challenges that are kind of foreground in the discussions. So we just did a replication of our PhD study, basically, in the pandemic context, but looking specifically at people who are transitioning to homeworking, so people who live alone and now they are home working to talk about their kind of work life interface and quite often, you know, the literature on the work life interfaces, it was talking about, everything was home schooling and having very young children and the challenges for working parents and I absolutely think it's right that we do have that focus, because absolutely these people have huge challenges to overcome. But it's this idea that we don't just completely overlook everybody else as well and that might be different challenges for different groups. And quite often, I think when we spoke to people about kind of, like special leave that was in their organisations for working parents, they were supportive of that, but they were like, but what needs to be, people need to be aware of is, if you're taking work off one group, somebody else has to pick it up unless that workload is reduced. So they didn't think it was anything malicious, anything intentional, it's just you know, what about us?

**Phil Willcox:** Okay, okay, so can I unpick some of the different terminology that we've played with so far then? So we had work life balance then, which is often framed as work life conflict which is you said to do with time or strain?

**Dr. Krystal Wilkinson:** Well, yeah, that's kind of the opposite. So we should aim for, everyone wants to have a work life balance, you know, a useful definition of work life balance is "An individual having sufficient control and autonomy over when, where, how they work to enable them to fulfil their responsibilities inside and outside work". So that's a quote that I've used before from Visser Williams in 2006.

**Phil Willcox:** So hang on, sorry, can we can we do that one again, because I thought that was really nicely done. So it was, so work life balance according to that 2007 paper was?

**Dr. Krystal Wilkinson:** Yeah, work life balance, according to Visser Williams in 2006, is “an individual has sufficient control and autonomy over when, where and how they work to enable them to fulfil their responsibilities, both inside and outside paid work”. So that’s work life balance, so work life conflict is when you don’t have that, if you haven’t got sufficient control, you haven’t got autonomy and basically you can’t fulfil your responsibilities inside and outside of work. So there’s a conflict there. So that’s what the work life conflict is and usually, they’re talking about work conflicting with family. So the time in work has taken away time that it could be with the family. Or strain, it’s something about strain, so if you’re stressed, if you’re worried and if there’s issues at home and that can, can take away emotional bandwidth that you could be devoting to your family and stuff. So people, the talk about spill over sometimes, so you can have negative spill over. So if you’re stressed at work, if you’re worried, you know, you’re stressing and your worried at home as well.

**Phil Willcox:** Okay, all right and I guess, maybe this is why you’ve chosen that definition but what I really liked about that definition is, it’s agnostic of your situation.

**Dr. Krystal Wilkinson:** Yeah. It’s just that quite often it’s in the way it’s applied in research is that it’s not but yeah, that definition would be applicable to anybody in any situation.

**Phil Willcox:** Okay, okay, so that’s work life balance and work life conflicts then.

**Dr. Krystal Wilkinson:** It’s the rhetoric and the reality, isn’t it? So the rhetoric, you know, the idea behind this is that, but in reality, quite often, policies and line managers and even individuals are not thinking that it’s that definition that they’re thinking it’s about people, balancing work with family. So if I haven’t got a family, then I haven’t got any entitlement to it?

**Phil Willcox:** And I agree completely and I like the, I want to come back to legitimacy later. I know you were talking about that, in terms of the work that you’ve been doing on complex facility journeys. But legitimacy and disclosure, I thought were two areas that I’d love to come back and look at a little bit more whether that be you know, we can talk specifically about the work that you’ve been doing more recently and then I might want to if we can see if we can broaden those two ideas of legitimacy and disclosure out to potentially other circumstances or, or context as well. So when we talk, when you talk about work life challenges and dilemmas then, so you describe the dilemmas bit being the dilemmas that line managers may face in an organisation when deciding or weighing up the, either the granting or the denial of an approach to flexible working, is that right?

**Dr. Krystal Wilkinson:** Not quite, I mean, when I was talking about what life challenges and dilemmas, the dilemmas I was talking about was like the internal dilemmas of an employee about you know, what how much time do I invest in different domains? And you know, because, for example, if people are and really going to push for work life balance then they’re potentially going to take less time, you know, to dedicate less time to their work. So we’ve been talking about young professionals who were sort of saying, I’m kind of, I think it’s kind of unfair in a way that I have to pick up all the Christmases and all the holidays and I have to work late because the working mums

with children, they, they get to go. But on the flip side, they probably are not going to get promoted, because they're not putting in all the hours that I am, so there were some, that there's kind of some dilemmas that are around.

**Phil Willcox:** Okay.

**Dr. Krystal Wilkinson:** Whereas I suppose the universal assumption is that everybody always wants to work life balance maybe, you know, which depending on your career stage, it might be more or less important to you, relative to other employee benefits including development, training and development.

**Phil Willcox:** Yeah, okay.

**Dr. Krystal Wilkinson:** I think that's coming up quite a bit now in the whole, flexibility stigma, argument, you know, the if it's a case of particular people are perceived as being less dedicated to their jobs because they're working from home, for example, or then are you going to have, you know, people sort of facing these dilemmas, these internal dialogues about you know, their time investment is one, but also, like, where they work. And I'm just waffling on, sorry.

**Phil Willcox:** No, no, no, no, not at all what you're saying is making me really think, so it's fantastic and so those dilemmas then, are dilemmas that all the different parties in a flexible working approach may need to ponder whether that be for the dilemma for the individual around what might this say about me or how might this be viewed? Or what might be the impact be on my, you know, how I viewed my credibility, my future career opportunities, my development, those things? But there's also dilemmas I guess, for the line managers around kind of, do I trust that they'll still get the job done? Will they still perform at the required level? Will they be watching Homes Under The Hammer all day? So there's dilemmas there for the managers, but I guess there's also dilemmas for the organisation's so like, do we do we trust that people can do that? Do we have the right infrastructure in place? Can we keep our information secure and safe if we've got people working in, in different ways, remote ways, or flexible ways? Or going to coffee shops and working from there? Is that going to keep our you know, our data safe and secure? So there's dilemmas for a number of different aspects, I suppose. That's what I'm thinking anyway.

**Dr. Krystal Wilkinson:** Yeah, absolutely. I think it's got huge, huge opportunities, you know, all of the flexible working and a lot of the issues that we're kind of coming up against in the Complex Fertility Journeys Project particularly, you know is if you're giving people more flexibility they have, you know, it's exactly that that quote from Visser Williams, it's the control and autonomy over when, where and how you work. So you know, if everybody has a degree of flexibility, then you know, you don't need a special reason, you don't need legislative protection, to be able to kind of fit in a variety of different non-work challenges or things that you've got going on. So part of me is thinking that if everybody is given flexibility, then it's more beneficial for people that are going through particular issues that maybe there's not existing employment protection for, but also the people that are potentially going to have to cover for them, you know, they feel that it's fair because they're getting to do the same.

**Phil Willcox:** Yeah, no so it got me thinking about and at the risk of doing a shameless self-promotion style plug. So I remember my team at the moment is going through a process of buying their first house and so on, there was a particular day where a lot of, there was a flurry of activity and not much work was done that day. And so they suggested working extra hours to cover for that, you know, to make up for the time that was lost and I said, well as long as you achieve what you need to achieve and get what you need to get done then I don't expect that to happen. And also, kind of buying a house is a once in a, not was a lifetime that's a bit much but that's a rare event. So if, for that one day, you've been sorting out some really important life things then that's okay and go and sort out really important life things because they need sorting out. And, you know I can, I can cover off whatever you needed to get done today for the urgent and/or important or deadline based things. And that's yeah, and that, for me was a quite an easy decision to make. But I'm conscious that I'm probably coming at that from a slight place of privilege in that we work 100% remotely already, a lot of the work we do doesn't require being physically somewhere or in a particular place. And maybe because my team is relatively small, it also affords me a bit of privilege or luxury in that way, as well. But yeah, I feel like I'm rambling now, sorry.

**Dr. Krystal Wilkinson:** So it makes me think of this concept of rhythm intelligence that I've been kind of playing around with recently. So I first read about rhythm intelligence in an article on maternity management in SMEs, so small and medium sized enterprises, that some colleagues of mine wrote at the Centre of Decent Work and Productivity at Manchester at Uni. So it's Julie Rouse and colleagues and they were talking about how, you know, managers who have an awareness of the different rhythms, so the rhythms of work, but also the non-work rhythms of their employees, and are actually kind of tuned into to thinking about the adjustments for the job that might be needed, which for some, it might be quite small or quite temporary, you know, that this idea that, you know, if we co create some solutions, then people are going to be more productive and be more engaged in the long run. You know, that quite often when I think about some of the family friendly stuff and the right to request flexible working, you're thinking about these massive big adjustments, so someone's going on maternity leave for a year, or you know, somebody a permanent change to part time working, or to annual hours or something that's, you know, this one off event. And when we think about, like accommodating disability, you talk about, like reasonable adjustments, or make reasonable adjustments to the job, which might, you know, for a long, considerable period of time, but quite often with this notion of kind of rhythm intelligence it's just about thinking about certain days, but for everyone, when they're going to be a little bit, a little bit less productive, or a period of time, it's something like fertility treatment, you know, it might just be one cycle of treatment, where somebody is going to be really, their performance might be quite compromised, or it might not depending on, you know, how they react to the medications and other factors. But you know, just for a specific period of time and it's similar if someone's grieving, or if somebody is getting a divorced, or you know, something that might be a period of time, but if you get into the idea of thinking that we will support people with these fluctuations in their non-work life, make a bit of a bit of accommodation where we can, then we can keep these people and they'll probably be more engaged because they'll feel that they've been treated well and supported. And they're not kind of othered, they're not this kind of problem, because if your whole team are aware that, well, if I get divorced or if I become unwell you know, their likely to treat me in the same way, then it might, it might overcome some of those issues of us versus them. Why are the parents getting all the support



and I'm not? Why am I always be the one that has to pick up, pick up the slack or feeling that only certain groups of people have protection because it's linked to legislation?

**Phil Willcox:** So what would be good if it's okay, could you share with me a link to either the paper or papers that you mentioned around rhythm intelligence? Because I think that'd be really useful to put some links into the, into the show notes for those if that's okay?

**Dr. Krystal Wilkinson:** Yeah.

**Phil Willcox:** One of the things that I was wondering was so on one hand it can be quite easy to say that by, so I'm thinking of the outcomes and the results that you were discussing briefly just then around things like people be more engaged, they're more likely to stick around. So, giving that compassion and support through that, through that that period of whether rhythms interrupted to when the rhythm then comes back again. Or maybe return to more of a normal cadence or a normal rhythm. It could lead to the to these outcomes at an organised, you know, either an individual productivity or organisational level. And is there any research or does the research support that? Are there any findings that support that doing things like pay more attention to things like rhythm intelligence hand or broadening the definition or the view of flexible working from familial or caring based frames to just much, much broader does, that lead to those kinds of outcomes? Or what research is there to suggest that it does lead to some of those outcomes at an individual or organisational level?

**Dr. Krystal Wilkinson:** I can't point to many kind of papers that I've read on this, I mean, the Rhythm Intelligence paper that kind of has been the background of my thinking was only published last year.

**Phil Willcox:** Okay.

**Dr. Krystal Wilkinson:** But I mean, we interviewed 80 men and women on our Complex Fertilities Journey and you could absolutely see within those, we did biographical narrative interviewing, so basically, the interviews started with, just tell me your story of how your fertility journey has been navigated alongside your work. And people just told us their stories, and the amount of people that talked about, you know, there was no policy, there was no support, I didn't feel able to tell my manager. How they then tried to navigate it on their own, or how they struggled to navigate it on their own and it ended up with lots of sick leave, going part time, leaving the job, changing the focus of their career. So some people in academia for example, said I can't do research, I'm just going to have to move to a different bit of the job. So in terms of kind of the impact of not being supported on their careers, their commitment to their employer in a psychological contract stuff, stays off, you know, all of the kind of markers that we would say about a business case for supporting something in terms of absenteeism, presenteeism, leaving the job, going part time, productivity, you know, we could absolutely see in these narratives and to a lesser extent we did have examples of people who were well supported. And it's this idea of on temporary reasonable adjustments. So these were, I would say, rhythm intelligent managers, these were people who were saying, right, I don't know much about this, I don't know much about fertility treatment. Having discussed it with you, I realised that you don't even really know what to expect that your body might react quite differently. So I'll come along with you or have some meetings with HR, I learn a bit more, tell me what you want to

tell me about it and we'll negotiate as we go, we'll try things. And if it doesn't work, we'll try something else for people that were given extra flexibility. But quite often, always, you know, to have those kinds of things you need people to disclose and when you've got a organisational context where there's no policy around fertility treatment, there's no, there's nothing that says that if I were to disclose I'd be entitled to anything or it'd be favourably met with...then it becomes very difficult.

**Phil Willcox:** I mean, I'm not a big fan of policy anyway. So I have my own biases to maintain control of I guess.

**Dr. Krystal Wilkinson:** To be honest, in my mind the ultimate supportive policy around fertility treatment would be treat it almost like a disability for a period of time, even if it's just temporary. And then you might have to make reasonable adjustments. And that's because everybody's experience is so so different going through this in terms of how many cycles of treatment they might need, whether, you know, their reactions to the medications, what their job was like before and how that intersects. I think there's quite a lot of interest in fertility policies at the moment which is great to see, absolutely great to see, but quite often you see it's like, you know, somebody can have five days per cycle, or five days off per year, some people don't need 5 days off, they need a bit of flexibility. Some people might just need an adjustment to their workload because the medications that they're on might impact their memory or for whatever that particular person's experiences. So yeah, what you need in the policy basically, is just a policy to be there, or there to be some presence on the website, for example, so people think this is something I can talk about at work. This is something where I'm entitled, you know, with a sense of entitlement, some legitimacy to actually having a conversation with my manager. And in the absence of any legislative protection around this issue, people don't know that. You know, they think I've got no entitlement, there's no legislation, there's no law that says I can have time off, there's no law that says anything. So if there's no policy, then I probably think I'm not entitled to anything. If there is a policy it's great, but the risk with policies is that they are shutting people down. So they're saying they're entitled to three days. So that's it, it's three days when just a discussion with your manager and what you actually need might be a lot more appropriate and supportive.

**Phil Willcox:** Yeah, because it can be, I can, I can understand it being a tricky area to navigate and both around fertility journeys and around other kind of areas as well, because you mentioned grief earlier on and grief is something that affects so many different people in so many different ways. And often what organisations will have is a particular policy that says, if it's a certain classification of individual or certain classification of loss, then that entitles you to so many days or and I've always really struggled with those things because you just don't know.

**Dr. Krystal Wilkinson:** Yeah.

**Phil Willcox:** It's really hard as an organisation to say, if x then y, you know, if immediate family member, then y days, if distant relative, than x date?

**Dr. Krystal Wilkinson:** Yeah.



**Phil Willcox:** I think it's, and I what policies do is provide to a certain degree that clarity, that protection, because if you go the other way, which is, what do I mean by, if you go the other way? So the yeah, if you go, if you go the other way, which is have what you want, whenever you want it, then there's no control for the organisation in there either and I think sometimes it's those ends of spectrums that are played out rather than somewhere that's kind of more in the middle.

**Dr. Krystal Wilkinson:** Yeah, I was thinking for line managers aswell, so what we seem to see in our research certainly, was the really experienced managers that have dealt with a lot of maternities and a lot of bereavements and a lot of people with disabilities and health conditions, they were much more confident at not needing a policy and flexing it and going a bit of above and beyond what a policy said, or, you know, well it's obvious I'd just do this even without a policy. But I think sometimes the newer line managers, particularly, they really need a policy, you know, because they they're not as confident to just make those judgments.

**Phil Willcox:** Yeah.

**Dr. Krystal Wilkinson:** I suppose it's about training as well isn't it, if you've got really, really good line manager training and support, so HR support. So people want to think here's the baseline policy here, you know, there might be a baseline fertility policy, for example, that says, you know, you can have a few days off, but if there was a line after that, you know, or more at your discretion, or contact HR for a discussion for a case by case discussion. But obviously, then I'm assuming that it's an organisation that has HR that has lots of policies and quite often, you know, a lot of people are working in small to medium sized enterprises. We had some people in schools and I know, there's a lady that's running an organisation called fertility issues and teaching, that's talking about, you know, a huge largely female dominated profession, that quite often, you know, there's there isn't much in the way of policies and procedures, or the HR department often that you can contact and sometimes it's, you know, it's the had teachers often to make these decisions when they're not necessarily got specialist knowledge or training. So, you know, that's one thing that we're trying to look at in our research particularly, is the range of job contexts that people might be in. And in the, in the academia, for example, there's quite a lot of people like PhD students, or people on temporary contracts and things where it's like, I've not got one employer, or I've not got, it's not even an employment contract, I'm a student, but you know, I'm in my 40s, it's all, all the complexities around not only your, the specifics of the personal situation that you're trying to navigate, but the specifics of your employment context as well. So just on a paper, shoehorn this one in there, just published for perinatal mental health and employment, which is a mental illness in pregnancy and post birth. And talking about kind of ecological systems theory and rhythms so the rhythm intelligence stuff is in there, this idea that you know, our experience isn't just about the workplace micro setting, it's the workplace, but it's also many other micro settings that are important here, so fertility will be for example, fertility clinics, the operating hours, their forms of communication, all that's going to have an impact on how you balance your fertility treatment with your work. And then you know, that's within all the other levels of the system as well and the kind of the exome level is where all your regulations are and your industry standards and you're working within multiple different levels of a system at any one time and your unique position within that and your own history and the history of your manager and the history of your organisation and the history of your national context in terms of the policies that are available, it all has an impact. So you

know, the right to request flexible working is a key piece of legislation that's, you know, arguably more open to anyone. It's not just people with children. It's not just people with children, but you've only got the legislation that was just the right to request and your employer can turn it down for any number of reasons. And access to provisions, even when you are entitled to them, your manager can block that access. Sort of like blocking a promotion or something, so you're always within multiple different systems that you're trying to navigate at any one time.

**Phil Willcox:** Yes and that's, yeah, it's hard because it's that systemic bit often that's the really tricky one and how trying to make it so that those systems can be compatible with each other. So can the clinic's opening hours also line up with the system of the working practices of the organisation and also line up with the deadlines of work that need to be delivered and, and, and. Yeah, I'm with you. So if I was a listener to this podcast then, I'm thinking alright Phil, alright then Krystal, you've talked about these different situations or the different, whether that be the facility journeys, or the nonparental, or non-familial or non-caring responsibilities and individuals in there we're going to have a look at our flexible working, or we're going to be looking at our approach to how we go about these areas? What would your advice be?

**Dr. Krystal Wilkinson:** I think at an organisational level, if you've got the time and the energy to do it, then consulting with your staff. So you know, employee voices is a huge thing that people are more likely to get on board with things if they've been involved in the design. So understanding the profile of your workforce, maybe, you know, look at the age range, look at other demographic factors of your workforce and then yeah, try and have a discussion, you could say we're thinking of introducing, or looking at our flexibility policy, you know, what do you, what do you think of it already? Do you feel entitled to any element of flexibility? Do you want any element of flexibility? What element of flexibility? Would it be temporal flexibility around you know, the timings of work? Would it be around location flexibility? Would it be about functional flexibility, you know, that people just want to learn new skills to make their jobs more interesting. And I kind of, I guess, kind of understanding what people want, what their views are of existing policies, whether they think things are fair, whether they feel their managers are approachable to talk about normal work things. So I suppose if you get a picture of kind of the current, the current perceptions of your workforce, the current needs of your workforce, and then trying to think about what is feasible, you know, for certain, as you mentioned before, in a certain kind of industry, certain types of jobs, certain types of flexibility might not be possible, but you might be able to do something with something else. Or if things aren't an option, if you actually go back and you explain very clearly why, you know, we've given this some thought, but this is not possible, because people can feel that at least they've had a voice at least have been, it's been considered, and they've had the opportunity to say, because I think, you know, procedural justice, you're kind of sense that is, the why the way things are, are the way they are, and that you understand the decision making behind that can be more powerful sometimes than actually the outcomes. So I'd also encourage any individuals to think about their own work life balance, think about their kind of life course. So going back to the my PhD research, these kind of issues around people assuming that young managers and professionals without children don't have any non-work time demands. And they will quite often be thinking, I don't want to be single and solo living from it. You know, I want to meet a partner and I want to have a child one day maybe. And how do I meet a partner when I'm working really, really long hours, I can't, you

know, I arrange dates and then I can't turn up because it's unpredictable. Or my employee keeps sending me around the country because I'm the person who's, you know, unencumbered by children and I'm the one that will get sent on jobs. And it's like, you know, so especially if you're encouraging people to think about their non-work priorities and where they are in the life course and whether that's likely to change. Whether something maybe isn't that important to them now, but it's likely to become, because one of the issues that we had in with that research is that people genuinely thought they weren't entitled. And they genuinely thought that their needs were less important than other people, because the narratives are there that parents have it harder, parents need the support, so quite often, these individuals weren't only not asking for flexibility, but they were offering to work late, they were offering to cover at Christmas sometimes, because of this perception of other people had it harder, some of them and some people will be expected to be like that and they didn't think it was fair, but they didn't feel that they could say no and I guess if an organisation was to ask everybody, there might be some people that quite wanted to Christmas, or you know, could you pay more for the people who worked Christmas? So there's an incentive, or, you know, find other ways to make the, the kind of, the overall reward package more effective, you know, so if people are always taking on extra work, could they have some say in what extra work is taking on. Could they have some work that they find more challenging as opposed to just more of the stuff they don't like, can switch things around or just take off some non-essential tasks, if people are offering to cover for other people. I keep feeling like I'm just waffling on.

**Phil Willcox:** No you're not waffling on at all. No, no, no apology needed. Yeah, you keep making me think of different things. Which is, which leads me to think that you're not waffling because if you were waffling I wouldn't be, it wouldn't make me think ooh what about this and what about that and what about the other? So one of the things that you, that you've mentioned, I guess, kind of implicitly a couple of times when you talked about disclosure and also then when you were saying about the importance of consulting and asking people, there's a risk I guess to people that we're asking them to be vulnerable. So we're asking them to, to share what might be going on for them outside of work in terms of their personal priorities in whatever way their personal priorities maybe. And in some of your work, you talk about work-based vulnerabilities. And I wondered if you could tell me a bit more about those?

**Dr. Krystal Wilkinson:** Yeah, well, in the paper that came, well one of the papers that came from our PhD we were talking about kind of it was particularly again, the solo living managing professionals and this idea that when you haven't got a role as a parent, or as a spouse, sometimes your main role in life and your main sense of identity could be through your work. So you might be more vulnerable to some disappointments at work. So if people criticise your work, or if there's a, you don't get promotion, or you don't get a particular project, or you get treated negatively, there's, that's kind of your main sense of identity is being attacked. And also you might not have, I mean this, this idea of the work life conflict, there's a set of literature about work life enrichment, where having one role in life can actually kind of be beneficial, you can have skills that you can have in one domain that will be useful in another domain, but also just having somebody at home that you can vent to that you can talk about your disappointments at work, put things in perspective, or just stop you dwelling on stuff. So in the pandemic study these people live alone coming out of home working, quite often, they were really worried about the pandemic and living alone and you know, what, if something happens to me and nobody found me and their dwelling on that and that's kind of maybe making

them work longer hours because they're like, well, I need some distractions and they're working really long hours and there's nobody to offload to about their concerns. And then if there is something that's upsetting them at work and that includes fairness and I feel like I'm picking up and having to work around the people who have got children who have, you know, got more flexibility. Yeah, so I can't do my job because I can't get hold of that and the stress and the stewing and they've got nobody to tell at home and nobody to say it doesn't matter, just you know, have a hug or feed your child or whatever it is that that might just, although it's a burden, it's a task that you have to do it, it diverts your attention to something else. So interesting stuff. I find it interesting anyway.

**Phil Willcox:** No, no, I agree completely. And I think the Corona, I get fascinated with identity anyway and both the identities that we choose to take and the identities that are then put on us and you talk about, I think the example you gave earlier on was brilliant about, you don't have any, so therefore you can, you don't have any insert whatever that is, caring responsibilities for example, therefore, you can travel the country, which runs the risk of negating any other relationships that that individual may hold and value or activities that that individual may hold or value that are based around where they've chosen to live. And then, by sending them across the country they can't play for their football team or join, you know, or go to their club or wherever, see their family, or friends or whatever that may be because they don't have familial or caring responsibilities, then they can, which then goes on to effects things like legitimacy and disclosure.

**Dr. Krystal Wilkinson:** Yeah and I think you said something really, really, like important and profound before which is something that we've certainly been grappling with in our fertilities study, particularly, which is about, you know, there is a vulnerability in disclosure. So, you know, if we're, if we're encouraging people that you're only going to get support if you disclose, tell us, tell us about your fertilities treatment or mental health is the big thing, you know, there's like people, you have to, mental health is an invisible, it's an invisible disability. To an extent, if you've got a severe and severe episode of mental health illness it might be visible to other people through your behaviour, but for a lot of it, it is potentially concealable. To get support, you need to tell people about it and there's huge campaigns to disclose, it's good to talk and tell but, you know, the statistics and the literature on discrimination based on mental health is considerable. So, you know, there is evidence out there that people who disclose might get treated badly whether they would have got, you know, discrimination anyway, because maybe their performance would have dropped, you know, it's difficult stuff and with the fertility stuff, you know, a lot of people in our study didn't want to tell the manager because, well it's private. You know, people don't tell their manager about their sex life to get pregnant, but we kind of have to tell them about our intimate life and you know, that we're having, that we're having fertility issues and then I don't want people to ask for updates, you know, I don't want to keep having to explain, oh no, the cycles failed. Perceptions that you're not interested in your job anymore and that's been a feature of literature on maternity and work for a while. But with maternity you're pregnant, it's probably going to be visible at some point and you're going to have a baby hopefully, you know, unless something goes horribly wrong. Whereas with fertility treatment, the odds of actually getting a live baby at the end of it and not always as strong as people think. So you're basically disclosing wanting to be able and all the perceptions that you know that come with that in terms of, you know, not committed to your career or that, when you might not even end up with a baby. So it is it is absolutely, it's about what should be in the domain of work and what is private. But if you don't disclose it, then you've got to navigate it yourself and you've got to

find ways to conceal. And there's a really nice paper that I like by a lady called Caroline Gatchell on Maternity Management and Work and it's secrecy, silence and super performance and it's about you know, trying to conceal that you're pregnant, when you do disclose, trying to downplay the pregnancy and keep it all controllable so that nobody can say you're less committed to your job, or you're no, no, you're not good at your job and super performance is people actually feel like I have to work even harder than they did before so that people don't think that they are slacking. So it's like, in terms of emotions, you know, the whole spectrum of emotions that you have to navigate when you choose to disclose or not. And then with something like a fertility journey, you keep having to make those decisions, because it's like, well, do I tell each new cycle? I could tell or not, so I could tell, I could tell a bit of a cycle or not, if there's a miscarriage, maybe I keep that silent, but I've told them about the treatment, or you know, there's so many different dynamics. Yeah, so it's difficult, it's difficult to know what we, I can't think of any from this study so far and the conversations that we've had with various kind of stakeholders that are involved in both the fertility side and on the employment side, I can't really think of anything other than trying to still say in the policies of training for managers, try and make it an environment where there is more awareness about fertility treatment so that managers are aware of what IVF is, for example, the stages that people go through, what it entails, put information on your website about sources of support, do a maybe a blog, maybe there could be a buddy scheme or a support group thing that people can, if it's a buddy scheme, you might be able to keep that more, more anonymous people, not many other people might know that you're taking part in it, to offer some elements of support, whilst people decide, can they or can't they tell them their manager? You know, are there provisions for occupational health, are there provisions for a counsellor at work that could be involved. Is there other routes to getting some support around this issue, other than always telling you manager or somebody else, can you know, you know, if you've got a really bad relationship with your manager, can you maybe speak to Mental Health First Aid? Or can you maybe speak to HR as a starter? But it's really difficult, it's really difficult because you do, it is putting yourself on the line when you disclose anything like this, that you might not be supported?

**Phil Willcox:** Yeah, I think, I think a lot of things. So one of the things that I'm thinking is that I guess, on one hand, it's like, well do we need something for every eventuality? So whether that be facility treatments, grief, I know there are puppy policies for those that are taking on new pets. You could have one for grief or loss. You could have one for I mean, financial challenges. That's another component that is still, as well as mental health, I think that's stigmatised as well. So to come in and say I'm struggling financially, yet you're paying me a salary and how do I navigate through those things. But if you don't have something that lists, reasons, or why it's okay to come and talk to, or to disclose to whoever it is about whatever that situation may be, then it comes back to your point earlier on about legitimacy of being able to do that because if there's a list of things that you can talk about and the thing you want to talk about isn't on that list, then can I talk about that thing or not talk about that thing? So one of the ways that, that I've tried to get around it in, in my organisation is I talk about physical, mental and emotional, physical, mental, emotional, and financial well-being key aspects of what makes workplaces better and helps people enrich their lives in whatever way that may be and making it really clear that anyone who works for or with me and my organisation, we want to talk about it, I've got a guidebook thing that says it might be uncomfortable, it might be hard, but they're the conversations that matter. So if you or someone else is struggling with around physical, mental, emotional, financial well-being, please share it at the earliest opportunity, we

might not be able to fix it, but if we can help and assist we will, but we trust that you know, your well-being better than anyone else and so you need to take the actions that you can do to support it. But we also trust that if you're struggling you'll check-in and say, I'm finding whatever this thing is tricky. And not necessarily needing to disclose exactly what it is, but, but disclosing, there's a thing that's happening and that thing is tough and I could do with x.

**Dr. Krystal Wilkinson:** Yeah, I think that's it...

**Phil Willcox:** I'm not guaranteeing that we can give you x but if you let me know what you can do with then, we can talk about what it might be in terms of how we can help.

**Dr. Krystal Wilkinson:** Yeah, I think that's a really nice approach because it's then almost asking for the solution that that person thinks will be useful for them. It doesn't matter I suppose to an extent, I think you've got to be careful that, you know, obviously there are protected characteristics under the Equality Act. So if somebody has got a disability, or if they've got maternity or there might be particular things that you have to do. But I love this idea that, you know, yeah, we're not, we've not got a master list, it's, it's just in both of our interests, so we want to support you and we appreciate that if we can support you in a way that enables you to still be productive, then it's in the business interest as well, which I think maybe helps with legitimacy, as well. You know, if people realise that, if I'm asking for support to make me able to do my job and it might not even be, you know, if I'm needing a bit of a workload relief, right now, in order to sustain my productivity to stop me spiralling down, you know, some people could end up in some sort of crisis, if they're not supported. So it's like an investment in the future for the employees but for the business as well. I think there's the kind of the business case argument behind supporting people probably works on people as well in terms of feeling, yeah, if I do ask for a bit of support now and I go with a solution that we think might work, I'm not being cheeky, you know, if it is something that is communicated, if everybody knows those four principles of how many it was in your organisation or your physical financial, then it doesn't mean that I'm this odd case, I'm this special person needing something special. It's, it's well no, it's this philosophy that we do for everybody and, you know, that becomes a psychologically safe culture, where people feel more able to talk. I saw something recently, I've not read the book yet because I don't think it's out yet but there's a book called The Whole Person Workplace and I think that's really nice, because that kind of chimes with that, you know, you buy the whole person at work, you're not just this, this ideal worker who's just, you know, the only thing they've got in their life is just the job and their unincumbered by anything else and they can just be productive all the time. But this idea that you are a whole person, you bring the whole person to work. If your workplace respects everybody as a whole people, then maybe everyone is happier and more productive.

**Phil Willcox:** Yeah, well, I'll definitely put a link to it in the in the show notes, even if it's pre order link. Thank you, that would be really good. Okay. I think, I think I want to bring us together and close us off Krystal if that's okay? Before I do, is there something else that you might be thinking something else that you're feeling or something else that you want to say before I do?



**Dr. Krystal Wilkinson:** Yeah, I think just in all of the stuff that I'm researching there's a lot of the time, the focus is on the line manager of how, you know, the line manager, the skills that the line manager needs to support somebody. And I think there's a lot of pressure on the line manager and quite often they've not, they've not had the training necessarily, but more than that, their job roles in terms of the pressures to hit targets, the amount of finances that they have it, line managers can often want to be really rhythm intelligent managers, or happy supportive managers but if they've not got the infrastructure behind them to, to allow them to do that, it can be really difficult. So it's not just about being trained, they definitely absolutely need training on all this stuff. They need to know what the policies are, what the legislation is around this, what they can and can't do, they need awareness of some of these non-work issues that people might be going through but also they need to be encouraged to do that themselves. So are they be rewarded, are your managers being rewarded for being good managers, they need to have the budget to do it. So that if they're going to, you know, say somebody doesn't have to hit the targets for this time, it's going to take a bit of the work off, we're going to take a bit of your hours off, or we're going to give you some special leave or whatever it is, who picks up that work, if you're not pushing it onto other people who then, quite often the single people without the children, you know, that they're going to, you know, they can't do it themselves, the managers, you know, so if they've not been budgeted for an extra headcount or the okay to say that certain targets can be dispensed with or postponed. You're quite often asking a very, very lot of your line managers and I think their well-being and their emotions in there. If we're exposing them to things like trauma and mental health problems and very upsetting fertility journeys potentially and all manner of other things grief, they need support as well. I think, you know, we quite often, I feel like as academics, you know, we can write papers and we can make observations about what people need but in the real world, there can be other factors that are at play there and I think, you know, we can't always ask the line managers or expect line managers to be able to, to handle this very well. If they're not supported, as well. That was it. That was all I wanted to say that.

**Phil Willcox:** No that was good. That was good. Thank you. Okay. So we've mentioned, we've mentioned a book and we've mentioned a few different research papers on rhythm intelligence and some of the research that you've done as well. Are there any other kind of books or videos or research papers or research papers or articles that you would recommend for people to have a look at?

**Dr. Krystal Wilkinson:** No, not off the top of my head. I think I've mentioned most of the...

**Phil Willcox:** Yeah, that's fine. I'd say if something comes to mind then, either include them in the links that send across or let me know at a later date. We can always update the show notes afterwards as well.

**Dr. Krystal Wilkinson:** Perfect, sorry about that Phil.

**Phil Willcox:** No, it's fine. It's all right.

**Dr. Krystal Wilkinson:** [Laughing] I had prepared for that question and I wrote a few but we've mentioned all of them.



**Phil Willcox:** That's good, well that means if we've mentioned them all, that means that we've included all the really important stuff, so that's a good thing. That's a good thing. Is there anyone or someone in particular that you would recommend that we seek out to get as a guest on this podcast?

**Dr. Krystal Wilkinson:** I had, we had this chat in the briefing and I would have absolutely said Sarah Jane Lennie but...

**Phil Willcox:** Yeah, we had her on for episode 2. We can get, we can we can certainly work to get her back on. Yep.

**Dr. Krystal Wilkinson:** Yeah, I mean, Scott Behson, he's the guy that's written The Whole Person Workplace that I can't wait to read. So, you know, he might have more to say on that. Caroline Gatchell has done loads on maternity management and silence and not being able to talk about things in the workplace around, from the perspective of working mothers and pregnant women. But it is a list, I could go on of all the people that know that have done anything on emotions. A good colleague of mine has done a research project on blame, blame the workplace. On emotional blame, but I was going to email him between speaking to you and today, but he doesn't work on Fridays or Mondays so I didn't bother.

**Phil Willcox:** So please, so please introduce me. Yeah, so that would be really interesting. Yeah, so...

**Dr. Krystal Wilkinson:** Yeah so he's Professor Ben Upton and he had a senior research assistant on it as well, one of those two.

**Phil Willcox :** All right, we can do that. All right. And if people want to find out more about your research then, what would be a good way to get hold of you if they wanted to ask you something more.

**Dr. Krystal Wilkinson:** So Twitter, or LinkedIn, or we do have a Project webpage for The Fertility Study which has got some interesting stuff on there actually, we're doing something called ethno drama, which is, we've got a creative consultant who has, we've given her the key themes from our research, but we've also given her some of the raw data and we are doing little scenes, like little vignettes.

**Phil Willcox:** Yeah, nice.

**Dr. Krystal Wilkinson:** For using training materials and stuff. So there's a couple of them, we've got a couple of those as audios on our website as well.

**Phil Willcox:** Okay, well, I'll put links to all three of those then into the show notes as well.

**Dr. Krystal Wilkinson:** Fantastic.



**Phil Willcox:** All that's left then is to say, Krystal thank you so much for your time today. It's been a fascinating, fascinating conversation. I've really enjoyed both finding out all about your research and some of the wider literature as well. So yeah, thank you so much for coming on.

**Dr. Krystal Wilkinson:** Thank you so much for inviting me. It's been really, really good. Thank you.

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