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# A qualitative study of work-life balance in orthodontics – commentary

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If you undertake a search of the management literature you will find many articles about work-life balance. Good employers hope that a good work-life balance will lead to a happier workforce, higher productivity, lower absenteeism and better retention (see <a href="http://www.employersforwork-lifebalance.org/">http://www.employersforwork-lifebalance.org/</a>). Governments also anticipate many advantages to a favourable work-life balance and have also tried to get in on the act (see <a href="https://www.gov.uk/government/publications/work-life-balance-survey-number-4">https://www.gov.uk/government/publications/work-life-balance-survey-number-4</a>). It is therefore about time that the work-life balance of orthodontists was studied and the authors are to be congratulated on this work, in a little explored area. I found this article interesting and it was particularly reassuring to see some of the issues and problems I face being mentioned, by some of the participants.

As the authors suggest, decisions about work-life balance, as with other lifestyle choices are very personal, which is why a qualitative approach was the appropriate method. The investigators decided to have a wide sampling framework, which was successfully applied; however, I was struck, when reading through the quotes, what a diverse range of issues the participants faced, working in different settings, at different stages of their career and family life. I think future researchers should use these data to concentrate on a narrower sampling framework to explore, in more depth, the issues of specific working environments.

The participants knew that they were speaking to an orthodontic trainee. They were therefore aware that the interviewer might be facing similar problems in the future and I am sure that this influenced what they said. Qualitative researchers argue that one of the strengths of the qualitative approach is that it recognises and considers the effects that researchers might have on their data – a concept known as reflexivity. I think it would have been helpful if the authors had considered this influence more extensively.

Another interesting perspective was the impact of 24 hour connectivity and whether this is a blessing or a curse. For me, being able to work at home is a huge advantage. I enjoy the flexibility, reduced travel and relative peace (now that my children are grown up). However, it does mean that historical boundaries of working hours have now been stretched and there is always the temptation (and sometimes pressure) to respond to each e-mail message immediately, at all hours of the day. This can add to stress and a dissatisfied feeling, at the end of the day, that nothing has really been achieved. I must admit that when I go on holiday I insist on having a complete break from work. I put on the automated message, switch off my phone and don't look at my e-mails until I get back. Of course, it can then be equally stressful to face several hundred messages on your return.

Satisfaction with life is complex and based on many external and internal factors. I was particularly pleased to see that all the participants were satisfied with their career choice, as am I. Motivations for work are many and varied. The term work-life balance somehow suggests 'work' is bad and 'life' is good and the best approach is to minimise the former and maximise the latter. An alternative view (I suspect held by many

orthodontists) is that work-life balance is more about having control over the way we work. To some this will mean self-employment, being 'their own boss', working where and when they choose, most likely in specialist practice. Others, like me, choose to work in larger organisations, but still consider it important to have some flexibility in our working patterns (like writing this article, at home, on a Sunday evening).

As orthodontists, we are very fortunate to have choices that are not available to others. We can work for ourselves or for others and many choose to do both. We are amongst the highest paid professionals and at the same time our patients help us believe that the service we provide is appreciated and worthwhile. The great American author and political activist Helen Keller, who contracted an illness at the age of 18 months, which left her deaf and blind, once wrote "Instead of comparing our lot with that of those who are more fortunate than we are, we should compare it with the lot of the great majority of our fellow men. It then appears that we are among the privileged." I could not agree more.