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Responsible human resource management in practice: Towards a family-friendly workplace

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### **Abstract**

The purpose of this case study is twofold. First, a family-friendly development program in a Finnish health care organization is considered a good example of an attempt to develop an advanced workplace regarding work-family integration. The core idea of the program is that in a family-friendly workplace, human resource practices take employees' varying circumstances into account. Second, the qualitative data gathered from the case are used to explore employees' perceptions of family-friendliness, as well as the successes and pitfalls of adopting the development program to enhance work-family integration. The results show that the relationship between employees and their immediate superiors was perceived as a key factor in an organization's family friendliness. Additionally, putting care and fairness at the centre of responsible human resource management was viewed as promoting a family-friendly organization. A high organizational hierarchy and different values being placed on various professions and positions (both typical features of Finnish health care organizations) were perceived as obstacles to advancing the organization's family friendliness. The establishment of family friendliness requires similarly common guidelines and context-specific flexibility in the organization, meaning that work-family integration can be paradoxical by nature in organizational life.

*Key words:* case study, family friendliness, Finland, health care organization, human resource management, responsible human resource management, work-family integration

## **Introduction**

Organizations are increasingly obliged to recognise that their employees are not only participants of work life, but also caregivers as parents, partners, and children of aging parents (DePasquale et al., 2017). Additionally, employees have many roles and activities (e.g. hobbies, volunteer work, activities in NGOs) outside work that are meaningful and important to their quality of life and well-being (Hobson, 2011). Since the 1990s, the awareness of employees' varying roles and responsibilities has resulted in what is called a 'family-friendly workplace'. The family-friendly workplace refers to various practices and policies that are aimed at facilitating the capability of employees to combine work and family lives in a satisfactory way (Thompson et al., 1999). Integrating employees' work and family lives is a key issue in responsible human resource management, in terms of both employee outcomes and individual well-being and quality of life (Nie et al., 2017). Yet, from the viewpoint of the organization's human resource management (HRM), this integration is often problematic because it questions the limits of the organization's right and duty to get involved (or interfere) in employees' personal lives.

In today's rapidly changing economic environment and society, it is crucial for organizational performance to achieve and retain the best people with proficiency and talent. Additionally, employees are increasingly seeking work and career opportunities in which they are able to combine work with their personal life (Las Heras et al., 2015; Greenhaus & Kossek, 2014). Therefore, organizations are increasingly interested in implementing family-friendly practices, which have been found to decrease work-family conflict, increase job satisfaction and productivity, reduce absenteeism and disengagement, as well as improve motivation and meaningfulness of work in ones' life (Thompson et al., 1999; Las Heras et al., 2015).

Family-friendliness is a human resource management model designed for organizations to help employees manage work and personal life demands. Work and family are often considered competing domains, but they need not be; successful work-family relationships can enrich and be useful in both work and family spheres as well as evolve over the life course (Greenhaus & Powell, 2006; Greenhaus & Kossek, 2014). HRM can help organizations develop programs and policies allowing employees to maximize the likelihood of a positive relationship between their work and family needs. In the long run, such maximization benefits both employees and the organization (Bloom et al., 2011).

### **Objectives**

The objectives of this case study are twofold. *Firstly*, we introduce a case: implementation of a family-friendly development program in a Finnish health care organization. This case was chosen for the study because it can be considered a good example of an attempt to develop an advanced workplace in regards to work-family integration (Eisenhardt & Graebner, 2007). The core idea is that in a family-friendly workplace, employees' different life situations need to be taken into account in HRM practices to enhance satisfactory work-family relationship, employee performance, and individuals' quality of life in general.

*Secondly*, the results of an empirical analysis concerning the case are presented with the help of a qualitative study. In the study, perceptions of family-friendliness and what promotes and hinders the development of the family-friendliness in the case organization are explored.

### **Family-Friendly Workplace Program**

The ideas surrounding the development program, ‘The Family-Friendly Workplace’, in this study have been developed by the Family Federation of Finland (*Väestöliitto* in Finnish). It is a family welfare organization (a non-governmental organization) working in the social and health sector and aims to enhance the well-being of families as well as youth and population and is a member of various international organizations (The Family Federation of Finland, 2018). The family-friendly workplace program which aims to create a family-friendly working culture (Kinnunen et al., 2005), meaning that that organizations follow laws and collective societal agreements, support a balance between work and family, develop fair workplace rules and instructions to foster the work-family relationship and cherish good practices in the work community (The Family-friendly workplace, 2018).

According to the instructions of the Family Federation of Finland, the family-friendly workplace enhances:

- selection of arrangements regarding work and working hours: flexibility, agreeing on work shifts, telecommuting and so on;
- opportunity to take parental leave and return back from the leave without problems;
- opportunity to work part-time and
- situation-bound flexibility. (The Family-friendly workplace, 2018).

### **The Family-Friendly Workplace Program in a Health Care Organization**

In Finland, families have plentiful publicly funded day care possibilities, and parental leaves are relatively long. In practice, this means that mothers and fathers are granted to a 105- and 54-day parental leave, respectively. The family can subsequently choose whether the mother or father will stay at home for an additional 158 days (Kela, 2018.) Although this latter part of the parental leave can be allocated for both parents, it is used almost exclusively by mothers. For example, in her study about Finnish fathers, Närvi (2018) found that about 9

percent of fathers do not use any available parental leave days after their child is born. Partly, due to support systems provided by the state, Finnish work life organizations have not been so keen voluntarily developing work-family policies and practices.

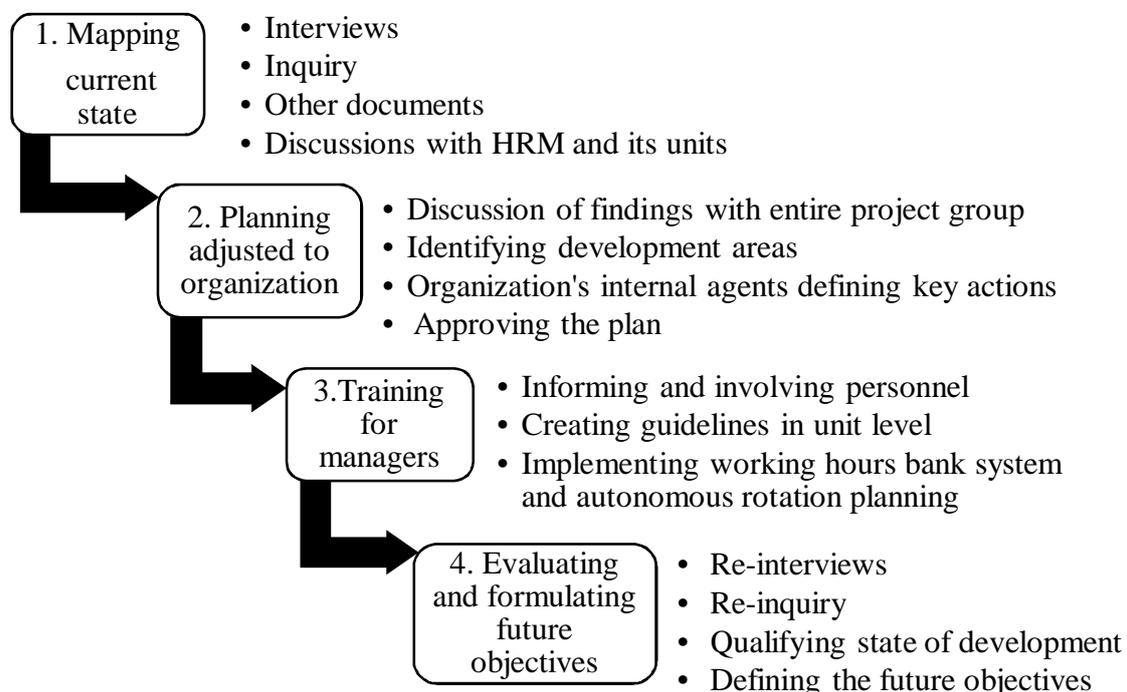
Our focus, the family-friendly workplace development program, was implemented in a public district hospital that had around 3,300 employees and a notable employer in its region. The study of Mauno et al. (2005) found that family culture and issues related to it are regarded as more positively in the public sector than in private organizations in Finland. Typically, health care is a female-dominated sector and employees are highly educated and qualified across all occupations in different organizational levels. The scarcity of professionals (e.g. qualified nurses) has resulted in it not being easy for to find and recruit the appropriate personnel, for example, to replace those on parental leave in this type of organizations.

Currently, Finland is undergoing considerable administrative and structural changes in the social and health sector. The role and importance of regional management are going to increase. If Parliament consents, this change means that some employees are transferred and others need to apply a new position in changed organizational structure. The separation between private and public sector will become more blurred, and competition in the field is expected to increase. The proposed change was one of essential reasons for the district hospital to participate in piloting the family-friendly workplace. The development project in the hospital is part of a broader key change programme of the Finnish government called *Lapsi- ja perhepalveluiden muutosohjelma* (LAPE) (change program to address reform in child and family services) (Lapsi- ja perhepalveluiden muutosohjelma LAPE, 2018).

### **Development Process of the Family-Friendly Workplace Program**

As a whole, the development process in the case organization lasted two years. Here, we focused on development in the first year. The process started in April 2017 with a kick-off meeting. The participants in this initial organizational meeting formed the project group for the development process. The project group included participants (2) from the organization, representatives (2) of the Family Federation of Finland, the local administrative operators (2) and a member from our research group. The HR manager, occupational well-being planner and director of employment were key actors in the development project in the hospital. The start of the development process involved four stages: 1) mapping current state, 2) planning adjusted to organization, 3) executing development acts and 4) evaluating and formulating future activities. The phases of the development process are shown in Figure 1.

Figure 1. *The Development Process*



The process started with mapping the current state of the work-family relationship in the organization. This was done by doing research to define the base level. In this phase, both qualitative data (interviews) and quantitative (survey) data were gathered. After analysing the data, the current state of the organization's family friendliness was presented to the project group. The results showed that some family-friendly practices, such as possibilities for shortened working hours or to work on a day shift due to family responsibilities, were used at the hospital. The shortcomings which occurred were that the culture of the organization was not found to be very supportive to family friendliness. Supervisors did not have common policy for the use of family-friendly practices and there was a lack knowledge concerning managing the work-family relationship.

Next, to make a relevant plan for the development, the project group discussed the findings and identified two main development areas: 1) improvement of managerial competency, and 2) clarifying work-family guidelines in different units of the hospital. Simultaneously, the project group generated the first mission of family-friendliness for the organization: to change the work-family culture to be more open and communicative. In addition to the qualitative data, a quantitative survey was carried out by the Family Federation of Finland to evaluate the organization. There were 1390 respondents of the survey (43.4 %,  $n=3202$ ). Personnel documents such as the organization's equality plan and earlier personnel surveys were also scrutinized. Findings from the survey and the remarks from the documents were discussed in the project group meetings.

The research results supported the earlier conclusion about the development objects. After many discussions in the project group, the practical development actions were defined and adjusted to the needs of the organization. In this phase the development objectives were sharpened and included five targets:

- 1) work-family relationship management training for approximately 200 managers;

- 2) elaborating the idea of family and reinforcing the importance of family friendliness as a key value to organization members;
- 3) forming updated guidelines for managing the work-family relationship;
- 4) designing a personnel rotation policy and program for the departments in which it is possible to use rotation; and
- 5) creating a working hours bank system which allows employees to deposit their working hours in an electronic system and then use deposited hours in a flexible way.

The practical development work started by training the hospital's managers on the ideas of the work-family relationship, family friendliness and its management ( $n=200$ , 50% participated). The core of the training was that managers have an opportunity to reflect and discuss their experiences and problems with their subordinates concerning the work-family relationship as well as their own work-family relationship. The manager's role as an important example in the organization was highlighted and discussed (McCarthy et al., 2010). The training focused on developing managers' daily implementation of similar policy and practices when managing the work-family relationships of employees throughout the organization. This was seen as important specifically from the viewpoint of fairness and equal treatment of the employees. The managers were considered the most valuable resource in terms of developing and implementing the process, so a thorough input to development work was invested in this phase.

Next, the development work proceeded, led by the HR department of the hospital. The department organized practical-level trainings for organization members about all the possibilities that can be offered to employees to better balance work and family life and also training concerning family friendliness to employees was organized. The trainings were targeted to challenge the values and attitudes of members in the organization. The training participants represented employees from all departments. From every department, one or two

participants were called to discuss the topic. Additionally, various examples of how the practices can be used were discussed. These sessions were organized by the researcher of our research group. The employees who participated in the trainings were asked to share information on the topic and to discuss possible shortcomings of or problems with the work-family relationship in their respective departments. The information based on the training discussions and materials were gathered and developed further by HR to fit appropriately within the context and goals of the hospital. So, during this phase, the members of the different departments either created or updated work-family guidelines and policies.

When the trainings were finished, discussion with top management was conducted. As a critical result of the discussion, new practices to be put into use were defined. HR was set to be responsible for their practical design and implementation. The new practices were a personnel rotation system and a working hours bank system in the departments where it was feasible. In the rotation system, employees can plan their own shift schedule via an electronic system. This increases their authority for scheduling work time and adds flexibility to their work-family relationship. The working hours bank system enables flextime: employees are allowed to come to and leave from work within a certain time limit.

The final phase of the process was evaluating. During this phase, the initial interview participants were re-interviewed. A focal point was to find out what aspects of family friendliness still need improvement to be able to define future goals for development.

### **Empirical Study**

In the case organization a qualitative interview data was collected as a part of “WeAll - Social and Economic Sustainability of Future Working Life” research project (weallfinland.fi). The data consisted of 14 open-ended interviews with employees from the hospital and written notes from six meetings concerning the family-friendliness workplace

development process described above. The interviews were conducted when the development process started (spring 2017). The notes were gathered from the meetings during the spring 2017 and spring 2018. Four of the meetings were project group meetings and two meetings dealt with training the managers and employees.

Hence, the interview data describes the starting point of the development project and the notes cover the development phases. To get a broad overview of the situation at the hospital, we chose respondents who were working in various departments and levels of the organization. Additionally, they represented various occupations, such as nurses, doctors, laboratory technicians, HR and IT. The interviewees' age ranged from 27 to 60 years, with the average age of being 49 years, and all but one had a family of their own. 70 percent of the interviewees were women, and four of the interviewees held a management position. All interviews were conducted with similar interview content and lasted between 45 and 80 minutes.

We used qualitative content analysis to categorize and analyse the data to create comprehensive interpretation of the topic (Krippendorff, 2013). At first, we coded all the material related to the practices that interviewees brought forth in relation to work-family relationships. Then we categorized the interview material as 1) practices that were enhancing the family-friendliness of the organization, 2) practices that were problematic or hindering the family-friendliness of the organization, and 3) the texts which missed information on the work-family practices. After the analysis of the interview data, we moved to analyse the notes from the meetings in which we focused on how developing acts proceeded during the years 2017–2018. We identified both valuable activities and activities that were not helping develop the family friendliness in the case organization. Finally, we came up with the factors that promoted and hindered the development of the family-friendliness in the organization. The results are described in the next section.

## Analysis and Results

### Promoting and hindering factors

Based on the analysis, we categorized three main groups of various factors that promote and hinder the development of family friendliness at the studied health care organization, thus needing particular consideration when developing the organization to be more family-friendly. The analysed groups and factors are presented in Table 2.

Figure 2. *Factors Promoting and Hindering Family Friendliness*

Organizational culture and its responsiveness to change	Intensification of work and lengthening of work hours	Management and role of immediate superior
<ul style="list-style-type: none"> <li>• Hierarchical organization structure</li> <li>• Great variety of different work tasks</li> <li>• Care is at the core of the organizational culture</li> <li>• Open and communicative culture for sharing the issues of family life</li> </ul>	<ul style="list-style-type: none"> <li>• Simplicity and monotony of work (decreased possibilities for job rotation)</li> <li>• Career breaks (e.g. parental leaves) and mentoring</li> <li>• Vague and obscure instructions and guidelines (e.g. working extra hours, vacations, who gets what)</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment and exemplary role of top management</li> <li>• Equal and transparent sharing and negotiation of using different work-family practices</li> <li>• Acknowledging the power position in terms of work-family relationship management and using the power wisely</li> </ul>

The essential topic related to adopting the family-friendliness was the nature of the organizational culture and its responsiveness for change in relation to family-friendliness.

The research data showed that the health care organization has a very hierarchical organization structure. Additionally, the work content and statuses of the members in the organization vary greatly. These factors were seen most often as a problem for creating family-friendliness. In particular, the different work groups were perceived as being in a more or less advantageous position than others regarding their opportunity to use work-family practices. The interviews showed that doctors were typically held in a position that

allowed them to have more freedom and more possibilities to make adjustments in relation to their work-family relationship. This was seen as negative by employees belonging to other professional and work groups. Therefore, the core of the implementation of a family friendliness program is to make sure that the policy and practices related to the work-family integration are visible, openly discussed among organization members, and treat them according to same rules. To guarantee such treatment was found to be crucial in the development process in order to decrease the feeling of unequal treatment among organization members. Yet, the reality of this type of health care organization is that the different work and professional groups and a certain type of hierarchy guarantee the quality of care that is necessary. So, paradoxically, hierarchy and the assorted work conditions of different professional groups are seen as necessary in the organization, which results in varying employee access to the work-family practices. On the other hand, requirements to similar access are understood as important from the viewpoint of equality.

In addition, the data showed that besides the formal and visible hierarchical order in the organization, many informal sub-cultures existed, such as senior vs. junior nurses and the medical staff vs. bureaucratic staff. Many other informal rules that had become habit and a socialized way of doing things in the organization over the years appeared in the data. Examples of such practices are that only doctors were allowed to change additional holiday pay to days off — other professional groups could not do so. Moreover, for certain professional and work groups it was more acceptable to arrive late to work — for others, they were expected to be on time to the minute. So, some groups were privileged to receive more flexibility in the integration of work and family than others.

This health care organization is open 24/7, and this is something that the organization cannot change (even if wanted); the services need to be available for patients at all times. One could even argue that this could be one major cause of problems, but in fact,

based on our research data, the problem was not the open availability of the organization but how the system for the planning of work shifts was organized and implemented.

The mission of the organization is care. Therefore, the employees felt that it is not only patients who should be cared for, but personnel should also be cared for. The organization's willingness to show care for personnel was mentioned as important and an appropriate option for this to promote possibilities to the work-family balance. In general, the data showed that organization members thought that because care is the focus of the organization and perceived as natural and easy to discuss, this promotes the discussion and advancement of work-family practices in the organization.

The caring value system of the organization's culture seemed to support the development project itself, thus easing the expansion of family friendliness. However, there was another paradox in the organizational reality. Because some departments were not directly involved in care work and did not focus on and or frequently use the language of showing care, their communicative culture was less open to work-family issues and consideration of the well-being of colleagues. The data showed that this kind of uncaring atmosphere can lead to stress-related symptoms in such departments.

The intensity and pace of work were brought forth in the data to be negatively related to the well-being of the employees in the health care organization. The interviewees said, for example, that the pace of work had severely tightened and caused both stress and decreased work well-being. Also, in relation to working time, the different work groups within the organization were said to be in a very unequal position where some work groups were prioritized over others. Also, in this matter, the research data made clear that the medical doctors were a privileged group and their needs for flexibility were taken into consideration first. This caused problems and conflicts between the employees as well as between the managers and employees. In particular, the employees experienced that this

caused exhaustion and fatigue. It was rather common for the employees, for example, to have to work shifts in succession, meaning 16 hours of work in a shift.

Besides the lengthening of the work hours, the nature of work included monotonous and simple tasks, resulting in some employees feeling that they could not fully utilize their skills and expertise. The research data also showed that, originally, there were not many possibilities for job rotation; this was subsequently one of the concrete practices that were initiated in the development of the organization. Another important aspect of work was related to career breaks, in particular, parental leaves. In the organization, no career planning was done when someone left on maternity/paternity leave or when the employee returned from the leave. Returning back to work was perceived as challenging and burdening by the peoples who had had parental leaves. However, there were different kinds of agreements available to make adjustments for those who had young children. For example, for some employees it was possible to work only day shifts or work only on weekdays. Although the agreements can be seen as supportive to family friendliness, their challenge was that they required individual negotiations with a supervisor that could result in varying practices in their use even in cases with similar circumstances.

The analysis showed that the manager's role of implementing the development program for becoming more family-friendly is crucial. This was mainly for two reasons. First, the managers are the key force doing the decision-making related to the different practices and negotiations that can both restrict or buffer a satisfactory work-family relationship. Besides this, the manager can enhance the use of work-family practices and encourage, for example, his/her subordinates to use the designed work-family practices. Besides the importance of the decision-making of the manager, it is equally important that the manager shows in their own actions that they are supporting the family-friendly

organizational culture (McCarthy et al, 2010). This means that the manager ought to do their work in a similar family-friendly way that they expect from subordinates.

Based on our analysis, problematic issues in the organization related that the top management was often perceived as not well-known. The employees brought forth that the management does not know what is going on at the grass-root level of the organization. The commitment of top-management is a topical theme in development processes, especially in the projects that are related to work-family relationship (Thompson et al., 1999), as was the case here. Our analysis supports this notion. Additionally, it was discovered that immediate superiors do not show enough transparency in the use of the guidelines and practices concerning the work-family relationship of the employees, which resulted in confusion among the employees and feelings of unequal treatment.

### **Lesson Learnt and Conclusion**

Based on our case, we suggest that the development of not only informal but also formal policy and practices to enable work-family integration is an important factor to advance the family friendliness of an organization, in this case, in the investigated health care organization. It is also crucial that the development focuses on both the organizational culture as well as the practices of the organization. In line with Boom et al. (2011), we think that if the focus is only on the practices, the change most likely remains at the superficial level and as a temporary act. The development process presented and analysed in this study started with discussions among various groups of the organization members — both managers and employees — and then moved to creating and updating the practices and policies in each department. This kind of participative process, which involved people from different occupations, departments and levels of the organization, meant that the members of the organization were motivated and positive in their attitudes towards the development. Hence, it is concluded here that it is important to engage as many members of an organization as

possible in the implementation and development process of enhancing organization members' possibilities for a successful work-family integration.

Our study showed that the lack of transparency in rules and practices in relation to the work-family relationship causes problems such as mistreatment of different work and professional groups that can be considered a potential cause of inequality and discrimination. This is a central issue that HRM is responsible for tackling. The study brings out that the question what kind of principles and practices are crucial in the fair and equal treatment of employees in terms of the work-family relationship is paradoxical by nature. We suggest that in the future it would be important to study the paradoxes in more detail as opposed to the present time.

A lesson learnt here is that an ongoing dialogue about the content and transparency of the rules and decision-making in providing different types of work-family flexibilities and developing a family-friendly workplace is of significance. An open dialogue and the visibility of the principles and rules of the decision-making concerning the topic are crucial aspects of responsible HRM when the organization's family friendliness is promoted. This study implies that high organizational hierarchy and sharp division of work content and duties in the organization — typical features of many health care organizations — tend to be pitfalls of family friendliness. We suggest that an operating relationship between employees and their immediate superior is at the core of making family friendliness a functioning and accepted practice in the organization. To conclude, a functional bundle of flexibilities in the work-family relationship involves the potential to advance responsible HRM in the organization.

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