Work-Family Interventions & Experiments:
Workplaces, Communities, and Society[1]

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Addressing the challenges working families face today will require fundamental changes in how and where people work and in the organizational practices, institutions, and public policies that govern employment relationships. Making these changes happen will take time, experimentation and testing of new approaches at multiple levels, collaborative interactions and negotiations among multiple stakeholders, and will require an on-going learning process.   To understand these issues, the MIT Workplace Center was created to bring about changes in the connection between employment and family life by engaging in an innovative combination of research and action. Our approach involves work on three interrelated levels: the workplace level, the associational level, and the state level.

On the workplace level, we have conducted research-action projects in a number of specific sites, starting initially in the health care industry, and more recently exploring sites in legal services and high technology firms. We have adapted and modified the methodology of Collaborative Interactive Action Research (CIAR), as developed by Lotte Bailyn and her colleagues (Rapoport, Bailyn, et al., 2002), to address the particular workforce needs and the particular workplace conditions we have found. We begin by examining existing assumptions about work practices and, through dialogue with workers and managers about our findings, lay the groundwork for collaborations that can stimulate new workplace policies, practices, and work designs.

On the associational level, we have brought empirically grounded data from our workplace research into discussions with unions, professional associations, industry and trade associations, and other organizations representing workers, employers, and community groups. Our purposes are two-fold: to create greater public understanding that the issues faced by working families are social, not individual, problems requiring broad social responsibility and public solutions; and to engage the interest and support of these associations and institutions in diffusing flexible work practices and other work-family supports across the occupations and industries in which they work.

Finally, on the state level, we have convened multiple private, non-profit, and public sector stakeholders to define and develop coordinated approaches to work-family issues in the state of Massachusetts. We are experimenting with new organizational forms that can combine private sector initiatives, public education, and public policy development. We are bringing together parties who often do not work together, and may even hold opposing views, to identify common ground and cross-sector solutions. We seek to make Massachusetts a model for other states and to demonstrate how work-family policies can contribute to a vibrant economy and to healthy families and communities.

Taken together, work on all three levels constitutes a *model for change* that reinforces and amplifies change efforts at each level through ongoing interchanges of news and information among them. While projects differ on the three levels, all are grounded in research and based on collaboration with the full set of stakeholders that need to be engaged to achieve changes in workplace practices and policies. At the heart of each lies the concept of the "dual agenda" and the belief that it is possible to devise new workplace policies and practices that enhance both the performance of work organizations and the well-being of employees, their families, and communities.

These organizing approaches and principles represent a fundamental shift in the paradigms and research traditions that have traditionally dominated the study of both employment relations and work-family integration. Work and family experts need to better understand the employment relations system and the links between work and family issues, human resource practices, organizational policies, and the external labor market institutions and public policies in which they are all embedded. Work and employment researchers and policy makers in turn need to broaden the outcomes or dependent variables they traditionally consider to make the dual agenda explicit in their analysis and policy evaluations (Kochan, 2005). Both need to make explicit the value base for the importance of needed supports for work-family integration—family care, equal economic opportunity for women and men, fair business

competition for pro-family employers, and national economic strength based on the well-being of the workforce.

We are in the very early stages of developing and testing this approach. In what follows, we will first describe a research-action methodology that has been developed for use on the workplace level and has had a major influence on our approach, and second review some of the things we have learned to date from our work at the Workplace Center, with a focus on the types of experiments and interventions that are both possible and need to be encouraged to move forward.

Designing Workplace Experiments: The CIAR Method

In *Beyond Work-Family Balance: Advancing Gender Equity and Workplace Performance*, Rapoport, Bailyn, et al. (2002) describe a method they call Collaborative Interactive Action Research (CIAR) which they have used in a number of organizations to redesign work practices to help employees integrate work with their personal lives *and* to enhance the effectiveness of the work unit – and to do this with an eye to equity between men and women. Their method is geared to bringing to the surface for questioning and analysis deeply held assumptions – often gendered – about work and its separation from family and personal life, and to identify the work practices embedded in these assumptions.

A key finding of this work is that practices that make life difficult for employees are often also detractors from effective work functioning – especially in today's complicated and competitive economic environment. The change efforts of CIAR practitioners bring work-personal life integration and equity together with work effectiveness, even though these "dual agenda" goals are often seen as adversarial. To do so, they have found, requires continuous close collaboration and interaction between researchers and data analysts on the one hand, and workplace-based organizational partners with full understanding of their work structures and culture on the other. It is a joint effort to create change, and their book describes both their successes and the problems they have encountered.

The role of the outside researchers in this joint effort is to bring into the site the dual-agenda framework, and to collect and analyze the data necessary to understand and explicate the cultural assumptions and practices embedded in them that create difficulties for employees' lives as well as for organizational effectiveness.

The sources of data used for this analysis are multifaceted. Though surveys can be used, a survey before going into a site is mainly only useful to convince management that these are important issues for men as well as women. These early surveys are not as helpful for diagnostic purposes. More useful for analysis are surveys conducted after a fair amount about a site is known and an instrument can be designed that deals with the practices that have emerged from this site-specific knowledge. But the primary data come from one-on-one interviews about the work that people do, the culture behind it, and their personal and family situations.

During these interviews the researchers are not just passive receptors, but engage what CIAR researchers call "micro-interventions." For example, if talking to a male manager who is describing how his career has evolved, instead of just asking more questions about his career, the following question could be asked: "I'd be curious to know, do you think your career could have evolved in this way if you had a wife who had a full career?" Or if a manager says that he is very understanding when his women managers have to leave at 5:30 in the middle of a meeting, and that it certainly would not affect how he thinks about them, a researcher could suggest that the only answer to people having to leave the meeting is not understanding, but to stop the meeting. These micro-interventions can prompt workers to reflect on their current work practices and the consequences of these practices both for equity issues among employees and for the effectiveness of the work.

CIAR researchers also use group sessions, what they call "roundtables." These are not like the standard focus groups held at the beginning of a project. Roundtables take place after much is known about the site and some analysis of data has occurred. These roundtables, which start by feeding back the themes that the researchers think are important for that particular workplace, serve as a way to begin to get shared understanding. Because of the traditional

separation of work and family life, most workers think work-family issues are their own individual problems. In these roundtables, people begin to realize that they are shared problems and that there are systemic issues involved. This can lead to a collective understanding and a beginning point for subsequent intervention.

CIAR researchers also do work observations, shadowing, following people around, and asking them questions about their jobs and workplace norms. For example, in one site, Perlow (1997) had people carry timers and made them write down what they were doing whenever they beeped which she could then follow up with questions to understand what was behind their actions. At another site, Fletcher (1999) shadowed engineers all day and then interviewed them the next day in detail about what they had done and why. Intensive participation and observation are critical both to gaining credibility needed for collaborative research and for gathering data needed to generate feasible alternatives for redesigning work processes and designing experiments to test them.

A final important source of data is the CIAR team itself. If team members, on occasion, take over the norms of the organization then self-reflection on this experience can deepen the team's understanding of what the people at the work site are facing. At one site, for example the research team agreed to expand the project beyond their original intent, which created increased pressure on them. On reflection, they realized they had agreed to this in order to appear committed, which is exactly the way the organization was putting pressure on its employees (Rapoport, Bailyn, et al., 2002, p. 135).

The analysis of all these data consists of taking all the interviews, the field notes, the reports of the roundtables, the team's reflections on itself, and asking questions like the following (Bailyn & Fletcher, 2003):

- What does the "ideal worker" look like in this setting?
- What is recognized as competence in this work place?
- What work is seen as real work?
- How is time used in this work place?

- How is commitment gauged?

- What is the differential impact on men and women?

The answers to these questions allow the CIAR team to identify assumptions underlying the work practices that impede gender equity and work-personal life integration. Once these assumptions are identified, the team asks, "How are they affecting effectiveness? What is the relationship?" The analysis then proceeds through a number of steps. The first is to figure out why these practices exist, a type of functional analysis. There usually is a historical answer, but since times change what once was functional may no longer be so. Often, in fact, these practices are seen as problematic by the organization, for example command and control management, but people within the organization have not been able to change them, so the CIAR team asks: what is keeping them in place? There is also a cultural analysis that seeks to tease out key norms, rituals, and beliefs that serve to reinforce rather than challenge the status quo. Finally, the analysis concludes with an outline of the unintended negative consequences for equity and work-personal life integration on the one hand, and for work effectiveness on the other. Feedback of the analysis to the organization – ideally to the whole group in a particular company or work unit at the same time – starts the dialogue that one hopes will lead to successful change (Bailyn & Fletcher, 2003).

Designing the interventions and the indicators necessary to evaluate them – the action part of the process – is again very collaborative and interactive and involves *mutual inquiry* and *fluid expertise* (Fletcher, 1999)**.** This recognizes the fact that organizational members have the expertise about the everyday workings of their work unit and what is really going on in the organization, as well as the experience of what their personal lives are like. Researchers bring expertise on the importance of making these unexpected connections between work, family, and personal life, and how dual-agenda experiments have worked in other organizations. Previous CIAR experiments have been most successful when researchers' outside experience is interactively combined with their organization partners' knowledge of the specific setting and its work

processes. Out of this collaboration emerge alternatives that organizational members believe will work for them and the organizational unit.

One other element of the CIAR process that should be mentioned concerns how to deal with the inevitable resistance to any kind of change. The goal is to *honor this resistance*. For example, if there is initial resistance to even trying to make the connection between the design of work and people's personal lives explicit, this is <u>not</u> something that has to be immediately overcome. Rather, such resistance provides important data that need to be dealt with in the collaborative process. Finally. *keeping the dual agenda on the table* is a key job of the research team. Neither the personal goal nor the organizational goal can be ignored if an intervention is to be successful and sustainable.

The CIAR method, the authors conclude, "is still emerging as a method, still 'under development'" and it, "like the Dual Agenda concept, needs to move out of the academic, 'experimental' realm…To accomplish this task, many more people need to try it, work with the CIAR method, build on it, and improve it" (Rapoport, Bailyn, et al., 2002).[1] We, at the MIT Workplace Center, have been doing just that.

The MIT Workplace Center's Practice of CIAR

Our experience at the MIT Workplace Center has led us to adopt certain parts of the CIAR method, while modifying or changing other parts. To begin with, our research- action efforts have been based in the health care industry – an industry that has *not* been a locus of CIAR projects to date - and we have found that health care is a very challenging industry in which to use the CIAR method. For one thing, health care clinicians work in a time squeezed environment. Primary care doctors are often required to see patients every fifteen minutes. The length of patient stays in hospitals and nursing homes is constantly being shortened, which means that doctors and nurses are trying to provide the same amount and quality of care in

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[1] See Appendix A for a list of publications on dual-agenda CIAR projects. A number of these are also explored in Rapoport & Bailyn, et al. (2002). There are also currently a number of projects underway in the UK, the Netherlands, Australia, and Greece.

much less time. This reality makes it difficult to build the kind of "collaborative, interactive" relationships between researchers and workers so essential to CIAR. Health care workers do not have time to sit down for two- hour meetings and discuss the "underlying cultural assumptions" shaping their workplace. They are running from patient to patient, chasing down information about which patient is being covered by which insurance company, and making sure to document every "billable encounter."

So we have had to search for other ways to build collaborative relationships and develop the trust necessary for creating change. When we go into a health care workplace – thus far we have worked in teaching hospitals, nursing homes, and a large, multi-specialty practice organization – we begin by collecting baseline data on the work unit where we are hoping to conduct a research-action project. As in CIAR, our primary data come from two sources: one-on-one interviews and work observations. We conduct open-ended interviews in which we ask about the work people do, how people feel about their work, their routines outside of work in their families and communities, and the way work may spill over into family life and vice versa. We try through our questions to have interviewees consider whether current work practices enhance or impede quality patient care, and also how these work practices are affecting their personal and family lives outside of work. We have found that the term "work-family" is not much used - and certainly not well understood - in the health care industry. Thus the request for an interview on work-family issues, and engaged participation in an interview, may in and of itself create some degree of change in people's thinking, and lay the foundation for "action" in the future. Our questions help people to connect domains that are not usually connected, and in this way our baseline interviews become what CIAR practitioners call "micro-interventions."

Even when health care workers reject these connections, this in itself becomes data that enhance our understanding of the work unit. In one of our projects, where the health care clinicians have allowed us to sit in on many meetings, they occasionally say things like, "Well, I don't think there are going to be enough chairs in that room," or "The room is really not big enough to hold [x number] of people." This is a sign that they don't want us in that meeting -

again useful data. These kinds of actions might be termed "resistance," but by honoring this resistance (a basic tenet of CIAR) they also lead to a much deeper understanding of problems in that work unit and impediments to change in that organization. We find ourselves constantly challenged to find new ways of raising the dual agenda and keeping it on the table.

When we conduct work observations, health care workers seem fairly comfortable having us follow them around while they do what they need to do, and in this way we are able to interject additional questions about work processes and learn more about day-to-day work practices. These observations have also led us to understand how much change in a health care workplace is, at its best, a cross-institutional exercise. For example, the high level of stress experienced by clinicians we observed in a nursing home was actually caused by problems in the hospitals that send patients to the nursing home and deficiencies in available community-based services when patients are discharged. Thus redesign of the admission and discharge practices in the nursing home will not be sufficient to decrease the stress of nursing home workers.

Once we have analyzed and synthesized the interview and work observation data – the research part of CIAR - we are ready to feed back the themes we think are important in that particular workplace and ask whether our conclusions reflect the experience of the clinicians involved. Again, finding an opportunity for this kind of session is very difficult in the health care industry. We have found that the "roundtables" and full-group feedback sessions used by other CIAR researchers are often not possible. We have instead asked for half an hour in a regularly scheduled meeting that people are already expecting to go to; or presented thematic findings piecemeal to individual clinicians when we can grab them. These constraints make it more difficult to develop the "shared understandings" necessary for true collaboration.

In one of our projects we actually were able to organize a meeting to feed data from one-on-one interviews back to physicians in a large medical specialty group. We provided a forum for these professionals to acknowledge for the first time that the long hours were causing severe problems for both men and women and, most importantly, were issues for older as well as

younger physicians and their families. The group indicated that this was the first time these concerns were discussed openly in a staff meeting. The outcome of the meeting was a shared commitment to hold a retreat to explore options for addressing these issues. Without the one-on-one data to feed back to the physicians in a group setting, the norms of "patients first" – and therefore "family and personal life last" - that dominate medical care in general, and this group of physicians in particular, would have kept them from acknowledging their individual work and family pressures as legitimate concerns at work

We have been able to participate in "retreats" planned by the clinicians themselves in two of our projects. In these less time pressured settings, participants can see that they have shared problems with systemic causes, and this leads to some level of collective understanding. In the case of the doctors described above, the retreat allowed discussion of the belief that the "ideal physician" is one who has a large clinical practice, does research, and teaches and trains interns and/or residents. Our role was to pose questions such as: Is this ideal still possible or relevant today? Is it changing? Is it shared by younger as well as older physicians? By men and women? Does it in fact reflect the way people work here? How do efforts to realize this ideal affect your ability to get your work done and your personal and family life? Reflections on these questions can lead to an intervention that challenges both underlying beliefs and work practices.

Our version of CIAR is part emergent ethnography and part orchestrated ethnography. In other words, in the early stages of the project, we are observing what goes on and not partici-pating in the natural flow of workplace events; our understanding is emerging. In the later part of the projects we are carefully documenting how the collaboration and intervention are taking place, but it is orchestrated in the sense that we are playing a major role in what is occurring in the workplace and guiding it in a dual-agenda direction. The former is key in the early stages of our projects, while the latter grows in importance as the collaboration between researchers and workers at a workplace develops over time.

We do not come with particular intervention or solutions in mind; these must be developed collaboratively and reflect the issues that are most pressing in each work unit. We do not assume that all existing work practices are negative or dysfunctional. In one of our projects, based on collaboration with two dispersed teams of geriatric and palliative care workers, we found that many of their work practices supported both their work and family lives. They have a high level of flexibility and control of their time which allows them to spend significant time with individual patients *and* attend to family responsibilities. Thus when they attempted to expand their services without adding additional staff, they were in jeopardy of losing something valuable. Our role was to talk about "protecting what works well" and then identifying which existing problems might be addressed in this expansion process. We were also able to give voice to the concerns of some team members about anticipated overwork by conducting a special set of "reorganization interviews" and feeding back the results to the team leadership.

In working on solutions, our interaction is based on what Fletcher (1999) calls "fluid expertise" – a major tenet of CIAR. This recognizes the fact that health care workers have special expertise on everyday work practices in their work unit, and expertise about what is really going on in different parts of their particular health care institution. They understand much better than we do the latest issues with health care costs, Medicare and Medicaid require-ments and reimbursement rates, and how all these may affect and constrain the possibilities for change. We bring expertise on the myriad ways that work, family, and community are intercon-nected, and the lessons of CIAR and dual-agenda experiments in other industries. Our working hypothesis, reflecting previous CIAR research and practice, is that both kinds of expertise are needed to suggest work design alternatives that health care workers believe will work for them, and that they think are feasible in the current health care environment.

To date, our experience with redesigning work in health care is limited. One example of an ongoing intervention effort is located on one floor of a teaching hospital. It is an experi-mental attempt to bring self-scheduling into the allocation of nursing shifts. Because of the difficulties already alluded to, we were not able to do as in-depth an analysis as is usual in

CIAR projects. We did discover that nurses, who have much flexibility in the number of hours worked per shift and per week but not in the scheduling of those hours, would like more control of their time. But it was only in the process of putting the experiment into place, that we discovered that the necessary responsibility for the group as a whole – the only thing that makes self-scheduling work – was not as firmly in place as necessary. In the initial attempts, only the personal side of the dual agenda was being considered, not the work side. And the experiment had to be called off by the nurse manager before a group of nurses took the responsibility to make sure that both the unit's needs and the nurses' desires were taken into account during the self-scheduling process. Had a fuller build up to this intervention been possible – as recommended by CIAR – this problem would have been anticipated.[2]

One piece of our approach that is an addition to previous CIAR experiments is a more systematic inclusion of community and an examination of its relationship to the domains of work and family. In the framework we are using, workers and workplaces are not free floating entities, but rather are embedded in communities of varying types (Bookman, 2004). Workers and their families leave from and return to homes in specific communities with particular char-acteristics and services that affect their ability to integrate their work and family lives. They may also participate in social networks of extended family members, neighbors, parents in their local school, congregants in their faith-based institution, or people from other organizations outside of their residential community that provide critical support for work-family needs. Workplaces are located in particular communities where access to transportation or family care services may be important to the ability of local employers to recruit and retain their workforce.

In our health care project on geriatric and palliative care, community issues have emerged as critically important. Our initial interviews with the health care professionals caring for elderly patients revealed the importance of family care givers, both when patients are in institutional settings and when they are at home. Our initial work observations provided further

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2. Despite the effort of these nurses, in the end the experiment had to be terminated. See MIT Workplace Center Working Paper #WPC0019 http://web.mit.edu/workplacecenter/docs/wpc0019.pdf

evidence of the importance of family caregivers and the extent to which elderly patients are being cared for mainly in their homes, not in hospitals or nursing homes. In interviews with family caregivers, their reliance on a variety of medical and personal care services to support home care, and their problems with accessing and paying for these services, highlighted the role of community-based agencies.   All these findings have led us to understand that any intervention in the area of home-based geriatric care must necessarily consider three workforces; health care workers, community service providers, and family caregivers. What began as a project to address the work and family issues of health care workers in a discrete set of health care workplaces has developed into a pilot project to improve the supports for home care - a project that necessarily broadens our understanding of the "health care workplace" to include communities and homes.

Both our projects and our own adaptation of CIAR are "works in progress." Health care does present special challenges. In particular, the industry is heavily shaped by public polices that are beyond the reach of individual health care institutions to change. In addition, the time pressures on workers across health care occupations demand innovative approaches to collaboration and a multi-year commitment to each project. However, given the growing importance of service sector jobs in our economy, and the importance of high quality health care to our society as a whole, we believe that experiments in this industry are important to pursue. In fact, health care is a particularly important laboratory for CIAR experiments because women still compose the majority of the workforce and the need to achieve both sides of the dual agenda is particularly pressing.

Diffusion and Learning beyond the Experimental Unit

Experience with CIAR has demonstrated that although it can be successful in achieving positive dual agenda results in specific work units, it is difficult to diffuse to other parts of the organizations in which the units are embedded. Evidence from other organizational interventions suggests that the inability to diffuse such innovations may lead them to atrophy, even in

the specific units in which they demonstrate positive outcomes. Given this, an active organizational and broader professional learning and dissemination component needs to be built into these types of interventions and experiments.

The traditional organizational and action research approach to this challenge is to design an intra-organizational learning and diffusion process into the experiment or intervention. This can be done by paying attention to and engaging the powerful stakeholders who are outside the unit but whose support will be needed if the changes introduced are to be accepted as worthy of consideration and experimentation in other parts of the organization. We see this as a necessary but not sufficient step for producing change. Stakeholders outside the boundaries of any single organization need to be engaged as well.

A proposition that has gained rather widespread acceptance in the innovation literature is that radical change, (i.e, an innovation that involves fundamental shifts in the definition of the problem or task, a new mix of strategies, structures, and employee skills and behaviors, and a different organizational culture) is more likely to be successful in a new organization than in an existing one that has well established norms, structures, and routines (Henderson and Clark, 1990). This is why organizations often create "Greenfield" sites or why new entrepreneurial organizations are more successful when there is a need to introduce fundamentally new policies, practices, or ways of working together (Walton, 1987).

The same may be true in the work and family domain. For example, an innovative law firm in Boston was designed to attract lawyers who want flexible working arrangements. To date, it has been successful in doing so and serves as an interesting learning case for our efforts which we have tried to disseminate through teaching the case to business students. A brief summary of this case follows:[2]

Sullivan Weinstein and McQuay (SWM) is a firm of 17 lawyers founded in 1995. The goal was to create a new type of law firm focused on providing better value to clients and more

3. Source: Brendan Miller, Thomas Kochan, and Mona Harrington, *Beyond the Part Time Partner: A Part Time Law Firm?* MIT Workplace Center Working Paper # WPC100, 2003.

responsibility and flexibility for their attorneys. Eight years later, there is widespread belief at

SWM that this is exactly what they have achieved. Bob Sullivan, the founding partner,

describes the firm's strategy and culture: "We don't have many rules here. Our only rule is that

you must be responsible in meeting your obligations to your clients and your coworkers."

Attorneys can control their work schedule, work from home, negotiate a part-time position, and

take leaves of absence. SWM also provides a home for lawyers in a variety of places in their

professional careers with a variety of goals.

Eleven of the firm's lawyers are women, and 6 of them are on part-time schedules. All

but one anticipates staying at the firm into the foreseeable future, though some were considering

increasing or decreasing their workload. SWM relies heavily on information technologies to

increase productivity and keep costs low. The firm relies exclusively on the Westlaw online

legal library which, through a secure virtual private network, can be accessed from home

offices. A traditional firm might have as many as 23 support staff for 17 attorneys. SWM has

only 3.5 non-lawyers on their payroll, helping to reduce labor and associated space and

management costs to approximately 50% of the costs in a traditional firm.

In one SWM lawyer's words:

"What I saw at SWM when I was applying was a group of professionals all of whom were respected and treated like professionals by each other, with people responsible for their own work and their own time. It's a supportive group of people: we help each other out when someone's in a pinch and there's support for getting and handling cases on your own. [Lawyers at SWM get 10% of gross revenues received from clients they bring in.] No one has ever said anything about what hours I was in the office or not in the four years I have worked here. What I was told up front was: 'you need to be responsive to your clients and as long as you are doing that, you know best what you need to do.' And that's the way it's been.

The organizational practice that the attorneys in the firm cite as particularly valuable is

an approach to flexible work arrangements that is responsive to individual and changing need,

not reliant on a prescribed system of benefits. Further, the responsiveness is the rule, not an

exception to the rule or an unusual accommodation.

Case studies of innovative organizations like the law firm described above are a critical

part of the research and learning process. They serve as "ideal types," not to be replicated

exactly, but to be debated to see whether or not the features that make them successful can be adapted to different settings (Westney, 1987; Cole, 1989). We have used this case to structure a debate among management students on the question of whether or not the organizational features of this small law firm can or will be replicated in other firms in the industry. We hope to use this same debating and adaptive learning approach in seminars with law school leaders and faculty, and in discussion of work-family issues in legal services and other professional associations. Overall we see disseminating a rich *mix* of hard data and experimental results, as well as personal narratives and organizational stories, as critical to challenging norms that persistently deflect attention to work-family issues.

Engaging all the Stakeholders

Rethinking and reframing the links between work and family will not be successful if each of the stakeholders involved goes it alone. This requires going beyond the boundaries of individual workplaces and organizations to bring employee representatives, professional associations, local business groups, and community and public policy leaders into discussion of these issues. In the past, solutions to work-family problems have been piecemeal and fragmented, with concerned parties working alone, or even at cross-purposes. The aim of the Workplace Center is to encourage all the groups that share responsibilities for integrating work and family life to work together and bring their collective energies to bear on work and family issues. Doing so requires overcoming some ideological blinders that, if not shed, risk growing into insurmountable barriers. For example, American business leaders tend to guard their autonomy and power to control decisions affecting work and employment relations from influence of any group they consider "outside or third party" influences. In actuality, their needs will also be served by encouraging researchers concerned with work-family issues to identify new approaches to the conflicts involved and to develop solutions that meet the interests of all of the parties.

Seeking to create a structure for such efforts, the Workplace Center is engaged in establishing a Massachusetts Work-Family Council.[3] The purpose of the Council is to promote understanding of work-family issues as matters of public concern and importance, to define the issues as requiring coordinated responses from multiple stakeholders, and to provide an instrument for constructing solutions by bringing together the full range of stakeholders involved in particular conflicts. Depending on need, the Council could discuss issues and proposals under consideration in the political process, propose both private sector and public policy initiatives, sponsor educational projects, and disseminate findings from academic research.

As there is no model for such an institution, the process of creation has been experimental at each step. Approximately 100 people are active participants in Council events. They are associated with a wide range of employers and institutions and form a multi-stakeholder constituency for an ultimate operation of a publicly influential, policy-initiating, problem-solving Council. In the final stage of organization, the Council will either be incorporated as a non-profit organization or established through legislation as a Council or Commission. As such, it will be a successor organization to the Workplace Center, carrying on the Center's mission when its work is completed.

The process for constructing the base for a multi-stakeholder Council included the following steps:

- **STEP 1:** Formation of a consortium of regional academic centers engaged in work and family issues for various populations to complete the following tasks: define salient issues; identify major stakeholding groups; outline a general Council mission; propose a range of potential Council projects; and organize steps for the creation of a Council.

- **STEP 2:** Broad-scale collection of names of people active in six stakeholder sectors— business, government, labor, professional associations, community organizations, and

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4. The idea of establishing state or regional Work-Family Councils was first proposed in a report of the Sloan Work Family Policy Network called "Integrating Work and Family Life: A Holistic Approach" (2001).

low income advocacy and service groups—and invitations through letters and email to those identified to participate in the development of the Council.

- **STEP 3**: Series of separate sector meetings—to learn the particular work-family issues, outcomes of attempted solutions, and present positions of stakeholders in each.

- **STEP 4:** Experiment with cross-sector dialogue in a meeting of representatives from all six sectors. *Format*: 6 tables of 7-10 people, at least one from each sector, with discussion facilitated by a consortium member. *Subject*: identifying issues of greatest concern and potential grounds for solution acceptable to the diverse stakeholders involved. *Aim*: Test possibility for people with conflicting interests in work-family issues to recognize benefits of coordinated solutions. *Outcome*: expression of clear differences but also common concerns about basic issues—workplace flexibility, family care, and job and income security.

- **STEP 5:** Joint meeting for a "Solution-Seeking Workshop," with an academic presenta tion on the state of the Massachusetts workforce, followed by cross-sector solution-seeking dialogues in the same format as Step 4—resulting in the formation of working groups on family care and flexible work arrangements.

- **STEP 6:** Joint meeting on work-family and public policy co-sponsored by the Boston College State Legislators Network Project. Presentation by a panel of state legislators on committees dealing with work-family issues, followed by cross-sector dialogue exploring potential policies relating to family care and workplace flexibility.

- **STEP 7:** Meetings with state legislators concerning the development of a legislative work-family agenda, and exploration of the establishment of the Work-Family Council by legislation.

Step 4, the testing of cross-sector dialogue, is a key element in the development of a Council. It pre-figures the mode of operation of an established Council, the basic premises of which are an ultimate common interest of employers, employees, governments, and communities in resolving work-family conflict and the possibility of doing so on positive terms for contesting parties. The dialogues do not deny deep differences. Rather by bringing a wide range of parties to the table, they demonstrate the complexity of the issues and the need for multi-party negotiation for stable solutions to be reached. And they open up the possibility of identifying mutual benefits to solutions reached in this way.

If, following this model, similar Councils were established in a number of states, work and family policies could rise to the same level of discourse and concrete analysis that produced innovations in other employment and social policy domains in the past. This is an essential task if we are eventually to have an impact on the overall workforce and economy.

The Tasks Ahead

Developing a methodology that is both rigorous and that can be implemented in actual workplaces and in multi-stakeholder community and policy settings is a complex task. Standard principles of experimental design and policy analysis and evaluation need to be blended with action research, participant observation, education, and negotiations. The task is particularly difficult in the work-family arena because many of the parties who hold power over public policy and organizational decisions and practices have not yet defined these issues as critical problems and therefore need first to see the connections between these two traditionally separate domains of social and economic activity.

While researchers need to go into these projects with clear knowledge of and commitment to following experimental and quasi-experimental design principles, in practice, workplace interventions are negotiated at every step of the design, data collection, and evaluation process. The intervention process itself has to be one of collaboration between researchers and practitioners. Qualitative and quantitative data are equally important for reaching valid conclusions; indeed our experience is that it is the triangulation of qualitative and quantitative data from interviews, observations and collaborative interactions, and measurable outcomes that provide the necessary base for both understanding and learning among members of the research team and the organizations involved. These features, therefore, need to be incorporated into future research programs in the work-family field, if the goal of having an impact on policy and practice is to be achieved.

Our efforts to design such a research and action strategy are still in an early, developmental stage. By discussing what we are learning as we go along, we hope to encourage others

to test similar approaches and propositions. This will be a long-run effort. To be successful will require investments in institution-building to create centers like ours in multiple areas, sustained commitment of researchers to build relationships and local institutional knowledge within key industries and specific workplaces in their regions, and comparison of lessons learned from the multiple experiments that would follow from this type of investment. We hope others will follow to strengthen and adapt this approach.

Appendix A

Publications of Interest on Collaborative Interactive Action Research

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