

**Analysis of interviews with people holding  
multiple jobs in the health sector**

by  
Wayne McClintock  
Nick Taylor

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# 1 Introduction

## 1.1 Research objectives

This report covers the results of interviews with 60 men and women in the health sector who are multiple job holders, with at least one of their jobs in non-nursing professions. These interviews were part of a programme of research into multiple job holding (MJH) in New Zealand.

The purpose of this research programme<sup>1</sup> is to provide knowledge about the way individuals, families and communities are adapting to social and economic change through multiple job holding (MJH). The programme complements and extends previous research into the characteristics of work in natural resource sectors, to provide comprehensive information on multiple job holding across a range of sectors. It is anticipated that the research findings will be useful to a range of agencies and groups involved in social and economic policy, including for the health sector, and to communities as they respond to a range of social and economic changes.

The research, which began in 2001 and is contracted through to 2007, has two main objectives. The work in these objectives is focussed on:

- developing a profile of multiple job holding in New Zealand over recent years, using data from the 2001 Census, the Time Use Survey (1998/9), the NZ Household Labour Force Survey series, and a longitudinal analysis of census data on the workforce 1981-2001
- identifying factors which encourage or inhibit the adoption of multiple job holding as a change strategy, and determining the impacts of multiple job holding on individuals, families and communities, through a survey of three sectors in 2003: café and restaurant workers, farm men and women and health professionals, with a second cycle of three sectors to follow.

This working paper provides results and analysis from the interviews<sup>2</sup>. The aim of the paper is to provide basic quantitative and qualitative results from the survey. Further commentary and interpretation of these results is provided in papers and publications that draw on this basic material as well as the analysis of census data on multiple job holding by health professionals.

## 1.2 Multiple job holding in the health sector

The research programme focussed on the health sector because the level of job holding is high amongst the health professional occupational groups. Furthermore, multiple job holding is high in the upper income decile in which many non-nursing health professionals are located<sup>3</sup>.

There are a number of occupational groups that make up the core group of health professionals investigated. The total workers in selected health-profession occupations identified in the 2001

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<sup>1</sup> The research is funded by the Foundation for Research, Science and Technology, contract TBAX0204.

<sup>2</sup> Interviews were conducted by Julie Warren, Luke Procter, Nick Taylor and Nicola Robertson.

<sup>3</sup> Baines, James and Newell, James (2003). A profile of multiple job holding in New Zealand based on 2001 census data. Working paper No. 2, Multiple Job Holding in New Zealand, Taylor Baines and Associates, Christchurch.

census was 10,872 of whom 41 per cent were female. Amongst these workers the rate of multiple job holding was 20 per cent for females and 25 per cent for males (Table 1)<sup>4</sup>.

The occupational group of tertiary and higher education lecturers and tutors is also of considerable interest in relation to the health professions, as discussed below. The multiple job holding rate for this occupational group was 21.3 per cent overall for NZ (19.7% for females and 22.9% for males).

*Table 1 Multiple job holding of selected New Zealand health professionals, 2001*

Occupation OCC99905ATL	Multiple job holders		Total work force		MJH rate%	
	Female	Male	Female	Male	Female	Male
063 Medical Pathologist	6	12	54	69	11.1	17.4
067 General Practitioner	357	615	1,398	2,400	25.7	25.9
068 Resident Medical Officer	81	216	1,059	1,560	7.8	14
069 Surgeon	12	207	45	516	26.7	40.6
070 Physician	99	264	405	885	24.8	30.2
071 Gynaecologist and Obstetrician	12	21	54	57	21.1	38.9
072 Radiologist, Radiation Oncologist	24	57	144	159	16.7	35.9
073 Anaesthetist	30	99	78	255	38.5	38.8
110 Psychologist	276	135	1,248	486	22.2	27.9
Total	897	1,626	4,485	6,387	20	25

Note: Proper numbers contain standard rounding by Statistics NZ

The 2001 census data shows the prevalence of multiple job holding differed for Wellington and Christchurch-based health professionals listed. As indicated in Tables 2 and 3, multiple job holding was more prevalent for females in Wellington (21.4%) compared with Christchurch (15.0%) and the national figure of 20 per cent. Whereas the reverse applied for males, with multiple job holding more prevalent in Christchurch (25.0%) than in Wellington (20.0%), and the same as the national figure. Overall profiles of the selected health professions also differ between the two cities with Wellington showing 48 per cent were female compared with Christchurch (42.0%).

There are some variations for specific occupations, but the low numbers in several occupations make comparisons difficult. For GP's, physicians, oncologists and psychologists, the rate is higher for Wellington compared to Christchurch females. For resident medical officers the rates are lower overall and for females in Wellington (overall this group have relatively low multiple job holding, however, reflecting the nature of their strongly hospital-based occupations involving long hours of work and availability on call). The multiple job holding rate for the occupational group of tertiary and higher education lecturers and tutors was 23.3 per cent in Wellington and 20.4 per cent in Christchurch (compared to the national figure of 21.3%).

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Data in Tables 1-3 are from a workforce data base developed from the 2001 census results by research team members James Newell and James Baines.

Table 2 *Multiple job holding of selected Wellington health professionals, 2001*

Occupation OCC99905ATL	Multiple job holders		Total work force		MJH rate	
	Female	Male	Female	Male	Female	Male
063 Medical Pathologist	0	3	6	6	0	50
067 General Practitioner	42	36	132	129	31.8	27.9
068 Resident Medical Officer	3	15	105	156	2.9	10
069 Surgeon	0	18	3	45	0	40
070 Physician	15	27	54	78	29.4	36
071 Gynaecologist and Obstetrician	0	3	6	6	0	50
072 Radiologist, Radiation Oncologist	0	6	9	12	0	50
073 Anaesthetist	3	12	9	21	33.3	57.2
110 Psychologist	27	6	123	27	21.4	20
Total	90	126	447	480	20	26

Note: Proper numbers contain standard rounding by Statistics NZ

Table 3 *Multiple job holding of selected Christchurch health professionals, 2001*

Occupation OCC99905ATL	Multiple job holders		Total work force		MJH rate	
	Female	Male	Female	Male	Female	Male
063 Medical Pathologist	0	3	9	9	0	33.3
067 General Practitioner	36	75	168	267	21.4	28.4
068 Resident Medical Officer	9	27	126	198	7.3	14.1
069 Surgeon	0	21	3	51	0	38.9
070 Physician	9	36	51	111	18.8	33.3
071 Gynaecologist and Obstetrician	0	3	3	3	0	50
072 Radiologist, Radiation Oncologist	0	0	12	21	0	0
073 Anaesthetist	3	12	9	24	33.3	50
110 Psychologist	21	15	156	72	13.5	22.7
Total	78	192	537	756	15	25

Note: Proper numbers contain standard rounding by Statistics NZ

### 1.3 Method

As part of the second research objective, a purposive sample of 60 health professionals were interviewed during 2003. These interviews were located in Wellington City (24 respondents), Christchurch City (33 respondents) and Canterbury rural (3 respondents). They were identified through a variety of open letters to workplaces, local contacts and further snowballing. The sex breakdown of respondents was 33 males (55 %) and 27 females (45%). Further information on the respondents is provided in Appendix 1.

The principal definition of multiple job holding used in these interviews was the same as that used in the census, ie. paid or unpaid work for more than one employer or family business or farm in the course of the most recent week. Those who did not qualify by this criteria were screened out of the research at the beginning of the interview and this interview was not included. The interviews were based on a comprehensive schedule combining closed and open questions and took around three quarters to one hour to complete, although some interviews involved longer discussions.

## 2 Current and past work

### 2.1 Occupations

Most respondents (47 or 78%) indicated their main job was the same as their main occupation. Three of the remainder stated that both their jobs comprised their main occupation, three considered that none of their jobs was their main occupation, while seven noted that their main occupation was different to their main job. Four respondents belonging to the last category were medical practitioners/specialists whose main job was teaching medical students.

General practitioners, specialists and academics were the main categories of health related occupations represented in this study. The full range of these occupations and jobs are shown in Table 4.

*Table 4 Main occupation, main job and other jobs of respondents*

<b>Type of job</b>	<b>Main occupation</b>	<b>Main job</b>	<b>Second job</b>	<b>Third Job</b>
General practitioner	24	21	13	6
Specialist	17	13	21	8
Teaching/academic	5	14	12	4
Public health	3	3	1	1
Research/policy	3	3	4	1
Homeopath	2	2	1	-
GP/academic	1	-	-	-
Amin/PA/secretarial	1	3	5	6
Software developer	1	-	1	-
Counsellor	-	-	1	-
Interpreter	-	-	-	1
Vineyard owner	-	-	-	1
Not specified	3	1	1	-
<b>Total</b>	<b>60</b>	<b>60</b>	<b>60</b>	<b>28</b>

## 2.2 Hours of work

Just over half of the respondents (53%) worked less than thirty hours in their main job during the most recent working week. A third of them worked less than 10 hours in their second job, and 71 per cent of respondents with three jobs worked less than 10 hours in their third job. The average number of hours respondents worked were 29 hours for the main job, 15 hours for the second, and 6 hours for the third. The average time they worked for all their jobs during that week was 48 hours. Ninety-two per cent of respondents worked more than the full-time equivalent of 30 hours that week, while just under a quarter (23%) of them worked more than 59 hours (Tables 5 and 6).

### *Clinician and academic*

A (age 48) is a clinician whose main job is university teaching and research. However, he is unable to put as much effort into research as he would like because of his busy schedule. He worked for 43 hours during the week immediately prior to the interview - 16 hours as a clinician and 27 hours as an academic. As a clinician, moreover, A is 'on call' one week in every four. He also spends several hours per month sitting on faculty committees. This schedule hinders nearly all aspects of his personal and family life, and he expects to relinquish his academic position within the next three years.

D (age 47) is a university academic who had three other jobs during his most recent working week. In that week he clocked up 85 hours - 50 hours as an academic, 20 hours in general practice, 10 hours at an after hours surgery and five hours as a health management consultant. A 17 hour working day is not unusual for D, and he is usually on a weekend roster after hours. During the previous year he also worked in policy and consultancy jobs and edited some scientific articles. These positions provide him with internal and external credibility as an academic. D expects to continue holding more than one job in the longer term.

Table 5 *Main job and other jobs - hours worked by respondents during most recent working week*

Hours per week	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
Less than 10	-	-	19	32	20	71
10 - 19	6	10	20	33	6	21
20 - 29	25	42	17	28	1	4
30 - 39	16	27	3	5	-	-
40 - 49	8	13	-	-	-	-
50 - 59	3	5	-	-	-	-
60 - 69	1	2	1	2	-	-
neither	1	2	-	-	-	-
varies	-	-	-	-	1	4
Total (1)	60	100	60	100	28	100

Note: (1) One respondent indicated that neither job was the 'main' job so they were listed as second and third jobs. Another respondent worked no hours for the second job, while three worked no hours for their third jobs. These four respondents have been included in the less than 10 hours category. (2) The range of hours worked for the main job was 16 to 60, for the second job 0 to 60 and the third 0 to 25.



Table 6 All jobs - total hours worked by respondents during the most recent working week

Hours per week	All jobs	
	number	per cent
20 - 29	5	8
30 - 39	13	22
40 - 49	13	22
50 - 59	15	25
60 - 69	10	17
70 - 79	2	3
80 & over	2	3
Total	60	100

Note: The range of hours worked for all jobs was 25 to 85. Five respondents had four jobs and one had six jobs during the most recent working week.

### 2.3 Length of employment

Just over a half (52%) of respondents had held their main job for at least 10 years, while 28 per cent of them had held their second job for the same period. Moreover, half of the 28 respondents with three jobs (or more) reported that they were employed in their third job for less than 5 years. The average length of time respondents had worked in these jobs were 11 years for the main job, 8 years for the second, and 7 years for the third (Table 7).

Table 7 Years worked by respondents in their main and other jobs

Years	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
Less than 1	4	7	9	15	2	7
1 - 4	11	18	19	32	12	43
5 - 9	13	22	14	23	3	11
10 - 19	20	33	12	20	10	36
20 - 29	10	7	5	8	1	4
30 - 39	1	2	-	-	-	-
neither	1	2	-	-	-	-
not specified (1)	-	-	1	2	-	-
Total	60	100	60	100	28	100

The period worked ranged from 2 weeks to 33 years for the main job, 4 weeks to 25 years for the second job and 5 months to 25 years for the third job.

Note: (1) The respondent who did not state the length of time had worked in the second job had not been employed in that activity during the most recent working week.

Further analysis of the responses to this question by sex and age is summarised in Tables 8-10. Women were more likely to have held their main job for a shorter time than men, with 52 per cent of females holding that job for under 10 years compared with 42 per cent for males.

Table 8 *Years worked in main job by age and sex of respondents*

Years	Male			Female		
	number	age range	average age	number	age range	average age
Less than 1	3	36-55	43	1	-	42
1 - 4	2	39-41	40	7	32-54	43
5 - 9	9	37-54	45	6	36-50	43
10 - 19	13	39-54	48	7	40-50	45
20 - 29	4	50-62	55	6	44-55	50
30 - 39	1	-	55	-	-	-
Neither job the main one	1	-	42	-	-	-
Total respondents (60)	33	36-62	47	27	32-55	45

Women were also more likely to have held their second job for a shorter period than men. Eighty-five per cent of females had held this job for less than ten years compared with 61 per cent of males.

Table 9 *Years worked in second job by age and sex of respondents*

Years	Male			Female		
	number	age range	average age	number	age range	average age
Less than 1	4	38-47	41	5	32-48	42
1 - 4	6	39-47	44	11	37-50	45
5 - 9	10	39-54	47	7	36-55	46
10 - 19	9	44-62	51	2	42-50	46
20 - 29	3	47-56	53	2	50-54	52
Not specified	1	-	39	-	-	-
Total respondents (60)	33	38-62	47	27	32-55	45

In respect to the third job this tendency for women to have held it for a shorter period than men was less pronounced than was the case for the main and second jobs. Sixty-four per cent of females had held their third job for less than ten years compared with 59 per cent of males.

Table 10 *Years worked in third job by age and sex of respondents*

Years	Male			Female		
	number	age range	average age	number	age range	average age
Less than 1	1	-	42	1	-	43
1 - 4	7	39-54	47	5	40-54	46
5 - 9	2	39-41	40	1	-	45
10 - 19	6	44-55	50	4	40-49	46
20 - 29	1	-	53	-	-	-
Total respondents (28)	17	39-55	47	11	40-54	46

Twenty-four people (40%) reported that they had jobs in the past month that had not been recorded in their earlier responses regarding the past week. Fourteen respondents had one other job during that period, nine had two other jobs, and one had three. The details of these additional jobs showed a wide range including assessor for the medical council, consultant to ACC, trust and council/board membership, advisory chair, other contract work, after hours GP, media work, forensic medicine, musician, lecturing and examining.

## 2.4 Other jobs in the last year

Respondents were also asked whether they undertook any paid or unpaid current work in the past year that they considered to be “a job” they had not previously mentioned. Forty- four of them described a range of activities that they viewed as “a job”. These activities are listed in Table 11.

*Table 11 Activities (paid & unpaid) undertaken in the past year that respondents considered to be a job*

<b>Activity</b>	<b>Number of responses</b>	<b>Percent of respondents (n=44)</b>
Office/committee member of medical/health associations	8	18
Officer/committee member/volunteer of community organisations	4	9
Officer/coach/volunteer of sports clubs	1	2
Officer/volunteer of schools	1	2
Self employment	5	11
Paid job /contract work	33	75
Professional training & education	1	2
Write/review/edit professional papers	3	7
Fatherhood	1	2
Total	57	na

Self employment, paid jobs and contract work comprised activities undertaken by the 38 respondents in the previous year. The average number of hours worked by these respondents in their jobs during their most recent working week was 49.5 hours.

The people participating in the study were also asked whether they had seasonal work that had not been discussed earlier, and to describe those activities. Only two persons (3%) indicated that some of their work was seasonal in nature: one relating to assessments for the Medical Council and the other contract work on health policy.

## 2.5 Days worked in a week

The usual number of days respondents worked in their main, second, third jobs are summarised in the next three tables. Two-fifths of respondents usually worked for five or more days per week in their main jobs, while most of the remainder (57%) did so for less than five days (Table 12).

Table 12 Usual number of days respondents worked in their main jobs

Usual number of days per week	Number of respondents	Per cent of respondents
1.5 days	1	2
2 days	3	5
2.5 days	9	15
3 days	8	13
3.5 days	2	3
4 days	9	15
4.5 days	2	3
5 days	18	30
5 days & occasional extra day/s	4	7
6 days	2	3
neither main job	1	2
not specified	1	2
Total	60	100

Only 13 per cent of respondents reported that they usually worked for five days or more in their second job, while at least 78 per cent did so for less than five days (Table 13). Two people stated that the number of days they worked in their second job varied according to the demand for their labour.

Table 13 Usual number of days respondents worked in their second jobs

Usual number of days per week	Number of respondents	Per cent of respondents
1 day	9	15
1.5 days	4	7
2 days	10	17
2.5 days	9	15
3 days	6	10
3.5 days	1	2
4 days	8	13
5 days	5	8
6 days	2	3
7 days	1	2
varies/when needed/as required	2	3
not specified	3	5
Total	60	100

Twenty-eight respondents with a third job generally had few days per month to devote to that activity (Table 14). Twenty-nine per cent of them said that the number of days they worked in this third job varied with the demand for their labour. Some people made comments about their second and third jobs which indicated they often scheduled these activities around the routine of their main job.

Table 14 Usual number of days respondents worked in their third jobs

Usual number of days per week	Number of respondents	Per cent of respondents
1 day	8	29
1.5 days	2	7
2 days	3	11
3 days	1	4
7 days	1	4
other (1)	3	11
varies/when needed/as required	8	29
not specified	2	7
Total	28	100

Note: (1) one day a fortnight, once a month, twice a month.

The usual times of days respondents worked in their main, second and third jobs are presented in Table 15. About two-thirds of respondents worked in their main (67%) and second jobs (70%) either entirely between 8 am and 5 pm or some combination of hours within that period with hours between 5 pm and midnight. Half of the people with a third job also worked within the day and day/evening periods. Several respondents observed that their usual times of day they worked varied as they were “on call” for periods of time.

Table 15 Usual times of day respondents worked in their main, second and third jobs

Usual time of day (1)	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
Morning	1	2	1	2	-	-
Morning/day/evening	10	7	4	7	-	-
Day	18	30	24	40	7	25
Day/evening	22	37	18	30	7	25
Evening	-	-	-	-	2	7
Evening/morning	1	2	2	3	2	7
Varies	3	5	7	12	6	21
Not specified	5	8	4	7	4	14
Total	60	100	60	100	28	100

Note: (1) Morning is defined as midnight to 8 am, day as 8 am to 5 pm, and evening as 5 pm to midnight.

## 2.6 Other activities time is spent on

Respondents indicated an average of 2.9 other activities on which they spent a lot of time. These activities are listed in Table 16. The most cited activities (in descending order) were household work, studying, childcare, community/voluntary work, and sport.

Table 16 Other activities on which respondents spend a lot of time

Activity	Number of responses	Per cent of respondents
Studying	36	60
Household work	40	67
Childcare	33	55
Community/voluntary work	21	35
None of these	3	5
Sport	16	27
Recreation (non specific)	6	10
Gardening	5	8
Singing/music/dancing	4	7
Family activities	2	3
Lifestyle block/hobby farm	2	3
Other (1)	6	3
Total	174	na

Note: (1) reading re work 1, seeing patients 1, French class 1, Board of Trustees 1, care of elderly family 1 and home administration 1.

Forty-nine respondents commented on other activities on which they spent a lot of time. Three people mentioned that the shortage of time to pursue these other activities was a particular issue for them, while another who remarked that he was “*worked into the ground*” as a GP had made a lifestyle change since becoming a software developer. For the 15 people who talked about their study it was an integral part of their occupation. Two of them were enrolled for PhD degrees, and two others were taking papers for masters degrees. Eleven respondents mentioned their sporting and recreational activities, with seven of them noting the importance of physical exercise for health.

A further 12 people referred to household tasks such as property renovations and house maintenance (five) and family activities such as childcare and quality time with other members of their families (seven).

## 2.7 Getting to work

Respondents were asked about the location of their jobs, their usual means of travel to them, and the time it took to travel from home to a job or between jobs. About 90 per cent of them indicated that their main, second and third jobs were in a city or suburb (Table 17). As expected with the focus on workers in Christchurch and Wellington, only a small number worked in a minor urban area or a rural location.

### *A range of interests*

B (age 44) is a physician and teaches at a medical school. She has developed skills in teaching and research that are relevant to both jobs. B worked 25 hours as an academic and 18 hours as a physician (main occupation) during her most recent working week. Over the previous year she had also undertaken contract work relating to public health policy and research. Other activities on which she spends a lot of time are household tasks, childcare, community/voluntary work and care of elderly members of her family.

Table 17 *Location of respondents' jobs*

Location	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
City	26	43	36	60	15	54
Suburb	28	47	20	33	9	32
Minor urban	1	2	1	2	1	4
Rural	2	3	1	2	2	7
City & suburb	1	2	-	-	-	-
Other	2	3	2	3	1	4
Total	60	100	60	100	28	100

The major means of travel for respondents who travel to their main and other jobs was a car, and as Table 18 indicates, only a small number of them used other forms of transport for this purpose.

Table 18 *Respondents' means of travel to jobs*

Means of travel	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
Car	51	85	45	75	23	82
Bicycle	3	5	2	3	-	-
Scooter	-	-	1	2	1	4
Walk	1	2	3	5	1	4
Aeroplane	-	-	1	2	-	-
Car/bicycle	-	-	1	2	-	-
Car/bus	1	2	-	-	1	4
Car/aeroplane	1	2	1	2	-	-
Car/walk or run	-	-	2	3	1	4
Walk/taxi	-	-	1	2	-	-
Varies	1	2	-	-	-	-
Not applicable (1)	2	3	3	5	1	4
Total	60	100	60	100	28	100

Note: (1) Either worked at home, did not work at that job during the last week, or had no 'main' job.

The average travel time estimated for commuting to a main job (excluding those who did not change their location) was 16 minutes, for a second job 17 minutes, and for a third job 18 minutes (Table 19).

Table 19 *Travel time of respondents from home or other place of employment to jobs*

Travel time	Main job		Second job		Third job	
	number	per cent	number	per cent	number	per cent
Nil	2	3	4	7	1	4
Less than 5 minutes	4	7	3	5	1	4
5 - 9 minutes	12	20	9	15	7	25
10 - 14 minutes	10	17	12	20	6	21
15 - 19 minutes	7	12	10	17	2	7
20 - 29 minutes	10	17	9	15	3	11
30 - 59 minutes	8	13	7	12	4	14
1 hour & over	1	2	1	2	2	7
Varies	6	10	5	8	2	7
Total	60	100	60	100	28	100

Only six respondents (10%) said they experienced problems getting to work. The problems they reported were traffic volume (2 responses), traffic delay (1), parking (1), cost of parking (1) and “minor irritations” (1).

## 2.8 Work History

Fifty respondents (80%) indicated they had held more than one job beyond the previous year. They were also asked to list the jobs they held together and the years they had in each job. Thirty-eight per cent of the 50 respondents had been multiple job holders for 10 years or more (Table 20), and the average time they had held more than one job was 7.9 years.

Table 20 *Length of time with more than one job beyond the previous year*

Length of time	Number of respondents	Per cent of respondents
1 - 4 years	14	28
5 - 9 years	16	32
10 - 14 years	12	24
15 - 19 years	6	12
20 years & over	1	2
Not specified	1	2
Total	50	100

The 50 people, who said that they had held more than one job at once beyond the previous year were then asked to complete a table of each set of jobs they held together and the number of years they held each set. Their experience of multiple job holding is summarised in Table 21. Over a third (34 per cent) of respondents reported they had held a maximum of three to five jobs over one period of time during their working career. Those people who held three jobs had done so for periods from 1.5 to 12 years (average = 5.9) and those who held four jobs had done so from 2 to 17 years (average = 8.5).



Table 21 Maximum number of jobs held during previous years

Number of jobs	Number of respondents	Per cent of respondents
Two	33	66
Three	10	20
Four	6	12
Five	1	2
Total	50	100

Respondents also answered a question that explored their reasons for having more than one job earlier in their working career. Forty-nine people responded to this question and some of them had multiple reasons for following this strategy. The most frequently cited explanations (N=27) focused on the themes of professional development, interest and satisfaction. Words such as “*variation*”, “*enjoy*” and “*challenge*” were frequently used when discussing these themes. One respondent, for instance, said “[I’ve] *seldom done one job, because it’s boring*”, while another declared “[I] *enjoy them both and they were a good offset*”. The need for additional income was also an important factor, with twelve people citing financial reasons for taking on additional jobs. Six of the people who wanted extra income, however, also referred to professional development or satisfaction as reasons for obtaining another job. The other major themes for taking another job mentioned by respondents were approaches from others such as colleagues (N=4), customary practices of their occupations (N=3) including locums and combining medical practice with teaching or research, and the flexibility it gave to female doctors as they pursued their career and raised children (N=3).

*A work history*

J (age 36) currently has two jobs as a manager and self-employed homeopath. In the most recent week she was employed for 33 hours as a manager and 20 hours as a homeopath. She also undertook teaching and homeopathic research during the previous year. A lot of time off from her two jobs is spent studying, supervising and on personal growth. She has been a multiple job holder for 10 years, and originally combined homeopathic practice with employment in a business she joint operated. After her involvement with the business ceased, J then took a position with a health shop to supplement earnings from her homeopathic practice and ensure an adequate level of income.

Sixteen respondents commented further about their work history. Half of them described their career paths as they moved into or exited particular health occupations as the context for holding multiple jobs. Three other people explained this strategy in terms of returning to New Zealand from overseas, study for an MBA, and the enjoyment of combining clinical practice with several other jobs. Moreover, two women general practitioners acknowledged that having more than one job enabled them to continue working while rearing their children. Three respondents mentioned the heavy demands of their work patterns on their lifestyle, although one of them had made a lifestyle change by leaving general practice.

### 3 Factors behind multiple job holding

#### 3.1 Reasons for having more than one job

When asked a closed question about their reasons for having more than one job two-thirds (68%) of respondents said that it was because they wanted to, while just over a quarter (27%) acknowledged that there were elements of both choice and necessity which influenced them to do so (Table 22).

Table 22 *Reasons for respondents having more than one job*

Reason	Number of respondents	Per cent of respondents
Because I have to	0	0
Because I want to	41	68
Both	16	27
Neither	3	5
Total	60	100

Most people interviewed explained further their motivations for holding multiple jobs by responding to an open question that invited their comments about this issue. Their comments (50 responses) comprised several themes: professional enjoyment and stimulation (18 responses); the complementary nature of both jobs often expressed in terms of skills and interests, but by one person in terms of public and private sector (10 responses); economic necessity (8 responses); lifestyle choice (7 responses) - e.g. keeps workplace politics in perspective; a requirement to undertake clinical work with teaching/research and vice versa (5 responses) and a feeling of control over one's job (2 responses). Five of the eight people who had multiple jobs for economic reasons indicated they did so both from choice and necessity as did three of the five people who said they were required to undertake clinical work with teaching/research.

#### 3.2 Issues around finding work

Respondents were asked to assess the degree of difficulty they experienced finding work in their main occupation by using a scale from 1 (very easy) to 5 (very difficult). Their responses are summarised in Table 23. Fifty-seven per cent of respondents considered it was very easy or easy to obtain work in their main occupation, and only 17 per cent thought it was difficult or very difficult.

Table 23 *Degree of difficulty finding work in main occupation*

Degree of difficulty	Number of responses	Per cent of respondents
1 - Very easy	22	37
2	12	20
3	14	23
4	8	13
5 - Very difficult	2	3
Other (1)	2	3
Total	60	100

Note: (1) don't know - 1, talked into it (1 & 4) - 1.

The comments made by respondents about the ease or difficulty of obtaining work indicate that generally there were plenty of practices (e.g. "people can't give their practices away") and jobs available for general practitioners (e.g. "not enough of us") particularly in rural areas, and some specialist positions such as radiologists, gastroenterologists and ear nose and throat specialists.

Respondents, who rated the degree of difficulty as three or higher, often reported that positions were difficult to obtain because of the limited number of them available in New Zealand for a particular specialisation.

The same scale was also used by respondents to assess their degree of difficulty of finding work in their other occupation. The most significant difference between the answers to this question and the previous question about the main occupation was that 13 per cent of respondents stated it was very difficult compared with 3 per cent (Table 24).

*Table 24 Degree of difficulty finding work in other occupation*

Degree of difficulty	Number of responses	Per cent of respondents
1 - Very easy	18	30
2	8	13
3	11	18
4	8	13
5 - Very difficult	8	13
Not specified	7	12
Total	60	100

Of the 34 people who said it was ‘very easy’ or ‘easy’ to find work in their main occupation, 17 indicated it was the same, eight reported it was ‘very difficult’ or ‘difficult’, five felt it was ‘neither easy nor difficult’, and four did not give a response. Of the 10 people who reported it was ‘very difficult’ or ‘difficult’ to find work in their main occupation, five said it was the same, three indicated it was ‘neither easy nor difficult’, and two other people did not respond. Of the 14 respondents who considered it was ‘neither easy nor difficult’ to find work in their main occupation, nine reported it was either ‘very easy’ or ‘easy’ to find work in their other occupation, two noted it was the same, two said it was either ‘difficult’ or ‘very difficult’ and one person did not respond.

Respondents’ comments about the ease or difficulty in their second occupation confirmed that it was easy to work as a general practitioner and certain specialist positions (e.g. homeopathy, psychiatry, family planning). However, there are other specialist positions (e.g. pediatric surgery) and some academic posts in the health sector which are in limited supply. A least two people with self employment outside the sector said that it was difficult to find work in their second occupation.

A series of questions addressed the effects of changes in the health sector, and changes at workplaces in that sector on employment, multiple job holding and work practices. When respondents were asked whether it was harder or easier to find a job in the health sector given the changes that have occurred over the last 10 years in New Zealand, almost two-thirds of them (65%) said it was easier. The full range of responses to this question are presented in Table 25.

*Table 25 Respondents’ views of finding jobs in the health sector over the last 10 years*

View	Number of responses	Per cent of respondents
Harder to find a job	6	10
Easier to find a job	39	65
Neither	8	13
Don’t know	4	7
Other (1)	3	5
Total	60	100

Note: (1) both harder & easier 1, not applicable 1, not specified 1.

Just under a half of respondents (48%) stated that getting their current job in health was not affected by changes in the sector, and about two-fifths (42%) said that it had been affected. When asked for their view about what leads to multiple job holding in the health sector, respondents identified a broad range of personal, economic and institutional factors. Their responses were analysed and organised into a number of themes (Table 26). Many respondents (25) spoke about the interest and challenge provided by a variety of jobs that provided them with a broader range of skills and experience than which they could acquire through a single full-time position. Others (14) mentioned the extra income and financial rewards derived from more than one job either through using different sets of skills or by combining private practice with a job in the public health system. Some people (12) explained that MJH was customary in the health sector because of the medical profession’s tradition of combining private practice with public service.

Table 26 *Personal, economic and institutional factors leading to multiple job holding in the health sector*

Factor	Number of responses	Percent of respondents
Interest and challenge provided by a variety of work	25	42
Extra income & financial rewards	14	23
Tradition of public service & private practice	12	20
Part time nature of many positions	6	10
Avoidance of stress through variety of work	5	8
Frustration with bureaucracy in public health system	3	5
Control of own work situation	2	3
Flexibility provided by contracts	2	3
Demand for a variety of skills	2	3
Other (1)	7	12
TOTAL	78	na

Note: (1) little risk to trying something new, increased tendency to specialise, private practice offsets costs of being an academic, a change to more senior and fewer junior positions, a shortage of people in highly specialised positions, allows rural GP to employ another doctor to share on call work and women more open to part-time jobs because of family responsibilities.

### 3.3 The effect of changes in the health sector

Sixty-three per cent of respondents said that changes at their place of work in the health sector had affected their jobs, while 23 per cent indicated there had not been any changes at their workplace that had done so. Forty-seven people described the sources of changes in their workplaces and their responses are summarised into a number of categories in Table 27. The changes in the health sector over the last 10-15 years have been far reaching. With regard to policy shifts in the sector one person stated that there has been so much happening that “*you start to get change fatigue*”. The main causes of concern for respondents were the introduction of the corporate culture by hospitals and other health providers (e.g. “[You] *can’t run hospitals like shoe factories*”); changes in funding procedures; reductions/lack of funding in general or for specific services; increased documentation and paperwork (e.g. “[I] *gave up as GP because it stopped being fun*”); greater expectations of patients for high quality care; and the increased time required for compliance and documentation at the expense of patient care.

Table 27 Sources of changes in the workplaces of the health sector

Sources of change in the workplace	Number of responses	Percent of Respondents
Changes in funding procedures - method, source, amount	10	17
Increased documentation/paper work	9	15
Introduction of the corporate culture by hospitals and other health providers	9	15
Reductions/lack of funding in general or for specific services (e.g elective surgery)	7	12
Greater expectations of high quality care by patients	6	10
Increased time required for compliance/documentation at expense of patient contact	5	8
More complex legislation (e.g. ACC) & government control	4	7
Increased staff shortages & turnover	3	5
Increased use of computers for records	3	5
More group practices of general practitioners with customer focus	3	5
Health sector deregulation	2	3
Other (1)	12	20
Total	17	na

Note: (1) capitation of payment, greater cohesiveness in sector in response to policy threats, higher performance of staff, new opportunities for use of skills, influence of demographics on patient attendance and referral routes, FT positions in public health have disappeared, investigation of new treatments, more complex treatment methods, growth of interest in natural medicine, join together to increase contracting power on unfair playing field, and the emergence of the IPA.

### 3.4 Personal and family circumstances

Respondents were asked to identify changes in their personal and family circumstances that have affected their decisions to hold current jobs. The most important changes they noted were home ownership/mortgage, places of residence, tertiary study/new qualifications, starting a family and starting a long term relationship/getting married (Table 28).

Table 28 *Effect of changes in personal or family circumstances on respondents' decisions to hold current jobs*

Personal and family circumstances	Number of responses	Per cent of respondents
Home ownership/mortgage	11	18
Change in place where I live	9	15
Tertiary study/getting new qualifications	9	15
Starting a family	8	13
Starting a long-term relationship/getting married	6	10
Children's education	5	8
Other family finances	5	8
Children leaving home	4	7
Redundancy in my occupation	3	5
Planning for retirement	2	3
Ending a long-term relationship/marriage	2	3
Retirement from a long-term job	1	2
Leaving school	1	2
None of these	13	14
Other (1)	15	16
Total	94	139

Note: (1) These are other circumstances mentioned by respondents that were not listed as part of the question. They comprised: 6 personal fulfilment; 2 opportunity; 1 shift from rural to urban practice; 1 mentor's influence; 1 dissatisfaction with primary health care system; 1 research funding finished; 1 children older; 1 general family circumstances, and 1 personal health.

Further analysis of these responses by sex and age is summarised in Table 29. It reveals that home ownership or a mortgage, tertiary study or obtaining new qualifications, commencing a long term relationship or marriage, and children's education were more influential factors in the decisions of men to hold their current jobs than was the case for women. Yet women were more likely than men to be influenced by other family finances when they made their decisions to take their current jobs. There seemed to be no significant difference between the two sexes with respect to the influence that starting a family, change in place of residence and children leaving home had on their decision to take their current jobs.

Table 29 *Effect of changes in personal or family circumstances on decisions to hold current jobs by sex and age of respondents*

Personal and family circumstances	Male			Female		
	No.	age range	average age	No.	age range	average age
Home ownership/mortgage	8	37-48	42	3	36-44	41
Change in place where I live	5	37-54	45	4	32-48	45
Tertiary study/getting new qualifications	6	39-54	48	3	47-50	49
Starting a family	4	37-54	45	4	39-50	44
Starting a long-term relationship/getting married	4	39-56	47	2	32-50	41
Children's education	4	37-47	43	1	-	49
Other family finances	2	39-41	40	3	49-54	51
Children leaving home	2	39-47	43	2	49-54	52
Total respondents (60)	33	36-62	47	27	32-55	45

Half of the respondents (30) made further comments about the personal and family circumstances that influenced them to hold their current jobs. Eleven respondents, ten of whom were women, discussed the family circumstances that influenced their employment situation. Most of these women reported that their current jobs allowed them flexibility to organise their work commitments around the needs of their children. Another 17 respondents mentioned personal circumstances that guided their decision making. These personal circumstances included preparation through training, skills and development (4), return to New Zealand (3), fortuitous events/favourable conditions (3), financial reasons (2), avoidance of stress (2), help partner in business (1), recognised work was to live - not vice-versa (1), and enjoyment of complementary areas of work (1). The remaining five respondents either stated the circumstances were either not relevant for their current jobs (e.g. “*No bearing*”) or made remarks that were difficult to categorise (e.g. “*[I] decided to do what [I’m] doing*”).

### 3.5 Qualifications, skills and work experience

The highest formal educational qualifications of respondents are shown in Table 30. All of them held some form of tertiary qualification.

Table 30 *Highest formal educational qualifications of respondents*

<b>Educational qualification</b>	<b>Number of respondents</b>	<b>Per cent of respondents</b>
University degree	25	42
Other tertiary qualification	30	50
University degree & other tertiary qualification (1)	5	8
Total	60	100

Note: (1) Four noted they had specialist medical qualifications in addition to their university degrees and the fifth was a qualified secondary teacher.

In addition to their highest formal qualifications respondents were asked to describe what other skills or work experience they had which helped them to get work. Forty-nine people answered this question: 12 only listed their formal medical and other qualifications, 15 provided details of other skills they had acquired as well as their qualifications, and 22 only described skills outside formal medical courses. The extensive list of medical qualifications by respondents was complemented by references to ongoing training through courses, conferences and reading. Apart from general comments about various types of vocational skills the most frequently noted were interpersonal and communication (7 respondents), research (6 respondents), and IT/computer (3 respondents). The three homeopathic practitioners in the study referred to a more diverse experience than was typical of their mainstream counterparts. For example, one referred to her experience as a field officer in a community health organisation, journalist, parent (for child patients) and overseas traveller (for non European patients) as helping her to practice homeopathy.

Most people (88%) considered that there was a good match between their qualifications, skills and experience and any of their current jobs. They also indicated which job(s) had a good match, and their responses are summarised in Table 31. Just over two-thirds of them considered they had a good match with both or all of their current jobs.

Table 31 *Jobs that are good matches with respondents' qualifications, skills and experience*

Job	Number of respondents	Per cent of respondents
First	6	10
Second	2	3
Both/all	41	68
Other (1)	2	3
Not specified	9	15
Total	60	100

Note: (1) A respondent with 4 jobs had a good match with first and second jobs and another person with 3 jobs only had a good match with the first two of them.

Furthermore, 50 respondents explained in what way their qualifications, skills and experience were a good match with their jobs. Thirty-two people noted how their particular training was sufficient or inadequate for the requirements of those jobs. While most of them felt their qualifications and skills were appropriate, six considered that they were under qualified for one of their jobs (four academic teachers, a researcher and a fund manager). Eleven respondents considered that their jobs were integrated and allowed skills acquired in a particular job to be transferred to another. The remaining seven described in some detail the particular sets of skills which enabled them to hold multiple jobs.

*Cross-fertilisation of skills*

H (age 39) is a clinician at a public hospital and also has a private practice. He is a teacher and researcher at a Medical School and studying for a PhD. H regularly works for 55 hours per week - 24 hours at the hospital, 24 hours at the Medical School and 7 hours in private practice. In addition to these regular jobs he is involved with administration of a Trust and participates in larger research projects. The variety of his jobs allows cross fertilisation between them, with the skills and knowledge from one job being used to improve the quality of work in another. H's interest in research was the main motivator for holding more than one job, but nowadays he appreciates having time away from clinical work to think, and for some respite from the pressures of management and patients.

Respondents reported the sources of assistance they received when obtaining their current jobs. As Table 32 reveals, the main sources of assistance were contacts with others doing the same sort of work, a direct approach to the workplace, friends, advertising, professional associations and family. Eight people noted they had been approached directly by an employer (e.g. "tapped on the shoulder"), while five others attributed personal contacts beyond their own sphere of work had assisted them in obtaining jobs. Both employment agencies and training organisations were only mentioned once.

Over three-quarters of the respondents (78%) stated that contacts with others doing the same sort of work assisted them finding employment, and a fifth of them mentioned their professional associations in this regard. These findings illustrate the importance of a network of professional peers in helping someone to find a job in the health sector. In the 'other' category eight people said they were directly approached by their employer or workplace, and another five noted they were helped by contacts with other people outside their own sphere of work.



Table 32 Sources of assistance for respondents getting current jobs

Source of assistance	Number of responses	Per cent of respondents
Contact with others doing my sort of work	46	77
Direct approach to a workplace	17	28
Friends	13	22
Advertising	12	20
Professional association	12	20
Family	11	18
Employment agency	1	2
Training organisation	1	2
None of these	1	2
Other (1)	18	30
Total	132	na

Note: (1) Includes those directly approached by employer/workplace - 8, contacts with other people (outside their own sphere of work) - 5, stood for election - 1, purchased practice with husband - 1, "owed something to New Zealand" - 1, and not specified - 2.

Further analysis of these responses, by sex and age, is summarised in Table 33. There did not seem to be any difference between male and female respondents as to the particular sources of assistance they had for obtaining their current jobs.

Table 33 Sources of assistance for getting current jobs by sex and age of respondents

Sources of assistance	Male			Female		
	No.	age range	average age	No.	age range	average age
Contact with others doing my sort of work	24	39-62	47	22	32-55	45
Direct approach to a workplace	8	39-54	45	9	40-54	47
Friends	6	39-62	49	7	36-55	45
Advertising	6	38-62	47	6	37-45	42
Professional association	6	41-54	47	6	40-55	48
Family	5	39-54	46	6	36-50	42
Employment agency	-	-	-	1	-	32
Training organisation	-	-	-	1	-	40
None of these	1	-	47	-	-	-
Other	10	39-56	48	8	32-50	45
Total respondents (60)	33	36-62	47	27	32-55	45

Twenty-nine respondents (48%) commented further about obtaining their current jobs. Twelve mentioned the role of a network of friends and professional peers as discussed previously, eight referred to direct offers from employers, three reported direct approaches to workplaces, and six commented on a variety of other circumstances about the process of obtaining jobs. The respondents who mentioned the role of a network in helping them to secure jobs used phrases such as "through the grapevine", "they tend to find you", and "all jobs came because I was talking to people" when describing this process. Direct offers of jobs often came from former employers or previous places of training.

## 4 Benefits and effects of multiple job holding

### 4.1 Benefits of more than one job

When asked about the benefits they derived from having more than one job, most respondents regarded variation and stimulation, keeping their “hand in”, building work experience, level of income and social contact and making friends as being positive features of this strategy (Table 34).

Table 34 *Benefits to respondents of holding more than one job*

Benefit	Number of responses	Per cent of respondents
Variation and stimulation	60	100
Keeps my “hand in”	42	70
Helps build work experience	40	67
Level of income	40	67
Social contact and making friends	33	55
Security of income	29	48
Hours of work	17	28
Suits my family	13	22
Other (1)	16	27
Total	290	na

Note: (1) The responses in this category mentioned the following themes: professional development - 6, the complementary nature of jobs - 4, flexibility - 4, and personal fulfilment - 2.

Further analysis of these responses by sex and age is summarised in Table 35. Women were more likely than men to report that building work experience, hours of work, social contact and making friends, and suiting their family as benefits of holding more than one job. While men were more likely than women to note keeping their “hand in” as a benefit. There was little difference between the two sexes with regard to the other benefits - i.e. variation and stimulation, level of income, and security of income.

Table 35 *Benefits of holding more than one job by age and sex of respondents*

Benefits	Male			Female		
	No.	age range	average age	No.	age range	average age
Variation and stimulation	33	36-62	46	27	32-55	45
Keeps my “hand in”	26	36-56	46	16	39-55	47
Helps build work experience	19	36-56	45	21	32-50	45
Level of income	22	36-56	46	18	32-50	44
Social contact and making friends	16	36-54	47	17	32-55	46
Security of income	17	37-56	48	12	36-54	44
Hours of work	5	36-50	41	12	32-50	43
Suits my family	4	47-50	49	9	37-50	45
Other	8	39-56	49	8	40-50	46
Total respondents (60)	33	36-62	47	27	32-55	45

Thirty three respondents made additional comments about the benefits of having more than one job.

These comments build on the data in the tables, with flexibility of the hours of work being one common theme, the stimulation and interest of more than one job, and the opportunities for professional development and take advantage of the “synergy”, and “complementarity” of jobs that involve clinical work and other work such as academic teaching or research. Financial reasons do not stand out, with one respondent arguing that multiple job holding “*is not really anything to do with money*”. However, one argued that their salaried job had the advantage of paid holidays and another that they would be better off financially with just one medical job. Two identified job security here. Social reasons for work were noted as well, with jobs giving a “*sense of purpose in life*” “*commitment to society*” and quality health care. Some saw that multiple jobs fitted with family needs, one saying they would move out of clinical work when their family was older, and another that their additional jobs allowed them to connect better with family life. On the other hand, a respondent said they were “*Bonkers the hours I work now*” whereas when they first started they could be there after school for their kids. This person’s other jobs were described as spinoffs from the main job. Other benefits noted included opportunities to travel and opportunities for team work, as well as for autonomy.

*Benefits and work-life balance*

K (age 44) combines general practice, lecturing at a Medical School and administrative work. She is married with three children and her husband also is a multiple job holder. K worked 44 hours during her most recent working week. Twenty-five hours were spent in general practice, 15 hours teaching and the remainder in administration. Moreover, K worked two short contracts in the previous month. Childcare and some voluntary work with a school are other activities that she undertakes. K would prefer to walk or cycle for health reasons, but daily travels by car between her three jobs because of the short time interval between them and their dispersed location. While the jobs restrict her entertainment or leisure, she considers they help maintain a balance between work and family life. K considers the benefits of having more than one job are the level and security of income; the variety and stimulation of the work; social contact and making friends and the building of experience in preparation for taking up other positions. She expects to continue as a multiple job holder for at least another three years.

#### **4.2 Effects of more than one job**

Furthermore, respondents indicated whether holding more than one job helped, hindered or had no effect on their relationships and activities. Their responses are summarised in Table 36. Overall MJH appears to most seriously hinder the balance between work and personal/family life, health/fitness or training and entertainment or leisure. It also seems to have adverse effects on the amount of housework, family relationships, involvement in community activities and personal relationships. However, it does appear to have a positive effect on an individual’s involvement in ongoing education.

Table 36 *Effects of holding more than one job on respondents' relationships & activities*

	No Effect		Helps		Hinders	
	Number	Per cent	Number	Per cent	Number	Per cent
Personal relationships	21	35	11	18	25	42
Family relationships	24	40	5	8	27	45
Caring or supporting children	16	27	8	13	26	43
Caring or supporting other family members	25	42	6	10	19	32
Amount of housework	27	45	3	5	28	47
Friendship	23	38	16	27	18	30
Health/fitness or training	22	37	4	7	31	52
Involvement in organised sport (1)	20	33	2	3	12	20
Entertainment or leisure	19	32	7	12	31	52
Involvement in community activities	22	37	8	13	26	43
Involvement in ongoing education	17	28	32	53	9	15
Balance between work & personal/ family life	14	23	10	17	31	52

Note: (1) not applicable - 26 respondents

Forty-nine people made further comments about how holding more than one job affected various aspects of their lives. Their responses were organised into several categories. The most common comments related to the difficulty of maintaining work-life balance (14 responses), including friendships and other activities outside of working life, including five who specified effects on family life. Extra jobs adds to the administration for some, and makes additional intellectual and skill demands. Comments included the difficulties that arise when demands or stresses from more than one job peak at the same time. Eight made comments about aspects of stress and affects on their health. Eight also made comments about the need to be organised to cope with more than one job as well as other aspects of their lives, several also identifying stress. With multiple jobs it “*can be draining to switch hats*”, “*People like me should learn how to say no*”, and it “*Forces you to be well organised*” were some of the comments here. Although two respondents noted that having two jobs reduced their overall workload and allowed for a better work-life balance.

*Effects on health and family life*

L (age 54) is a GP and specialist. While he worked 68 hours during his most recent working week, the actual number of hours he devotes to each job varies from week to week as both jobs roster him to be ‘on call’ for a substantial proportion of his scheduled hours of work. His other commitments include being a medical advisor to voluntary health organisations and sports clubs. L is married and still has one child living at home. His wife and other family members have been very supportive and understanding of his work even though their family life is often disturbed while he is ‘on call’. For L there are economic, personal and community benefits of having more than one job, but it hinders his personal and family relationships, support of his children and other family members, friendships, health and fitness, entertainment and leisure, ongoing education and the balance between work and family life. He also considers that the lifestyle associated with his two jobs is detrimental to his mental and physical health. Yet he expects to continue holding more than one job until retirement.

## 5 Future work expectations

### 5.1 Ideal/Future work

Next respondents were asked about what things could make their current work situation better or worse for them. There were 57 respondents who identified factors that would improve their current situation, and their responses are summarised in Table 37. Several of them provided responses that were classified into more than one category. Unsurprisingly for this group of multiple job holders with long hours of work, the most common factors that would make work better for them related to the time available for work, and better management of time and the outputs of specific jobs, including administrative assistance.

Table 37 Factors that would make having more than one job better for respondents

Factor	Number of responses	Per cent of respondents (n=57)
More time for work/fewer hours in one or more jobs	17	30
Better management of time, job outputs/assistance	13	23
More pay	8	14
Better split of jobs/job definition and use of skills	7	12
I'm OK/happy now	7	12
Less night/weekend/call work	7	12
Better work environment	5	9
Better parking (at work)	3	5
More funding or job opportunities	3	5
Other (1)	3	5
TOTAL	73	na

Note: (1) includes one response each for - better status for one job, more childcare support, more locums available.

There were 58 respondents who identified factors that would make their current work situation worse, and these responses are summarised in Table 38. Again, several provided responses that were classified into more than one category. Once again, hours worked predominate as the key issue, along with the work conditions and job satisfaction, flexibility of work arrangements, particularly the work hours, and actual workload in any job. Comments made showed a concern for controlling the amount of work done and the flexibility of work, while avoiding “*undue bureaucracy and regulation relating to it*” and maintaining the support of colleagues. One person pointed out, “*I enjoy it, that’s why I do it*”, but their work is on the “*borderline*” in terms of the number of jobs and the hours worked.

Table 38 Factors that would make having more than one job worse for respondents

Factor	Number of responses	Per cent of respondents (n=58)
Longer hours of work	18	31
Deteriorating work conditions, less support/satisfaction	11	19
Less flexibility of hours, working arrangements	8	14
More workload	8	14
Location of work/increased travel time	6	10
Increased family commitments, or less ability to meet	5	9
Too many jobs	3	5
Stress	3	5
Reduced opportunity/loss of job	2	3
Other (1)	4	na
TOTAL	68	na

Note: (1) includes one response each for - reduced training, health problems, less pay, loss of locum support.

## 5.2 Ideal mix of jobs

Respondents were then asked to describe their ideal job or mix of jobs, allowing the survey to probe these issues further. All 60 respondents replied to this question and their responses are summarised in Table 39. Several of them provided responses that were classified into more than one category. In addition, 30 of them responded when asked what, if anything, they would need to do to obtain the ideal mix of work. These answers were largely qualifications and expansions to their previous replies. As can be seen from Table 39, a notable proportion of the respondents (one third) already have an ideal mix of jobs. In some cases respondents set out to say they had the ideal mix of work in terms of job and time, and then qualified that response by saying they could work fewer hours, or a different mix of time and jobs, for example “*pretty good as it is*”, qualified by “*make the decision to not work Saturdays and I’m not prepared to do that at the moment*”. As can be seen for those who would like a better mix, most of the required adjustment is in the mixture of clinical and other work - usually a reduction in clinical work. Or it requires simply a reduction in the hours worked, including, specifically, time during school holidays and weekends. Respondents also pointed out again that they could manage their time better (see above). Responses wanting a different mix of clinical and other work preferred less clinical work overall, less work in private practice (done to raise income) and more academic work (e.g. “*another whole day at university*”) or time for research. Responses included a desire for reducing management time and also time spent in meetings.

Table 39 Factors that would give the respondents an ideal mix of jobs

Factor	Number of responses	Per cent of respondents
Same jobs but with fewer hours/adjusted hours (1)	23	38
Adjusted mix of jobs and proportions of jobs (1)	22	37
Already have the ideal mix	20	33
More pay	5	8
More flexibility	2	3
Other (2)	2	3
TOTAL	74	na

Note: (1) 8 respondents identified both of these factors. (2) includes one response each for - adjusting the amount of call and more control over the funding/work environment.

### 5.3 Expected time holding multiple jobs

Another question investigated the amount of time respondents expected to stay working in more than one job. As Table 40 reveals, over three-quarters of them (77%) expected to remain multiple job holders for more than three years. Only three people anticipated they would hold more than one job for less than a year. These responses reflect the organisation of work in the health sector, where multiple job holding is a widely utilised mechanism for structuring the work of individual health professionals.

Table 40 Expected length of time working in more than one job

Expected length of time	Number of respondents	Per cent of respondents
Short term (0-2 months)	1	2
Less than a year (3-12 months)	2	3
1 - 3 years	8	13
More than 3 years	8	13
Long term (until I retire)	38	63
Don't know	3	5
TOTAL	60	100

Further analysis of these responses by sex and age is summarised in Table 41. Men were more likely than women to expect to hold more than one job for the long term (73% cf. 52%), while women were twice as likely as men (37% cf. 18%) to expect that they would hold multiple jobs for the medium term (one year to long term).

*A long-term strategy*

F (age 55), a specialist was born in the United Kingdom and had been a multiple job holder since his arrival in New Zealand and expects to hold more than one job for the remainder of his working life. His wife also has more than one job. F had three jobs in the health sector during the most recent working week. He worked 55 hours by combining academic teaching (25 hours) with clinical work for the hospital (15 hours) and private practice (15 hours). He had a small amount of other paid work in the previous year, is involved with music groups and exercises by playing tennis.

G (age 50) is a general practitioner and a consultant (policy and research). He has held more than one job for 15 years, and expects to do so until retirement. His wife also has two jobs. G worked for 60 hours during his most recent working week: half of that time in general practice and the other half in his consultancy. Over the previous year he also worked as an examiner and trainer and in self-employment in the creative sector.

Table 41 Expected length of time working in more than one job by age and sex of respondents

Expected length of time	Male			Female		
	No.	age range	average age	No.	age range	average age
Short term (0-2 months)	1	-	37	-	-	-
Less than a year (3-12 months)	1	-	41	1	-	50
1 - 3 years	5	48-62	47	3	32-44	38
More than 3 years	1	-	47	7	40-50	46
Long term (until I retire)	24	38-56	47	14	36-55	46
Don't know	1	-	53	2	39-49	44
Total respondents (60)	33	36-62	47	27	32-55	45

Next respondents indicated which jobs they held currently provided them with an opportunity for promotion. Fifty respondents provided answers to this question. Of these 24 saw no opportunity for promotion. Several of these pointed out that promotion was not possible because they are self employed. Others saw no possibility for further advancement because of the structured nature of

academia and clinical work - they had already advanced as far as possible and saw few opportunities likely for them at the very top of the hierarchy, or unless they moved into more managerial roles. On the other hand, 17 respondents with academic roles did see possibilities for promotion, as did 11 clinicians. Four saw possibilities in management and three for advancement in their non-health jobs, including other businesses they are involved in.



## 6 Income and standard of living

### 6.1 Other sources of income

Almost three-fifths of respondents said that they earned income from sources other than paid work (Table 42).

*Table 42 Respondents with sources of income other than paid work*

Response	Number of respondents	Per cent of respondents
Yes	35	58
No	25	42
Total	60	100

The sources of income other than paid work that were reported by respondents are summarised in Table 43. The main source was from interest, dividends, rents and other investment income.

*Table 43 Sources of income other than paid work reported by respondents*

Source of income	Number of responses	Per cent of respondents (n=38)
Interest, dividends, rent & other investment income	35	92
Financial support from outside the household	1	3
Computer company	1	3
Husband	1	3
Total	38	na

### 6.2 Income from all sources

Respondents were also asked to indicate what income range most accurately described their total pre-tax income from all sources for the year ended 31 March 2003. As Table 44 reveals over half of them had incomes of over \$100,000 and another third (32%) had incomes between \$50,001 and \$100,000.

*Table 44 Total pre-tax income of respondents for the year ended 31 March 2003*

Income range	Number of respondents	Per cent of respondents
\$10,001 - \$20,000	1	2
\$20,001 - \$30,000	1	2
\$30,001 - \$50,000	4	7
\$50,001 - \$100,000	19	32
\$100,001 or more	32	53
Not specified	3	5
Total	60	100

Asked to indicate what percentage of their income was attributable to each job or other source of income, just over three quarters (7%) earned at least half of their income from their main job, and 58 per cent at least 25 per cent of their income from their second job (Table 45). Twenty-eight respondents said they had third jobs during their most recent working week, and 15 of them (54%) reported that their third job contributed less than a quarter of their income. Thirty-five people had income from other sources, and the entire 25 of them who replied to this part of the question noted

that their income from other sources was less than a quarter of income for that financial year. The average estimated contribution of the main job to total income was 60 per cent, of the second job 31 per cent and the third job 19 per cent.

*Table 45 Percentage of respondents' income attributed to each job and other income sources*

Per cent of income	Main job		Second job		Third job		Other sources	
	number	per cent	number	per cent	number	per cent	number	per cent
Under 25	2	3	22	37	15	54	21	60
25 - 49	9	15	25	42	5	18		
50 - 74	32	53	8	13	2	7		
75 - 100	14	23	2	3				
Nominal							4	11
Other (1)					2	7		
Don't know	1	2	1	2			3	9
Not specified	2	3	2	3	4	14	7	20
Total	60	100	60	100	28	100	35	100

*Note:* (1) "runs to loss" - 1, and included with main job - 1.

### 6.3 Importance of income to household

Respondents were requested to rate the importance of their income to the household on a scale from 1 (very important) to 5 (not important to all). The average rate on the scale was 1.8, with 78 per cent of respondents considering that their income was "very important" or "important" to the household (Table 46).

*Table 46 Importance of respondent's income to the household*

Rating scale	Number of respondents	Per cent of respondents
1 = very important	31	52
2	16	27
3	7	12
4	5	8
5 = not important at all	1	2
Total	60	100

This rating of the importance of the respondent's income to the household was then compared with the total number of hours they worked in their jobs during the previous week. This comparison is summarised in Table 47. There seems to be a general pattern for those who worked longer hours to rate their contribution to the household income as being of more importance than those people who indicated they worked for a fewer number of hours. For instance, respondents who rated the importance of their income as 1 or 2 worked an average of 48 hours per week, while those who considered their income was of little or no importance at all to the household worked an average of 38 hours per week.

Table 47 Hours worked per week by the importance of the respondent's income to the household

Hours per week	1 = Very important	2	3	4	5 = Not important at all	Total
20 - 29	1	3	2	1	-	7
30 - 39	5	4	1	2	-	12
40 - 49	4	5	1	2	1	13
50 - 59	12	2	2	-	-	16
60 - 69	7	2	-	-	-	9
70 - 79	1	-	-	-	-	1
80 & over	1	-	1	-	-	2
Number of respondents	31	16	6	5	1	60
Total hours	1,609	663	317	189	40	2,818
Average hours per week	52	41	49	38	40	47

Respondents who indicated that their income as “very important” explained it in terms of their being the main or only income earner, the breadwinner, or their spouse being retired. “I’m it” said one female. We would “starve” without it said one male. Others pointed out they had children at university, had bought a new house or had a mortgage to pay off. One said that once you earn a high income “you develop a lifestyle that needs it!” Those who saw their income as important commented it “provides us with extra freedom” and they “would feel the pinch if I wasn't working”. Those who saw their income as not important, or not at all important, pointed out that they had more than one income earner in the household, for example, “because my wife earns a hell of a lot more than me and we are not big spenders” and “it pays for luxuries”.

Respondents were also asked to assess the importance of holding multiple jobs on their current standard of living on the same five-point scale. Overall these health sector respondents did not consider that their having more than job was important to maintaining their present standard of living. The average rate on the scale was 3.4, with only 28 per cent of respondents considering that holding multiple jobs was “very important” or “important” to their current standard of living (Table 48).

Table 48 Importance of holding multiple jobs on respondent's current standard of living

Rating scale	Number of respondents	Per cent of respondents
1 = very important	10	17
2	7	12
3	10	17
4	11	18
5 = not important at all	21	35
Not specified	1	2
Total	60	101

This rating of the importance of holding multiple jobs on respondents' current standard of living was then compared with the total number of hours they worked in their jobs during the previous week (Table 49). Unlike the previous comparison between hours worked and importance of income to the household, there did not seem to be a relationship between the number of hours worked and the rate of importance of multiple jobs to the current standard of living.

Table 49 Hours worked per week by the importance of multiple jobs on respondent's current standard of living

Hours per week	1 = Very important	2	3	4	5 = Not important at all	Not specified	Total
20 - 29	1	1	1	2	2	-	7
30 - 39	1	3	2	1	5	-	12
40 - 49	2	1	1	3	5	1	13
50 - 59	4	1	2	3	6	-	16
60 - 69	1	1	2	2	3	-	9
70 - 79	1	-	-	-	-	-	1
80 & over	-	-	2	-	-	-	2
Number of respondents	10	7	10	11	21	1	60
Total hours	489	287	525	510	960	48	2,818
Average hours per week	49	41	53	46	46	48	47

Each person's response was compared with the response they gave to the importance of their income to their household. Of the 47 people who rated their income as 'very important' or 'important' to their household, 14 said multiple job holding was 'very important' or 'important' to maintain their current standard of living, 23 rated it as 4 or 5 on the scale ('not important'), and nine indicated it was 'neither important or unimportant'. Of the six people who reported their income as 'not important' (4 or 5 on the scale) to their household, five indicated multiple job holding was 'not important' (4 or 5) to maintain their current standard of living and the other person felt it was important. Another six people rated their income as 'neither important or unimportant' to their household (3 on the scale). Three of these respondents rated it as 'not important' for maintaining their standard of living, two as 'very important' or 'important', and one as 'neither important or unimportant'.

The people who felt that holding multiple jobs was "very important" or "important" to their current standard of living pointed out they could not go to the private sector (and maximise their income) for all their time. Another said they "couldn't afford" to go back to one job. Another said they needed the extra job to pay off their mortgage. Those of the great majority who saw multiple job holding as not important or not at all important to their standard of living, commented that they could get just as much income from one of the jobs, that their main income came from their primary job, and simply that they did not hold more than one job for financial reasons. These findings therefore reinforce the results of earlier questions that show people in the health professions hold multiple jobs mainly for non-financial reasons and because of the organisation of work in this sector.

Respondents compared their standard of living with that of their friends and family, and ranked their comparison on a five point scale from "much better" to "much worse" and the summary of their rankings is presented Table 50. Fifty-three per cent of them considered that their standard of living was at a similar level to their friends and family, while just over a quarter (28%) said that their standard of living was "better" or "much better". Seven people did not respond to this question.

Table 50 Comparison of respondent's standard of living with that of friends and family

Rating scale	Number of respondents	Per cent of respondents
1 = much better	2	3
2	15	25
3	32	53
4	1	2
5 = much worse	0	0
Don't know	2	3
Varies	1	2
Not specified	7	12
Total	60	100

Those respondents who felt their standard of living was better than friends and family pointed out this applied to non-medical friends and family in particular. “*Good income, plenty of time off and not everybody has that*” said one. With the majority not distinguishing one way or the other, the typical comment was that they knew people who were both better and worse off, rather than claiming everyone was on an equal footing. One said, for example, [We] “*have friends who live up on the hill*” (Cashmere) and friends who struggle. Some pointed out there was a range of incomes in their family, some with professional incomes or even inherited wealth, while others are on lower incomes.

#### 6.4 Overall view of multiple job holding

The great majority of respondents (92%) had a positive view of their multiple job holding (Table 51). Only three people held a negative view, and two other individuals had both positive and negative views of holding more than one job.

Table 51 Respondent's overall view of multiple job holding

View	Number of respondents	Per cent of respondents
Positive	55	92
Negative	3	5
Both	2	3
Total	60	100

Comments included “*Wouldn't want to change anything significantly at the moment*”, and “*I love it - its cool ... I'm lucky to do what I'm doing as a job - I do what I like*”. Another said, “*It's good fun - I always say if its not good fun you don't do it*”, and observed that as a professional one can control your life a bit more as opposed to being in a 9-5 job. Less positive, one observed multiple job holding is “*stressful, demanding, probably crazy*” ... and that it needs good support like childcare, gardener, or a housekeeper and its not always easy to find these support people.

#### *In for the long haul*

M (age 47) is an obstetrician and gynaecologist who held five jobs during his most recent working week. Sixty of the 71 hours he worked that week were in his private practice, eight hours at a public hospital and three hours shared between the design of surgical equipment, the directorship of a hospital and work on his vineyard. This portfolio of five jobs means he usually works in the evenings and on weekends. M is married with four children, and his wife has two jobs. He does not have as much time as he would like for family activities and hobbies. His core jobs are his obstetric and gynecological positions in the private and public sector, and they dominate his lifestyle by reducing the time he spends with his family. M believes his children's needs should be put first and when necessary does his paperwork after 11 pm when his wife and children have gone to bed. However, he views his three other jobs as a challenge (e.g. his interest in wine began as a hobby) and anticipates holding more than one job until he dies.

## Appendix 1 Background of respondents

### The respondent's household

Respondents were asked to provide detailed information about the other people who lived in their household and the number of jobs those people held. Over half of them lived in households with only one or two other people, while 42 per cent resided with three or more other people (Table 52). On average there were 2.3 other persons in the household.

Table 52 Number of other persons in the households of respondents

Other persons in household	Number of respondents	Per cent of respondents
None	3	5
One	16	27
Two	16	27
Three	17	28
Four	5	8
Five	1	2
Six	2	3
Total	60	100

A quarter of the respondents had partners who were also multiple job holders (Table 53).

Table 53 Jobs held by other members of the respondent households

Relationship	Number of persons		
	No job (1)	One job	More than one job (2)
Male partner	-	16	7
Female partner	7	15	8
Son	32	11	-
Daughter	35	4	-
Father	1	-	-
TOTAL	75	46	15

Note: (1) For four sons and three daughters the number of jobs they held were not specified. (2) For the male partners one had four jobs, one had three jobs, four had two jobs and one was not specified; while of the female partners one had five jobs, one had three jobs, five had two jobs and one was not specified.

The great majority of respondents were aged 40-59 years (Table 54).

Table 54 Age-sex structure of respondents

Age	Males		Females		Total	
	number	per cent	number	per cent	number	per cent
30 - 39 yrs	6	18	4	15	10	17
40 - 49 yrs	15	45	17	63	32	53
50 - 59 yrs	11	33	6	22	17	28
60 - 64 yrs	1	3	-	-	1	2
Total	33	100	27	100	60	100

Three-fifths of the respondents said they had two or three children (Table 55).

Table 55 *Number of children of respondents*

Number of children	Number of respondents	Per cent of respondents
None	7	12
One	4	7
Two	17	28
Three	19	32
Four	8	13
Five	1	2
Not specified	4	7
Total	60	100

Three quarters of all respondents identified themselves as NZ European/Pakeha (43) or New Zealander (2). With the exception of one person who replied “*human being*” to this question, the remainder (14) described their ethnicity in various terms that indicated they were of European descent (e.g. “*Caucasian*”, “*Welsh*”, “*Slavic*” and “*Australian European*”). None of the respondents indicated they were Maori or Pacific Islanders (Table 56).

Table 56 *Ethnicity of respondents*

Ethnic group	Number of respondents	Per cent of respondents
NZ European/Pakeha	43	72
New Zealander	2	3
Caucasian	3	5
European (English)	2	3
Others (1)	10	17
Total	60	100

Note: (1) British, Welsh, English, English/NZ European, European, East European/Croatian, Slavic, Australian European, African European and human being.

Twenty-six respondents reported they were born overseas. Their period of residence in New Zealand ranged from seven months to 43 years, with the average being 19 years. Their countries of birth were the United Kingdom (16), Germany (2), South Africa (2), Australia (2), Canada (1), Hong Kong (1), Japan (1) and Croatia (1).