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Introduction

The health and wellbeing of staff within the NHS workforce, specifically in terms of work related stress, has been highlighted as an important area of concern in the UK (Francis, 2013; Paparella, 2015). Defined as the ‘harmful reaction people have to undue pressures and demands placed on them at work’ (Health and Safety Executive (HSE), 2017:3), this type of stress is directly connected to a reduction of physical, psychological and mental wellbeing in staff (Hassard et al., 2017; Paparella, 2015). Its presence is implicated with increased levels of work-life imbalance (Clouston, 2014, 2015; Pearson, 2015), burnout (Mahon et al., 2017; McTiernan and McDonald, 2015), compassion fatigue (Hunt et al., 2017; Maxwell, 2017; Mendes, 2017), anxiety and depression (HSE, 2017; Wang et al., 2015), reduced levels of productivity and low levels of satisfaction and engagement in the workplace (Royal College of Nursing (RCN), 2015).

Whilst prevalent in all members of the health care workforce, research has shown that nurses are particularly subject to high levels of stress as a consequence of work-based pressures (RCN, 2015), with 40% of the profession suffering from emotional exhaustion and burnout (Ball et al., 2012). The presence of these debilitating conditions has been associated not only with external pressures, like rising demands on services, chronic staff shortages and reduced budgets, but ineffective management, limited support networks and inflexible or unsociable shift patterns (Ball et al., 2013; Beardsmore and McSherry, 2017; RCN, 2015; Partnership of Occupational Safety and Health in Healthcare (POSHH), 2012; Watts et al., 2013).

At a macro level these growing work-based pressures have been linked to the neoliberal principles driving the economic model of productivity and growth in the UK (Clouston, 2014, 2015). By promoting efficiencies through work intensification, increased individual responsibilities and role expansion, so demands on the working person proliferate, creating a profound state of stress and work-life imbalance (Clouston, 2014, 2015; Department for

Business Innovation & Skills (DBIS), 2014). This focus on a 'performance orientation' (Clouston, 2015:16) underpins the drive to achieve organisational outcomes in the NHS and has shaped the misplaced focus on these highlighted in Francis (2013, 2015) and similar damning inquiries (Andrews, 2014; Keogh, 2013).

This kind of drive can therefore impact directly on the patient experience; but it can also create a state of distress in individual practitioners as they try to augment personal, professional and organisational values in order to practice in an appropriate and morally sound way, in an under resourced, and overly demanding work environment (Schaufeli et al., 2009). By creating these psychological and emotional dilemmas, so staff have to try resolve complex situations frequently by compromising one set of values for another, in order to make the best possible decision in a pressured situation (Freshwater and Cahill, 2010). This can result in high levels of cognitive and 'emotional dissonance' for staff (Freshwater and Cahill, 2010: 175) and can significantly increase the levels of exhaustion, burnout and compassion fatigue experienced (Button, 2008; Mendes, 2014, 2017). As burnout is born of ongoing stress marked by emotional exhaustion, a reduced sense of personal accomplishment and depersonalisation, i.e. the inability to feel emotionally for self or others (Maslach, Schaufeli and Leiter, 2001). Thus, it is closely linked to compassion fatigue, which is the inability to empathise or be caring or compassionate towards others due to emotional and psychological exhaustion (Hunt et al., 2017; Mahon et al., 2017). As purveyors of emotional labour nurses not only give of themselves therapeutically to patients but orchestrate emotions in order to meet workplace demands (Freshwater and Cahill, 2010). Consequently, these kinds of work-based pressures can significantly increase psychological distress and conflict (Mahon et al., 2017; Morley, 2016) and ultimately, this will impact on the ability to give a meaningful quality of compassionate care to patients (Ball et al., 2013; Beardsmore and

McSherry, 2017; Clouston, 2017, 2018; Firth-Cozens and Cornwell, 2009; Morley and Jackson, 2017).

Despite attempts to address these complex factors, work related stress continues to be an ongoing problem in health care delivery (POSHH, 2012). The most recent NHS England staff survey reported levels of work related stress were high at 37% (NHS, 2017). Commensurate with this, the NHS Wales staff survey (NHS Wales, 2016) reported levels of stress at 27%. Moreover, the HSE (2017) reports that the health sector consistently records some of the highest levels of work related stress in the UK workforce. The costs to the NHS as a consequence of staff absence, agency work, poor productivity and low levels of recruitment and retention (RCN, 2015) is estimated to be between £300-400 million per year (NHS Employers, 2015). This state of play creates an intensifying spiral of stress and organisational collapse requiring interventions at individual, professional, organisational and macro levels. This paper reports on a single case study that was part of a wider interpretive phenomenological analysis (IPA) that aimed to explore the levels of stress and work-life imbalance experienced by occupational therapists working in health and social care sectors in Wales in the UK. Although the profession differs, this particular case has direct relevance for nurses and indeed other health and social care practitioners, because the individual described strategies that successfully mitigated work-based stress and work-life imbalance. These techniques could therefore offer solutions to support and enhance the wellbeing and resilience of nurses in challenging work environments.

Methodology

Interpretive phenomenological analysis (IPA) is a specific form of phenomenology that uniquely draws its theoretical base from both a descriptive and interpretive stance (Smith and Osborn, 2008). This is reflected in its concern about both unfolding the individual's unique

lived experience and understanding and making transparent the process of sense making in their everyday lives (Smith, Flowers and Larking, 2009).

Thus, a particular feature of IPA is its concern with the study of the idiographic i.e. the detailed and in-depth analysis of a particular case in order to elucidate the individual's story and to understand how they make personal meaning of that (Smith, 2011). This idiographic approach underpins the value ascribed to the data extracted from a single case study, which, in IPA terms, is viewed as a unit of analysis in its own right (Eatough and Smith, 2006).

Smith (2011:7) has identified how notable phrases within a data transcript, or indeed within a single case that is 'particularly potent' can be extremely effective in elucidating meanings by throwing light onto the wider corpus of the study. Depicting these as 'gems' he describes how these phrases or single cases can promote interest and further investigation by unfolding aspects of the phenomenon that that may otherwise have remained latent or misunderstood (Smith, 2011:6-7).

In my study on exploring stress and work-life balance in the health care workplace, I was lucky enough to find a potent case that was critical to unfolding the nature of these phenomena. Arial's (pseudonym) narrative was unique because, unlike any other participant in the study, her data actually illuminated how an individual *effectively managed* work-based stress and work-life balance. As the rest of the narratives identified the opposite i.e. varying states of stress and imbalance, so Arial's account offered a different lens and perspective to critically understand the overall depth of meaning and experience of these phenomena and thus throw light onto the wider corpus as a whole. Without Arial's unique lens this richness may have remained liminal.

Arial was one of 29 participants in total, 18 of whom worked for the local health board in a variety of different settings (e.g. mental health, acute hospital, rehabilitation) and 11 who worked in social services settings. Occupational therapists were specifically chosen as the

target group because they have a professional philosophy based in life balance and wellbeing; thus, they were considered to be informed participants in the area of interest. For reasons of confidentiality, no area of Wales or the Local Health Board will be named. Ethical approval was gained through the Local Research and Ethics Committee, the Research and Development office for the Local Health Board (LHB) and Cardiff university.

Arial

Arial was in her 40's and had 2 adolescent children. She was an occupational therapist working in an acute hospital setting in Wales. Approached through a gatekeeper in the LHB, she voluntarily agreed to take part in the study and all processes necessary to gain ethical approval were cleared without issue.

In line with the idiographic nature of IPA, a semi structured interview was carried out with Arial in order to capture the richness and complexity of her unique and personal story (Smith, Flowers and Larkin, 2009). The interview was guided by open questions to facilitate the exploration of Arial's understandings and experiences of stress and work-life balance, and then progressed on to specifically consider the factors that influenced this.

As the interviewer, I assumed the role of an active listener and co-participant with both empathic and more investigative questions utilised at appropriate times throughout the dialogue (Smith, Flowers and Larkin, 2009). The interview took approximately 1.30 hours. Following completion of the interview, field notes were written, and it was at this critical juncture that I began to realise I might have something of a little 'gem' in this single case (Smith, 2011). As I wrote in my notes 'this person has no work-based stress or work-life balance issues', I became uncomfortably aware of my own assumptions that participants in the study would *all* be stressed and in a state of imbalance. Then came the creeping realisation this person was actually sharing an insight that the narratives collected to date had

not: an ability, or at least a perception and belief of living a life in relative balance and wellbeing.

Arial's narrative, which remained exclusive in holding this perspective, therefore offered an opportunity to examine not only her unique life world, but to connect with others and identify why they did not share this unique perspective; a little 'gem' in the making.

Analysis

Following guidelines set out in the IPA approach (Smith, Flowers and Larkin, 2009) the data was transcribed verbatim. Taking an iterative approach, the transcript was then read several times and comments made in the text to highlight anything of interest. Following completion of this first stage, the transcript was then revisited, with the initial notes and areas of interest developed further into specific phrases or themes. At the third stage, these themes were collated into final table of key themes; these are listed in Table 1.

As emergent themes in IPA are drawn directly from the voice of the participant, transparency is a vital tool of quality and rigor throughout the process of interpretation and in the writing up process (Biggerstaff and Thompson, 2008). In order to support this, and critical to both the idiographic and interpretive stance of IPA, is the use of the double hermeneutic as a tool of analysis and sense making (Smith and Osborn, 2008). As a cyclical process the double hermeneutic has twofold purpose: it provides a tool to elucidate meaning as well as providing a reflexive lens for the researcher to review their own actions in the interpretative process (Smith and Osborn, 2008: 53). Thus, the process supports the epistemological stance that it is possible to both access and 'individual's cognitive world' and interpret this with transparency and credibility (Biggerstaff and Thompson, 2008: 215).

Findings and discussion:

Arial's themes

As previously discussed, what was interesting about the process of analysis in terms of Arial's narrative was that it offered a unique lens through which to understand not only her own sense making, but the wider corpus: uniquely, it offered the possibility of solutions to work based stress and work-life imbalance. The four key themes from Arial's narrative are identified in Table 1. These were categorised as choice and autonomy, family values, workplace attitudes and expectations and compromise and reconciliation. I will also describe the latent theme of sense of self and personal meaning in life.

Choice and autonomy

Arial's theme of choice was what Smith (2011) would perhaps have called a 'shining' gem in the wider scope of her narrative because it was clearly visible and needed little work to make sense of it. Consider for example the first quote (1.1) in the Table 1. Here are two strongly interlinked themes that Arial expressed as crucial in her ability to manage work-based stress and work-life balance.

In the first instance, she indicated clearly that she had made an active, so *self-determined* choice to remain in what could be conceived of as a 'low grade' or early career position and to work part time, because it 'suited' her to do that. This clearly signified something about matching her work patterns and career trajectory to meet her personal priorities in life i.e. to put family first and paid work second. Moreover, this suggested a sense of autonomy over the ability to make that choice i.e. she *could* avoid promotion and *could* work part time, so paid work *could* take second place. Thus, her perception of balance was predicated on a sense of control and autonomy, over not only having the opportunities to make her choices but, the option and ability to maintain them over time (see Table 1:1.1).

Whilst many other mothers (but notably no fathers) in the wider study offered similar stories in terms of making the choice to work part time in order to manage work and home commitments, none had made such a clear and decisive decision to deliberately avoid seeking promotion. Indeed most, if not all participants who shared this dilemma of having to balance both work and home commitments, described experiencing conflict between these two domains of life. Frequently this was accompanied by a sense of resentment about the lack of support in work for this, or limited opportunities to gain promotion in the workplace. These were reported as leading to stress, dissatisfaction and guilt in both work and life. Arial, alternatively, described no such barriers because she actively chose to *avoid* promotion and described relative satisfaction; because this ‘suited’ her (See Table 1:1.1) and was clearly congruent with her perceived sense of self:

I think you have to think well, you know, I am going to do my job to the best of my ability but maybe I’m not going to go for all promotions. *I mean I actually couldn’t cope with a head job or anything, you know. I couldn’t do that.* I mean, I know, some people do that family woman and career woman. *But I don’t think I have that in me to do that. One has to be the priority.*

Also distinctive in Arial’s narrative was her family focused approach and her belief that placing either family or work as the ‘priority’ was necessary for her to manage work and home conflict. Hakim (2007) has argued that women in particular, as the traditional carers and homemakers, do makes choices about whether they prioritise work or family. She categorises these as the home centred, the work centred or the adaptive person i.e. individuals who try to have the best of both worlds and balance both work and home commitments equitably (Hakim, 2007). Most of the mothers in the study fell into this latter category, whilst Arial, uniquely fell into the first. Hakim (2007) maintains that critical to making these decisions is the salience or personal meaning ascribed to these activities (Hakim, 2007). There is no question that this was the case for Arial; she had made her choice to be family centred based on personal preference. But, and this was notable, there were three factors that

were crucial to the success of her chosen strategy. First, Arial described a sense of autonomy and control over the choices she made that others, in similar situations did not. Second, her level of self-determination and singular family focus was unique in the corpus of the wider study; and this differentiated her dramatically from other participants. Third, her choices and the outcomes of these also appeared to be congruent with her own values and perceptions of self. This would suggest that when choice and autonomy can determine individual decision making, and the outcomes are congruent with personal values and priorities, then this can alleviate work-based stress and a sense of relative work-life balance and wellbeing can be experienced.

However, two other themes emerged as central to achieving this; these were the opportunities and networks available to Arial in her social and work-related worlds that could facilitate or diminish her options in terms of choice and autonomy. There were categorised as family values and workplace attitudes and expectations.

Family values

Arial expressed support from her family network in terms of working part time and being family orientated; in fact, they facilitated and extolled that practice (Table 1:2.1, 2.2). But whilst the role of social support as a mediator to work based demands and work-life imbalance has long been maintained (Button, 2008; Karasek and Theorell 1990; Ghislieri et al., 2017), there was an intriguing reticence in Arial's narrative that suggested her family had *constrained* her options in terms of working full time or having a career by not supporting this as a possibility (see Table 1:2.1, 2.2). However, although verbalised, there was little or no genuine sense of cognitive dissonance emanating from Arial in terms of this; rather there appeared to be a congruence between Arial's values and those of her family. She clearly articulated her choice to prioritise her family (Table 1:1.1), reciting 'loving being a mother'

and the importance of ‘being there as a mum at the end of the day when the kids get home from school.’ She also portrayed a traditional view of motherhood as almost a *fait accompli* in terms of the options available to her:

...I think it is biological as well. I think you it’s just the way your mind is then. You know it’s programmed to, you know, look after your children and everything, you know. *So it is fine...it’s going to happen.*

The assumption here is that the choices Arial made were sufficiently integrated at a personal level with both the family values and her own that any potential dissonance that could have arisen was offset by the positives. Hakim (2003) has argued that people make choices about who they marry or who they spend time with in terms of congruence with their own personal values and beliefs. Moreover, she maintains that women make choices about patterns of work after childbirth based on sex role ideology and identity in order to maintain a sense of self and integrity (Hakim, 2003, 2006). The central theme here, then is that Arial maintained her integrity and was true to her sense of self in terms of her valued and preferred identity; she was being who she *wanted* to be in life and this seemed to enhance her sense of personal meaning in life:

You need to *be yourself* as well rather than just the *various labels* that you have as you go through life. And have a chance, you know, *just to be what you want to be* I think.

Workplace attitudes and expectations

There were a plethora of themes around organisational cultures emergent in the wider study; but those evolving from Arial’s narrative fell firmly into the two interconnected subthemes of workplace attitudes and the expectations of others.

In the first instance, Arial believed that others perceived her strategies to work part time and avoid promotion were ‘weird’ or strange (see Table 1:3.1). Resonating with Hakim’s (2003, 2006, 2007) notion of preference theory, Arial described how she thought this could be

attributed to the attitudes and values of more career centred workers, as opposed to the those who had families (see Table 1:3.2). Recounting a previous manager telling her ‘that working mothers were a pain in the backside’, Arial situated these attitudes within the context of an unsupportive organisational culture, which she perceived was based on a ‘you know, you work or ...you don’t work’ approach, arising from a belief that performance and achieving organisationally biased outcomes was the priority (see Table 1:3.3).

The notion of work-based pressures, driven by a performance orientation creating conflict with family commitments, was prevalent in the study, and impacted on all participants who had caring responsibilities outside of work. Moreover, the perception of a negative attitude to mothers working part time was common across the study participants.

This kind of culture raises several layers of interest in terms of stress and work-life balance. First, a performance based orientation in terms of organisationally biased outcomes was a clear issue of concern in the Francis report (2013); it was this kind of culture that directly squeezed out the time for patient centred and compassionate care. Second, by creating divisions between work and home commitments, so stress levels and work-life imbalance for staff carrying both these responsibilities proliferates and performance and satisfaction at work is reduced. This cultural context directly challenges policies and strategies that strive to address this in the health care workforce (e.g. DBIS, 2104, Francis 2013, 2015; HSE; 2017; Paparella, 2015; POSHH, 2012; RCN, 2015). Finally, by directly or indirectly negating motherhood and the part time worker, so the fulltime worker is validated, and the notion of supportive strategies to sustain the wellbeing of the part time workforce with caring responsibilities is lost in the organisation’s cultural milieu. This is an ineffective construct in the contemporary NHS, which employs a predominantly female workforce and a high percentage of part time workers, because it directly increases stress, prevents effective stress management and work-life balance and thus erodes staff wellbeing and resilience.

Compromise and reconciliation

The theme of compromising or ceding certain activities in life in order to manage work based stress and work-life imbalance has been well recorded in the literature (e.g. see Clouston 2014, 2015; Freshwater and Cahill, 2010). Compromising is a means of resolving conflict through a process of mutual concession between self and others, or at a more intrapersonal level, requiring internal negotiation to deal with cognitive dissonance (Freshwater and Cahill, 2010). Albeit a more balanced and less conflictual narrative than her co-participants, Ariel's emergent themes reflected both these types of compromise.

Recalling the dialogue about her family's values and her own sense of constraint, Ariel described how she had rationalised and made sense of this (see Table 1:4.1). Here she describes the process of 'internal talking', clearly identifying how she arrived at the decision to compromise a career in order to remain congruent to family values, in part because these mirrored her own (see Table 1:1.1). Second, she described a process of compromising with colleagues, in order to meet work commitments (see Table 1:4.2). However, although she clearly conceded to others in the workplace to assuage pressures, she justified this compromise as congruent with her personal preferences in terms of her family priorities and values and suggested little, if any, resultant stress or cognitive dissonance as a result of this adjustment (see Table 1:4.3).

This surety in her compromise differed dramatically from stories shared by her co-participants, who described cognitive dissonance, angst and regret in varying degrees, depending on their personal circumstances and perceived levels of concession. People described losing personal time and energy in order to meet work commitments; shared stories of working longer and harder; of adjusting home commitments to meet workplace expectations and consequential pressures on multiple layers of relational networks, including family time, caring responsibilities, social, leisure and ultimately, personal care and

meaningful time; all lost to accommodate work based demands. Reported outcomes included various levels of emotional and cognitive dissonance, work-life imbalance, stress, burnout and compassion fatigue.

Freshwater and Cahill (2010) have argued that where cognitive dissonance underpins compromise in the workplace, then this can increase the levels of stress, burnout and compassion fatigue, because the individual compromises something of value to the self in order to augment workplace demands. This certainly reflects the stories shared by other participants in this study (author, 2012, 2014, 2015). Alternatively, Ariel's response to compromise in terms of her career was that it was an acceptable solution to a dilemma in terms of sustaining her preference to meet commitments at home. By making decisions that supported her values and believes she was able to maintain her integrity and be true to her personal preferences. As a result, she was able to be reconciled to the outcomes because she met her most valued and significant roles and thus sustained her sense of self and personal meaning in life. This, in turn, appeared crucial to her state of wellbeing.

Ariel also applied this principle of reconciliation to pressures exerted by others in the workplace. She described how her professional values and support for her colleagues and patients meant that she would occasionally compromise and stay late to complete work (See Table 1:4.2). Rather than resenting this, she again evidenced the ability to take her thinking a step further and *reconcile* this by mediating the professional self and the needs of her patients and colleagues with her personal commitments; thus, she could balance both professional, relational and personal needs to an acceptable level (See Table 1:4.3).

Reconciliation is the process of bringing together or integrating opposing or conflicting factors to achieve integration or harmony rather than concession or loss as in compromise (Clouston, 2015:159). Ariel somehow appeared to have achieved this; she was content and satisfied with the compromises she had made both about promotion (Table 1:4.1) and

meeting work demands (Table 1:4.2) because she felt she *could* reconcile these opposing factions (Table 1:4.3). So why had Arial achieved this state of personal conciliation when others had not? First, she expressed a sense of autonomy and choice in her decision making that other participants did not, especially those in conflictual situations between work and home. Second, she was clear in her priorities and this underpinned a sense of self determination to be congruent with her values and beliefs that other narratives did not convey. Third, her ability to relinquish the need to follow the traditional work trajectory was unique. Whilst not an easy decision (see Table 1:4.1) it enabled her to maintain her personal integrity and sustain her family values. Fourth and crucially, she was able to reconcile herself to the compromises she made because it facilitated her being who she wanted to be in life and this, in turn, provided a sense of meaning, of purpose and wellbeing that underpinned her approach to managing stress and work-life imbalance:

So it works out yes. And I think well there's more to life than work as well. And I've known people worked long hours and really fabulous what they do. But not done anything outside and when they've retired they've died [laugh]. So because they don't know what to do with their lives and they don't know who they are.

Limitations

In common with all qualitative approaches the use of a small and homogenous sample is frequently noted as a drawback in terms of generalisability (Pringle et al., 2011; Tuffour, 2017). Second, the reliability and validity of the idiographic approach is challenged because of its subjectivity (Brocki and Wearden, 2006). Third, the process of interpretation is arguably subject to researcher bias. These were all noted and actively integrated in the IPA process by adopting a focus on credibility and transferability rather than generalisability to achieve rigour (Smith et al., 2009: 51). In terms of the findings shared in this paper, only one narrative had been described and the larger body of the study has been excluded. Whilst the use of one participant meets the aim of describing the gem or 'potent case', one narrative, is

of course, unique. To support concerns over credibility, interested readers can find published materials on the research here (author 2012, 2014, 2015). Finally, further research to investigate the impact of these themes in terms of managing work-based stress and work-life balance would provide greater credibility for their use in practice.

Implications and conclusions

The impact of these findings on the health/social care workplace and its workforce are manifold, and to some extent, support existing debates. Holding a sense of autonomy and choice over decisions at work is known to be conducive to wellbeing in the workplace (RCN, 2015). Interestingly, however, control over work based decisions is declining in line with neoliberal principles: these are eroding autonomy and expanding expectations in terms of workloads and roles (Clouston, 2014, 2015). Choices over patterns of work have been identified as constrained by managers and matched to organisational need, rather than personal requirements (RCN, 2015, 2016). This is creating, rather than assuaging pressures and work-life imbalance for staff (Clouston, 2014, 2015).

In terms of policy and practice these findings strengthen the need for the cultural change purported in the Francis reports (2013, 2015) and specifically supports the need for a more caring and compassionate approach to staff, where equity in terms of decision making and choice between managers and front line staff in terms of working patterns is paramount (RCN, 2015, 2016). Expanding on this, the workplace culture must also support and sustain work-life balance and focus on staff wellbeing not stress; thus, creating a positive and healthy work environment that reduces workloads and supports and engenders relational networks, within and outside of the workplace.

In the present climate it is of no doubt that there is a long way to go to achieve this, and that can seem overwhelming. However, whilst waiting for the government to be proactive or another critical incident to occur, it is worth considering that congruence between personal

and family, or indeed work based values, *can* mediate stress; that in those situations where congruence cannot be achieved, and where conflicts do arise between self and other or at intrapersonal levels, the ability to reconcile rather than compromise *can* assuage emotional and cognitive dissonance; that striving to live with personal integrity and having a sense of self and enacting that self in everyday life, in order to do the things that matter to the unique individual *can* sustain a meaningful life. Seen in that light, these strategies must be worth trying.

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