Pearls of wisdom: using the single case study or 'gem' to identify strategies for mediating stress and work-life imbalance in healthcare staff

Teena J Clouston(iD)
Reader in Occupational Therapy, Life Balance and Wellbeing, School of Healthcare Sciences, Cardiff University, Wales

Abstract

Background: The growing levels of stress and work-life imbalance reported in contemporary health and social care arenas in the UK can be linked to the neoliberal principles driving performance and intensification in the workforce. These pressures are an area of concern in terms of staff health and wellbeing and the impact of these on the care and compassion of patients/service users.

Aims: This paper reports on a single case study that was part of a wider interpretative 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.

Methods: Interpretative phenomenological analysis was used as both an approach and tool of analysis. The use of the single case study and gem as a tool in IPA to pique interest and promote further investigation is also explicated.

Results: Identified four key strategies that underpinned an approach to mediating stress and work-life balance for staff in the workplace. These were: a sense of choice and autonomy over workloads and decision-making; congruence with family values; supportive workplace attitudes and expectations of others; and finally, that the ability to reconcile conflicts i.e. integrate or harmonise them with personal values, as opposed to holding a sense of compromise marked by concession or loss, can address cognitive and emotional dissonance.

Conclusions: The existing constructs to support the health and wellbeing of staff in health and social-care settings are ineffective. These strategies offer tools to address this and successfully promote a sense of personal integrity and meaning in life. In turn, this can achieve and sustain a more resilient workforce providing the positive energy needed to be caring and compassionate in their practice.

Corresponding author:
Teena J Clouston, Reader in Occupational Therapy, Life Balance and Wellbeing, School of Healthcare Sciences, Cardiff University, Cardiff, Wales CF14 4XN, UK.
Email: CloustonTJ@cf.ac.uk

Introduction

The health and wellbeing of staff within the National Health Service (NHS) workforce, specifically in terms of work-related stress, has been highlighted as an important area of concern in the United Kingdom (UK) (Francis, 2013). 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 (Paparella, 2015). Its presence is implicated with increased levels of work–life imbalance (Clouston, 2014, 2015), burnout (Mahon et al., 2017), compassion fatigue (Maxwell, 2017), anxiety and depression (HSE, 2017), reduced levels of productivity, and low levels of satisfaction and engagement in the workplace (Royal College of Nursing (RCN), 2015). The existence of these debilitating conditions has been associated not only with external pressures, such as rising demands on services, chronic staff shortages and reduced budgets, but also with ineffective management, limited support networks and inflexible or unsociable shift patterns (Beardsmore and McSherry, 2017).

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, demands on the working person proliferate, creating a profound state of stress and work–life imbalance. 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, as highlighted in Francis (2013), the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2017) and similar damning inquiries.

This kind of drive can therefore impact directly on the patient experience and can also create a state of distress in individual practitioners as they try to combine 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 (Clouston, 2015). By creating these psychological and emotional dilemmas, staff have to try to 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 and can significantly increase the levels of exhaustion, burnout and compassion fatigue experienced (pp. 175). Burnout is born of ongoing stress marked by emotional exhaustion, a reduced sense of personal accomplishment and depersonalisation, that is, the inability to feel emotionally for self or others (Clouston, 2015, 2018). 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 (Mahon et al., 2017). As purveyors of emotional labour, health and social-care staff give of themselves to patients but also orchestrate emotions in order to meet workplace demands (Freshwater and Cahill, 2010). These kinds of work-based pressures can significantly increase psychological distress and conflict (Mahon et al., 2017) and ultimately impact on the ability to give meaningful compassionate care to patients (Beardsmore and McSherry, 2017).

Despite attempts to address these complex factors, work-related stress continues to be an ongoing problem in healthcare delivery in the UK. The most recent NHS England staff survey reported that levels of work-related stress were high at 37% (NHS, 2017). Commensurate with this, the NHS Wales staff survey (2016) reported levels of stress at 27%. Moreover, the HSE (2017) reported that the health sector consistently records some of the highest levels of work-related stress in the UK workforce. The cost to the NHS as a consequence of staff absence, agency work, poor productivity and low levels of recruitment and retention is estimated to be between £300m and £400m 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 interpretative 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 carried out with one specific profession, the findings have direct relevance for all health and social-care practitioners, because the individual described strategies that mitigated work-based stress and work–life imbalance; these that could enhance the wellbeing and resilience of all staff working in caring environments.

Methodology

IPA is a specific form of phenomenology that uniquely draws its theoretical base from both a descriptive and an interpretive stance (Smith et al., 2009). 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 et al., 2009).

Thus, a particular feature of IPA is its concern with the study of the *idiographic*; that is, the detailed and in-depth analysis of a particular case 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 (Smith, 2011).

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 may otherwise have remained latent or misunderstood (pp. 6–7).

In my study on exploring stress and work–life balance in the healthcare 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 illuminated how an individual *effectively mediated* work-based stress and work–life balance. As the rest of the narratives identified the opposite, that is, varying states of stress and imbalance, Arial's account offered a different lens and perspective to critically understand the overall depth of meaning and experience of these phenomena and thus shed light on 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 a social-services setting. 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, the Local Health Board will remain anonymous and the participant has been attributed the pseudonym Arial. Ethical approval was gained through the Local Research and Ethics Committee, the Research and Development Office for the Local Health Board, and Cardiff University.

Arial

Arial was in her 40s and had two adolescent children. She was an occupational therapist working in an acute hospital setting in Wales. 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 et al., 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 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 et al., 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. 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 sharing an insight that the narratives collected to date had not: an ability – or at least a perception and belief that it is possible – to live a life in relative balance and wellbeing.

Arial's narrative, which remained exclusive in holding this perspective, therefore offered an opportunity not only to examine 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 et al., 2009), the data were transcribed verbatim. Taking an iterative approach, the transcript was then read several times and comments were 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. Finally, these themes were collated into a table of key themes. (Please see supplementary text for a more detailed account of this process.)

As emergent themes in IPA are drawn directly from the voice of the participant, transparency is a vital tool of quality and rigour throughout the process of interpretation and in the writing-up process (Biggerstaff and Thompson, 2008). 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. As a cyclical process, the double hermeneutic has a 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 (Finlay, 2003; Smith et al., 2009: 3). Thus, the process supports the epistemological stance that it is possible to both access an '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 also the wider corpus: uniquely, it offered the possibility of strategies to mediate work-based stress and work–life imbalance. The four key themes from Arial's narrative were categorised as choice and autonomy, family values, workplace attitudes and expectations, and compromise and reconciliation, all of which were interwoven to support Arial's sense of self, personal meaning and wellbeing 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. She expressed two strongly interlinked themes as crucial in her ability to manage work-based stress and work–life balance:

> I think [laugh] you have to make choices and I think I could do . . . I'm a low grade and have been for god knows how many years and I've been part time because I've not really applied for anything else. Because it suited me to stay that grade. And I think I made the choice. Am I going . . . all out being sort of aggressive if you like or an ambitious career woman or whether I was going to be . . . have my priorities my family. And I think people do, some anyway . . . they find out the balance. And there maybe people do go for their career and the family might take second place. *I think with me work is definitely taken second place.*

In the first instance, she indicated clearly that she had made an active, *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, namely to put family first and paid work second. Moreover, this suggested a sense of autonomy over the ability to make that choice, that is, 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 having not only the opportunities to make her choices but the option and ability to maintain them.

Although 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 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; this 'suited' her 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 make choices about whether they prioritise work or family. These are categorised as the home-centred, the work-centred or the adaptive person, in other words, individuals who try to have the best of both worlds and balance both work and home commitments equitably. Most of the mothers in the study fell into this latter category, whereas 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. 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; this differentiated her dramatically from other participants. Third, *her choices and the outcomes* of these 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: 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. These 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 extoled that practice: 'You know my parents are very supportive and they did look after the baby rather than she go to a childminder and join a nursery. *They just couldn't tolerate the idea of that.*' But although the role of social support as a mediator between work-based demands and work-life imbalance has long been maintained (Button, 2008), 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: '*I felt pressured to go part time.* They said you know "Oh! that's a really good idea . . ." Part time was an excellent idea, you know; *and it was obviously much more like it.*'

However, although Arial verbalised family expectations as relevant to her choices, there was little or no genuine sense of cognitive dissonance emanating from her narrative 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, 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 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.*

That said, choosing her family did not come without compromise; she noted how she could have made a different decision and focused more on work. Yet for Arial, there was evidence of a pragmatism in her decision making that offset this, and this process of reasoning and rationalising seemed absent in other narratives:

> So you've got to make choices because there's probably a lot more I could have done [in my career] . . . Or I might have, you know, made the decision I wasn't happy with it and probably feel *awful or upset then that I hadn't risen with the ranks*. But then I think a lot of *internal talking* and then you can *justify things to yourself* and *be happy with that* I think.

The assumption here is that the choices Arial made were sufficiently integrated at a personal level with both the family values and her own, and that any potential dissonance that could have arisen was offset by the positives. Hakim (2007) has argued that people make choices about who they marry or who they spend time with to achieve congruence with their own personal values and beliefs. The central theme here, then, is that Arial rationalised her decisions by maintaining her integrity, that is, by being true to her sense of self in terms of her valued and preferred identity, 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 was a plethora of themes around organisational cultures emergent in the wider study; however, 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 as 'a bit weird' and found them challenging 'to get their heads around'. Resonating with Hakim's (2007) notion of preference theory, Arial described how she thought this could be attributed to the attitudes and values of more career-centred workers who she felt 'frowned on a little bit even if it's not actually verbal' those who had family responsibilities. 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, perceived as a 'you know, you work or . . . you don't work' approach, arising from a focus on organisationally biased performance-driven outcomes:

> On the wards, you're working and they want, in the acute hospital *they want people out* . . . the fact that you've got to go at 2.45 or 3 o'clock . . . it's not, you know, *good enough* so far as they're concerned. And they want you to stay. It's not actually said but you know it's made up of a lot of huffing and puffing around things. And sometimes you do sort of stay. And I do change my work hours around that.

The notion of a performance orientation creating conflict with family commitments was prevalent in the study, impacting on all participants who had caring responsibilities outside of work. The perception of a negative attitude to mothers working part time was also a recurring theme.

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, 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 polices and strategies that strive to address this in the healthcare workforce. Finally, by directly or indirectly negating motherhood and the part-time worker, the full-time worker is validated, and the notion of supportive strategies to sustain the wellbeing of the part-time workforce and/or those with caring responsibilities is lost in the organisational milieu. This is an ineffective construct in the contemporary NHS, not only because it employs a predominantly female workforce and a high percentage of part-time workers, but because these strategies directly increase work-based stress and prevent effective stress management and work–life balance. This erodes staff wellbeing and resilience.

Compromise and reconciliation. The theme of compromising certain activities in life in order to manage work-based stress and work–life imbalance has been well recorded in the literature. Compromising is a means of resolving conflict, either 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 those of her co-participants, Arial's emergent themes reflected both these types of compromise.

Recalling the dialogue about her family's values and her own sense of constraint, Arial described how she had rationalised and made sense of this by utilising 'a lot of *internal talking* and then you can *justify things to yourself* and *be happy with that* I think'.

Here she describes how she arrived at the decision to compromise a career in order to remain congruent with family values, in part because these mirrored her own values and sense of self.

Second, she described a process of compromising with colleagues in order to meet work commitments. 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:

> If I can justify being here it's not gonna impact on anything at home and I will come to a *compromise* and I will stay for certain things. And I will . . . So I do have to compromise sometimes. *But it does depend on what it is really*.

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 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, it 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. Alternatively, Arial's response to compromise regarding her career was that it was an acceptable solution in terms of sustaining her preference to meet commitments at home. By making decisions that supported her values and beliefs, 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.

Arial 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 she would occasionally compromise and stay late to complete work. Rather than resenting this, however, she again evidenced the ability to take her thinking a step further and *reconcile* to this by mediating her professional self and the needs of her patients and colleagues with her personal commitments; thus, she could balance professional, relational and personal needs to an acceptable level:

> You can do your hours of work and you can do your job too at satisfactory level. So being professional about and meeting patient needs. But not to the extent that you never see your children, you never see your husband, you never do anything outside of work.

Reconciliation is the process of bringing together opposing or conflicting factors in order to achieve integration or harmony rather than concession or loss as in compromise (Clouston, 2015). Arial somehow appeared to have achieved this; she was content and satisfied with the compromises she had made about both promotion and meeting work demands because she felt she *could* reconcile these opposing factions. 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. Although not an easy decision, 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; 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] ... because they don't know what to do with their lives and they don't know who they are.

Limitations

Like all qualitative approaches, IPA is challenged by positivist traditions. However, the use of small and homogenous samples does not seek generalisability but transferability (Smith et al., 2009). Concerns over the idiographic approach and researcher bias have been argued as counterintuitive and overcome by assuring credibility through the transparency and clarity of the process (Pringle et al., 2011). The findings shared in this paper describe only one narrative or case, and the larger body of the study has been excluded. Although this meets the aim of describing the 'potent case', one narrative is of course unique. To support concerns over credibility, interested readers can find published materials on the research here (Clouston, 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). 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 Report (2013) and specifically support 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). Expanding on this, the workplace culture must also support and sustain work–life balance and focus on staff wellbeing rather than stress, thus creating a positive and healthy work environment that reduces workloads and supports and engenders relational networks, both 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, while waiting for the government to be proactive, it is worth considering that congruence between personal and family, or indeed work-based values *can* mediate work–life imbalance and 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 a sense of self in everyday life that focuses on personal meaning rather than just performativity *can* sustain resilience and wellbeing. Seen in that light, these strategies must be worth trying.

Key points for policy, practice and/or research

- Identifies the need for health and social-care organisations, professional groups and policy makers to recognise and address the impact of neoliberal principles on the healthcare workforce.
- Provides a selection of strategies for health and social-care practitioners and organisations that could mediate stress and work–life imbalance to achieve a more resilient workforce.
- Suggests the ability to reconcile as opposed to compromise in practice may mediate cognitive and emotional dissonance.
- Offers nurses a tool to mediate and address compassion fatigue in the workplace.

Declaration of conflicting interests

Ethics

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ORCID iD

Teena J Clouston ⓘ http://orcid.org/0000-0003-0032-5473

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Teena J Clouston is a Reader in Occupational Therapy, Life Balance and Wellbeing at
Cardiff University, Wales, UK. Her research focuses on how neoliberal capitalism impacts
on stress at work and how living a more meaningful, balanced and sustainable life can
enhance health, wellbeing and resilience. Her most recent book is *Challenging stress,
burnout and rust-out: Finding balance in busy lives*.