Wellness and Balance: Perceptions Amongst Female Health Care Professionals Negotiating Career, Family, and Continuing Education

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Submitted in partial fulfillment of the requirements for the degree of Master of Education

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Abstract

The purpose of this study was to explore the perceptions of wellness and balance amongst female health care professionals negotiating career, family and continuing education commitments. Five women who met the criteria of having a family (with children), holding a full-time professional career in health care, and who were presently pursuing continuing education were interviewed.

This paper begins with the introduction to the topic of research and the questions to be answered. The review of literature explores the theory and research which precede this study and addresses the surrounding areas of: wellness, balance, multiple roles, stress and continuing education.

This study has assumed a qualitative, phenomenological approach. The data collected through the use of individual interviews were analyzed using a two-part process. Analysis using both (a) methodological interpretation and (b) The Listening Guide method has allowed for the uncovering of major themes, and the portrayal of each participant’s unique experience.

Some of the major themes which emerged from this research include: wellness as multidimensional and fluctuating, making personal sacrifices, the presence of stress, professional as a vital role, and continuing education as something for me. Perhaps the most significant finding this research has identified is the positive role continuing education can hold in the lives of women already negotiating multiple commitments. The notion that continuing education can act as a means of enhancing perceptions of wellness and balance holds a number of implications in theory, practice, and for future research.
I would like to extend my deepest gratitude to the participants of this study: Susan, Jill, Lisa, Elise and Anna. Without you, this research would not have evolved as it has. The energy, enthusiasm, and great love for learning you have shown me are inspirational. Your personal experiences hold such meaning; thank-you for sharing your stories with me.

Thank-you to my thesis advisory committee Alice Schutz, Ann-Marie DiBiase, and Mary-Louise Vanderlee; you have been a great source of guidance throughout this process. Thank-you to Mary-Louise for your willingness to join this committee; it has been such a pleasure meeting you. Thank-you to Ann-Marie, who first introduced to me to the topic of gender and education back in my first year of study; it has been wonderful to work with you on this, my final step!

Thank-you especially to Alice Schutz: my thesis advisor. Not only have you provided me with guidance throughout this process, but you have given me the much needed encouragement when my motivation waned; thank-you for your unremitting support. Moving through this process has been an extremely valuable and empowering experience for me; thank-you Alice for helping to make it so.

Thank-you also to my family and friends who have listened and encouraged me as I at times, struggled to get to the end. I am so grateful for your support.
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CHAPTER ONE: INTRODUCTION

This qualitative study aimed to explore the perceptions of personal wellness and balance held by female health care professionals who are negotiating career, family, and continuing education commitments. Chapter One serves to introduce this study by presenting the following areas: a background of the problem, the statement of the problem situation, the purpose of the study, and the questions to be answered. The rationale, the importance of this study, along with the scope and limitations of this research are also outlined in this chapter.

Background of the Problem

It is not surprising to learn that women’s participation in the workforce has greatly increased over the years (Statistics Canada, n.d.a). This increase in work however, has not prompted a decrease in women’s continued involvement in the home. It is suggested that women have invaded the working realm more quickly and more eagerly than men have the household realm (Turetskaia, 2003). Research has shown that women still assume the majority of household and childcare responsibilities (McBride, 1997; Statistics Canada, n.d.b). This reality has resulted in women essentially having two jobs, one at work and one at home (Turetskaia, 2003). An increased participation in the working world and the continued responsibility as primary carer of family and household tasks presents new challenges for women balancing multiple roles. The theory of role strain suggests that overload and incompatibility of multiple life roles can negatively affect a woman’s physical and mental well-being and lead to feelings of depression and stress (Erdwins, Buffardi, Casper, & O’Brien, 2001; Reid & Hardy, 1999). The concern of stress and its serious consequences for health and well-being are not new. A causal
relationship between stress and physical and psychological illness, diseases, and even death is well documented in the literature (Folkman & Moskowitz, 2000; Iwaski, Zuzanek, & Mannell, 2001/2002). Furthermore, stress can have an influencing effect on an individual's perceived level of wellness. Models of wellness emphasize an integrated and balanced relationship between physical, emotional, intellectual, environmental, spiritual, and social dimensions for optimum levels of functioning and ultimate well-being (Crose, Nicholas, Gobble, & Frank, 1992; Myers, Sweeney, & Witmer, 2000). Unmanaged stress can threaten this balance, taking its toll on one or more dimensions of functioning. Although stress is not limited to any one particular career, it is suggested that health care employees face an occupational stress that is not part of other professions, resulting from frequent contact with disease and death (Winefield, Farmer, & Denson, 1998) and the looming threat of cutbacks, diminishing resources, and job loss (Blau, et al., 2002; Lloyd, King, & Chenoweth, 2002).

Participation in continuing education is important in helping professionals stay current and competent in their practice (Houle, 1980) and adept to meet the challenges of continually changing work environments (Alsop, 2001). Health care in particular is an environment beset by continuous changes: Medical developments, shifts in thinking, new practice models, and organizational expectations can challenge one's state of competence (Alsop, 2001). The motivation to pursue continuing education may be prompted by a desire to move forward in a career or can be due to feelings of inadequacy and work-related pressures (Dowswell, Hewison, & Hinds, 1998). Despite the importance of continuing education, participation can be a daunting pursuit for women already balancing the existing roles of mother, wife and professional (Dowswell, Hewison, &
Furthermore, women engaged in continuing education may feel a pressure (real or perceived) to keep their education commitments separate from their family and home commitments (Grace & Gouthro, 2000). The pressure to keep education and family as isolated and independent entities may only serve to increase feelings of stress and the inability to balance all roles (Grace & Gouthro, 2000).

A recent interest in achieving balance has surfaced as a prevalent topic amongst popular media sources; television and magazines have dedicated attention with topics such as “Balance: T.V for Living Well” (CTV) or finding a “Work/life balance”. However, despite this recent interest, the topic of balance remains largely unexplored in the academic literature. The following study aimed to explore perceptions of wellness and balance amongst women who have a professional career in health care, hold family responsibilities, and are pursuing continued education.

**Statement of the Problem Situation**

Women’s working world looks much different today than in years past; increasingly women are continuing to pursue professional careers while raising a family. Theories on balancing multiple roles suggest that involvement in a number of roles can lead to either role strain or role enhancement (Perry-Jenkins, Repetti, & Crouter, 2000; Voydanoff & Donnelly, 1999). The literature surrounding multiple roles theory, however, is limited to women who hold roles in the workforce and in the home. Continuing education becomes an important part of many women's lives, particularly if they are maintaining continued involvement in their career; women may add the role of student to their life in order to maintain competence or pursue career advancement. This research seeks to understand the experiences of women who hold multiple roles.
Wellness and balance are popular subjects in the media, however are not explored as extensively amongst academic literature and research. Work/life balance is often viewed as the ability to balance work amongst the other areas of life. Imbalance can lead to increased stress levels, low job satisfaction, and decreased feelings of overall wellness. Perceptions of wellness and balance may provide valid insight into a person's level of role management and satisfaction whereby both states are very holistic, individual, and subjectively defined.

This research seeks to understand women's perceptions of personal wellness and balance while they are negotiating the simultaneous commitments of a full-time career, a family, and continuing education as well as their experiences in these roles.

**Purpose of the Study**

The purpose of this research was to explore the perceptions of personal wellness and balance amongst female health care professionals who are managing career, family, and continuing education commitments. Specifically, 5 women who met the criteria of having a family (with children), hold a full-time professional career in health care, and who were presently enrolled in a continuing education program were interviewed to explore how they regard their current states of wellness and balance.

**Questions to Be Answered**

Using the sample of 5 female, full-time health care professionals who have a family and who are currently participating in continuing education, this study aimed to answer the following questions:

1. How do these women define and perceive their personal states of wellness and balance?
2. Do their multiple role commitments impact their personal wellness and balance? If so, how?

3. What role does continuing education play in the lives of these women?

Rationale

The interest for this study stems from my involvement in a quality of work life project at my workplace. This initiative, titled The Restorative Lunch Break, aimed to provide employees with creative, educational, and fun lunch-hour sessions designed to address feelings of stress. Initial surveys leading to the launch of this initiative indicated that a majority of staff do not take regular lunch breaks, are looking for more leisure in their life, experience frequent stress, and are aspiring for a greater work/life balance. The Restorative Lunch Break sessions provided staff with the opportunity to take time and enjoy the lunch hour, catch up with coworkers, and participate in a creative hands-on activity or listen to an educational and motivating speaker. One of the ultimate goals of The Restorative Lunch Break was to assist employees in finding ways to manage and reduce the negative effects of stress in their workday and everyday life. During the course of the initiative, stress management, the benefits of humour, massage and relaxation, leisure, and positive thinking were addressed. In addition, employees were invited to submit a nomination for a coworker in need of a Random Act of Restoration. Nominated employees were surprised during the course of a workday by their nominator and a gift designed to bring them personal restoration and stress relief. Evaluations from these initiatives revealed that participants were appreciative of the opportunity to take time out of their day to recognize themselves and their coworkers. Feedback comments indicated that The Restorative Lunch Break prompted participants to reflect upon their
personal stressors and present workday habits and encouraged them to find ways of reducing stress in their lives. The majority of participants indicated that they felt the sessions were informative and engaging and would like to see the initiative continued. My involvement in this initiative prompted my interest in the perceptions of personal wellness and balance amongst health care professionals, particularly women.

Interest in this research topic was also provoked by own personal experience with the pursuit of continuing education. My involvement in a Master of Education degree program while continuing a full-time career in health care has been a very rewarding and enlightening experience. Although stressful at times, the experience has altered my personal definition of what “balance” means in my life and has contributed to my perception of positive personal wellness. By the same token, however, it has been challenging at times to manage the dual commitments of a career and school. I am interested in understanding the experiences of other female health care professionals engaged in continuing education, specifically those who hold family commitments.

**Importance of This Study**

The findings of this study may provide valuable insight into the experiences of female health care professionals, particularly for human resource personnel, professional leaders, managers, and organizational development. Ideally this research can provide a greater understanding around the experiences of women who are managing multiple demands in addition to their career. Furthermore, this research may contribute to the literature surrounding the topics of wellness, balance and multiple roles. To date, the academic research on these topics seems to be scarce and is limited to quantitative studies. Additionally, this research may be of interest to Brock University as it relates to
individuals enrolled in the part-time Master of Education program (and other graduate programs) who are also managing the roles of parent and employee in addition to student.

**Scope and Limitations**

This research aimed to explore the personal perceptions of 5 women around the topic of wellness and balance and the management of their career, family, and continuing education. The data collected are based on the participants' subjective views and insights. Furthermore, this study assumed a qualitative design with a small sample size. For these reasons, the findings generated from this study cannot explain the experiences of those beyond the research sample and cannot be generalized to a larger population.

The following limitations may impact the results of this research:

1. I may have preconceived ideas or biases based on my involvement in continuing education and knowledge on the topic.

2. Participation in a workplace study may inhibit a participant’s willingness to share or the authenticity of information for fear of peer recognition.

3. I may be a hindrance to the discussion, just by being present.

The following strategies were employed to reduce the existence or effect of the above limitations:

1. I made reflective notes to document personal reflections, questions, and to increase awareness of any biases that may exist. I also employed data analysis methods intended to help identify researcher bias. Further details of this method are outlined in Chapter Three.

2. Participants were informed prior to participation that all data collected would be treated as confidential and limited to viewing by the principal investigator, the
thesis advisory committee, and transcriber alone. In addition, participant names and any identifying characteristics/statements were omitted or changed in all aspects of the data collection and report.

3. During the interview I tried to build a rapport with each of the women in order to allow the participants to feel as relaxed and uninhibited as possible. Guiding questions used during the interview were designed to be open ended and conducive to discussion. All efforts were made to make the experience feel comfortable, relaxed, and open to discussion.

**Outline of Remainder of the Document**

Chapter Two serves to inform the reader of the existing literature and research that precedes this study. This chapter leads the reader through the topics of: wellness, balance, multiple roles, stress, and continuing education and provides an introduction to the topic being explored.

Chapter Three describes the methodology of this research. This chapter explains the methods and procedures and provides a rationale for the chosen research design. Chapter Three also discusses the selection of participants, the use of instrumentation and data recording techniques, the process for data collection and analysis, along with the criteria for establishing credibility and ethical considerations.

Chapter Four describes the findings which emerged from the interviews. This chapter presents the findings gathered through the use of two distinct forms of data analysis: The Listening Guide method and thematic analysis.

Chapter Five summarizes the research, outlining the conclusions and identifying the implications for theory, practice, and further research.
CHAPTER TWO: REVIEW OF LITERATURE

This study has examined the perceptions of wellness and balance amongst female health care professionals negotiating family, career, and continuing education commitments. The following review explores the literature surrounding the topics of wellness, balance, multiple roles, stress, and continuing education. Wellness is very much a subjective perception. Literature, however, identifies specific dimensions, themes of holism, and interconnectedness, all of which are considered central to the concept of wellness. Although the term balance has become popular in media presentations, the topic remains largely unexplored in academic literature. The underlying notion of balancing work and family commitments, however, leads to the topic of multiple roles. Theories surrounding multiple roles suggest that balancing several commitments can be a source of both strain and enhancement for women (Perry-Jenkins, et al., 2000; Voydanoff & Donnelly, 1999). Stress can be a negative consequence when striving to balance multiple social roles: it is often characteristic in feelings of role strain (Reid & Hardy, 1999) and acts as a direct hindrance to optimal wellness and health. Furthermore, stress is frequently associated with employment in the health care industry, where the pressures of dealing with disease and death and working with limited resources often exist (Callaghan, Tak-Ying, & Wyatt, 2000; Winefield et al., 1998). Last, in the field of health care, the pursuit of continuing professional education is viewed to be an important, if not necessary priority (Dowswell, Hewison & Hinds, 1998). A review of the barriers and motivation for continuing education explores the topic further.
Wellness

Concepts of wellness seem to consistently focus on approaches involving themes of holism, interconnectedness, and balance between different components of health. Literature suggests that wellness should be regarded as much more than just the absence of disease (Crose et al., 1992). Wellness can be defined as an “integrated and dynamic level of functioning oriented towards maximizing potential, dependent upon self-responsibility” and as an “elevated state of superb well-being” (Robbins et al., as cited in Sackney, Noonan, & Miller, 2000, p. 43). It is suggested that wellness refers to a merging of body, mind, and spirit and emphasizes a balanced lifestyle as both a process and an outcome (Myers, 1991). Ideally, wellness is the optimum state of health and well-being that each individual is capable of achieving (Myers et al., 2000). It is suggested that wellness reaches across many dimensions of a person’s life. Sackney et al. posit that wellness involves a lifestyle where an integrated pattern of living focuses on six dimensions: emotional, intellectual, environmental, physical, spiritual, and social. Individuals should strive to maintain an equal balance across all dimensions in order to obtain a high level of wellness. Crose et al. (1992) propose a systems model where wellness is considered to be a whole comprised of the following interacting subparts: physical, emotional, social, vocational, spiritual, and intellectual. Using this wellness systems approach, the authors suggest four basic principles of health:

1. Health is multidimensional: It is viewed as a construct consisting of a variety of health domains or life dimensions as illustrated by the model’s six subparts.

2. Health is variable, not static: It is perceived not as an end point but rather a dynamic, fluctuating state.
3. Health is self-regulating within life dimensions: There exists a normal range of variability within each life dimension influenced by self-regulating properties that serve to maintain a normal variability between upper and lower limits.

4. Health is self-regulating across the life dimensions: A change beyond the threshold of one dimension has the potential to affect each of the other dimensions.

Myers et al. (2000) and Witmer and Sweeney (1992) offer a more complex and holistic model, which they refer to as The Wheel of Wellness. This model is comprised of five Life Tasks depicted in a wheel with spokes that are interrelated and interconnected. *Life Task 1: spirituality* is conceptualized as the core characteristic of healthy people and the source of all other dimensions of wellness and is situated at the centre of the wheel. *Life Task 2: self direction* is described as the manner in which an individual regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals. Self-direction is further delineated into 12 areas depicted as spokes on the wheel: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humour, nutrition, exercise, self-care, stress-management, gender identity, and cultural identity. The tasks of self-direction metaphorically function like the spokes of a wheel: If they are strong, the wheel can roll effectively, but if one or more of the spokes are defective, the wheel is unbalanced and unable to move smoothly (Myers et al., 2000). *Life Task 3: work and leisure* is recognized as opportunities that are intrinsically satisfying and provide a sense of accomplishment. *Life Task 4: friendship* incorporates all of one’s social relationships that involve a connection with others, excluding those that are marital, sexual, or familial
commitments. *Life Task 5: love* is characterized by relationships formed on the basis of sustained, long-term, mutual commitment that involves intimacy. Surrounding the Life Tasks is an outer band of *Life Forces-major societal institutions* that influence the health and well-being of each individual; these include: family, religion, education, community, media, government, and business/industry. Beyond the Life Forces and the confines of the wheel itself are *Global Events* such as wars, hunger, pollution, and poverty that have an impact on our everyday living and the quality of lives.

Myers et al. (2000) promote the use of the Wheel of Wellness as a tool for assessment and improving personal wellness. The authors encourage individuals to first define their own personal definition of wellness and reflect on the personal meaning of each concept of the wheel. Furthermore, the wheel represents the components of wellness over the life span: Attention to each component has consequences that will multiply over time and create a cumulative effect (Myers et al., 2000).

Although models may differ marginally across research studies, the theory that wellness consists of a number of distinct and interrelated dimensions is substantiated. There is much support for the recognition of physical, emotional, social, spiritual, and environmental domains as significant contributors to individual wellness. Literature has also supported the theory that wellness is not a static or consistent state but one which fluctuates with time and events (Crose et al., 1992; Myers et al., 2000). Despite the consensus surrounding the knowledge of wellness and its contributing dimensions, it remains important to remember that levels of personal wellness are defined subjectively: How one individual may gauge his/her level of wellness will ultimately vary according to his/her personal perception and values.
Balance

An abundance of media dedicated to the topic of achieving a “balance in life” and a “work/life balance” is indicative of the multiple demands both men and women face today. When examining the topic, the term “balance” is not frequently explored in academic literature; most of the resources are focused around the theory of managing multiple roles. However, a particular qualitative descriptive study by Dow-Clarke (2002) specifically dedicated to the topic of work/life balance was found and is worth noting. Based on her research of employees in an industrial setting, Dow-Clarke (2002) reports that the focus group participants identified no common definition of work/life balance. The lack of a universal definition may indicate that balance is perceived as a subjective term that will vary individually. According to Dow-Clarke (2002), many participants spoke about balance in terms of “work at work and home at home.” Balance was also described as the ability to make compromises between family and career, putting family first and minimizing time that children spent in child care. Income was an additional aspect used to define balance: For some participants, a higher income was believed to contribute to better work/life balance. Other participants perceived that the opportunity to have one parent stay at home and attend to family duties full time would offer greater balance. According to Dow-Clarke (2002), focus group participants felt that achieving work/life balance was dependent upon the nature of work and having flexibility in their work hours. Central to the concept of achieving balance was the need to set priorities, make choices, and at times compromises in order get balance back:

Balance is a moving target where sometimes you have to give to work...but family is neglected or vice versa....Work-life balance is a three point triangle
null
(work, family, and personal activities) that shifts around depending on the time you have to put into that triangle (p. 70).

The research participants also suggest that when balance becomes difficult to sustain, work and family come first and time for self or personal activities is sacrificed.

A qualitative study by Thorpe and Barsky (2001) examining women's personal and professional life cycles also makes some interesting suggestions towards the understanding of balance. In their discussion with female nurses, the authors note that all participants readily acknowledge discomfort regarding the balance of their lives, specifically surrounding their caring roles; feelings of guilt and a quest for perfection were especially noticed:

I was always told to be the perfect mother and to be the perfect wife, that meant doing it all and being there all the time. I am getting to the point where I am not going to do this [being perfect]. I am sorry. (Thorpe & Barsky, 2001 p. 764)

The themes of perfection and guilt suggest that balance, or the lack thereof, is perhaps a result of the pressure women put on themselves. Thorpe and Barsky (2001) remark that perfectionism surfaced frequently in their conversations and seemed to be the cause of considerable tension for the women. This research suggests that balance be regarded as an equal state amongst all areas of life; for the women in this study it meant balancing their personal, professional, spiritual, and social needs. Similarly to Dow-Clarke’s (2002) research, balance was also expressed as something that had the ability to be regained, if lost. Furthermore, participants felt that the ability to achieve balance was directly dependent upon their ability to care for themselves (Thorpe & Barsky, 2001).
Both of these studies by Dow-Clarke (2002) and Thorpe and Barsky (2001) are valuable in that they offer a qualitative, exploratory approach the topic of balance in the lives of women.

**Multiple Roles**

To achieve balance often refers to the successful management of multiple yet frequently competing demands. Much of this literature focuses on how individuals manage the roles of parent, spouse, and employee and the consequences of this balance for health and family relationships (Barnett, 1994; Milkie & Peltola, 1999; Perry-Jenkins, et al., 2000; Voydanoff & Donnelly, 1999). It is suggested that balancing the often-overwhelming demands of paid employment and family commitments is the most central challenges in women’s lives as we enter a new century (Spain & Bianchi as cited in Milkie & Peltola, 1999). It is not surprising to learn that women’s participation in the workforce is much greater than it has been in years past. In 2003, 723,000 more Canadian women were in the workforce as compared to 1999 (Statistics Canada, n.d.a). According to the 1998 U.S. Bureau of Labor Statistics, 76% of married women with children between the ages of 6 and 17 years old are in the labour force and 64% of women with children under the age of 6 work outside the home (Wentling, 1998). Women’s increased participation in the workforce presents new challenges for women who continue to meet the needs of their families and manage a career. Schrieber (1998) argues that it is the challenge of managing multiple roles throughout the lifespan that makes a woman’s career development unique and reflective of a “new world of work” (p. 5). This “new world” implies that traditional career development theories are no longer suitable for understanding a woman’s career (Schrieber, 1998). Furthermore, women’s
career development should be considered more complex than men’s because it deals with a combination of role expectations, attitudes, and behaviours (Schrieber, 1998). Despite women’s increased movement into the workforce, traditional ideologies that view women as the primary caregiver within a family may still hold true. McBride (1997) suggests that many women continue to struggle with new challenges and responsibilities without entirely giving up traditional beliefs about what it means to be female. A 1998 survey of Canadian households found that women spend an average of 7.9 hours a day doing paid work and related activities and 4.6 hours a day engaged in unpaid work including household and child care tasks (Statistics Canada, n.d.b). In contrast, men from the same study spent an average of 8 hours a day doing paid work and related activities and 3.2 hours a day doing unpaid work. Another study found that working mothers have one hour a day less leisure time than their spouses and spend an additional 2.4 hours a day caring for children and doing housework (“Life of Working Mom,” 2004). What literature has coined as the “superwoman syndrome” (McBride, 1997), the “second shift” (Milkie & Peltola, 1999) and the “dual burden” (Bittman & Wajcman, 2000) reflects a phenomenon that has women balancing multiple roles between their family and professional lives.

Theories of Role Strain and Enhancement

The literature surrounding the topic of multiple roles is initially divided into two opposing yet basic perspectives: role strain and role enhancement. Role strain approach proposes that the greater one’s role accumulation, the greater the demands, resulting in role strain and conflict (Voydanoff & Donnelly, 1999). Role strain theory assumes that there exists an incompatibility between the demands of one life role and those of another
The literature is primarily limited to investigating role strain among women who assume the roles of parent and employee (Barnett, 1994; Erdwins et al., 2001; Marks & MacDermid, 1996; Perry-Jenkins et al., 2000) and who care for their aging parents and family elders (Reid & Hardy, 1999). The theory of role strain proposes that the obligations and expectations that accompany these roles may be incompatible, negatively affecting a women’s physical and mental well-being and at times resulting in symptoms of depression (Erdwins et al., 2001; Reid & Hardy, 1999). Reid and Hardy (1999) suggest that role strain can be further delineated into the categories of role overload: where role demands exceed capacities; interrole conflict: where the demands of multiple roles are incompatible; role captivity: when an individual takes on a role unwillingly; and role restructuring: as when an adult child assumes increasing responsibility for their parent’s well-being. The perspective of role strain theory posits that greater demands cause greater strain and conflict and focuses on the potentially negative consequences for individuals trying to perform a variety of roles. Alternatively, the theory of role enhancement argues that performing multiple roles provides rewards and privileges that outweigh any negative effects of role accumulation (Voydanoff & Donnelly, 1999). Role enhancement theory suggests that multiple roles can bring rewards such as income, increased self-esteem, opportunities for social relationships, and challenges that have an energizing effect on the individual (Perry-Jenkins et al., 2000). Furthermore, role enhancement theory proposes that multiple roles can actually improve mental well-being (Reid & Hardy, 1999) and is negatively associated with psychological distress (Voydanoff & Donnelly, 1999).
Role Spillover and Satisfaction

Although the literature surrounding multiple roles often draws upon the assumptions of role strain and role enhancement, most recognize that there are limitations associated with these two perspectives (Marks & MacDermid, 1996; Perry-Jenkins et al., 2000; Reid & Hardy, 1999). It becomes evident that multiple roles cannot be accurately understood under the categories of strain or enhancement alone. Marks and MacDermid (1996) argue that the multiple role literature inaccurately treats individual roles as distinct entities that can be separated from the whole and has overlooked the importance of examining one's total role system. It is suggested that roles should not be viewed as completely separate or distinct units but rather recognized to be somewhat "porous" and thus affected by other roles (Reitzes & Mutran, 2002), belonging to a larger system of organization (Marks & MacDermid, 1996). Based on this belief, Marks and MacDermid (1996) share the following scenario to illustrate the interrelatedness of roles:

A single mother gets a new job and places her child in day care. She then knows that every working day she must pick up her child at 5:00 and go home to make dinner—her work self switching to her self that drives to day care, then to mother self, to cooking self, and so on. Her role-system organization then will not resurface as a focus until some problem arises within it. Perhaps a change in her work schedule comes up or fine-tuning is needed....Regardless of how much she deliberately thinks about it, her many roles and selves are not separate atoms but are organized in relation to one another...her process of invoking a specific self [role] is always accompanied by a crude, working knowledge of her entire system
of selves and roles, and that system organization is continually being restored, adjusted, or reconstructed. (p. 419)

The above scenario not only depicts the interconnectedness and inseparability of roles but also reflects a continual shifting that can take place within the organization of roles. Perry-Jenkins et al. (2000) criticize the literature written in the multiple roles tradition because it often views work and family roles as static, despite research that points to their fluid and dynamic nature. The process of role spillover emphasizes the interrelation between roles. Spillover occurs when the experiences in one arena of life moderate (positive spillover) or exasperate (negative spillover) the relationship between experiences in a second arena and psychological distress (Barnett, 1994). For example, an employed woman with a fulfilling job but a difficult informal caregiving relationship may find that her positive employment experience makes the caregiving easier. On the other hand, she may find that her negative caregiving experience interferes with her paid work (Reid & Hardy, 1999). Barnett's research of home-to-work spillover in full-time employed women found that when marital quality was high, women's distress was not as greatly affected by the quality of their jobs as compared to women whose marital quality was low. The same pattern was found concerning women's relationships with their children: When relationships with their children were positive, job role quality (even when low) had little association to psychological distress. However, when women's relationships with their children were troubled, job role quality was more strongly associated with distress (Barnett, as cited in Perry-Jenkins et al., 2000).

When examining roles under the dimensions of spillover effect, role satisfaction and perceived self-efficacy act as influencing variables. Erdwins et al. (2001) suggest
that the satisfaction a woman derives from one of her life roles or a favourable aspect within that role may alleviate some of her experience with role conflict or overload. The authors’ study of women’s roles demonstrates that a sense of self-efficacy in parental and work roles emerges as a potentially effective remedy to feelings of strain. The more confident women participants felt as parents, the less they reported feeling overwhelmed by multiple roles. In addition, a feeling of greater self-efficacy in their job was also associated with less conflict between work and family roles (Erdwins et al., 2001). Because research indicates that role strain is linked to symptoms of depression (Erdwins et al., 2001; Reid & Hardy, 1999), it is important to point out that both men’s and women’s satisfaction in the roles of paid worker and spouse were found to be negatively associated to psychological distress (Voydanoff & Donnelly, 1999). Literature also suggests that the quality of a woman’s work role is a more significant predictor of role overload than mere occupancy itself (Barrett & Baruch, as cited in Erdwins et al., 2001).

It seems intuitive to suggest that women who experience greater satisfaction (greater role quality) and confidence in their roles would in turn have fewer feelings of role strain, conflict, and even depression. It is also not surprising to learn that the more a woman feels supported by her spouse and her supervisor, the less she experiences family/work conflict and maternal separation anxiety (Erdwins et al., 2001). In addition, women feel less successful in balancing their work and family lives when they perceive a greater unfairness in the division of their household tasks (Milkie & Peltola, 1999).

**Role Balance**

In their goal to examine multiple roles as part of an interconnected system, Marks and MacDermid (1996) introduce a theory of role balance which suggests that people
who have well-balanced role systems have greater role ease, less role strain, and consequently higher levels of well-being. Positive role balance is described as the “tendency to become fully engaged in the performance of every role in one’s total role system, to approach every typical role and role partner with an attitude of attentiveness and care” (p. 6). The authors emphasize that role balance is an orientation that extends across roles and is not role specific. Marks and MacDermid (1996) maintain that role balance is not the same as role quality but rather an “internal working model” (p. 6) that carries from one role to another. They explain:

For people with the habit of full attentiveness to everything they do the perceived problem of role management disappears as soon as they work out an ongoing routine. Then, they find that the presence of multiple, demanding roles in their total system may actually facilitate, rather than hinder, the dispatching of any one of them. With a busy schedule...people become primed to seize the moment (p. 7).

Conversely, negative role balance is described as the tendency to be fully disengaged in the performance of every role and is associated with feelings of apathy and cynicism. From their sample of employed mothers, the authors suggest that those who were “more balanced” felt less overload and higher self-esteem despite working the same number of hours as the “less balanced” women. Marks and MacDermid (1996) caution readers, maintaining that their research has drawn only an association and not a direct causal link between role balance and indicators of positive functioning, arguing that further research on role balance is needed.
In the future, research would benefit from a qualitative approach to investigating multiple roles. It is evident that feelings of strain or enhancement are predicted by a variety of dimensions including the individual’s perception of role quality, satisfaction, and role balance. Reid and Hardy (1999) suggest the answer to the role strain versus role enhancement debate is that “it depends” (p. 8). In the future, research would benefit from a qualitative approach to further explore women’s lived experiences in multiple roles and their personal perceptions of role balance beyond the boundaries of questionnaires and standardized psychological measures. Furthermore, the research to date focuses women’s roles to include two or three, most frequently including those of mother/wife, worker, and sometimes informal caregiver. Future research would benefit from supplementary studies to investigate women who balance roles in addition to those in the home and at work.

**Stress**

The prevalence of stress is not a new concern, nor is it limited to any specific facet of life. Stress is often viewed to be a powerful disorder that can impede wellness and has serious consequences for health. It is alarming to learn that stress levels have increased over the past decade (Iwaski et al., 2001/2002; Sackney et al., 2000). Stress is particularly concerning when research shows that it is associated with such negative outcomes as: depression, anxiety, psychosomatic illness and a reduction in the ability to resist diseases (Coleman, 1993; Folkman & Moskowitz, 2000). Furthermore, stress is recognized to be a major contributor, both directly and indirectly, to cancer, lung illness, accidental injuries, coronary heart disease, and suicide, five of the leading causes of death (Iwaski et al., 2001/2002). A stressor is often a demand, event, or circumstance that
disrupts an individual's normal equilibrium (Morgan, Semchuk, Stewart, & D'Arcy, 2002) or exceeds their adaptive resources initiating the stress response of increased autonomic arousal (Lloyd, et al., 2002). The exposure to stressors is not always negative, however, and can in fact be a positive challenge producing outcomes such as personal transformation or growth (Folkman & Moskowitz, 2000). Seyle (as cited in Thorpe & Barsky, 2001) coined the terms distress and eustress to describe the negative and positive responses to stress. A positive response is provoked (eustress) when a certain amount of stress is considered a good stimulant for action (Thorpe & Barsky, 2001). Individuals may feel that they respond most favourably when there is some pressure to do so, hence the statement: “I work better under stress.” When pressure becomes a deterrent to clear and creative thinking, individuals may become distressed and unable to produce a positive outcome (Thorpe & Barsky, 2001). It is the chronic exposure to stress coupled with a failure to cope that can cause detrimental health effects and potentially lead to further stress-induced responses. It is suggested that negative stress can overwhelm our cognitive capacities: High levels of physiological arousal can impede an individual’s ability to attend to important cues, especially when doing complex tasks (as cited in Callaghan et al., 2000).

Stress and the Healthcare Employee

Although stress is not unique to any career, literature suggests that health care employees may face an occupational stress that is not part of other professions. According to Winefield et al., (1998), work in health care can potentially be very stressful due to the frequent contact with pain, disease, death, and suffering, for which professionals can often provide no cure. Furthermore, the organizational structure,
culture, and atmosphere that are often characteristic of health care settings have also been identified as a significant contributor to employee stress (Medland, Howard-Ruben, & Whitaker, 2004; Suchman, 2001).

A review of literature on the work of nurses cites the sources of stress to include: work overload, poor communication with colleagues, patient deaths, erratic nature of work and working against the clock, inadequate staffing, and poor opportunity for advancement (Callaghan et al., 2000). Consistent with the theory of role strain, juggling work roles with other social roles such as parent and/or primary caregiver was also a significant source of stress for nurses (Shiu, as cited in Callaghan et al., 2000). Consequently, nurses who are stressed may experience feelings of inadequacy and self-doubt and may have: a lowered self-esteem, irritability, depression, and report less satisfaction for their work (Foxall, Zimmerman, Standley, & Bene, as cited in Callaghan et al., 2000).

A recent study out of Sunnybrook & Women’s College Health Sciences Centre in Toronto indicates that a third of the health care staff surveyed demonstrated evidence of emotional distress during the peak of SARS. Prevalence of emotional distress amongst hospital staff was found to be doubled compared to the general population; nurses, followed by allied staff most frequently scored the highest levels (Nickel et al., 2004).

Lloyd et al. (2002) suggest that social workers may experience a higher level of stress than other occupational groups. In their review of literature, the authors identify factors contributing to stress to include the nature of social work practice itself, along with organizational factors such as: lack of funding, staff shortages, high turnover rates, attitudes of other health professionals, and working in a bureaucratic environment. It is
suggested that social work is strongly client based, requiring involvement in complex social situations and demanding relationships (Lloyd et al., 2002). It is the emotional demands associated with many human services that can cause stress for social workers and other caring professions (Lloyd & King, 2001). Theorists suggest that social workers can be a rather homogenous group emotionally, whose sensitivity to clients' problems may make them more vulnerable to work stress (Pine & Kafry, as cited in Lloyd et al., 2002). It may be accurate to suggest that health care workers in general may feel drawn to work in the human services because of a common motive to care for and help others. This disposition combined with the very nature of health care could make professionals vulnerable to experiencing stress.

It is suggested that competing values between administrators and health care workers can also be a source of stress. Lloyd et al. (2002) report that social workers perceived little control in an environment that was maintained by a "physician-dominated authority structure" and where hospital management overrides social work values (p. 257). In the healthcare environment, there may often appear to be two distinct "businesses" at work. Although a primary objective of health care is to provide high quality patient care, the perception of competing priorities between administrative and front-line workers may exist. Management in health care is often perceived as being more concerned with fiscal responsibilities, frequently reflected through: shortages of staff and high turnover rates (Callaghan et al., 2000; Lloyd et al., 2002), increased workloads and diminishing resources (Blau, et al., 2002), and suspended patient services (Keddy, Gregor, Foster, & Denney, 1998).
Suchman (2001) suggests that organizations influence the individuals who work in them by patterning their perceptions, thoughts, feelings, expectations, and behaviours. He argues that a health care organization is much more than structures or organizational charts; rather it is an ongoing conversation between employees, leaders, customers, and regulators. As the organization’s conversation evolves, resulting changes often occur and take shape as buildings, programs, and budgets (Suchman, 2001). However, as organizations change, so may the expectations for work practices and the demands placed on staff. It is suggested that when changes take place, previously well-established work practices are often replaced by more complex and overlapping roles (Lloyd et al., 2002). Role ambiguity, conflicting demands, the expectation to do things that are not part of the job, and being unable to do things which should be part of the job were all sources of stress amongst social workers (Balloch, Pahl, & McLean, as cited in Lloyd et al., 2002).

A culture of change is not new to health care, nor is it particularly surprising when changes take place. Health professionals are often familiar with the consequences of undergoing government-issued report cards and accreditation. Descriptors such as “crisis,” “reform,” and “restructuring” (Blau et al., 2002; Keddy et al., 1998) are frequently used to characterize the changes that impact health care. Changes in the health care culture can impact professionals when new models for patient care, management organization, cost containment, and productivity measurement emerge (Blau et al., 2002). Such changes often result in the downsizing or merging of departments, adjustments of managerial staff, adjustments to charting, and the redesigning of roles and responsibilities at the clinical level (Blau et al., 2002).
The study by Blau et al. (2002) examines the experiences of physical therapists providing patient care during a period of systemic change in a large urban academic medical centre. Four common themes emerged from this research. *Loss of control* was used to describe the feelings associated with constantly changing expectations and new policies, working more than an 8-hour day, decreased opportunities for professional development, less control over patient treatment, and a loss of ability to influence the working environment. Feelings of *stress* originated from the increasing number of patients, lack of support staff, documentation demands, and lack of time, resulting in the therapists’ doubts about their professional future:

I mean I’m stressed. I’m thinking about moving on and thinking I can’t do this forever. I’m going to get burnt out...I come here sometimes, and I’m just...so stressed...[I] break down and cry...and I’m usually a strong person. (p. 652)

*Disheartenment* represented feelings of sadness, overwhelming work responsibilities, a detachment from support networks, and a sense of hopelessness about their work environment and its effects on patients. According to Blau et al. (2002) feelings of disheartenment were also attributed to a loss of resources available for professional development. The lack of institutional financial support and time for education, and the resignations of experienced clinicians affected the therapists’ ability to invest in their own professional growth. *Discontent* included feelings of resentment, frustration, exasperation, and a longing for the “good old days” (p. 654). The authors report that discontent was also found in the frustration of having to spend a greater percentage of time performing administrative duties and less time treating patients. However, despite feelings of loss of control, stress, disheartenment, and discontent, the physical therapists
were also able to focus on the positive aspects of their jobs and "find the silver lining" (p. 655). The foundation of these positive aspects was expressed as the enjoyment of being a physical therapist, having strong relationships with their peers, and the belief that they were delivering high-quality care to their patients, despite all the challenges (Blau et al., 2002).

**Implications of Stress for Health Care Employees**

Because stress is frequently manifested through physical and/or emotional responses, employee illness and absenteeism are often a result (Callaghan et al., 2000; Rodam & Bell, 2002). Lost time and absentee rates in the Canadian health care sector have been shown to be nearly double compared to those rates in other occupations (Brown, 2001). Literature surrounding health care employees cites burnout to be a serious consequence of stress, often leading to illness, absenteeism, and even job changes (Lloyd & King, 2001; Medland, et al., 2004). According to Maslach (as cited in Rowe, 1998), burnout is the result of repeated emotional pressure related to involvement with people and is characterized by emotional exhaustion, depersonalization or cynicism, and reduced personal accomplishment. More recently, Maslach and Leiter (as cited in Medland et al., 2004) elaborated on the concept, suggesting that burnout "represents an erosion in values, dignity, spirit and will—an erosion of the human soul" (p. 49) that occurs in an environment where job demands exceed the support and resources available for employees. Although traditional theory has alluded to a relationship between personal characteristics and burnout, Maslach and Leiter suggest that the social environment and organizational structure in the workplace may in fact be more relevant (as cited in Medland et al., 2004). Burnout, if left untreated, can contribute to reduced
productivity or even the exodus of health care workers altogether, both of which have direct implications for patient care (Medland et al., 2004).

**Continuing Professional Education**

Definitions of continuing professional education suggest it is an important means to promote research and further develop a professional’s knowledge base, with the ultimate goal of improving practice. According to Bignell and Crotty (as cited in Perry, 1995), continuing education activities “intend to build upon the educational and experiential bases of the professional [nurse] for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public” (p. 766). Dowswell, Hewison, and Hinds (1998) believe that continuing education should in fact be a matter of priority for health care staff. According to Houle (1980), every person who practices a profession needs to be aware of its evolving nature and new developments in order to improve his/her competence in a constantly changing work and social environment. Houle insists that everyone must expect that change is inevitable and that the “revolutionary” soon becomes “antiquated.” With this change, there are new goals to be achieved, new understanding and skills to be mastered. Barnett (as cited in Alsop, 2001) claims that competent professionals should not only cope but rather should actively shape change and manage society’s evolving demands. Barnett continues that it is a professional’s duty to speak out and contribute to the growth of a profession, engaging in activities that help move it forward. It is believed that knowledge itself is transient, becomes outdated, and must be built upon with new knowledge. Barnett (as cited in Alsop, 2001) refers to knowledge as a “commodity that is open-ended and liable to be superseded by new knowledge at any time” (p. 127). Furthermore,
discarding outdated areas of competence and embracing new concepts are prerequisites for change (Alsop, 2001). Health care in particular is an environment that is often characterized by continuous change. Changes in medical developments, shifts in thinking, and moves into new contexts of practice can affect the way in which professionals are expected to work and can challenge one's state of competence (Alsop, 2001). A failure to prepare for or keep abreast of change can result in the inability to fulfil professional and organizational expectations and present a risk to service users (Alsop, 2001). Continuing education plays an important role is helping professionals refresh their knowledge, acquire new skills, and ultimately meet the changing needs of their profession. According to Cervero (2001), continuing education has an advantage over other stages of professional education in promoting effective practice: It occurs when professionals are somewhat familiar in their practice and therefore more aware of their need to find better ways of thinking.

**The Importance of Continuing Professional Education: Reflective Practice**

The importance of continuing education in helping professionals stay current and up to date in their professional practice is well supported. This evidence is reiterated by the fact that most health care professionals are mandated to participate in professional development by their profession's Standards of Practice or Code of Ethics. In addition, continued education is often a stipulation for professional relicensure or certification (Cervero, 2001). Continuing education, however, can also provide professionals with an opportunity to engage in reflective practice which might not otherwise occur under the circumstances of a regular working day. It is argued that experienced professionals follow an almost unconscious routine referred to as "knowing in action" (Schön, as cited
in Leung & Kember, 2003). Furthermore, professionals may frequently operate according to their “theories-in-use,” which tend to be oriented to routine and self-interest (Argyris & Schōn, 1974). Theories-in-use are often different than the theory of action (also known as espoused theory) to which a professional subscribes and gives allegiance (Argyris & Schōn, 1974). Theories-in-use are based on assumptions about the self, others, and the situation (Argyris & Schōn, 1974) and therefore seem to be void of any consideration for the uniqueness of the present situation. According to Argyris and Schōn (1974), theories-in-use are a means for getting what we want and maintaining a certain level of constancy, which ultimately governs and limits our behaviour. A privilege of professionalism is the ability to operate with knowledge that has become familiar, and perhaps even intuitive, thanks to prior experience. However, with time, practice may become more deeply rooted in routine and familiarity and consequently lack the innovation to creatively challenge current or future situations. Gustafson (as cited in Houle, 1980) writes:

Professions desperately need the objectivity of continuing education that evokes not only new motivation to do old things, but also the vision to alter the practice of one’s profession, the courage to seek to transform the institutional purposes and structures in which one is embedded, and the simple inspirations of finding fresh points of view (p. 123).

In order to “find a fresh point of view” the opportunity to step outside the realm of everyday practice and reflect needs to be presented. According to Kim (1999), reflection is the process of consciously examining one’s thoughts, feelings, and actions against underlying beliefs, knowledge, and the backdrop in which practice occurs. Reflection is
not only appropriate in finding solutions to problematic situations, but is a useful avenue for examining a professional’s usual mode of practice (Kim, 1999). The ability to reflect on practice may often get overpowered by the pressures and pace of day-to-day work. Continuing education may provide practitioners with the opportunity to reflect on their work and challenge their theories-in-use in order to remain effective and passionate in their profession; “if practice dulls the keenness of knowledge, skill and commitment, education can sharpen it” (Gustafson, as cited in Houle, p. 123).

*Types of Continuing Education*

Continuing education has hopefully moved beyond the once predominant picture of “a single instructor lecturing and lecturing large groups of professionals” (Cervero, 2001, p. 18). However, despite its progression, there still exists no distinct, single picture of continuing education. According to Cervero (2001), a major reason for this lack of a unity is due to the fact that professions are continuing to experiment with many different purposes, forms, and institutional locations for the delivery of continuing education. Today, continuing education might take the form of distant education programs (Pym, 1992), credit accumulation and transfer programs (also known as “top up” programs Dowswell, Hewison & Hinds, 1998), involvement in practice based research in the workplace, and the pursuit of graduate degrees.

According to Cervero (2001), five trends have changed the face of continuing professional education include:

1. The amount of continuing education offered at the workplace dwarfs that which is offered by any other type of provider.
2. An increasing number of programs are being offered in distance education formats by universities, professional associations, and for-profit providers.
3. There are increasing collaborative arrangements among providers, especially between universities and workplaces.
4. The corporatization of continuing education has increased dramatically.
5. Continuing education is being used more frequently to regulate professional practice.

The above trends paint a picture that continuing education is becoming increasingly accessible to professionals through its location, partnerships, and form of delivery. However, research surrounding the motivation to pursue continuing education demonstrates that accessibility alone cannot predict involvement.

Motivation for Participation

If participation in "post experience courses and further study justify an individual remaining a professional" (Perry, 1995 p. 766), then understanding the motivation and barriers surrounding continuing education is imperative. Perry (1995) suggests that continuing education involves a far greater commitment than mere attendance in a course; rather, it requires the incorporation of an "attitude towards life" (p. 767). An individual's motivation to participate in education is often a strong predictor of their level of enjoyment and overall success. In her experience with women distance learners, Pym (1992) suggests that motivation was a more important factor in determining success than the actual amount of devoted contact time.

In a qualitative, exploratory study of nurses enrolled in "conversion" courses designed to upgrade their qualification, Dowswell, Hewison, and Millar (1998) found that
all 16 respondents indicated that they felt “trapped” or under pressure to take part. This sentiment was expressed through: a perceived inability to move laterally into another job of a similar grade, being fearful of demotion, and feeling that their current role and qualifications were being “phased out.” However, despite feelings of pressure, participants recognized the value of the program and of "keeping abreast of changes in the organization of the health service" (p. 5). When discussing the possible benefits of the program, participants mentioned the following: increases in knowledge and general awareness of their clinical performance, the opportunity to develop skills and fulfil professional development requirements, the development of a more questioning attitude, an increase in self-confidence, and the encouragement to reflect on their clinical practice.

A study of nurses and allied health professionals enrolled in a part-time health studies degree program found that motivation for participation stemmed from both the respondent’s professional or personal life and was either (a) future oriented or (b) related to perceptions about their past or present situation (Dowswell, Hewison, & Hinds, 1998). In general, responses related to the present or past situation tended to be more negative: Respondents identified gaps in their previous education and training and referred to current pressures encouraging participation. In contrast, motivation relating to the future tended to be more positive, suggesting optimism about the future and the possible benefits from their participation in the course. Overall, themes of professional motivation where individuals felt a work-related pressure to continue their education were most common. Such work-related pressure did not, however, come directly from their work environment or supervisor but resulted from a more personal sense regarding the overall progression of the health care field. Despite any feelings of pressure to continue their
education, participants also expressed a feeling of personal responsibility to "make good" the deficits in their own education (Dowswell, Hewison, & Hinds, 1998 p. 1332).

The literature surrounding motivation for continuing education largely focuses on professional or career-oriented reasons as the primary driver for participation. Theories of human motivation, in particular Maslow's hierarchy of needs, provide insight into an individual's personal desire to continue their pursuit of education. According to Maslow, it is at the highest stage of the hierarchy: the need for self-actualization, where an individual's desire to learn is intrinsically motivated and driven from within (Merriam & Caffarella, 1999). Furthermore, the theory of self-determination proposes that individuals have a basic need for competence and thus are intrinsically motivated to pursue activities which provide them with stimulation and challenge (Eccles & Wigfield, 2002). When an individual meets the challenge of learning with success and competence, their motivation to continue is sustained (Eccles & Wigfield, 2002).

Kroth and Bowerie (2000) believe that there exists a relationship between adult learning and life mission. The authors propose that an individual's life mission orients a person's actions, whereby learning choices and the motivation to learn are directed by this mission. The suggested relationship between life mission and adult learning recognizes that personal meaning and individual purpose may motivate the individual who is in pursuit of continuing education.

Barriers to Continuing Professional Education

Literature surrounding the barriers to continuing education acknowledges theories of multiple roles and role strain as significant constraints to participation. Role strain theory argues that individuals who decide to add the role of student to their existing
social roles are likely going to have to make adjustments in other areas of their lives. Furthermore, the demands of different social roles strongly influence the opportunities that individuals perceive are open to them (Dowswell, Hewison & Hinds, 1998). Taking on a new social role (e.g., student) can potentially damage the performance in existing roles and therefore must be carefully considered. Individuals who add a new role may try to cope with the changes in the following ways: altering their own behaviour in relation to their existing roles, for example by undertaking less housework (personal role definition); trying to alter the behaviour of others, for example by asking a spouse to help out more with child care (structural role definition); adding the demands of the new role onto the demands of their already existing ones (role expansion); or by adopting a combination of these responses (Dowswell, Hewison & Hinds, 1998).

In their study of health professionals involved in part-time studies, Dowswell, Hewison, and Hinds (1998) found that the main changes in social roles tended to be in relation to home rather than work roles. Respondents described changes in their role as home carer and as parent or spouse as a direct result of their participation in the course. In particular, participants expressed feeling a lack of time to spend with family, which led to strain and tension in relationships. Respondents also described changes that had taken place in their leisure activities:

I think there are conflicts at home...you're sort of out 3 nights now, you're not getting home till like 8 then 10 o'clock on a Thursday.... He's working Saturday, so you get Sunday and Sunday's the day where I could get up and do 4 or 5 hours [school] work and it is the day that we want to go out together so I think that it is quite a big conflict at the moment, (Dowswell, Hewison, & Hinds, 1998 p. 1331).
The text on the page is not visibly clear or legible due to the quality of the image provided. It seems to be a page from a text document, possibly discussing a complex topic, but the details are not discernible from the given image.
According to Pym (1992), working women face a real challenge when they add “student” to their existing roles of employee, mother, spouse, caregiver for aging parents, and so forth. Because of the many pressures demanding their attention, women often find it difficult to devote blocks of time to study and therefore must try to fit learning activities into fragments of limited available time (Pym, 1992). Dowswell, Hewison, and Hinds (1998) suggest that the problems of combining work, home responsibilities, and learning have been recognized for many years and have in part contributed to the provision of more “flexible” learning opportunities such as those relying on evening attendance or open learning methods like distance education. However, in reality the individuals that such opportunities are aimed at are in fact women who already have heavy work and domestic responsibilities and are unable to take up learning in their “spare” time (Pym, 1992).

In addition to theories of role strain, the following list of factors are viewed to be common obstacles to nurses’ participation in continuing education:

1. Inability to convince managers that staff development is of importance,
2. Failure to encourage qualified nurses to value their own continuing personal and professional development,
3. Lack of appropriate criteria for nurse managers to use in order to select staff for continuing education programs,
4. Ineffective methods for publicizing programs,
5. Little systematic attention dedicated to identifying educational and training needs,
6. Inadequate evaluation of effectiveness of staff development,
7. Lack of coherent staff development programs, and

8. Inadequate funding for staff development (Perry, 1995).

Barriers to participation in continuing education may also be attributed to an underlying fear and resistance to change. Schön (as cited in Perry, 1995) suggests that society as a whole fights the resistance to change and that stability (although only a common illusion) is clung to as a defense against the threat. Grace and Gouthro (2000) argue that women's commitment to continuing education is both complex and multidimensional and involves the negotiation of many factors including their individual fears. In their essay of women pursuing graduate education, the authors suggest that commitment requires the successful navigation of what Cross (as cited in Grace & Gouthro, 2000) calls situational, dispositional, and institutional barriers to learning. Situational barriers that need to be addressed may include the renegotiation of family responsibilities, the struggle to attain financial support, and the reorganization of time to meet home and learning demands. Commitment also involves the confrontation of dispositional barriers which may include fears around engaging in education and low self-esteem and self-confidence. Grace and Gouthro (2000) suggest that institutional barriers such as physical access and safety concerns for the learning environment as well as degree requirements, academic standards, and faculty demographics may all play a part in a woman's decision to pursue graduate education.

The essay by Grace and Gouthro (2000) also raises some interesting arguments for the issues of motherhood, education, and balance. The authors maintain that in order to understand the concerns and future directions of graduate education for women, work in the home needs to be further respected as "caring work carried out by committed
individuals connected to the needs of those they name as family” (p. 8). Abbey and O’Reilly (as cited in Grace & Gouthro, 2000) argue the complexity of mothers and challenge the generalizing stereotypes that may accompany motherhood, suggesting that:

Mothers are multiple subjects who may assume contemporaneous positionalities including identities as lovers, workers, daughters, partners, sisters, activists and friends.... “Mothers are never only mothers...[Everyday] subjectivity shifts synchronically and diachronically. In any given day, a mother will move from one identity to another...selves will be complementary and conflicted.” (pp. 8/9).

In addition to acknowledging the complex nature of motherhood, Grace and Gouthro (2000) suggest that the home needs to be recognized as an important site for learning, not just for children but for mothers as well. In the home environment, women learn to articulate, challenge, and argue their beliefs and values: Home is where self-learning and self-discovery take place and greatly affects how a woman engages in life’s activities, including graduate education (Grace & Gouthro, 2000). The authors insist that it is the general failure of universities to recognize motherhood and view the home as an important learning environment that has historically presented difficulties for women who wish to pursue graduate studies. Edwards (as cited in Grace & Gouthro, 2000) argues that both the home place and the university are “greedy institutions” (p. 10) that demand complete devotion and allegiance. He suggests that in order to succeed, women feel pressure to keep their work in each institution separate and hidden from the other. By hiding their work, women demonstrate their loyalty to both home and school, giving the appearance that one does not infringe upon the other (Edwards as cited in Grace & Gouthro, 2000). By recognizing women’s commitment to motherhood and the home and
in allowing (maybe even encouraging?) the overflow of these spheres into education, women could perhaps experience a stronger sense of balance. Grace and Gouthro (2000) suggest that by relaxing the institutional definition of commitment in both universities and the home, women could feel a greater entitlement and ability to balance commitments and responsibilities in all areas of their lives. The pressure to keep family, work, and education as independent and isolated entities can likely discourage a woman's openness to pursue continuing education of any kind, not just at the graduate level. The idea that any part of our lives can remain distinct and impervious to other parts is not realistic, nor is it ideal. Motherhood, home, and career provide such valuable experiences, which, if permitted, can add richness to the continuing education experience. Hooks argues (as cited in Grace & Gouthro, 2000) that learners have the right to expect that connections will be made between formal learning and informal learning and living. It is in making these connections that the formal classroom becomes a "field of possibility for inclusive and transformative educational experiences" (Grace & Gouthro, 2000 p. 26).

**Summary of the Chapter**

Chapter two has provided a review of the relevant literature and research that precedes this study. Specifically, the chapter has reviewed the areas of wellness, balance, theories of multiple roles, stress and its implications for health care professionals, and continuing professional education.

Although models of wellness vary slightly, concepts consistently identify the themes of holism, interconnectedness, and balance amongst all health dimensions. Both wellness and balance are consistently described in the literature as variable and subjective
states, which are individually defined. The literature surrounding balance is very scarce and consequently leads to exploring the literature on multiple roles. Theories surrounding multiple roles tend to delineate into two main categories whereby roles are viewed as either a source of strain or enhancement in one’s life. Ultimately, one’s level of satisfaction seems to be more influential when classifying an individual’s role as a strain or as enhancement. Research surrounding multiple roles is limited to the study of women usually holding no more than two roles: at work and in the home. Furthermore, most of the research found assumes a quantitative design. Additional qualitative research of women and their management of multiple roles is needed.

Stress is often the result of role strain, dissatisfaction, or overload. It is viewed to be a powerful disorder that impedes wellness and health, often manifesting itself through serious physical and psychological symptoms. The prevalence of stress is not limited to any particular career; literature, however, suggests that health care professionals face a unique occupational stress due to the frequent contact with pain, disease, and death along with the continual threat of health care “cutbacks” and “reform.”

Last, Chapter Two has explored the topic of continuing professional education. Literature surrounding continuing education suggests that it is an important means for improving practice, developing new knowledge, maintaining competence, and adapting to change. The pursuit of continuing education for women becomes a complex task, as it often involves the negotiation of other multiple roles.

An important issue underlying all of the topics explored in Chapter Two is the phenomenon of women’s “new world of work” (Schrieber, 1998). Women’s participation in the workforce is much greater than in years past. Research shows that
despite an increased movement into the workforce, women are not relinquishing their roles as primary caregiver in the household. This “new world” presents new challenges for women who continue to meet the needs of their families and manage a career. What happens when you add the role of student to a woman’s existing roles of parent and professional? Chapter Two has aimed to provide an introduction for this research which explores women’s perceptions of wellness and balance while negotiating the commitments of a health care career, a family, and continuing education.
CHAPTER THREE: METHODOLOGY AND PROCEDURES

This chapter serves to acquaint the reader with the specific methods and procedure used in this research study. Specifically, Chapter Three identifies the research design and methodology, discusses the selection process and description of the participants, describes the instrumentation, along with the procedures for data collection and management, data recording, and analysis. The methodological assumptions, criteria for establishing credibility, ethical considerations, as well as a restatement of the problem situation also follow.

Research Design

The overall design of this research is a qualitative study using a phenomenological approach to explore the perceptions of wellness and balance amongst women negotiating the multiple commitments of career, family, and continuing education. A purpose of phenomenological research is to preserve the uniqueness of each participant's lived experience while allowing for an understanding of the phenomenon under study (Banonis, 1989, as cited in Streubert Speziale & Carpenter, 2003). This research was interested in understanding the meaning of wellness and balance from the participant's point of view, exploring the lived experiences of the women involved, and in seeking multiple realities and viewpoints. For these reasons, a qualitative design is important to this study. This research aimed to understand and accurately report the participants' perceptions concerning wellness and balance and their experiences in the roles of professional, parent, and student.
Research Methodology

This research assumed a phenomenological approach involving the use of individual interviews. Interviews provide an opportunity for detailed investigation of each individual’s personal perspective and for an in-depth understanding of the personal context within which the research phenomenon is found (Lewis, 2003). Each interview followed a series of questions which served to guide but not govern the discussion. The interview questions were open ended, providing participants with the opportunity to fully explain their experiences (Streubert Speziale & Carpenter, 2003). Additional questions and prompting were often added during the interviews to follow the lead set by the participant and to further explore their experience.

Selection and Description of Participants

The participants in this study were purposefully selected, whereby each individual was chosen based on their firsthand experience with the phenomenon of interest (Streubert Speziale & Carpenter, 2003). A total population of 5 participants was used in this study, all of whom met the following criteria: female, full-time health care professionals working at a large hospital in southern Ontario, living with at least one child at home, and actively enrolled in a continuing education program of some kind. In order to recruit the participants, the researcher elicited the help of professional practice leaders (both nursing and allied health) and nursing educators. A letter via email was sent out to the practice leaders explaining the purpose of the study and soliciting their support of this activity along with the request that they send the letter of recruitment out to their staff. Interested participants then contacted the researcher directly via email or phone. Initial response from potential participants was quite good; a number of women
seemed interested to participate in this study. However, many of these women did not in fact meet the criteria; some worked part-time hours, and others had just completed their involvement in continuing education. One participant differed slightly from the criteria but was included as I felt she would bring an interesting perspective to the research. Her children, all grown adults, moved in with her 4 years ago when they immigrated to Canada. This participant and her husband help to support their two sons, daughter-in-law, and their young grandchild in their home. Once a list of interested and qualifying participants was established (a total of 5 altogether), a second letter of information specifying participant requirements and the purpose of the study was sent to each potential participant. All the necessary ethics application were submitted and approved prior to this process.

Description of Participants

The participants' age ranged between 37 and 53 years old. Their professional work roles included nursing (2 participants), a manager role with a background in nursing, a manager role with an allied health background, and a supervisor with a background in an allied health background. The participants' involvement in continuing education varied from the pursuit of a Bachelor of Science in Nursing, Master of Business Administration (2 participants), a Master of Health Sciences, and a Master of Education. The type and delivery of the participants' continuing education included online studies, distance learning, and in-class attendance. The participants' family situations included raising a single child with husband or life partner (2 participants), raising two children with husband, raising one child as a single mother, and helping to support grown children and grandchild. For the purpose of confidentiality and
anonymity, specifics of the participants’ work roles or work areas, the type of degree which they are pursuing, and family information have been kept general and vague.

**Data Collection and Recording**

Approval for this research study was obtained through the Research Ethics Board before any data collection began (Appendix A). As outlined in the section of research methodology, data for this study were collected through an individual interview with each participant. Each interview took place in a private room on site at the hospital and was scheduled at a time suitable to each participant’s schedule and commitments. Scheduling the interviews proved challenging and required canceling and rescheduling on a number of occasions. Already, this seemed to reflect the busy lives of the participants. All data were recorded with the use of an audiotape and researcher notes. For the first two interviews conducted, a third party was hired to transcribe the audiotape recordings. For the remaining three interviews, I transcribed the data myself. This process allowed me to gain a greater level of familiarity with the data and assisted with the data analysis that followed. All participants were made aware of the audio recording and transcribing procedures prior to their involvement through the information letter and were reminded again at the start of each interview. The third party who transcribed two of the audiotapes was required to sign an agreement of confidentiality. Additional data recording occurred through the use of researcher notes during the interviews and note-taking that took place post interview to capture my personal reflections and observations.

**Instrumentation**

The individual interviews were guided by a series of questions surrounding the topics of wellness, balance, and the roles of mother, professional, and student. All
questions were designed to be open ended, seeking the participants’ individual perceptions and personal experiences. The question guide acted as a framework for discussion but did not limit or restrict the conversation in any way. There were times when additional questions and probing of a topic were added. Please see the attached Interview guide for an outline of the guiding questions (Appendix B).

Data Analysis

Data analysis of this research was guided by two distinct processes: (a) a methodological interpretation as suggested by Colaizzi (1978 as cited in Streubert Speziale & Carpenter, 2003) to uncover meaning and the major emerging themes and (b) The Listening Guide: a voice-centered relational method developed by Gilligan, Spencer, Weinberg, and Bertsch (2003) as a means of hearing each participant’s unique voice and gain a deeper understanding of their individual experience. Using these two distinct methods for data analysis enabled this research to assume a truer form of phenomenological study. A goal of the phenomenological method is to “derive consensually validated knowledge” (Reinharz, as cited in Lynch-Sauer, 1985 p. 97) while at the same time “preserve the uniqueness of each participant’s lived experience” (Banois, as cited in Streubert-Speziale & Carpenter, 2003 p. 69). By examining the data using the two separate methods of analysis, I was able to identify the major themes and common ground of this research while sharing and honouring each individual’s unique experience. Additionally, Step 1 of The Listening Guide helped me to develop a greater awareness of my personal ideas and attitudes, allowing me to bracket any preconceived biases I may have held towards the topic of the study, an often challenging task to
perform in the phenomenological approach (Creswell, 1998). The following is a detailed description of the data analysis methods used in this research.

According to Creswell (1998) phenomenological data analysis should proceed through the methodology of reduction, the analysis of specific statements and themes, and a search for all possible meanings. With this purpose in mind, the following outline guided the first stage of data analysis for this research. They are a combination of steps for methodological interpretation for phenomenological studies as suggested by Colaizzi (1978; in italics) along with my additions and clarification of implementation (regular font) for the analysis of data:

1. *Describe the phenomenon of interest.*

The research questions guided the development of the interview questions, and the direction of the individual interviews.

2. *Collect participants' descriptions of the phenomenon.*

I conducted individual interviews with each participant. Each interview was audiotaped. A third party transcribed the first two interviews conducted, and I transcribed the remaining three. Reflective notes were kept to capture post interview reactions and reflections throughout the data collection and analysis. This process contributed to the description of the phenomenon and also helped me to identify my personal experiences and any preconceived biases or expectations I may have held.

3. *Read all participants' descriptions of the phenomenon.*

4. *Return to the original transcripts and extract significant statements.*

5. *Try to spell out the meaning of each significant statement.*
Each interview was read (and reread) and examined individually in order to capture and honour each individual’s experience. Initial thoughts and themes were marked in the margins and then examined and filtered before becoming significant themes arranged in a table format. Each participant’s transcript was examined and analyzed individually, before proceeding to the next. Initial themes remained closely with the participants’ language, although were later defined in more conceptual terms as needed (Ritchie, Spencer, & O’Connor, 2003).

Strategies for data management during this stage followed suggestions as outlined by Ritchie et al. Please see the section on Data Management for details.

6. Organize the aggregate formalized meanings into clusters of themes.

Once each individual transcript had been examined individually and arranged into individual thematic charts, all themes were merged together to represent the global data, supported by the individual themes and direct quotations.

7. Write an exhaustive description.

8. Return to the participants for validation of the description.

Participant packages including all data transcripts and analysis (both thematic and The Listening Guide) were returned to participants for verification and member checking to confirm the accuracy of the data collected. Participant feedback towards the interpretations and analyses was positive. Via email and phone calls, participants shared their interest and enjoyment in reading their package, particularly for The Listening Guide method. Very few additions or changes were needed at this time.
9. If new data are revealed during the validation incorporate them into the exhaustive description. (Adapted from Colaizzi 1978, as cited in Streubert Speziale & Carpenter, 2003, p. 59).

Secondary data analysis also occurred through the use of The Listening Guide: A Voice Centered Relational Method, a method of psychological analysis which draws on voice, resonance and relationship as means of entry into the human psyche (Gilligan et al., 2003). The Listening Guide is described below:

Each person’s voice is distinct – a footprint of the psyche....The Listening Guide method comprises a series of steps, which together are intended to offer a way of tuning into the polyphonic voice of another...[and] provides a way of systematically attending to the many voices embedded in a person’s expressed experience....Each of these steps is called a “listening” rather than a “reading” because the process of listening requires the active participation on the part of the teller and the listener....Each listening is not a simple analysis of text but rather is intended to guide the listener in tuning into the story being told on multiple levels and to experience, note and draw from his or her resonances to the narrative....The need for a series of listenings arises from the assumption that the psyche, like voice is contrapuntal so that simultaneous voices are co-occurring....(Gilligan, et al., 2003, pp. 157-159)

The Listening Guide involved a series of four sequential steps, all of which were followed in this research:

**Step 1: Listening for Plot:** The researcher reads the text and listens for the plot and the stories that are happening. Any repeated images, metaphors, contradictions, dominant
themes, and absences found in the transcripts are brought forth. In this listening, the researcher also attends to her own responses and thoughts evoked by this listening.

Following the basic principles of reflexivity, we note our own social location in relation to the participant...as we go through the interview text, we notice and reflect on where we find ourselves feeling a connection with this person, and where we do not...what thoughts and feelings emerge as we begin to listen....We work to identify our own responses to this particular interview. (Gilligan et al., 2003 p. 160).

A listener's response is then written, documenting the plot and stories along with the researcher's feelings, thoughts, and reflections towards the text.

**Step 2: “I poems”:** The purpose of the “I poem” is first to encourage the researcher to listen to the participant’s first-person voice, to pick up its distinctive rhythms, and secondly to hear how this person speaks about him or herself (Gilligan et al., 2003). The construction of an “I poem” begins with underlining every first-person “I” and any significant accompanying words within a chosen passage. The underlined “I” statements are then pulled out from their original text, kept in the sequence in which they first appeared, and each arranged on a separate line, like lines of a poem. The “I poem” aims to capture meanings not visible through more traditional means of analysis:

> Often the I poem itself will seem to fall into stanzas-reflecting a shift in meaning or change in voice, the ending of a cadence or the start of new breath. Sometimes the I poem captures something not stated directly but central to the meaning of what is being said. Other times it does not. In either case, the I poem picks up on an associative stream of consciousness carried by a first-person voice...moves
this aspect of subjectivity to the foreground, providing the listener with the opportunity to attend just to sounds, rhythms and shifts in the person’s usages of “I. (Gilligan et al., 2003 pp. 162-163).

Step 3: Listening for Contrapuntal Voices: This step offers a way of hearing and understanding the several different layers of a person’s expressed experience in relation to the research question. In this step, the researcher is guided by his/her research question as the text is read through, listening for one voice at a time. Two or more contrapuntal voices may be identified in the text, each underlined by a different colour. It is important to know that one statement may have multiple voices and that voices can be complementary or contradictory to one another.

Step 4: Composing an Analysis: In this final step, all listenings are brought together to form an interpretation of the interview that pulls together and synthesizes what has been learned.

Data Management

Similarly to the data analysis, data management also followed a two-part process. The following steps are suggestions by Ritchie et al. (2003) for strategies in data management combined with my specific actions of implementation. They were employed during the thematic data analysis stage of this research.

1. Familiarization of data (transcripts were read and reread as needed).

2. Recurring themes/ideas were marked in the margins.

3. Devise a conceptual framework or “index”. Themes were sorted and grouped under a smaller number of broad, higher order categories or “main themes” and placed within an overall framework.
4. Once an index was devised, numerical terms were assigned to each theme in order to differentiate the individual categories.

5. The numbers were assigned to the data, showing which theme or concept was being mentioned in a particular section. Each phrase was read to decide “what is this about?” in order to confirm which part of the index applies. This preliminary thematic framework or “index” was continually refined, whereby categories and subdivisions were added or excluded.

6. Data were sorted so that material with similar content or properties was located together. Each heading was assigned its own column in a thematic chart. All data pertaining to their appropriate heading (and number) were then placed in that column. This allowed the analyst to focus on each subject in turn so that details and distinctions that lie within the data could be unpacked. Data were inserted into the columns as the direct quotations and therefore did not deviate from its original form.

7. Throughout all stages of data management, “meaning” was being attributed to the original material, whereby continuous interpretation of “what is being said” took place.

8. On a separate page (which I titled “breakdown of themes”), I began to break down the thematic chart and direct quotations and applied my interpretation to “what is being said.” I arranged these in summarizing points under each heading theme.

9. This sequence was completed individually with each participant transcript before moving onto a global analysis.
10. Descriptive Analysis requires (a) Detection—looking within all themes, across all cases in the study, noting the range of perceptions, views, and experiences which have been labelled or tagged as part of that theme and (b) Categorization—sort and distil the key dimensions within the range, identifying broader, more refined categories which can both incorporate and discriminate between parts of the data.

11. The global analysis involved combining all of the participant key dimensions together under the appropriate heading. Further reduction and merging of key dimensions took place; data were treated as a whole. Headings, themes, and key dimensions were arranged in a chart format alongside participant columns. Check points placed in the columns helped maintain which themes were relevant to which participant while still displaying the data as a whole.

The Listening Guide involved a series of sequential “listenings” as it followed through four stages of analysis as outlined in the previous section, Data Analysis. The following details the data management strategies were employed during the Listening Guide analysis.

Step 1. Listening for plot: Each transcript was read two-three times to gain a sense of the story being told. During these listenings I made reflective notes documenting any metaphors or images that came to mind or where used by the participant. I also documented my personal reactions and thoughts and referred back to notes I had made during each interview.

Step 2. “I Poems”: The I poems were created by reading the text and underlining each “I” statement and significant accompanying words. The underlined “I” statements
were pulled from the transcript and arranged in stanzas in the order they occurred in the text.

Step 3. Listening for Contrapuntal Voices: Additional reading of the text and of writings made through Steps 1 and 2 were used to identify the contrapuntal voices. As voices were identified, I moved through the text using underline, italics, and bold to identify statements reflecting each voice.

Step 4. Composing an analysis: All previous stages of The Listening Guide were used along with my personal notes when writing the summary. The research questions also guided the composition of this summary.

Each transcript was moved through the thematic analysis and The Listening Guide individually and completely before moving onto another transcript.

Methodological Assumptions

One assumption of this research is that the participants involved were facing challenges regarding the multiple roles (professional, mother, and student) in their lives, which they would be able to identify and share. Another assumption of this study is that participants were aware of the concepts of wellness and balance and consider these states to be important in their lives. Last, this study assumed that the methods of individual interviews acted as an adequate means to explore and describe the perceptions of wellness, balance, and multiple roles.

Establishing Credibility

Credibility of this research was established by using the following strategies:

1. Triangulation: Data collection occurred through the use of individual interviews (five), along with my personal reflection and observation notes.
Furthermore, two different methods for data analysis were used, allowing for a more in-depth and exhaustive investigation of the phenomenon. According to Streubert Speziale and Carpenter (2003), in combining different strategies, a researcher can confirm findings by overcoming the limitations of a single method.

2. Clarify Researcher Biases: Preconceived biases were identified and kept in check through the use of journal writing documenting my reflections and thoughts. Furthermore, the listener's response, a step of The Listening Guide Method (Gilligan et al., 2003), helped me attend to any preconceived ideas and biases I may have held. This practice, whereby the researcher sets aside her/his prejudgments, is an important component of the phenomenological design and process (Creswell, 1998).

3. Member Checks: I solicited the participants' views surrounding the credibility of the data collected and the findings produced. Member checks are considered to be one of the most critical techniques for establishing credibility (Creswell, 1998). After the interviews and data analysis (by both methods) were completed, the transcripts and all interpretations were returned to the participants. Each participant was asked to review the documents for accuracy and authentic representation. The various steps used in analysis were explained; participant feedback and suggestions for changes/additions was sought. Feedback from participants was received through email and one phone message. The feedback was positive, and few changes or additions were needed. The following are examples of some of the participant feedback received:
I read and reviewed those documents all over. You did a good job. I enjoyed reading it because I understand myself in that period of my life. Thanks a lot for the opportunity.

This is a very accurate record of our conversation. Upon reflection, I do note how I have contradicted myself probably because I am so concerned about fulfilling everyone else's needs that I leave my own needs to the very end. By that time I am too exhausted to help myself. It is really interesting at this time...that my daily work pace is slowing down, considerably so, I am now feeling less overwhelmed. Perhaps balance can now be described as I blend myself into the daily equation and am able to meet my needs also.

I think you captured everything well.

I was very interested in the listening guide steps – on the first reading and comparing it to the interview transcripts. I was impressed with the amount of information you pulled out. I think it definitely speaks to the way I was feeling at the time. I am feeling better now; you'll be pleased to know.

4. External Audits: I sought the ongoing support of my thesis advisor and committee members, who acted as external consultants providing feedback and suggestions regarding the process of data collection, analysis, and interpretations of findings.

Ethical Considerations

Participation in this study was voluntary, and participants could choose to withdraw at any time without consequence. Participants were advised that interviews would be audiotaped for the purpose of analysis. Participants were informed that all data
collected would be treated as confidential and limited to viewing by the principal investigator, the thesis advisory committee, and transcriber alone. In addition, participant names and any identifying characteristics/statements were omitted or changed in all aspects of the data collection and report. All of these conditions were outlined to participants in the letter of information and consent form and again at the start of each interview. All written records and audiotapes were secured in the sole possession of the principal investigator (in the researcher's residence in a locked cabinet, and/or locked in office at work). All records will be destroyed 1 year after the completion of the thesis. The transcriber, who accessed two audiotapes for the purpose of verbatim transcription, was required to sign a confidentiality agreement prior to doing so.

**Restatement of the Problem Situation**

Research suggests that women's participation in the workforce has changed over the years. Increasingly women are continuing to pursue professional careers while raising a family. Theories on balancing multiple roles suggest that involvement in a number of roles can lead to either role strain or role enhancement. While there is considerable literature surrounding multiple roles theory, it is limited to women who hold usually no more than two roles, typically in the workforce and in the home. However, continuing education becomes an important part of many women's lives, particularly when they are maintaining continued involvement in their careers. This research seeks to understand the experiences of women who have added the role of student to their existing roles of mother and professional.

Wellness and balance between work and life has become a popular subject in the media; however, it remains largely unexplored amongst academic literature and research.
Work/life balance is often viewed as the ability to balance work amongst the other areas of life. Imbalance can lead to increased stress levels, low job satisfaction, and decreased feelings of overall wellness. Perceptions of personal wellness and balance may provide valid insight into an individual's level of role management and satisfaction, as both are very holistic terms, individual, and subjectively defined.

This research has aimed to understand women's perceptions of personal wellness and balance while they are negotiating the simultaneous commitments of a full-time career, a family and continuing education as well as their experiences in these roles.
CHAPTER FOUR: FINDINGS

Chapter Four presents the findings of this qualitative research study. The purpose of this research was to explore the perceptions of personal wellness and balance amongst female health care professionals who were negotiating the simultaneous commitments of career, family, and continuing education. Data for this research have been analyzed using two distinct methods: a methodological interpretation as suggested by Colaizzi (1978 as cited in Streubert Speziale & Carpenter, 2003) to uncover meaning and the major emerging themes, and The Listening Guide: a voice-centered relational method developed by Gilligan et al., (2003) as a means of hearing each participant’s unique voice and honouring their individual experience. Because the data analysis took on a two-part process, so does the presentation of findings. The Listening Guide method (Gilligan et al., 2003) reveals a very personal and detailed picture of each participant and honours her individual experience. For this reason, part one of Chapter Four is dedicated to sharing the voices of the participants as they developed through The Listening Guide method. The second part of Chapter Four presents the major themes that emerged from the data. Although the thematic interpretation method preceded during the analysis stage of this research, The Listening Guide method is presented first, as it provides an introduction to each participant and sets the foreground for discussion of the major themes.

Part One: Participant Voices

Each participant transcript moved through the series of sequential listenings of The Listening Guide method. As discussed in Chapter Three, this method involves four steps: Listening for Plot, I Poems, Listening for Contrapuntal Voices, Composing an Analysis (a synthesis/summary of what was learned). This first part of Chapter Four
presents a snapshot of each participant and is composed of data taken from the stages of The Listening Guide. As outlined in Chapter Three, real names have been changed, work areas, family, and continuing education details have been kept vague in the portrayal of each participant for confidentiality and anonymity purposes. Although the transcripts moved through all stages of The Listening Guide, for the purpose this chapter Step 4 (synthesis and summary) has been merged with step 1 (listening for plot) to prevent the repetition of material.

Susan

Susan was the participant for my first interview. At this first meeting both Susan and I seemed to be a bit nervous. As our interview progressed, I began to feel more at ease, and Susan seemed to share more openly. In reviewing the transcripts from this first interview, I became aware of my need to provide affirmation and clarification to Susan’s responses. I was disappointed to realize that I had talked so much during this interview and feared I may have inhibited Susan’s responses. I believe that my tendency to “talk” was an attempt to make the interview feel more like a conversation and less like the question-and-answer period that it seemed to be. This first interview provided some valuable insight and feedback for the ones that followed.

Listening for Plot and Summary

Susan describes wellness as “being healthy, feeling well actually…and complete wellness involves exercise as well”. Her description identifies that Susan’s wellness is self-assessed and is primarily based on how she is physically feeling; she later adds “physically but mentally as well”. Her concise definition leads me to believe that the assessment of Susan’s wellness is not a complicated formula but is determined by her
own evaluation of her state of being and on how she feels. Susan’s reference to “being healthy” and “exercise” suggests that she feels her actions have a direct influence over her wellness and that as the initiator of those actions she ascertains a level of control over her individual wellness. Susan speaks about her wellness as a state that is comprised of multiple components: mental, physical, and emotional, although it is evident throughout our conversation how important physical activity and fitness are to her. Susan states that she would prefer to be more physically well and that she is not engaged in as much physical fitness as she would like. She views physical activity as a means to reduce stress and tension and attributes her lack of involvement to her present state of feeling tired: she states “yesterday I was completely tense, and then I went to Pilates and started to feel much better it just sort of relaxed me….Now for summer, it would be golfing, that is like my stress relief.” It seems that physical activity acts as an influential factor for not only Susan’s physical wellness but for her mental and emotional well-being as well.

Susan’s definition of balance suggests that she views work as a distinct entity that is separate from the rest of her life:

I guess if you meant life balance or work/life balance, you need to be balanced between the two, you don’t want to be doing all work, well, you’d like to be doing all life, but you want to be comfortable, so you have to get a balance between the two so you’re not taking work home and that kind of thing.

Her definition implies that although the desire for more “life” or “time away from work” exists, her work role plays an important component in her achievement of balance. Susan feels that she is able to leave her work at work and does not have to work extra hours, and therefore describes her current state of balance as “fairly good.” Generally, Susan feels
that she can “compartmentalize” home and work and can distinctly separate her professional from her parent role. She admits, however, that present stress she feels in her parent role is infiltrating into her professional role, where she finds herself thinking about home while she is at work. When asked about her present state of wellness, Susan states, “I feel tired.” During our interview she uses the words “heavier,” “weighs,” and “force” to describe some of her experiences. Susan’s descriptive words lead me to visualize the image of a heavy anvil or stone that is weighted down on her shoulders, stifling her energy and restricting her ability to move.

During our interview, I can sense this heaviness, and it becomes evident that Susan is experiencing more stress than usual at this time. Despite this force, Susan continues to press forward, but not without feeling the strain of this weight. She is anticipating some time away and hopes that her upcoming holiday will help lift some of the stress and tiredness that she feels. Susan’s present state of wellness is a result of the simultaneous pressures found in her multiple roles. She refers to stressors at work, concern for her child’s day care situation, and a challenging workload at school. Despite these pressures, that seem to be exacerbated for Susan at this particular time, I am struck by the enthusiasm she displays when she speaks about her involvement in continuing education:

I do get stressed when I am coming to a deadline, but the relief of making the deadline, I think it’s worth it, so that makes me feel better to be a student. I am being challenged, and that makes me feel good too. I like to be challenged. Although she is experiencing stress in all of her roles at this time, Susan’s school seems to present her with a challenge that she can meet and feel successful in doing so. She
even goes so far as to identify the role of student as her favourite at this time she explains:

The reason I say being a student is because, it’s funny, I have my work-person and my parent-person and my student-person, and you can slip in there occasionally. But when I am a student, then that’s me being a student, and it is not me being a parent, not having to think about two, and some of the pressures that go along with that. Being a student is me; still pressures, but it is all about me.

This last statement gives such a meaningful declaration of how truly important the role of student is in Susan’s life. The identification of herself as different “persons” leads me to wonder if the “real” Susan sometimes feels overcome and perhaps missing from her professional and parent roles. Her student role provides the opportunity for Susan to focus on herself and her chosen challenge. The time she devotes to continuing education, although stressful at times, is directed by her own personal needs and interests rather than those of her career or her child. Thus said, Susan does not give the impression that she is unhappy in her parental role, nor that she wants to leave her job. On the contrary, she speaks about having “a special bond” with her son and states that the stress at work is not something she “necessarily goes through all the time.” It seems, however, that Susan’s role as a student is reaching important needs where her other roles are not: the opportunity for self-focus and the pursuit of a personal challenge. Susan also views her involvement in continuing education to be vital to her professional growth and overall happiness; she explains: “Professionally I just want to keep moving forward. I don’t want to just… I am not happy to just sit back, well, it’s not that I’m just not happy, I just
can’t do it, I can’t.” I admire that Susan speaks so deeply for her student role, despite the stress that she is presently experiencing. She speaks about her involvement in continuing education as something that is nonnegotiable, despite the other demands in her life. It seems that Susan’s student role acts as a most fundamental contributor in her pursuit of positive wellness.

I Poem

I am doing.
I believe.
I have just got through.
I’ve always been doing.
I’m used to thinking.
I haven’t gotten.
I almost wanted to delay.
I kind of figured.
I wouldn’t know anymore.
if I did delay.
I did get that completed.
I’m pleased I did.
I am.
I find.

I feel tired.
I think.
I have a holiday in 2 weeks.
Hopefully, I’ll be feeling less tired.
I’m not sure.
If I have time.
I always run.
I do Pilates.
If I can.
I guess.

I kind of think.
I want it too.
I just want to keep moving forward.
I don’t want to just.
I am not happy to just sit back.
I’m just not happy.
I just can’t do it.
I can’t.
Contrapuntal Voices

In moving through the steps of The Listening Guide I was able to hear two voices in Susan’s transcripts: the Voice for Self and the Defeated Voice. I view each of these voices to be in contrast with the other and almost battling in opposition.

**Voice for Self.** The Voice for Self represents the attempts Susan makes to engage in activities that are meaningful and important to her. This voice signifies the activities that make her feel well, that she enjoys doing, and which help reduce her stress. This voice also embodies the knowledge Susan has about herself and about her individual needs. This is the voice where Susan exerts herself and is directed by her own needs and interests. Examples of this voice in the text include: “Yesterday I was completely tense, and then I went to Pilates and started to feel much better. It just sort of relaxed me.” “I always run on a Sunday morning.” “Now for the summer, it would be golfing. That is like my stress relief.” “I don’t like to sit still, I guess, and in my profession and also in my studying.” “I just want to keep moving forward.” “Wanting to learn different things.” “I like to be challenged.” “Being a student is me, still pressures, but it is all about me.”

**Defeated Voice.** The Defeated Voice characterizes the effects that Susan’s multiple roles have on her wellness. This voice in a way symbolizes how her roles overcome or “defeat” Susan, leaving her to experience stress and feel tired and unable to be at her ideal. The Defeated Voice also represents the meaningful activities or involvements that Susan sacrifices. This voice and the Voice for Self seem to be working against each other. Examples of this voice in the text include: “Hopefully, I’ll be feeling less tired.” “Recently it has been very busy….That kind of weighs on me a bit.” “I’d prefer to be more physically well.” “It does take a back burner.” “That adds to the
stress.” “It was very stressful.” “So that is starting to get depressing... I feel guilty when I am dropping him off.” “I’m very tense, the muscles get tense.” “I think it really does affect me emotionally”.

Jill

Jill’s energy and passion for her studies are evident from the very start of our interview. Listening to her, I relate strongly to the enthusiasm she holds for her school participation; the expression of her energy ignites excitement for my own involvement. Similar to the first interview with Susan, I struggle with my own desire to share and talk with Jill. Upon reflection, I believe this urge to “converse” rather than “interview” comes from the realization that passion and excitement for continuing education are commonly shared and a prominent voice that is heard amongst all of the participants; it is also something I share with them.

Listening for Plot and Summary

Jill describes wellness as “being centered, being balanced... holistic health, so in terms of wellness it is not just about physical health, but also mental health, spiritual, and feeling centered and grounded and being in control.” I find her comment of “being centered, grounded and in control” provides an insightful description of what it is like to “feel well.” For Jill, balance goes “hand in hand” with wellness; one cannot be separated from the other. She equates a greater sense of wellness with a balanced lifestyle; balance and wellness “work in tandem, where one contributes to the other, you can’t really have one without the other.” Jill credits her professional role for increasing her awareness on the importance of implementing strategies for wellness and balance into her life. However, as Jill also points out, the difficulty lies not in having this awareness and
knowledge but in being able to implement the necessary actions: "I should...but it does not always happen. It does not fall into place; I have to make a concerted effort to do the things that I need to do." Despite the challenge of putting the necessary steps into place, Jill maintains that she feels quite well and relatively balanced (she gives herself a grade of "B" in these areas). Unlike many of the other participants in this study, Jill does not report being greatly affected by stress. She views the balancing act of work, school, and raising a child as a challenge but not as a "major stressor." In addition, Jill does not identify her work role to be a stress in her life—a significant difference from the other participant transcripts. Jill seems to enjoy her work and views her professional role as an important part of her life balance. She explains:

If I didn't have to work, I would go to school, but I think at the same time, if I were not going to school, I would not want to be a full time parent and not working... if I did not work I would not be able to have the privilege of going to school or taking care of my child the way I do.

She perceives her role of a professional as something that complements her other roles and as a role that she is not willing to give up. The importance of having a professional role is a theme that has been found in other transcripts, even amongst participants who are unhappy in their present work role. In Jill's case, it seems that the role of professional significantly contributes to her sense of self-identity and enhances her ability to fulfill her other commitments of parent and student.

A feeling of mastery and control is a significant theme throughout Jill's transcript, found in her descriptions of all three of her roles. The ability to feel in control of a situation and master a task leads Jill to feel success and is ultimately a key determinant
for her positive wellness and balance. Where the pressures of parenthood, a full-time career, and the pursuit of continuing education might overwhelm some, Jill experiences a greater sense of control because she is able to successfully manage all of these roles:

In effect, knowing that I am able to take care of my son while going to school and working full time in a way boosts my self-esteem and makes me feel more competent as a human being and more in control.

Individually, each of Jill’s roles brings her satisfaction and personal reward. However, it is her ability to effectively negotiate all three of her roles simultaneously that seems to bring Jill a greater sense of accomplishment and a feeling that she is in control.

Jill displays a great amount of energy for all of her roles but especially for her student role. She perceives her involvement in continuing education as a place where she can meet a challenge, achieve, and feel a sense of control; she explains:

I find it is so stimulating, so energizing. It is rewarding and fulfilling at the same time, just knowing that I am able to do it. It can be difficult at times, but knowing that I can do the assignments and do well and get it done, it makes me feel that I am in control.

In her student role, Jill experiences a sense of accomplishment that seems to reinforce a positive perception of self and reconfirms her ability to succeed. A prominent theme of lifelong learner transpires when Jill speaks of her continuing education involvement:

I can see myself constantly looking for something...I love learning...[an education session where] the topic was on sensation-seeking behaviour and addictions...I think certain personalities seek out that kind of thing. They need the thrill and the adrenaline rush. I get mine from learning. I love to learn.
Her decision to pursue continuing education was prompted by a feeling that she was “in a rut” and in need of a new challenge. Jill describes herself as someone who will always be looking for a new challenge and as someone who loves to learn.

I Poem

I am.  
I am focusing.  
I do.  
I choose what I want.  
I took a course.  
I was going.  
I think.  
I think.  
I think.  
I think.  
I am not alone.  
I think.  
I find.  
When I do exercise.  
When I work out.  
I feel in control, I feel on top of the world.  
I feel I can do whatever I set out to do.

I am thinking.  
I think.  
I have done well.  
I find it very intellectually.  
I find it is stimulating.  
I find it is a real privilege.  
I can learn.  
I got.  
I was accepted.  
I was able to study.  
I am in that space.  
I can compete and achieve.  
I knew I was.  
I knew I could do it.

Contrapuntal Voices

In moving through Jill’s transcripts, two voices were heard: the Voice of Control and the Engaged Voice.
Voice of Control. This voice represents Jill’s statements and reflections around her feelings of being in control. This voice is found in all three of Jill’s roles and is a significant theme found throughout her transcripts. This voice stresses the important role that control plays in enabling Jill’s feelings of positive wellness and balance. The voice of control is strongly connected to Jill’s ability to direct and succeed in her roles. Examples of this voice in the text include: “When I work out I feel in control, I feel on top of the world, and I feel I can do whatever I set out to do”. “Setting those goals, and knowing, okay, I am losing the weight, or I am getting the exercise, or keeping my house clean! Those are all things that make me feel that I am in control.” “If I feel on top of that, if I feel that if I am on top of those things, then I feel in control, and I feel pretty balanced.” “Knowing that I can do the assignments and do well and get it done, it makes me feel that I am in control.”

Engaged Voice. The engaged voice demonstrates the passion and enthusiasm Jill has for all of her roles, but particularly her involvement in continuing education. This voice is found in the excerpts of transcripts but was also evident in her tone of voice and body language during our personal interview. The engaged voice brings to light Jill’s need for intellectual challenge and her desire for learning and the academic environment. This voice reveals how connected and alive Jill feels through her involvement in her roles, especially school. Examples of this voice in the text include: “personal satisfaction that knowing that you are doing a job well, that you are able to master it and you are able to do what is expected, or even go beyond what you are doing.” “I find it very intellectually stimulating…and I find it is a real privilege to be in that space where I can learn and be among other people who are learning at that level.” “I can compete and
achieve and do really, really well." "I wanted a new challenge." "I love learning." "I love to learn."

Lisa

It took Lisa and I three canceled interview sessions before we were actually able to connect. I later learned that this was an indication of how busy and unpredictable her workday can be. When Lisa and I were finally able to meet face to face, my first impression of her is that she was indeed very busy but is a very personable and positive woman. She is smiling, articulate, and open to sharing her experiences. I guess I am a little surprised by her energy and enthusiasm given her obviously hectic workday schedule.

Listening for Plot and Summary

Lisa describes wellness as being “happy and fulfilled, not only physically but spiritually as well” and as having “an overall feeling of fulfillment.” She also views wellness as having multiple dimensions and as “bio/psycho/social/spiritual wellness”. Lisa acknowledges that health is also a part of her wellness. Her description leads me to believe that wellness for Lisa is based on her own self-assessment and is primarily determined by how she is feeling. Lisa describes balance as being able to “juggle and meet not only everyone else’s needs that are a priority in your life, as well as those that are a priority to you.” The theme of “meeting other’s needs” is prominent throughout Lisa’s interview transcripts. It very much characterizes both her family and professional lives and is reflected in her perception of her balance. I find it interesting that Lisa’s definition of balance lies in her ability to meet the needs of others even before meeting her own. Equally interesting in her definition is the acceptance and leniency she gives
herself for “not always [being] able to do it well and not always [being] able to meet deadlines.” Lisa’s use of the terms “juggle” and “juggling act” leads me to imagine a woman trying to juggle many “balls” in the air at one time: her family, a busy work environment, and continuing education. It seems, however, that Lisa’s own “ball” is missing or has fallen out of the act. She talks about not making her own diet or exercise a priority and makes reference to her weight, leading me to believe that she is not satisfied with these areas of her wellness. She also explains that her “social life gets passed down to the bottom of the totem pole” and that her leisure life “is not very abundant [laughter], zilch”.

Throughout Lisa’s transcripts I have noted some contradictions in her feelings: She feels that she balances well but is unbalanced; she feels fulfilled but overwhelmed; certain areas of her life (primarily work) cause her feel unwell, yet at the same time she feels challenged and is “happy with so much on my plate...needing extra little challenges in my life to keep me stimulated.” Lisa’s contradictions are consistent with the notion that balance is in fact a moving target (Dow-Clarke, 2002) that fluctuates and shifts with time. It also supports the theory that wellness is comprised of multiple factors that reach across many dimensions of a person’s life; it too is variable and ever changing (Crose et al., 1992; Myers et al., 2000).

Further into the interview, it becomes evident that Lisa’s parent and student roles lead her to feel a greater sense of wellness and balance, whereas her professional role leads her to feel less well and less balanced. I speculate that perhaps it is in Lisa’s professional role where her own needs are the most significantly under met and where
she has the least amount of control over the giving of herself and over meeting others' needs. Lisa speaks of her work life:

There's that piece of satisfaction because I'm feeling challenged and, but then you get the word that comes in every once in a while, that evil word, and that's a sense of overwhelming....It's funny, I don't feel overwhelmed as a mother, I never have felt overwhelmed as a mother....But I feel overwhelmed as a professional many times, and wondering if you're a sinking ship, and then again you sit back and reprioritize, and you feel unbalanced, it doesn't give me a full sense of wellness, no. I think because of the demands, not the physical, the emotional demands, and the struggles I have, more an emotional level trying to always do the right thing, you can't always make everyone happy even though you try.

The theme of meeting others' needs is most apparent in Lisa's parent and professional roles. However, despite this common denominator between the two roles, Lisa's parent role (and also her student role) increases her sense of wellness and balance, whereas her professional role decreases it. This leads me to believe that Lisa's personal needs are in fact being satisfied through her parent and student roles but not through her professional role. Although I am not a mother, I imagine that the needs of your family and children may actually become needs of your own and that, through meeting the needs of those that you love, you in turn fulfill your own needs as well. Lisa speaks fondly of the rewards of parenting and of the cherished time she spends with her family.

Lisa talks about her school with equal fondness: "I feel balanced as a student, wishing I could contribute more...I'm growing intellectually...I'm learning something
new. So, yeah, it’s a feeling of wellness.” Perhaps for Lisa, school acts as an opportunity where she is focused on meeting her own needs and not on the needs of others.

Many interesting metaphors and images arose during Lisa’s interview, such as: “bottom of the totem pole,” “juggle and juggling act,” “being tugged here and there,” and “sinking ship.” For me, these symbolize some of her Lisa’s feelings associated with managing the multiple roles of motherhood, fulltime professional and student. Meeting Lisa however, she displays much energy, enthusiasm and positivism for all that she does; in person, she does not portray a ‘sinking ship’. For me, this reinforces the fluidity of wellness and balance states and further demonstrates how contradictions of feeling can coexist.

I Poem

I probably have not.  
I tend to.  
I go right through until it’s 5:00.  
I look.  
I make sure.  
I never think of myself.  
So I have an unbalanced state of wellness.

I don’t think.  
I feel unbalanced.  
I should say.  
I feel.  
I’m being tugged.  
I say, my balance falls apart.  
I’m a very positive person.  
I start to recognize.

Contrapuntal Voices

In the review of Lisa’s transcript, two voices were found: the Voice for Others and the Self-Aware Voice.
Voice for Others. This is a voice that is doing for others. It is concerned with well-being of others or is dictated by and directed into action by the needs of others. This voice also acknowledges where her personal needs are not being met, which at times is due to meeting those of others. Examples of this voice in the text include: “between home life and professional life and so the social life gets passed down.” “I probably have not focused or prioritized myself.” “I make sure that he has a well balanced meal and snack, but I never think of myself.” “I feel like I’m being tugged here and there, and everywhere.” “Trying to always do the right thing, you can’t always make everyone happy even though you try.”

Self-Aware Voice. This voice demonstrates awareness and expression of Lisa’s personal needs. Although she may not be meeting all of her needs, Lisa is still aware of those needs. This voice is about subjective knowing in that it speaks to her personal feelings and also to the way she interprets her experiences. The self-aware voice is also very perceptive towards the characteristics of her career and workplace. This voice is in tune with those experiences that enable her feelings of wellness and balance and with those that do not. This voice also acknowledges what she is gaining from her roles and what she is missing. Examples of this voice in the text include: “Not always being able to do it well.” “I have an unbalanced state of wellness right now.” “My level of alertness, so feeling tired, exhausted, draggy. You start to get a bit irritable. You don’t tolerate things, you get frustrated more easily. You feel a bit more weepy or tearful.” “I feel like there’s stress, there’s a certain level of stress in our everyday lives.” “I have an increased level of knowledge.”
Elise describes wellness as “health, good health, obviously...a sense of well-being in your mind, like a psychological sense of well-being, happiness, and balance.” Elise’s individual wellness is seemingly based on a self-assessment of how she feels, in particular an evaluation of her state of mind and if she feels happy and balanced. Elise describes balance as “being able to enjoy and participate in all areas of life, having fun; you know there’s time for being serious and there’s a time for having fun and being with your family.” She also believes that balance is necessary for happiness. It seems that Elise’s definitions of balance and wellness are built upon a holistic perspective and a quality of life where priority lies in the ability to be happy and engage in all aspects of her life.

Listening for Plot and Summary

While speaking with Elise, I immediately notice her pleasant demeanor. She comes across as having passion and enthusiasm; she is open, laughs often, and almost seems to have a sparkle in her eye. Given her good-natured character, I am even more awestruck by the feelings of anguish and stress she expresses of her work role. When asked to describe her present state of wellness, Elise states simply, “I’m stressed.” When asked about her current state of balance, Elise replies: “I don’t think I have felt balance for a long time. I don’t even know if I know what that feels like! [laughter]. Except that I’ve gotten so use to what I’m doing. But I am afraid of burning out.” There is disparity between Elise’s definition of wellness and balance and her actual state. This gap between ideal and actual may support the theory that wellness is not a static endpoint but rather a dynamic, optimum state which we strive towards (Crose et al., 1992, Myers et al., 2000).
Elise identifies her work role as her most significant source of stress, and as the biggest hindrance to positive wellness:

I feel like, sometimes I feel like a real idiot for just even staying....But I just can't seem to make it change....I'm just not getting anywhere with it...then the other thing is, not doing my job the way I should be doing it...I’m always rushing, I’m always, you know, and I hate that...I can’t say I hate my job, but I’m really very frustrated....And I haven’t been able to change what is frustrating.

Feelings of guilt, mostly surrounding her parent role, is a significant theme found in Elise’s interview transcripts. This sense of guilt seems to stem from the amount of time and energy Elise must dedicate to her work and school commitments: time which in turn she cannot give to her family. She states:

I always feel guilty....You know, I’m always saying, “I’m such a rotten mother!” And the kids are “No your not!” You just always feel a little bit guilty because you’re not...like I’m not...I feel bad that I’m not there after school for Karen.... But you’re always feeling guilty that you can’t give them your undivided attention... I always feel that I should do more, be able to do more.

Despite her feelings of guilt, Elise’s family seems to be supportive of her and of her commitments. Her children share ongoing jokes and humour as a means of easing some things that Elise expresses guilt for, particularly the late dinners and the time she spends doing school work. It seems as though her sense of guilt is something she has sentenced on herself that has perhaps developed out of self-imposed expectations rather than any placed on her by her family.
What becomes most surprising to me about Elise’s story is the role that continuing education plays in her life. Despite the stressful demands placed on her by her work role, she expresses dedication and enthusiasm for her school involvement:

[It] gives me a sense of accomplishment. You know I wasn’t sure what it was going to be like. I wasn’t sure I was going to be able to manage it, and so far I’ve managed…well knock on wood! I also didn’t know what kind of marks I’d get, you know. I just had no idea what it would be like. So yeah, the results have made me feel good.

Elise estimates that she devotes around 40 hours a week to school work on top of her long workdays. Not only is Elise missing time to spend with her family, but she also sacrifices sleep in order to find time for homework. She states: “I don’t start homework until like 10 o’clock at night, and I’m up until 2:00, every night. But that’s my choice. I want to do [school], and I’m enjoying it, but it is tiring, gets tiring.” It seems like the matter of choice is a key component that makes school a positive pursuit and worth the sacrifices that accompany it. The characteristics of her work role, such as the inability to make changes, long hours, stress, and not performing her role as she would like, have perhaps led Elise to feel a lack of direction and control over her work. I wonder if she is able to regain some of the missing qualities of her work through her pursuit of continuing education. Her involvement in continuing education provides Elise with a sense of accomplishment and contributes to a positive self-esteem. She speaks with much enthusiasm and positivism for the curriculum she is learning, the delivery format, and of her fellow classmates; it is clear to see how valuable this involvement is to her:
The natural text is not visible in the image provided.
I wasn’t sure I was going to be able to manage it, and so far I’ve managed...well knock on wood! I also didn’t know what kind of marks I’d get, you know. I just had no idea what it would be like. So yeah, the results have made me feel good [pause]. I guess it’s something for me too, you know? It’s good if I’m doing something for myself.

Her identification of school as “something for myself” is a recurring theme that I have come across before in another participant’s transcripts. It leads me to wonder if in her roles of mother and professional Elise feels largely directed by the needs of others. The pursuit of continuing education seems to provide an opportunity where Elise can focus solely on her individual needs and is directed by her own goals.

I Poem

I don’t know.
I feel like.
I feel like a real idiot.
I just can’t seem to make it change.
I keep talking.
I’m just not getting anywhere.
When I first started.
I didn’t know.
I always feel guilty.
I’m always saying.
I’m such a rotten mother!
I’m not.
I feel bad.
I’ll listen.
I’ll go.
I don’t know.
I don’t know!
I just feel guilty.
I always feel that I should do more.
I’m happy with the time I spend with them.
I think.
I’m pretty good at juggling.
I do get to stressful points.
I feel.
I'll cry or whatever.
Or I'm angry.
I think.
I'm pretty good at juggling.
I'm a good-natured person.
I don't have.
I don't let things.
I mean to really get to me.
I guess.
I'm a pretty strong individual.
I can take a lot.

Contrapuntal Voices

In the review of Elise's transcripts, three voices were heard: the Voice of Guilt, the Voice of Defeat, and also the Voice of Resilience.

Voice of Guilt. This voice represents Elise's expressions of guilt surrounding her parent role, where she feels pulled away, particularly by her professional commitments. This voice represents Elise's continuous challenge to try and fulfill her roles according to her expectations. The voice of guilt is also found in times where Elise fulfills her own basic needs: "I actually feel guilty if I sit down and eat lunch." This voice highlights the great extent to which Elise gives herself to her professional role and the sacrifices this role requires. Examples of this voice in the text include: "She phoned me at work, she said 'mommy please come home', and my heart just sank." "And I just feel awful." "I'm always saying, 'I'm such a rotten mother!'" "Always feel a little bit guilty because you're not...like I'm not...I feel bad that I'm not there after school." "Always feeling guilty that you can't give them your undivided attention." "I feel guilty because I should have gone home earlier tonight."

Voice of Defeat. This voice represents the instances where Elise's multiple roles seem to wear on her. It includes her expressions of stress and frustration and the times
when she doubts her ability to continue along this path. The voice symbolizes how Elise's roles overcome and seem to almost “defeat” her. This voice, in a way, also seems to be a call for help. It is also interesting to note that the voice of defeat is found only in relation to Elise professional role. Examples of this voice in the text include: “I’m stressed.” “I don’t have enough help here.” “But I just can’t seem to make it change.” “I’m just not getting anywhere with it.” “I just can’t, I can’t do everything, right?” “I don’t think I have felt balance for a long time.” “I am afraid of burning out.” “I just break down.” “I’m really very frustrated.”

*Voice of Resilience.* The Voice of Resilience demonstrates Elise’s determination not to be defeated, a characteristic that came across clearly in my interview with her. The demands of her multiple roles are challenging and wearing, particularly the frustration of her professional role, but Elise has the determination to match them. This voice represents her ability to continue on when she states, “I don’t know if I am going to last,” and is often indicated by her expressions of what motivates and drives her to continue. Examples of this voice include: “But that’s my choice. I want to do the [school], and I’m enjoying it, but it’s tiring, gets’ tiring.” “I would rather do my [school] than work. [laughter]. If I could choose, because I’m enjoying doing it, and I want to do it.” “I’m pretty good that way. I don’t keep anything inside me, I just let it out.” “I can do it, I can do it.” “I’ve been getting really good marks.” “I do have a sense of accomplishment.” “I was just determined to get it.” “I just make myself do it.” “It just sort of reinforced my desire to want to do it.”
Anna

When I first met Anna, she did not seem well. She shared her concern for her family’s health, her feelings of stress in the workplace, and the pressures of school, all of which were taking a physical toll on Anna, resulting in illness. Anna admits at this time that she has contemplated quitting school. From this brief meeting with Anna, it is evident how exhausted, stressed, and physically ill she is feeling; and yet, she is interested in being part of this research. In response to my recruitment letter, Anna wrote, “research is my passion.” I wonder how Anna, clearly rundown, can manage any more on her plate? Anna tells me she is participating in this research because she hopes it will make a difference and make her own situation better.

Listening for Plot and Summary

After my initial meeting with Anna, 5 weeks go by where I receive no response to the corresponding efforts I make to contact her. At this time, I assume she indeed has too much on her plate, and has chosen not to participate in this research after all. I later learn that this time lapse was in fact a very stressful time for Anna, consumed by continued concern for her own health and that of her family. When Anna and I do meet for a second time to conduct our interview, she appears to be feeling much better.

For Anna, wellness lies in her ability to participate in her activities of daily living and enjoy the life she desires:

Well, for me, wellness means that I can do my activities of daily living and care for the patients. Um, I’m enjoying the quality of life, or lifestyle that I want...enjoy my life, and do my activities of daily living...you know I can function in my cognitive state, actually able to meet the expectations of the day,
and most of all I maintain my relationship with the Lord. That’s my perspective of wellness. I maintain my relationship with God, I can meet the expectations of the day, and I am able to do my responsibilities at home, at work, my studies, and for myself, so I still have time to help other people.

Anna perceives her balance to be part of wellness and as her ability to manage her time and activities: “of course number one is the time management....Yes. And I could have balance with everything...if it’s too much work, too much study...if you’re not really in balance, you’re not able to manage your time.” She also believes that balance means not doing too much of one activity (studying for example), but where she is able to negotiate and dedicate time to each area of her life. Anna feels her previous state of illness was an indicator that she did not have balance in her life, resulting in her body’s response to the stress: “My body gave up, I got sick...and with all of the stress that I have, it’s really overwhelming taking this course in the first semester, and having a full-time job, plus all the stress I have in the family.”

Although Anna is no longer ill, she still feels she has too much on her plate and often wonders how she manages it all. However, at the same time she also reports that she feels well, because she is happy and loves what she is doing; she explains:

The most important thing for me, on my balance and on my wellness state, is I love and I enjoy what I am doing...money is secondary; if you work for money you are a slave. But if you are working because you love what you’re doing, it makes you, you know, happy and lighter....If there are other pressures, there are problems or conflicts, but you love what you are doing.
Despite the struggles she experiences in her workplace, or the added stress of studying, Anna indeed loves what she is doing. She explains that her passions in life are her profession, to study, her faith, and her family. It seems that Anna's positive sense of wellness and balance lies in the simple fact that she is pursuing what she loves to do.

When negotiating her life, Anna will at times encounter stressful periods (as was the case when we first met), but it seems that as long as she is pursuing her passions, she is able to find her way back to a well and balanced state.

Anna states that "studying is my therapy." And although she feels she has added stress to her life, she feels school gives her a greater sense of balance:

And because of the time... with regards to the medical crisis in my family, I don't want to focus my attention on work or on my family, so for me...it's relaxing for me to sit and listen in the classroom, my mind is working. So that helps me to maintain my balance. Because the workplace is very stressful place....But when I'm in school, I'm exactly at their level, we are talking a lot of things....And it is very interesting for me. So it's work...I added more stress, it's what they said!

But for me it helps me. And I love doing this!

For Anna, school acts as a diversion to the other stressors in her life and as an avenue where she can focus on herself. Her experience with continuing education demonstrates the fine line that can exist when maintaining positive wellness and balance. School is clearly an involvement that Anna enjoys pursuing and one that contributes to her greater sense of wellness and balance. However, it also requires an ongoing and purposeful negotiation so that the added stress does not tip the scale in the other direction. Anna's
recent period of illness and stress emphasized the importance of this negotiation and has taught her strategies for doing so.

Anna loves her profession and greatly enjoys her job; however she feels there is a lack of support for her involvement in school. The lack of support has resulted in added stress for Anna, whereby she has at times contemplated quitting school or changing work areas. Anna feels that there is a corporate encouragement for staff to continue education that is not always respected where “you cannot expect in reality the support of your colleagues and your manager.”

Anna speaks fondly of her third role, that of grandparent. Anna assumes this role in a way which reminds her of her parent role; she is clearly energized by this role:

You know my leisure is playing with my granddaughter, she’s my pet...and when I’m with her my life is complete. I love every minute I have with my granddaughter.... Because it's not only nice time for me, I am also important from a mothering like...you know teaching of her age, growing up age, you know what’s expected and, so I could like to be in every page of her growth and development. It’s wonderful to have a grandmother.

Having her children and grandchild in her life and home seems to bring Anna a great amount of joy; it has allowed her to play a large role in their lives. During our interview, Anna speaks positively about her role as a parent/grandparent, and it becomes evident that this role is one that enhances her feelings of wellness and balance.

I Poem

I could have balance.
I’m trying.
I’m not behind.
I could balance.
I got sick.
The stress that I have.
All the stress I have.
I got two bouts of flu.
I was unable to work.

I mean I love what I'm doing.
I can balance it.
I love and I enjoy what I am doing.
I emphasize.
I’m happy, yes.
I have in my life.
I love my family too.

I observe.
I feel that somebody’s unfair to me.
I am being misunderstood.
I am.
I spoke to her.
I asked her.
I said.
I am applying.
I don’t want her.
I cannot.
I speak to her.
I don’t.
I was not the only one.

Contrapuntal Voices

In the review of Anna's transcripts, two voices were heard: the Defeated Voice and the Determined Voice.

Defeated Voice. This voice was evident from the very first time I met Anna. At this time Anna seemed extremely rundown and had been ill. This voice represents the stress Anna was experiencing, resulting from the strain of work, school pressures, and concern for the health of her family. This voice also denotes the moments when Anna feels “defeated” or overcome by her challenges, so much so that she considers quitting school or changing her work area. Examples of this voice in the text include: “my body
gave up, I got sick.” “All of the stress that I have, and it’s really overwhelming taking this course in the first semester, and having a full-time job, plus all the stress I have in the family.” “I was unable to work.” “The workplace is a very stressful place.” “She removed all of my responsibilities.” “She is unfair to me.” “I have to protect myself.”

Determined Voice. Evident in Anna’s transcripts is a voice of determination that not only matches but prevails over her feelings of defeat. The Determined Voice reflects Anna’s statements displaying her self-confidence and comfort in her own skin, both of which drive her ability to move forward and stay positive. Statements where Anna shares her determination to overcome any challenges and stress that face her mark this voice. Examples of this voice in the text include: “I am able to do my responsibilities at home, at work, my studies, and for myself, so I still have time to help other people.” “I can’t believe that I can do this... They were surprised how I manage everything.” “Studying is my therapy.” “It’s relaxing for me to sit and listen in the classroom, my mind is working. So that helps me to maintain my balance.” “I added more stress...it’s what they said! But for me it helps me. And I love doing this!” “I love and I enjoy what I am doing.” “It makes you, you know, happy and lighter...If there are other pressures, there are problems or conflicts, but you love what you are doing.”

Part Two: Themes

Part two of this chapter presents the major themes which emerged from the data. They were revealed through the use of the steps of thematic analysis as suggested by Colaizzi (1978 as outlined in Streubert Speziale & Carpenter, 2003). The Listening Guide method (Gilligan et al., 2003) as outlined in part one of this chapter, also facilitated the discovery of themes. The following is a presentation of the major themes
supported by the participants' own words. The themes are displayed under the five headings: Wellness, Balance, Parent Role, Professional Role, and Student Role.

Wellness

Wellness Is Multidimensional

All of the participants described wellness as something that extends across multiple dimensions. Typical responses to “What does wellness mean to you?” incorporated at least two or three areas. Physical health was an area commonly mentioned. For Susan and Jill, the pursuit of physical fitness contributes to a greater sense of wellness, acting as a means to release stress and feel in control. Three of the participants also made reference to their desire and/or efforts to lose weight. Mental and psychological health, including cognitive functioning, were also found to be important components in the participants’ definitions. Spiritual health was mentioned by two participants as a component of wellness and was particularly important for Anna: “Most of all I maintain my relationship with the Lord….that’s my perspective of wellness.” Participants’ definitions of personal wellness varied one from another, but they all included a multiplicity of dimensions over which their wellness extends.

Wellness Is Subjective and Intuitive

In addition to the multidimensions, participants frequently referred to wellness using descriptors such as: a sense of well-being, being centred, being grounded, feeling well, happiness, fulfillment, and quality of life. The presence of intangible and subjective descriptions demonstrates that wellness is a state that is individually assessed and intuitively felt. A “sense of well-being” or “fulfillment” may be terms commonly used to describe wellness; however, they will be interpreted and felt differently by every person.
Three of the participants spoke about wellness as a state that fluctuates, which is impacted by internal and external sources. For Lisa, feelings of wellness are decreased in the presence of her work role: “I have an unbalanced state of wellness right now, my personal wellness,” but increased in her parent role: “Being a parent is a very happy thing...I feel more balance, more well, more satisfied, more fulfilled.” For Lisa, the expression “I feel well” may be applicable in some of her experiences, but not in others. For Susan, feelings of wellness are impacted by the time of year (decreased during winter months) and her level of physical activity: “I am not actually doing as much physical fitness as I would like, which might account for some of this tiredness as well...but then I went to Pilates and started to feel much better.” Susan finds physical exercise an effective means of releasing stress and thus enhancing her present state of wellness. In Jill’s case, feelings of wellness are improved with exercise but can also be impacted by her body’s rhythm and cycle:

Perhaps I am not alone, but I think you tend to go through periods when it [wellness] fluctuates: when you are feeling in control, on top of the world, and I find that sometimes, like when I do exercise, and again, you need to attend to all facets of your health. When I work out I feel in control, I feel on top of the world, and I feel I can do whatever I set out to do...I would say it switches from one day to the next, or week to the next. I find there are days, depending on my cycle, my menstrual cycle, when I will feel tired and exhausted, and it is a struggle to get to work. (Jill)
Jill acknowledges the internal sources which impact her feelings of wellness but is also aware of the strategies that help counteract their influence,

Where I can get really tired and rundown, then it is a challenge for me to keep on top of it...you know about things that you need to do...but the challenge is to put them in place. So getting enough rest and getting enough sleep. (Jill)

Balance

Individual Perspective

Participants’ definitions of balance were varied. Susan’s definition described a sense of balance between life and work, whereas Lisa viewed it as the ability to balance others’ needs as well as her own. Elise interprets balance as “being able to enjoy and participate in all areas of life...there’s time for being serious and there’s a time for having fun and being with your family.” For Anna, balance is about managing her time and having the ability to pursue her passions in life. Jill perceives balance as a state that goes “hand in hand with wellness...[and where] you really can’t have one without the other.” Although varied, the participants’ definitions of balance share a commonality in that they are based upon their individual values and perspective. Individual perspective also helps to explain why Lisa and Elise feel a sense of imbalance, where the other participants do not.

Time

Time was a theme for 3 of the participants, and it evolved as three subthemes. Lack of time was characterized by feelings of being rushed, a difficulty finding time to pursue enjoyable activities, a feeling of not enough time, and that time escapes. Lisa wishes she had more time in the day: “I guess one of my biggest challenges is time, the
time piece...having enough time. It seems I get here to work in the morning at 8:00 and before I know it is 3:00. I just...it just goes.” Elise finds her workday characterized by a feeling of being rushed, where time seems to escape her: “But always when I think I have some time in between, it gets totally filled up.”  *Fragmented time* is broken or bits of time found particularly during periods when participants were working on their school studies. Susan uses sporadic opportunities of free time during her workday to slip in school work: “If I get a few minutes to myself, I will just go to my book and try and do some studying, reading... recently I have not had much time to do that, but I am trying ...Yesterday I was doing a vacation schedule, which meant I was waiting for the next person 10-15 minutes, so I just read.”  *Fragmented time* for Lisa is found on the weekend when she is splitting her time between studying and being with her family:

> It’s probably broken up, but I try to get up early on Saturdays, at least get a few hours in. But then my son gets up about 7, so does my husband, and he usually cooks breakfast, we have family breakfast on the weekends, Saturday and Sundays. So there’s a bit of break time there, then they’ll go outside and play or go somewhere, and I’ll focus for a while and then when he lays down for his nap, I get 2 more hours kind of thing. (Lisa)

*Anticipated time* was characterized by the anticipation of the weekend, vacation time, time away from work, and as a break from school.  *Anticipated time* was perceived as the opportunity to relax and recharge and to focus on the self and family. Lisa anticipates the summer months when she has time away from her studies: “When school is finished...then my leisure time is to garden...and play outside until dark....So really, July and August will be my time to take holidays and focus, refocus on family and friends
again.” For Elise, vacation time is when she can escape her daily stressors and catch up on her sleep: “I just had 2 weeks off, which was very nice... so it was relaxing and everything. But now, I was finding last night, this morning getting up, I was finding, ‘oh my god I have to get use to not sleeping again’ [laughter].”

Sacrifices

Making personal sacrifices was a theme noticed amongst 3 of the participants and evolved as two sub themes. Elise and Lisa both spoke about sacrificing their leisure and social activities. Lisa explains that in the equation of work, motherhood, and school, her “social life gets passed down to the bottom of the totem pole.” In her equation of roles, Elise misses out on spending time with her family and doing activities she loves:

Um, well, Friday nights, having a glass of wine or two or three [laughter], and watching a movie. That’s the extent of my leisure life. I love to entertain, but I haven’t been doing a lot of it because of school. And I used to ski every weekend... all of us would go up to Blue Mountain every weekend, but I didn’t participate this year because of school. I stayed home. So, I don’t even have that [laughter]. (Elise)

The sacrifice of personal wellness needs was the second subtheme found. Susan’s definition of wellness highlighted the importance physical activity plays in her life; however in the balance of her multiple roles, she must make the choice between attending to her studies and going to the gym:

I am not actually doing as much physical fitness as I would like, which might account for some of this tiredness as well... I try to incorporate it, but it does take a back burner because it is the things that are easiest to leave off. Because you
always have to force yourself to get on the program, so it is the easiest thing to let go. (Susan)

In the negotiation of her multiple roles, Lisa admits that she has not made herself a priority:

I probably have not focused or prioritized myself with regards to exercise and or diet, given that the pressures and the demands of work; I tend to come to work, grab a coffee and a muffin, and I go right through until its 5:00; I look at my clock, watch, and it’s time to go and pick up [child] at the daycare before it closes. So and then, I make sure that he has a well balanced meal and snack, but I never think of myself. [laughter] It’s a diet coke to go sort of thing! (Lisa)

In order to find enough time to meet her school demands and spend time with her family after an 11-hour workday, Elise sacrifices her need for sleep: “I can do it, like go on 5 hours, I usually go on 5 hours sleep….It’s like I sacrifice the sleep hours for having some time…being home and having the time with them…I think I’d go insane the other way.”

Parent Role

Guilt

Three of the participants shared feelings of guilt surrounding their parent role.

For Elise, feelings of guilt were most evident. She feels that her school, but particularly her work demands, take her away from time she should be giving to her children:

I always feel guilty. Yeah…I’m always saying, “I’m such a rotten mother!” And the kids are “No you’re not!” You just always feel a little bit guilty because you’re not…I feel bad that I’m not there after school…. I always feel that I should do more, be able to do more. (Elise).
Jill’s sense of guilt stems from her feeling that she is not providing her child with enough attention: “There are times when I do feel a bit of guilt in terms of am I giving him enough of my time and attention, because of course I work full time outside of home, I am also going to school. There are times when I need to do my own reading.” Similar to Elise, Jill also feels that her work and school commitments pull her away from time she would otherwise dedicate to her parent role. Susan’s sense of guilt stems from the challenges she is experiencing in her parent role at the time of our interview. These challenges seem to weigh on Susan and impact her in the form of stress and feelings of guilt. When asked to identify her favorite role at that time, it seems that Susan has some guilt for her response: “I think being a student....Yes, I mean, I should say parent really, shouldn’t I?”

**Wellness Enhancer**

The role of parent was a cherished role for all of the participants but was perceived to enhance wellness for 4 of the participants. At the time of our interview, Susan was experiencing some challenges in her parent role, seemingly causing her stress. Consequently, it is difficult to identify Susan’s parent role as a wellness enhancer.

I do think about home at work a lot at the moment because of what’s going on. And I guess that adds to the stress. I try not to be stressed if there are things going on at work, and I am mostly stressed at home, even though you are trying not to bring it with you, it makes it trickier to handle things. (Susan)

During the interview, however, Susan also described a period of transition and where positive changes were taking place: “I am much happier at home now. I have a special bond now... where I know how to react to him....Yes, It’s getting used to each other, and
we are finding ways that you work together.” After the opportunity to member check her interview, Susan also shared that “things were getting better.”

For the other 4 participants, the role of parent is perceived to lead to enhanced feelings of wellness. For Anna, having her children and especially grandchild in her home and so close in her life brings her great joy. “You know my leisure is playing with my granddaughter, she’s my pet. I love playing with my granddaughter, she drives me crazy, and when I’m with her my life is complete.” Jill reports her parent role to be very rewarding and finds personal satisfaction knowing that she has done well raising her child. Lisa describes parenting as a very positive role in her life, which leads her to feel a great sense of wellness:

So being a parent, of course that’s a very happy thing. I feel that it makes me feel more balanced and more well, more satisfied, more fulfilled. Before [child] was born, it was very different, and you wonder what you did before you had a child. But, I think it’s all happy, happy times… I just love being a mom…. Anyway, it’s a total feeling of wellness for me. (Lisa)

Despite the fact that her parent role seems burdened with guilt, Elise enjoys this role and speaks with enthusiasm about her children as they grow and change. Elise also identifies parenting as one of her favorite roles.

**Professional Role**

**Stress**

Stress was a theme amongst 4 of the participants, most significantly related to the work role but also connected to the pressures of holding multiple roles. For Susan, stress was found to be connected to both her work role and her parent role. As discussed
earlier, Susan was experiencing some challenges in her parent role at the time of our interview, which was causing her strain. In her work role, feelings of an unequal distribution of work, a lack of time, and the pressure of other’s stressors also contributed to Susan’s stress: “Work has not been as pleasurable...that kind of weighs on me a bit.” Although Lisa feels that “there’s a certain level of stress in our everyday lives,” she talks about the added pressures in her work role:

I feel overwhelmed as a professional many times, and wondering if you’re a sinking ship, and then again you sit back and reprioritize, and you feel unbalanced, it doesn’t give me a full sense of wellness, no. I think because of the demands, not the physical the emotional demands, and the struggles I have, more an emotional level, trying to always do the right thing, you can’t always make everyone happy even though you try, and one of my biggest things was to not, initially when I went to the role, was to not take things personally. (Lisa)

During our interview, Elise reported feeling a great amount of stress. She reveals that her biggest feeling of unwellness is the stress she experiences at work, where she feels a great amount of accountability with a lack of support. Elise also feels that she is not doing the best job she can, feels that she is unable to make changes, and admits she is in fear of burnout. Elise also makes reference to “going on 5 hours of sleep” alluding to the fact that time pressures of her student and parent roles also contribute to the stress she feels. Elise shares her response to the stress she feels:

And I have days where I just break down...at work. I’m pretty good that way. I don’t keep anything inside me, I just let it out. I either yell and scream...or I just cry, and get it out...usually, I mean it takes me usually a couple of days to get
over it, and then sometimes I think that was probably unnecessary, but at the time it wasn’t, right? (Elise)

Anna also reports feeling a significant amount of stress, also stemming from her work role: “because the workplace is a very stressful place...you are under pressures with the families, the staff, your colleagues.” Anna shares that she feels unsupported in her pursuit of continuing education and feels that she is treated unfairly by her manager.

Anna believes that her recent bout of illness was a result of the stress she feels in her work and in combination with her school and family commitments:

Well, it happen to me before Christmas, that my body gave up, I got sick, and, uh, because of my low immune system, and with all of the stress that I have, and it’s really overwhelming taking this course in the first semester, and having a full-time job, plus all the stress I have in the family, because 2004 was a very, very difficult year. (Anna)

Jill is the only participant who does not report feelings of stress in her work role. She speaks of her work role as something she enjoys and which gives her a sense of autonomy and control. Additionally, Jill does not report significant feelings of stress in her role of parent or student.

*Wellness Detractor*

For the 4 participants who share feelings of stress in their professional role, work is perceived to decrease their sense of wellness. Susan describes work to be “not as pleasurable as it has been,” and where the stress she feels in the workplace “makes my emotional well-being worse.” When asked to describe her present state of wellness, Elise states, “I’m stressed.” Elise recognizes work as her biggest source of stress and therefore
as her “biggest feeling of unwellness.” Lisa’s workday is characterized by a feeling of continuous pressures and demands, and that she can be “pulled from anything, paged at any time.” Consequently, Lisa reveals, “I don’t feel balanced in my professional role right now; I don’t feel total wellness because of the demands.”

When asked “how her work role affects her feelings of wellness and balance,” Anna replied, “it does not affect it.” During our interview Anna displayed a great deal of positivism and passion for her continuing education and for the work she does. In fact, she identifies her work as one of her passions and feels that it is important to enjoy what she does for a living. She states:

The most important thing for me, on my balance and on my wellness state, is I love and I enjoy what I am doing. That’s always what I emphasize to my children, “I don’t want you working because of money, I want you working because you are enjoying what you are doing.” Money is secondary; if you work for money you are a slave. But if you are working because you love what you’re doing, it makes you, you know, happy and lighter....If there are other pressures, there are problems or conflicts, but you love what you are doing. (Anna)

At the same time, however, Anna reveals that there are conflicts in her work that are causing her stress, leading her to feel that she unsupported and being treated unfairly. It is clear that this stress is of great concern to Anna, as she reveals that she has contemplated transferring work areas and even quitting school. However, it also seems that the passion she has for her work is able to overcome the stress she also feels. Although Anna did not identify it as so, it seems that her work has the ability to
negatively impact her wellness, given the stress she experiences. This, however, is my interpretation.

Professional as a Vital Role

Three of the participants identify that their role of professional is a vital one. Amongst all of the participants, Elise exhibits the greatest amount of stress; her work role leads her feel to inadequate, unable to make changes, and where she is afraid of burning out. At the same time however, Elise recognizes the importance work plays in her life: “I would never just stay at home, I’d have to have my own business or do something like that. Being a professional or being someone who is working is important to me.” Despite the stress she is experiencing, Elise perceives the role of a professional as one that is vital in her life.

At the time of our interview, Jill shares her satisfaction in her job; she enjoys the improvement in work hours and feels a greater sense of autonomy and control than in previous years. Jill feels that working as a health care worker, she has become more aware of her own wellness needs:

I think I am very much, as a professional, very much aware...it is very important to maintain balance, doing the right things like eating well, sleeping, self-care, practicing self-care of course. It is not always as easy because there are so many things that impinge on your time and energy, but I think that because I am so much aware of how important these things are, I make an extra effort to do them, and at the same time I am constantly reminded in my role. (Jill)
Jill feels that all of her roles are important because they complement and contribute to each other. Her professional role seems to give her a greater sense of appreciation for her role as parent and student:

Yes, because I do need to work, and if I did not work I would not be able to have the privilege of going to school or taking care of my child the way I do... I think they complement each other, and I would not really want to give up work—the professional role.... Professionally, I would want to have a professional life. (Jill)

In her professional role Anna is able to pursue one of her life passions. For Anna, being able to help others is important to her happiness and sense of wellness. Her profession is like a calling for Anna, where she is able to fulfill a love in life: “I told you that [work] is my passion, because I want to help people in their need.”

Student Role

External Motivation

Participants’ motivation to pursue continuing education was due to both internal and external motivation factors. Three of the participants referred to external motivators which encouraged their return to school. A stipulation for Lisa when she assumed her current position was that she enroll in a Master’s program. Lisa now feels that that there are professional benefits that will come from her continued education:

So that was the initial point of doing it. But now I realize I’m very pleased that I’ve done it, I’m very satisfied with myself in that respect, because I know that doors are opening, the opportunities professionally are opening everywhere, once you have a Master’s.... Ultimately I will have that Master’s, which will also be a reward to further my professional development. (Lisa)
Part of Elise’s motivation for returning to school stemmed from working in the company of colleagues who had gone back to do continuing education before her. Elise also credits the academic environment of her workplace as a motivating factor and in a way felt out of place with her current credentials:

Working in a place like [hospital] that’s so academic, academically driven…I feel out of place not having a degree. You know, I have a professional designation but…. here your run into so many people that are so intelligent and have so many degrees. So you just feel, I don’t know, you just get involved in that whole mindset, I think. You know, doing research and stuff and working with researchers, and we do a lot of work for research, we get to speak to a lot of people. I think just being in that environment. (Elise)

Anna’s motivation for continuing education arose out of the need to bridge a gap in professional knowledge she felt existed upon her immigration to Canada. The education and professional practice she brought to Canada were not recognized in the same manner as in her home country. In order for Anna to continue working in her profession in the capacity she desired, she needed to upgrade her skills:

Well, when I came here to Canada, it was the time that Mike Harris makes this so called Common Sense Revolution, when Harris closed off the hospital in ’95, and I was displaced… I came from [country]…I had to survive, I had three kids in university…. So there’s a lot of challenge for me when I come here to Canada, and I go back to [the profession], so I took a refresher course because I found now that there is a new trend, and if I want to [practice] I have to go on to continuing education, so I will not be left behind. So I had to bridge that gap. (Anna)
Qvii!
**Internal Motivation: Lifelong Learner/Challenge Seeker**

The inner drive of the participants to pursue continuing education was expressed much more vibrantly than the external motivators. Four of the participants indicated having an *internal motivation* which encouraged their involvement in school. This *internal motivation* emerged as attributes I have labeled as *Lifelong Learner/Challenge Seeker*, characterized by the innate desire to push forward and as a love for learning.

Jill’s return to school was prompted by a “feeling like I was in a rut.” At that time, she was feeling understimulated in her job and “wanted a new challenge.” Her pursuit of school continues to be motivated by her need to be “intellectually stimulated” and is reaffirmed by her ability to succeed in her studies:

I find it is stimulating intellectually, and I find it is a real privilege to be in that space where I can learn and be among other people who are learning at that level, and also it was very rewarding when I got the news that I was accepted... another rewarding moment for me is knowing that once I am in that space, I can compete and achieve and do really well. I knew I was always a good student, and I knew I could do it, but then, being there and actually doing it and seeing that you are doing well and getting good marks and able to master the course itself. That is very rewarding. (Jill)

In addition, Jill admits, “I love learning,” where she gets a real rush from learning and sees herself constantly looking for a new challenge.

Although Susan recognizes that new doors may open as a result of her continuing education, her return to school was largely driven by an innate need to “keep moving forward.” Prior to starting her present involvement, Susan had completed a quality
management certificate, also through part-time studies. Encouraged by her partner’s pursuit of a master’s degree, and her own quest for development, Susan returned to school again.

I don’t like to sit still, I guess, and in my profession and also in my studying... I just want to keep moving forward. I don’t want to just... I am not happy to just sit back, well, it’s not that I’m just not happy, I just can’t do it. (Susan)

Lisa may have begun her continuing education as a requirement for her current position; however, it is a sense of new learning and satisfaction that keeps her involved. Furthermore, Lisa describes herself as someone who needs to have extra challenges in her life:

I’m happy with all of this, I’m happy with having so much on my plate. It may not sound normal, but I’ve always been somebody who can never ever...I was never satisfied or content with just the basic go to work, come home.... I’ve always needed extra little challenges in my life to keep me stimulated. (Lisa)

Likewise, Anna’s continued involvement in her education is driven by her love for learning. In our interview, Anna reminds me that school is one of her passions and identifies “studying is my therapy.”

Benefits of Continuing Education: Interaction With Others and Sense of Accomplishment

The benefits of continuing education were frequently mentioned by the participants of this study. The Interaction with Others was a common benefit noted by 3 of the participants. For Anna, the opportunity to be with others who share her same profession seems to bring her a sense of unity: “But when I’m in school, I’m exactly at their level, we are talking a lot of things, you know it’s not only the lesson, but I meet
several people that are also in my career.” Lisa feels that she gains new knowledge, not only through the course work but also through her classmates: “I have an increased level of knowledge from taking new courses and learning new things, working with new people online and being able to share their life experiences and knowledge level from their different careers.” Elise, like Lisa, is also involved in online learning. She shares a great amount of enjoyment and enthusiasm for her online experience and for the interactions with fellow classmates:

I enjoy the interaction. Even though I don’t ever meet these people, it’s amazing how much you can learn from people online. And it’s really wonderful working with a wide variety of professions…It’s really amazing! I would even tend to say that there’s more interaction online than there would be in a classroom setting. Because in a classroom, you’re listening mainly to the prof. but here you’re learning from each other….And so, I’ve worked with people from the oil industry and pipeline industry and people that are…just everything, other people from health care….and you get to learn as much about their industries as well, which is great, because they give you examples. It’s really been a great experience, so I do enjoy it, yeah. (Elise)

Three of the participants mentioned feeling a Sense of Accomplishment as a result of their continuing education. Despite the added pressure and time commitment school has added to Elise’s life, her involvement and success have seemingly benefited her self esteem: “a sense of accomplishment. I’ve been getting really good marks… I do have a sense of accomplishment. And I don’t have an undergrad, so it was a real, I guess cool for me to be accepted into the program.” Likewise, Lisa also views her continuing education
as an opportunity that gives her “the satisfaction that I am accomplishing something and I am growing intellectually each time I take a new course.” Jill finds accomplishment not only in the fact that she was accepted into the Master’s program, but also because she is able to achieve and excel in her studies. Her performance in school has reaffirmed her sense of ability: “I knew I was a good student and I knew I could do it, but then being there and actually doing it and seeing you are doing well and getting good marks…that is very rewarding.”

*Something for Me*

Their involvement in continuing education was viewed an important self-pursuit and as *something for me* for 3 of the participants. The importance continuing education plays in Susan’s life is emphasized by her identification that she is most present in her student role:

I have my work-person, and my parent-person, and my student-person, and you can slip in there occasionally, but when I am a student, then that’s me being a student, and it is not me being a parent, not having to think about two, and some of the pressures that go along with that. Being a student is me, still pressures, but it is all about me. (Susan)

For Susan, school offers the opportunity whereby she can focus solely on herself and her own goals. Likewise, Elise also views her student role as an important avenue where she can focus on herself: “The results have made me feel good. I guess it’s something for me too, you know? It’s good if I’m doing something for myself.” For Anna, continuing education gives her the opportunity to take her mind off the stress she feels in the
workplace and any concern she holds for her family. Through her studies, Anna can focus on herself. She also perceives school to have therapeutic value:

Studying is my therapy…I don’t want to focus my attention on work or on my family. So for me, instead of gossiping or whatever, it’s relaxing for me to sit and listen in the classroom, my mind is working. So that helps me to maintain my balance… I added more stress, it’s what they said! But for me, it helps me. And I love doing this! (Anna)

Although not found as common themes, other benefits of continuing education cited by the participants are important to note. These benefits include: “makes me feel good,” “increased level of knowledge,” “learning new things,” “I find it so energizing, it is rewarding and fulfilling,” “relaxing,” and “mentally stimulating.”

Wellness Enhancer

The involvement in continuing education is viewed to enhance feelings of positive wellness for all of the participants. The benefits cited by the participants are indication of this, along with their personal declarations. Despite feelings of stress shared by some of the participants, the pursuit of continuing education was undoubtedly expressed with much positivism and enthusiasm by all of the participants. The following is a recap of the findings presented in this last section, summarizing the participants’ feelings surrounding their student role as it relates to enhanced wellness.

Anna indicates that studying is one of her passions and feels that her studies help her maintain her sense of balance: “For me it helps me, and I love doing this!” School allows her to bring the focus back to herself and away from her work and family. Anna also benefits from the interaction with the other students who share her profession.
Jill’s level of achievement in her studies leads to a sense of mastery and control as she reaffirms her ability to succeed. In addition, the fact that she is able to effectively meet the demands of school along with those of parent and professional enhances this sense of control. Jill defines her student role as “stimulating, energizing, and as a privilege.” She also views herself as someone who loves learning, and who will always seek out a new challenge.

Susan also describes herself as someone who wants to “keep moving forward”; in fact she perceives herself as incapable to just “sit back.” In our interview, Susan tells me that she enjoys school; she also displays much excitement for her involvement, particularly when she describes how she is learning something new. The most meaningful declaration Susan makes regarding the importance of continuing education is her recognition that “being a student is me, still pressures, but is all about me.”

Although Lisa feels overwhelmed and as a “sinking ship” in her work role, she is able to experience a greater sense of wellness and balance in her student role. Lisa states that her studies give her a sense of satisfaction, accomplishment, and intellectual growth: “I feel balanced as a student, wishing I could contribute more...so yeah, it’s a feeling of wellness.”

Out of all of the participants, Elise seems to convey the greatest amount of stress and feelings of guilt, primarily a result of her work demands. Yet despite this stress, she still expresses a great amount of enthusiasm for involvement in continuing education. Elise greatly enjoys the interaction and learning with other students, and she speaks highly of the online format in which the courses are provided. Elise seems somewhat surprised at herself for achieving the good results she has received:
You know, I wasn’t sure I was going to be able to manage it, and so far I’ve managed, well knock on wood. I also didn’t know what kind of marks I’d get...the results have made me feel good. I guess it’s something for me too, you know? (Elise)

It seems that her ability to manage and succeed in her continuing education amongst all of her other demands has given Elise a sense of accomplishment and satisfaction.

**Summary of the Chapter**

Chapter Four served to present the findings of this research study. Part one of this chapter disclosed the participant voices uncovered through The Listening Guide method analysis. This first part of the chapter introduced the reader to each participant with an intimate portrayal. Each of their stories was individually shared as it evolved through the steps of The Listening Guide method: listening for plot and summary, I poem, and contrapuntal voices. Part one of Chapter Four recognizes the uniqueness of each participant and honours their individual experience.

The second half of this chapter offered a more global analysis of findings whereby the major emerging themes were presented. The themes were organized under the five headings of: wellness, balance, parent role, professional role, and student role. The themes of wellness were revealed as the following dimensions: multidimensional, subjective and intuitive, and fluctuating. Balance was also found to be based on individual perspective. Further under the heading of balance, time was found to be a theme for 3 of the participants and evolved as three subthemes: lack of time, fragmented time, and anticipated time. In addition, the theme of making sacrifices evolved as two subthemes: leisure and social activities and personal wellness needs. Under the heading
of parent role, guilt was a theme for 3 of the participants. Despite shared feelings of guilt, the parent role was also found to be a wellness enhancer for 4 of the participants involved. Under the heading of professional role, stress was found to be a theme most significantly related to work for 4 of the participants.

Due to the stress felt by these 4 participants, their professional role was perceived to be a wellness detractor. It is interesting that at the same time 3 of the participants also identify that their role of professional is vital and maintain it is an important part of their lives. Under the heading of student role, an external motivation for continuing education was found amongst 3 of the participants. However, an inner drive or internal motivation was expressed much more powerfully by 4 of the participants. Characteristics of internal motivation evolved as the subtheme of lifelong learner/challenge seeker, characterized by an innate desire to push forward and as a love for learning. The two most common benefits of continuing education cited by the participants included an interaction with others and a sense of accomplishment. The theme of something for me, also under the heading of student role, was distinguished from the other benefits as it was a viewed to be a noteworthy theme heard amongst 3 of the participants. Last, as a result of the benefits cited, the strong internal drive to pursue continuing education, and the enthusiasm displayed by the participants, the student role was found to act as a wellness enhancer for all 5 of the participants involved in this study.
CHAPTER FIVE: SUMMARY, DISCUSSION, AND IMPLICATIONS

The purpose of this research was to explore the perceptions of personal wellness and balance amongst female health care professionals who are managing career, family and continuing education commitments. Specifically, 5 women who met the criteria of having a family (with children), hold a full-time professional career in health care, and who were presently enrolled in a continuing education program were interviewed to explore their perceptions of wellness and balance.

In Chapter One the topic of research was introduced through a discussion of the background of the problem, the problem situation, the purpose of the study, and the questions to be answered. In review, the research questions to be answered are as follows:

1. How do these women define and perceive their personal states of wellness and balance?

2. Do their multiple role commitments impact their personal wellness and balance? If so, how?

3. What role does continuing education play in the lives of these women?

In addition, the rationale for the study and the importance of this research, along with the scope and limitations, were discussed. Chapter One also provided an outline for the remainder of the document.

Chapter Two presented a review of literature which preceded this research. This chapter provided the reader with an introduction to the topic being explored through a discussion in the areas of: wellness, balance, multiple roles, stress, and continuing education.
Chapter Three served to acquaint the reader with the methods and procedures used in this research study. The qualitative, phenomenological approach to this study is outlined through a discussion of the research design and methodology. The process for participation selection, criteria, and a description of the 5 women involved was also provided, along with the details of data collection, recording, and instrumentation. The two-part process used for data analysis was also outlined in Chapter Three. The data collected in this study were examined by (a) methodological interpretation as suggested by Colaizzi (1978 as cited in Streubert Speziale & Carpenter, 2003) to uncover the major emerging themes and (b) The Listening Guide: a voice centred method developed by Gilligan et al. (2003) as a means of drawing on each participant’s unique voice and individual experience. Both methods of data analysis were described in Chapter Three, along with a detailed description of how the data were managed during this two-part process. The methodological assumptions, strategies for establishing credibility, and ethical considerations were also outlined in this chapter. Chapter Three concluded with a restatement of the problem situation.

Chapter Four presented the findings of this research in a two-part process to reflect the two methods of data analysis used. Part one of the chapter was dedicated to sharing the voices and individual stories of each of the participants. Each participant’s story is delivered as it evolved through the steps of The Listening Guide method: listening for plot and summary, 1 poem, and contrapuntal voices. Part one of this chapter has allowed the reader to gain a closer look into the individual experience of the each of the participants.
Chapter Four, part two provided a more traditional presentation of the major themes which emerged from the data. These major emerging themes were displayed under the headings of Wellness, Balance, Parent Role, Professional Role, and Student Role.

Chapter Five has begun with a summary of the research study up to this point. This chapter proceeds with a discussion of the research findings as they relate to the study questions and to the literature. Implications of this study for practice, theory, and further research also follow.

**Discussion**

The following is a discussion of the research findings as they relate to the questions to be answered and the existing literature. The research questions act as the headings under which the relevant themes and discussion are arranged.

*How do these women define and perceive their personal states of wellness and balance?*

When describing wellness, all of the participants referred to at least two, but more often three and four dimensions over which wellness extends, supporting the notion that *Wellness is multidimensional*. Responses ranged to include: health, well-being, physical health and fitness, psychological and mental health, cognitive functioning, emotional well-being, and social and spiritual wellness. This finding is consistent with literature which suggests wellness reaches across many dimensions of a person's life. Sackney et al., (2000) suggest that wellness is an integrated pattern of living which focuses on the six major dimensions of: emotional, intellectual, environmental, physical, spiritual, and social. Crose et al., (1992) also propose a systems model of wellness which views health as multidimensional, construed of a variety of health domains or life dimensions. Models of wellness may differ amongst themselves and amid the dimensions mentioned by the
participants; however, the multidimensional feature of wellness suggested in the literature is supported by this research.

In this study, the participants also describe their wellness as fluctuating. For both Susan and Jill, the winter months of the year seem to have a negative impact on their feelings of wellness. Jill also reports that her body’s rhythm and cycles impact her level of wellness; how she feels can change from one day to the next. It seems that internal and external factors have the ability to both negate and improve one’s sense of wellness. Through exercise, Susan and Jill have the ability to improve how they feel and consequently feel more well as a result. The ability for time of year or physical activity to impact feelings of wellness is consistent with the notion that wellness is “an integrated pattern of living” (Sackney et al., 2000) whereby all facets of our life are interconnected and in fact, seem inseparable from each other. This interconnected nature of wellness is perhaps what prompted a more holistic understanding of wellness, where theories have evolved to reflect a much more complex state than “merely the absence of disease” (Crose et al., 1992). Jill’s inability to separate the effects of environmental factors on her feelings of emotional wellness may lead to the assumption that individuals lack a certain amount of control over their wellness. In contrast, however, both Susan’s and Jill’s ability to improve their feelings of wellness through exercise demonstrates the great amount of influence individuals in fact hold through their own actions and health behaviours. Robbins et al. (1999 as cited in Sackney et al., 2000) suggest that wellness is a dynamic level of functioning aimed toward maximizing potential, dependent upon self-responsibility which requires a continuous effort put forth by the individual.
When comparing participants' definitions of wellness and balance with their personal accounts of how they feel, discrepancies were often found. Frequently, how a participant defined wellness did not match their actual experience. For example, when asked to describe her present state of wellness, Elise replied “I'm stressed.” Her definition of wellness, however, included “good health, a sense of well-being in your mind, happiness, and balance.” This discrepancy between real and ideal supports the idea that wellness and balance are optimum states towards which we continually strive (Myers et al., 2000). The journey towards wellness requires a commitment to ride the fluctuations and put forth an ongoing, purposeful effort in order to reach and maintain our optimum state.

Feelings of wellness, it seems, also have the ability to fluctuate between life roles. Lisa reports that she feels “a total sense of wellness” as a parent but feels unwell and overwhelmed in her professional role. Other participants also shared a sense of feeling unwell in their work role. The fluctuation of wellness between roles seems unsurprising given that each life role offers distinct rewards and requires different demands. The fluctuations and discrepancies of wellness identified by the participants supports the notion that wellness is a process and not an end point or a “one shot effort” (Myers, 1991).

In this study it was found that wellness is subjective and intuitive. Participants frequently spoke about wellness using intangible and subjective descriptors such as: a sense of well-being, feeling centered, being grounded, fulfillment and quality of life. This suggests that wellness is a state that is uniquely felt and intuitively defined by each individual. Research can provide definitions and identify the common dimensions
associated with wellness; however, it is the individual that tells us how wellness is experienced and essentially how it feels to be well. Wellness it seems is both a complex model of interconnected dimensions and is as simple as asking the question, “how do you feel?” Greenberg (1985 as cited in Myers, 1991) believed that people could be well regardless of whether they are ill or healthy. Wellness, understood as a subjective, intuitive, and self-defined state supports the notion that wellness indeed extends beyond the presence of health or the absence of disease.

In this study, balance was found to be based on individual perspective. Among the participants the perceptions of balance were varied and lacked consensus. Perceptions of balance included: a balance between life and work, the ability to juggle and balance others’ needs, the ability to participate in all areas of life, time management, and as something that is connected to and inseparable from wellness. In addition, some participants felt they had a sense of balance in their life while others did not. In the literature, balance remains largely unexplored. However, the lack of consensus amongst participants’ perception of balance evident in this research is consistent with the findings of a study by Dow-Clarke (2002), who also noted the lack of a common definition. Dow-Clarke (2002) found balance described as both work/life balance and as the ability to put family first. Central to Lisa’s perspective of balance was her priority to meet the needs of others, perhaps even before her own. Meeting the needs of others was in fact a significant theme for Lisa, characteristic of both her parent and professional roles. Also noted in her perspective of balance was Lisa’s acceptance and permission for the reality that she may not always be able to do things well or on time. Thorpe and Barsky (2001), found the pressure for perfection acted as a barrier in the participants’ quest for balance.
In understanding the balance of women who are both health care professionals and mothers, it is important to recognize that caring for others may also function as an important need of their own. Caring, after all, is the essence of both motherhood and the health care profession. As in Lisa’s case, the ability to care for and meet the needs of others (particularly those of her child and family) enables her positive feelings of balance. It is perhaps a pressure for perfection, as suggested by Thorpe and Barsky (2001), that often attaches to the role of caring for others, which can lead to feelings of imbalance. A pressure for perfection may also act as a significant contributor in the presence of guilt, a theme which also surfaced in this research.

Like wellness, balance also seems to have the ability to fluctuate and shift. This is demonstrated through Lisa’s contradictory perception that she balances well but feels unbalanced. Similarly, Elise indicates that she hasn’t felt balance in a long time yet feels that she is “pretty good at juggling everything.” This fluctuating nature of balance is also suggested by the participants’ use of the term “juggle” and the hand motions mimicking a balancing scale often observed during interviews. Dow-Clarke (2002) describes balance as a moving target and as a shifting three-point triangle that requires continuous negotiation of life roles. Likewise, Thorpe and Barsky (2001) suggest that balance is something that can be regained if lost.

*Do their multiple role commitments impact the participants’ feelings of wellness and balance? If so, how?*

At this point, it is important to note that during the interviews, participants often referred to wellness and balance as one. Although my questions aimed to understand wellness and balance distinctly, oftentimes the participants did not distinguish between
the two. This is perhaps indicative of a connective relationship which exists between the two states. Therefore, the following themes do not reflect wellness and balance as individual or separate entities but rather follow the course of discussions as set by the participants.

In the management of work, family, and continuing education commitments, the issue of *Time* was found to be a theme amongst participants. Time evolved as three subthemes: *Lack of Time*, *Fragmented Time*, and *Anticipated Time*. Despite their increased participation in the workforce, women still maintain the role of primary caregiver in the family (McBride, 1997; Statistics Canada, n.d.b). The management of both home and career life has become such a phenomenon that it has acquired its own label of women’s “second shift” (Milkie & Peltola, 1999) and the “dual burden” (Bittman & Wajcman, 2000). It is not surprising that time becomes a challenge for women managing multiple roles and even more so with the addition of continuing education. The participants of this study shared their feelings of having not enough time and often feeling rushed. They often relied on the sacrifice of their “free time” in order to fulfill the expectations of their student role. In a study of health professionals involved in part-time studies, participants also expressed feeling a lack of time to spend with their family (Dowswell, Hewison & Hinds, 1998). Some of the participants of this study reported staying up late or setting their alarm clocks to wake in the middle of the night in order to find the quiet and undisturbed time they needed to study. Strategies to find time, whether it was for 10 minutes during the workday, 2 hours late at night, or an hour on the weekend during their child’s naptime, seemed to be an ongoing quest for many of the participants. According to Pym (1992) women often find it difficult to devote blocks of
time to school work and therefore try to fit their learning needs into fragments of available time. The participants of this study also anticipated time when they would have the opportunity to escape work or school. This seemed to exist as infrequent blocks of time such as a vacation or time off between semesters.

In the management of their multiple roles, and when time is limited, it is not surprising that a theme of making sacrifices was found. The sacrifices observed seemed mostly self-impacting in nature and reflected specifically the absence of personal leisure and social activities and the neglect of personal wellness needs. Lisa, for example, ensures that her son’s nutrition needs are met during their commute home, however has not had the opportunity to eat her own lunch during her workday. Not only does Elise miss out on her family’s weekend ski trips in lieu of school work, she also sacrifices her need for sleep so that she can spend some time with her children and work on her studies. According to the study by Dow-Clarke (2002), when balance becomes difficult to maintain, work and family needs often take priority and time for self or personal activities is sacrificed. Milkie and Peltola (1999) also suggest that cultural norms influence women to make more sacrifices to ensure that the work-family life runs more smoothly.

Despite the fact that the sacrifices being made by the participants seemed to be mostly self-impacting in nature, feelings of guilt were found. The theme of guilt was most evident in the parent role, whereby participants felt that their school and work commitments took away the time and attention they should otherwise devote to their children. Elise in particular shared a great amount of guilt. It seemed, however, that Elise’s guilt was largely self-imposed, as her children often provided encouragement for
her pursuit of continuing education. Susan had feelings of guilt stemming from challenges with child care. In addition, Susan seemed to express guilt for the fact that she identified her student role as her favorite; she immediately followed this admittance with “I should say parent really, shouldn’t I?” Milkie and Peltola (1999) believe that the culturally driven norms and ideas of “good mothering” can exacerbate the demands and expectations associated with motherhood. Perhaps it is in the cultural expectations paired with a “pressure for perfection” as suggested by Thorpe and Barsky (2001), which promotes feelings of guilt. I also question if perhaps some of the participants view their pursuit of continuing education as their own “extracurricular” involvement and, as such, something that should have minimal impact on their family. Do they feel a sense of responsibility to minimize the impact of their school involvement, which consequently leads to a pressure to make their home life run “as usual?” Grace and Gouthro (2000) suggest that women may find themselves under pressure when they participate in continuing education as they try to integrate their school responsibilities with those of the home place; in reality, home lives are often dramatically affected. The pressure to limit the impact of their school on their family and home life may act as a significant contributor to feelings of guilt.

Despite the sense of guilt found in the transcripts, the majority of the participants spoke about their parent role with great enjoyment and satisfaction. As a result, the parent role is interpreted to be a wellness enhancer. Oftentimes, participants’ identified parenting as their favourite role: one which brought them a feeling of being “more balanced,” “more well,” “more satisfied,” “more fulfilled,” and where “life is complete.” It is perhaps in the love for this role where personal expectations and feelings of guilt
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begin. It makes sense that one would put added pressure on herself to meet the expectations of her most cherished role.

The presence of stress was also a significant theme found amongst the transcripts. A few participants made reference to feeling stress as a result of the pressures associated with the management of multiple roles. This finding is consistent with the theory of role strain, which suggests that the greater one's role accumulation, the greater the demands, and thus the greater potential for conflict and stress (Reid & Hardy, 1999; Voydanoff & Donnelly, 1999). Although this association was observed, it paled in comparison to the significant connection between stress and the participants' work role. The stress-inducing characteristics cited amongst the participants specifically holding supervisory positions included: unequal/unfair distribution of workload, lack of time, emotional demands, a lack of support, the inability to make changes, and a fear of burnout. These characteristics are similar to those cited in various research studies which identify stressors amongst health care professionals to include: increased demands of staff, the merging of departments, feeling a loss of control over work, and a fear of burnout (Blau et al., 2002; Callaghan et al., 2000; Lloyd et al., 2002). It is also suggested that the competing priorities that often exist between hospital administrators and their staff, along with a culture of continuous change, can act as a source of stress for health care staff (Lloyd et al., 2002). In their study of social workers, Lloyd and King (2001) propose that the personality of individuals drawn to work in the health care field may in itself act as a predisposition to experience stress. In her interview, Lisa shares her feelings of "being overwhelmed" in her professional role as she struggles with the emotional demands of her job and the pressure to "always do the right thing." Is it perhaps the caring nature
needed for work in the human services which makes professionals vulnerable to stress? In addition, the prevalence of human pain, suffering, and death found in the work environment may also suggest that health care employees may face a higher incidence of stress (Winefield et al., 1998).

Anna’s report of stress was unique from the others; it stemmed from the lack of managerial and peer support she felt in the pursuit of her studies. According to Pym (1992), the inability to receive a supervisor’s support can act as a common obstacle to nurses’ participation in continuing education. Although Anna was continuing on with her studies, she had at one time contemplated dropping out due to the lack of support she felt.

Even amongst the women experiencing stress in their work role, the participants identified the role of professional as a vital one. Considering women’s increasing and ongoing participation in the workforce (Statistics Canada, n.d.a; Wentling, 1998), it is not surprising that the role of professional plays an important function. Elise, who seems to experience the greatest amount of stress, still recognizes that “being a professional or being someone who is working is important to me.” Despite the lack of managerial support and the challenges she faces with her supervisor, Anna still describes her professional role as a means of pursuing her life passion and calling. In a study by Blau at al. (2002), physical therapists working in a health care organization who cited feeling a loss of control, stress, and burnout were still able to “find the silver lining” (p. 655) in their work and focus on the positive aspects of their job, like helping others. Despite the great amount of stress she feels, Elise admits that she doesn’t hate her job. Although her work “has not been as pleasurable,” Susan acknowledges that she too does not want to quit her job. Perhaps it is in a “silver lining”, the ability to pursue a passion, or an
underlying altruism associated with health care that helps professionals appreciate their work despite the stress they experience. According to the theory of positive role spillover (Barnett, 1994, as cited in Perry-Jenkins et al., 2000), the stress many of the participants experience in their work role may be mediated by the high quality of their parent role. Because their parent role is enjoyable and satisfying, the participants may be less affected by the stress in their jobs.

The strong presence of work stress combined with the fact that work is identified as a vital role in the lives of these women leads me to wonder whether it is particular to the job itself or the general role of professional that is most important. During the course of this research, one participant who also expressed feelings of work stress had left her present job for a similar role in a new organization. Communications with this participant after her move indicated that she was “now feeling less overwhelmed, despite this being a new position.” For her, a switch in jobs and employers has had a positive effect on her stress.

Jill was the only participant who did not report feelings of stress; she spoke about her work with much enthusiasm and enjoyment. Jill shares how her job role brings her a great amount of satisfaction and a feeling of accomplishment. Jill also feels that her work increases her awareness of her own wellness needs. In fact, Jill views her professional role as something that complements her life and which gives her the privilege and ability to go to school and care for her son. Jill’s work seems to act as something that empowers her feelings of success in her other roles and consequently as something that completes her life balance. Jill’s experience in her professional role supports the theory of role enhancement, which proposes that multiple roles bring rewards such as increased self-
esteem and thus can actually improve well-being (Perry-Jenkins et al., 2000; Voydanoff & Donnelly, 1999). Furthermore, Jill recognizes her roles as part of a total system, in which they influence and complement each other. Marks and MacDermid (1996) argue the importance of examining roles not as distinct entities that can be separated from the whole, but rather as part of the interconnected organization in which they exist. According to Marks and MacDermid (1996), Jill has achieved role balance and has become fully engaged in her total role system, whereby the presence of multiple roles in her life has facilitated her function in all of them.

Consequently, work holds a dichotomous position in the lives of the participants; it is both stress inducing and a vital role. In spite of its vitality, work seems to act as a wellness detractor for most of the participants. Amongst the women reporting stress in their work role (with the exception of Anna), all of them share a sense of feeling unwell in their professional role; some also expressed a sense of imbalance. Anna reports that her work role does not affect her sense of wellness or balance; however, attributes her recent illness as her body’s response to the stress she was experiencing.

Feeling unwell in their professional life may in part be due to a lack of control the participants experience in their work role that is suggested by the stressful characteristics of their job. Although the study by Blau et al. (2002) suggests that it is a common complaint of the health care profession, a lack of control seems inherent in any job, dictated by the very nature of “work” itself. Jill, on the other hand, does not report feelings of stress at work and states that her job brings her a sense of “control, autonomy” and “personal satisfaction.” Jill’s professional role has consequently been interpreted as a “wellness enhancer.” Jill also admits that her work life has improved over the years, in
that it has not always provided her with the satisfaction it does now. Perhaps the experience of work stress is influenced by the amount of control an individual perceives to have over their work.

*What role does continuing education play in the lives of the participants?*

Definitions of continuing professional education suggest that it plays an important role in increasing professional knowledge, promoting research, enhancing practice, and contributing to the growth of a profession (Perry, 1995; Dowswell, Hewison, & Hinds, 1998). Furthermore, continuing education is often viewed as a necessary involvement in order to maintain competency in a profession (Alsop, 2001). The importance of keeping up to date in a profession suggests an external motivation might drive a professional to pursue continuing education. In this study, reasons for pursuing continuing education indeed included *external motivators.* When Lisa began her present position, enrolment in a Master's degree program was a stipulation of the job. Elise originally engaged in an education program to improve her professional credentials and so she could feel "on par" with her colleagues; although she also held a personal, long-time goal of pursuing her MBA. Anna in particular needed to bridge a gap in knowledge and upgrade her skills. However, it was the participants' inner drive to pursue their studies which came across stronger than any external motivators. Beyond their original motivation to pursue continuing education, each participant possessed a great amount of enthusiasm and passion for their involvement. The *internal motivators* cited by the participants were specifically characterized by the desire to push forward and as a love for learning, and thus were labelled as *Lifelong Learner/Challenge Seeker.* Characteristics of this drive included: the need for challenge, the need to be intellectually stimulated, getting a rush
from learning, the inability to "sit back" combined with a need to "move forward", studying as "therapy," and the need to have more than "the basic go to work and come home." To understand the strong intrinsic drive found amongst the participants, the theory of self-determination (Deci & Ryan, 1985 as cited in Eccles & Wigfield, 2002) is useful. Self-determination theory proposes that individuals seek out optimal stimulation and challenging activities and find these activities intrinsically motivating because they have a basic need for competence. Intrinsic motivation is maintained in activities when the actor feels competent and self-determined (Eccles & Wigfield, 2002). By this theory, the participants in this study are able to find a sense of challenge and stimulation in their continuing education which perhaps has been unavailable in their other roles. Furthermore, the benefits and sense of success the women feel in their role as a student continues to motivate their involvement. For example, Elise shares her feelings of increased esteem and competence in her studies. In turn, this seems to enhance her feelings of success in this role and provides Elise with the encouragement she needs to continue on with her school.

The motivation for continuing education cited by the participants in this study extends beyond the existing literature. In research by Dowswell, Hewison, and Millar (1998) all 16 respondents involved in upgrading courses indicated that they felt under pressure to continue education for fear that they might get left behind in the progressive nature of health care. Despite feeling pressured, the same 16 participants still recognized the value of their involvement and saw the benefits of the program (Dowswell, Hewison, & Millar, 1998). In another study, Dowswell, Hewison, and Hinds (1998) found that health care professionals enrolled in part-time studies possessed a positive attitude and
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appreciation for their involvement in continuing education when their motivation for participation was future oriented. Surrounding literature demonstrates students’ appreciation for their studies; however in this present study, motivation for involvement was displayed with much more passion and almost with a sense of necessity. The participants’ often spoke about their involvement in school as something that filled an innate and important need. The desire to continue education for professional development and future career opportunities fell secondary to the personal needs met through their involvement.

The benefits of their participation in continuing education cited amongst the women in this study were plentiful. Specifically, the themes of interaction with others, a sense of accomplishment, and something for me were found. The theme of something for me in particular emerged as an important and meaningful theme. In their role as a student, the participants shared the ability to focus on themselves, where they could leave their other roles behind. Susan’s identification of herself as a “work-person, parent-person and student-person” was especially powerful. It seems that, as her student-person, the real Susan emerges: “When I am a student, that’s me being a student...still pressures, but all about me.”

Findings in the present study suggest that continuing education plays a role of wellness enhancer in the lives of the participants. Despite the demand of multiple roles and the stress expressed by many of the women, each and every participant spoke about their student role with passion, enthusiasm, and as something they greatly enjoy. For review, a summary of each participant’s feelings and statements they made regarding their involvement in continuing education can be found in Chapter Four. To better
understand the connection between continuing education and enhanced wellness, it is helpful to consult theories of psychology and adult learning and revisit models of wellness.

Maslow’s theory of human motivation based on a hierarchy of needs speaks to an individual’s need for self-actualization. Beyond the fundamental stages of physiological needs, security and safety, love and belonging, and self-esteem, the final need for self-actualization transpires as a person’s desire to become all that they are capable of. At this final stage of the needs pyramid, the motivation to learn is intrinsic and emanates from within the learner (Merriam & Caffarella, 1999). Through their involvement in continuing education, the participants of this study indicated that they felt challenged, intellectually stimulated, were reaching goals, and achieving beyond their expectations, all of these perhaps offering them the tools to self-actualize.

Research by Kroth and Boverie (2000) suggests that there is a relationship between adult learning and life mission. The authors propose that an individual’s learning choices and motivation to learn are directed by their life’s purpose. Although the premise of life mission is not evident in this present study, the participants’ words and descriptions of their student role suggest that their involvement in continuing education gives them a sense of purpose beyond their daily living and everyday roles. The ability for education to provide a sense of purpose and meaning is a relationship that should be further explored.

Models of wellness also help to understand the relationship between continuing education and enhanced wellness. In particular, the Wheel of Wellness (Myers et al., 2000) suggests that wellness is comprised of five major Life Tasks (see Chapter Two).
Life Task 2 self-direction describes the manner in which an individual regulates and directs the self in daily activities and in the pursuit of long-range goals. Consequently, the relationship between enhanced wellness and continuing education suggested in this research may be a result of the participants' ability to self-direct control and exert choice over their school involvement. Conversely, the feelings of unwellness found in many of the participants' professional roles may be in part due to the inherent lack of control and self-direction which exists in their working lives.

Implications

Implications for Theory

Four potential contributions to theory have been made as a result of this research. Perhaps the most significant is one which suggests a new relationship between the adult learner (professional women with children in this case) and continuing education. Much of the existing literature pertaining to women and continuing education focuses on the importance of education for knowledge development (Kim, 1999), professional development (Dowswell, Hewison, & Millar, 1998) and continued competence in a profession (Alsop, 2001). This study, however, has recognized the great sense of personal fulfillment and individual benefit continuing education can provide in the lives of women. In this research, continuing education was identified as "therapy," "a passion" "something for me," and as an involvement which provided a sense of accomplishment, challenge, and personal satisfaction. Although the professional benefits of education were also acknowledged by the participants, it was the personal benefits they experienced which were displayed so strongly. Existing literature suggests that the motivation to participate in continuing education is largely externally motivated, driven by the needs of
an individual’s work situation: work-related pressures, upgrade qualifications, progression of career (Dowswell, Hewison, & Hinds, 1998; Dowswell, Hewison, & Millar, 1998). External motivators were also found in this research; however, the presence of internal motivators driven by personal needs and individual goals is equally evident.

Second, this research adds to the literature surrounding multiple roles, as it explores women’s management of roles beyond those of mother and professional. Furthermore, it supports the theory of role enhancement (Reid & Hardy, 1999; Voydanoff & Donnelly, 1999) whereby the addition of the role of student is perceived to provide great benefit and thus have a positive effect on participants’ well-being. Third, this study supports the multidimensional and fluctuating nature of wellness as suggested by the literature (Sackney et al., 2000) and health models (Crose et al., 1992; Myers et al., 2000). In particular, this research has highlighted the important role that self-direction and the pursuit of long-range goals have in achieving wellness, as suggested in the Wheel of Wellness (Myers et al., 2000). The link between education and enhanced wellness is further informed through the context of human motivation and the need for self-actualization (Maslow as cited in Merriam & Caffarella, 1999) and the suggested relationship between adult learning and life mission (Kroth & Boverie, 2000).

The findings of this research suggest both a simplicity and a complexity which surround the state of wellness. Its complexity is evident in the capacity to feel well in one area of life but unwell in another, and yet is as simple as asking the question, “How do you feel?” Wellness is informed by both models and theories but is often best understood through the experience of the individual.
Last, this study has added to the research surrounding balance. Balance is found to be similar to wellness given that it is individually defined and also has the ability to fluctuate. Definitions and perceptions of balance varied according to individual perspective, suggesting that balance is more about personal priorities and "passions" in life rather than equality of time spent in activities. Throughout the data collection process of this research, balance was often spoke about in conjunction with wellness, whereby the two were not distinguished from each other, suggesting that a relationship or even interdependence exists between the two. Although a significant contribution to theory may not have been made, this research has added to the existing literature on balance.

_Implication for Practice_

The findings of this research may hold implications for health care organizations, wellness practitioners, and adult educators. The participants' enthusiasm and passion captured during their discussions of continuing education highlight the important need for opportunities which incorporate the elements of control, challenge, stimulation, self-direction, and choice. In a work environment such as health care, where caring for others is the focus, opportunities to focus and develop the self should be made available and encouraged, including the ongoing support (financial and otherwise) for continuing education. Furthermore, it should be recognized that although the pursuit of continuing education might originally be driven by a professional's work situation, it will be their internal motivation and the personal benefits gained that will help sustain their involvement; program structure and curriculum should be designed accordingly. Education and activities of learning should also be acknowledged as a means of
improving one’s sense of wellness and balance. When an individual feels the need to increase feelings of wellness or regain a sense of balance, doing less or “taking a break” may not always be the right approach; the findings of this research demonstrate that the pursuit of meaningful learning activities can provide a sense of enhancement. Furthermore, it is important for health care organizations to hear and acknowledge the work stress that was shared by many of the participants in this study. Employers should strive to reduce employee stress through their organizational practices in addition to providing stress management programs and compensation on a continual basis.

Adult educators also need to be aware of the stress and strain women may face when pursuing continuing education; particularly those negotiating multiple roles such as mother and professional. An educator’s consideration for women’s work and home life commitments, and providing flexibility around the scheduling of classes and timelines of assignments could help alleviate the stress that may arise with the addition of student role into one’s life.

**Implications for Further Research**

A noteworthy implication for further research is the continued use of The Listening Guide: a voice centered method by Gilligan et al. (2003) in future research studies. This technique for data analysis and presentation was found to be an extremely valuable and insightful tool for this qualitative research study. The Listening Guide provided an in-depth analysis of the data, gave recognition to each individual story, contributed to the development of themes, and added creativity to representation of data. The decision to use The Listening Guide method in this study was encouraged by the thesis research on displaced women professionals by Balan (2004).
Implications for further research prompted through this study include:

- Further investigation surrounding the topics of wellness, balance, and women’s multiple roles, given that this research study involved a small sample size.
- An exploration of women’s perceptions of balance as a distinct state and as it relates to wellness.
- To explore continuing education in conjunction with theories of self-development and human becoming is also warranted.
- To explore the relationship between life mission and adult learning.
- To explore how type and structure (i.e., online learning, classroom) of continuing education impacts experience.
- Given the benefits of continuing education cited by the participants and their great enjoyment they shared of their involvement, further research to explore continuing education under the lens of leisure theories, such as leisure well-being, and flow are warranted.

Conclusion

This study explored the perceptions of personal wellness and balance amongst female health care professionals who are managing career, family, and continuing education commitments. This study has served to inform the existing literature surrounding the topics of wellness and balance. Most significant, however, this research has identified the positive role continuing education can play in the lives of women who are already negotiating multiple roles. Furthermore, this study has demonstrated that the benefits and motivation for continuing professional education extend beyond those which
are career oriented, where involvement can hold much more personal and meaningful benefits for the individuals themselves.
References


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Appendix B

INTERVIEW GUIDE

Review:
Demographics
Number of children and their ages
Profession and area of work
Type and structure of continuing education

Interview Questions:
1. What does wellness mean to you?
2. What does balance mean to you?
3. Describe your present state of wellness?
4. Describe your present state of Balance?
5. What indicators tell you that your life is ‘in balance’ or ‘out of balance’?
6. What causes you stress?
7. What does your leisure life presently look like?
8. What rewards do you experience from your involvement as a professional, parent and student?
9. Please describe a typical day.
10. What was your motivation for returning back to school?
11. Do your roles of a parent, professional and student enhance or exacerbate your feelings of wellness and balance?
12. What is your most favorite role? Least favorite?
13. How do your roles of mother, professional, and student affect your state of wellness?
14. How do your roles of mother, professional, and student affect your state of balance?