



## **DEVELOPING SELF-CARE AT WORK**

**JANE KEEP**

A thesis submitted in partial fulfilment of the requirements of the  
University of the West of England, Bristol, for the degree of PhD

Faculty of Business and Law,  
University of the West of England, Bristol

October 2013

## **Acknowledgements and Appreciations**

*This PhD study has been inspired by the teachings of Serge Benhayon, Universal Medicine.* I appreciate the consistent and unfaltering support I have had from Serge Benhayon and other Universal Medicine Practitioners during the past 8 years.

A huge thank you to all of the inquiry group participants who have been involved in this study along the way, without them the study would not have been possible.

I very much appreciate the support I have had from my Research Supervisors, Carol Jarvis and Peter Simpson, both of whom have offered me regular support, suggestions, encouragement, and openness towards my way of working and undertaking this study.

I appreciate the support I have had from many friends, relatives and colleagues for their encouragement, and practical things like help with spelling or grammar.

I deeply appreciate myself in undertaking this study, and lovingly methodically piece by piece, seeing it through to completion. It is a truly great piece of work, and I treasure myself for that. It has been life changing in that now I absolutely know ***I matter at work***, and I now feel harmonious, consistent and steady when I work. I also know that ***self-care at work matters***, as the quality of the way I work has changed inordinately since the beginning of the study.

**This is an open letter to humanity for all who work, whatever work you do,  
wherever you work - you matter at work, and self-care at work matters.**

## **ABSTRACT: Developing Self-Care At Work**

This PhD Study explored the practical development of self-care at work. The study enabled an understanding of self-care at work as a phenomena, and enabled the practitioners involved to free themselves from ideological and other chains holding them back from developing their own self-care at work, to such a point that in the end, they realised *'I matter' at work*, and that *self-care at work matters*. The findings show that it is not normal for there to be a focus on 'me' and consider self truly during the working day, and that many people see clients, colleagues or their boss as 'king' consistently putting them first before considering self. The findings also show if we do not self-care at work, and, we keep working when we are feeling under 'par' it is uncomfortable for us to work in this way, and the quality of the services we offer can suffer.

In the implications for practice, this PhD study offers a simple conceptual framework for developing self-care at work, with a series of sequential stages and inter-connected prompts. It also offers a self observational reflective prompt to support those who choose to deepen their level of self observation, and self awareness. Self-Care at work comes in a number of guises, no one size fits all. Periods of self observation, and trying new ways of caring for self at work enables individuals to develop their own unique self-care at work approach. Self-Care at work includes not only traditionally cited aspects in workplace well-being such as exercise and nutrition, it also includes preparing and planning for work, maintaining perspective, learning to say 'no', and, the willingness to make self-care at work an ongoing self inquiry process, using self observation, and reflective moments. With simple yet profound effects, using the physical body as a barometer on a daily basis, guiding what works and what doesn't work is fundamental to developing and deepening self-care at work. A profound impact of this study for practitioners is that in committing to making self-care at work a living inquiry and, breaking out of patterns or ideals getting in the way of self-care at work, self confidence can deepen, as can a deeper sense of self worth. Equally, developing self-care at work made a difference to the quality of services practitioners offered. Realising 'I matter at

work' and that self-care at work matters whilst simple, and a 'no brainer' is profound, and deeply emancipating.

# CONTENTS

LIST OF FIGURES.....	6
Chapter 1 Introduction .....	7
Chapter 2 Methodology .....	13
Chapter 3 Literature Review .....	46
Chapter 4 The Auto Ethnographical Findings and Discussion .....	86
Chapter 5 Third Party (Inquiry Group) Findings and Discussion .....	124
Chapter 6 Implications for Practice .....	174
Chapter 7 Limitations and Implications for Future Study .....	206
References .....	215
Appendix 1 Inquiry Group - Guiding Questions in Full (Chapter 2) .....	235
Appendix 2 Data Collection Methods in Full (Chapter 2) .....	237
Appendix 3 Research Study Operating Principles - in full (Chapter 2) .....	238
Appendix 4 Main Themes for the Literature Search (Chapter 3) .....	240

## LIST OF FIGURES

<b>Figure 1.....</b> Burrell and Morgan’s (1979) Four Paradigms for the analysis of social theory .....	16
<b>Figure 2.....</b> Self-Care At Work Development Framework (a prompt to develop self-care at work) .....	178
<b>Figure 3.....</b> An example of the iterative approach to developing self-care at work .....	179
<b>Figure 4.....</b> A practical example of an inquiry based self-care at work practice for a coach .....	181
<b>Figure 5.....</b> A process for developing and deepening self observation, and self awareness.....	185
<b>Figure 6.....</b> A process for developing and deepening self observation and self awareness using a specific example.....	186
<b>Figure 7.....</b> Further adapted by J Keep from Fig 1 (in chapter 2 .....	202

## **Chapter 1**

### **Introduction**

#### **1.1 Introduction to this PhD study**

This chapter introduces this study's inception and the curiosities that inspired the researcher to undertake this study. It also briefly outlines the layout of the rest of thesis. This study was undertaken with the intention of an exploration of self-care at work, so as to offer an 'open letter to humanity' about self-care at work, offering perhaps a deeper understanding of 'self-care at work', some practical suggested steps (via the self-care at work conceptual framework for instance) and an inspiration to those who work so that they could develop their own self-care at work approach whatever their work.

When the researcher started work in 1979 in the National Health Service (NHS) in England (in an administrative role) she was curious even then to understand how people at work took care of themselves, and how their organisation's (e.g. hospitals in this instance) supported the health and well-being of all of their employees. The researcher changed roles within the NHS moving into Personnel/Human Resources (HR) so that she could not only understand how people took care of themselves at work/how organisations supported employees, but also so that she could herself within HR Services support employee health and well-being. This was a constant curiosity for her and one that troubled her on and off in seeing employees who pushed themselves hard, never took breaks, got sick, or stressed, or didn't seem to take much care of themselves while at work. For over 25 years the researcher worked in and with organisations offering teams and individuals support on health and well-being at work, resilience at work, and related issues such as leadership, management and personal development to build confidence, personal efficacy, and personal and team effectiveness whilst at work. Curiously to the researcher (and this was never questioned by any of her peers, bosses, or colleagues), during this time what the researcher hadn't consciously stopped to pay attention to was her own health and well-being at work, as she was 'driven' to support the plight of others at work and in that she often ignored her own self-care needs at

work, and found herself to be in the exact same pattern of behaviour as those she wanted to support often feeling tired, depleted, and exhausted, and finding it difficult to take care of self at work though not understanding why it felt so difficult. She was used to putting others (e.g. the staff in the hospital and their needs) first over and above her own self-care needs.

Just prior to this PhD study the researcher became very ill. This ‘stop’ moment (as the researcher was forced to rest for 6 weeks) awakened the researcher to the realisation of how little she had taken care of herself at work and further awakened her curiosity and willingness to want to understand how she could learn to make self caring choices that supported her at work, and why this wasn’t a natural phenomena at work not just for her but for those around her. Equally she reflected on the work she had done with others in supporting their self-care at work and wondered for herself, and those she had worked with what got in the way of self-care of work or what got in the way of a consistent approach to personal self-care whilst working, as she could feel there was something missing yet at this point she was unable to put her finger on what was missing, or why it seemed so difficult. It was almost as though personal legitimacy to take care of self at work was missing. This curiosity was confirmed by others as the researcher was always being asked by colleagues and clients that same question ‘how can I take more care of myself while I work?’ or ‘how do we take care of our teams and employees at work?’ This was the impetus that led the researcher to choose to self fund a PhD with a local university so as to take a deeper look over a period of time (in this case 6 years part time) with the support of a few wise mentors, PhD supervision, a university library and other useful resources to undertake a study such as this.

Just prior to setting off on the PhD study the researcher had a 1:1 with a wise mentor who helped her to clarify that this study was about her own pathway in the development of self-care and that this would be something that could be shared with others whether it was later published in a book, journals or elsewhere. After making some enquiries with colleagues and clients it also became clear to the researcher that this study potentially offered an insight to other organisational practitioners (e.g. coaches, facilitators, leaders, managers) about the way they could learn to develop or deepen their self-care at work, and that some form of inquiry with an inquiry group consisting of organisational



practitioners could explore together over a period of time, the notion of self-care at work, what gets in the way (e.g. the ideologies, beliefs), what enables the development of self-care at work, how to break out of old (uncaring) ways, looking at this from a practical perspective and an individual perspective, and not looking organisationally or from a policy perspective.

This study matters because in the first instance the researcher knew there had to be a different way of taking care of self at work and she knew from colleagues that they too were searching for something. Curiosities were arising not only in understanding self-care at work and what got in the way, but also in how self-care at work was practically developed? And what supported the development of self-care at work? Equally what supported personal legitimacy to focus on developing or deepening self-care at work?

This study also matters as workplace health and well-being nowadays appears regularly in the professional and practitioner press and is raised more frequently by leaders in organisations as a potential problem, not only in the scale of employee illness but in the impact illness or an ailing workforce has at work for example:

- The CMI estimated that illness at work costs UK employers £12.2 billion a year as a result of sick days taken. (CMI 2009)
- Worrall and Cooper (2006) suggest 58% of UK managers admit to being unproductive for at least 20% of working time due to poor health. Worrall and Cooper (2006) also suggest that 60% of managers reported that sickness rates have increased in the past twelve months but that most health concerns remain unreported (or under reported).
- The CIPD (2012 b) suggest that for example obesity accounts for £1.3-£1.6 billion of lost earnings in the UK or around 16 million days off as a consequence of certified sickness absence.
- Annual surveys of sickness absence from the CBI (CIPD/AXA 2012 b:1) highlight that ‘there is a significant cost of work-related stress, depression and anxiety which is over 13 million days a year’.
- ‘Worker stress costs the British economy almost £4 billion a year, with the cost of accidents and injuries at work.’ (CIPD/AXA PPP healthcare 2012 b:2)

- ‘Employers believe health issues are the most common factor causing employees to perform below their potential capacity at work according to the CBI survey 2011’ (CIPD/AXA PPP healthcare 2012 b:2)
- The Boorman Review (2009) into health and well-being of NHS staff concluded that 15,000 NHS staff would be available to deliver patient care if absence levels in the health service were reduced to the average private sector level saving around £500 million a year. Researchers also found that hospitals with worse staff health are less productive and have higher rates of superbug infection, unnecessary use of agency workers and higher patient death rates. More than three-quarters of staff believe that the state of their health affects patient care.
- ‘There is a good evidence base to suggest that looking after the health and well-being of staff is very important in terms of delivering productivity and quality.’ (Dean Royles as quoted in Mooney 2011:22)

A study about self-care at work arguably has a contribution to play in supporting individuals and organisations to make a change to some of the statistics above.

## 1.2 Inspiration

At the outset of this PhD study whilst having a personal development session with Serge Benhayon (Universal Medicine) the researcher was deeply inspired by this quote that Serge shared in an email:

‘The true delivery of service begins first by delivering that same service to self in every way, and to all others by the same manner, that are within the group, before any organisation can truly serve’ (Benhayon 2006).

This inspiration offered the researcher a solid platform from which to start to clarify the curiosities and questions for this PhD study. **The inspiration that the quote offered was to consider serving self (e.g. taking care of self) first, *before* serving others.**

The overarching research question for the PhD study is - **how is self-care at work developed?** Further underpinning and supporting questions and curiosities are outlined in chapter 2 (Methodology).

One further introductory note here is the ‘methodological’ stance the researcher naturally had, and that supports this study. The researcher in her work with universities had undertaken a number of qualitative, interpretive studies including many inquiry based studies such as action research (Reason and Bradbury 2001). More so, one of the things that bothered the researcher that she was curious about was what got in the way of self-care at work, why wasn’t it simply a natural way of working and why didn’t people at work generally take care of themselves? It was a ‘no brainer’ yet it was a constant question/issue on people’s tongues (‘I really need to take more care of myself at work but I can’t seem to’, ‘I know I need to take care of myself at work, but something gets in the way’, ‘self-care at work is so difficult’, and so on). It was almost as though personal legitimacy to self-care at work was missing, yet no one at work had ever said ‘*do not take care of yourself at work*’!

The researcher in life was not what you might call ‘compliant’ as she was often looking at ‘ways around’ situations that were not in the first instance the ‘normal’ or mainstream’ way of looking at something. The researcher naturally worked and researched in a way that not only inquired and maintained a curiosity as to why things were the way they were but she also looked at ways of ‘breaking out’ of things (whether they were rules and regulations, or processes, or ideals and beliefs) once she understood them, always guided by the feeling ‘there must be another way’. For the researcher it was important to undertake this study in a way that honoured that. A way that offered both an inquiry to deepen understanding and also through that understanding offered a way to ‘break’ the chains, or ideals or beliefs that were in the way. She felt this study needed to both see what was going on with ‘self-care at work’ and what the ‘chains’ were that needed to be broken to emancipate individuals to develop a consistent self-care at work approach. This was because it seemed to the researcher like an inevitability and a dichotomy that self-care at work both mattered and yet it didn’t matter when it came down to it practically and on a daily basis.

In the early part of this study, the researcher was introduced to Burrell and Morgan’s (1979) sociological paradigms and in particular radical humanism in that ‘one of the most basic notions underlying the whole of this paradigm is that the consciousness of man is dominated by the ideological superstructures with which he interacts, and that

these drive a cognitive wedge between himself and his true consciousness.’ (Burrell and Morgan 1979:32). ‘It is a brand of social theorising designed to provide a critique of the status quo’ and for the researcher it had the potential to ask why the status quo was as it was, and what was needed to break out of that status quo - the status quo here being the dichotomy of self-care at work both being a ‘no brainer’ yet it not being practiced consistently by employees, let alone not being celebrated as a success factor in employee effectiveness (e.g. well and vital employees who take super care of themselves are arguably not commonly celebrated for that success/achievement). These methodological considerations are outlined in more detail in the following chapter 2.

### **1.3 Brief outline of this thesis**

- Chapter 1 has provided a brief introduction to the inception of this study, and, why to the researcher it mattered.
- Chapter 2 provides a detailed description of the methodological and research methods choices for this study including the practicalities of this.
- Chapter 3 provides the literature/theoretical context for the study.
- Chapter 4 outlines the researcher’s auto ethnographic findings and discussion.
- Chapter 5 outlines the third party (inquiry group) findings and discussion.
- Chapter 6 outlines implications for practice including the development of self-care at work conceptual framework.
- Chapter 7 outlines the limitations and potential aspects for future study and dissemination.

There then follows the references section and four appendices.

## Chapter 2

# Methodology

## 2.1 Introduction

This chapter outlines the methodological choices and research methods choices made for this study.

This chapter discusses the ontology, epistemology, methodology for this PhD study, and in particular Burrell and Morgan's (1979) sociological paradigms; ethnography; auto ethnography; reflective practice; action science, participatory and inquiry based research; the practical research methods and processes; ethics and robustness.

## 2.2 The research question

### **Overarching question: How is self-care at work developed?**

The underpinning research question/s that this overarching question is based on are:

- 1 Do organisational practitioners who work as coaches, facilitators, managers practically take care of themselves in their daily living and working?
- 2 What is it like to offer a service to others with little or no consideration of self?
- 3 What does it feel like to work or offer services while you feel 'under par' or unwell?
- 4 What gets in the way of self-care at work? (e.g. organisational ideologies, beliefs, or lack of personal legitimacy to take care of self for instance)
- 5 How do organisational practitioners (e.g. coaches, managers, facilitators) practically take care of themselves at work? How do they personally legitimise self-care at work?
- 6 What changes to taking care of themselves can, and do organisational practitioners (coaches, facilitators, managers) make in light of understanding questions 1 - 4 above?

- 7 What difference does it make when we take care of ourselves at work?
- 8 Does taking care of self at work matter? How does the practitioner feel when they are consistently taking care of self at work?

This study was undertaken to understand more about taking care of self while working, with a curiosity to understand why it was not second nature that everyone took care of themselves while at work and why and how had people lost what seemed like a sense of personal legitimacy to do that. This study was also undertaken to see if there was an alternative way, and how they could learn to or deepen self-care at work.

The researcher was curious as to whether taking care of self at work mattered. To get to this she wanted to understand what self-care other people did at work? how do practitioners develop self-care at work (or deepen self-care at work)? And whether then in taking care of self at work it had an impact on the quality of their work (whether it mattered)?

### **2.3 Methodology - an introduction**

‘All approaches to the study of society are located in a frame of reference of one kind or another. Different theories tend to reflect different perspectives, issues and problems worthy of study and are generally based upon a whole set of assumptions which reflect a particular view of the nature of the subject under investigation’ (Burrell and Morgan 1979:10).

Research can be described as ‘a systematic investigation to establish facts or collect information on a subject’ (Collins 1982:1274). Research is the search for new knowledge, new perspectives, new ways of seeing things, or to confirm or reaffirm what is already known, or establish facts, solve problems or develop new theories. Methodology is a framework and frame of reference for undertaking the research and is the philosophy that underpins the methods chosen. Within this, a method is a way of proceeding systematically, and a series of steps within this to acquire knowledge. Research design offers the framework within which data can be collected, and analysed and ‘a choice of research design reflects decisions about the priority being given to the range of dimensions of the research process’ and... ‘research method being ‘a technique for collecting data’ (Bryman and Bell 2003:32). Crotty (2005:2) suggests there are four questions for consideration in embarking on research:

- ‘What methods do we propose to use?’
- What methodology governs our choice and use of methods?
- What theoretical perspective lies behind the methodology in question?
- What epistemology informs this theoretical perspective?’

‘In virtually all research... ..the epistemology is ‘rules of science’ (Barron 2006:202) The ontologies of research ‘reflect the world view or ‘map’ with which the researcher engages’ (Sapsford and Jupp 2006:175), ‘with questions pertaining to the kind of things that exist in society ... the nature of social bodies’ (Barron 2006:202). The decisions researchers make on matters of methodology are determined by the researchers philosophical assumptions whether known or tacit to the researcher, these would arguably include cultural, social and other aspects based on the beliefs, and experiences of the researcher, or based on their education and learning preferences, or schooling, and upbringing. The choices are based on many hidden and unhidden facets of the individual, for instance, in this research the researcher became aware of many more of her hidden beliefs and ideals through the process of studying towards this PhD study which uncovered many assumptions and perspectives.

‘Empirical research is not simply a choice of method... research as a mode of engagement is part of a wider process... ..the selection of method implies some view of the situation being studied’ (Gill and Johnson 2005:89),

This includes the decisions made throughout the study about what is being studied and how it is being studied, and that the research makes assumptions of an ontological nature which concern the very essence of the phenomena to be researched.

## **2.4 Sociological paradigms**

In Burrell and Morgan’s (1979) framework (see Fig 1 below) the subjectivist, and non regulatory perspectives rang a bell for the researcher, and were not just a familiar way of researching in the past, but a familiar way of being in the world. The researcher had struggled with what she had known as positivism, or an objective way of looking at research, being personally more interested in understanding why things were the way they were, what influenced them, and observing them more deeply to gain a deeper understanding, as well as finding a way to ‘over turn’ or get around them to move forward (e.g. to emancipate herself).

	<b>subjectivism</b>	<b>objectivism</b>
<b>Radical change</b>	<p><b>Radical humanism</b>  Socially constructed realities entrap people, the aim is to release people from these ideological constraints through developing alternatives  <i>The research study moved here after understanding through the early part of the study what was going on regarding taking care of self at work and that changes could be (and were) made. The researcher had lived and worked based on the assumptions and ideas in this paradigm, in that not only do we create the world, we can understand it and from that we can change it and that there is nothing that once understood cant be changed.</i>  <i>The research methods chosen to support this were auto ethnography and participatory action research inquiry.</i></p>	<p><b>Radical structuralism</b>  Society/organisations dominate, exploit, the aim here is to analyse these processes, their contradictions, in an objective way so as to identify how they can lead to social change</p>
<b>Regulation</b>	<p><b>Interpretative</b>  Organisations have no prior independent existence, they are understood from the participants viewpoint - the aim here is to understand how shared versions of reality emerge/are maintained. <i>The research study commenced here with a need to understand what was going on as regards taking care of self at work.</i></p>	<p><b>Functionalism</b>  Society/institutions have concrete tangible existence, producing ordered status quo - analysed objectively via the rigour of the scientific method</p>

**Figure 1.** Burrell and Morgan’s (1979) Four Paradigms for the analysis of social theory

(Adapted by J Keep for the purpose of this PhD study. Sources: Fig 3.1 ‘Four Paradigms for the analysis of social theory Burrell and Morgan 1979:22, adapted by Johnson and Duberley Fig 4.3 2000:80)

From the horizontal axis, looking at this ontologically, using Burrell and Morgan’s (1979) paradigms, and the ‘subjective-objective’ dimension, the researcher favoured ‘nominalism’ where there was no real or true structure to the world just concepts, ideals, experiences, feelings, beliefs, and assumptions and used this way to structure reality in the world, and in this research. ‘Reality is simply a product of our minds, a projection of our consciousness’ (Johnson and Duberley 2000:78). Ontologically, the other dimension to this as described by Burrell and Morgan (1979) and used by many scientists, particularly the natural sciences, is ‘realism’ whereby the social world external to the individual is a world made up of hard tangible relatively immutable structures and the social world exists independently of an individual’s appreciation of it. The structures and things in the world whether ‘labelled’ or not are still seen to be empirical entities, whereby the world exists, and the individual does not create it, as it is independent of



human consciousness (Johnson and Duberley 2000:78). This was not the way the researcher viewed in the world.

Reviewing this from an epistemological perspective within the subjective-objective dimension of Burrell and Morgan's paradigms (1979) the epistemological assumptions are about how we understand the world and communicate this as knowledge to others. These assumptions entail ideas for example, about what forms of knowledge can be obtained, and how we sort out what is regarded as 'true' from what is regarded as 'false' thus offering a dichotomy of 'true - false' which creates an epistemological stance in itself. This is based on whether it is possible to identify or communicate knowledge itself as being hard, real and tangible or whether it is softer, more subjective, based on insights or experience for instance (Burrell and Morgan 1979).

In Burrell and Morgan (1979:3) the paradigm is a

‘scheme for analysing assumptions about the nature of social science (Fig 1.1 1985:3) there are a further set of assumptions, concerning ‘human nature’ and, in particular, the relationship between human beings and their environment... ..all social science clearly, must be predicated upon this type of assumption, since human life is essentially the subject and object of enquiry’.

Here there are two views one being ‘determinism’ which comes from an objective dimension in that the activities of human beings are completely determined by the outside ‘as necessary responses to external stimuli’ (Johnson and Duberley 2000:78), and that humans are conditioned by their external circumstances. On the other hand, ‘voluntarism’ attributes to human beings a more creative role where ‘free will’ occupies the centre of the stage which is the way the researcher views the world in that ‘human action arises out of the culturally derived meanings they have deployed during sense-making’ (Johnson and Duberley 2000:78). In these two views of the relationship between human beings and their environment there is a philosophical debate between the advocates of determinism on the one hand and voluntarism on the other, and ‘social scientists are pitched somewhere in the range between’ (Johnson and Duberley 2000:78). Ontologically, epistemologically and on the basis of perception about human nature, the researcher falls into the subjectivist approach to social science.

All of this influences methodology and influences or has consequences for the way we research, explore, investigate and obtain 'knowledge' about the social world, as each different ontology/epistemology determines social scientists towards different methodologies. For example for some treating the world as hard, real and external to the individual, and for the researcher in this study, where the world is personal and subjective and, the search for understanding the way in which the individual creates, modifies, and interprets the world in which he or she finds himself/herself, which is the basis of this study. This research supports a more 'ideographic' (Burrell and Morgan 1979) approach by understanding the social world in getting close to the subject. In the case of this PhD study it gets close to the researcher auto-ethnographically (e.g. Chang 2008, Reed-Danahay 1997, Ellis 2004), and it gets close to a cohort of research participants via participatory inquiry (Reason and Bradbury 2001). It also involves getting accounts (stories) and observing self and others in daily living to understand, and unpick/uncover what underpinned the actions and approaches of the human beings being studied. Overall, for the researcher, the philosophical choices are based on the 'recognition of the relevance of human subjectivity' (Gill and Johnson 2004:95 Fig 9.1) whereby the researcher choose auto ethnography coupled with an inquiry group as the methods, which are discussed later on in this chapter.

The vertical axis is based on 'the nature of society' construed by Burrell and Morgan (1979) as two bi-polar extremes, one being 'the sociology of regulation' (e.g. consensus, equilibrium, and about maintaining status quo), with the nature of conflict being a 'temporary aberration necessary for adaptation to changed circumstances' (Johnson and Duberley 2000:78), on the other side of the vertical axis is the 'sociology of radical change' which assumes society (already) has fundamental conflicts, structural in nature, being concerned with human change, and the potentiality of emancipation from a society which stunts human development. The 'order - conflict' axis is seen by some sociologists as a 'non debate' (Dawe 1970 in Burrell and Morgan 1979:207) viewing conflict as a 'variable towards explaining social order' suggesting these aren't entirely separate as theories as they involve elements of both models, and it's not either or but 'two sides of same coin'. However, Burrell and Morgan suggest that debate has 'met a premature death' and whilst understanding that the different adjectives could mean

different things to different people, Burrell and Morgan (1979:16) suggest the attempt to reduce the two models to a common base ignores the fundamental differences which exist between them, and much of the confusion has arisen because of the ambiguity of the descriptions and terminology associated with the two models, suggesting a need to change 'order - conflict' to 'regulation - radical change' to further clarify the debate about the dimensions on the vertical axis.

Regulation here is about providing explanations of society, its underlying unity and cohesiveness and the need for regulation in human affairs. If there is social cohesion and solidarity, this is suggested as a clear illustration of a sociology of regulation.

The sociology of radical change is believed to be a basic concern to find explanations for radical change whereby there is deep seated structural conflict, modes of domination, and is concerned with the emancipation from the structures which limit and stunt man's potential for development. The radical change dimension looks at potentiality and actuality in what is possible rather than acceptance of status quo. From the researcher's perspective she has always worked and studied with a philosophical perspective of radical change in understanding what is going on, and the possibilities and potential to change anything that 'caps' individuals, or organisations from moving forward rather than accepting the status quo. This PhD study relates to the passion the researcher had in realising that 'there must be a different way' to take care of self at work, and that the only way (for her) was to develop understanding, to look at the ideologies for instance that were 'capping' or inhibiting self-care at work, and then to look at the new possibilities that broke out of old patterns and ways of behaving as regards self-care at work.

In introducing the four box matrix itself (pulling together the axis discussed above), Burrell and Morgan's premise is that 'social theory in general and organisational analysis in particular can be understood in terms of a matrix of four paradigms' (Burrell and Morgan 1979:24). What drew the researcher to this framework in particular is that it provides a map for navigating the subject area, identifying differences and similarities and a convenient way of locating ones own personal frame of reference with regards to social theory. The extreme positions of the four strands from Burrell and Morgan

(1979:3) with regard to the nature of social science provided a powerful tool for the analysis and classification of social theory for those, like the researcher, who relate to that way of classifying and analysing social science research and philosophy, and the social world, however, the researcher found (as described below) that she moved between two of the social paradigms - interpretivism, and radical humanism.

Burrell and Morgan contend that the four paradigms are ‘continuous but separate, contiguous because of the shared characteristics, but separate because the differentiation is of sufficient importance to warrant treatment as 4 distinct entities (which) generate quite different concepts and analytical tools’ (Burrell and Morgan 1979:23). Johnson and Duberley (2000:79) discuss that throughout their work Burrell and Morgan are adamant that the four paradigms are mutually exclusive and incommensurable and that the inter-paradigm journeys are rare, as they are different ways of being and seeing the social world, and in their pure forms, they are contradictory, ‘in the sense they cannot operate in more than one paradigm at any given point in time since in accepting the assumptions of one we defy the assumptions of all the others’ (Burrell and Morgan 1979:25 in Johnson and Duberley 2000:79). The researcher’s experience of using Burrell and Morgan’s *Social Paradigms* (1979) was that she *was* able to move between paradigms - between Interpretivism, and Radical Humanism, and she did not support incommensurability of the paradigms. She started out knowing that this would be the case as she first needed to understand, then to break the chains, or emancipate out of the ideology or beliefs (that were now understood) that were holding back the researcher (and inquiry group) from making real change in their lives. So in practice she started researching interpretively, with the auto ethnography, and inquiry group - developing an understanding of the phenomena - developing self care at work, and using the enquiry group to share, and test their versions of reality about developing self care at work. Following this, she and the inquiry group upon understanding the beliefs and ideologies made choices to break out of these ‘chains’ and to experiment, try and test new ways, until they each found new ways, that then became their ‘new normal’ practice, thus emancipating out of the socially constructed realities holding them back. This process happened a number of times. The researcher felt that not only was this possible, it was a useful approach to the research. The two paradigms (interpretive and radical

humanism) didn't feel incommensurable. The researcher experienced that in order to emancipate it was necessary (for the purposes of this research) to interpretively understand. To explain this a little further, the researcher knowing she was subjectivist in her approach to research initiated this PhD study from an interpretive perspective wanting to understand what was going on as regards self-care at work, and soon realised that once there was a deeper understanding about the phenomena being studied, there was a need for the researcher to take the study further than that, based on her own philosophical world view. In that, once there was a realisation that the daily things in the social world such as taking care of self at work, were influenced by illusory structures or beliefs (e.g. a lack of personal legitimacy for self-care at work, or self-care at work is selfish), then it became clear that these beliefs and ideals were holding 'back' the researcher/inquiry group in making daily living choices that supported them based on what they felt they actually needed. Once this was clear in the early part of the research, then a shift to the radical humanist paradigm was made as the nature of this research study was not only to understand, but to actually change, and see the possible other alternatives and potentials, 'unchaining' the researcher/inquiry group from their 'selective' view of the world, and enabling real practical change, therefore working between these two social paradigms rather than only working in one, thus the researcher does not from this experience support paradigm incommensurability.

## **2.5 Interpretivism through to radical humanism**

Taking the interpretive of the two subjectivist paradigms, to further attempt to locate this research study, Dilthey (1976) outlines that the natural sciences investigated external processes in a material world, and that the 'cultural sciences' were essentially concerned with the internal processes of human minds, only to be fully understood in relation to the minds which created them and the inner experience which they reflected and as such, required new analytical methods based on *verstehen* (understanding). This was the means through which the researcher of this PhD study sought to understand human beings, their inner minds and their feelings, and the way these were expressed in their outward actions and achievements, providing a means of studying human affairs. Max Weber 1949 (in Burrell and Morgan 1979: 230) defines sociology as a science that looks at the interpretive understanding of social action in order to gain a causal

explanation of its effects, and that 'action is social in so far as it takes account of the behaviour of others'. For Weber the objective reality of the social world is not a central issue, it is the way in which it is interpreted by human actors that is key. Natanson (1966) in Burrell and Morgan (1979:233) suggests the endeavour of phenomenology is to transcend the natural attitude of daily life so as to render for philosophical scrutiny to describe and account for its essential structure, and, that in this process the external world is an artefact of consciousness, and man is shown as living in a world created through consciousness.

Taking the subjective paradigm of radical humanism, derives from the same intellectual source as the interpretive paradigm, though the essentially subjectivist orientation which the two paradigms have in common are 'made to serve fundamentally different ends' (Burrell and Morgan 1979:290). Whilst already discussed, the interpretive and radical humanist paradigms are both founded upon the notion that the individual creates the world in which he/she lives, however, whereas interpretive theorists are content to understand the nature of this process, the radical humanists subject it to critique focusing upon what they regard as the 'essentially alienated state of man'. Fichete (1970) in Burrell and Morgan 1979:279) states that 'individual consciousness is a continuously creative entity generating a perpetual stream of ideas, concepts, perspectives through which a world external to mind is created', and radical humanism is defined by its concern to develop a sociology of radical change from a subjectivist standpoint, with its approach to social science much in common with interpretive paradigm, as it sees the social world nominalist, anti positivist voluntarist and ideographic. The most basic notion underlying this paradigm is that the consciousness of man is dominated by the ideological superstructures with which he/she interacts and that these drive a 'cognitive wedge between himself and his true consciousness, this wedge is alienation/false consciousness, which inhibits or prevents true human fulfilment, so concern is release from constraints with existing social arrangements placed upon human development' (Burrell and Morgan 1979:32). Radical humanism is concerned to articulate ways in which 'human beings can transcend the spiritual bonds and fetters which tie them into existing social patterns and thus realise their full potential' (Burrell and Morgan 1979:32).

The other side of the radical change axis is where the functionalist social theorists create and sustain a view of social reality which reinforces the status quo and which is understood as but one aspect of the network of ideological domination which pervades contemporary western society.

Theorists in both of these paradigms are committed to revolutionary changes in society, but the radical structuralists place more emphasis upon deep economic and political 'structures' in their analysis more concerned with structure, contradiction, and crisis, while radical humanists focus on consciousness, alienation and critique also emphasising that reality is socially created and socially sustained.

As this research study was undertaken, the researcher more and more realised that this was 'true' for her in that we have socially created many of the things around us including the notion of time, and the 'laws' or 'rituals' that fill our daily work and lives, which unknowingly (most of the time) we sustain ourselves even when we feel the drudgery or incompatibility of them - rarely do we look up and ask 'is this all there is? - there has to be another way?' Once we look up and ask this we can start to see beyond the illusion that there is only one way, and that there is another way, and we have a choice within this. Related to this the researcher watched the movie *The Truman Show* (1998) a few times at the outset of this PhD study. This satirical movie highlighted the essence of what the researcher felt once being able to see above the 'parapet' or out of fog (or illusion) and realise there are more choices in the world and that a lot of the social world seemed to be socially constructed and socially sustained (although unlike Truman in *The Truman Show* (1998), *everyone was a 'Truman'* e.g. everyone at work, not just Truman and a bunch of actors who knew they were on a TV show). This particularly supported the underlying notion around 'the individual creates the world in which he lives' (Burrell and Morgan 1979: 279)

Of note here, as already mentioned above, is that following a purely interpretive research study would not have allowed the research the space to make changes. Taking a radical humanistic perspective as well as an interpretive approach, offered the 'space' for the researcher/inquiry group to not only realise and become aware of what was going on but also to take steps to change, and break out of the patterns and behaviours

that were in the way. The strongest aspect of radical humanism was that there was an opportunity here for this research to be ‘overthrowing the limitations of existing social arrangements’ (Burrell and Morgan 1979). This, combined with discussing the methodological issues and engaging with philosophical issues and ethical and social issues raised through the research (as is the practice of the subjective side of the paradigm) enabled this research to both observe/understand the phenomena, offering the conscious process of reflection and reflexivity within the research that inspired the researcher and the inquiry group participants to make new choices, affording personal legitimacy, as they each were inspired to break out of the old patterns and behaviours that no longer served or worked.

## **2.6 The research methods**

Having discussed ontology, epistemology, human nature, and methodology using Burrell and Morgan’s (1979) sociological paradigms, there followed a series of choices regarding research methods. Research method being ‘a technique for collecting data’ (Bryman and Bell 2003:32). Crotty’s questions earlier in this chapter (2005:2) ask the researcher to consider ‘what methods do we propose to use? This section outlines these choices.

This PhD study used qualitative methods as a ‘variety of research techniques and procedures associated with the goal of trying to understand the complexity of the social world in which we live and how we go about thinking, acting and making meaning in our own lives’ (Ellis 2004:25). Qualitative research methods include participant observation, interviews, auto ethnography, narrative, and social action research. This PhD study used auto ethnography, and participatory inquiry (using an inquiry group) within which a number of data collection methods were used (discussed later in this chapter). This section of this chapter outlines auto ethnography and action science participatory inquiry methods. These research practices emphasise ‘getting close to those we study attempting to see the world through participants eyes and conveying the experience in a way faithful to their everyday life’ (Ellis 2004:25).

‘Auto ethnography is an intriguing and promising qualitative method that offers a way of giving voice to personal experience for the purpose of extending socialised



understanding' (Wall 2008:38) which was the researchers first choice of a way not only to understand, but to express the understanding, and the changes in behaviour that were made during this study. The researcher also wanted to work with a inquiry group so as to share, discuss, reflect, and gain understandings and perspectives of others on the same phenomena that she was exploring via auto ethnography:

'you may decide to investigate a certain life experience of yours, but instead of studying only yourself, you include others with a similar experience as co-participants in the study' (Chang 2008:65).

The research focus was anchored in the researcher's personal experiences as a study of self alongside the experience of others in the inquiry group.

## **2.7 Auto ethnography**

Auto Ethnography can be described as a qualitative research method that 'utilises ethnographic methods to bring cultural interpretation to the autobiographic data of researchers with the intent of understanding self and others' (Chang 2008:56). Auto ethnographies vary in emphasis on auto (self), the ethno (sociocultural connection) and the 'graphy' (application of the research process). Ethnography is described as

'the study of people in naturally occurring settings or 'fields' by methods of data collection which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally' (Brewer 2000:6),

although 'because method and methodology are so intertwined some authors describe ethnography as a perspective rather than a means of data collection' (Wolcott 1973 in Brewer 2000:7). It is the writing or describing people in the first hand observation and participation in a setting or situation, and the term refers to both the process of doing a study and to the written product. Ethnography is a framework for thinking about the world and reflects a 'way of viewing the world, holistically and naturalistically and a way of being in the world as an involved participant' (Sigman in Ellis 2004:26), it works close in and not from the armchair (Weick 1995) and is of the subjectivist side of Burrell and Morgan's four paradigms (1979). Whilst the researcher was drawn to ethnography there was an emphasis that she felt was needed on her own experiences in

the social world, 'what does seem important is that I describe what it means to me' (Etherington 2004:71) and auto ethnography enabled bringing 'self' into the study.

From the outset the researcher was aware of perspectives cited by natural scientists about using auto ethnography and felt that

'despite the credible nature of subjects experiences in qualitative research the legitimate use of experiential evidence feels awkward against a hierarchy of evidence and empirical dominance over all other processes of knowledge' (Regan 2008:200).

John Locke (1689) advocated the use of experiments (meaning experience in the seventeenth century) by using the senses to prompt belief in a physical occurrence (or thing), 'establishing a new body of inductive knowledge and truisms'. This resonated with the researcher.

'The first and most obvious feature of auto ethnography is that the researcher is a complete member in the social world under study, and benefits greatly from the thought that self is an extension of community rather than that it is an independent self sufficient being' (Chang 2008:26).

This supports subjectivism, in that 'action is social in so far as it takes account of the behaviour of others' (Weber in Burrell and Morgan 1979:230). Ellis (2004) presents auto ethnography where practitioners see social life as something constructed through interaction and engagement with the world. Butler (2009:295) suggests the focus in this is more closely on the person describing social life, and for social science and organisational practitioners, for instance social workers, HR practitioners, whereby auto ethnography is a valuable tool. It is an iterative process 'in a state of flux and movement between story and context, writer and reader' (Jones 2005:764) examining the meaning of human experience, and self and social (self and others) in various settings. Within the study (graphy) it also refers to an 'autobiographical genre of writing and research that displays multiple levels of consciousness' (Ellis 2004:37). The researcher also experienced it in a way that it displays multiple layers of 'awareness', and that the self observation, enabled a deeper awareness of self in relationship to the social world, and practicalities of that, which continued to deepen in each iteration of observation, reflection, action/try and test, reflection, reflexivity etc.

McIlveen (2008) suggests the ontology of auto ethnography comes from the notion of lived experience, subjectivity and meaning within relative contexts, 'it is nominalist in that reality is a product of our minds, a projection of our consciousness' (Johnson and Duberley 2000:78). Epistemologically, it is anti-positivistic, as it is about the way we understand the world, and share this knowledge and our understanding with others, based on the subjective insights, experiences, observations, and awarenesses of the researcher and the inquiry group. It is ideographic (Burrell and Morgan 1979) in that the world is personal, subjective and the search for understanding of how the individual creates and interprets the world, getting close to the subject, and observing self and others (e.g. the inquiry group, or self in a work place setting).

'The discussion of self has been rich and prolific' (Chang 2008:23) self being of interest in this PhD study not just in the research method (auto ethnography), but also in that a focus of the study is self-care (self is also discussed within the literature chapter, and findings later on in this thesis). Vitz's (1994) notion of selfism describes the undesired indulgence of self and this view of self has transformed over time, in that Gergen (1991:6) changes the concept to self from the romantic perspective of the 19th century, which attributed to each person characteristics of personal depth as passion, soul, creativity, moral fibre, emotional feeling and intuition which were all then considered integral to 'selfhood'. In the 20th century, modernists de-emphasised the affective and intuitive attributes of self, highlighting the characteristics of the self residing in our ability to reason, in our beliefs, opinions, and conscious intentions, as part of the scientific advances of the 20th century a person of reason and objectivity was far more valued. More contemporary post modernists are sceptics of the modernist sense of a 'rational orderly self'. 'Gergen (1991:6) claims selves as possessors of real and identifiable characteristics such as rationality, emotion, inspiration, and will are dismantled in the post modern view' (Chang 2008:24). Although the post modern view of self assumes a deprivation of hope for a self sufficient independent and directional self, it invites us to look at self as a fragile and interdependent being. Gergen (1991:147) articulates the 'reality of interdependency' as 'one's sense of individual autonomy gives way to a reality of immersed interdependence in which it is relationship that constructs the self with the attention to community in the scholarship of self, the

continued existence of humankind is dependent on a new attitude of cooperation rather than conquest vis-a-vis community'. Auto ethnography benefits greatly from the thought that self is an extension of a cultural community rather than being independent and self sufficient. Chang (2008:23) sees culture as a product of interactions between self and others in a community of practice whereby an individual becomes a basic unit of culture and from this individual's point of view 'self is the starting point for cultural acquisition and transmission, for this reason, scholars of culture pay a great deal of attention to the concept of self' bearing in mind that the concept of self varies at different times in different cultures.

The term "culture" in American anthropology is: (1) the evolved human capacity to classify and represent experiences with symbols, and to act imaginatively and creatively; and (2) the distinct ways that people living in different parts of the world classified and represented their experiences, and acted creatively (Chang 2008:26). Those who belong to the same community (whether work, living, location, neighbourhood, clubs etc) as self are likely to be seen as comrades who share similar standards and values as others of similarity, whilst others from a different community can be distinguished as strangers who possess and operate by different frames of reference. 'Verstehen' here is an act of putting aside one's own framework and seeing others experience within the framework of their own (Geertz 1984:126), recognising that perfect verstehen is possibly beyond our human capacity, as attempts to empathise can produce incorrect judgements about others. A further point here about culture is that understanding others of similarity and others of difference requires a different course of action on the part of self, in that self learns values, norms, customs from others to become a proper member of the community, self contributes to the continuity of the community as well, and, self can become mirrored in others and others can become an extension of self. This resonated with the researcher and a facet of this PhD study related to role modelling and how within different communities self (we/us/I) can potentially influence a community by the role modelling that is observed/offered, and experienced by others. We are not only the 'bearers of culture, but also active agents who create, transmit, transform and sometimes discard certain cultural traits' (Chang 2008:21).

## **2.8 Stories and narrative in auto ethnography**

This study is based on the collation and analysis of softer, more subjective insights, from stories from journalling for instance. Narrative and story approaches are based upon epistemologies that view reality and knowledge as socially constructed, as stories offer a way of exploring experiences, ideas, beliefs, and assumptions. Gabriel (2000), Ellis (2004), Chang, (2008) suggest that stories offer support to structuring the world, or seeing the world by unearthing behaviours in order to be clearer of the options and choices available as a way to make change and a way of getting close in to the subject. Stories or narratives in this way provide explanations of society and, as in this research study can find explanations for radical change so as to then break out of old patterns or ways of behaving in organisations or daily life. Auto ethnography as stemming from the field of anthropology shares the story telling feature with other genres of self-narrative, but transcends the narration of self to engage in cultural and social analysis and interpretation ‘it is this analytical and interpretive nature that I focus on in distinguishing auto ethnography from other self-narratives ‘(Chang 2008 :43). The very act of writing the story requires of the writer a coherence and ordering of experiences ‘right from birth we are part of narratives which made us both subject and object, history is inside us - it is part of our own self understanding’ (Reed Danahay 1997:72). Auto ethnography is a self narrative that places self within a social context (e.g. in this thesis, inside and amongst organisations and workplaces), or a self narrative of the authors relationship or membership of a specific group (e.g. in this study with the group of organisational coaches, facilitators or managers). It is also representative of a state of being (for example here a state of taking care of self at work) and a personalised account that draws on the researcher’s experiences to extend understanding of the social world, and give meaning to the events, or things in the world, whereby telling and re-telling one’s story helps a person create a sense of self (Burr 1995, Cushman 1995, Frank 1995 in Etherington 2004) and meaning. In this thesis, auto ethnography for the researcher has been about ‘stories from past with ongoing self discovery in the present,’ (Chang 2008:141) it has been ‘research looking inward and outward and incorporates the I into research’ (Ellis 2004:xix).

‘There are few regulations on how to write an auto ethnographic narrative analysis as it is the meaning of the story that is important rather than the conventions of scholarly production’ (McIlveen 2008:15).

## **2.9 Reflexivity and reflectivity in auto ethnography**

Reflexivity and reflectivity play a part in this research study in a number of ways. Reflexivity as it relates to auto ethnography can be cited as

‘reflexivity implies a difference in how we view the self as a real entity to be discovered or actualised or as a constantly changing sense of ourselves within the context of our changing world’ (Etherington 2004:30).

Reflexivity has become an increasingly significant theme in contemporary social research with an ongoing debate about its value and meaning that runs across discipline boundaries in social science (Etherington 2004: Berg and Smith 1988; Braud and Anderson 1998; Ely et al 1997) with some researchers wholly embracing this principle while others reject or question its value.

‘I understand researcher reflexivity as the capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of inquiry’ (Etherington 2004:31).

In this, as cited by Etherington (2004:32), if we are aware of how our own thoughts, feelings, culture, environment, social and personal history inform us as we dialogue with participants, transcribe their conversations with us, and write our representations of the work, then perhaps we can come close to the rigour that is required of good qualitative research. There are researchers who agree that

‘critical and purposeful reflexivity is an essential ingredient of rigorous qualitative research yet do not include reflexivity in their representation of their research, or do so limitedly, some recognise this as their crises of representation that they face as they struggle with how to locate themselves and their subjects in reflexive texts’ (Denzin and Lincoln 2000:3).

Some would experience reflexive texts as complex and multi-layered and therefore difficult to manage, while for other researchers reflexivity in research conversations and writing creates transparency and addresses the ethical issues and power relations between researcher and the researched, the value of this being that reflexivity enables us

to provide information on what is known as well as how it is known, a validating opportunity for researchers particularly epistemologically based on the way the knowledge was obtained, or acquired, and how the conclusions of the research came to be. Reflexivity and reflectivity support a subjectivist approach enabling an iteration of unpicking, unearthing, sensing, and understanding and a place for free will, whereby ‘human action arises out of the culturally derived meanings they have been deployed during sense-making’ (Johnson and Duberley 2000:78), also enabling exposure of the way the researcher or researched created, modified, or interpreted the world from an ideographic sense, up close, recognising the relevance of human subjectivity (Gill and Johnson 2004:95 Fig 9.1).

## **2.10 Rigour and limitations of auto ethnography**

There are some perspectives on the limitations of auto ethnography worthy of raising here as this thesis is not perfect, nor does it try to be. It has been an opportunity for the researcher to understand a phenomena and make changes from that as well as to develop a deeper understanding of the practice and methodologies and theories of researching. For the most part as suggested by Reed-Danahay (1997) auto ethnography has been assumed to be more ‘authentic’ than straight ethnography in that the voice of the insider is assumed to be more true than that of the outsider and Wolcott (1999) suggests any efforts to achieve objectivity are foiled from the outset because ethnographers come with ideas that guide what and how they choose to describe something’. With auto ethnography Wall (2008) raises issues with representation, objectivity, data quality, legitimacy, ethics, warranting reflexive and reflective questions such as ‘does the work make a substantial contribution to our understanding of social life? does it articulate an expression of reality?’ (Richardson 2000:253). Reed-Danahay (1997:15) suggests questioning ‘how well does auto ethnography synthesise the subjective experience of participants in social and cultural life, and the structural conditions in which their lives take place?’ Ellis (2004:252-253) offers a criteria for evaluating auto ethnography using for example substantive contribution, reflexivity, impact, and lived experience.

For the researcher, the strongest pull towards auto ethnography came from the opportunity it presented to get close in, understand experiences and ways of being in the social world, and in particular the workplace as in her experience it provided a profoundly vivid social setting in which to explore, experience, interpret, and make change using a research method that could journal it and offered scope to use stories from the past to discover behaviours, ideals, and self limiting beliefs in the present, that could then be changed. The researcher had developed a strong experiential sense of being in the world and learning from experience, using all her senses, feelings, as well as being open to see her assumptions, ideas and beliefs.

‘All our senses are important in fieldwork, not just vision. I experience the clinic through my body, as well as my mind and eyes. I sense the way the clinic smells, the sounds of pagers... ...the feel of handshakes, hugs, body contact, and physical pain, I experience bodies out of control, and all my senses come into play to make sense from the sensations’ (Stroller in Ellis 2004:87).

This was an important factor as the researcher was feeling, seeing, listening, tasting, and smelling all around her as she already developed and used sensations and feelings within her own body to guide her daily choices for example in regards to self-care.

‘Reflexive ethnographers ideally use all their senses, their bodies, feelings and whole being, they use the ‘self’ to learn about the ‘other’ and they use their experiences in other worlds to reflect critically on their own’ (Ellis 2004:48).

What the researcher also realised from this and from her experience of coaching clients in this way (encouraging them to journal, share stories of their experiences, noting sensations, and feelings) was the potential to work with a group of other organisational practitioners (the inquiry group) who could learn, explore and create understanding together, and act as a point of reflection for one another, particularly to ‘validate’ or not, the things the researcher was learning along the way. ‘Using various sources of data can add richness to auto ethnographic stories’ (Muncy 2005 in Wall 2008:4). From the outset of an auto ethnographic research method, this study then became both an ‘auto ethnography’ and a participative ‘inquiry’ with a wider group partly to observe their



responses and reactions to the workplace on the phenomena of 'self-care' and partly to use the inquiry to add a robustness to the study.

A further criticism of auto ethnography is that it could be seen as narcissistic focusing exceptionally on the researcher, being potentially egotistically preoccupied with self, personal preferences, aspirations, needs and success. However, this was far from the experience of the researcher. Yes, the auto ethnographic journaling and inquiry that the researcher undertook, did enable her to understand herself more, but what was more profound was that it helped her to understand others for more when she was working with them through our own understanding of her own lived (and observed) experience. In addition, by taking the time to focus on self, and observe self in this way, she was able to understand how to work offering more quality to clients (rather than less), and how to be more in the world rather than less in that the more she got to know herself, the more she felt drawn to interact with the world, particularly as her confidence grew. In addition, knowing that auto ethnography does have its criticisms (e.g. narcissism) because this research was undertaken using both an auto ethnographic study, and third party inquiry group study combined, this offered a constant check in so as to ensure the researcher didn't disappear into her own self interest. The auto ethnography supported the inquiry group in that the researchers observations and understanding was shared, and they too could learn from that, and the inquiry group's observations and understanding helped the researcher to understand more deeply some of the ideals and beliefs that were being uncovered.

'Auto ethnography is an excellent vehicle through which researchers come to understand themselves and others' (Chang 2008:52) and self reflection and self examination are the keys to self-understanding (Florio-Ruane 2001, Nieto 2003). Auto ethnography also supported the researchers preference to radical humanism (Burrell and Morgan 1979) 'believing that words matter, and writing toward the moment where the point of creating auto ethnographic texts is to change the world' (Jones 2005:765) in that the author learns something new about them self.

## 2.11 Action science as the basis for an inquiry group

In this PhD study an inquiry group was used based on action science with the action scientist as an ‘interventionist who seeks both to promote learning in the client system and to contribute to general knowledge’ (Argyris Putnam and Smith 1985:36). Action science attempts to address the widening gap between social science theory/research and social science based professional practice. Schon (1987) described this gap as the rigour vs relevance dilemma in which both practitioners and researchers face the choice between remaining on the high ground where they can solve relatively unimportant problems and non rigorous inquiry (Schon 1987:3). In creating communities of inquiry within communities of practice according to action science there need be no division of labour between those who produce knowledge (e.g. researchers) and those who use it (e.g. practitioners). Here the specific role of the researcher is to create conditions under which practitioners e.g. coaches, social workers, managers, can build and test theories of practice for the purpose of learning so that the goal of action science is *research in practice* and not research on practice. Argyris, Putnam and Smith (1985) expressed this integration as the creation of ‘communities of inquiry in communities of social practice defining a community of practice as professionals, such as therapists, managers, social workers etc who share a common language of practice learned in the course of their education and apprenticeship (Argyris Putnam and Smith 1985:30). For this PhD study the community of practice is a set of organisational practitioners (coaches, facilitators, managers etc) who offer their services to support organisations and the individuals who have a shared interest and curiosity to understand and develop self-care at work, not only for themselves but for their clients/colleagues.

The researcher was drawn to an action science inquiry as practitioners can discover the

‘tacit choices they have made about their perceptions of reality about their goals and about their strategies for achieving them, the fundamental assumption of action science is that by gaining access to these choices people can achieve greater control over their own fate’ (Argyris, Putnam and Smith 1985:30).

This very much supported this PhD study as the practitioners were able to find the sources of ineffectiveness in their own reasoning and behaviour or their own causal

responsibility, then giving them some leverage for producing change, or breaking out of the chains (Burrell and Morgan 1979). Of note here is that ‘people and organisations are often unaware of the theories that drive their behaviour’ (Argyris and Schon 1996:74,76). And action science aids practitioners to infer theories of action from observed behaviour so these can be critically examined and changed. This supports Burrell and Morgan’s (1979) radical humanist conceptual framework whereby not only is data interpreted it also gives leverage to act upon and make changes, and to break out of patterns of behaviours. The theme for this thesis is developing self-care at work and within that theme data is collected first and foremost for the purpose of helping people understand and solve practice problems of concern to them in their daily working lives. In this the inquiry group practitioners are not simply problem solvers, but also researchers committed to critically examining their practice while also observing the distinction between espoused ‘theories’ and ‘theories-in-use’ (Friedman 2001:134). Further supporting subjectivism action science assumes that ‘human beings construct theories of reality which they continually test through action’ (Argyris and Schon 1974, Friedman and Lipshitz 1992, Senge 1990 in Reason and Bradbury 2001) and this gave scope within this study for more than one iteration of exploration, analysis, sense making, action, reflection, further exploration, trying out new ‘action’, reflection/reflexivity, and so on.

Related to action science is co-operative inquiry as a research method ‘with’ people rather than ‘on’ people, ‘co-operative research with people on matters of practical concern to them, a well-considered way of closing the gap between research and the way we live and work together’ (Heron and Reason 2001:144) which also supports the intention of this study. The researcher using auto ethnography wanted to work with people who had similar concerns and interests to her in order to understand and make sense of self-care at work, and to develop new and creative ways of looking at self-care at work whilst learning how to act to change or improve things.

The goal of participatory action research is human emancipation from oppression and the improvement of society which supports the researcher’s conceptual framework of Burrell and Morgan’s (1979) radical humanism. Park (2001) suggests the key difference between participatory and conventional methodologies is in the location of power

within the research process. As in action science and co-operative inquiry (as discussed above) participatory research is action-orientated research activity in which people address common needs arising in their daily lives and in the process they generate knowledge. The purpose of participatory change is that groups of people come together to touse with social issues that affect them in their daily lives so as to bring about changes by improving their circumstances.

## **2.12 The inquiry group**

The researcher coaches and supervises coaches and facilitators and coaches and supports managers, and the researcher was also involved in a number of networks of coaches, facilitators, management consultants and managers. Many of these people often asked the researcher about the way she worked, and would often observe and comment sometimes asking the researcher ‘how do you stay so calm?’ or ‘how do you take care of your self while working?’ As already mentioned the researcher felt that having some form of inquiry group would not only serve her in testing out ideas, understanding, assumptions, and potential new ways of being in the work place as regards self-care, but, as a point of reflection whereby the inquiry group could validate (or not) by bringing their own ideas, experiences into the research. As the researcher was well networked and had already had requests from clients or colleagues to be involved in studying self-care at work it was simple to find ‘willing’ inquiry group participants from the researcher’s network. Each of the inquiry group participants were curious to understand notions of self-care at work and through that understanding, to make changes to what they were all commonly finding were self-care approaches that were not wholly supportive to the kind of work, as well as to legitimise self-care at work for themselves. They were at ease with sharing experiences through stories and were used to being both the subject of inquiry and observers of inquiry whether through their work or their own personal development, reflective practice or supervision/ continuing professional development. The inquiry group all worked in and for organisations each providing similar (human development type) services within the same period of time. The initial inquiry group initially consisted of 35 in total, the majority of whom were practicing coaches, though some were also facilitators, or management consultants, and a few were not coaches, though worked in either an

academic setting related to coaching, or worked in organisations commissioning coaching. This quickly grew to 113 as a number of other organisational practitioners agreed to join the inquiry group which included a group of 7 coaches (from coaching supervision that the researcher facilitated), 20 managers on a leadership programme, and 50 coaches, management consultants, and facilitators from a social network group via LinkedIn. They were wide spread across the UK (with 7 from Holland), from both the public and private sector. Some were self employed, some employed. They were two thirds women, one third men, of mixed ages between aged 35 and 60. The group changed over time, with honesty about time, logistics and ability to commit in that a few stepped back, and a few new people asked to join the group. The researcher kept in touch with them face to face (e.g. inquiry group meetings), by email, by LinkedIn, and at times with some of them by phone.

### **2.13 Reflection and reflexivity in action inquiry**

Reflexivity and reflectivity play a key role in action inquiry (just as they do in auto ethnography), exposing what is known as well as how it is known. ‘A participatory perspective asks us to be both situated and reflexive, to be explicit about the perspective from which knowledge is created, and to see inquiry as a process of coming to know’ (Reason and Bradbury 2001:7). Action inquiry offers first-person, second-person, third-person types of research that can be conducted in the midst of our own ongoing practices at home or work:

‘First-person research in the midst of practice involved widening our awareness to include possible incongruities among our intent, our strategy, our actual performance and our effects; second-person research in the midst of a conversation or team meeting involves speaking in ways that encourage mutual inquiry and mutual influence; third-person research in the midst of organisational practice can entail re-visioning the collective future, transforming strategies to meet the emerging era or re-crafting members practices’ (Torbert 2001:207).

This PhD study has used all three of these, first, second and third-person research.

Important to note here and highlighted later on in this thesis, is the willingness (or otherwise) to be self aware. ‘As much as we may like the idea of action inquiry, we

rarely actively wish to engage subjectively in first person research/practice in the present...' '...I could go days at a time in the researcher's everyday life without a simple moment of intentional self observation.' (Torbert 2001:207). 'In order for us to discover our own capacity for an attention supple enough to catch at any moment glimpse of its own fickleness we must each exercise our attention'. Once committed to and engaged in first person action inquiry as a practitioner it can support self understanding to create the opportunity to make changes to work more effectively and can become self motivating way of continuous self reflexivity and change, and daily rituals such as journaling can support this. In the same way this study used this both as the way of collecting data and undertaking the research as well as a supportive 'tool' and way of practice to enable a deeper sense of self-care during work. This enabled the stories, the auto ethnography, the observations (of self and others), unearthing behaviours, illusions and perceptions, helping the researcher and inquiry group understand the world (of work), understanding how we were individually and collectively understanding the world (of work), realising where the 'human action' came from (e.g. which culturally derived meanings were driving it), and, getting close in to the subject (ourselves) which then supported the move from first-person research to second-person research whereby mutual inquiry was encouraged and undertaken and third person research whereby we developed and experienced new ways of self-care at work.

#### **2.14 The inquiry group study phases and guiding questions**

The researcher's self study (auto ethnography) and the inquiry group discussions had a number of iterations whereby a phenomena, assumption, perception, behaviour or belief, or set of related beliefs or assumptions were explored (self-care at work). These were discussed in the inquiry group and then they were taken out into the real social world/workplace by the inquiry group practitioners/researcher to observe, understand, as well as try and test new practices and ideas, from which the inquiry group participants/researcher collected their observations and learning and brought these to the next inquiry group ready for the next iteration. Where any of the inquiry group were unable to attend the inquiry group meetings the researcher carried out either a 1:1 semi structured interview (e.g. face to face or by phone) or the inquiry group member completed a semi structured questionnaire with some prompting questions around 'what

were you observing?’ what did you become aware of? How did this understanding influence your next steps? Did you try and test out something new based on your understanding and observations? what then happened? What did you learn from this about self-care for yourself, and about self-care at work? (These questions are outlined more fully at appendix 1).

There were also some suggested points in the day for inquiry group participants/the researcher to use as moments to reflect on how we were feeling or what we were observing and experiencing based on these questions:-

- at the beginning of the day,
- during the day,
- before coaching/facilitating a client/s,
- during coaching/facilitating a client/s and after,
- at the end of the day,

And at the same time using a set of physical indicators and sensations to get a sense of for example:

- how the physical body feels (e.g. tired, any aches like back or neck or head, any pressure or pain, heat or coldness in any part of the body),
- physiologically (e.g. hunger, thirst, sleepiness, bloating, indigestion, stiffness or lack of flow in physical movement, being hot or cold from wearing too little or too much that day),
- emotionally (e.g. frustrated, stressed or pressurised, sadness or ‘down in the dumps’, ‘hyper’ or agitated etc).

These were consistently throughout the study used as prompts for self reflection by the researcher and the practitioners in the inquiry group.

## **2.15 Data collection methods**

The field work was designed given the conceptual framework of radical humanism, and the research methods of auto ethnography and participatory inquiry.

‘Ethnographic field work includes everything you do to gather information in a setting, especially hanging around, making conversation, and asking questions, but also formal interviewing and other information gathering’ (Ellis 2004:2).

The data collection consisted of diaries, e-dialogues, semi structured questions and questionnaires, inquiry group meetings, desk based review of organisational documents, and review and synthesis of literature. ‘There are no guidelines in qualitative research for determining how many data are necessary to support a conclusion or interpretation’ (Taylor and Bogdan 1984:39 in Chang 2008:121). The data collection sources are outlined more fully at appendix 2.

## **2.16 Data analysis**

‘One of the main difficulties with qualitative research is that it very rapidly generates a large, cumbersome database because of its reliance on process in the form of such media such as field notes, interview transcripts, or documents’ (Bryman and Bell 2003:427).

The researcher was faced with a large amount of data not just from the desk based research and her own journal but from the transcribed inquiry group meetings (3 iterations of 4 meetings = 12 over a couple of years, a coaching supervision group, and, notes from a leadership programme) and the semi structured interviews as well as an ongoing email exchange over a two year period.

Chang (2008:113) discusses turning data into auto ethnography requiring the researcher to label, classify, trim, expand, refine, code, sort, fracture (sets into smaller themes) and realise more data is needed and more self observation required, as an iterative cycle. Bryman and Bell (2003) discuss two general strategies of data analysis or for data collection - analytic induction and grounded theory. Either of these or others offer a framework to guide the analysis of the data in any given research. The way the data were collected for this research during the empirical phase was iterative particularly combining the auto ethnography and inquiry group data over a two year period. Grounded theory resonated with the researcher in that is both concerned with the development of theory and it is iterative in that the data collection and analysis are happening during the same timescale ‘live’ as the research is undertaken. Grounded



theory 'in its most recent incarnation' has been defined as 'theory that was derived from data, systematically gathered and analysed through the research process' (Bryman and Bell 2003:428). During this research study the more work with the data the clearer the themes became and one theme and one iteration supported understanding and clarity of the next towards finding cultural meaning beyond the data. The researcher and the inquiry group found the beauty of the process for this research study was the 'zooming in' (analysis and a microscopic appreciation of the minutest detail) and 'zooming out' (interpretation, and making sense of the whole by hovering over the entire data and content that was emerging at any given time). Through this the researcher found with the data there would be stages where the same concept or cluster or theme would come up which confirmed, or reconfirmed, or reaffirmed what researcher was exploring. This can be described as 'theoretical saturation' (Bryman and Bell 2003:428) whereby there is 'no further point in reviewing your data to see how well they fit with your concepts or categories'. However 'the process of analysis, evaluation and interpretation are neither terminal or mechanical. They are always emergent, unpredictable, unfinished, so long as it gains cultural understanding' (Denzin and Lincoln 1994:479) and within this study this is the case whereby the researcher had long completed the empirical study phase of the research yet, continued to work on the theme of self-care in her work and personal development and in that of others such as the leadership groups she worked with, reaffirming, confirming, and realising other facets, and that the development of self-care at work is a life long study and process along side the commitment to continue to self develop through self observation and self awareness.

## **2.17 Research study operating principles and ethics**

A set of guiding research study operating principles (ground rules/conditions) were drawn up and accepted/agreed by the inquiry group practitioners so that there was a mutual understanding of the way we could work together and by exposing these early on those involved or who potentially wanted to be involved in the inquiry group could get a sense about the way we could work together. Purposefully, also by the very style and approach the principles not only supported the research study 'style' offering a reflexive approach but they also supported the ongoing deepening development of a

way (set of operating principles) we were each developing for ourselves with our own personal development of self-care at work. These principles are outlined in appendix 3.

Over and above these the ‘treaty’ outlined below was used as a guide (for the researcher in particular) about the way of deepening a relationship with self and with others throughout this study. The researcher found this to be a supportive reminder for instance to not be ‘self critical’ and harshly disciplined:

**‘The spirit loves the illusion  
- It is founded on it and thus, it will not let go without a fight.**

However, for those whose inner calling is greater than the outer need, for those who truly seek truth and for those who are prepared to tread ‘the way’ - ***There is a difference, and those who are ready can be met with such truth:***

It requires a ***very present and very aware state of being*** and **not** the pursuit of numbness.

It requires one ***to be real***, but **not** critical.

It requires ***honesty*** and a ***loving self-assessment***, and **not** courage.

It requires the ***willingness to accept what is within*** and **not** allow the outer to dominate and manipulate one to be.

It requires ***gentleness, harmony and joy*** and **not** the usual harsh discipline, arduous struggle and suffering to achieve it.

It requires the ***inner-most feelings*** of the ***inner-heart*** and **not** the mental approach that fills the mind with pranic-knowledge at the expense of our own inner-truth.

And finally, it requires one foundational ingredient – **LOVE** and to ***self-love***.

**If this is truly sought, then ‘the way of the initiation’ is for you.’**

Benhayon (2008:160)

At every stage each inquiry group participant was given full options about ‘joining in’ and the operating principles for being a part of the inquiry group meetings, workshops, semi structured interviews and emails. Each participant had the option to leave the study when they wanted to and were particularly asked whether they wanted to continue

prior to each round of data collection e.g. during inquiry group iterations (or interviews). 'Working from ethical principles and guidelines rather than a rule book leaves greater responsibility for negotiation as well as greater flexibility within the grasp of research partners' (Etherington 2004:32). Anything that was written up and disseminated or published was done so only with the permission of those involved. 'Ethical issues are floating constantly beneath the surface of what we do, they typically receive too little public attention within and beyond the research community' (Miles and Huberman 1994:289). Prior to, during and after each inquiry group and interview and throughout the whole study aspects of confidentiality and sensitivity were given the utmost importance and were discussed by the inquiry group whenever the topic arose including discussing 'who owns the data?'

The inquiry group also included a 'process review' at the beginning or end of each meeting to include 'how did we do when we last worked together?' 'Is there anything different we need to do now?' and at the end 'how did we work together and is there anything we can learn from the way we were today?'

## **2.18 Robustness**

Setting up this PhD study, during and again whilst writing up the researcher questioned: 'Does it offer credibility?' 'Does it make sense?' 'Is it 'robust?' Does it have 'rigour?' And with the 'claims' I offer at the end in terms of findings, discussion and implications for practice, do they have 'authority'? This included considerations as part of the reflective process on validity and whether the research is 'true' (Locke, Silverman and Spirduso 2005:21) in addition to whether the results would remain 'truthful when subsequently applied to people, situations or objects outside the original investigation'. 'The authority of research as a claim to knowledge is distinctive because it rests on publicity not privacy. It is disclosure that enables others to examine and assess the work and hence establish its authority' (Shipman 1997:3). Etherington (2004:80) suggests considering 'if the work contributes to our understanding and new learning about the subject of inquiry'. Gill and Johnson (2005:84/85) discuss validity, internal and external, as well as reliability as based upon the consistency of results and the ability of another researcher to replicate the research. 'Reflexivity thus acts as a

bridge between interpretation and the process by which it is conveyed in text' (Brewer 2000:127) - 'reflexive ethnographers should thus account for them and their social relations, as well as the substantive finding and construction of the text' (Brewer 2000:131).

Auto ethnography and participatory inquiry offered a reflexive and reflective way of researching focusing both in the research data itself, and the research methodology consistently throughout the study. In addition having an inquiry group offered another 'point of reflection' for this too. If it didn't make sense to them, then it wasn't going to make sense to anyone else and, if it didn't seem real, or credible to them, it wouldn't to anyone else.

The robustness of this research study both methodologically and interpretively have been further discussed in the limitations (chapter 7) to offer reflections on where the short comings, and potential for future research are for this study.

## **2.19 Conclusion**

Radical humanism intrigued the researcher as her founding philosophy and way of researching was about developing understanding and sense making, seeing the illusion/chains that got in the way of human development, and then realising the potential to change and, making changes and understanding the impact of those changes. Auto ethnography was a 'method' that the researcher had already been using as a reflective practitioner and for her ongoing self development in daily living in that she readily made notes of observations, took time to understand them, and then made changes about her daily living and working practices based on what was realised or exposed. Equally working with an inquiry group of practitioners is a familiar stance for the researcher who has worked in organisations in this way not only having undertaken a number of action research projects and appreciative inquiries, but in her masters degree on strategic human resource development where her dissertation evaluated action research.

This chapter has outlined the methodological underpinnings for this study.

The next chapter discusses the conceptual framework, literature, and theories underneath the literature based on the theme of this PhD study and also continues to draw on the methodological discussions here, as for instance radical humanism is a way the researcher views personal change and development, so in developing self-care at work, radical humanism, and inquiry play a role in this.

## Chapter 3

# Literature Review

### 3.1 Introduction

Following the methodology chapter which outlined the methodological underpinnings to this PhD study, this literature chapter outlines the conceptual framework and theoretical underpinnings for this PhD study. Radical humanism (Burrell and Morgan 1979) is the underpinning methodological framework and also underpins the theme and process of a study into self-care at work, using organisational practitioners (e.g. coaches, facilitators, managers) as a case in point. It is not just about understanding self-care at work and how this does or doesn't occur, or the way it occurs, but also about enabling an emancipation from old ways of self caring (or not self caring) towards the development of new practices of self-care and observing the impact on the quality of the services offered when we take care of self and whether from this we get a sense of whether self-care matters and why.

The choice of pathway is arguably one that faces us all in that you are either self caring, working towards wellness and vitality at work, and the potential of being a role model/ inspiration for others, or, you don't take responsibility, or don't take care of self, in which case you may head towards burnout, and illness, or at least a feeling of discomfort while you work as you struggle (e.g. if you are tired). In this self-care at work is arguably a choice and without it we may find ourselves stressed, tired, exhausted, burnt out, unfit to practice, or unwell. With a self-care at work approach we may potentially find ourselves on a pathway to develop an understanding, to learn, to unpick old behaviours and experiment with new, whereby we can become/stay well, vital and be an inspiration to those we offer our services to. It is the making of, and enactment of these choices that this study is focusing on based on understanding first where we are at (e.g. whether we are under par, unwell or vital and well, and how self caring at work we are - or not) which requires commitment to reflection, reflexivity etc, recognising the impact this has on ourselves, and on the way we offer our services. With

this understanding we can then choose for instance to deepen our self-care (which requires unlearning, trying/testing, experimenting with new ways etc) and experience for ourselves whether this makes a difference.

This literature is broadly from books and journals, and additionally the researcher undertook a 2 year desk based review of codes of conduct for organisational practitioners (e.g. coaches), and a review of professional development/CPD, workshops offered by organisational practitioner organisations such as coaching workshops, to get a sense of what support is offered to coaches and other organisational practitioners for instance in supporting their awareness of the potential opportunity to self-care at work.

### **3.2 The research questions and themes for the literature search**

The overall research question/s that underpin this PhD study were outlined in the methodology section, the overarching question being: *How is self-care at work developed?*

All of the questions and themes for the literature search that were explored are outlined in appendix 4.

## **The Literature**

### **3.3 Illness, well-being, stress and burnout - an impetus for change?**

While this is not a study on well-being or illness specifically well-being, wellness and illness play a part in relation to self-care at work and it feels important to look briefly at illness, well-being, wellness and stress and burnout as these relate to self-care at work, and well-being and illness in organisations. It was clear very early in this radical humanism (Burrell and Morgan 1979) based study that when there is an understanding or acknowledgement of a current reality there is potentially an impetus to make a change. Realising a state of unwellness in ourselves or that the well-being of our work colleagues/employees is suffering is arguably a call for change. This is discussed in this chapter and in the findings and conclusions later in this thesis.

What is wellness? What is well-being? Is it relative to our social context? Where is the impetus to change?

‘Today, it means to be ‘well’ in comparison to what and how we know another who is much worse to be. We reference or, compare our state of being to an experience of another we may know is much worse than we are. We are therefore doing ‘well’ if we have a nagging sore back and are a type 2 diabetic with perhaps a bad knee that also restricts movement so long as we do not have cancer. Such a person is not well at all and nor was it considered well some 10 to 15 years ago using the date of 2011 to say or compare as such. The rise of cancer and other forms of more grave conditions have pushed the level of ‘well’ to mean much, much less than it once was.’(Benhayon 2013).

Disease is viewed by some (including the researcher of this study) as a manifestation of health, as disease ‘is an integral part of the dynamic equilibrium that we ordinarily think of as health’ (Jobst et al 1999:71), although disease and health can be thought of by some as distinct opposites.

‘People get ill because there is something going ‘wrong’ in their lives. This could occur in a whole range of ways - relationships, environment, food or job’ (Jobst et al 1999:71).

This PhD study subscribes to the view that a feeling of disease or dis-ease, illness, a sense of un-wellness, or being out of kilter as an indicator that something isn’t right in our lives and by understanding and accepting this it uses this indicator as a motivator to change - towards an emancipation out of a situation, habit or way of working. ‘In this way, instead of being meaningless, people’s problems become diseases of meaning’ (Jobst et al 1999:71), enabling an opportunity to understand a situation or era in their lives and make change. The World Health Organisation forecasts make it clear that diseases of meaning will continue well into the next millennium to be the major cause of suffering and death worldwide. To deal with them the world needs to address the need to understand the reasons why these diseases arise so that disease is no longer seen as something bad (as we are conditioned to see it that way, but to understanding why the disease is there and look at how to restore balance and heal.

This arguably also then serves to help prevention of illness and ill health in our lives, or at work by understanding what doesn’t work, and that it can simply be very practical



like reducing the amount of sugar intake, or getting more rest. This is further explored in this PhD study.

Hesslow (1993) discusses the 'frequent complaint' of the so called 'medical model of disease' which has a view that disease is a deviation from some ideal 'design' which means doctors overly focus on correcting mechanical faults rather than looking at the whole person to get a sense of what is going on in their life that is causing these so called 'faults'.

'Our beingness has its own knowing of what well is. It is quite normal to complain about a nagging hip or knee or sore back. And one should make such a complaint as the complaint itself leads to the seeking of and for help and or a cure etc. However, if we subvert our natural expression to complain about what we innately know is not right or natural and negate such expressions with a language that avoids the focus on what is not truly well, we are subjugating truth and creating a much lower level of what life is or could be.' (Benhayon 2013).

Despite significant attention to wellness in the literature there is surprisingly little consensus on the definition. As cited by Rosco (2009:216) 'most authors generally agree that wellness is a multidimensional construct (Adams et al, 1997; Ardell, 1977; Hettler, 1980) that is represented on a continuum, not as an end state (Clark, 1996; Dunn, 1977; Lafferty, 1979; Lorion, 2000; Sarason, 2000; Sechrist, 1979; Teague, 1987)'. This arguably means that current wellness assessment instruments can only be as good as the conceptual frameworks upon which they are based.

Attempts to define wellness often begin with references to the World Health Organisation's (1967) definition of wellness being not just the absence of illness but a state of complete physical, mental and social well-being. Depken (1994) indicated that most college health text books describe wellness as comprising physical, intellectual, social, emotional and spiritual dimensions. Most authors outlined that wellness is partially dependent on self-responsibility (e.g. Venart, Vassos and Pitcher-Heft 2007:58). Hettler (1980) for example describes wellness as encompassing the degree to which one maintains and improves cardiovascular fitness, flexibility and strength, maintaining a healthy diet, and attempts to produce bodily balance and harmony through awareness and monitoring of body feelings internal states, physical signs,

tension patterns and reactions, also seeking appropriate medical care and taking action to prevent and detect illness. Physical wellness is the active and continuous effort to maintain the optimum level of physical activity and focus on nutrition, self-care and maintaining healthy lifestyle choices (e.g. use of medical services, preventative health measures, abstinence from drugs, excess alcohol, safe sex practices). Oishi and Koo (2008:290) discuss health and mortality in that although people do not list health as a major life goal, health is essential for individuals to be successful at work and love and that health is an important life outcome with mortality widely considered the ultimate health outcome because illness can lead to death. Maslow's (1954) hierarchy of needs suggests that the foundation of meeting basic requirements for physical nourishing of life are key in that it is difficult to obtain higher social and psychological pursuits such as altruism, meaning, etc if one were contending daily with starvation or similar threats to physical health. Often in our workplaces we assume we are taking care of basic needs like physical nourishment (food and hydration), but even though it is available we do not avail of it.

Taking this into the workplace authentic leadership theory identifies elevated levels of leader well-being as a key outcome for leaders who achieve authenticity (Gardner, Avolio, Luthans et al, 2005). Robertson and Cooper (2011:4) offer three components of well-being as psychological well-being e.g. our ability to handle the stresses of daily life and maintain a positive attitude and sense of purpose; social well-being e.g. a positive and supportive social network; and physical well-being e.g. amount of exercise, sleeping habits, alcohol etc. In some schools of thought well-being is concerned with optimal experiences and functioning and includes two general perspectives: the hedonic and eudaimonic. The hedonic approach focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance. The eudaimonic approach focuses on meaning and self realisation and defines well-being in terms of the degree to which a person is fully functioning (Ryan and Deci, 2001). Carol Ryff (1989) suggests a model that encompasses six distinct dimensions for a eudaimonically orientated approach to PWB (psychological well-being):

- self acceptance - a positive view of oneself and one's current and past life
- positive relations with others - warm affectionate relationships with others

- autonomy - self determination and freedom, able to resist the influence of social norms
- environmental mastery - sense of mastery over the environment and everyday affairs
- purpose in life - goals, meaningfulness and a sense of direction in life
- personal growth - continuing to change, development and psychological growth

Well-Being has been described as ‘a feeling of vitality, of energy, of ability to do’ (Jaffee and Scott 1984:152) only we ourselves can decide what is essential to our well-being. Well-being could also be described as:

‘As it is not proper to attempt to cure the eyes without the head, nor the head without the body, so neither is it proper to cure the body without the soul... for when this (the whole) is not in a good state, it is impossible for the part to be well’ Plato.

Before people suffer from serious illness and disease there may have been early warning signs about the state of their body and well-being. Some of these symptoms are often labelled an all encompassing label ‘stress’ or for some for instance the label is ‘burnout’. ‘Stress is defined as the ‘adverse reaction that people have to excessive pressure or other types of demand placed on them. It arises when they worry that they cannot cope’ (CIPD fact sheet 2012 b:1). Employers have reported stress as the most common cause of long-term sickness absence and research from a joint survey (CIPD 2012 d) revealed that 73% of manual and 79% of non-manual public sector employers rated stress as a top-five common cause of absence which compared to an average across all sectors of 51% and 63% respectively. Stress affects the body’s physiological and physical balance and stress can reduce employee well-being. There is sometimes a confusion between the terms ‘pressure’ and ‘stress’ and ‘when pressure becomes excessive it becomes harmful and destructive to health’ (CIPD 2012 b:1).

Schure, Christopher and Christopher (2008:47) cite ‘unmanaged chronic stress can have deleterious effects on the physical and psychological health of individuals. Stress may lead to or worsen disorders and diseases such as heart disease, anxiety, depression, hypertension, substance abuse, and gastrointestinal disorders (Astin 1997, Brennan and

Moos 1990, Levy, Cain, Jarrett and Heitkemper 1997, Shapiro and Goldstein 1982, Treiber et al 1993, Whitehead 1992).’

Burnout which can be described as an exhaustion of physical or emotional strength, is an often noted consequence of chronic stress in the workplace (Harris 2001, Sharkey and Sharples 2003). Burnout can be defined as suggested by Edelwich and Brodsky (1980) as a progressive loss of idealism, energy and purpose experienced by people in the helping professions a result of their conditions at work.

Arguably people are caught up in a vicious cycle, they feel too tired to do anything about their health they are stuck in survival mode rather than thriving and that many people at work for example, those in caring or therapeutic professions suggest self-care to their clients but do not take heed of their own advice for themselves - ‘psychological principles, methods, and research are applied rarely to therapists themselves, we help clients but we do not always practice on ourselves’ (Baruch 2004:64).

Robertson and Cooper (2011:21) suggest that when people are confronted with excessive demands over a long period psychological well-being is likely to be damaged and that lower demands do not automatically lead to higher levels of psychological well-being. Burnout and stress at work is also affected by ‘presenteeism’ which occurs when people are at work but not feeling fully healthy (Robertson and Cooper 2011). It is evident from the above that stress, burnout and presenteeism have some form of impact on an individuals ability to work and that all is not well at work as regards employee or practitioner health.

There is much here that could be said about well-being at work and about commonly cited phenomena related to that e.g. stress, burnout, absenteeism, as briefly touched on above. It is evident from global statistics on the health of the populations of world (see WHO statistics for example), that the prevalence of illness and disease are rising. There is a growing literature on the levels of illness, or lack of well-being in workplaces, which includes stress, burnout, as briefly discussed above (and briefly touched upon in the introduction chapter 1) and further on in this thesis. From this we could arguably conclude that there is an impetus to change. It is possible that self-care at work may play a role as part of this change. For change to take place from the knowledge realised

in this thesis it maybe that this change starts with individuals at work, as whilst leaders in our workplaces can put in ‘managed approaches to workplace well-being’ arguably we ourselves as individuals need also to feel inspired and empowered to make changes. This is discussed further in this thesis.

### **3.4 Fitness to practice - the implications of not changing - self-care may matter**

We know (for instance from the preceding paragraphs and the workplace well-being snippets in chapter 1) that illness and disease effects work practice and productivity, as does stress, burnout and presenteeism. In addition to which in returning from sickness absence if there is ‘too little respite for the recovery process to complete before work is resumed, there will be an increase in fatigue and consequent loss of performance and likely knock on health consequences’ (Robertson and Cooper 2011:75). A lack of fitness to practice (e.g. illness or disease) can have serious consequences and arguably starts by taking a responsibility for self. ‘I have always been better at caring for and looking after others than I have in caring for myself’ (Rogers 1995:80) and, helping yourself first is a principle that applies directly to counselling and other therapeutic professions. If you are

‘gasping for air you can’t help other people. Counsellors who neglect their own mental, physical and spiritual self-care eventually run out of ‘oxygen’ and cannot effectively help their clients because all of their energy is going out to the clients and nothing is coming back in to replenish the counsellors energy’ (Shallcross 2011:30).

Pope, Tabachnick, and Keith-Spiegel (1987) highlight that 60% of practicing psychologists surveyed indicated they very often worked while under distress. Skovholt (2001) suggests that because practitioners (e.g. therapists, coaches, facilitators, managers) work in a highly stressful environments there must be a constant awareness of and obligation to self monitor and to engage in self nurturing activities. Skovholt (2001) also suggests early warning signs of insufficient self-care could be episodes of forgetfulness and inattention, and more serious signs of possible insufficient self-care are episodes of irritability, or emotional exhaustion, chronic fatigue, feelings of

loneliness or isolation, episodes of anxiety, episodes of depression and frequent headaches.

In looking further at fitness to practice there was something that struck the researcher about a seeming lack of encouragement from professional bodies or codes of conduct about the importance of taking care of self at work or the importance of physical well-being for practitioners at work. The Coaching at Work Poor Practice Survey (2010) explored what constitutes incompetent, poor, unethical, or dangerous practice. The responses from the survey included things like; inappropriate relationships while coaching; breaking confidentiality; unclear boundaries between coaching, therapy, consultancy and other practices, lacking self knowledge and awareness or, practicing despite needing therapy. Of note here, is that in that survey there was nothing about the health or general well-being (e.g. tired, imbalanced, unwell) of the coach or how this could affect the quality of the coach's services, or lead to potentially poor practice. Whether a therapist, manager, or coach, practitioners 'need to take responsibility for their own ongoing support and development' (Frost 2007:50) and signing up to a set of 'lived' code of ethics and conduct is part of this. The British Association of Counselling and Psychotherapy (BACP:64) guidance on good practice, outlines that attending to the practitioners well-being is

'essential to sustaining good practice, practitioners (coaches) have a responsibility to themselves to ensure that their work does not become detrimental to their health or well-being by ensuring that the way that they undertake their work is as safe as possible and that they seek appropriate professional support and services as the need arises'.

The CIPD (2012 c) 'Code of Professional Conduct and Disciplinary Procedures' and their full set of 'Professional Standards' (all 217 pages) had no mention of the health and well-being or self-care of the practitioner/professional with the only mention of health and well-being on page 150 within the health and safety standards where there was mention of 'deal with emerging issues relating to the well-being of people in the workplace such as stress and violence to staff'. This seems incongruent given they are a professional organisation that supports those who support 'human resources' (people) at work. The Chartered Management Institute similarly in their Code of Professional Management Practice for the 'in my personal management practice I will...' statements

of conduct there is no mention of personal well-being with one sentence in the ‘in my management of others I will...’ ‘...have regard for their physical and mental health, safety and well-being’ but no mention of the physical, mental health and well-being of the manager themselves. The International Coaching Federation (ICF) Standards of Ethical Conduct, state ‘I will, at all times, strive to recognise personal issues that may impair, conflict, or interfere with my coaching performance or my professional coaching relationships’ though nothing more explicit here about personal well-being.

Self regulatory oversight (Williams and Anderson 2009:13) includes demonstrating ‘an active commitment to professional self-governance’ and APECS (Association for Professional and Executive Coaching Supervision) state the coach or supervisor will: ‘continue to learn and grow in their professional knowledge and expertise; invest in personal development work to enhance their self-awareness and emotional balance;’ They also cite

‘APECS Executive Coaches and Supervisors will hold firmly to the foundation principles underpinning ethical thinking and behaviour, including non-maleficence - to avoid whatever might harm others, and, caring for self - to look after oneself physically, emotionally, mentally and motivationally so clients and organisations receive the best service possible.’

The Esoteric Practitioners Association (EPA) Code of Ethics and Conduct is 20 pages long, and within the Code of Ethics and Conduct is cited:

... ‘the EPA requires that all members without regard to grade, status or position held should at all times maintain the highest level of conscious and loving service and professional conduct... ..By choosing to abide by the Code of Ethics and conduct as outlined in this document, the joining practitioner is making a conscious choice to align to the esoteric principles of Love, Energetic Integrity, Energetic Responsibility and, as best they can, the Esoteric Way of Life in whole and not just in part... ..”To maintain true service a member shall carry on an honest self-appraisal of observation, study and loving self-evaluation to ensure that they are being impelled by their inner-heart and not from a need or want to serve from any outer stimulus, nor in the pursuance of fame, recognition, notoriety or any other form of stimulus that is outside the esoteric impulse to serve’

The EPA code of ethics and conduct supports a living embodiment with a constant self caring refinement and development of this. As experienced by the researcher this code of conduct supports a self caring and healthy way of living.

Whilst some professional codes of conduct do not (currently) emphasise the personal and physical health and well-being of the practitioner this arguably leaves a question around what is constituted as ‘fitness to practice’? This study does not address this question specifically, but merely raises the question. ‘Fitness to practice’ is a term commonly used on many codes of conduct, professional standards and codes of ethics for many professions as viewed by the researcher when she undertook a desk top review however, if there is no mention of the physical or personal well-being of the practitioner what then is ‘fitness to practice’? Of more importance here, if physical or personal well-being are not part of ‘fitness to practice’ or a code of professional conduct, then does that mean there is less, if any impetus to look after one’s own health and well-being at work?

### **3.5 Personal responsibility and intention towards personal change**

In any aspect of personal change or self development or acting with professional integrity it is argued in this study (see findings chapters 4 and 5) that taking responsibility (for self) plays a key role and within this there needs to be a willingness, a commitment, dedication, and a deliberate self focus. For coaches, therapists, (and other practitioners) for instance, ‘it is their responsibility to monitor their own standards of practice and reflect on how they are working with clients’ taking practical steps towards establishing an ethical working agreement with some coach questions such as ‘what is my duty of care to this person?’ (Connor and Pokora 2007:193). This may relate to fitness to practice and to their responsibility to self-care. What then is the motivation to take responsibility, or to learn and develop a deeper self-care in their daily living practices?

Out of the plethora of principles which underpin for example employee development two principles stand out among the rest, self development and self directed learning. Both principles emphasise that employee (practitioner) development must be driven by employees who recognise the need to develop themselves and who are willing to learn.



This perspective is consistent with existing research observations (Boydell 1976, Sutcliffe 1988, Cunningham 1999) which suggest that individuals cannot be forced to learn to develop without their will. Self development is a 'self-initiated process of learning and key elements in the process are self awareness, reflection and experimentation' (Antonacopoulou 2000:491). Self initiation and self direction arguably requires commitment. As suggested by Pedlar, Burgoyne and Boydell (2006) unlike conventional development processes which treat individuals as passive recipients self development places the individual at the forefront of the development process whereby the underlying argument is that development is not a matter of expertise but 'a matter of personal willingness and determination to commit oneself to a process that the individual values and believes in'.

'Counsellors sustain wellness when they make an ongoing life long commitment to learning about advancements in the field, innovative research and themselves' (Venart, Vassos and Pitcher-Heft 2007:57).

Reflection depends on the individual wanting to reflect and possessing a willingness to explore issues deeply. Within this responsibility arguably also has a role. Responsibility in this instance is not the same as blame. Starr (2003:40) suggests blame implies that someone (even self blaming) has done something wrong and should possibly suffer as a result blame is also associated with shame, guilt and suffering, responsibility is simply about acknowledging our own influence in situations. Williams and Anderson (2009:13) discuss the notion of becoming self regulatory and within that experiencing the 'potential of self responsibility including responsibility to be self aware, to self develop, to self observe'. Kemp (2008) suggests the importance for a coach (or any practitioner) of self management and critically robust and rigorous (coaching) supervision to ensure accountable and ethical practice. Here self management is described by Kemp (2008) as a professional developmental process where a coach develops deeper awareness of their unique cognitive, behavioural, perceptual and emotional system whilst developing the self insight required to effectively manage both the influence and impact of their work with clients. Kemp (2008) suggests the importance of coaches actively participating in this process compels them to engage in the same introspective and reflective learning space that they expect of their clients.

Interestingly and relatedly so ‘work in the area of shared decision making (in health) has shown that patients are often unfamiliar with taking responsibility for their own health care decisions and in some cases they are reluctant to do this’ (Bryant et al 2007:822). This raises a question about why it is that when it comes to our own health and well-being and self-care we sometimes choose *not* to make a choice or not to take personal responsibility about where we are at or what needs to change.

Prochaska and DiClemente (1983) highlight in a first stage or pre-contemplation of change individuals are either naively unaware of the need to change or actively resist awareness of the need and have no intentions of changing in the foreseeable future. As part of the motivation to change, consciousness raising, increasing awareness of the problem or need for change, creating fear of not changing, or excitement for changing, and perceiving the advantages of change are most appropriate when individuals are in pre-contemplation to move individuals from the pre-contemplation to contemplation stages. In the second stage contemplation individuals are not yet committed (Prochaska, DiClemente and Norcross 1992) and at ‘third stage preparation’ individuals are intending to take action very soon or have already initiated initial actions. To move from contemplation to preparation it is seen as important to take small behavioural steps and self liberation (e.g. radical humanism Burrell and Morgan 1979) strategies focused on increasing efficiency regarding successfully changing offer support here. The fourth stage ‘action, contemplation and preparation’ gives way to actual initiation of change behaviours and at the ‘fifth and final maintenance stage’ motivation is focused on the prevention of relapse to the pre-change set of behaviours. ‘Efficient self change depends on doing the right thing (processes) at the right time (stages)’ (Prochaska, DiClemente and Norcross 1992:110).

All of this is arguably underpinned by self regulation a term used in both behavioural and dynamic psychology that refers to the ‘conscious and less conscious management of our physical and emotional impulses, drives and anxieties’ (Baker 2003:15). Our sense of well-being and esteem is closely related to the level of mastery of our self regulation and impulse control skills. Colvin (2010:1) suggests the most important self regulatory skill that top performers in every field use during their work is self observation so they are able to monitor what is happening in their own minds and

bodies and how it is going. The evidence suggests that ‘self-insight is a precious commodity that people believe they possess to a far greater degree than they really do’ (2006:603 Dunning). Coster and Schwebel (1997 in Baker 2003:14) reported evidence of self awareness and self regulation as the key characteristic of ‘well-functioning’ professional psychologists.

### **3.6 Self awareness, and reflective practice - as part of learning and changing behaviour**

If there is commitment, a willingness, an intention for a deliberate focus, a willingness for self regulation and a choosing to begin to take a deeper responsibility (for self-care at work for instance) there are tools that support the exposing of old patterns, for example what is not working, and what is working well. Self awareness and reflective practice play a part in this and are arguably in themselves approaches to self-care at work. Without choosing to be more self aware or to reflect to develop a deeper understanding it is possible that much potential self learning could be lost.

‘The unexamined life is not worth living’. Plato

‘If self-awareness is one of the proposed core constructs of authentic leadership, and conceptualising ‘self’ remains so problematic, what exactly is it we are trying to be aware of?’ (Fusco, Palmer, O’Riordan 2011:4). Avolio and Gardner (2005:324) suggest that self awareness can be defined as a process where one continually comes to understand his or her unique talents, strengths, sense of purpose, core values, beliefs and desires. Baker (2003:14) suggests self awareness is a core element in the responsible, mature management and regulation of one’s self as a person and as a professional. Based on a survey of well functioning therapists Coster and Schwebel (1997:10) concluded that ‘awareness is a prelude to regulating our way of life, modifying behaviour as needed’. Self awareness involves self observation of our physical and psychological experience to the degree possible without distortion or avoidance.

‘Many people in organisations are total doers and have not invested in self reflection, as heightened self awareness initially causes increased self consciousness and discomfort, only through hours of practice does self

awareness become an unconscious state' creating a powerful self coaching' (Alexander and Renshaw 2005:118).

Social cognitive research on self perception has repeatedly demonstrated that self-knowledge is consistently and predictably poor in that humans are woefully unaware of gaps in their own self-knowledge. These gaps could arguably be unknown unknowns, or errors of omission in that people cannot be expected to make accurate self-evaluations since they simply cannot know the extent to which they make errors of omission. Coming to know our true self 'involves being honest with our self about our self'. And when we honestly consider our own needs, preferences and limits 'we feel more integrated, efficacious, as opposed to split, fragmented, and impotent' (Baker 2003:47).

'Able leaders are usually sharply awake and reasonably disturbed' (Greenleaf in Spears 2004:6).

Flaherty (2005:193) suggests all change begins with self-observation and people confuse self-observation with self-judgement in that judgment includes a critical element that is absent from self-observation.

In learning about self and choosing to make a change in practice or behaviours a further tool could be reflection or a form of reflective practice. Arguably self awareness, and self observation are a form of reflective practice (and visa versa) if practiced regularly.

'How does a person loosen the bonds of firmly held beliefs and entrenched thought patterns enough to learn new ways of acting, seeing and inquiring?' (Rudolph, Taylor and Foldy 2001:307).

And as in radical humanism (Burrell and Morgan 1979) a further question could be 'how do people emancipate themselves by letting go of the bonds that are holding them back?'

As outlined in chapter 2 above action science (Argyris, Putnam and Smith 1985) and action inquiry (Fisher and Torbert 1995, Torbert 1991) offer both theory and technique to build these skills. Action science (AS) and action inquiry (AI) primarily help reshape action in the moment, however, reflecting and changing in the moment is enormously difficult for most people even though some form of self reflective practice is 'advocated as a necessary core for inquiry' (Marshall 2001:335). 'Reflective practice is one of the

most popular theories of professional knowledge' (Kinsella 2010:3). The term coined by Donald Schon (1987) garnered the unprecedented attention of theorists and practitioners of professional education and practice yet despite its popularity and widespread adoption a problem frequently raised in the literature e.g. as cited by Kinsella (2010:3) concerns the lack of conceptual clarity surrounding the term 'reflective practice (Bullough and Gritlin, 1989, Ghaye and Lyllyman 1997, Donaghy and Morss 2000, Honour Society of Nursing 2005, Johns and Freshwater 2005).' Ghaye and Ghaye (1998) note that there are many distinct understandings of what reflective practice is and that there is a lack of consensus for instance in that for their book 'Teaching and Learning through Critical Reflective Practice' they questioned 50 educators familiar with the term and found that each gave a different description of reflective practice.

'There is no doubt that unreflective practice is likely to result in actions born of repetition, ritual, and routine, and we all know the harm that can follow from such uncritical and unthinking practice' (Sellmann 2010:149).

Schon (1987) reworked Dewey's theory of reflective thought into his own version of reflective practice whereby Dewey (1933) viewed reflection as an important aim of education and that people should (all) acquire the general habit of reflection (Kinsella 2010:7). Schon integrates reflection with action in three of his pivotal constructs: reflective practice, reflection in action and reflection on action (Kinsella 2010:19). In each instance reflection occurs in and on actions that occur in practice, describing reflective practice as a 'critical assessment of ones own behaviour as a way of developing ones own abilities in the workplace to become more skilful'. Reflection in action is central to the 'artistry of competent practitioners who conduct on the spot experiments' in what he calls the 'action-present'. It is in the midst of practice where as reflection on action is retrospective (Schon 1987:31). Amulya (2011:1) suggests a key to reflection is in learning how to take perspective on one's own actions and experience' to examine that experience rather than just living it and by developing the ability to explore and be curious about our own experience, so that reflective practice is fundamentally structured around inquiry. It can become a way of life, a form of inquiry based (professional) practice (Marshall and Reason 1998).

Reflexivity arguably goes deeper in that it ‘problematizes issues that reflection takes for granted, for example it assumes that through reflection the practitioner can become more adept’ (Moon 2004:96). Reflexivity suggests that we interrogate these previously taken for granted assumptions, so reflexivity ‘like critical reflection would be seen as the deepest level of reflection’. This raises a question - ‘does reflection improve self understanding?’ While it is intuitively appealing to regard reflective practice as a key to self understanding ‘there is as yet little evidence to support this beyond self-report’ (Mann, Gordon, MacLeod 2009:612). Reflective practice also often refers to the concept as ‘super-vision’ but without the need for involvement of a supervisor or colleague and whilst reflective practice builds an ability to run a ‘stream of consciousness’ reflection in the mind, while still paying attention to the client. Supervision can be more effective when prepared for a process of self reflection and enables supervisors to operate at a ‘higher level of intensity when they support and challenge you’ (Hay 2007:8). Coaching supervision for instance ‘provides a place to bring issues from work in a safe but challenging context on the basis that if carers do not take care of themselves their client group will suffer from the stresses that are an almost inevitable part of their work’ (Shohet 2008:13).

### **3.7 Learning and self development - how do we learn? how do we develop so as to emancipate ourselves to make changes?**

How exactly do we learn? Moon (2004:11) suggests learning is a process with many events influencing and modifying each other simultaneously, a process in constant flux, difficult to describe in a linear manner as learning is a process of constant mutually occurring modifications. The Kolb cycle of experiential learning (Kolb 1984) is widely used as a means of describing learning particularly in training situations, and is ‘more often used as a model of management and facilitation of learning as a teaching rather than a learning model’ (Moon 1999a in Moon 2004:13). In learning there is a distinction between the act of learning something and the act of expressing that learning. Learning is ‘the taking in of ideas’, then the expression of that learning is ‘the manner in which the quality or quantity of the learning is evidenced’ (Moon 1999a in Moon 2004:14). Most assessment processes assess both the ability to learn the material and the ability to express that learning effectively. Eisner (1982) suggests that as a learner puts ideas on

paper they are sorting out their understanding of those ideas and learning more since the organisation and clarification of ideas are a process of learning in themselves.

‘We learn (something) in relationship to our present and prior experience since the prior experience guides how we respond to a present experience in that we build meanings by working with experience’ (Jarvis 1992 in Moon 2004:22).

Another commonly discussed facet is ‘emotional intelligence’ which can be described as ‘the relationship between feelings and learning’ (Moon 2004:46). Emotional intelligence includes self-awareness, persistence, motivation, empathy and social deftness. ‘Feelings are involved in the process of learning but also are the subject matter of learning, in other words, they can be part of external experience’ (Moon 2004:48). As a concept emotional intelligence has arguably served a purpose of awareness raising but we need to recognise that ‘it’s broad definition serves also to blur understandings of the relationships between emotion and learning’ (Moon 2004:47). ‘The association between feeling and knowing may be another area in which vocabulary is deficient’ (Moon 2004:48) for instance if we are saying that what we know is associated with feelings ‘then feelings are part of the internal experience that guides new learning and are in this way associated with the process of learning’. In addition to which, feelings may be generated during the process of learning ‘which arises as a result of the flux between internal and external experience’ (Moon 2004:48).

A further related concept is Action Learning. In looking at the difference between passive and active learning, active learning could be, a teacher pouring knowledge into the student, then testing what knowledge was retained, passive learning is where the teacher has a subtle role of indirectly fostering, enabling, and catalysing learning in the learners. Active learning could be as Ellerman, Denning and Hanna (2001:171) cite that Socrates instead of disseminating knowledge would engage his interlocutors in a dialogue about the topic at hand asking pointed questions to show short comings in the conventional wisdom and he would try to catalyse his dialogical partners into thinking for themselves, to take an active role in thinking through a question or problem.

A further perspective on this is the use of experience, for instance in experiential learning. ‘Experience is an event which forcibly interrupts stable truths and forces

changes to habits' (Pierce quoted in de Lauretis, 1994:300, in Pollard 2008) and could also support the intention of radical humanism (Burrell and Morgan 1979). Pierce (quoted in de Lauretis 1994:300 in Pollard 2008) called this 'habit change' a modification of a person's tendencies toward action, resulting from previous experiences.

'People seldom learn from their experience unless that experience is examined as a means of providing meaning as they see it, and, through this process of examination understanding, insights and discoveries are made to add value to the particular experience as well as to other prior experiences' (Kolb 1984:41).

Without reflection on experiences students are in danger of

'making the same mistakes and, reflection enables making sense of a situation, comprehending understanding and answering questions making necessary and personal and social connections thereby increasing knowledge and the overall learning effectiveness' (Wilson and Lee 1989 in Akella 2010:101).

Literature on experiential learning builds on theoretical concepts of 'Dewey's pragmatism, Lewin's social psychology, Piaget's cognitive development, Rogers' client centred therapy, Maslow's humanism and Perl's gestalt therapy provides a comprehensive theory which offers the foundation for an approach to education and learning as a lifelong process' (Kolb 1984:15). The entire learning process is critically reflexive of the individuals experience and actions (Zuber-Skerrit 1992:11) and includes plan, act, observe and reflect. 'Learning is a process as well as an outcome' (Zuber-Skerritt 1992:103). It also includes:

'reflective observation (RO) - learning from experiences and by articulating why and how they occurred they reflect observe and critically examine their experiences from all perspectives; abstract conceptualisation (AC) - observations and realisations made during RO, where students use logic and ideas as opposed to feelings to understand situations and problems; active experimentation (AE) students test theories to make predictions about reality and then act on those predictions' (Zuber-Skerrit 1992:11).



‘Experience based learning’ (Moon 2004:111) is cited as the

‘involvement of the whole person, intellect, feelings and senses; recognition and active use of all the learner’s relevant life experiences and learning experiences including continued reflection upon earlier experiences in order to add to and transform them into deeper understanding’.

Researchers exploring the structure of the development process have argued that development is a lifelong process which involves gradual, incremental improvements and brusque revolutionary steps as suggested by Lievegoed (1980) and that each step influences the way individuals construct meaning about themselves and their experiences as for example suggested by Fisher, Merron and Corbert (1987:259). As each step is taken a new self emerges with a new way of constructing the world and the inner experiences of the world result in a new way of expressing ideas, feelings and purposes. This supports radical humanism (Burrell and Morgan 1979) and the emancipation into a new way of being.

### **3.8 Self**

This research study is based on a series of developmental and unfolding steps towards making personal change and so far in this literature chapter learning, development and reflection for instance have been discussed as well as the impetus of illness, or stress or burnout, or fitness to practice. Radical humanism, (Burrell and Morgan 1979) seeks to emancipate the individual. It may be at the beginning of a process such as this (and this has been the experience of the researcher) that the ‘self’ to the individual is unknown, little known, or has yet to be fully revealed. It may also be that building a relationship with ‘self’ and deepening that e.g. by reflection, observation, is unique and different for each individual.

In much of the literature about stress, burnout, fitness to practice, self-care, self development, self awareness etc ‘self’ is mentioned.

This raises the question ‘what is self?’

In the methodology chapter (chapter 2) self is discussed as it also relates to one of the research methods, auto ethnography, a study of self, in that self is the subject of inquiry.

The researcher found trying to find clarity around a definition of ‘self’ a challenging process and this was shared by others in the literature, for example:

- ‘the task of defining the construct of ‘self’ has proved as difficult as any within psychology, and characterised by the development of many distinctly different definitions’ (Fusco, Palmer and O’Riordan 2011:4).
- ‘what the self is remains an unresolved puzzle in all disciplines of knowledge’ (Bachkirova 2011:4).
- ‘what is the self? philosophers, psychologists, neuroscientists, educationalists, therapists, and theologians have been asking this question for different reasons and from different angles for a long time. Some of them arrive at a dead end claiming that the self is an ultimate puzzle that will never be resolved, but it sees that others do not want to give up, therefore attempts to understand the nature of the self continue’ (Bachkirova 2011:17).

As already cited and discussed in the methodology chapter, ‘the discussion of self has been rich and prolific’ (Chang 2008:23). Chang (2008:23) sees culture as a product of interactions between self and others in a community of practice whereby an individual becomes a basic unit of culture and from this individual’s point of view ‘self is the starting point for cultural acquisition and transmission, for this reason scholars of culture pay a great deal of attention to the concept of self’ bearing in mind that the concept of self varies at different times in different cultures. Authors of authentic leadership describe that authentic leadership is the expression of the ‘true self’ that the leader must be relatively aware of the nature of that self in order to express it authentically.

One of the reasons the researcher having completed this study feels that self is so elusive even in theoretical texts is that arguably until you know self and have deepened that relationship describing what it is seems abstract and theoretical, and can appear fuzzy. For these reasons, ‘self’ is not so much described or strictly defined here in the literature chapter (nor in the methodology chapter, though it is discussed) but it is raised as a point to reflect upon during this study. Understanding the notion of ‘self’ may seem pivotal in a study such as this about ‘self-care’. For this reason ‘self’ here is generally defined as the individual practitioner, the individual who is providing a service in a workplace, the human being who is looking at the way they take care while at work, the person who is the researcher here, and the persons who are part of the inquiry group. Defining ‘self’ however is not the focus of this study, though getting to know self is

discussed here, and by the very nature of this study, has happened along the way (discussed further in findings and conclusions).

### **3.9 Using the physical body as a marker and starting to get to know self**

It is possible that self can be found, or felt via the physical body, and this is one aspect of this study, using the physical body to get to know self, to navigate life, and to experiment with changes and feel the consequences or impact of these. Drawing from Ginsberg's writings (1984) Wilson (1988:45) proposes that a 'more inner-orientated experience of self i.e. a more essentialist sense of self is grounded in 'somatic' self processes' this is the realm of emotional bodily reactions such as butterflies in the tummy, or the queasiness associated with uncertainty'. Wilson suggests that being attentive to these 'somatic' events provides the possibility for self actualisation (as referred to by Maslow in 1976) and is crucial for the development of true self. It has been said that the body is 'this sacred vessel which houses your soul, your authentic self' (Baker 2003:89).

How do we get to know the body? And is there a possibility to use our physical body as a way of getting to know self and to developing self-care in a way that supports us uniquely? Baker (2003:89) states 'we rationally know that taking care of our body as the physical residence of our self is important, but most of us have a complex relationship with our own body and a range of ambivalent feelings about it' (Andres, Ebaugh, Fenney, Long and Zipin 2001).'

From the researcher's experience in this study, we can override the body for instance 'therapists too can neglect of our own physical self needs: we occasionally become so intent and focused on sophisticated self-care methods that we overlook the basics' (Guy and Norcross 1998:390). And 'if I am too exhausted, which I can easily get, I do not have the capacity to even recognise my exhaustion, my inner responses do not exist and that's frightening' (from a seasoned therapist quoted in Baker 2003:89).

It is suggested in some of the self-care, self awareness, and wellness literature that to use your physical body as a "marker" is the best personal barometer we have, for noting when we feel steady and well and when we feel tired or unable to practice.

‘Our physical body is giving us nudges and indicators 24/7 but often in the busy-ness of life, we fail to notice or we notice but fail to take the time to understand what the nudges are and why they are happening, but the nudges offer us clues to how we are living and working’ (Keep 2011:54).

This is supported by a number of writers. ‘Symptoms are a way for your body to say ‘listen to me talk for a change’ (Venart, Vassos and Pitcher-Heft 2007:50). Whether for counsellors or other therapists or practitioners or indeed every human being failing to take heed of the nudges can cause physical and other problems with our well-being along the way,

‘when counsellors fail to heed the warnings sent by their physical selves, cumulative stress and fatigue can result, when counsellors stay self aware they are better able to identify their feelings and needs regulate their reactions and set appropriate limits’ (Hammerschlag 1992:69).

Setting appropriate limits can simply be about our daily rest, sleep or eating patterns, or the way we work. From the researcher’s experience particularly during this PhD study,

‘we tend to view the mind as an aloof, disembodied entity but it is becoming increasingly clear that the whole body is involved in the thinking process. Without input from your body, your mind would be unable to generate a sense of self or process emotions properly and physiological sensations such as those from our heart and bladder, influence such diverse personal attributes as the strength of your tendency to confirm, your willpower and whether you are swayed by your intuitions or governed by rational thought’ (Robson 2011:35).

The statement ‘Mr. Duffy lived a short distance from his body’ (James Joyce 1914, Dubliners) whilst amusing has a certain truth to it for example, we may feel symptoms e.g. headaches, knee pain, or shooting pains in our breasts but how often do we act on this? How often do we override it, and as any pain or ailment gets worse we dull ourselves, numb ourselves (e.g. with food, or distractions) so as not to feel it? And hence ‘live a short distance from our body’.

‘It is not what the mind knows, but what the body is that truly counts’ (Benhayon 2011:90), which for the researcher offered a key understanding as there were many times in her working life that she overrode her own feelings and kept going only to find the following day, or week, that she was actually physically exhausted or unwell, but

the mind kept driving her on to the next task, duty, or activity without allowing a moment to pause to feel how her body felt.

Flaherty (2005:99) suggests that maybe the most obvious part of being a human being is each of us has a body. Yet in our everyday world and especially in business the body is often ignored. It is as if we are working only with a person's head where thoughts reside and where the voice comes out. Just as an athlete may pay attention to their body and it being developed in a particular way e.g. muscle tone or the army for instance works with army cadets in preparing them including their bodies for what lies ahead in the work/their armed force services, leaders, managers and coaches also 'need a body that will uphold them in doing their work' (Flaherty 2005:100). 'Many intervention efforts fail because they do not take the body into account' (Flaherty 2005:101). In addition Etherington (2004:212) suggests that the frequently quoted remark 'the body does not lie' is something we take for granted without thinking too much about what it might mean for us as researchers. The body can also give us strong messages with illness and disease and 'if you do not choose to see truth, truth, will make you see it' (Benhayon 2008:250) in that the physical body will show you soon enough even if you override it.

One of the biggest shocks the researcher had just prior to this PhD study was when she awoke one morning completely unable to get out of bed feeling so ill (and it turned out having 3 different illnesses all at once, glandular fever, flu, and giardia). What was more shocking was that she hadn't felt these illnesses building up as they didn't all just turn up that night... She had managed to override the various ill and unwell feelings she had by being so busy and active. It could be said that some of us live from the neck up, so overwhelmed by all there is to do that as a result we end up missing important signals from our body that provide us with valuable information. This was certainly the researcher's experience prior to this PhD study.

This raises questions such as how well do we respond to the needs of our own body? Do we eat when we are hungry? Sleep or rest when we are tired? Or take a break when we start to feel stressed? When we stop to check in with our body before responding to a request chances are we will make the best decisions, and as we learn to pay attention to the signals that our body gives us every day we may find that it becomes a wise and

trustworthy partner which this study continues to discuss throughout the findings and conclusions.

In their study, Tsakiris, Jimenez and Costantini (2011) suggest that if you have a strong sense of self from the inside, you do not rely so much on external information like vision and touch. Not only is it possible to support self as a practitioner as regards well-being ‘it is through my body that I understand other people’ (Merleau Ponty 1962:186), the more we understand about our body and the human physical body the more we can potentially understand those we serve.

‘It has been through my body that I have come to know myself as well as other people, I have come to view my body and its responses as important not only in my personal life but also in my professional life (Etherington 2004:212).

The body has increasingly become recognised as a source of wisdom and knowledge as well as an important tool for therapists in their work with clients as stated by Shaw (2003) for example. This study has looked at the potentiality of using the body as a source of wisdom, which has been found to be a useful barometer in navigating self-care at work. This is discussed further in the findings, and implications for practice.

### **3.10 Self-Care**

‘People with long term conditions can improve their health and have a better quality of life by taking a more active role in managing their own condition’ (Health Foundation 2011:2). There is also compelling evidence that patients who are active participants in managing their health and healthcare have better outcomes than patients who are passive recipients of care (Health Foundation 2011:2). The Health Foundation in a review (2011) of more than 550 pieces of high quality research suggest it is worthwhile to support self management, in particular through focusing on behaviour change and supporting self efficacy. Self management is an aspect of ‘self-care’ that the National Health Service is now mainstreaming into healthcare services. There are resources and theories from self management that also support self-care in relation to this study. It is relative to mention self management here because of this and because self management is arguably about self-care.

‘To take adequate care of ourselves, we must continue learning throughout life about what facilitates, deepens and strengthens our sense of personal well-being and peace of mind’ (Baker 2003:59).

A while ago, ‘there was a paucity of systematic study on therapists and self-care’ (Baruch 2004:64), methods and research are rarely applied to therapists themselves.

‘Therapists, as professionals and as human beings have the right, and deserve to share with ourselves the same time, care and tenderness we extend to clients, family and friends. For some of us the idea of self-care although rationally sound can stimulate anxieties about the work and effort involved’ (Baker 2003:18).

An important aspect is ‘shame over being impaired by our work is common among affected therapists, prevention is far better than treatment and studying those who have successfully managed years of working with distressed clients can be of vital assistance to all out in the field’ (Baruch 2008:86).

Five common themes emerged (Baruch 2008:86) in well functioning therapists and their self-care methods; balance, diversity, robust selves, empathy to self, and proactivity balance, and, well functioning therapists consistently focused on balance in their lives, established clear boundaries between work and personal life, took regular vacations, and, they practiced regular self awareness/self monitoring exercises as well as professed personal values that helped them observe ethical standards, develop robust selves, and, empathy to self. Research information contradicted the belief that functioning well ‘just happens’ as these therapists were proactive in their self-care (Coster and Schwebel 1997, and 1998, Dlugos and Friedlander 2001, Norcross 2000, Skovholt et al 2001 in Baruch 2008:86).

Research as cited by Baruch (2008:86) also clarified a sequence of steps that therapists took when they sensed their function was compromised e.g. admitting to self they were not coping, asking for help, pulling back on work, taking breaks, etc as these thriving therapists were proactive in their self-care.

‘In order to be an effective healer, we must first be aware of what keeps us well and what challenges our wellness (Lawson, Venart, Hazler and Kottler 2007:5).

Quantitative and interview research cited by Mann (2004) examined self-care and stress management for therapists suggesting that several facets of self-care are important including self awareness, self regulation or coping and a balancing of self and others interests (e.g. as discussed by Baker 2003, Brady, Guy and Norcross 1995) with, self awareness defined in this context as an ‘unbiased observation of ones inner experience and behaviour’ felt to be absolutely foundational to self-care.

Baker (2003:13) raises important questions such as:

- ‘why is it so hard to attend to our own needs for nurturance, balance, and renewal?’
- do external stresses beyond our control get in the way?
- has self-care become another ‘should’?’

It is often the case that it is one thing to know that self-care is important but it is another to implement it and although therapists are well informed about the mechanics and the how to’s of self-care, the process arguably remains a challenge for many personally and professionally.

Norcross and Guy’s findings (2007) suggest that possessing any one particular skill in one’s self-care programme is less important than having a variety of self-care methods. Research has shown that people with higher levels of activity (exercise, creative activities, social activities etc) appear to cope more effectively with the strain of work and recover better from work-induced fatigue, sleep better and report generally lower levels of fatigue (Robertson and Cooper 2011:75). Robertson and Cooper (2011:75) suggest that a factor in maintaining good levels of personal resilience and people’s ability to cope with high pressure and adversity is to take sufficient periods of respite, especially when working intensely over a long period. Respite does not have to take the form of physical relaxation, respite provides a break from work and something that is different. Outcomes from embracing self-care methods so as to ensure that the practitioners function well were ‘high levels of personal accomplishment, general well-being, enhanced self awareness, openness to experience and appreciation of the rewards of care giving, increased job satisfaction’ (Baker 2003:18).

Self-Care rituals can be an important feature in self-care in that



‘simple and benign rituals can be a self-calming and self organising antidote to the stimulating, fragmented swirl of contemporary life are also cited as important. Rituals can be transformative’ (Baker 2003:73).

Baker (2003:18) suggests that a voluntary simplification of our lives is a good thing to aim for before it is forced upon us. Self-Care is essential for stability and to do so is to embrace compassion towards ourselves. Most of us lead lives that are increasingly busy yet how often do we feel guilty if we are not doing something with our time? And that is just the point, ‘we have forgotten how to simply be, we ensure life as human beings, not human doings’ (Treadway 1998:61 quoted in Baker 2003:49). As was found in this research study, Baker (2003:63) suggests consciously building in self time at various points in the day is a valuable self-care at work practice.

The significance of developing a relationship with self as well as with others is often cited as core to self-care. ‘Becoming more self aware helps us to know the limits of what is possible in our own lives as well as in the lives of our clients’ (Baker 2003:6). This has been found in this study to be invaluable, indeed fundamental to self-care and has happened by taking the time to examine self-care and ways of taking self-care at work by the research participants, and the researcher. In focusing on feeling the physical body, reflecting, and then experimenting with new ways of caring for self, and then observing whether these made a difference, this has for instance enabled the inquiry group participants to get to know themselves, and their preferences e.g. with food, hydration, exercise, and rest (e.g. see findings chapter 5).

One other aspect that is often mentioned and this has been the researcher’s experience throughout this study and her work as a coach is that ‘we need to put the idea of “self-care as selfish” behind us (Richardson 2009:75). This is discussed further in the findings and implications for practice - to legitimise the importance of self-care and that ‘I matter’ is a foundational turning point in a consistent self-care practice and a sense of personal well-being.

What helps us to develop self-care - over and above having an impetus for instance from realising the lack of self-care, feeling unwell, and developing a deeper self awareness, a preparedness to learn?

‘Although it is essential that counsellors recognise and use these familiar strategies to keep well, it is also important to step outside routine and *experiment with new ideas to promote personal and professional wellness*’ (Venart, Vassos and Pitcher-Heft 2007:63).

Whilst there is a formal methodological set of theories about experimenting, for example in performing a scientific procedure especially in the laboratory to determine something, experimenting can also be used as it has in this PhD study as an informal way to try out new concepts of ways of doing things and can be the testing of an idea or daily self-care ritual which is an experiment in living - as not all ‘experimentation’ is done in laboratories and could more be seen as a venture at something new and different. Undertaking mini daily experiments about self-care is something that has been practised by the researcher and the inquiry group participants as a way of trying, testing, and observing new ways of caring for self. This is discussed further in this PhD thesis in the findings (chapters 4 and 5).

### **3.11 Organisational practitioners as the context of ‘work’ e.g. coaches, facilitators and (authentic) leaders**

In parts of the literature review so far, therapists, coaches, facilitators, leaders or counsellors for example have been referred to. To give this study a context, organisational practitioners (the inquiry group participants and the researcher) were used as a case in point, most of whom were coaches either freelancing coaches, or coaches employed within organisations. Some were facilitators, leaders, human resource managers or organisational change/development consultants too. Hence this literature review has also considered leaders (e.g. authentic leaders) and coaching literature as well as literature from human resource practitioners, facilitators, counselling and, therapists to get a sense of how much research, or published material for these practitioners relates to self-care.

In the case of coaching the researcher gathered coaching literature (books, journals) during the first few years of this PhD study and generally these could be divided into performance (coaching for performance); technique (the techniques of coaching); building coaching capacity (in an organisation) and the coach (e.g. setting up as a coach, or the ethics of coaching). The majority of books and articles appeared to be in

the first three categories and at that time a review of those specifically in the ‘coach’ category showed there was little if anything written about on the health, well-being or self-care of the coach. The many books on the ‘how-to’ of coaching which were the most common ranged from things like ‘Understanding Implicit Models that Guide the Coaching Process’ (Barner and Higgins 2007), Techniques for Coaching and Mentoring (Megginson and Clutterbuck 2005) or ‘The Foundations of a Psychological Approach to Executive Coaching’ (Bluckert 2006) to a number of books offering a complete suite of coaching models and approaches (e.g. in Passmore 2006 Part 2, or Stober and Grant 2006, or Rogers 2006 Coaching Skills – A handbook). This was similar in the Human Resources literature, offering tools, techniques, tactics and guides about managing people in organisations, with very little about supporting the HR practitioner at work, and again this was found to be similarly in searching through literature about organisational development consultants and facilitators.

Of note here from the coaching literature, as highlighted by Whitmore (2002:41) and Passmore (2006:14) for instance, are countless cited lists of qualities of coaches such as patience; detachment; supportive; interested; good listener; perceptive; aware; self-aware; attentive; retentive, as well as technical expertise; knowledge; experience; credibility; and authority. And that a coach needs to have empathy, perspective, focus, intuition, objectivity, strength, listening, questioning, clarifying, actions, strategies and goals. Amongst all of these books and articles however, there was very little on coaching integrity, authenticity, and self-care at work and this study offers some learning and findings to ‘fill’ that ‘gap’ in the literature not just for coaches but for other organisational practitioners such as Human Resource Practitioners, facilitators, organisational consultants and managers when the researcher trawled the literature more widely.

Leadership authenticity has been touched upon in other parts of this literature review particularly as self awareness, and reflection are commonly quoted (see below) components of this. In addition the researcher also looked at management and leadership literature to see whether the focus of ‘self-care’ was prevalent or indeed mentioned at all. As a practitioner (of coaching, leadership, therapy etc) it is possible that if we choose to take responsibility for the way we are, and we develop a self caring

way in our lives and work this has the potential to inspire others (as discussed further in the findings and implications for practice).

There have in recent years been links made between the way employees are, and business success and that the way we treat ourselves can impact on the outcome of the services we provide for instance (also see bullet point snippets in chapter 1) ‘when our actions reflect a respect for our own wellness, it is more likely we will be able to nurture wellness in others’ (Lawson, Venart, Hazler and Kottler 2007:5). The questions could then be asked ‘what happens for us to inspire others? What offers an inspiration to those around us? Authenticity could play a role in this as could integrity and role modelling and these are briefly discussed here.

Throughout the literature on authenticity it is seen to be informed by the ‘true’ self (e.g. Avolio and Gardner, 2005). Warren Buffett has been described as a ‘genuine leader of high moral character’ (Gardner, Avolio, and Luthans, 2005) and his advice to other leaders for what constitutes success reflects the notion of authenticity captured by the timeless advice of the ancient Greeks to ‘be true to oneself’ (e.g. Kernis, 2003; Ryan and Deci, 2003; Avolio and Gardner, 2005). From the researcher’s literature search much of the authenticity literature highlighted that we all have the capacity to inspire and empower others but we must first be willing to devote ourselves to our own personal growth and development as leaders. Authentic leaders are persons who work to understand their strengths and weaknesses and their leadership would reflect an awareness of their inner motives, emotions, values, and goals. Relational transparency involves presenting one’s true self as opposed to a fake or distorted self to others as the ‘leader displays high levels of openness, self-disclosure and trust in close relationships’ (Gardner, Avolio, Luthans et al. 2005:347).

A key element of a healthy work environment often quoted is trust between staff and their leaders (Wong and Cummings 2009:6-8). Authentic leadership is proposed as the core of effective leadership needed to build trust because of its clear focus on the positive role modelling of honesty, integrity and high ethical standards in the development of leader-follower relationships. Because followers’ trust in leaders is largely based on the leader’s actions, a leader’s espoused values must be consistent with

actions in order to be seen as acting with integrity (Gardner et al 2005). Employees will not follow a CEO who invests little of them self in their leadership behaviours. People want to be led by someone 'real' and leaders and followers both associate authenticity with sincerity, honesty, and integrity - 'it's the real thing!' - the attribute that uniquely defines great leaders. Thereby authenticity is a quality that others must attribute to you. Arguably no leader can look into a mirror and say "I am authentic" - a person cannot be authentic on his or her own. Authenticity is largely defined by what other people see in you and as such can to a great extent be controlled by you. In establishing authenticity as a leader it is suggested by Palanski and Yammarino (2009:405-420) the need to ensure words are consistent with deeds and everyone acknowledges and understands the need for consistency when establishing authenticity, but a great leader does a lot more than just pay lip service to it - they will live it every moment of the day.

There is little agreement in the literature about the meaning of integrity (Becker, 1998; Parry and Proctor-Thomson, 2002). Palanski and Yammarino (2007) discuss that it is frequently used to represent a wide variety of ideas and constructs and often overlaps with other terms such as morality, ethics, conscientiousness, honesty, and trustworthiness. And in spite of its popularity as a normative descriptor there is actually little extant theory about integrity in the management and leadership literatures. The existing theory is relatively narrow in scope usually focusing on only a single level of analysis (i.e. the individual leader). Palanski and Yammarino (2007) review over thirty articles which specifically contain a definition or definitions for integrity, demonstrating that integrity is used to mean a variety of different things. They classify the various meanings of integrity in the management literature into five main categories: 1) integrity as wholeness; 2) integrity as consistency between words and actions; 3) integrity as consistency in adversity; 4) integrity as being true to oneself; 5) and integrity as morality/ethics (including definitions such as honesty, trustworthiness, justice, and compassion). It can be defined as the consistency between words and actions.

Self mastery is a competence about clear knowledge of self, intra personal skills, integrity, staying in touch with one's own purpose and values, active learning skills, rational emotive balance, and personal stress management skills. It is also cited as:

‘being aware of ones biases that may influence interaction, the need to clarify personal values, clarify personal boundaries, manage personal biases, manage personal defensiveness, recognise when personal feelings have been aroused, remain physically healthy while under stress, resolve ethical issues with integrity, and, avoid getting personal needs met at the expense of the client’ (Rothwell and Sullivan 2005:184).

Arguably authenticity, integrity and self mastery play a role in both the intention to self-care at work by a practitioner e.g. so as to offer a different quality of personal service, one that is sound in its integrity and authenticity and within this there is a potential for role modelling as part of the services these (coaches, facilitators, therapists, leaders, managers) practitioners offer.

### **3.12 Role modelling**

Role modelling is discussed in the authentic leadership literature, servant leadership, and integrity in leadership. ‘We all have the capacity to inspire and empower others. But we must first be willing to devote ourselves to our own personal growth and development as leaders’ ...’discovering your authentic leadership requires a commitment to developing yourself’ (George et al 2007:129). Elberfield for example (2002:24) states:

‘focusing first on the personal transformation of the individual is the best way to effect group change. To lead others, people must first know their inner selves – their gifts, skills, challenges, needs, and motives. Such personal awareness is at the heart of servant-leadership’.

Looking more broadly we can have negative role models that we still learn from for example The Global International Healthcare Survey by BUPA (2011:22) cites:

‘fewer respondents in predominately English-speaking countries than anywhere else say that they were taught about the benefits of a health lifestyle when growing up, and, in the same countries more than almost anywhere else respondents say their parents set bad examples by drinking excessively and smoking in front of them’.

When looking at supporting healthier lifestyles for instance in our local communities well-being is maximised by preventing the negative impacts of work and by developing skills through a comprehensive approach to self-care. Arguably much of the work as

therapists involves encouraging clients to pay attention to the signals of their bodies, to develop awareness of their behaviours, emotions, thoughts, and to act in as much harmony with new perceptions as their level of development sustains. ‘This comprehensive approach to working with clients necessitates modelling these behaviours in our own lives’ (Baruch 2008:85).

‘Self consistency’ is when we apply the same standards to ourselves that we are applying to our clients we are being self consistent. How often though for example have we seen leaders of an organisation instruct people to initiate a process that the leaders themselves never follow? Flaherty (2005) suggests that people disregard what’s said to them and follow instead what is ‘shown’ to them by actions.

Authentic leaders have a steady and confident presence ‘they do not show up as one person one day and another person the next’ (George, Sims, Mclean, and Mayer 2007:137). In developing individual self-care role modelling and inspiration have the potential to support individual well-being as in ‘we all have the capacity to inspire and empower others’ (Owen and Geary 2012). From the researcher’s experience:

‘the way we are with ourselves and in the world is felt by our clients. We have the potential to inspire those we serve. But how much do we truly take care of ourselves?’ (Keep 2011:55).

What exactly constitutes role modelling?

‘A person regarded by others, especially younger people, as a good example to follow’ (Collins 1982:1300) or a person looked to by others as an example to be imitated, or any person who serves as an example whose behaviour is emulated by others. They do need to be worthy of imitation, and we know ourselves that every child needs a role model/s, and while we are young, and possibly to lesser degree as we are older, we are unconsciously and consciously looking around for role models. Some industries play on this fact e.g. the advertising industry in making insidious or explicit statements or advertisements suggesting we need to be, dress, act in a certain way, or the same as this or that person. As we grow, ‘socialisation is the process by which we learn about others attitudes, values and beliefs and eventually come to formulate our own, and that children and families learn by observing and experiencing the behaviour

of others which has been called ‘social learning theory’ (Bandura 1986). We may be attracted or repelled by what we observe and experience but we do learn from it and we individually construct our own behaviour in light of it and, role models are considered key players in this socialisation process which occurs through observation and reflection. Role models differ from mentors in that ‘role models inspire and teach by example’ (Cruess, Cruess, Steinert 2008).

‘We must acknowledge that the most important, indeed the only thing we have to offer our students is ourselves. Everything else they can read in a book’ (Tosteson 1979:690).

An example of this is found in practitioners such as counsellors who as Rogers (1961) suggests are able to create relationships which facilitate the growth of others only to the extent that they have achieved growth in themselves and this includes for example *when counsellors are obviously tired or physically ill and continue to work they send a message that one’s personal wellness is less important than attending to the needs of others*. ‘In contrast when counsellors are committed to self awareness and the pursuit of their wellness they can serve as role models for clients, and their joy can have a contagious effect (Miller 2001:384) in Venart, Vassos and Pitcher-Heft 2007:50).

### **3.13 Self as instrument**

If in the services we offer as practitioners for instance when we are consistent with what we say and do and through our own self awareness and pursuit of wellness we can serve as role models, then it could be said arguably that self as an instrument holds the potential to be our best intervention in the services we offer. Using the word self helps to conceptualise it as the main instrument - our body, us a person, the ‘tool’ that we engage in our work, life and relationships in general and like any instrument if it is not kept in good working order the negative results soon become apparent in these areas.

An example of this related to the researcher’s experience in the National Health Service (NHS) is ‘a surgeon’s behaviour in the operating room affects patient outcomes, healthcare costs, medical errors and patient and staff satisfaction’ (Science Daily 2011:1). In the NHS it is the experience of the researcher that often surgeons get hired on the basis of their knowledge, training and technical accomplishments without full



consideration that operating rooms are social environments where everyone must work together for the patient's benefit, and, when a surgeon who is in the position of power is rude and belittles the rest of the staff it affects everything. A study of 300 operations (Science Daily 2011:1) in which surgeons were ranked for their behaviour shows a correlation between civility in the operating room and fewer post operative deaths and complications.

Other factors (discussed earlier in this chapter) such as stress, burnout, over attention to helping others whilst not attending to self may also harm professional effectiveness because they may negatively impact attention and concentration, impinge on decision making skills. This arguably highlights the importance of self-care for all those offering others a personal service (e.g. coaches, facilitators, leaders, managers). What this arguably means for us as therapists, coaches, managers, etc is that

‘it’s not simply what we know but *how we engage our work* that is of vital importance...’ ‘...as the self is the primary instrument used in our work, it is imperative that we honour it by treating it as an instrument worthy of proactive attention’ (Baruch 2008:88).

And,

‘One of the strongest lessons that I’ve learnt ... is that we are the text that we teach, and that the first thing and probably the primary thing that people will take away from their interactions with us is us, and how we interact with them. And the integrity, the consistency, the values that we portray and that we live are the most potent lesson that we have’ (Focus Group KRS 2.2004 in Ronfeldt and Grossman 2008:46).

As the researcher has found from this study (see findings chapter 4 and 5, and implications to practice chapter 6) is that it is not only about how we engage with our work, it is also about the quality we ourselves are in when we engage in our work. If for instance we are feeling vital, balanced, well, and prepared for our work, arguably, we have the potential to offer a far greater service than if we are tired, exhausted, distracted, or rushed.

In the ‘self as instrument’ literature Curran, Seashore and Welp (1995:1) agree that ‘the most powerful instrument we have in helping our clients navigate change is ourselves, our ability to use ourselves potently relies in large part on the level of awareness we

have about the impact we make and our ability to make choices to direct and modify that impact'. Baker (2003:110) supports the notion of the self as instrument which can 'contribute greatly to the quality of our work but requires enormous effort to manage'. This is supported by Sikes, Drexler and Grant (1989:79) in two ways, firstly as regards personal competence and that self power enables (organisational development) consultants to influence others by their mere presence and strong presence results when consultants strengthen and balance their physical health (shown by energy and stamina) mental health (clarity and alertness), social health (concern and understanding, and spiritual health (inner peace and calmness). Secondly, physical health is important as for instance the rigours of the organisational development process demand that consultants maintain high levels of energy, requiring a healthy diet, regular exercise, adequate relaxation and sleep.

Cheung-Judge (2011:11) discusses the use of self as an instrument or instrumentality in work and the need to explore key practices in owning and refining the use of self in our work based on the premise that organisational development consulting necessitates a high degree of self knowledge and personal development that must engage organisational development practitioners throughout their professional lives. In Burke's (1982) concept of instrumentality (in Cheung-Judge and Holbeche 2011) the living embodiment of knowledge is discussed and the theories and practices believed to be essential to bring about the change in people which are manifested, symbolised or implied in the presence of the consultant with self as a prime asset in achieving the helping relationship. The question then arises about how we develop instrumentality, the owning and refining of instrumentality using self as a key asset requiring both proper management, support, care and investment.

Much of what has been discussed in this literature chapter relates to this and that illness and feeling unfit to practice arguably shows perhaps a lack of instrumentality, or lack of regard for the instrument of service (the person/body). Wellness and fitness to practice as well as developing strong self caring at work rituals for instance, and the embodiment of this offers us the potential of a more balanced, vital, and focused approach to work and in the services we offer to others, as this offers them an inspiration. Owning our instrumentality relates to the development of our self

knowledge and expertise as practitioners and refining implies regular maintenance work on self ‘dedicating time to the on-going maintenance of both self-knowledge and technical expertise’ (Cheung-Judge and Holbeche 2011:14), as well as self-care, self regard, preparation, and learning. Symonette (in Mertens and Ginsberg 2008) emphasises that cultivating self as responsive instrument is a developmental journey without end because cultures and contexts are dynamic and ever changing. Responding to this ongoing learning requires an ever deepening awareness and knowledge of self in context as a lifelong project. As has been found in this research self-care at work as a solid foundation becomes a living inquiry, a way of living and a way of offering services to others. This in itself offers self consistency and through this the potential for consistency in our services to others.

### **3.14 Why quality of self matters and in this why self-care matters**

Moliner et al (2008) suggest that in service organisations where staff well-being is higher, members of staff are more likely to go the extra mile. Customer satisfaction and service quality have also been shown to be linked to employee well-being (Leiter, Harvie and Frizell 1998, Dorman and Kaiser 2002). Harter, Schmidt and Keyes (2003) also found significant relationships between well-being scores on an employee survey and business unit level outcomes such as customer satisfaction, productivity, profitability, employee turnover, and sickness-absence levels. More individually for example as cited by Shallcross (2011:33):

‘if I am not well, that’s going to get in the way of me being able to tune into the needs of my clients, since the self of the counsellor is an essential component of effective counselling it is vital that we nourish our own wellness’.

This has also been discussed elsewhere in this chapter, and is discussed more in the findings and conclusions of this thesis. Baruch (2008:85) suggests that:

‘much of our work as therapists involves encouraging clients to pay attention to the signals of their bodies, to develop awareness of their behaviours, emotions, thoughts, shadow and to act in as much harmony with new perceptions as their level of development sustains. This comprehensive approach to working with clients necessitates modelling these behaviours in our own lives’.

In the British Association of Counselling and Psychotherapy (BACP) guidance on good practice they cite the care of self as a practitioner and that attention to the practitioners well-being is essential to sustaining good practice. Baker (2003:vii) supports this as therapists use training and skills to help patients become more self-aware and more self-tending and that self-care personally and professionally is not just for ourselves but for clients.

An important factor to note here (discussed further in the findings chapter 4 and 5 and implications for practice chapter 6) is that self-care (at work) is different from selfishness, self absorption, or self indulgence (Domar 2000) and that self preoccupation is in fact *more likely to occur as a result of inadequate self-care* over time and appropriate self consideration is a manifestation of a healthy respect for one's self and one's clients. Equally as cited by Kostouros and McLean (2006:1) 'self-care for all helping professionals is crucial so that they can continue to serve their respective clients with maximum effectiveness'. 'When we are well, we are better able to connect with our clients, more attending and creative in our work and less likely to make clinical errors or violate boundaries' Shallcross (2011:31).

'It is a comforting thought that we do have a few companies and high ranking individuals who understand that harmony in the workplace leads to the production of true quality. But truthfully, in how many companies and businesses does this actually happen? Should it not be in all companies and all workplaces and in all that we do? it's not just the technical ability and the automation. It is the quality of the person and the intention behind it that ultimately produces the product that will function efficiently or not. The initial intention affects the end result and everything in between' (Benhayon 2008:245).

### **3.15 Concluding the literature review**

This literature review chapter has discussed wellness stress, well-being, issues around fitness to practice, learning, and developing ourselves, responsibility, self regulation, and tools to support development including self observation and self awareness. It has also discussed role modelling and self as an instrument as well as using the physical body as a barometer/guide in self-care at work. In amongst this what has also been discussed is how we can choose to take responsibility for our practice and our selves,

what motivates us to self develop, how we become more aware of what is and what isn't working, and how we learn, experiment with and practice new ways, towards our own self-care and vitality and how this in turn can have an impact on those we serve/our clients. Radical humanism (Burrell and Morgan 1979) suggests we can observe, interpret, realise, and then choose to emancipate, try and test to make changes, to break out of the ways that no longer serve.

This literature search has attempted to highlight the many aspects on that 'pathway', the choices we have and the potential of those choices in readiness for the findings and implications for practice chapters which have practically explored, and tested out (qualitatively) these aspects so as to realise the true potential we actually have in tending to self-care at work and in changing our ways so that we can truly inspire - as we go onto realise in this study that self-care at work does matter.

The following two chapters discuss the findings, firstly the auto ethnographic findings (chapter 4) and then the third party findings (chapter 5).

## Chapter 4

# The Auto Ethnographical Findings and Discussion

### 4.1 Introduction to the Auto Ethnographical findings

This chapter covers the auto ethnographic data findings, analysis, and discussion based on 3 years of self observation, reflection, journalling and note taking by the researcher.

This section is written by the researcher as the third party using the auto ethnographical quotes (in italics) in the same way as the third party inquiry group findings (chapter 5) - as the findings (whether auto ethnographical, or inquiry group) are all data from the field. The researcher chose to present and discuss these findings in this way for consistency.

The findings and discussion are structured in three parts:

- the impetus to change, the realisation of how things were going/felt at work, and the realisation that not taking care of self at work can have an effect on the services we offer, or work that we do.
- the process of making changes once realising or understanding what had been going on - emancipation out of the old ways (as in radical humanism, Burrell and Morgan 1979)
- the impact of the changes (e.g. taking self-care), and whether this had an effect on the quality of the services the researcher offered (e.g. coaching, facilitating, managing), and whether for instance self-care at work mattered.

In undertaking this auto ethnographic part of the research the impetus (as outlined in chapter 1) had been on the researcher's own realisation of how when her health suffered or she was not taking care of herself that the quality of her work also suffered.

As outlined in the methodology chapter (2) the researcher was intrigued by radical humanism in that in understanding what was going on by observing and becoming more aware, looking for patterns, and then making sense of that, it offered her an inspiration to make a change, and see whether that had any affect. She undertook the research so as to see if it was possible to 'break the chains' of the old patterns and behaviours of

working to move towards taking care of self. She preferred naturally to get close in and what was important to the researcher was describing what it meant to her for example what not taking self-care, or taking self-care at work meant in practical terms. The researcher knew that for this she would need to bring self into the study and auto ethnography offered an approach to do this (as discussed in chapter 2 - methodology).

The researcher had always been curious as to the way things were, particularly in the way she was in the workplace, and the way colleagues and peers were at work, around the area of personal health and well-being. She was subjectivist by nature, wanting to understand more, yet, radical humanistic (Burrell and Morgan 1979) in wanting to look at what breaks people out of the 'chains' they were in as she always felt with every thing she studied or explored that there was another possible way to go about things. The process of data collection started always with her own curiosity - what, why, how, at the beginning, for example how we know when things aren't going too well by using indicators in our body, or how we feel when we are working when we aren't feeling well, then looking at the possibilities of what could be different. She would then try small practical experiments in taking care of self (e.g. hydration, food, rest, exercise), and look at the impact it had on the way she felt and the way she worked. The researcher was sure that habits could be changed through a focus on learning (that knowledge can be borne out of experience and insights) and that when you make human life the subject and object of enquiry with free will, 'human action arises out of the culturally derived meanings they have deployed during sense-making' (Johnson and Duberley 2000:76). Throughout the research study the researcher realised that for this to happen there needed to be an initial willingness to take responsibility to at least observe or feel there was a possibility to change in a way that consciously focused on understanding the way in which individuals' create, modify, and interpret the world he or she finds him/herself in.

Overall the researchers passion, and challenge in undertaking the research study was in 'overthrowing or transcending the limitations of existing social arrangements' (Burrell and Morgan 1979) so as to make a real practical change, in this case taking care of self while at work. The researcher had observed colleagues and peers for years and was

curious to know if they felt the same way and if by focusing on for instance self-care whether it made a difference to how they were at work, and the quality of their work:

‘The first and most obvious feature of auto ethnography is that the researcher is a complete member in the social world under study and benefits greatly from the thought that self is an extension of community rather than that it is an independent self sufficient being’ (Chang 2008:26).

All the data and findings shared in this section are from real lived experiences. ‘The ontology of auto ethnography comes from the notion of “lived experience, subjectivity and meaning within relative contexts” (McIlveen 2008:3).

#### **4.2 What am I feeling? What are the indicators in the body and what is the affect on work? What then is the impetus to change?**

The researcher began an auto ethnographical journal at a time when she could feel her health was about to take a further turn for the worst if she didn’t take some time to reflect. This was the beginning of this study. She felt that if she self observed and became more self aware she may understand more and find options for the way forward from this. She had been inspired by some of the literature where it was suggested for instance ‘all change begins with self observation’ (Flaherty 2005:193). Additionally from her studies and work on reflective practice she realised ‘unreflective practice is likely to result in actions born out of repetition, ritual and routine, and we all know the harm that can follow from such uncritical and unthinking practice’ (Sellmann 2010:149).

Using auto ethnography was new for the researcher and it was inspired by the work of Chang (2008), Ellis (2000, 2004), Etherington (2004) particularly as it was seen as ‘an excellent vehicle through which researchers come to understand themselves and others’ (Chang 2008:52).

##### ***Journal Entry September 15th 2006 JK***

*“For many years I have wondered from my own observations of myself, how could I maintain personal well-being and balance when working in a busy role? And what difference would it make to my work if I was taking more care of myself? Looking back, I have pushed it, working way too hard without care and attention for me. I have worked in HR, offering services to staff who work in organisations for many years, and*



*now I am a freelancing coach, and facilitator offering similar services to organisations. I'm not sure I know what 'well-being' looks like, although I have seen books and papers written about it, and I know something just doesn't feel right about the way I work with little regard for myself. So, I have made a choice to 'take stock' of myself. The impetus for taking stock is that I can feel some of the symptoms I regularly had in the past in my body (exhaustion, aches and pains) are exacerbating, and my skin (eczema) is worsening. As I pause I can start to feel that I am exhausted, depleted. The way I am running my life is way too fast paced. I work long hours (often 6 days a week, and around 9 + hours a day) and I eat on the run, or while I'm driving, I never take time out for breaks during the day, dashing from one meeting or event to another, without giving myself time to reflect, or even use the washrooms – or breath. I am actually quite shocked and saddened realising how little time I give myself. I am constantly in a rush, and multi-tasking, (e.g. when in one task, or meeting, or discussion/phone call, I am already planning the next moment, or next task). I do keep physically 'fit' by walking, swimming, or cycling, but all of this is done in a driven way, all still pushing myself hard, (when I run in the gym I am reading study books!). I consciously use lots of chocolate and cups of tea to keep me going as well as eating lots of carbs as I am constantly running out of energy and use these as quick fixes. Even writing about it feels exhausting.”*

#### ***Journal Entry 25th September 2006 JK***

*“I want to break down how I feel to specifics to help me understand more about what is going on during my working day. I'm on my way home, how do I feel after a day's work? I wonder if I did enough, did I complete all that I needed to, what have I achieved? that question badgers me - what have I achieved? I feel as though I have to have achieved something so that I can deserve to finish work, to rest, to have my supper. I haven't given myself time today to pause, and actually if I am honest I have even delayed going to the toilet to finish an email. I certainly don't feel very relaxed either. I am tired, dead on my feet. Feels like business as normal for me, and, like I just accept that this is how I always feel at the end of a working day, not even questioning why I feel like this, or whether I could do things differently.”*

#### ***Journal Entry 26th September 2006 JK***

*“How do I feel this morning after a busy day yesterday? Tired, so I wear something that makes me feel good, more confident, I have a cup of tea to perk me up and I feel better after a cup of tea. I take some work to do on the train, and realise I always work on my train journeys to and from whichever city I am working in. I pack my days up tightly. I make sure I have some snacks in my handbag as I am always peckish, and running out of energy during the day and I have a fear of being somewhere where there is no food. When I don't have enough food I get grumpy and find it hard to focus.”*

***Journal Entry 30th September 2006 (Saturday) JK***

*“How do I feel on a weekend? I wake up on a Saturday feeling a sense of relief that I don't have to travel by train anywhere to work today. I can take my time this morning. I go to the gym, and I then look forward to something I often do on Saturdays, shopping. I live near a city centre with shops nearby. I think about what I need to buy, and I walk to the shops. Saturday shopping feels like a reward for the week of working. I earn reasonable money, and so I can buy nice things like shoes, a bag, or perfume. I feel as I am shopping is how tired I am, and how much I want to go home and lie down, but I have a list of other jobs to do on Saturday, and I am a hard task master. I stop on my way home in Starbucks for a tea and something to pep me up - chocolate, and then I go home feeling like I have a hill to climb to get all of my domestic jobs done this afternoon.”*

***Journal Entry 1st October 2006 JK***

*“I have some relatives I have promised to visit and I feel tired again, I want to step off this tread mill, I feel too restless to rest, yet I feel too tired to do anything. There must be a different way to live life than this?”*

The researcher started at this point to look at the literature about self-care at work. Something struck a cord... Carl Rogers (1995:80) cites ‘I have always been better at caring for and looking after others than I have in caring for myself’, with Pope, Tabachnick and Keith-Spiegel (1987) suggesting that 60% of practising psychologists surveyed indicated that they very often worked while under distress. There is further literature about therapeutic professions, for example counsellors - ‘psychological principles, methods, and research are applied rarely to therapists themselves, we help clients but we do not always practice on ourselves’ (Baurch 2004:64).

The researcher was intrigued to understand more about this, both from the literature, and from her own journalling and reflections. Also at this time the researcher was inspired by ‘an unbiased observation of one's inner experience and behaviour’ is thought to be foundational to self-care (Baker 2003, Brady, Guy and Norcross 1995). The researcher realised that whilst to some degree she was aware of how she was feeling that *she didn't actually know herself very well*.

***Journal Entry 30th September 2006 JK***

*“I am starting to realise that if I make a conscious effort to regularly reflect, and journal, and deepen my own self awareness I might be able to understand what drives some of my behaviours. Even if I don't get to the root of things, I may have a better*

*understanding of myself. The act of reflecting and observing myself feels daunting, as I may find out things about myself that I do not want to know, or I may not know how to deal with some of the things I observe in myself. It also feels a bit narcissistic, and self indulgent. Offering myself time to reflect does though feel already to be a potential support for me, as it does offer me a few moments here and there to pause, which is not something I have been doing. As I sit here now I feel both familiar to myself and unfamiliar to myself, I can feel some of things I do in my day, yet I don't know why I do them. I realise that some of things I do aren't my preference, for instance, even if I'm tired I often still make myself go out in the evening if I have committed to meet a friend, and I feel rotten for doing so (tired, grumpy, restless)."*

Around this time, the researcher read an quote which was due to be published in a book by Serge Benhayon (2011:583)

*'is it not better if not truer to question and or arrest the disharmonious way one lives that has caused the exhaustion in the first place than to harm the body further by making it artificially act as if it were not exhausted?'*

This offered a stop moment for the researcher to contemplate further.

#### ***Journal Entry November 5th 2006 JK***

*"On reflecting on the quote by Serge Benhayon, I can feel that my life feels like I am just getting from A to B and back again, getting through each day. It feels draining, and deep down it feels unsatisfying, actually as I sit here I also feel anxious. I realise that I often feel anxious and I just carry on. I use stimulants such as chocolate and plenty of tea to keep me going too which I'm sure add to my anxiousness."*

#### ***Journal Entry November 6th 2006 JK***

*"I am curious as to what kind of things unbalance me in my working week or day? What I now realise is that I don't listen to my body, I keep going, and then I get so over-tired I get a lost in myself, and unsure of myself. Ouch, I'm a people pleaser, I want to give them my best efforts and services and I try really hard, but in that trying I am pushing myself. I'm tired of having really high expectations on myself - like whatever I offer isn't enough. That interferes with my own practical needs whether it is food or rest, as I override them to get the work done in a thorough and methodical way. Similarly, when I have facilitated a development event the other day, and there were evaluation forms (happy sheets), 95% say the day or event was great, and 5% say a negative comment I have been focusing on the negative comment and worry, and beaten myself up about it, which is putting even more pressure on myself to get it right next time. I seem to lose perspective and focus on what went wrong rather than what went well, or I focus on the perception of one or a few people rather than trusting my own feelings or the perceptions of the majority. I feel like I don't want to get it wrong. This feels like jumping on hot bricks."*

### 4.3 Indicators in the physical body

The researcher knew from her experience of coaching clients that there was something to be explored around the physical indicators we have in our own bodies for example Wilson (1988) suggests a more inner-orientated experience of self i.e. a more essentialist sense of self is grounded in ‘somatic’ self processes. Bodily reactions such as butterflies in the tummy or queasiness associated with uncertainty are as Wilson suggests, ‘crucial for the development of true self’. Whilst the researcher knew the rhetoric of this:

‘our physical body is giving us nudges and indicators 24/7 but often in the busy-ness of life, we fail to notice or we notice but fail to take the time to understand what the nudges are and why they are happening, but the nudges offer us clues to how we are living and working’ (Keep 2011:54),

she herself often ignored these nudges.

#### ***Journal Entry November 28th 2006 JK***

*“When I take a moment to sit, or to lie down, with no other activity in mind, I can feel a number of sensations in my body, such as a dull head ache, soreness and dryness in my throat, and a kind of racyness, like palpitations, yet, I only feel this when I stop for a moment. Up until now, when I feel any of these sensations, or others such as butterflies in my tummy, or tenseness in my chest, or tired achy legs, I have never bothered to understand why they are there, only to feel them momentarily, and then bolster myself up again, whether with a cup of tea, or bar of chocolate, to keep going. Year after year a range of similar symptoms crop up for me, like regular sore throats, a racy feeling like palpitations, an anxious feeling in my solar plexus, and sometimes a tightness in my chest. Whilst they feel uncomfortable, I over-ride them as though it is inevitable they are there, or as though I am disempowered to do anything about it, like that is my ‘lot’. Arrogantly I sometimes think, well at least I haven’t got cancer, or at least I haven’t got a serious illness. I rarely go to my doctors, and rarely take pharmaceutical medicines, but I do sometimes go on a surge of ‘I’m going to get healthier’, by instigating strict dietary changes, or strict exercise regimes. I usually feel better in some ways after these, but nothing seems to touch the tiredness, or the anxiousness I feel. I am curious as to why some of these symptoms recur? why do I often feel anxious, and why am I tired all of the time?”*

Venart, Vassos and Pitcher-Heft 2007:50 suggest ‘symptoms are a way for your body to say ‘listen to me for a change’. The researcher realised that her body had been waving for a long time, and it was only through this study that she was starting to be open to the

possibility of using the indicators from her body as a way of exploring self-care at work, and breaking some of the age old patterns she had in the way she was working, such as excessively long hours, no rest, eating food on the go.

‘Maybe the most obvious part of being a human being is each of us has a body. Yet in our everyday world, and especially in business, the body is often ignored’ (Flaherty (2005:99).

Through her journal entries the researcher found she had her own physical body ‘indicators’ that were regular indicators or warning signs for when she was getting out of sorts. From her journal the commonly mentioned ones included:

- tiredness
- restless legs particularly in the evenings or at night, and restless sleep, or very light sleep.
- feeling light headed and irritable (from not eating enough food)
- having dark yellow urine - from being dehydrated
- achy limbs and a struggle to get up stairs without feeling achy
- flutters in her tummy, anxiousness type of flutters
- gritting teeth, and sometimes grinding them in the night (and a tight jaw)
- constantly over thinking of things, over dwelling on things - repetitive thoughts
- itchy patches on the skin
- very painful menstrual periods (which got worse at times of stress and busy-ness)
- feeling overwhelmed and tearful

#### ***Journal Entry December 5th 2006 JK***

*“I realise that just like any indicators (e.g. thermometer, barometer, ruler) I have my own set of indicators from my own body, that show me when I am feeling out of balance, or when I am about to become ill. Whilst these have been things I have felt in my body over the years, I have never really chosen to do much about them other than perhaps some topical relief like an aspirin for period pains, or some cream for the itchy skin patches, or drinking more fluids consciously for a short time in response to feeling dehydrated. I’ve not been consistent in offering the support such as drinking plenty of fluids, or taken the time to realise that these indicators are symptoms of patterns, and I’ve not stopped to ask myself whether for instance they come at certain periods of my life, or year, or month, or even on certain days, and correlate them with certain events, or aspects of my life to see what triggers them. I just feel it is inevitable that I will feel certain things in my body because I am in my 40’s, or everyone feels these things and I will just get an aspirin or sticking plaster and carry on with life.”*

This led the researcher to wondering what inspires individuals to change? and what enables them to take responsibility to make changes or to at least explore the way they are living? Sometimes an illness or an accident can be a wake up call to make changes, and certainly the researcher knew this from an experience of being ill some 6 years prior to this research which had at the time stimulated her to make some different choices about her work and life but some of these simply didn't 'stick' and hence she was back on the merry-go-round again.

'When counsellors fail to heed the warnings sent by their physical selves, cumulative stress and fatigue can result, when counsellors stay self aware they are better able to identify their feelings and needs, regulate their reactions and set appropriate limits' (Hammerschlag 1992:69).

It seems that when you are in a cycle of cumulative stress or fatigue, it can feel disempowering to take responsibility to get out of it. There is also something else that the researcher realised not just from her own observations and reflections but from the inquiry group observations too (which is also discussed further in chapter 5). The focus on self, and taking care of self and not feeling guilty or indulgent for this. Baker (2003: 89) cites 'we rationally know that taking care of our body as the physical residence of ourself is important, but most of us have a complex relationship with our own body and a range of ambivalent feelings about it (Andres, Ebaugh, Fenny, Long and Sipin 2001)'. Treadway (1998:61) asks 'how often do we feel guilty if we are not doing something with our time? 'We have forgotten how to simply be' - how to be in life as human beings, not human doings. There was something here for the researcher also about self legitimising self-care at work too, in giving herself permission to take care of self at work despite what others may feel or how they may react.

#### ***Journal Entry December 20th 2006***

*"I am feeling awkward with those around me that I am taking more care of myself. I have been resting a little more and my partner called me lazy a few times - I know I'm not lazy, far from it. It seems to have caused a reaction with others especially my partner if I am resting, or having an early night, and I have also been accused of being selfish too. I am reassured in that a few others of the inquiry group have found the same. I am also realising that as for a long time I have not made taking care of myself a focus, it feels odd, and almost counter-intuitive to the normal behaviours of people*

*around me. I have just read this quote ‘we need to put the idea of self-care as selfish behind us’ (Richardson 2009:75) and I am now realising that I have some beliefs about the idea that taking care of me is selfish, and that I’m not the only one who has that belief. It doesn’t make sense that we can see our fellow colleagues, family, friends tired, or unwell, and we on the one hand encourage them to take care of themselves, yet on the other, there is an awkwardness when we do take care or rest as though there is a social acceptability of how much ‘rest’ or taking care of yourself is the ‘norm’ or allowed.”*

#### **4.1 Willingness to take responsibility/willingness to change**

The researcher became more curious as to ‘how does a person loosen the bonds of firmly held beliefs and entrenched thought patterns enough to learn new ways of acting, seeing and inquiring?’ (Rudolph, Taylor and Foldy 2001:307). Prochaska and Di Clemente’s stages of change model (Prochaska and Di Clemente 1983) highlights that often individuals are either naively unaware of the need to change or actively resist awareness of the need and have no intentions of changing. Prochaska and Di Clemente’s model goes on to suggest that while in the pre-contemplation phase, raising awareness or creating fear of not changing, or excitement or motivation for changing and recognising the advantages to change, also help motivate or enable a willingness to take responsibility. Bearing in mind that ‘individuals cannot be forced to learn to develop without their will’ ( e.g. As suggested by Boydell 1976, Sutcliffe 1988). In the case of the researcher there were two aspects that raised the need to take responsibility, and to make changes - firstly the realisation of the ongoing detriment to her health and the fear of getting sicker:

#### ***Journal Entry October 14th 2006 JK***

*“After talking through how I am feeling about work right now with a trusted colleague, it is clear that at work, and in life, I am motivated by the sense of achievement, getting things done, and a strong sense of altruism of helping others (including helping my friends and family), to the detriment of my own health and well-being, and possibly to the detriment of the quality of the work I offer. It feels like I have an insatiable appetite to keep going, to keep helping others, to support others, to be seen as successful, like I’m trying to fill myself up with all of this ‘being good and being successful’, as though without it I have nothing to show for my life. What I can feel though is that if I keep on going at this pace, I am going to ‘be very sick as I just can’t keep going, my body is showing signs of stress. I’m not sure what steps to take, but I know that there must be another way.”*

and secondly the realisation that the services she offered her clients (whether it was coaching, facilitation, HR, leadership development) were being regularly affected by her tiredness, or lack of vitality and energy and other things like trying to do too much at once for instance which meant she was rushed or distracted at times when with clients:

***Journal Entry November 5th November 2006 JK***

*“What I’d never stopped to consider was even though my career was ‘highly successful’ (promotion after promotion), I had many publications, educational degrees, and I was a national speaker at events, what type of ‘quality’ of service in the way I work was I offering. Or, what the cumulative effect was on my health. I can see during this period of reflection over these last few weeks that running when the ‘orange light is flickering’, (to use a car / petrol analogy), is not healthy, and fuel (food, hydration) is essential for my body as are rest periods whilst working. It is only now I start to reflect on what I am doing with my own body, and how far I push myself, to the extent I couldn’t even walk up the stairs without aching all over yesterday, that I realise how often I work when the ‘orange light is flickering’. If I have missed this in myself and ignored myself to that degree for many years, and not even noticed how my body feels, what kind of ‘role model’ am I for another? For clients? If I was in a coaching session with a client, and I was talking with them about self-care and how much they took time to rest, how could I talk with them about this if I wasn’t offering it to myself? How could the way I was working inspire my clients? If I was always in a constant rush, onto the next thing, distracted, and underneath it all, tired what kind of services am I offering for others who come for the same kind of support that I was not offering myself? Reflecting on this gives me an impetus to look at making some changes to the way I am in life.”*

The researcher reflected on the journal entries and that since she had started the journal and was choosing to be more aware of the way she was feeling and also choosing to become more reflective and reflexive this was opening up a deeper understanding of the way things had been going at work. And *she was getting to understand herself a little more*. She could see how the potential of continuing with a reflective journal could be supportive, and, be part of her own ongoing professional development. ‘Self awareness is a core element in the responsible, mature management and regulation of one’s self as a person and as a professional’ (Baker 2003:14). This gentle self reflection raised enough awareness to open the door to potential change, and that ‘awareness is a prelude to regulating our way of life, modifying behaviour as needed’ (Coster and Schwebel 1997:10).



***Journal Entry 6th November 2006 JK***

*“After some further reflection, I feel on one level that I am open to changing the way I had been living. I am resistant too because I have areas of ‘comfort’ in my life, the busyness has allowed me to hide from myself (and from other things in my life that I had in the past distracted myself from such as two painful divorces and the tragic sudden death of a sibling). The ‘successful’ career I have built is feeding me recognition from others and this also masks my sadness and inner loneliness that I can feel, as well as masking the anxiousness that I feel when I stop for a moment - this feeling is like a constant flutter in my tummy. I have filled my ‘head’ with so much clutter, knowledge, information, ideas and ideals from all of my studies and the many previous ‘self help’, and Buddhist workshops I have attended, I have saturated my head. It is hard for me to feel which piece of knowledge or ideas to turn to. I feel that I can’t ‘see the wood for the trees’ – as all I have buzzing in my head is a constant battery of questions about the how’s and why’s of the world, and I am going around and around in circles – with no improvement in my well-being, or vitality, let alone a sense of joy, just more worrying, and lots of negative self critical thoughts.”*

During this study the researcher sought the support of a few different wise mentor/coaches all of whom supported the researcher in ‘unpicking’ the thoughts and reflections she was having as well as offering her support by listening and offering a safe space for her to off load and to bounce ideas about her life, how she was feeling, and also the PhD study too. This became increasingly important as it was now becoming clear that self awareness, reflection and self observation were enabling the researcher to realise deeply held beliefs and patterns of thought and that with this came the impetus, potential and responsibility to make changes.

The researcher became aware of how supportive it is to ask for support and to use the support as a self caring ‘tool’ as well so that it was part of her self-care at work menu that was by now starting to emerge. It now included taking time for journalling, reflection, self awareness, as well as talking with a wise mentor/colleague about the things she was becoming aware of, as well as a willingness to continue to understand more about herself and her patterns. It felt as though she was starting to deepen self responsibility and was becoming more self regulatory from this commitment.

At this point the researcher started to become more aware of how the lack of taking care of herself and the tiredness and anxiousness were affecting her work. This was helped by listening to the stories from the inquiry group (shared in chapter 5) and reflecting on

the many different ways work can be affected when there is a lack of care for self at work.

#### **4.5 Impact on work**

A previous study by the researcher looked at fitness to practice of human resource development (HRD) practitioners (Keep 2007). In this the researcher worked with a cohort of HRD practitioners to explore what gets in the way of practice, and what would support ongoing practice development to enable a quality of practice/service. At the time (in 2006 just prior to the PhD study) these were the findings:

- ‘Recognition by HRD practitioners themselves of the importance of the quality of their own health and well-being – e.g. being overtired.
- The need for constant development of self awareness.
- The need for ongoing adequate supervision or peer support appropriate to the needs of the HRD practitioner and the issues they faced.
- The suggestion to have forums of some sort whereby HRD practitioners regularly share not only the ethical issues that arise in their work, but also the issues within themselves that arise whilst practising (and how HRD practitioners dealt with them).
- The acknowledgement of the ‘human ness’ of the HRD practitioner by others, and equally for HRD practitioners themselves to know when they were feeling ‘out of balance’, and how to remedy this for themselves, or with the support of others.
- The importance of integrity of self and the ongoing development of discernment.’ (Keep 2007)

It was apparent to the researcher from working with the cohort for this early research that not only was there a lack of taking care of self at work, more so there seemed to be a lack of self awareness or even honesty amongst some practitioners about how for instance being tired or not eating properly affected the quality of the services/work they offered. This resonated with the researcher particularly with her own previous unwillingness to stop and feel or pay attention to how she was feeling, and her need to distract put a ‘sticking plaster’ on so as to keep going in the busy-ness of life.

At this stage in the research as mentioned in chapter 1, the researcher sought support from Serge Benhayon who had inspired her during some initial workshops in the early set up stages of the PhD. She talked through her study with Serge Benhayon and he quoted a piece he was writing at the time which he also sent to her in an email (Benhayon 2006)

‘The true delivery of service begins first by delivering that same service to self in every way, and to all others by the same manner, that are within the group, before any organisation can truly serve’ (Benhayon 2006)

This resonated with the researcher, as she was realising through her own journalling and observations that her initial hunch (and work with the initial cohort of HRD practitioners) prior to beginning the PhD that this was true. She was not taking care of her self at work and this was having an affect on the quality of her services:

***Journal Entry 5th December 2006 JK***

*“I have for years initially facilitated and coached without much thought about how I am. I often feel the ‘client is king’, and pander to them, even if it means my own self disregard. I often work so hard, and travel very far, to ‘please’ a client, and I know that the quality in which I have coached (or facilitated) isn’t all that it could have been, as I was tired, or overstretched, or undernourished, and, my service was ‘lacking’ (for example my concentration was affected, or my clarity was muddled). I am meticulous at preparing for work with clients, **but not meticulous at taking care of myself in readiness for working with clients.** Just as some of the inquiry group had responded in the semi structured questionnaire, I feel upset realising the way I may have affected my work in not taking care of me. Reading the questionnaire responses remind me of so many things I have done in previous years to please clients whilst coaching or facilitating, and remind me of the up hill struggles when I am out of sync with myself and in disregard (e.g. tired, client pleasing, hungry, thirsty).”*

***Journal Entry 8th December 2006 JK***

*“I feel guilty that there are times when I have felt impatient with clients, when I was tired, or when I was irritable or moody when I felt under pressure, mostly because of the pressure I put on myself to deliver such high standards of work. I also feel guilty because at times I have just not answered the phone, or spoken with clients because I have felt ‘peopled out’, like it is their fault, when on reflecting on this I can feel I was ‘peopled out’ because I never stopped to rest or attend to my own needs.”*

#### **4.6 How does it feel to offer a service while running with the orange light flickering?**

One aspect of the impact on work and what inspires us to change is how it feels when we are offering services with ‘the orange light flickering’ as raised above in some of the journal entries. The researcher asked this question with the inquiry group when she realised how she felt when she worked while she wasn’t feeling well or was tired for instance. The researcher discussed this with the inquiry group to get a sense of the impact on our work and services if we work when not feeling well or tired and the phrase ‘running when the orange light is flickering’ stuck (using the car/petrol analogy). Sometime during this PhD study the researcher was reminded of an Alice in Wonderland quote:

‘You used to be much more... “muchier.” You’ve lost your muchness.’  
Lewis Carroll, Alice’s Adventures in Wonderland.

##### ***Journal Entry 12th May 2007 JK***

*“This quote reminded me that there are days at work when I have lost my ‘muchness’. I’m reflecting how it is to work or offer services to others when the ‘orange light is flickering’. For me this means working when I am hungry (lack fuel), dehydrated (lack oil or water), and tired, or over worked, and I need to rest. It feels potentially dangerous because I am not fully present to what is going on and I am not aware of the congruence of what is being said, or not being said for instance when I’m listening to clients, and in that situation my mind can switch off and start thinking about other stuff or get more easily distracted, and worse still I have caught myself thinking ‘when will this end, I really need this to finish as I am so tired’. When this is the case, it feels really uncomfortable, and it makes an intervention harmful as there is a lack of focus and a lack of true support being offered to client/s. When this happens I have lost my ‘muchness’”*

This arguably raises issues about fitness to practice. At what point is a practitioner (e.g. whether a coach, facilitator, manager, leader) not fit to practice, and who is the judge of that? We know from the literature that illness and disease affects work practice and productivity for example (also see chapter 1 bullet points - health and well-being snippets):

- ‘Mental Health Conditions and back pain were reported by employers as the major factors giving rise to long-term absences.’ (CBI Absence and Workplace Survey 2010:7)
- The UK’s economy lost 190 million working days to absence in 2010, which equated to a cost to the economy of £17 billion. (CBI Absence and Workplace Survey 2011)
- Reducing the 10.3 million working days lost per year by a third could save the NHS £555 million annually, as suggested in the CIPD Annual Absence Survey (2010).

The British Association of Counselling and Psychotherapy (2013:principle no.64) in its guidance on practice outlines that attending to the practitioners well-being is ‘essential to sustaining good practice, practitioners have a responsibility to themselves to ensure that their work does not become detrimental to their health or well-being by ensuring that the way they undertake their work is as safe as possible and that they seek appropriate professional support and services as the need arises’. As discussed in chapter 3 this is not commonly stated in other professional codes of conduct. The researcher was curious as to how fitness to practice is assessed or monitored whether by individual practitioners or professional associations and at what point is ‘fitness to practice’ compromised? Is being constantly tired a fitness to practice issue? If a practitioner does not take of themselves, is that a fitness to practice issue? Who is responsible? The practitioner? Their client/boss/professional association?

#### **4.7 Responsibility for self and to change**

In making any change there is the question of how and when practitioners take more responsibility for their health and how do they know when to seek appropriate help. In the literature for counsellors, psychotherapists, therapists there is support the need for ongoing self monitoring, self awareness and self regulation (Yager and Tovar-Blank 2007, Skovholt 2001, Frost 2007, Williams and Anderson 2009:13, Connor and Pokora 2007:193, Antonacopoulou 2000:491, Venart, Vassos and Pitcher-Heft 2007:57, Starr 2003:40, Kemp 2008). Self awareness and self regulation are also cited or intimated in many professional codes of conduct such as the Association for Coaching (AC), the

European Mentoring and Coaching Council (EMCC), the International Coaching Federation (ICF), the British Psychological Society (BPS), and the British Association of Counselling and Psychotherapy (BACP) as a way of taking responsibility for self development and for conduct. The researcher reflected on her own experience of this, having contemplated this quote - **‘we seek comforting familiarity when our ill behaviours are exposed’** (Benhayon 2011:83)

***Journal Entry 6th June 2007 JK***

*“The more I read the literature and the professional codes of conduct, the more I realise how important self responsibility is. The more I am choosing to be self aware, the more I feel that I am taking more responsibility for myself and the way I am each day, and the way I am with clients too. I feel at times fragile about what I am learning about myself and at the same time I can feel a deeper level of personal integrity growing because I am taking responsibility to be aware. One of the confronting things for me is that once I become aware of something, I realise not only that I have a responsibility, but that I also have a choice about what I see. I can either continue with the habit or practice or thought that is having a detrimental affect on me, for example eating too much chocolate feels okay at the time, but after I eat it I feel sick, and, I feel low once the chocolate high has gone, or, I can look at the reasons why I want to eat so much chocolate in the first place, as that may hold the key to me making a change - e.g. no longer feeling a need to eat so much chocolate. As I reflect, the truth is, I eat so much chocolate because I get tired, and rather than resting, or changing the rhythm of my days, I use it to keep me going, to stimulate me into more action when my body is clearly showing how tired I actually am. This then leads me to ponder why then do I get so tired in the first place? As if I didn’t get so tired, then surely I wouldn’t need the chocolate. What is making me tired? I then look back over my journal entries and realise that there is a pattern, I eat chocolate more than I realise, and, I am tired more often than I realise, in fact I am tired all the time. This for me is an example of an impetus to make a change. I actually don’t want to feel this tired any more, and I don’t want to keep stuffing my face with chocolate to keep me going as the chocolate is now making me feel ill.”*

During this part of the study the researcher had already collected a number of stories from the inquiry group describing how it felt when they were tired or under ‘par’ and the impact they felt it had on the services they were offering as well as her own auto ethnographic journal entries. Many of the inquiry group participants’ stories and also the journal entries for the researcher shared the view that it was uncomfortable while offering their services feeling ‘under par’. One of the impacts of this realisation on the inquiry group and the researcher was to then deliberately deepen self observation and

over a period of time this deepened self awareness and the level of personal responsibility. Once you realise how you have been going about your daily work and the potential or actual impact it has not just on you but on your clients, it is then arguably a call to take a deeper level of responsibility.

***Journal Entry 20th June 2007 JK***

*“On reading the stories, and quotes from the inquiry group, I too realised the many things I have not paid attention to in taking care of myself with the number of daily compromises I made that then compromised the services I offered to others. My experiences of these become more ‘tangible’ as I chose to take a closer look at what’s going on. I can see a number of patterns of behaviours (not just symptoms), that are occurring. For example, practically speaking when I was eating copious handfuls of nuts, or consuming large amounts of fruit, (in other words craving sugar), I can see that on those days I was tired, and hence my need for sugar was raised. If I track back to make sense of why on some days I was more tired than others. I can see for instance how much I put my clients ‘first’ and this is draining me. I can also see there are times when I did not go to bed in the evenings when I was tired, or, I tried to fit in too much into some days which left me exhausted the following day. In realising this, I now have an opportunity to make a change, or to look at ways to act differently, and to see whether it makes a difference in my nut or fruit consumption, and in how tired I feel. Deeper questions I am now prompted to look at include - why do I put my clients first all the time to the detriment of myself? and, why do I try to fit in too much some days exhausting myself in the process?”*

In analysing the multiple journal entries at this stage the researcher found there were some themes that consistently featured of what could be termed as disregarding behaviours. These included:

- Consistently ignoring the body’s signals and over-riding them.
- Eating foods that don’t support the body, and not eating foods that do.
- Not taking time to do the things that support, and prepare the week ahead e.g. allocating time for the dentist, or hairdresser or dry cleaners, or to go food shopping spaciously and not in a rush.
- Backing up the diary with no headroom or space, often over booking or double booking, and then being late for meetings.
- Dressing to impress or dressing based on the expectations of others rather than dressing to support the day ahead.

- Leaving the house and tightening up the body as though to go into protection from the world, like getting ready for battle.
- Worrying whether the work would be good enough, before and during and then over dwelling on ‘how it went’ after.
- Feeling tired and eating foods or drinking tea to keep going.
- Being good with many must do’s, ought to’s, should do’s rather than feeling whether these things were truly needed or appropriate.
- Rushing around all day then expecting that the moment the head hit the pillow to fall asleep, but being unable to sleep because of feeling too tired to sleep, or too racy and overstimulated to sleep.
- Multi-tasking with the belief that it would get things done faster, rather than simply focusing on one task after the next which is less overwhelming for the body.
- Leaving things until the last minute then pushing to complete things and feeling overwhelmed and out of control.
- Trying to be an A-grade student in getting it all done and ticked off and being overly incessantly efficient at times.
- Not putting self first when arriving at venues prior to running meetings and allowing some gentle preparation time, or for a lunch bite, or quiet cup of tea before starting - so starting events ‘on the hoof’.
- Using ‘success’ e.g. feedback from others or how busy the diary is, as a measure of self worth rather than starting the day feeling I am okay however the day went.
- Being hard on self when things went ‘wrong’ rather than simply learning from these things and moving on.

Arguably it could be said that many of these are based on the first one ‘consistently ignoring the body’s signals and over-riding them’ as for each one of these the body was showing some physical signs e.g. headaches, tension and tightness in the body, tiredness, overwhelm.

What the researcher then focused on, having reflected on this, was to continue to observe by asking the deeper why questions such as:

- Why is this happening?
- Is this a pattern?



- When does this happen, is it regular?
- What precipitates this behaviour?

These questions offered much support to both deepen the researcher's self-awareness and heightened the need for self-care at work. The researcher then realised that by choosing to be aware and to take things deeper to look at patterns of behaviours that this in itself was actually a form of self-care at work. Similarly some of the inquiry group experienced that the more self observant they became the more self aware they became, and from this they could expose some of the ways they were living and realise the true value of choosing to be self aware. This led towards building a strong impetus for making a change in their lives.

There is an impetus upon realising that what is being done is actually harming self and other individuals and there is also an impetus in realising even more so that there are choices in these situations - to either continue the old pattern or to try out something new and see if it made a difference. A number of writers suggest we cannot be forced to learn without our will (e.g. Boydell 1976, Sutcliffe 1988), that self initiation requires commitment (Venart, Vassos and Pitcher-Heft 2007:57) and that successful reflection depends on the individual wanting to reflect and possessing a willingness to explore issues deeply.

#### **4.8 Making changes - building an approach to self-care at work**

Self development is seen by Antonacopoulou (2000:491) as a self initiated process of learning with key elements in the process of self awareness, reflection and experimentation. This research study has so far shown to the researcher and inquiry group participants the power of self awareness in becoming aware of aspects of work that not only do not support us, but also have the potential to affect the services we offer. Coupled with self awareness comes the realisation of having a choice in the way we are in our daily living and work and 'choice means the power to make decisions' Rankin (2005) but the researcher found it was not always clear which choice to make.

### ***Journal Entry 18th September 2007 JK***

*“I then became aware that I had far more choice in my working day, or working weeks about the way I took care of myself, and the way I prepared myself for work. What I also realised was that there were times when I didn’t actually know what would support me. This was similar for some of the co-participants. I was again reminded by some quotes from Alice in Wonderland that when we are embarking on self change, we can feel unfamiliar to ourselves at a time when we are changing something, and there are times when I am unsure which way to go from here, as in which things might support me more or less in my own self-care”*

“I can’t go back to yesterday because I was a different person then.” Lewis Carroll Alice’s Adventures in Wonderland

“Who in the world am I? Ah, that’s the great puzzle.” Lewis Carroll Alice’s Adventures in Wonderland.

### ***Journal Entry September 2007 JK***

*“With the support from a wise mentor, who suggested I simply give each day a go, and experiment to see what works and what doesn’t work I have decided that I am going to focus on undertaking mini ‘experiments’, to try and test new things, new ways of living, and, new ways of preparing for the working week. These mini ‘experiments’ are going to be simple and very practical. They include drinking more water for a week, going to bed earlier for a month, not eating gluten or dairy for a few weeks, and getting a sense of the difference this makes to each of those weeks. I will do one experiment at a time over a number of months so as not to overwhelm myself, or be unable to feel the cause and effect so to speak. The experiments could also include me learning to ‘say no’ and diary planning that allows more space in my week. These mini ‘experiments are already allowing me to learn more about myself, and the kinds of things that support me”*

This combination of self awareness and ‘mini experiments’ to try and test out new ways is in keeping with ‘reflection-in-action’ which is central to the ‘artistry of competent practitioners who conduct on the spot experiments’ which Schon (1987:31) calls ‘action-present’, which is in the midst of practice (where as reflection-on-action is retrospective and akin to the auto ethnographic journalling the researcher is undertaking). The researcher found an important aspect of reflection to be ‘learning how to take perspective on one’s own actions and experience’ (Amulya 2011:1) to examine the experience rather than just live it and to explore it so it has the potential to become a way of life - ‘a form of inquiry based practice’ (Marshall 2001:241). During this study the researcher using both reflection on action and reflection in/during action and tried hundreds of mini ‘experiments’ and this then began forming part of a living

daily practice - to give each day a go and when the researcher didn't know what was needed as regards self-care at work she simply 'experimented' to see what happened, trying and testing different things such as more hydration, or certain foods. What follows is a journal entry that reflects on an example of a self inquiry experiment which supported the self-care of the researcher:

***Journal Entry 10th October 2008 JK - Sleep as self-care***

*"I reflected that ever since I was a teenager I always got so tired by mid evening. I would see my parents fall asleep on the couch around 9pm, and I too felt very sleepy at that time. As I grew up I found that most social things happened in the evenings, and as I got into my twenties, the social nights out actually never started until 9pm. As it seemed quite normal to be up after 9pm. As I was tired, in order to go out later than 9pm I used to have to use something to keep me awake such as drinking tea, or eating chocolate. I did however find that I was always struggling to stay awake after 9pm even with chocolate, cake, or tea. It was always a strange feeling for me to be up or out after 9pm as though my body had already shut down, and snuggled up for bed, yet I was still using it. It always felt like the 'twilight zone' after 9pm, a kind of eerie feeling. I found it hard to focus, and caught myself on a number of occasions falling asleep while driving after this time. I also felt constantly on edge, and, by the time I got to bed I was so overtired I often needed to eat something to put me to sleep - for example a take away curry with lots of rice, and this put me in a constant daily cycle of sleeping restlessly, feeling exhausted when I awoke, and over time feeling resentful towards myself for doing this knowing it wasn't supporting me, and resenting those around me for expecting me to stay up. It meant my relationships suffered as this always caused an awkwardness. One day, during this PhD study, and at one of the first presentations I attended by Serge Benhayon, he talked about taking care of our bodies, and that the most natural sleep rhythm for our bodies was to be in bed by 9pm, and that this was the time when our bodies were able to gain optimum rest and healing during the night. This for me was a life changing moment, as it made so much sense. My body sighed a huge sigh of relief. What I had always known, but had over-ridden, was actually a natural rhythm, and, that maybe I wasn't the one who was abnormal, as there was a natural truth in our biological make up whereby being in bed by 9pm was natural. From that day forward, I gave myself permission to go to bed when I was tired, and in particular to go to bed around 9pm. At first, friends, relatives, my family, would nag me into staying up, or make their feelings known about how to them, I was 'anti-social'. Then over time they all just got used to me going to bed early and, if I was going out for supper with girly friends they would meet me earlier for supper e.g. 6.30pm, and when I went to the movies with anyone it would be a Sunday afternoon. This then became my normal, to follow what my body had felt all along, to go to bed at or by 9pm. For me this has been one of the most self empowering things that my body has truly appreciated. I am also sure that many other of my health conditions have been helped by me allowing my natural sleep rhythm, including my skin tone, and quality of my hair.*

*More than anything it has supported the way I work, and how I feel at work, it really does help me to focus and concentrate at work.”*

Of the many mini experiments towards becoming more self caring like the one above, the overall themes, and conclusions that emerged from these journal entries about the researchers preferred self-care at work practices were:

- The supportiveness of building into the day moments of self awareness, and self observation, and noting things during the day.
- Realising the importance of being warm - a lack of warmth caused a disturbance in the body, and a hardening and tightening in the body. Warmth included warm clothes, warm baths, hot water bottle in bed, warming clothes on the radiator before dressing.
- As cited above the importance of sleep, and of rest - allowing a rest day once a week (or a pyjama day), allowing momentary pauses during the day to rest, pause, take stock and resting during train journeys rather than working.
- The supportiveness of exercise - gentle walking during the day and as part of a daily exercise regime, gentle weights, swimming regularly.
- How important food is in daily living - constantly reviewing food to suit the day, week, how the body felt, and eating foods that felt more nourishing like vegetables, proteins, nuts, seeds, fruit, seaweed, herbs, spices, oils (e.g. olive oil), and preparing foods in the morning to take to work, and having soup or other food pre-prepared for supper on return from work (so as not to be cooking last thing in the evening).
- The difference regular hydration made - e.g. water, herbal teas.
- Meditation - daily 5 - 10 minutes gentle breath meditation ([www.universalmedicine.com.au](http://www.universalmedicine.com.au)).
- Learning to say no - and recognising the shoulds/oughts and recognising what was really possible in a day or week, rather than trying to take on too much.
- Allowing more time and space during the days - diary planning with a rest day each week, not booking in meetings after 6 pm where possible, allowing spacious time to travel between venues, meetings, allowing time to do the weekly errands such as dry cleaning, post office, bank etc.

- Legitimising self-care as part of daily living - making a conscious effort and giving self permission to focus on self-care as an investment in the quality of services offered.
- Choosing to use the body as a daily barometer of indicators as to how the day was going, and what was supporting the body and what was not - pausing momentarily to feel how the body felt, giving the body permission to ‘nudge’ and listening to those nudges.

All of these things gradually over time, became for the researcher a solid ‘approach’ to self-care at work. They each took many iterations and the learning is still a daily process as sometimes what worked yesterday is not what is needed the following day (e.g. during a woman’s monthly menstruation cycle certain foods or rest around menstruation may be more supportive as opposed to those same foods or rest patterns around ovulation). Hettler (1980) describes wellness as encompassing the degree to which one maintains and improves cardiovascular fitness, flexibility and strength, maintaining a healthy diet, and attempts to produce bodily balance and harmony through awareness and monitoring of body feelings and internal states, physical signs, tension patterns and reactions, also seeking appropriate medical care and taking action to prevent and detect illness. The solid approach to self-care at work the researcher developed did offer all of these elements.

Whilst this is a strong approach of self-care at work as mentioned above each element took many iterations, many small ‘experiments’ and adjustments and refinements to get to know what worked well and why. The underpinning process that supported this continued to be self awareness and self observation, using the body as a barometer.

***Journal Entry 1st January 2010 JK Reflecting on making change***

*“I found this data collection phase reaffirming, interesting and fun. It felt like I was taking the exploration into self awareness and self-care much deeper, and faced head on some of the questions I didn’t like to admit (e.g. that I’ve not been looking after myself truly) and that now I am aware I have choices (and the responsibility in how I make them from here on in). I could feel that it is easy (or easier) to slip back into old ways when I get busy, or tired, and become less focused or less self aware (dulled) to my daily choices, but, that as soon as I do become aware, of for instance a neglect of self (e.g. dehydration), I have a choice to make a further change or adjustment.”*

This self-care at work approach provided resilience too particularly if you are looking to become more resilient you must first understand yourself and by nature of the ongoing iterations over time during this research a deeper understanding of self did occur. Most authors outlined that wellness is partially dependent on self responsibility (e.g. Venart, Vassos and Pitcher-Heft 2007:58) and the self-care at work approach also supported the development of and emphasised the need for self responsibility which was in itself confidence building.

During this stage of data analysis it became clear how much 'self-care' if not built consistently into a daily living rhythm with commitment could become irregular. For example when some days we are more focused about our self-care than others and sometimes we can go days or even longer without doing the things that support us like exercise or rest, or eating foods that nourish. Making a conscious choice to regularly and consistently commit to looking after ourselves is in itself a supportive self caring act and through making that choice we can become more aware of all the areas in life where we haven't been looking after ourselves as the self awareness opens up to deeper levels. It does require a consistent willingness to commit or take responsibility. 'Before we can focus on something in-depth we need to make space in our lives' (Etherington 2004:123) arguably to commit we may also require self regulation 'conscious and less conscious management of our physical and emotional impulses, drives and anxieties' (Baker 2003:15), and this reaffirms 'the most important self regulatory skill that top performers in every field use during their day is self observation' (Colvin 2010:1). What the researcher found here time and time again was the value of self awareness in that 'self awareness is a core element in the responsible, mature management and regulation of one's self as a person and as a professional' (Baker 2003:14) and that 'all change begins with self observation' (Flaherty 2005:193). The other thing that became very apparent by the researcher is the power of experience. In undertaking many iterations of 'mini experiments' to try and test different things like hydration, rest, sleep, saying no, etc, each of these gave the researcher an opportunity to experience something in a real way and to see whether in practice they made a difference. Each of these iterations was an experience in itself that either gave impetus to change or confirmed that no change was required for instance. 'Experience is an event which forcibly interrupts the stable truths and forces

changes to habits' (Pierce quoted in de Lauretis, 1994:300 in Pollard 2008:403) which is a modification of a person's tendencies toward action resulting from previous experiences. This supported the researcher's methodology - radical humanism, in observing and seeing and understanding what had been going on a change could, and was many many times made, that then broke the researcher out of old ways and into new ways of being.

One further observation here is why the practicalities of taking care of self at work do not seem to be discussed in the literature or codes of conduct/codes of practice as regularly as perhaps the ethical aspects of practice, or the tools and techniques of practising. What the researcher wondered at this point was whether the really practical side of taking self-care at work isn't discussed because it is simply too obvious, or practical e.g. eating nourishing foods, getting rest, wearing supportive clothes, and although this point has not been researched into deeply, participants in the third party data collection also discussed this, almost in a way that it was so much common sense that it was actually never discussed, but when discussed, the researcher and the inquiry group realised it was an important discussion to have even though it was a 'no brainer'.

#### **4.9 Impact of services, role modelling, impact on self, self as instrument**

The researcher knew from her work in the public sector that there had been a number of studies that were starting to make the correlation between the well-being of staff (as mentioned in chapter 1 and in chapter 3) and the outcomes of the services they offered and as cited above, that a growing number of employers have made the link between the personal health of their staff and business success. One aspect of this is the impact on self when we self-care at work. For instance as the researcher took the time to take more care of herself in practical ways her relationships with others improved in a way that also benefited her work:

##### ***Journal Entry 11th February 2010 JK***

*"I reflected during this study that I used to be the sort of person who had worked in large organisations, headed up a large team, and often presented at large national and international conferences. I had a large group of friends, and was to the outside world, very 'sociable'. I also kept in touch dutifully with my family. What I also realised though was that I was often grumpy around people. I was irritable if my next door neighbours wanted to 'make friends' (I used to think I just didn't have time to be*

*sociable with neighbours or members of my local community). I used to get irritated when it was that time of the week or month when I felt I ought to visit my relatives, and when I went shopping I completely ignored the people working in the shops, and if anyone should so much as try and start a conversation with me on a bus or train, well I was very grumpy indeed, indignant - how dare they talk with me can't they see I'm busy... So there was a facade, I was to many very outwardly sociable, extrovert, and able to handle large groups of people, and present to big audiences, but as I went about my daily life, I was actually quite introspective, and down right grumpy about having to have any human interaction. What I realise now is that this has changed because of the way I now interact with myself. I am (work in progress) developing a much deeper relationship with myself, getting to know myself if you will through reflecting, self observation and trying and testing new ways of self-care regularly. This deeper relationship with myself has come from taking the time over these last few years to get to know myself, to experiment with things that support me, to give myself time to develop and to reflect, to give myself time to do the important regular practical things that support me such as dental appointments, weekly food shopping, dry cleaning, and so on. From this, I have relaxed a lot more, and have realised just how much I actually love being with people, and interacting with people. In fact I find the days when I see no one else, that I miss the interaction and connection with others. My life has changed ten fold in relation to my relationships with the outside world to the degree that when I am at work in a large hospital I love talking with everyone I meet, I love sharing moments with people by the water cooler, and I love connecting with people on trains and buses, and I have so much more fun when I am out and about. In giving myself time and space in the world, I am now able to give time and space to others and I can feel how my work relationships have dramatically benefitted from this."*

Through the researcher's journal entries she also observed that there has been improved physical performance, many journal entries in 2010 and onwards highlighted the increased energy level, and increased feeling of vitality citing better sleep, more rest, healthy eating, good hydration, regular gentle exercise, and taking time to reflect, and develop self all supported this as well as having learned to say 'no'. Her diary planning was more spacious so that the 60 hour weeks were now around 35 - 40 hour weeks which also felt far more supportive to her and during those times she was more focused and able to achieve more in terms of quality and quantity of work. This supports the notion that Moliner et al suggest (2008) that service organisations where staff well-being is higher, members of staff are more likely to go the extra mile. Additionally, customer service was also shown in a number of studies to be linked to employee well-being (e.g. Leiter Harvie and Frizell, 1998; Dorman and Kaiser 2002). For the researcher, she was able to feel how supportive her own consistent and continually



developing approach to self-care at work was and that it impacted (positively) on the way she was in all of her life.

A further aspect of this that the researcher reflected upon is role modelling. ‘Self-consistency is when we apply the same standards to ourselves that we are applying to our clients, we are then being self-consistent’ (Flaherty 2005) and ‘we all have the capacity to inspire and empower others’ (Owen and Geary 2006). The researcher later on in this study was experiencing this regularly in her work ‘the way we are with ourselves and in the world is felt by our clients. We have the potential to inspire those we serve’ (Keep 2011:55):

***Journal Entry 10th January 2010 JK***

*“I reflected that clients seek me out because of impulse, and a sense of authenticity, it is about me, not just about me doing some coaching or facilitating. A common comment from the inquiry group was that of me being consistent, “being it, living it” and that is also what the clients often said to me. This takes the notion of self-care into something deeper that is about being self caring in all facets of my life, rather than if I was just self caring during coaching or facilitating, as in that case there wouldn’t be a consistency. I realise I am becoming more consistent in self-care in all of my life which has the potential to offer an inspiration to those I work with. I realise with this comes responsibility to be living it and not just talking about it. I can also see why clients make those comments to me nowadays”*

This was also a common theme in the later auto ethnographic journal entries that the researcher found whereby clients and colleagues continued to make comments like those in the journal entry above and she was often asked ‘how do you stay so calm?’, or ‘there is something about you - what is it, you seem so relaxed?’, or ‘you look well, how do you do it?’

‘Discovering your authentic leadership requires a commitment to developing yourself’ (George et al 2007:129) and it was clear that in having a strong foundation of committing to developing herself and then through the ongoing iterations of ‘mini experiments’ to try and test and experience new potential ways of self caring that all of this can be felt by others even if they can’t put their finger on exactly what it is that they can feel. This came around full circle as by doing this the researcher felt authentic in talking through with clients their own health and well-being issues as she herself had

experienced similar things including the struggle of not being able to sustain self caring changes and understanding how through her own personal development it is possible to build a strong foundation of self-care that ‘sticks’. ‘This comprehensive approach to working with clients necessitates modelling these behaviours in our own lives’ (Baruch 2008:85).

The researcher experienced this while role modelling with a deeper integrity some behaviours around self-care at work which in itself created a deeper understanding of what was needed to sustain any changes in behaviours or habits for clients and colleagues. It created a learning by example opportunity for clients and colleagues in asking ‘how do you stay so calm’ as they had already observed some of those behaviours and were asking to understand it more deeply.

‘We must acknowledge that the most important, indeed the only thing we have to offer our students is ourselves. Everything else they can read in a book’ (Tosteson 1979:690).

As cited by Goffee and Jones (2005:88) authenticity is largely defined by what other people see in you’. The researcher from her experience in this study could confirm that

‘if I am not well that is going to get in the way of me being able to tune into the needs of my clients...’ ‘...since the self of the counsellor is an essential component of effective counselling it is vital that we nourish our own wellness’.(Shallcross 2011:31).

It is one thing for the researcher to feel more able to perform her duties at work and with clients. It is another thing for the clients to feel inspired by the researcher when she worked which arguably gives further credence to the fact that the more we take of ourselves the more we can offer others, consciously and by role modelling and their own inspiration from us, and that self-care does matter.

Taking this a step further the researcher found a delight in that her body had become a great resource to guide her when making changes to the way she was working and living. There is as discussed earlier in ‘self as an instrument’ (see literature chapter 3) that ‘self is the primary instrument used in our work, it is imperative that we honour it by treating it as an instrument worthy of proactive attention’ (Baruch 2008:88). One aspect of this is the way we treat our body for instance, for example in one early journal

entry the researcher reflected on hydration, and how her body has supported her to find more healthy choices of hydration:

***Journal Entry 12th March 2009 JK - my body is an amazing barometer***

*“I started to drink coffee when I was in my late teens. Around that time I started to get regular cramping pains in my abdomen, diarrhoea and I used to get a lot of palpitations, and get sweaty and uncomfortable. I went to the doctors who had my abdominal pains investigated. I was coffee intolerant - it gave me intestinal cramps, and, made my heart race into palpitations uncomfortably so, so, at age 20 I stopped drinking coffee, and all of the symptoms immediately reversed. I haven't drunk a cup of coffee since. I recall that one day some years later I accidentally ate a chocolate that had a coffee bean in it. This time my reaction to coffee was stronger, and the pain in my abdomen, and the palpitations were far worse. A strong reminder of why coffee and I never actually got on. Equally as I reflect on my hydration choices, I have never been able to drink coca cola, or any caffeine fuelled drinks as I too can feel the effects, the palpitations, and a feeling of being 'high', and falsely invincible. Again my body gives me clear signs that it simply does not want those drinks. As I have become more aware in recent years of my body and realising what an incredibly useful guide my body is to show me what harms it, and what supports and nourishes it, I have also found I am now unable to tolerate green, brown or white teas, as they too give me palpitations, sweats and a 'high' feeling, although I can and do drink herbal teas such as peppermint, chamomile, fennel, olive leaf which feel far more natural and gentle for my body. What I realise from this is that our physical body is a most amazing guide to help us to navigate through our daily living choices as it knows so well what harms it and what nourishes it. By taking a single point of focus such as what warm drinks nourish me, and which drinks feel harming and uncomfortable I have found a more self caring way of living and working for instance by the way I hydrate. The research is mixed as regards the effects of coffee, and caffeine in our bodies, with no conclusion either way but plenty of conclusions to say that coffee harms, as well as saying that coffee heals. While that research is inconclusive and contradictory at best, I have over the years undertaken my own 'research' with my body. I know for sure that coffee and caffeine have a detrimental affect on my body.”*

The other aspect of self as an instrument is linked to that of role modelling in that it's not just about what we do but how we do what we do. In developing a self-care type programme as in this study the results are potentially two fold. Firstly in that the individual/practitioner feels more vital and able to perform their work and secondly others (their clients, colleagues etc) have the potential to be inspired by their practitioner. And that 'the most powerful instrument we have in helping our clients navigate change is ourselves, our ability to use ourselves potently relies in part on the

level of awareness we have about the impact we make and our ability to make choices to direct and modify that impact' (Baker 2003:110).

In this study so far the researcher reflected (as did inquiry group discussed in the next chapter) that with self-care at work there is more potency when feeling healthy and vital as it leads to improved focus and an ability to think and act more clearly. Equally with self-care there is more potency in being a role model and potentially inspiring others as has been experienced in these last few years. This is discussed further in the implications for practice and there is no doubt having experienced working when the 'orange light is flickering' and when little or no regard for self is undertaken that the potency of self as an instrument is lessened and worse still, that we can suffer in this, not just that our clients could arguably get less from us but that it can be a struggle to keep going. Baker (2003:110) stresses, self as instrument can contribute greatly to our work, but 'requires enormous effort to manage', and that physical health is important as for example 'the rigours of the organisational development process demand that consultants (practitioner) maintain high levels of energy, requiring a healthy diet, regular exercise, adequate relaxation and sleep' (Sikes, Drexler and Grant 1989:79). It may seem like an effort at the outset as experienced by the researcher as it requires dedication and diligence but as the researcher realised how beneficial it is and looked back at how things have changed, it became what the researcher would now call 'a new normal' that requires a continued and much enjoyed commitment:

***Journal Entry 24th June 2010 JK***

*"At this point I felt that it wasn't about setting up some daily rituals and then that was it... but that on a daily basis, loving rituals, and supportive self caring acts also need ongoing self awareness and constant gentle review, as what supported me for instance 2 years or even two weeks ago, may not now, or, eating for example nuts one day isn't what my body wants to do every day, but some days eating nuts is very supportive. So, consistent open-ness to continuing to build supportive daily living practices, whilst realising the practices or rituals weren't static was in itself part of deepening a relationship with my body giving me a chance to get to know myself through my daily observations and choices. I am beginning to realise 'mastering' the art of daily self-care, is simply about how I am with myself at any given moment."*

To continue to build a self-care at work approach what the researcher realised through the journal entries and the third party findings is that self-care at work requires

acknowledgement and appreciation as part of that self consideration. It is self considerate to acknowledge and appreciate not only that there has been commitment to change but that the change has been made and that it has made a difference to working practice for example:

***Journal Entry JK 18th January 2010 - eating nuts or appreciating self***

*“One area of self disregard I have become aware of is that at the end of a busy day, or busy meetings I find myself wanting to eat, and in particular eating handfuls of nuts. On one of the coach supervision meetings a few of the supervision group had thanked me for the meeting, and shared how supportive it had been, and one also shared how amazing she felt that I was – her words were ‘you rocked’. I realised that my reaction to that was that I started stuffing nuts and munching rather than taking a moment to accept that I was amazing and yes that I had actually ‘rocked’ so I was using the nuts to distract myself from choosing to appreciate or acknowledge myself. I recognise this is a pattern of mine, and one I am still working on, although since then I have started to realise that the more I appreciate myself and acknowledge that I am far more self considerate, the more I feel confident, and ‘fuller’ in myself, and this is a practice I am continuing to learn as it feels an implicit part of a self-care programme, and to sustain the changes in the way I am living.”*

Given these findings so far, there are some early conclusions to be made in relation to the implications for self-care at work reflections on auto ethnography and implications for radical humanism.

#### **4.10 Implications for self-care at work**

The findings discussed in this chapter raise a few points to consider here.

In developing self-care at work as experienced in this study arguably one must first understand self as well as learn from your experience. This is in itself part of a practice of self-care and requires a foundation of willingness to self observe and to develop a practice self awareness which is supported in various bodies of literature (e.g. Baker 2003:14 and Coster and Schwebel 1997:10) including as a way of knowing when to seek help (Yager and Tovar-Blank 2007; Skovholt 2001, Frost 2007, Williams and Anderson 2009:13, Connor and Pokora 2007:193, Antonacopoulou 2000:491, Venart, Vassos and Pitcher-Heft 2007-57, Kemp 2008) and that self awareness is one of the key tools for self development and authentic leadership as well as developing healthy living practices.

From the auto ethnography the researcher found that whilst the practicalities of health and well-being programmes and practices for instance could be ‘taken off the shelf’ the way each practice or ritual is undertaken by any given individual may differ based on their need, their living arrangements and their preferences all of which come from them getting to understand what works for them thus - “an unbiased observation of ones inner experience and behaviour is foundational for self-care” (Baker 2003:14).

When learning to undertake an unbiased observation of what was going on in the working day or week the researcher found common themes (by way of patterns of behaviour) throughout the auto ethnographic journals for example that the researcher was constantly tired, regularly overly pushing herself, and she was hard on herself, constantly worrying whether ‘x’ was enough and driven by must do’s, coupled with a lack of support in infrequent rest breaks, inadequate hydration, inadequate nutrition such as chocolate and tea, and never allowing enough time during the day to get from ‘a to b’.

From observing these phenomenon a deeper awareness emerged by asking why was she doing these things and it became clear over a period of time that those patterns of behaviour were actually symptoms of some deeper patterns for example:

- ‘I am being better at caring for others than for self’
- ‘The client is ‘king - I put the client first over and above myself’
- ‘There was a need for recognition from people I work with (which is also one of the reasons my life is focused on 1 and 2 above, and not on taking more care of myself).

In realising these, taking awareness deeper, the researcher asked the question ‘why do I have these deeper patterns, what drives them?’.

What she realised through her journals was that there was a consistent feeling of ‘am I enough?’ like a lack of self worth and so the researcher observed this over a couple of years during this study to see whether these feelings changed. The researcher realised that she had never legitimised her own self-care at work in giving herself full permission to take care for herself at work and that this was a necessary part of the process of emancipation and change.

The irony is and *what is most profound for this study* is that the more consistent the researcher was in taking time to be self aware, taking time to try and test things that had the potential to support her in her well-being, the less she felt a lack of self worth and the more confident she became. The confidence built as she got to understand herself more and took time to support herself with self caring practices and this in turn led to a feeling of being good enough. In showing herself that she mattered and that she mattered enough to take self-care at work over time, this chipped away at negative thoughts and a feeling of lacking in confidence or not feeling enough, that was replaced with thoughts of ‘I matter’ and I matter enough to take care of myself at work.

All of these deeper observations were realised by regular reflection and journalling using her physical body as an indicator for instance, how tired the body felt, and then tracking back through the day to see what had occurred and where the tiredness may have been coming from, looking for patterns of behaviours such as the issues above, and realising the impact these were having. What this allowed was for the researcher to then observe knowingly and consciously how uncomfortable she felt while working and feeling these physical nudges from the body and noting how she functioned for instance with less ability to focus, less ability to concentrate, as well as how un-resilient she felt in ‘bouncing back’ when things did go wrong. Through these reflections the researcher was able to start to spot when she was overriding her body for example ‘pushing through’ when she was actually too tired to keep going (e.g. working late in the evening) and to connect them back for the most part to the three deeper patterns above (e.g. going the extra mile to gain recognition from a client or putting everyone else first).

Over time the researcher had developed a consistent personal and unique approach of self-care at work through many iterations with the consistently solid foundations of self awareness, observation, willingness, feeling the body, and giving new things a go which then had the effect of legitimising ‘self-care at work as normal’.

What was profound in this was that the more self-care at work was practiced the more the researcher’s physical body would ‘expect’ things to be that way, so the indicators in the body changed and the body would nudge almost like a reminder (or an alarm clock),

when it was ready for sleep, rest, a walk or food for instance as it knew what was supporting it.

During the changes the researcher made some family members, friends and work colleagues made comments about self-care being 'selfish' but over time, and feeling the consistency in the self-care and observing the changes in the researcher some realised that they too could legitimise self-care as normal and many were and still are inspired to make changes in their own lives. One practical example of this was that the researcher started a new part time job, and took in home made soups for lunch each day to heat in the microwave. Within only a few weeks her boss started making home made soup (which she said was new for her) and started bringing it in each day without any specific prompting from the researcher or discussion, just by her observing the researcher. The researcher was also able to experience first hand, and consistently so, how in practice 'the well-being of staff impacts the outcomes of services' (e.g. Moliner et al 2008; Dorman and Kaiser 2002). And that 'when we are well we are better able to connect with our clients, more attending and creating in our work and less likely to make clinical errors or violate boundaries' (Shallcross 2011:31). It was experienced by the researcher in this study that self-care at work does matter and that in making this a conscious and consistent focus the researcher also felt that she mattered too (and this legitimised/gave her permission that up until that time she had not done, to take care of self at work as a normal daily activity) and that tending to her self-care needs were important as this supported her to provide the best services possible when she worked.

#### **4.11 Reflections on auto ethnography**

It feels important here to add a note of reflection about the process of auto ethnography. It was new to the researcher and it was cited as '*an excellent vehicle through which researchers come to understand themselves and others*' (Chang 2008:52). This study has been underpinned by a strong foundation of self observation, reflective and reflexive self journalling which raises self awareness and allows the individual to see patterns, track progress, compare how things were previously, and learn, as well as reflect on the learning to take it deeper and, 'what does seem important is that I describe what it means to me' (Etherington 2004:71). It enabled the researcher to look 'inward



and outward' and incorporated 'the I into research' (Ellis 2004:xix) with a 'state of flux and movement between the story and context, writer and reader' (Jones 2005:764) which the researcher found worked well with the topic of developing self-care. In particular it offered insight into a way of understanding the world and enabled a sharing of this knowledge and understanding with others (the inquiry group) based on subjective insights, experiences, observations and awarenesses of the researcher during the study. The researcher also found keeping a journal to be a supportive process both in the study and in developing self-care - in that it was gathering 'data about the researcher's process of becoming' (Etherington 2004:91). It was also a process (as was this whole study) that enabled the researcher to 'get to know herself' and build a relationship with herself in a way she never had prior to this study. She now understood her likes and dislikes, and many practical things in life that were either supportive, or not supportive for her and that it was important to remain open to new possibilities and to be flexible based on what her body needed day by day. Using the physical body as a barometer was simple and profound in that it now became the researcher's 'best friend' in showing her what worked or what didn't work. For example when she ate foods that didn't support she could feel indigestion or constipated, when she rested more she felt more vital and so on. *The funny thing was that her body was always right under her nose and in her 40+ years of existence prior to the study she had never ever thought about engaging her body in her daily life in this way.*

It also played a role in that we are each 'bearers of culture but also active agents who create, transmit, transform and sometimes discard certain cultural traits' (Chang 2008:21) and the researcher found that she was able to be a 'cultural agent' of change, by not only emancipating her self out of a cycle of disregard and unhealthy working practices, but by being a role model, and also with the inquiry group in legitimising self-care moving away from client is king and notion that self-care is selfish and more so that changes to working practices can be made so that it is possible to feel vital and well at work.

#### **4.12 Reflections on radical humanism**

As the researcher is passionate about ‘breaking out of the chains’ that hold us, the study started out as a curiosity as to the way things were initially interpretively wanting to understand more yet, radical humanist (Burrell and Morgan 1979) as curious to study what breaks people out of the ‘chains’ they were in. The auto ethnography enabled the researcher this opportunity through the data collection starting always with a curiosity, what, why, how, at the beginning, how we know when things aren’t going too well (e.g. indicators in our body, or how we feel when we are working when we aren’t feeling ourselves) then looking at the possibilities of what could be different, trying small individual experiments in self-care at work and looking at the impact it had on the services offered and that our perception or habits can be changed by our own focus on learning (that knowledge can be borne out of experience and insights) and that human life can be the subject and object of inquiry. In breaking out of cycles the researcher was able to move from feeling too tired to do anything about their health, stuck in survival mode rather than thriving, to not only becoming more self aware, but making many changes, to becoming more vital and better prepared for work. The researcher at the outset felt the enormity of the ‘merry-go-round’ she was on and she had wondered how she could change this given that it felt like the expected ‘norm’ to disregard self while working, to feel tired, etc. The auto ethnographic study as well as the many iterations of giving new things a go (e.g. new foods at work, or more rest during the week) enabled the researcher the potentiality of emancipation from ‘socialised ideals and beliefs that stunted the individual’ in their well-being at work for instance to realise there were ‘possibilities rather than status quo’ and that the ‘individual creates the world in which he lives’ (Burrell and Morgan 1979:279) ‘overthrowing or transcending the limitations of existing social arrangements. The whole process of inquiry served to ‘loosen the bonds of firmly held beliefs and entrenched though patterns enough to learn new ways of acting’ (Rudolph, Taylor and Foldy 2001:307) to a ‘new normal’ that was supportive and enabling using experience - ‘experience is an event which forcibly interrupts the stable truths and forces changes to habits’ (Pierce quoted in de Lauretis, 1994:300 in Pollard 2008) - the new normal being a consistent approach to self-care at work and to be able to feel steady, vital, and well balanced during and after work and the simple yet profound realisation that I matter at work and self-care at work does matter.

The following chapter (5) discusses the third party (inquiry group) findings.

## Chapter 5

### Third party (inquiry group) findings and discussion

#### 5.1 Third party (inquiry group) findings

This chapter outlines the ‘third party’ findings, the findings gained from the inquiry group (the group of 113 organisational practitioners such as coaches, facilitators, organisational development consultants, managers). As outlined in the methodology chapter (2) the data from this group was collected through a number of iterations and from email exchanges, semi structured questionnaires, semi structured 1:1 interviews, and workshop/inquiry group discussions, learning forums (a leadership community of practice and coaching supervision groups) and social media (Linkedin). The quotes from inquiry group are coded simply by their initials and whether they were male (M) or female (F).

The findings and discussion are structured similarly to the auto ethnography findings chapter (4) in three parts as the data was collected in this order as a response to each phase (iteration) and as it supported a more radical humanistic (Burrell and Morgan 1979) way of researching, to enable change:

- the impetus to change, the realisation of how things were going/felt at work, and the realisation that not taking care of self at work can have an effect on the services we offer, or work that we do.
- the process of making changes once realising or understanding what had been going on - emancipation out of the old ways (as in radical humanism, Burrell and Morgan 1979).
- the impact of the changes (e.g. taking self-care) and whether this had an effect on the quality of the services the researcher offered (e.g. coaching, facilitating, managing) and whether for instance self-care at work mattered (e.g. to the practitioner).

As discussed already the researcher was intrigued by radical humanism (Burrell and Morgan 1979) in studying a phenomenon (self-care at work) to understand what was going on and passionate about feeling able to be emancipated to make changes. As

already mentioned action science inquiry (Argyris, Putnam and Smith 1985) was chosen as the inquiry group had the potential to discover tacit choices they have made about their perceptions of reality about their goals and about their strategies for achieving them, in that gaining access to these choices people can achieve greater control over their own fate. It was felt that this (as it did in the auto ethnography) offered human emancipation from the ‘oppression and improvement of society’ supporting the conceptual framework of Burrell and Morgan’s (1979) radical humanism with humans as agents who act in the world on the basis of their own sense making and the potential for a ‘never ending process of learning and movement rather than in achieving new equilibria or stable states’ (Friedman 2001:135) overthrowing or transcending the limitations of existing social arrangements (Burrell and Morgan 1979).

## **5.2 How do you feel during and after your work? What are the indicators in the body and effect on work? What is the impetus to change?**

The researcher discussed with the inquiry group during the initial phases of this research how they felt during or after work. There was a consistency in responses in that many people are caught up in a vicious cycle, they feel too tired to do anything about their health and they are stuck in survival mode rather than thriving:

*“Unfortunately it’s only too easy to fall into the mentality of ‘had a bad day, need comfort food, skip the gym etc etc, I think we all know how this goes as Im sure we have all done it!” M VP*

*“I get lazy and end up not looking after myself well, eating rubbish food, because it’s quick and not paying attention to my needs.” F KD*

and *all* of those (including the researcher) who partook in this study stated that they regularly felt tired to one degree or another for example:

*“Absolutely I get tired after an intense coaching session, although I think the duration plays a role here as much as intensity. I also wonder if this effect on ourselves being tired/drained is symptomatic of something else that is going on that isn’t spoken in the session?” F MW*

*“Often tired, often need a wash, and certainly in need of space” M NP*

*“I suppose it depends on sort of what happens in the session, if you get some break through, yes, and even if you don’t do it in the room you feel like*

*'hallelujah, you got there', it's just great and I am energised from that, but after that I can feel quite drained.'* F JB

*"It feels like you could conclude that being tired/drained is a product of our own interference of underlying (or existing) physical condition. The examples that come to mind are 'trying too hard' in the coaching session or physical/mental fatigue that you bring in with you (e.g. lack of sleep)"* F VW

Of note here is that it is not necessarily wrong to feel tired after a day's work for instance (physical, manual labour could naturally mean the body felt tired after a day's work) it was the degree of tiredness and also a more generalised sensation of constant tiredness that was commonly felt by the inquiry group participants, so it allowed an initial common focus on 'how I felt at work, and after work' to be explored further amongst the group. In addition to this regularly feeling tired could arguably lead to other health issues over a sustained period of time and for some of the inquiry group practitioners as discussed here tiredness in itself felt debilitating at work.

When asked how it felt to be tired, or feel drained, or not fully vital as though the 'orange light was flickering' (e.g. like the light on a car dashboard as an indicator when it needed a service, essential maintenance, petrol, or water) many felt their concentration dropped. In addition they felt uncomfortable when feeling like this not only because of the personal discomfort, but also because they (the inquiry group) realised it was impacting on their service to the client/s:

*"I set an absolute maximum of 4 clients in a day otherwise I find my quality of attention falls significantly."* F CS

*"I find myself grabbing around in the dark."* M NP

*"I think it's potentially dangerous because you are not fully present to what is going on and you're not aware of the congruence of what is being said, or not being said, and in that situation your mind or your body can switch as a coach to thinking about other stuff and therefore you make an intervention that could be harmful as opposed to appropriate."* F DA

*"There have been occasions when I've felt really tired, not particularly wanted to be there, and I've felt that I've strained to be in a place that was helpful to the client."* F CR

*"It does detract from my ability because the focus isn't where it might otherwise have been."* F JD

*“Uncomfortable because I’m not fully present.” M NP*

*“It’s uncomfortable, beyond uncomfortable, it becomes something that I don’t want to do that day, it goes beyond the comfort zone, it’s hard work getting up for it, but at the back of my mind contractually someone is paying me to turn up. I guess I’m used to being employed when you turn in 9 til 5 no matter what you felt like so yes you have your good days and bad days, but you get up and go to work so there is a sense in me that I still need to do that.” F DA*

*“Worse when Im tired, can’t tune in, can’t think straight.” F JH*

*“It gets in the way of effectiveness, the session could be rushed, going through the motions, or having something else on my mind or looking at the clock.” F KO*

*“It’s the listening, the concentration, I just can’t.” F DB*

There is a level of discomfort to more or less degrees in working while not feeling vital, energised, or well and that somewhere deep down as a coach, facilitator, manager, or leader for instance we know that those we serve can feel how we feel and deep inside we feel a discomfort and ill at ease with this way of working while not feeling ourselves or as well as we can.

*“I’ve been unwell some of the time and of course you can’t put things off, so I put aside my crap and put myself in a good place so that I’m not bringing my stuff, but like we have been discussing, people will still feel how I feel” F DA*

In their discussions within the inquiry group having reflected how it feels to work when tired and what other things they felt during or after their working days, they soon realised that these symptoms (for example being tired) are arguably symptomatic of something deeper. The researcher then pursued this further with further questions into ‘what happens during the working day/week/month that may be a cause of why the practitioner feels tired for instance?’

### **5.3 What goes wrong during the day?**

The inquiry group were asked if you feel for instance tired at the end of your day what goes wrong? What is happening? What precipitates the tiredness? What happens during

your working day or week as a coach, facilitator, leader etc? The responses to this can be summed up by one quote from an inquiry group participant:

*“as a supervisor of coaches I think that if coaches get ‘tired or ‘drained’ it’s usually for one or more of the following reasons:*

- *trying too hard*
- *taking too much responsibility for clients results*
- *lack of clarity around the boundaries*
- *dynamics of personalty type, e.g.. an introvert will find 4 hours of conversation more draining than an extrovert*
- *physical illness or stress*
- *simply working too hard and not having time out.*

*Although as coaches we may sometimes like to believe we are more healthy, balanced and whole than many people, this is not true all the time, as we can get bruised in life and work and sometimes things get on top of us. We need compassion towards ourselves.” F GM*

One strong factor that was raised as a reason for tiredness by the majority of inquiry group was related to ‘busy-ness and time pressures or pressures of/from work’:

*“Recipe for disaster, filling up your working day, with so much there isn’t time for a moments break, or if you are late for one meeting you affect the rest of the day.” M GS*

*“I realise that I often do more than is needed, or extra, and I cant seem to stop myself, and this doesn’t feel good to me.” F HP*

*“I realise I can try to do too much, so I need to self evaluate my capacity.” F VW*

*“being attracted by being on a mission I get enthused by what I’m doing or whatever and then if I’m not really disciplined or very careful I can get exhausted very quickly or pulled too many different directions.” F JB*

*“Actively manage the travelling and the amount of staying in hotels, just lately I’m finding that travelling rather than work is what wears down one’s stamina and resilience.” M GS*

*“I think the biggest challenge (and one I am falling down on) as an internal coach is managing myself and managing the boundaries when there is always more demand than capacity.” F JM*



*“External pressures, deadlines, too much to do, and too little time that’s what causes a lack of regard for myself, and I end up getting headaches and aches.” F RM*

This theme of the busy, time pressured feeling at work links to other themes in these findings for instance ‘client is king’ and are discussed later in this chapter. A question that the inquiry groups then contemplated was what indicators or feelings did they have in their physical bodies during their days when for instance they felt tired or they were rushing around or doing too much?

#### **5.4 Indicators in the physical body**

To be aware of being tired and of how uncomfortable being tired is when working for example, and to feel the pressures of time and work (e.g. feeling anxious or overwhelmed) indicate that in some way each of us has arguably felt these things in our own physical body. If this is the case then how common place is it to use the physical body as an indicator or barometer of how things are and a way of navigating ourselves through each day? As already discussed in chapter 4 one could say an obvious part of being a human being is that each of us has a body yet in ‘our everyday world and work it is often ignored’ (Flaherty 2005:99). Hettler (1980) discusses the need for awareness and monitoring of body feelings, internal states, physical signs, tension patterns and reactions. The researcher was curious to know from the inquiry group what they were feeling in their body at different times in their working day or week. And whether by using the ‘body as a marker’ (or barometer) this in itself could be a foundational aspect of taking care of self at work (for example so that practitioners feel whenever they are ‘going out of balance’). As part of the study during the earlier phase of deepening an understanding of what happens while we work and what gives an impetus to change the researcher suggested to inquiry group that they practice tuning into their own body by stopping periodically and noticing how they felt for example; asking how does my body feel at the beginning, during and end of each day – and if there is any difference what is the difference in how it felt?

The questions suggested to the practitioners to reflect upon included:

- How does the physical body feel (e.g. tired, any aches like back or neck, any feelings of pressure or pain, heat or coldness in any part of the body)?
- How do you feel physiologically (e.g. hunger, thirst, sleepiness, bloating, indigestion, or lack of flow in physical movement, feeling hot or cold)?
- How do you feel emotionally (e.g. frustrated, stressed or pressurised, sadness or ‘down in the dumps’, feeling ‘hyper’ or agitated, overwhelmed etc)?

The inquiry group discussions following these periods of observation and reflection by the inquiry group confirmed the fact that they (and the researcher) had many physical signs and it was useful to monitor these or to pay attention to them for example:

*“In the morning I consciously choose to feel my body then feel it at the end of the day too and I can feel the differences, I can be tired or fulfilled or both.” F MR*

*“I feel tired when I wake up, and I can feel different types of ‘tirednesses’ during the day.” F HP*

*“I am aware of how I feel in the mornings and I sometimes feel heady and in the mind.” F MR*

This led to the researcher prompting the inquiry group and herself to take this deeper as it felt as though they were simply skimming the surface of what the body was showing. So the inquiry deepened around the question ‘what do I already know about my body, and what it is showing me? For instance - what signs do I regularly have at work and, how do I know if I am getting out of ‘balance’?

From observations collated and analysed from the inquiry group there was a consistent set of ‘indicators’ that for example could be indicators to show when or whether a practitioner was getting out of balance or feeling unsteady. Additionally the inquiry group also cited that with their own coaching clients or work colleagues/subordinates these were also the same ‘indicators’ they (the client/colleague) noted when things were ‘going out of balance’. These included:

- Feeling disengaged/looking ‘checked out’/withdrawing/day dreaming.
- Being tearful.
- Feeling unable to concentrate/poor attention span/Loss of perspective.

- Feeling 'flat'.
- Having butterflies in the tummy/or feeling anxious.
- Eating more – or less than normal.
- Using distracting behaviours (e.g. incessant checking or tidying, or over talking \talking loudly).
- Having small accidents like bumping into objects, spilling things, or knocking things over – generally feeling more clumsy.
- Feeling edgy or fidgety.
- Sleep patterns being affected or being unable to sleep/waking very early.
- Feeling a lack of tolerance of the work environment e.g. sound, light can affect us more.
- Having aches or pains or discomfort in the body (most often in the same place e.g. regular headache or back ache).
- Not looking like or being our 'normal' selves.
- Feeling 'out of sorts'.

These indicators were consistent with for instance some of the signs of stress as highlighted in the literature for example on a CIPD fact sheet on stress and mental health at work (2012:1):

- 'work performance - declining/inconsistent performance, uncharacteristic errors, loss of control over work, loss of motivation/commitment, indecision, lapses in memory, increased time at work, lack of holiday planning/usage
- regression - crying, arguments, undue sensitivity, irritability, moodiness, over-reaction to problems, personality clashes, sulking, immature behaviour
- withdrawal - arriving late to work, leaving early, extended lunches, resigned attitude, reduced social contact, elusiveness, evasiveness absenteeism
- aggressive behaviour - malicious gossip, criticism of others, vandalism, shouting, bullying or harassment, poor employee relations, temper outbursts
- physical signs nervous stumbling speech, sweating, tiredness/lethargy, upset stomach/flatulence, tension headaches, hand tremor, rapid weight gain or loss, constantly feeling cold.'

Baruch (2008:86) discusses a sequence of steps that therapists took when they sensed their function was compromised e.g. admitting to self they were not coping, asking for help, pulling back on work, taking breaks etc, and during the discussions with the inquiry group we realised that there were times when we did not admit how we were feeling, or stop to listen to how we were feeling, or ask for help, yet, what was realised through the discussion is that symptoms are a way for the body to say ‘listen to me talk for a change’ (Venart, Vassos and Pitcher-Heft 2007:50) and that the body has the potential to be a key barometer of health and well-being at work (and in life). As already discussed in chapter 4 using the body has the potential to offer a realm of bodily sensations such as butterflies in the tummy or the queasiness associated with uncertainty and is crucial for the development of true self (Wilson 1988) and ‘an unbiased observation of ones inner experience and behaviour’ is thought to be foundational to self-care’ (e.g. Baker 2003; Brady, Guy and Norcross 1995).

This led to a number of discussions and reflections about using the body as a ‘guide’, particularly as it supported reflection and building a deeper level of self awareness. This also enabled the inquiry group to conclude that

‘there is no doubt that unreflective practice is likely to result in actions born of repetition, ritual and routine, and, we all know the harm that can follow from such uncritical and unthinking practice’ (Sellmann 2010:149).

What the inquiry group realised is that by not taking a moment to reflect, feel the body, and more so to have noted and looked for patterns e.g. “I always feel tired after my meeting on a wednesday morning”, the practitioner (coach, leader, facilitator etc) could find themselves always feeling this way time and time again, yet never taking a moment to inquire as to why, and staying in the same merry-go-round of being tired on Wednesday mornings without taking the initiative to find out why, or to even realise the tiredness was more pronounced on a Wednesday morning, and that through becoming more aware of this, and why this happens, there was the potential to treat the ‘Wednesday morning meeting’ a different way so as to feel more vital and energised.

## 5.5 The potential value of self awareness

The value of self awareness was regularly discussed in the inquiry group as was developing a relationship with self through self observation to increase self awareness -

‘the significance of relationship with self as well as with others is often cited as core to self-care, becoming more self aware helps us to know the limits of what is possible in our own lives as well as in the lives of our clients’ (Baker 2003:6).

which as in the example outlined earlier e.g. ‘always feeling tired after Wednesday morning meetings’ it may not be common practice for practitioners to realise the importance of understanding self and having a practice of ongoing learning from experience. Pragmatically this study supported this by developing a number of questions for the inquiry group to regularly use in between the times that we met as observational ‘homework’. The researcher also used these questions during the auto ethnographic element of the study which initiated for some a new habit of paying attention, being more aware, listening to the body and reflecting on their day as follows:

- How do you feel at the beginning of the day, during and the end of the day?
- Are you observing any repeated ‘patterns’ or habits and recognising these are not just isolated experiences but things you often feel for instance?
- How do you feel at the beginning, during and end of each coaching session(or facilitation session or meeting etc) – and if there is any difference what is the difference you feel?
- How does your body feel? (e.g. tired, aching shoulders, headache).
- Did you feel a sense of fun? Or do you feel heavy, or intense?

The kinds of things that were observed and discussed over the intervening months by the inquiry group then included:

*“Realising my need to help others, and now being more aware of that need to help others, I keep an eye on it while I am working, and I have restructured my day to allow myself more time so that I am supporting myself more.” F HP*

*“Trusting my feelings, and not wavering, giving myself a chance, if I feel something, to give it a go, or experiment rather than just shutting down what I feel (which has been a pattern I have had).” F MR*

*“Oscillating (peaks and troughs/ups and downs) where I have a lot of enthusiasm and energy and then not – and realising that this can be exhausting, and I have a choice not to work in a way that has ‘highs’ and ‘lows’ but to learn to be steadier and more balanced – something for me to observe.” F GK*

*“Paying attention to how I feel, my inner-self, the people around me, and making adjustments along the way.” F MR*

The coaches found having the homework questions as a prompt for self observation gave them a ‘container’ into which they could focus their learning and gave them the opportunity to deepen their self awareness. Confidence to take self awareness and self observation deeper grew not only through learning to do this regularly for themselves, but also through the group’s discussions of what they were each learning and what they were aware of which was helping them understand what had been going on for them, and enable the group to feel either an impetus to change or empowerment to change in some way or another.

This phase of the study concluded that consciously choosing to be self aware and self observe (with some simple prompt questions) provided a focus and that this is in itself an important early step to developing or deepening self-care at work and in offering your services as a practitioner for example:

*“I now go through a regular process of self scanning. As a strong thinking type pay particular attention to what I am feeling and sensing. Most important of all I ‘notice’ what I am experiencing and pay attention to it. This will tell me when I need to go recharge, refresh or just take a break and breathe.” F MW*

*“The key thing for me is self awareness. If you want to be the best then you have to do what is best for yourself so that you can “be” a coach.” F RB*

*“I realised that I see people describing aspects of themselves who are not, in my view, self aware. The person, for example, who says “well, that’s just the way I am” may be recognising a characteristic and seeing it as intrinsic rather than exploring what leads us to be or behave in a certain way and in this way taking responsibility. In a similar way, we may recognise that our*

*childhood experiences led us to act in a certain way and leave it there. So, I guess self awareness combines with other characteristics or competencies to create the whole. The whole may have a degree of self mastery or not.” F GM*

*“My own self awareness and how I am taking care of myself is a slot in all my coaching supervision sessions. This is an inextricable aspect of my coaching work and we look at how my state of being is impacting my work and how my work is impacting my state of being.” F DB*

*“One of the areas of concern for me as a supervisor is how difficult it sometimes is, for coaches to understand that self awareness and self-care are central to our ‘tool kit’”. F GM*

This also included the value of using the physical body as a guide/barometer at work. As already highlighted - ‘awareness is a prelude to regulating our way of life, modifying behaviour as needed’ (Coster and Schwebel 1997:10) and this then raised a question in the inquiry group - ‘why is it that some of us don’t naturally put our own self-care at work first or higher up our daily agenda?’ Where are we not personally legitimising self-care at work and why are we not legitimising this? In response to this question there were two repeatedly and commonly found responses amongst the inquiry group (and researcher):

## **5.6 The client is ‘king’**

This theme was consistently cited by the inquiry group including the researcher in her own auto ethnographic journal entries. “I have always been better at caring for and looking after others than I have in caring for myself” (Rogers 1995:80).

This was frequently discussed, and observed as the practitioner being self disregarding, or over riding their personal needs in order to offer the client/colleagues services, making the client ‘king’ in the client/practitioner relationship for example:

*“I get through the next hour and ‘stop at the next garage’ symbolically, for whatever it is I need, I put whatever the client needs ahead of ‘I’m tired, I’m thirsty or I could do with a sandwich.” M NP*

*“For me, the focus on self harmony is usually ‘secondary’ to that of the client.” F JD*

*“An example of this is that I ended up compromising who I am with a client and therefore they got less out of it and it wasn't as challenging, and they weren't making progress and I got a bit drained by it.” F CM*

*“For me, I responded to clients needs to have their coaching late in the day, when I am usually tired, and so I restructured my day e.g my meal time or rest time so that I can conserve energy enough to give slightly later sessions – I am observing this and experimenting with different things to see how this will go.” F HP*

*“I would feel as though I want to be seen to be able to cope with everything and so if somebody asks me to do something and someone else asks you to do something you'll go yes, people keep saying yes, no problem and all of a sudden you realise you've got this huge list of things to do and there's absolutely no way you are going to possibly be able to do it, and there's that sort of 'I'm not going to have time to go to the gym anymore, I'm going to have to work through the night, so that really sort of unbalances me, if I don't have that time that me time that we need, it not good for you but there's something in you that just says oh yes, fine, no problem, and everyone comes to you thinking you will be able to cope but underneath it I can't cope with it but I want to be seen as being able to cope with it.” F DB*

This connects to the next commonly shared theme:

### **5.7 Focus on 'me' is not normal**

Right from the outset of this study inquiry group participants who were coaches, managers, organisational development consultants for instance had been through professional accreditation training and a few had a professional diplomas or masters degrees and *this was the first time* for many where the focus for discussion was about the quality of them, their physical well-being, coupled with the importance of their own self-care at work. Similarly so from their work in organisations very few had been asked to look at their own quality and physical health and well-being, or to make self-care at work a focus. *And no one had ever been told 'not to take care of self at work' either!* As already discussed the researcher found that in many of the codes of professional conduct (European Mentoring Coaching Council (EMCC), International Coaching Federation (ICF), Chartered Management Institute (CMI), Chartered Institute of Personnel and Development (CIPD) there was no mention of self-care at work, particularly in the sense of taking practical care of the physical well-being of the practitioner. Most of them did though mention the importance of self awareness. At the



completion of this PhD study during the write up phase, the Association for Coaching (AC) did have a statement in their Code of Ethics and Good practice (2013) that stated ‘you should be fit and healthy enough to practice as a coach. If you are not then you should not practice until you are fit to do so, and if necessary your clients should be offered alternative support’. It was heartening for the researcher to see this has been added to a professional code of conduct.

The researcher realised from the inquiry group discussions that the importance of ‘self’ at work particularly as regards physical, and practical self-care is either completely ignored and not talked about or almost taken as read and arguably not legitimised through many professional codes of conduct or in organisational policies. Almost as though it was such common sense it didn’t need mentioning, yet it wasn’t something that came naturally to people at work in the true sense (e.g. taking frequent smoking breaks may support an individual, but is arguably not true self-care at work). Even from school or our homes or other times in our lives, the inquiry group realised that *self-care was not something we were taught to do* (e.g. at school, or by our parents) although we all learnt some aspects of caring for self from our friends or families, it was often when we were ill or the weather was cold, rather than also in relation to supporting ourselves at work. We could say that when it comes to our own well-being and self-care at work, we may be unfamiliar with putting our self-care first, and making it a fundamental part of our daily working practice, “psychological principles, methods and research are applied rarely to therapists themselves, we help clients but we do not always practice on ourselves.” (Baruch 2008:64):

*“From the perspective of a coach I don’t think self-care comes into my mind because I don’t recognise the significance of self-care. It’s taken for granted and maybe it shouldn’t be. Hopefully your research will encourage coaches to reflect upon their own self-care. I coach motorcyclists to higher advanced standards. We encourage the use of a simple pre-ride check; POWDERS which is Petrol, Oil, Water, Damage, Electrics, Rubber [tyres], and self. The ‘self’ is effectively ‘am I physically and mentally up to riding today’.” M KJ*

*“I went on from the inquiry group on self-care you ran to an event in Scotland on coaching/mentoring which (almost inevitably) tended to focus on ‘what you do’ rather than ‘how you are’ but there was recognition that*

*coach self regard was indeed important and typically left unmentioned.” M JE*

*“In relation to what I do (the busy, often hectic work-life balance I lead) I realised that I rarely consider my own well-being.” F CR*

*“From this inquiry group on self-care at work, I mainly felt I should invest time, thinking and reflecting about ME.” F DA*

*“I realise that I don’t put self and regard/well-being at the top of the list on a regular basis” M KJ*

*“It’s (today’s inquiry group on self-care at work) has made me recognise the need to really look after myself more.” F JD*

*“One of my reflections is that I really struggled with it (self-care at work) and I didn’t really know what I was struggling with, everything I kept thinking about was in the context of um relationships with people, I couldn’t isolate myself you know thinking about just self-care because every time I thought about every part of my life it felt like self-care was almost it was a variable factor but the variation in it was contingent on other people, whether that being my family or whether that be people I was working with or whether that be other groups of people.” F KD*

*“Tiredness is an obvious area to consider in terms of disregard, but I’ve never thought about diet, I have a Mars bar every day, increasingly I am thinking about the impact of diet and I think this discussion on self-care has reinforced that message to me, it’s about heightening your self awareness and state of mind.” M KJ*

*“I think it goes back to before you serve others you’ve got to serve ourselves and that has been a revelation for me. I think I knew it but I’ve never actually thought about it in any depth so I think it’s quite life changing for me.” F CR*

*“I know this is right and true but I forget it and I leave it behind.” F DA*

*“It’s innate yet we don’t do it.” F DS*

*“I feel it’s about taking the time out for yourself, putting yourself and your well-being at the top of the list on a regular basis not just now and then” F LH*

This led to further discussion with the inquiry group about why for instance we allow the ‘client to be king’ ahead of ourselves and why the ‘focus on me is not normal’. This started to raise some other issues for instance, when inquiry group participants started to

take more care of themselves they were accused by some colleagues, and even some family members as being selfish. The researcher experienced the same thing, for instance if she went to bed when she was tired and it was 9 pm, her partner would complain. Equally if she felt she needed to rest at the weekend her partner would also call her 'lazy'.

As one inquiry group participant said:

*"I matter, it is okay to take care of self." F JH.*

We discussed this further and concluded that perhaps one of the reasons that self-care is not more widely or deeply practiced at work or by our friends and families is because of it being seen as 'selfish'. This was not specifically investigated further in this study but is a question for future studies. This led to a further question and discussions about why practitioners or anyone providing a service felt the need to put others first and to make clients 'king', for instance. The ensuing discussions raised further areas for consideration and future studies:

- We put others first because we need recognition and acceptance by others particularly to boost our own self esteem, sense of worth, sense of value in what we do.
- For some reason it does not cross our mind to self legitimise our own self-care at work - if we don't personally legitimise it (give ourselves permission) it seems to slip our minds or feel like it is simply not a reality/not possible or not normal.
- We put others first because as children we are told to 'be kind to others, to be good to others' etc and we are not readily at school or perhaps in our homes taught that self-care is important before we take care of others as it means we have more to offer when we are taking care of our self, well-being, health etc.
- That the world of work can be measured by the quantity of services we offer, the number of clients we see, the number of bookings in our diaries, the ability to respond extremely quickly to requests for help, to be seen to be helping others, to be 'helpful', to give all of ourselves, to work long hours, to come to work even if unwell (e.g. presenteeism), to be seen as mentally tough and stoic, and so on.

- There are ideals and beliefs we have in our workplace cultures and environment that hold us to these things, even if our bodies are telling otherwise (e.g. to take care of our body).
- That as far as the researcher could see from the desk based review, self-care, physical health and well-being is not highlighted in ethical/codes of conduct, and standards and competencies of practice for many professions e.g. coaching, facilitators, consultancy, leaders, managers, HR professionals.
- That there are very few role models in our workplaces who are exemplary in their own health and well-being, and taking care of their own physical and physiological and emotional needs at work (as observed by the researcher and the inquiry group)
- That when customer service training or service quality is introduced to companies and professionals/practitioners, self-care and physical/physiological health and well-being is arguably seldom mentioned.

It maybe possible to conclude from this that there are a lot of counter intuitive factors that take us away from the common sense we know deep inside that taking care of our own health and well-being at work is not only supportive for us, it is possible that it is also great for customer service/the quality of the work we do because we can offer more to those we serve. This is discussed further in this chapter and in the implications for practice. In addition we can (as experienced by the researcher and inquiry group) feel a lack of self worth for instance and so we put more focus in offering our services to others to build that sense of self worth from what we do and the outer world, for example:

*Conversation between inquiry group participant and researcher :*

*“I realise you are putting other people’s needs and requirements before your own, it’s more important than possibly yourself” F CM*

*“and why would you do that?” JK*

*“I probably don’t value myself” F CM*

*“and why don’t you value yourself?” JK*

*“because to be so wonderful could be really scary” F CM*

*“to be so wonderful as in to feel everything is alright?” JK*

*“To feel wonderful all the time would be new and different” F CM*

yet, as experienced later on in these findings and discussion by taking more care of our own health and well-being via self-care at work, this in itself can build a deeper sense of self worth. Equally, it is possible that we simply aren't used to feeling balanced, well and amazing every day, feeling tired at work is 'normal', but what if we gave self-care at work a go, and, it was possible to feel more vital and balanced?

## **5.8 Sense-making to emancipation**

At this point in the study the researcher and inquiry group participants had developed a clearer understanding of how they had been working and whether they had been taking care of themselves - or not, what it felt like when not taking care of self, and to some extent why self-care wasn't mainstream in their daily or weekly practice. They then felt willing to move from what they each had found to be 'socially constructed realities that limit development' (Burrell and Morgan 1979) such as:

- The realisation that there was so little focus on 'me'.
- That it is possible that 'I matter' at work (having just felt an inevitability of 'I don't matter' at work).
- That many of us do not personally legitimise/give ourselves permission to focus on self-care at work - because of ideals and beliefs, or because in our workplace it is not the normal thing to do.
- That they thought they *were* taking care of themselves but realised they weren't.
- That their body was giving them nudges but they would often override or ignore the signs.
- That in putting the client as 'king' they thought this offered the best services, but realised that if they didn't take care of themselves they were less able to offer their best services.
- Self-Care is not selfish, as we can potentially offer more to others when we do take care in our daily work and living.
- Ideals and beliefs about work such as the client is king, quantity comes before quality of the practitioner can get in the way of realising the importance of self-care at work.

- That in professional, practitioner training and development, and in customer service training for instance the importance of personal, physical and physiological well-being often isn't highlighted.
- There are a number of factors that take us away from the common sense of taking care of our own health and well-being (e.g. those outlined above).

Realising these aspects as experienced by the researcher and all of the inquiry group was empowering - 'releasing people from ideological constraints' (Burrell and Morgan 1979) leaving the potential to give it a go and develop a new approach to self-care at work.

## 5.9 Responsibility

As already discussed (chapters 3 and 4) many authors suggest that wellness is partially dependent on self responsibility (e.g. Venart, Vassos and Pitcher-Heft 2007:58) and that it is the practitioner's 'responsibility to monitor their own standards of practice and reflect on how they are working with clients'. This may be that the practitioner recognises how they are feeling, why they are feeling what they feel, and what precipitates that for example:

*"It's only when you become consciously aware of something that impedes your way or the way you work and then there in front of you is both choice and responsibility – as soon as you become aware, then you have a choice about whether you respond or react (or ignore) what you have become aware of and that is your responsibility at that moment." F KJ*

Responsibility would arguably require that the practitioner then asked the question:

'What does my body need to feel nurtured, strong and healthy? what responsibilities and commitments do I need to let go of to clear some space so that I am able to feel my feelings and do what is necessary to honour my needs?' (Richardson 2009:174)

And then responded - for example:

*"When I realise the 'orange light is flickering' I manage myself through that day and will perhaps take longer in the evening to relax or maybe do something specific to restore harmony at the end of the day." M NP*

*"I've cancelled coaching sessions when I've known I was not in a fit state to do it." F LB*

*“I think you can only do a good job if you are okay and you feel somehow comfortable with yourself. This means to me, first of all to take care of self, whatever it is you do e.g. meditate, sports, painting, but take responsibility for your mind and your body.” F PR*

Although when taking responsibility for yourself and realising how you feel as was experienced by the researcher and some of the inquiry group we can at times knowingly make the wrong choice and do something that is not supportive for us (e.g. overriding our feelings, consciously so).

*“I do sometimes resist the choice and I know I make the wrong choice but I have chosen to make the wrong choice if you know what I mean. So I will have that extra glass of wine or whatever it is and know that is not what I should do, but at least I know I’m doing it.” F JB*

The researcher was prompted by this to ponder further. ‘Why would we knowingly make the ‘wrong’ choice, a choice that was not supportive?’ This led to a further point about responsibility. Whilst we may be aware when we are making a conscious choice to do something self harming or do something that doesn’t work for us, this is similar though possibly not the same as working ‘when the orange light is flickering’ and feeling how uncomfortable it is and not doing anything about it. As though we choose a level of awareness and override it or make a choice knowing we are overriding our body at that time. As this study progressed it became possible to see that we may do this if we are lacking in self worth (‘I’m not worth it’) or, if we are so used to being a certain way or that it is just seen as normal to treat ourselves in this way, or so as not to evoke reaction in those around us (e.g. compromising and not resting to avoid a partner calling us ‘lazy’).

*“It’s quite tough, the thing about being consciously aware of choice and responsibility, you can’t really fudge it then can you!” F JB*

So whilst ‘self insight is a precious commodity that people believe they possess to a far greater degree than they really do’ (Dunning 2006:603) the processes of ‘self initiation and self direction arguably requires commitment’ (Antonacopoulou 2000:491) - a commitment not only to see what is going on, but to make changes, and stay focused even when we feel drawn back to old ways, or do something that we know is not going to be supportive.

## 5.10 Self-Care at work - making changes

As discussed above the impetus to change can come after we have realised patterns of behaviour we were in and we then ‘experiment’ and try and test for ourselves different ways of working or living, with small practical changes to experience the effects these have on our feeling of vitality or well-being.

‘Although it is essential that counsellors recognise and use these familiar strategies to keep well, it is also important to step outside routine and experiment with new ideas to promote personal and professional wellness’ (Venart, Vassos and Pitcher-Heft 2007:63).

Equally ‘to take adequate care of ourselves we must continue learning throughout life about what facilitates, deepens and strengthens our sense of personal well-being and peace of mind’ (Baker 2003:59). With this in mind the study had a phase where the researcher (as outlined in the auto ethnographic findings) and the inquiry group went through a period of ‘experimenting’ (trying and testing) with new things such as the way they hydrated, or the way they rested throughout the working week to get a sense of the difference that this made to their vitality, and to the way they worked. What was realised by all who participated was that ‘experimenting’ in this way (small practical iterations of trying and testing) was in itself an act of self-care at work:

*“self-care is giving yourself permission to give things a go.” F MR*

And that it also supported a further deepening of self awareness, and learning about self through this as the practitioner was able to get to know themselves a little more in understanding their preferences for instance. All realised that there were certain things that were more supportive for them in their working week that they hadn’t realised before.

This section of the findings and discussion is the section where the largest amount of data was collected and collated/analysed. There was an enormous amount of response from all of the inquiry group. The self-care at work practical ‘experiments’ and learning to ascertain what particularly supported the inquiry group in their self-care at work are outlined here. Many of these are regularly highlighted in organisational health and well-being briefings or guides (e.g. CIPD/AXA PPP Healthcare 2012 a & b).



## **A. Planning**

Planning was core to self-care at work as experienced by all the inquiry group. Time was taken to review approaches to planning, ideals or beliefs about planning work (e.g. the client is king versus taking care of personal health and well-being), asking PA's or secretaries to help with new and creative ideas around planning, using different diarising practices and tools, and self monitoring the difference any of these changes made at the beginning or end of the day or week:

*"Time is your most available resource, and a most valuable resource when used with consideration." F KJ*

*"It's about having flexibility and agility of our position, plan, the way we work, being consistently open to what is needed and to new ways." M SN*

*"I'm learning adaptability and flexibility and agility in my daily working practices." M RD*

*"For me it's about deciding how accessible you are or you want to be in any given week or circumstance and sticking to it." F JH*

*"I build into my day time to prepare and review meetings, work etc, avoiding back to back meetings, to avoid feeling frantic." F AS*

*"I am planning ahead, to ensure that the needs of my family are met, meaning that I can focus completely on work when I am working." F JH*

For the majority of the inquiry group it included diary management, travel management, having a good PA, or access to administrative or support services, creating their own schedules of work, and ensuring a variety of work:

*"I try to intersperse office working with other activity, I may work for an hour or so, and then start preparations for a meal, then I'll return to my desk, and work for another period, and return to the kitchen for time spent on something that is creative." F OL*

## **B. Preparation**

Preparation was found by all in the inquiry group to be supportive to self-care at work. What was found in the research was that we can be 'prepared' for each day and our working weeks by deliberately regularly asking ourselves 'what will I need today, this

week?’ rather than assuming that we have what we need as each week, or day may require something else to prepare, or support or nourish us. Preparation included taking care of essentials such as ensuring the environment is supportive, the fridge is full, the desk, or office was tidy and doing mini ‘experiments’ to see which kind of preparation felt more practical, simple and supportive:

*“Check my diary, track all commitments, anticipate long days, and cook, buy foods that support me, preparing my food at home some in advance and freeze it ready.” F KJ*

*“Ensure the home environment is supportive of me, full fridge, clean rooms, tidiness, sparkle, flowers.” F SJ*

*“An ordered desk, everything needs to be close to hand and filed” F KJ*

This also included being prepared when the practitioner was out and about/away from home. One group of inquiry group discussions pondered on what their ‘being prepared kit’ away from home/away from the office would include:

- Credit card and mobile phone.
- Knowledge ‘banks’ and sources of information, network/contacts and knowing who you could contact for what circumstances (e.g. someone to bounce ideas off, someone who helps you regain perspective etc) tapping into resourcefulness own and others/mentor/coach, support networks including friends.
- Photo (e.g. of family).
- Some fun things to ‘do’ e.g. music/music player/book.
- A ‘compass’.
- The right clothes for that day or week.
- Lipstick.
- Humour.
- Self awareness, and observation skills mirror (to reflect in) early warning systems, flexibility and agility and knowing limits.
- Having faith in your values, experience and wisdom.
- Food/hydration.
- Smellies (toiletries).
- Breathing and exercise.

- Remembering that time is one of your greatest resources.
- Horizon scanning, scenario planning e.g. Plan A (and B, and C ...!).
- Being able to say no (or yes) when needed.
- Recognising you always have choices/choice.

These findings supported the basics e.g. planning and preparation are foundational to offering practical self-care at work support to a practitioner.

‘Therapists too can neglect of our own physical self needs’ we occasionally become so intent and focused on sophisticated self-care methods we overlook the basics’ (Guy and Norcross 1998:390).

### **C. Stay focused/keeping perspective**

Staying focused included not dwelling on past or futurising, just getting on with work that was needed, one thing at a time. Through their own self observation and the discussions at the research workshops the inquiry group were able to realise how well they worked when they stayed focused:

*“I am much more focused about taking undefined time out and not thinking too much about what slips into it. This has probably taken me a good 4 years to develop.” M AR*

*“Focusing on the task in hand, no need to multi task as it is tiring and distracting.” M SN*

*“Don’t dwell on what goes wrong, simply learn from it and move straight onto the next thing” F PN*

*“Break out of assumptions of what can or can’t be done.” F MC*

*“Stick to purpose.” M RD*

*“If I am working from my home-office I set a timer for 1 hour’s work. When it rings I stop and take 10 minutes stretching, every hour, this keeps me fresh and has the bonus of keeping me fit too.” M PN*

Keeping perspective was raised as many of the inquiry group felt that there were times in the busyness of life that they lost perspective and that this was detrimental to their health or sense of balance and by choosing to regularly keep perspective, even if that meant talking with a colleague or wise ‘mentor’ from time to time, it was an invaluable

part of self-care at work. One of the ways that was found supportive here was discussions with colleagues about the work context/environment and ‘checking in’ having ‘real’ practical discussions about how work felt, and what was going on at work:

*“Keep it simple student, KISS” M RD*

*“For me it is finding quiet time, time to settle my thoughts, time to listen to me, time to push out the demands, this can be 5 minutes or an hour.” F VB*

*“Reading your environment around you and keeping a sense of what is really going on, staying real.” F ME*

One of the things that helped the inquiry group here was to explore together what the notion of ‘keeping perspective’ meant:

- De-personalising what is going on around – most often, it’s not about you...
- Taking a reality check (and doing this with another if you wanted get a perspective from them/another).
- Getting a sense of the whole 24/7 – often something that happens is a build up/ momentum from the previous 24 hours, or few days.
- Remember successes and what is going well.
- Asking yourself honestly, what is your true capacity right now? E.g. do you have bags of energy, or are you dwindling.
- Honest reflection (not critical self judgement or being hard on self).
- Breaking away from the expectation of being perfect (it’s impossible to be perfect!).
- Recognising symptoms, patterns and what is driving them (why are repeated behaviours or patterns occurring?)
- Not comparing self with others, though you can be inspired by another.
- Re-prioritise where needed.
- Trust your own experience/what you know.
- Don’t be afraid to pause, or simply shift your sitting position and make a cup of tea.

#### **D. Rest/spacious time**

Making time to rest and making the working day feel more spacious were found by the majority of the inquiry group including the researcher to be a valuable part of taking care of self. The inquiry group did many small ‘experiments’ taking moments to rest, feeling the difference between days when they went from one thing to the next without even a momentary pause, to the days when they allowed a few moments between things, a moment to stop and have a cup of tea, time to reflect on their journey to or from work e.g. on public transport, time to get some fresh air in between tasks or meetings. This included taking a ‘rest day’ each week, making time for regular holidays or long weekends, ‘consciously building in self time at various points in the day is a valuable self-care practice’ (Baker 2003:63):

*“The missing piece of the jigsaw puzzle for me is to stop regularly and be still.” M KJ*

*“Creating space between sessions and then experimenting, for example moving the chair when I’ve been working in the same room all day, having clean white paper to start afresh for each new client, spending 5 minutes in the car before I get out.” F LB*

*“I now limit the amount of time I make myself available for work, and protect my non-working time.” F JH*

*“I’ve begun to travel more and more by public transport. As well as the green aspect to this I arrive at wherever I’m working in a more relaxed but focused frame of mind.” M SN*

*‘Making time for myself to feel in control.’ F LS*

*“During the day I stop for a moment to consciously relax.” F DB*

*“Making sure I spend my weekends resting, socialising and not doing work.” M GT*

All of this included having fun, playfulness, laughing and breaking the intensity of work.

‘A factor in maintaining good levels of personal resilience and people’s ability to cope with high pressure and adversity is to take sufficient periods of respite, especially when working intensely over a long period, respite does not have to take the form of physical relaxation, respite provides a break from work and something that is different’ (Robertson and Cooper 2011:75).

In making time for self during the working day, this also enabled moments of self observation and time to listen to the physical body.

## **E. Rituals**

The inquiry group realised that they actually already had rituals, but that they took these for granted each day rather than taking a look at which rituals supported them more than others.

‘Self-Care rituals in that simple and benign rituals can be a self calming and self organising antidote to the stimulating, fragmented swirl of contemporary life are also as important, rituals can be transformative’ (Baker 2003:73).

Rituals here relate to regular patterns of behaviour, daily ceremonious acts or practices that were followed regularly and for some consistently. Rituals were discussed to look at whether having them in itself was an act of self-care and how to discern which rituals were more individually supportive than others. There was a sense that supported radical humanism (Burrell and Morgan 1979) that arguably some of us have rituals which we have learnt (consciously or unconsciously) from other times in our life whether childhood, or education or from friends or relatives, or even from the media or tv/films/ books, but that we can often enact them unconsciously, never considering their actual use in our lives and never realising we have a choice to be a different way. The inquiry group included here a reminder to be inventive and creative and:

*“There are no rules, we just think there are rules as we are often socialised into our surroundings.” F MP*

and that rituals were important:

*“It is important for me to have my morning ritual.” M JV*

Rituals that were newly tried and tested included:

*“Prepare for sleep, candles, incense, music, and go to bed regularly, at 9 pm.” F KJ*

*“What do I need to have a great day? some rituals, I have some rituals that I do each day like allowing me extra time in the morning to eat my breakfast and read the papers before I prepare for work.” M JV*

*“As a ritual I’ve found the Botanics range of oils excellent, I put a little in the palm of my hand and just inhale and that is relaxing.” F WS*

For some rituals were about simplifying their lives and taking away practices, tasks, and daily habits that were not necessary, or were not ‘serving’ or supporting the individual.

‘The voluntary simplification of our lives is a good thing to aim for, before it is forced upon us, self-care is essential for stability and to do so is to embrace compassion towards ourselves.’ (Baker 2003:18)

## **F. Exercise**

Exercise was commonly part of self-care at work. Many from the inquiry group already had an exercise regime, although when this was discussed it was regularly cited that when work got busier their exercise regime was one of the first things to go/suffer. The range of exercise regimes and practices included running, cycling, gym, walking the dog, walking, swimming. An interesting finding here is that whilst exercise can be ‘prescribed’ by your GP, or the local gym can suggest an exercise programme, exercise and what each individual body needs varied a lot, there is no one size fits all, and it can change from one day to the next too as the body may need more or less exercise at different times of the week or month:

*“It helps me when I walk.” F MR*

*“I walk the dog last thing at night and actually I find that if I’m having an early night and I’m not able to walk the dog I don’t sleep very well. It’s reconnecting me with the outside world which is kind of like, I put her to bed, so I know she is safe in the kitchen in bed and I don’t have to think that then.” F DN*

*“I walk between two and five kms per day during the week.” M SB*

*“Before I work I exercise with heavy weights. This brings a level of awareness and sensory acuity that helps significantly in cognitive work.” M DD*

*“I go on regular mountain bike rides, I feel other than the obvious health benefits undertaking regular exercise helps with time for reflection and thought, it gives me space and time to clear my mind and re-focus.” M JP*

*“When I’m home I go for a walk across the fields every lunchtime.” M MW*

*“Last year I became a management consultant on a bike, using a combination of bike and train around the UK where it would have been plane and car in the past and I have done 1,500 miles on my bike in the course of work.” M TI*

This supports the literature e.g. that research has shown that ‘people with higher levels of activity (exercise, creative activities, social activities etc) appear to cope more effectively with the strain of work and recover better from work-induced fatigue, sleep better and report generally lower levels of fatigue’ (Robertson and Cooper 2011:75), and from the inquiry group observations and their mini experiments around changing their exercise regime or committing to regular or different exercise, the exercise needed to be consistent for the inquiry group participant to feel a benefit.

## **G. Nutrition/hydration**

The inquiry group concluded that having food that supports and nourishes was fundamental to well-being at work but that whilst it was a ‘no brainer’ to them, it was one of the first things that was overlooked during busy work periods. Also, the inquiry group noted that they were aware of foods that they knew weren’t supportive (e.g. gave them spots, they put on weight, made them racy, or bloated, or gave them indigestion for instance) but that during busy times particularly they ate more of these (e.g. chocolate bars, biscuits). A further aspect of this was found not just to be about the quality/type of food that was being eaten, but the importance of stopping for a food break:

*“I’m fairly selective to the foods I prepare, purchase, typically I purchase organic, and thinking what I eat and drink is fuelling and taking care of my cells.” F DA*

*“I run nutrition courses, so as you’d expect food is very important to me. If clients offer me a drink I have hot water, and always refuse biscuits. I keep a bag of nuts in my handbag at all times. If I am doing a training event the*



*lunch is often a nightmare so I eat salad garnish and often take some celery and sprouted seeds and beans with me.” F KO*

*“Now I always have a sit down healthy lunch, I don’t do the sandwiches on the go, but have something healthy like a salad sitting in the canteen, usually on my own so I can have some quiet space.” M JG*

*“It’s important to check in with yourself as you eat or drink something, e.g. is this nourishing me right now?” F RT*

Equally so, and reluctantly expressed by some of the inquiry group (as they loved drinks that were detrimental to their health e.g. drinking too much tea or coffee, too much dairy in drinks, too much sugar in drinks, coca cola or other caffeinated drinks) all agreed particularly when they tried and tested different ways of hydrating and different drinks, that water was found to be supportive and taking coffee out of their daily regime for some was found supportive too for example:

*“I’m very conscious of my hydration throughout the day, no caffeine, and I take hydration I prefer, always have water with me.” F KJ*

## **H. Personal care and grooming**

Many of the inquiry group agreed that things like taking a hot bath, were supportive, on a regular basis, as were regular grooming activities like making time to have hair cuts. This was predominantly expressed by women amongst the inquiry group for example:

*“Nails, home manicure weekly, facial weekly.” F KO*

There were other personal grooming activities that were also important in preparing for the week and these included dry cleaning, laundry, cleaning shoes, keeping bags tidy. In addition making time to get to the doctors, pharmacist, optician, dentist or podiatrist was also supportive of personal care when needed.

## **I. Connecting with other people**

For different inquiry group members, they each found that different people were supportive for them:

a. **family, friends** - this included time for cuddles/hugs, social and playtime with family and friends was a core part of their taking care of self/well-being at work for example:

*“My favourite way of all to relax is to be with people I love, meet family and good friends.” F WW*

*“Good old human interaction, being with people, laughing whenever possible, enjoying Tweeting and the tweets I receive, and being with family and friends is also important so I can just be me.” F SJ*

b. **coaching and other professional support** - included connecting with others, socialising, networking with people you like or can trust professionally and asking for support:

*“Regular time out to be part of a peer support group allows time away from the job to think about things.” F CN*

*“Put some effort into your networks throughout your day.” M PJ*

*“Triangulate information so that you are open to all sources of information (e.g. Colleagues) on any particular issue and thus keep real with perspective.” SN*

*“Tapping into the resourcefulness of others around you, asking for support where you need it.” F ME*

## **J. Prayer, spiritual practices, religion, meditation**

A few of the inquiry group mentioned either prayer, spiritual practices, religion, or meditation (or a combination of all) being a part of their regular self-care/health and well-being, some had tried and tested a number of these, finding the ones that worked best for them. The researcher at the beginning of the inquiry group participant workshops on a number of occasions did a meditation with the group before they started (the gentle breath meditation [www.universalmedicine.com.au](http://www.universalmedicine.com.au)) as the researcher had found this meditation particularly supportive in her own self-care/well-being. Other inquiry group participants also agreed that this gentle breath meditation was supportive:

*“I’d be inclined to use the practical breathing exercise” F CM*

## **K. Hobbies and interests**

Some of the inquiry group also cited a variety of hobbies and interests that were part of their self caring and supportive weekly or regular activities including:

- Reading (books, kindle, fiction or non fiction)
- Writing (creative writing, writing for pleasure etc)
- Music (playing the saxophone, or listening to music)
- Watching movies (DVDs, or at the cinema)
- Cooking, (baking, going to cookery lessons)
- Gardening - "*Gardening if the weather is kind.*" *F HS*

### **5.11 Pulling the above together towards an approach to self-care at work**

As discussed earlier in this thesis Robertson and Cooper (2011:4) offer three components of well-being as, psychological well-being; e.g. our ability to handle the stresses of daily life and maintain a positive attitude and sense of purpose; social well-being, e.g. a positive and supportive social network; as well as physical well-being e.g. amount of exercise, sleeping habits. If we take the above 11 points as the most commonly found personal self caring practices during this study we could say that they cover the three components Robertson and Cooper suggest. More so, what has become clearer, though not 'rocket science', through analysing the data from this part of the study is that while there is a 'list' of say 11 aspects of self-care at work practices, many of the inquiry group including the researcher learnt that whilst it was beneficial to practice one of these practices, it was more beneficial to practice a combination of these practices. In addition there was no 'one size fits all' in that for each individual, the combination, amount, regularity differed based on what they felt they needed at any given time.

'Only we ourselves can decide what is essential to our well-being' (Jaffee and Scott 1984:152), and, the process of observing, 'trying and testing' new ways, and realising which practices felt more beneficial than others, helped to build over a couple of years a whole 'suite' of practices that could be classed as a self-care at work approach or 'programme', of many practices. This wasn't to say that these practices then were 'set

in stone’ but that at any given time a variety of the ones known to each inquiry group participant were combined together as an approach or programme of support. Only we ourselves can decide what is essential by the process of realising what is not working and how we feel and then ‘trying and testing’ some new, (or refreshing old but not regularly practiced) practices, can we start to feel the difference in our lives and that self-care matters, and that within that that we matter (I matter) at work.

### **5.12 Other practices in a self-care at work approach**

There were a further set of practices that were uncovered through the research via the regular discussions with the inquiry group and via their own repeated ‘experiments’ and self observations. One of these that was fundamental and foundational to the 11 practices above was learning to say ‘no’ (and conversely learning to say ‘yes’). Initially it was found that it was simpler to start with observing and practising saying ‘no’ in the first instance when the inquiry group realised things that simply did not work for them, or support their well-being at work. Saying ‘yes’ then became easier once inquiry group (and the researcher) had ‘tried and tested’ different things that they were then able to feel over a period of time did make a difference to their well-being at work, e.g. regular hydration enabled better concentration.

The inability to say ‘no’ for most of the inquiry group was found early on in this study to be a stumbling block and a pattern/behaviour that required understanding and emancipation (Burrell and Morgan 1979). Saying ‘no’ was found to be a key to any approach to self-care at work, e.g. when a practitioner realised they didn’t have the capacity to take on any more in their work. One of the inquiry group meetings spent time discussing the question ‘*why is it hard to say no?*’ The responses were consistent and resonated with the researcher and included many ideals and beliefs that were holding the practitioners back from doing what they felt:

*‘It is hard to say no because of...’*

- Having so many shoulds and oughts
- A need at work to be seen as ‘reasonable’ or being good or nice
- Seeing the must-do’s and feeling unable to avoid doing these

- A fear of how others might react (if we say no) or feeling the pressure of other people's justifications of their demands on you
- Not wanting to 'rock the boat' or be seen as awkward
- A habit to 'jump'/perform when asked (like a performing seal)
- Feelings such as sympathy for another, guilt, or shame
- Having a habit of overly helping or having an over concern for others over and above self or sacrificing your needs for the wider good
- The need for personal recognition or the need to feel accepted by others, or the need to feed the ego
- Setting self too high standards (don't want to let people down) or trying to be good or trying to be perfect.

Saying 'no' was in the end a constant, consistent theme throughout this study for the inquiry group and their observations included:

*"Knowing what to stop doing as well as what to start doing and knowing personal limits, when to stop and recharge your batteries." F EG*

*"Choosing work that I enjoy, and choosing who I work with when I can." M KJ*

*"Saying 'no', my previous tendency has been to say 'yes' to everyone who asked for help or time, or who offered work opportunities. More recently I have turned down several such offers. Linked to this is a determination to work almost completely in one geographical area within travelling distance of home, so that I can be home early evening." M JE*

*"Having perspective about your job description and what is truly needed, also being real about your own capacity each day, and checking what the focus needs to be, where is your time needed, and being realistic about the physical time that is available that day." M JE*

*"Not trying to fit in too many things, are they all relevant for that day? are they all needed?, and avoiding being on a hamster wheel, even if it means taking a 5 minute loo break!" EB*

*"Diary and task management for what is needed that day, and get your secretary/PA or team to support you for what you need so that you can get your work for that day done and not agreeing to back to back meetings." F MB*

*"Knowing where your responsibility begins and ends." M RD*

*“Challenging heroic leadership.” M MF*

*“No need to answer bosses, colleagues immediately, I take time before I answer their demands to consider it.” M SN*

After some months of looking at ‘saying no’, more learning emerged from this:

- Everyone can be overwhelmed – just don’t get overwhelmed about being overwhelmed!
- It’s key to manage expectations of others (and self).
- Self legitimacy (permission to self) to say no is important (no need to justify it either).
- Set parameters so people know your parameters (e.g. time you leave work) or set ground rules.
- Taking time to respond or buy time (even in the loo!) to ponder.
- Regularly ask ‘what is needed for the organisation right now’ to clarify where to focus your efforts.
- Get together as a group (e.g. of managers in an organisation) and work together to check it out, what makes sense, spotting inconsistency in the demands and deadlines.
- Knowing you have a choice and taking responsibility for this. No need to justify, honour your first feeling in every situation.

### **5.13 Building consistent self-care at work**

From the data collected from the inquiry group it was clear that many of them already did a number of practical things during their working week to support themselves or at least they had the intention to undertake the things they knew were of support to them. These included anything from walking, resting, the type of food they ate, taking time during the day to reflect, and learning to say ‘no’.

One of the questions that arose mid-way through this study was ‘why don’t we consistently do the (self caring) things that support us?’ ‘What gets in the way of any self-care at work?’ This then required the inquiry group to take their self observation and self awareness deeper, to understand why for instance, when a particularly self

caring practice was established it was either easily compromised or only undertaken occasionally. Arguably this was about taking personal responsibility much deeper and included feeling the impact of not regularly doing the things that supported them e.g. not eating properly for a week and suffering from indigestion and constipation. When asked what supported a consistency of self-care practice the inquiry group participant responses included:

*“Being more aware of my body.” F MR*

*“Staying with me throughout my day and not getting lost in the busyness.”  
F KJ*

*“Reflection, for example, I’m thinking of where I am now and I’m in a contract, I’m halfway through, I’m shattered, I’m doing all the things I was doing before we met for the previous inquiry group meeting in May, and I’m thinking of a conversation with myself I’m having, where I’m going to take two days off so that I could come back refreshed, and yet I’m sitting here today and realising I may have put some practical more effective moments in since last May, but I’m repeating the behaviours that I was in before then.” F CR*

*“When I take basic care of myself for example not eating a heavy meal at night, then I sleep better, and that helps me to stay steady.” M JV*

*“When I introduce new daily rituals it helps, for example before I put the computer on that I prepare myself, and, tend to myself (e.g. breakfast), and it helps when I find time before I see clients for myself, this prepares me for my sessions and it has made a difference to my consistency of self-care. M JV*

*I am learning to be more aware of things, and this is helping me. This is a helpful daily ritual for me in itself, and helps my steadiness.” F MR*

*“I am learning not to overwhelm myself/body with too many things to do at once, or for instance trying to do too much, this helps me to be consistent.”  
F MR*

A further aspect of what supported consistent self-care at work practices included the ability to acknowledge and appreciate what works well and what doesn’t work well, to celebrate great weeks and great days and great choices that were supportive, and to acknowledge ‘how far you have come’ from say the beginning of this study and how

many changes the practitioner had made, and the positive impact that this was now having (less tiredness, feeling more balanced, ability to focus more clearly etc).

‘Confidence is born out of experience, of learning what works and what doesn’t’ (Alexander and Renshaw 2005) and self confidence grew amongst all inquiry group participants including the researcher, in that they got to understand themselves more and became clearer about which self-care practices did or didn’t work for them. This in itself encouraged a more consistent focus on self-care at work. In addition, *‘confidence comes from the fact that the body is with itself in what it does’* (Benhayon 2011:91) and choosing consciously to feel the physical body as a barometer, and to self observe supported this and the ongoing development of self confidence.

### **5.14 Self as an instrument, and role modelling - can self-care at work be inspiring?**

This research hasn’t focused on quantifying specifically how much self-care at work makes a difference. The study has focused on looking at how a group of organisational practitioners felt while working, how they felt if they worked whilst feeling ‘under par’ to develop an understanding of the way things were and an impetus to change. The study then explored the kind of things that could change regarding self-care practices. During the latter part the study focused on these related areas:

- self as instrument,
- integrity, authenticity, and role modelling,
- what difference does practising self-care make to the way you operate at work?  
And does self-care at work matter?

As discussed in the literature chapter, there is mention in some literature of ‘self as an instrument’ (e.g. Baruch 2008, Curran, Seashore and Welp 1995, Baker 2003, Sikes, Drexler and Grant 1989, Cheung-Judge 2001) and the importance of this, for instance Tosteson (1979:690) cites that the most important ‘indeed the only thing we have to offer our students is ourselves, everything else they can read in a book’ as ‘we are the text that we teach, and that the first thing and probably the primary thing that people will take away from their interactions with us is us’ (Focus group KRS 2.2004 in Ronfeldt and Grossman:46).



Inquiry group participants were asked to observe their experience of ‘self as instrument’ at times during the study particularly after they had tried and tested self-care practices so as to experience the efficacy or otherwise of practicing self-care at work:

*“It’s more about being rather than doing.” F KO*

*“I think you are the resource and it’s about getting yourself into the right frame first off to invest in that time in yourself so that you have got the right level of energy to give your best, and now I’m reflecting this I can see where this hasn’t been the case in the past where I haven’t been consciously aware, so it needs conscious awareness.” F LB*

*“It’s your way of being, wherever you are it’s not about turning a tap on when you start the session, but about you actually being it.” F DB*

*“Something about being more conscious of who you are, the space you are occupying.” M MP*

*“The importance of being in harmony, being true.” F KJ*

*“It’s very much about balance, being in balance with self, particularly as clients usually come and they are out of balance.” F LB*

A coaching supervisor who was part of the inquiry group took this deeper:

*“One of the areas of concern for me as a supervisor is how difficult it sometimes is, for coaches to understand that self awareness and self-care are central to our ‘tool kit’. And of course, when we do not put value on our own awareness and well-being, it is more easy to disregard the well-being of clients. The pressure of contractual obligations and the need to satisfy the paying client and stakeholders, require that we are internally resourced and can use practices which bring us back to presence, to balance moment by moment. I have a responsibility to practice presence, awareness and self-care. It’s an on-going commitment. We have a saying where I work: ‘who you are is how you coach’.” F GM*

What has become clear during this study particularly having ‘tracked’ the inquiry group (and the researcher) through a process of iterations from a point where work was seen as stressful, or the practitioners felt tired or unable to concentrate, and where these practitioners felt uncomfortable about these feelings is that:

‘The most powerful instrument we have in helping our clients navigate change is ourselves, our ability to use ourselves potentially relies in large

part on the level of awareness we have about the impact we make, and our ability to make choices to direct and modify that impact (Baker 2003:110).

Equally,

‘It is not simply what we know but how we engage our work that is of vital importance, as the self is the primary instrument used in our work, it is imperative that we honour it by treating it as an instrument worthy of proactive attention’ (Baruch 2008:88).

As already stated above one of the impacts of this study was for instance the value of self awareness as a practice of developing self-care, which seems to be a foundational aspect of ‘self as instrument’ for example ‘able leaders are usually sharply awake’ (Greenleaf in Spears 2004:6):

*“Excellent coaches operate in a way of being aware of themselves, being aware of what that individual is bringing and being able to be present in the session to allow whatever presents itself there.” F JH*

*“Now (from the inquiry group discussions) I have had a push to recognise the potential to be more conscious of what I do, being aware of what is happening in me, and it’s effect on what I do.” F CR*

Further observations and discussions also drew to the fore the importance of integrity and authenticity and whilst this is not a study that has primarily focused on these aspects they are related and worthy of brief mention again here, partly as an aspect of self as instrument and, as related to the potential of role modelling. This includes the experience of some of the inquiry group ‘to be true to oneself’ (Kernis, 2003; Ryan and Deci, 2003; Gardner, Avolio, Luthans et al 2005:347), and ‘being the real thing’ (e.g. Palanski and Yammarino 2009:405-420) ensuring words are consistent with deeds, for example, if you are supporting others in their self-care at work or in resilience then you need for yourself to act (and live) in this way:

*“I feel there are issues around authenticity and the need for the coach to be the whole person living and being in role” F KO*

*“The danger is that you think ‘I’ve got a coaching certificate, I’ve read two books, and now I can coach because I’ve got all the techniques’ but there’s more to it.” F LG*

A related aspect that became apparent during the study was the importance of role models as being people who inspire people at work. When the inquiry group were asked early on in this study how they felt about working when the ‘orange light was flickering’ one aspect that came up was their own observations that their clients could or would not gain inspiration from them if while they were ‘under par’ and this was one of the motivators for the inquiry group to undertake this study. An example of this is in healthcare where it was recently cited that where patients see inspirational role models (nurses or doctors) they make choices to take care of themselves, but where the ‘role models’ are not in great shape e.g. obese, overweight, fraught, or exhausted, there is no inspiration for those they are offering clinical/patient care to, even people who know better don’t do better (Pittman 2012) suggesting there is now data showing a consistent link between what a doctor does themselves and the kind of care a patient gets/takes forward. For instance, John Hopkins medical students Shiv Gaglani and David Gatz began an initiative called The Patient Promise (2012) which urges current and future healthcare professionals to pledge that they will adopt healthy life style behaviours e.g. physical activity, balanced nutrition, and stress management to benefit themselves and by extension their patients. Gaglani and Gatz came up with the idea after watching with dismay their own health decline due to the stress and long working hours of their first year of medical school and they also saw studies showing some 63% of male physicians and 55% female nurses are overweight or obese what the health industry calls ‘tight white coat syndrome’. The Patient Promise was simple ‘physician heal thyself’ and also get at least 30 minutes of moderate exercise per day, eat nutritious whole foods and ease some of your stress.’

‘When our actions reflect a respect for our own wellness, it is more likely we will be able to nurture the wellness in others (Lawson, Venart, Hazler and Kottler 2007:5).

This was explored in this study at the latter stages when the inquiry group were realising that self-care at work made a difference to them and potentially made a difference to those they served:

*“I have learnt the importance of being a good role model for others especially in the work we do. If we are looking after our own well-being it is inspiring to others we coach or facilitate.” F CR*

*“I love the comment about ‘what sort of message it would send’, we are the marketing in effect.” F VW*

*“Keeping fit and looking fit is important to my clients and me, other than working in business I practice within the sporting sector, so it’s important to look and feel the part. I ask myself, what kind of message would it send out if I didn’t look fit and healthy?” M JB*

*“I think when a hospital implements a no smoking policy or implements a wellness program for their employees they are setting a good example for the patients their staff serve. Also, I personally find a medical practitioner who is engaged in a healthy life style more credible.” F SB*

*“Feeling good about yourself surely enables you to spread that so others feel the potential to feel good about themselves.” F GM*

The inquiry group also explored their experience of why role models work:

*“Role models work because of their clarity of approach. We can imagine what they might say to us in any given situation.” F LK*

*“They demonstrate the behaviours to highlight how it’s possible to get from ‘where you are’ to ‘where you want to be’, and by learning more about how they do it, you can continue on your journey with new insight.” M PW*

*“Role models are important for proving that the impossible is possible and sharing mistakes for others to learn from.” F JT*

*“In role modelling it is about accepting we have the same elements in ourselves, and we too can grow them and be role models for others in return.” M WR*

And why self-care is important in role modelling:

*“Part of demonstrating a healthy lifestyle starts with a healthy work environment that promotes healthy lifestyle choices. Allowing adequate time for work, break, and adequate staffing is the beginning in promoting healthy lifestyle habits for healthcare professionals.” F SB*

*“It demonstrates the power of role modelling to the community they relate to. Taking care of one’s own daily health and well-being adds an important tool in the educating role that fosters quality in health care. It goes back to the cliché that your actions speak so loud I can’t hear a word you say. The results of practicing quality care for one’s self speak very clearly, adding the power of influence to others.” F GM*

As experienced in this study self as an instrument can make a difference particularly in role modelling - so if we are self-caring at work that opens the potential for clients/colleagues to be more self-caring:

‘Arguably much of the work as therapists involves encouraging clients to pay attention to the signals of their bodies, to develop awareness of their behaviours emotions, thoughts, this comprehensive approach to working with clients necessitates modelling these behaviours in our own lives’ (Baruch 2008:85).

At the latter stages of this study the inquiry group were asked ‘what difference does it make to your performance when you take care of yourself?’ This question was a ‘check back’ to the beginning of the study where inquiry group were asked how they felt at work and how they felt working while the ‘orange light was flickering’. It was particularly pertinent as the inquiry group were in their own ways finding (or reaffirming) that taking care of self at work was making a difference to them. This discussion of what difference does self-care at work make first focused on ‘why it matters’. As already discussed by Moliner et al (2008) in service organisations where staff well-being is higher, members of staff are more likely to go the extra mile, Harter, Schmidt and Keyes (2003) also found significant relationships between well-being scores on an employee survey and business unit level outcomes such as customer satisfaction, productivity, profitability, employee turnover, and sickness absence levels. The inquiry group reflections on this included:

*“By looking out for me I’m ensuring that I deliver the best coaching service for my clients.” F LO*

*“I’ve realised well-being matters and it is difficult to define. I do think it affects our practice hugely.” F CM*

Kostouros and McLean (2006:1) support this in that ‘self-care for all helping professionals is crucial so that they can continue to serve their respective clients with maximum effectiveness’.

In 2009 Steve Boorman reported the health and well-being of medical professionals influenced the care and outcome of their patients. He stated ‘we have got to raise awareness that your own individual health is your own responsibility’ and he called for

basic training for medical professionals to include that aspect. A few of the inquiry group during this discussion about ‘why it matters’ recounted:

*“I think it’s worse when you know that you haven’t delivered because you can’t tune into listening, you can’t think straight, you know all you are really thinking is ‘I’m too tired for this, and I want to go home and I don’t want to be here.’” F KO*

*“A lack of care for self gets in the way of effectiveness so for example it might mean that the session could be rushed, or you go through the motions of doing the coaching session rather than it being a true coaching session, or you get distracted by something in your mind or the clock, or you start pushing when it’s not appropriate.” F DS*

*“I used to be a physiotherapist, and my patients suddenly stopped getting better, and I knew it was because I didn’t want to be a physiotherapist any more and I couldn’t care less whether they got better or not, I was doing the same techniques but they weren’t getting better.” F KD*

This is supported by an audit whereby the Health and Work Development Unit, Partnership, with the Royal College of Physicians and the Faculty of Occupational Medicine audited nearly a million staff which convincingly showed the importance of senior leadership and the board taking health and well-being of NHS staff seriously (Taylor 2012).

### **5.15 What difference does self-care at work make and does it matter?**

As already discussed above, self-care at work can make a difference. When inquiry group participants were asked ‘what difference have the self-care changes made to you and does it matter there were many many examples from the inquiry group, for example:

*(Food/hydration) “Since attending the self-care inquiry group I’ve ‘tweaked’ my diet and, by careful snacking between meals, am eating more slow release energy foods and drinking more water which has increased my energy levels!” F HI*

*(Planning/preparation) “I’ve changed the way I work by switching off my email alerts, checking emails at dedicated parts of the day only and creating more time on Monday mornings to plan my week. In short I have reduced*

*the number of distractions and have more time to spend on higher priority tasks, a win-win!." F VW*

*(Planning/Preparation) "I have had to learn how many clients I can see regularly in one day so that the last one gets the same quality of work from me as the first." F VW*

*(Planning) "For me it is the mix and variety of activities that aid my sense of well-being which in turn makes me a better coach. If I can have a day where I see no more than three clients, chat to others, and do a little writing it helps me keep the balance and maintain my effectiveness." M PB*

*"It makes a great difference, I now have better work/life balance meaning that I have more time for self, family and reflection. Overall more control over my time." F JH*

*"It makes all the difference in the world. But that doesn't mean we all have to have a packet of hazelnuts and a sweaty tracksuit in our briefcases. For some people, this means going to the gym, for others, making time for a crossword over a coffee." F JT*

**Importantly, when asked 'what difference does it make to the work you do/services you offer?' there was a resounding response, ALL participants including the researcher agreed that taking care of self at work makes a difference.**

For example:

*"For me, managing my own state is absolutely key to being able to reach out to others. If I am not in a good space, my energies are depleted and I cannot function optimally." F BH*

*"I make sure I take a lunch break, get away from my desk, give myself time to breath and refocus. I also make sure that the first thing I do when I arrive at the office is go and say hello to every member of my team so that I keep connected and in touch. Health and well-being whilst working not only extends to yourself but those around you too. We all have a part to play in each other's lives." F LC*

*"An enormous difference, I couldn't possibly facilitate groups on stress management if it was a case of 'do as I say, not as I do'. But seriously, as professionals we should also avail ourselves of time to reflect. For me, that's being on the allotment." M IF*

*"Taking care of yourself is paramount to anyone's performance, irrespective of position. I personally believe a manager ought to be leading by example*

*and by taking of his/herself and being able to 'switch off' i.e. by having an outside interest/hobby goes a long way to helping in reducing the impact of burnout, stress and associated illnesses." F VW*

*"Behaviour breeds behaviour and it's important to stay positive and focused and we need to look to ourselves first!" M PW*

*"Living a healthy life style helps to keep me clear minded and therefore I can get more things done effectively/ efficiently." M JR*

*"It makes a difference, I am more in tune with feelings and emotions, more relaxed, things are in perspective and more in tune with clients and able to listen without noise." F GM*

*"Yes it makes a difference as there is an overall general feeling of enhanced well-being, a relaxed naturalness to the way in which I interact with others and, I believe, greater authenticity in that interaction. When I take care of myself, I'm not clock-watching during the day, and I'm more attuned to what I'm hearing and seeing and what's happening around me." M NP*

*"I approach the week much 'lighter'! and with more enthusiasm." M NP*

*"I have realised that the impact on me when I am properly rested and able to arrive at coaching centred and prepared is that I feel like a coach and a human not a manager. I can be less attached and slow down my coaching when I have taken time to look after myself." F JB*

*"In taking care of myself I am:*

- *More able to focus and be effective*
- *More done in less time*
- *At my best more of the time*
- *More able to enjoy/smell the roses*
- *I feel mentally more robust!*
- *Less irritable.*
- *Ready and energised to face my daily life.*
- *Laughing a lot more.*
- *I believe I can keep things more in perspective." F JH*

*"Huge. I feel good about myself so it feeds into the work I am doing. The stronger self respect I have makes me ask more of others, great for clients, and is more influential with them in their development. I really notice a difference in their results when I am taking care of myself and am in integrity." F DP*

*"I feel supported, nurtured and loved, this flows into my practice making me more at ease with myself and client too." F JA*



*“I am more able to respond resourcefully when the unexpected arises; much more alert with energy levels sustained throughout the day, without requiring a lot of food.” M JB*

*“I feel less physically tired at the end of the session/day. Am more present with myself and clients. Intuition is more acute. My ability to listen actively is heightened.” F VW*

*“I notice a 100% difference. I know that for me eating, exercising and relaxing as well as keeping abreast of all that is going on around me helps to maintain a better momentum with my own performance. It is all too easy to overindulge on the wrong food, skip exercise. But all in all how can we advocate this for our staff if we don't take a leaf out of that handbook too.” M PB*

*“I think the physical well-being and fitness of any person is crucial to performance. I am no fitness fanatic, but I feel the difference in my performance at work when I have trained regularly or not.” M TI*

*“My road to self-care varies from time to time, but everything comes together if I stick with my essentials.” F MG*

In reflecting with the inquiry group on the original quote that inspired the study -

*‘The true delivery of service begins first by delivering that same service to self in every way, and to all others by the same manner, that are within the group, before any organisation can truly serve’ (Benhayon, 2006)*

the inquiry group resoundingly stated:

*“The difference in your energy and outlook is amazing when you ‘take care of yourself’.” F JB*

*“Give attention to what matters to you, **I matter**, and in order to do work for others and provide a good service, I need to pay attention to myself too.” F KJ*

*“I think it has helped me recognise that actually a lot of it is when you're in harmony with yourself and you are totally relaxed doing it, you are just doing it, there are no external motivators as you are doing it for yourself and that is so important and it is something quite new in a sense of identifying that **I matter**, it's not about being selfish because you are putting yourself first, it doesn't mean to say you ignore others, and that is quite a realisation in what we've done in this inquiry group, and what I have been doing for myself in the last few months since we last met, and it's suddenly beginning to come together, it's **just so damn exciting!**” F CM*

## **5.16 Implications for self-care at work**

The implications for self-care at work from the third party findings resonate completely with the researcher's auto ethnographic findings. These will be further discussed in Chapter 6 pulling both chapters 4 and 5 together with some implications for practice.

Key themes (and ideals and beliefs) arising about self-care at work can be summarised as:

### **Unfamiliarity of taking care of self at work - unfamiliarity that 'I matter' at work (as regards self-care at work)**

This study found the majority of inquiry group participants including the researcher were not familiar with 'taking care of self/putting self first' and were regularly lower down on the list with the 'client as king' and their motivation to help/serve others over and above their commitment to their own practical self caring needs. There was also a realisation that many had not self legitimised that it was okay to take care of self at work. This was experienced as common place in that it was arguably 'normal' to work in this way, whereby workplace induction programmes, values, and mission statements, and customer service programmes regularly put the client or patient first with little mention of the self-care of the practitioner/employees. This was also found to be so in many of the practitioner/professional codes of conduct, codes of ethics, as well as continuing professional development training programmes with rare if any mention of the importance of health and physical well-being of the practitioner. Once the practitioner legitimised self-care at work for themselves, over a period of time it became 'normal' for them, and offered the inspiration to others around them to do the same.

### **Influence of those around us on whether or not we self-care at work**

Putting self first or taking care of self was also made more difficult by those around the practitioner who saw any acts of self-care by the practitioner such as getting more rest or stopping for a lunch break as 'selfish', almost as though the whole culture of work and working environments is anti self-care, yet wanting more productivity (with little focus on the well-being of staff). Although as mentioned earlier no workplace actually

ever states ‘do not take care of self’! Arguably this leaves an ideological ‘loop hole’ and a place where many perceptions and assumptions then influence behaviour.

### **The importance of seeking support and sharing perspectives on self-care at work**

It was found initially that inquiry group practitioners often would not seek support, or at times discuss how they were feeling particularly if they weren’t feeling well and the inquiry group discussions for this study were found to be helpful to practitioners to the extent that a few of them set up their own supportive work place networks to talk with peers about self-care at work, and resilience in the workplace.

### **The value of listening to the physical body as a tool for self-care at work**

Listening to the physical body was uncommon at the outset of this study by most of the inquiry group members. However, once experienced in this study it was found to be an extremely useful indicator and a way of navigating through the working day or week, as well as a way of making choices that were more supportive to daily well-being. It was not normal in the inquiry group’s experience to make a focus on the physical body as a guide to self-care at work. It did however have a profound effect in that it was the simplest and most honest guide to developing self-care at work.

### **One size does not fit all**

There was agreement amongst the inquiry group that ‘one size doesn’t fit all’ not only in say for example, everyone one swimming around the same pool in the same way, but in the regularity of swimming, the pace of swimming, and the time of day and this was also found to vary from week to week. Using the body as a barometer was helpful in that rather than assuming that a daily supportive self-care practice was swimming 40 lengths, some days or weeks that differed in how many, how often, and what pace, as well as the time of day. There were around 11 practical self-care elements from exercise to rest, to nutrition, to diary planning and preparation and additional to these 11 there was also the commitment to self observe, to be self aware, and a commitment to try and test new things which included learning to say ‘no’ and ‘yes’. Flexibility in what practices suited which individuals was in itself a tool for developing self-care at work.

### **5.17 Reflections on inquiry**

In the same way that auto ethnography had been a useful process for the researcher both as part of this study, and as part of developing a self-care at work approach. Inquiry (e.g. Reason and Bradbury 2001) was also found to have been a useful process both as part of this study as a way of collecting data and being able to ‘verify’ or compare the auto ethnographic findings with the findings from the inquiry group. The inquiry based workshops and discussions were also found to be useful as inquiry group participants were able to discuss amongst themselves how they felt, why they felt things and what they were learning from ‘trying and testing’ new ways of self-care at work. The inquiry based discussions also enabled the inquiry participants and the researcher to deepen their observations, level of awareness, and to build within their programme of self-care at work a potential form of reflective and inquiry based practice from which to continue their self-care. *Inquiry was a foundational part of a self-care at work approach.* Through the process of inquiry, inquiry group participants found they were able to discover the tacit choices they had made about their perceptions of reality (Argyris et al 1985) and to over throw limitations in their existing social arrangements (Burrell and Morgan 1979) breaking the chains that they then realised were in the way of them building a more self caring way of working.

A further reflection here by the researcher is that in future resilience or developing self-care programmes with organisations she will use inquiry based approaches (e.g. Reason and Bradbury 2001) to get participants on those programmes to self observe, to deepen their understanding of how they are in the world and also get future participants to try and test new ways of supporting themselves whilst sharing their experiences and findings with each other at regular intervals.

### **5.18 Implications for radical humanism**

The inquiry group participants arrived at the outset of this study curious as to why things were the way they were in their working lives, why they were feeling like the were on a ‘merry-go-round’ that they couldn’t step off for instance, and this study enabled a deeper understanding of their lives. It was subjectivist and lent itself to the participants wanting to understand more and once the understanding deepened,

participants felt they had gathered evidence or understanding enough so as to feel able (and empowered) to ‘break the chains’ that were holding them back (even if these were their own assumptions, beliefs and ideals). This supported the view that ‘human action arises out of the culturally derived meanings they have deployed during sense-making’ (Johnson and Duberley 2000:76). Using radical humanism (Burrell and Morgan 1979) offered participants the potentiality of emancipation from a society or from socialised ideals and beliefs that ‘stunted the individual’ in their well-being at work offering ‘possibilities rather than status quo the individual creates the world in which he lives’ (Burrell and Morgan 1979:279) and, ‘overthrowing or transcending the limitations of existing social arrangements’ (Burrell and Morgan 1979). Not only did the participants experience this, over and over again, one of the profound realisations experienced in this study was that at the outset, some of the participants and the researcher admitted to feeling a lack in self confidence and not feeling ‘good enough’. In understanding how they had been living and developing a deeper relationship with themselves whereby they understood themselves more deeply through observation, coupled with trying and testing self-care at work practices **they experienced more self confidence and also in taking more self-care at work some experienced a growing of a sense of self worth.** One of the key ideals this broke for a number of the inquiry group was that they could break many patterns or workplace ideals by giving themselves permission to give something a go, having understood what was holding them back. *Many of the inquiry group had initially arrived with a sense of inevitability that it was not possible to make changes to self-care at work and it was deeply empowering to realise that they could make changes.*

This chapter (5) has outlined the third party (inquiry group) findings and early conclusions. The next chapter (6) will outline the implications for practice, pulling the implications for practice from both chapter 4 and this chapter.

## **Chapter 6**

### **Implications for Practice**

#### **6.1 Introduction**

Whilst at the end of chapters 4 and 5 some conclusions and implications for practice are outlined, this chapter pulls all of the implications for practice together for the whole of this PhD study.

These implications for practice have been written in two parts. Firstly the implications for practice for self-care at work which starts by offering a framework for self development for developing self-care at work followed by a series of implications for practice, potential future research areas and a few conclusions from this study. Secondly implications for practice for radical humanism, inquiry and auto ethnography are also highlighted.

This study was based on the following over arching research question:

*'How is self-care at work developed?'*

#### **6.2 Developing self-care at work - implications for practice:**

##### **A. A Conceptual Framework - Self-Care at Work Development Framework**

A key implication for practice from the findings of this study is a self-care at work development framework (fig. 2 below) which has been compiled for individuals choosing to develop or deepen their self-care at work or for organisations encouraging their employees to self-care at work. What is unique about this self development framework is that it not only combines the many aspects of self-care at work that

emerged from the findings, it also encompasses an inquiry based approach, and it supports breaking out of the old and developing new self-care at work practices. It supports the view that human beings have a creative role, where free will plays a part and ‘human action arises out of the culturally derived meanings they have deployed during sense-making’ (Johnson and Duberley 2000:78). It also supports the researcher’s view on the potentiality and possibilities of emancipation from a society (or in this case, workplace) that releases people from ideological constraints by developing an understanding, and then developing alternatives and making changes, consistently so. *It does this through an iterative series of prompts for ‘mini’ inquiries each of which offer the individual the opportunity to not only see what is going on for them, but then to ‘experiment’ or try and test new ways so as to break out of the old and develop, and then embed a new ‘normal’ way of taking care of self at work.*

What is also unique in this study is that it has found whether through reviewing the literature (e.g. Worrall and Cooper 2006) or reviewing the many guides for organisations by professional associations (e.g. CIPD/AXA PPP Healthcare guides (a&b), Chartered Management Institute Health and Well-Being guide) or the many discussions with the inquiry group, or discussions with colleagues at work during the last 6 years, that a *specific focus* of taking care of self at work as an individual (e.g. practitioner or employee) is not what you might call a normal ‘mainstream’ activity, or commonplace personal workplace targets or objectives. Whilst organisations nowadays have ‘managed’ workplace health and well-being programmes and most now manage sickness absence, health and safety at work, and encourage their managers to develop healthy workplaces for their teams (e.g. Chartered Management Institute’s ‘Healthy Workplace, Healthy Workforce - Guidance for Managers 2012), the researcher was *unable to find supportive resources for individuals to develop a personal focus on self-care at work* in the way this study has explored for instance:

“There is a body of literature on how to support wellness in our clients, but there is very little that deals directly with counsellor wellness” (Lawson, Venart, Hazler and Kottler 2007:17)

A number of professions e.g. counselling (Connor and Pokora 2007, Venart, Vassos and Pitcher-heft 2007) do have more focus on therapist well-being. This study offers a

resource to help plug that gap - offering a focus on developing and supporting individual (practitioner/employee etc) self-care at work.

A further possible unique aspect of this self-care at work development framework is the notion of *using the physical body as an indicator, barometer, or navigator at work, to guide individuals towards (and beyond) the development of their own unique self-care at work programme* - 'only we ourselves can decide what is essential to our well-being' (Jaffee and Scott 1984:152).

In addition the self development framework brings together a holistic approach to the act of *developing* self-care at work in that it encompasses self development, whole person, the importance of the physical body, and personal responsibility. As discussed by Pedlar, Burgoyne and Boydell (2006) the uniqueness of self development as a process of growth lies in the synthesis of 3 important dimensions - development, the notion of the whole person and that of personal responsibility.

The framework below offers rigour as all of the components have been tried and tested thoroughly through many iterations, throughout this study, and all were found to be consistently part of developing self-care at work for the inquiry group practitioners and the researcher.

Some of specific aspects of this self development framework are discussed later on in this chapter as there are other practical and theoretical implications for practice that also deserve further discussion.

This self-care at work development framework (Fig. 2 below) is sequentially numbered as from this study it was found that developing self-care at work was an iterative self development process, building from one aspect to the next with many cycles of iterations, although some of the components below arguably run simultaneously with other components.

<p><b>1. How am I feeling during my working days and weeks?</b> How much care do I take of my self at work, and during my working week? How is my own personal health and well-being? Do I push myself too hard during my working week? Do I skip meals, hydration, exercise, rest in order to get work done? What impact does this have on me? Could I develop or deepen my self-care at work to support me? What gets in the way of my self-care at work? What ideals or beliefs do I have about taking care of myself? What ideals or beliefs does my workplace have about self-care at work?</p>
--

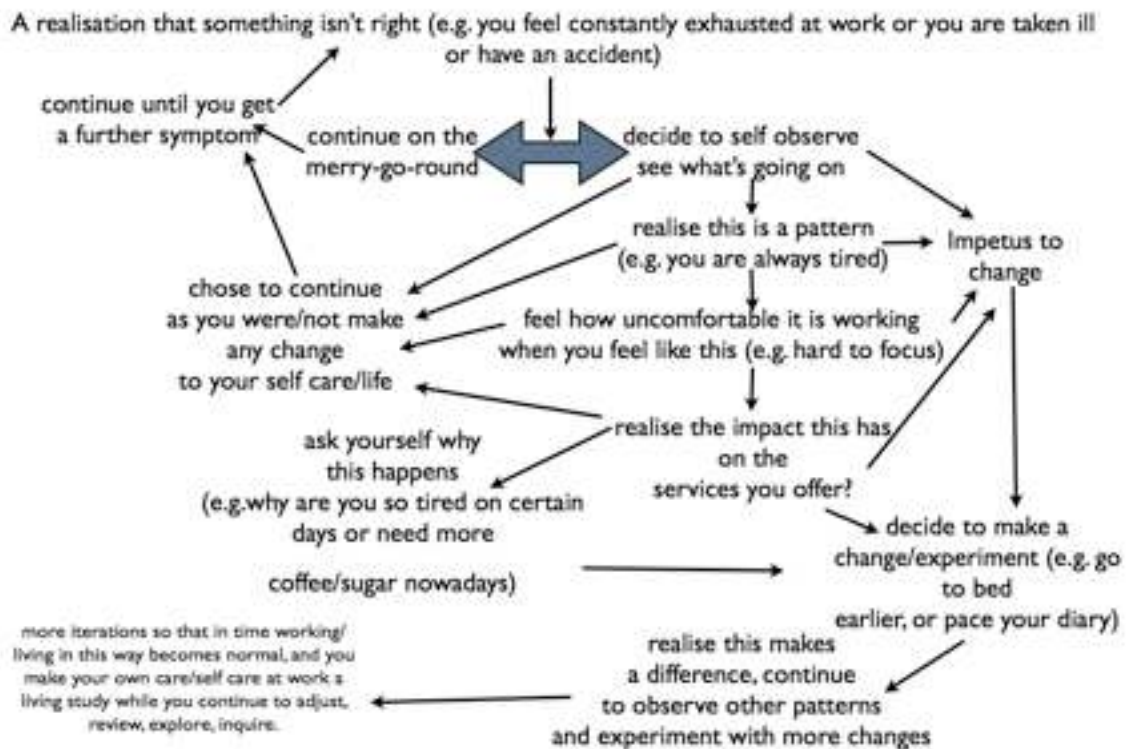


<p><b>2. Making a change to self-care at work</b> - What is the impetus for me? Why bother to develop or deepen my self-care at work? (for example do I feel constantly tired? is my health suffering? Have colleagues or my boss/supervisor commented on how I am/look?) Deep down do I know taking care of myself at work is important, yet I am led by the ‘crowd’? Do I know that if I took more care of myself at work, I would be more able to focus, at work, or feel that I had more energy to undertake my work? How much of an inspiring role model am I to others (colleagues, peers, subordinates, clients) in my way of being at work? Am I an inspiring role model as regards my personal health and well-being or the healthy working practices I regularly undertake? Do I have the potential to deepen my self-care at work which in turn would offer a truer role model to those around me/those I work with/serve?</p>
<p><b>3. Orange light flickering’</b> - How do I feel when I work and I am feeling under par? How well do I perform my tasks when I have not taken care of myself? (e.g. is my concentration affected when I am tired or hungry?) What does it feel like to work or offer my services when my ‘orange light is flickering’? Do my services suffer when I am tired or haven’t taken care of myself? Can I concentrate? focus? Do I have stamina or capacity in my daily work? If I took more care of myself at work could I in turn feel more steady, consistent, focused and vibrant?</p>
<p><b>4. Physical Body as a guide</b> - How well do I listen to my physical body? What is my body telling me during my working day or week? What recurring themes do I see? Can I make my physical body my barometer, so that I take account of the nudges it gives me, and make changes to the way I am at work based on these? (e.g. let my body show me when it is tired, hungry, overstretched etc, so that I can adjust my schedule, or stop and pause for a moment to take stock) Is it possible that my physical body is the best navigator I have for taking care of myself? How much do we celebrate the importance of our physical bodies at work and enable our bodies (as our primary work instrument) to be the best it can?</p>
<p><b>5. Observation and awareness</b> - How self observant am I? How self aware am I? if I take account of the point above about using my physical body as a barometer, can this for instance support me deepening my self observations? Will it support me if I observe myself more regularly using the prompt questions such as those above) what do they show me? What can I learn from this? How can I use what I see and learn to support me to deepen my self-care at work? How can I use what I see and learn to make changes in my working week to build a steady and consistent way of being at work? Is keeping a journal going to support me to reflect, and understand my observations? In choosing to be self observant, am I finding I am more self aware? How is this helping me in my working day? How can I enable others around me to be more self aware? How much does my workplace support self awareness as a daily working practice?</p>
<p><b>6. Choice and responsibility</b> - Given what I now know about myself from my observations, from my reflections and from what I have learnt about myself what choices do I now have going forward? Where can I deepen my own responsibility for the way I am at work so as to make changes - e.g. if I am constantly overstretched do I need to learn to ‘say no’? (rather than blaming it on others). Have I up until now not given myself permission to choose a different way of working or to make changes to the way I work? Am I allowing myself to realise how many choices I have about the way I work? Does my workplace support the development of personal responsibility? How empowered do I now feel knowing I have choices and that it is my responsibility to make changes to the way I am at work?</p>
<p><b>7. Cycles of inquiry</b> - Am I getting to the root of patterns that hold me back, or get in the way of my own personal health and well-being? Am I seeing how ideals and beliefs can hold me back? Am I uncovering some deeper patterns e.g. of disregard at work? or self neglect (not eating or hydrating) at work? Do I understand why I am doing these things? Am I making ‘inquiry’ a way of continuing to explore what I learn about myself for instance - when I realise something about what I am doing (e.g. I eat more chocolate on certain days) do I ask myself why am I doing it? and when I understand that (e.g. I eat more chocolate because I am tired on those days), do I ask myself why do I feel more tired on those days? so that I am getting to the root by asking ‘what (is going on), why do I do that? and why do I do that? until I get to the bottom of things? Is keeping a journal helping me with my ongoing inquiry to support my self-care at work? Can I now see the potential of life based on inquiry so that I can always take a look at how I am, gain an understanding and make new choices and changes based on that?</p>
<p><b>8. Planning and preparation</b> - How much planning and preparation do I afford myself during my working week? At weekends do I ensure I stock up the fridge/pantry for instance, get my dry cleaning done and so on ready for the week? How do I plan my working week? Is it spacious? Or full on so I have no ‘head room’? Could I plan my working week in a different more self caring way so that the work I offer is of the best quality I possibly can? (e.g. rather than running from one meeting to the next, not taking care of me and finding it hard to focus and concentrate).</p>

<p><b>9. Practical well-being support</b> - What self-care, and personal well-being support do I regularly offer myself? Am I consistent with nourishing hydration, and nutrition? Can I experiment with this to find things that really support me more than others? What kind of regular exercise would nourish me and support my body (e.g. swimming or walking) and when is the best time for me to do this? How can I plan my week to enable me to exercise? How much rest do I afford myself during my week/weekends? how can I plan my diary so as to ensure I get adequate rest, and sleep? What social support/networks do I find personally supportive? Where can I build on these? What personal care and grooming is supportive? do I get to see my dentist regularly? Do I go to my doctors for a check up when I need to? do I get the opportunity to have my hair cut? do I have time for a long hot shower or bath? What 'hobbies' and personal interests do I have that I find supportive of my well-being? If it is gardening, or cooking do I allow space in my diary so that I can regularly do these things? Which things support me more than others? Of all of these suggestions - what would form the basis of my regular and consistent 'self-care menu' on a weekly or monthly basis? Where do I need more flexibility in my choices?</p>
<p><b>10. Learning what supports me</b> - and saying yes! Even when I have found a series of things that support my personal health and well-being, one size doesn't fit all - some weeks or times of the month some things may feel more supportive than other. Do I allow myself to acknowledge the things that work well (and 'say yes') and do I allow myself to continue experimenting, trying and testing new ways - as what may have suited me last year may not suit me this year. Am I open to continuing to learn about my own self-care at work?</p>
<p><b>11. Saying No</b> - How often do I feel I'd like to 'say no' to a demand, or an activity that doesn't feel right for me, yet I don't 'say no' and I grin and bear it? (often to the detriment of my own health or well-being). Do I need to make 'saying no' a focus and give myself an opportunity to learn to say no or to be honest and speak up when I need to change the parameters, the boundaries or when I have reached for instance my work capacity for that day or week?</p>
<p><b>12. Self as an instrument</b> - Do I realise how much in my role (whatever my job is) that my body/self is my instrument? even with other tools such as a computer, or flip chart and pens, or books and papers, or calculator etc how much do I support my physical body as without my 'self' and physical well-being, the key instrument to my work could be damaged or unable to work? What is the quality I am offering, what is the quality of my physical body? This will effect the quality of my services.</p>
<p><b>13. The power of inspiration</b> - How much of a role model am I to my clients? to others around me? to my colleagues, peers? as regards taking care of self/resilience/steady and consistent working practices? In taking account of the above, do I have the potential to offer others a role model or inspiration to make changes in the way they work or support themselves? How much inspiration do I offer myself? Who are my inspirational role models when it comes to self-care at work? When I find ways to support myself at work, and I feel better/great, do I then feel more inspired to continue to take care of myself? How much do I appreciate about the way I take care of myself? And how great I feel? How much of what I have learnt about myself, and self-care at work, and the constraints in workplaces that I can now share with others so that they too can 'break out of patterns' that are holding them back?</p>
<p><b>14. Building confidence</b> - How does my confidence feel having considered and undertaken the points above? Now that I have given myself the opportunity to deepen my relationship with myself, to get to know my preferences, to give myself space in my working week to do the things that support me have I noticed any changes in my self confidence? in my sense of self worth? Do I now realise that in valuing myself through taking care of myself at work, I now feel more valued? And more self confident? How much has my confidence grown as I realise old patterns and break out of them and, develop new healthy ways at work? Do I realise that the more I stay present with myself as I go about my day the more confident I will feel?</p>
<p><b>15. Self-Care at work as my new normal</b> - In practicing the points above, can I now feel that I am working and living in a new or different way that is becoming or has become a new 'normal' for me? Does my physical body nudge me to continue what is now the new normal? (e.g. when I don't regularly walk, or hydrate my physical body nudges me to remind me of what is now important for my well-being?) In making any changes in my working life, there comes a time to acknowledge that I have 'broken' out of disregarding patterns and have now established a 'new normal' for me in the way I go about my working day. Accepting and appreciating this affords consistency as this is now the way I am (rather than an ad hoc occasional self-care at work activity, it has become my foundation in the way I live). Have I also accepted and appreciated how empowering it is to 'break out of old ways' and develop new ways, even though the new ways may seem counter-cultural to others? How much am I appreciating each time I have found a new way that works for me? How much do I celebrate how vital and well I feel? And how much do I enjoy my quality?</p>

**Figure 2.** Self-Care At Work Development Framework (a prompt to develop self-care at work)

As already discussed, this self-care at work development framework *supports the individual at work to not only understand their situation, and what is going on, it also supports a potential way to break out of the 'chains' or ideals, or illusions that are holding an individual back from consistently taking care of self at work and affords the individual a new way, on that is more naturally 'their way'.* It does this by offering an inquiry based approach to support any individual the potential to build self-care at work as a living inquiry (Marshall 2001:341). These iterations of inquiry, which encompass self observation, self awareness, self honesty, and trying and testing new ways of caring for self at work are outlined as a process as in the example at Fig. 3 below:



**Figure 3.** An example of an iterative approach to developing self-care at work

(developed by Jane Keep, based on this PhD study, and inspired by the teachings of Serge Benhayon, Universal Medicine [www.universalmedicine.com.au](http://www.universalmedicine.com.au))

Practical use of the self-care at work development framework could be as simple as a practitioner or employee using the framework as a checklist or for instance, and setting up their own individual self development programme based on this checklist. It could

also be used by coaches for instance when working with clients on their self-care at work as it could be a prompt to support coaching clients.

More particularly fig. 4 below offers a practical example of an inquiry based self-care at work practice for a coach, as a daily/weekly prompt which was during this study was tried and tested with a number of coaches, over a two year period which has been based on the developing self-care at work framework:

## Taking care of self at work - for a coach – some practical prompts

**In order to offer a service to another (e.g. coaching) you need to offer that same service to yourself first (so that you are self-full) so that you can offer the coaching session without any needs of your own. The following outlines a few questions you can ask yourself to prepare yourself towards coaching with a foundation of self care.**

### 1. On a daily basis

- Every moment is a potential moment for you to use coaching and to serve another even for ad hoc, short coaching moments.
- The way you look after and care for yourself (serve yourself) on a daily basis can support you whenever you are coaching (serving another) – its not just about looking after yourself only on the days when you are coaching, its 24/7.
- When you are truly looking after yourself, this can serve as an inspiration to those you are coaching.
- When you are not looking after yourself, this can be felt by those you are coaching, who may then find their sessions with you don't feel right in some way or another.
- As there may always be a coaching moment, and it is about how you live your life, ask yourself how self caring I have been lately? How much am I looking after myself and my own physical body? How honest am I being with myself about the way I have been living?
- The more you develop a relationship with yourself, and an awareness and honesty with yourself and the way you are living, the more the client can feel that in their sessions, and feel inspired to do this for themselves too.

### 2. As regular preparation for your working week, and coaching sessions

- At the beginning of each week ask yourself what you need to support you in offering the services (coaching) that you offer? What food will support you this week? What clothes will support you? what else do you need? (e.g. making sure you are fully prepared for the week ahead, petrol in the car, all of the ironing is ready, you have food you need in the fridge, you have had some rest-full time on the days you aren't working (e.g. the weekends), you have planned your journeys, diary and paperwork.
- More specifically each time you are coaching, you are offering a service to another, ask yourself is there anything for me to prepare for the actual coaching session/s, and for me to offer a great service to another? (keeping it simple)
- Ask yourself is the coaching session at a time and pace, and place that works with my own self regard and rhythm and flow?
- Is the way I have set up/planned the coaching sessions and relationship with the client clear, and simple, with care and regard for yourself and the client, and not pandering to the client?

### 3. Just prior to the coaching session/s

- Allow a few minutes to 'check-in' and feel yourself first – am I nourished, hydrated, warm, do I have any distractions, how do I feel ... (take a gentle breath) is there anything for me to do to become more in balance, and take a moment if you feel to. Do I have all I need? Am I with myself?
- Allow a few moments to check the room you are working in, the seating, and that the things around you support the coaching session you are about to have.

### 4. At the beginning of the coaching session

- As you meet the client, even if it is someone you know well, connect with them by meeting them - looking into their eyes.
- Check with yourself and with the client whether either of you need anything else before you begin (e.g. seating, warmth etc).

**Figure 4.** A practical example of an inquiry based self-care at work practice for a coach

## **B. Where is the responsibility to self-care at work and where does fitness to practice fall into this?**

**‘To truly seek is to be true to self first, then truth seeks you’** (Benhayon 2009:25)

The researcher and the research participants all had one thing in common in the first instance, they all had a willingness to understand what was going on as they each in their own way felt their own well-being at work was not all it could be. This willingness to understand or self observe for instance may not be the case for all practitioners (or indeed all employees at work). As outlined in the findings many of the inquiry group participants including the researcher already undertook some form of self-care practice (e.g. swimming, cycling etc). What became clear in this research was that whilst these ad hoc self-care practices were undertaken they were often irregular and the first thing to be dropped when things got busy. This raised a question. *What needs to happen to inspire or nudge a person (e.g. an organisational practitioner) to make a change so that self-care becomes a normal, consistent focus in their working lives?* Implications for practice here are not just that the practitioner may need a so-called ‘nudge’ to deepen their self-care at work practices because a lack of self-care may affect the quality of their work and the quality of their being, but also arguably *there is a need for a practitioner to be open for example to an ongoing practice of self observation*. Much of the literature and professional codes of conduct reviewed for this study highlighted the importance of self awareness in that ‘self awareness is a core element in the responsible, mature management and regulation of one’s self as a person and as a professional’ (Baker 2003:14). An implication for practice here is at what point does ‘fitness to practice’ come in for self regulated practitioners when it is linked to their lack of self-care? *What level of disregard at work, or physical health issues could be deemed as getting in the way of being fit to practice?* And is *not* being self observant an issue for practice? For the practitioner it could be said that ‘it is their responsibility to monitor their own standards of practice and reflect how they are working with clients’ (Connor and Pokora 2007:193). A further implication for practice may be around the question ‘when is a focused period of self observation to be ‘suggested’ to a practitioner to support their fitness to practice? Or further still based on this study it might also be an

option to suggest a practitioner worked with the self-care at work developmental framework above. These questions could be explored in future studies.

### **C. The importance of self observation and self awareness, as a foundation of self-care at work in breaking the chains**

One of the inquiry questions was ‘how does a person loosen the bonds of firmly held beliefs and entrenched thought patterns enough to learn new ways of acting, seeing and inquiring?’ (Rudolph, Taylor and Foldy 2001:307). Carter and Dunning (2007) suggest people rarely make life as a daily (supportive) inquiry about themselves. Social cognitive research on self-perception has repeatedly demonstrated that self-knowledge (or an unwillingness to develop self-knowledge) is consistently and predictably poor. What this research found is that once the practitioner committed to and engaged in ‘first person action inquiry’ (Reason and Bradbury 2001:7) this then supported self understanding to make changes and it became a natural way of continuous self reflexivity and change. In this sense self observation and self awareness were seen as foundational to developing consistent self-care at work.

An implication for practice is if self observation and self awareness is foundational for developing self-care at work, how exactly do we become more aware of ourselves? One perspective on this that the researcher found useful during her auto ethnographic part of the study was:

**‘The spirit loves the illusion  
- It is founded on it and thus, it will not let go without a fight.**

However, for those whose inner calling is greater than the outer need, for those who truly seek truth and for those who are prepared to tread ‘the way’ - ***There is a difference, and those who are ready can be met with such truth:***

It requires a ***very present and very aware state of being*** and **not** the pursuit of numbness.

It requires one ***to be real***, but **not** critical.

It requires ***honesty*** and a ***loving self-assessment***, and **not** courage.

It requires the ***willingness to accept what is within*** and **not** allow the outer to dominate and manipulate one to be.

It requires *gentleness, harmony and joy* and **not** the usual harsh discipline, arduous struggle and suffering to achieve it.

It requires the *inner-most feelings* of the *inner-heart* and **not** the mental approach that fills the mind with pranic-knowledge at the expense of our own inner-truth.

And finally, it requires one foundational ingredient – **LOVE** and to *self-love*.

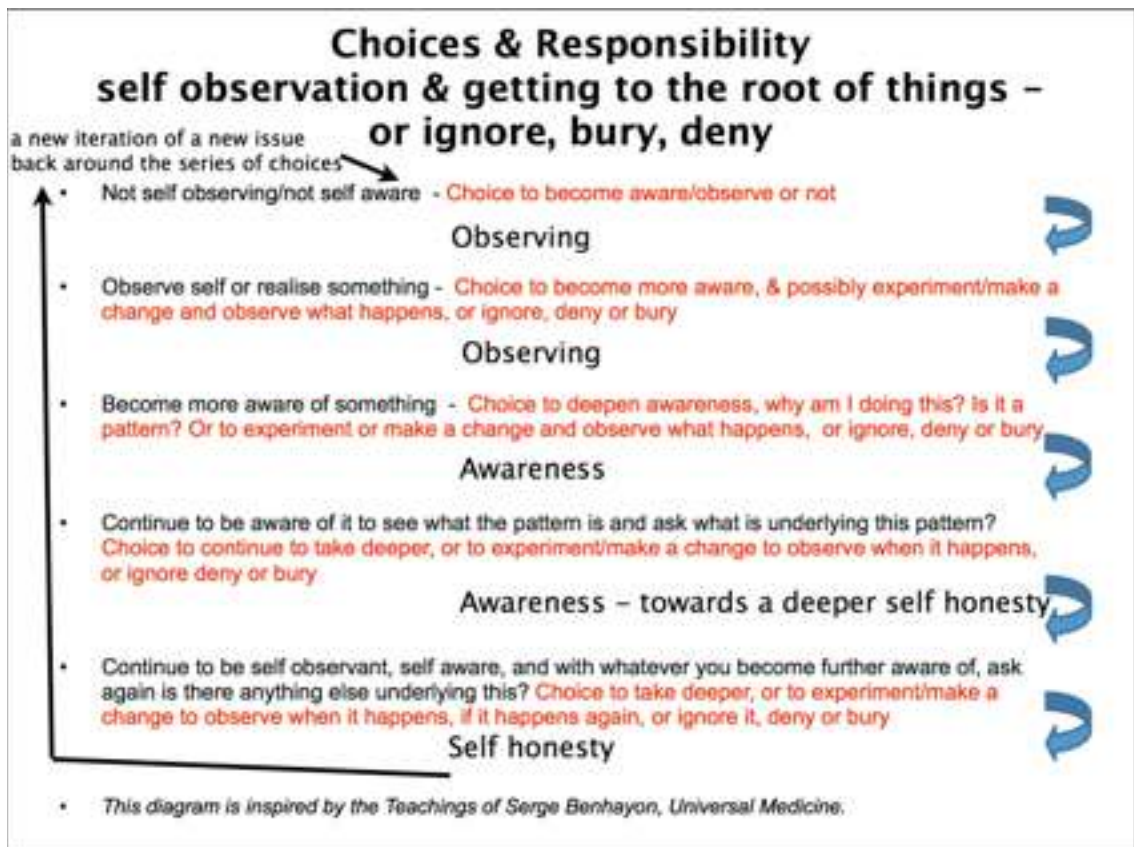
**If this is truly sought, then ‘the way of the initiation’ is for you.’**

Benhayon (2008:160)

What struck the researcher about this quote particularly was the need to be present, and aware, and real but not critical, honestly self assessing - and not a harsh discipline. The researcher’s initial journaling for the auto ethnography was self critical and self judgmental about what she observed and that kind of self observation was experienced as not being helpful or supportive, so during her journaling the researcher learnt to be less judgmental, less critical and simply observant catching any negative self damning thoughts.

During this study a self observation and deepening self awareness process emerged as in Fig. 5 which outlines a generic series of iterations to ‘getting to the root’ of an issue being observed (e.g. a pattern or habit), which required not just a one off observation, but a series of focused observations over a period of time (a self awareness inquiry):





**Figure 5.** A process for developing and deepening self observation and self awareness

(developed by Jane Keep, based on this PhD study, and inspired by the teachings of Serge Benhayon, Universal Medicine [www.universalmedicine.com.au](http://www.universalmedicine.com.au))

More specifically this same self observation process is outlined in Fig. 6 below using an actual example of something a number of the inquiry group participants were grappling with during this study (craving sugar/coffee being the first stage observation):



**Figure 6.** A process for developing and deepening self observation and self awareness using a specific example

(developed by Jane Keep, based on this PhD study, and inspired by the teachings of Serge Benhayon, Universal Medicine [www.universalmedicine.com.au](http://www.universalmedicine.com.au))

Looking at the process in Fig. 6 above, when the researcher observed she was eating more chocolate on some days than others, arguably on one level that is an awareness. If the researcher chose then to consciously observe what happened prior to and during the days she ate more chocolate, that offered a deeper awareness. For example a day where more chocolate was eaten often followed an extremely busy day the day before and less sleep, a rushed supper and being tired in the morning. The researcher then observed why some days were busier than others. This then raised a deeper level of awareness in realising that some of the activities on the busier days were extra tasks or work taken on by the researcher so as to be seen to be ‘good’ or ‘hard working’ and because the researcher found identity in being ‘needed’ and being ‘helpful’. These behaviours were draining the researcher to the extent that more chocolate was needed the next day due to how tired she felt. Taking this deeper the question then arises as to why the researcher for instance needed to be seen to be hardworking, or good and this begins to raise issues for instance of a lack of self worth. This then got to a deeper aspect of one seemingly

small issue - eating more chocolate on some days. This then allowed the process of self observation and self awareness to become deeper which in itself supported the deepening of the researcher's self-care at work programme.

That process could be summarised as 'what am I doing', why do I do that?' followed by further gentle probing e.g. 'and why would I do that?' and, 'why do I do that?'

This iteration of self observation practiced with a different focus (e.g. rest, food, saying 'no') over a period of time (in the case of this research this 'process' was practised multiple times during 2 - 3 years) allowed the researcher for instance to become more deeply self aware and in this to build a deeper relationship with herself, a clearer self understanding, and from this, a way to then develop small personal 'experiments' to make changes that supported self-care at work.

An implication for practice here, as experienced by the researcher is that often in the practitioner literature (e.g. coaching, facilitation, leadership, management) *there was frequent mention of self awareness, but little mention of how to develop self awareness*, and in particular the researcher found no reference of developing self awareness to support developing self-care at work. This study offers some insight into this.

#### **D. Using the physical body as a barometer - is a self-care at work practice**

As discussed in this thesis Flaherty (2005:100) states '*maybe the most obvious part of being a human being is that each of us has a body. Yet in our everyday world and especially in business the body is often ignored*'. The researcher and inquiry group (using for example the developing and deepening self observation and self awareness process in Fig. 5 above) realised the physical body is a helpful 'barometer' and can and does indicate how things are going e.g. how a day or week has been - by indicating where it aches, if it is tired, thirsty etc. These 'indicators' can then be used to compare one day or week to another. More specifically it can be used in mini personal 'experiments' when trying and testing new ways of caring for self at work e.g. hydration, rest. As consistently experienced by the researcher and inquiry group '*the body does not lie*' (Etherington 2004:212). An implication for practice here is how

tremendously helpful it was for the inquiry group/researcher *to observe and listen to their own body as a navigational tool so as to break out of habits or patterns of behaviour*. Tuning into the physical body was undertaken by stopping periodically and asking ‘how does my body feel at the beginning, during and end of each day, and if there is any difference what is the difference?’ This was helped by using prompt questions such as these which were asked regularly by the inquiry group and researcher:

- How does my physical body feel (e.g. tired, any aches, any feelings of pressure or pain, any heat or coldness in any part of the body)?
- How do I feel physiologically (e.g. hungry, thirsty, sleepy, bloated, lack of flow in physical movement)?
- How do I feel emotionally (e.g. frustrated, pressurised, sadness or ‘down in the dumps’, ‘hyper’ or agitated, overwhelmed etc)?

In taking time periodically to do this it became a practice of self-care offering the individual a time of self consideration which helped to develop a deeper relationship with their own physical body. As cited by Etherington (2004:212) “it has been through my body that I have come to know myself as well as other people.” Understanding her preferences and the things that her body responded to and why over 3 years of self observation the researcher got to know herself far more than she had ever done in the previous 45 years! ‘If we regularly check in with our bodies it will become a wise and trustworthy partner’ (Richardson 2009:4) - ‘*it’s not what the mind knows, but what the body is that truly counts*’ (Benhayon 2011:90).

Of further note here is that *the physical body and using it as a ‘barometer’ particularly for the well-being of a practitioner, or self-care at work is rarely mentioned in the practitioner literature* e.g. coaching, leadership, management, facilitation, or HR yet it is an obvious and simple place to suggest practitioners connect too particularly as for all of those practitioners ‘self as an instrument’ (Cheung-Judge 2001, Baruch 2008) is essential as - *without their body, there would be no practice*.

## **E. Common practical self-care at work practices**

‘Research has shown that people with higher levels of activity (exercise, creative activities, social activities etc) appear to cope more effectively with the strain of work and recover better from work-induced fatigue’ (Robertson and Cooper 2011:75)

Over and above the importance of self observation and using the physical body as a barometer as foundational to self-care a further aspect within the self-care at work developmental framework (Fig. 2 above) are a number of common self-care at work practices that were repeatedly tried, tested, discussed, and observed by the researcher and inquiry group as:

- Planning and preparation - for each week, including having a fridge full of nutritious food, planning in advance train or other journeys.
- Staying focused and maintaining perspective - taking a moment to step back, and observe, reminding self of focus, or intention in any task or day.
- Allowing time to rest, spacious diary planning, time between meetings, planning weekend breaks, or holidays.
- Daily or weekly rituals whether these were a series of things regularly practiced such as awakening, some gentle stretches, a light breakfast, a long hot shower, time to read the newspaper, and walk the dog before leaving for work.
- Exercise in many forms though walking was popular, as was running, going to the gym and cycling.
- Nutrition and hydration - not just while at work but throughout the whole week.
- Personal care and grooming (for women and men) - anything from finding time to have a hair cut, go to the dentist, going to the doctors, get to the dry cleaners, long hot bath.
- Regularly connecting with people/social networks/support from colleagues - learning to recognise when support was needed and learning to ask for support.
- Meditation (gentle breath meditation [www.universalmedicine.com.au](http://www.universalmedicine.com.au)) and other related practices that reconnect you to the stillness you are.
- Hobbies and interests - including cooking, gardening and reading.

The contents of this menu of self-care at work practices are often cited in organisational health and well-being programmes (e.g. CIPD/AXA PPP healthcare 2012 a & b) and this study confirms that *these practices do play a part in health and well-being*

*programmes at work and in individual self-care at work.* However, for each of these practices to form part of a self-care at work programme it required many iterations of self observation and reflection combined with trying and testing different ways (using Fig. 3 and Fig. 5 above) to consciously learn if, when, how often, etc these practices were undertaken and realising that in different weeks some of these practices were more or less supportive and that not all of these self-care at work practices supported everyone. This supports Schon's (1987:31) work on reflective practice for example he cites 'reflection in action is central to the *artistry of competent practitioners who conduct on the spot experiments* in what he calls the action-present. Antonacopoulou (200:491) cites 'self development is a self initiated process of learning and key elements in the process are self awareness, reflection and experimentation'. Experimenting with new self caring ways enabled the inquiry group participants/researcher to learn which self-care practices supported them and why. *It was not just what the self-care at work practices were, but learning how to use them, and why they were important that added to the efficacy of them.*

Speaking up and saying no were also seen to be part of a 'menu' of practical self-care practices and many inquiry group participants gained confidence in 'saying no' finding it greatly supported their self esteem, not just to be able to 'say no' but also to feel they could express their feelings more honestly to those around them. This relies on a willingness to learn from experience and self reflection in order to draw out the lessons learned.

An implication for practice here is that building a personal self-care at work approach based on an individual's own experience and learning did support the building of self confidence for the inquiry group/the researcher. What was profound here, was that, *the focus on observing self, on getting to know and understand self more at work and on trying and testing changes in self-care practices at work had the 'ripple' effect of building a personal sense of more self worth.* More self worth, because they had invested time and energy in themselves and that this acknowledged for themselves they were 'worth it' - I matter! In addition, it was noted by the inquiry group that steadily their confidence built as they found they were able to 'say no' and make changes that

supported them and this created a foundation of support they felt confident about that they could rely on:

*“The inquiry group discussions on self-care made me think about myself in more depth, and some of the more personal challenges in life and how I’ve reacted, judged myself, compared myself etc. This material had almost a subtleness about it in terms of how it challenged us to think of who we are and how that state can be resourceful.” (A) F DS*

*“The inquiry group on self-care struck a greater resonance leaving me feeling more certain, confident, centred.” (A) F AR*

Additionally when considering the possibility that ‘*confidence comes from the fact that the body is with itself in what it does*’ (Benhayon 2011:91), the more for instance the researcher self observed using the physical body as a barometer, the more present the researcher was in what she was doing, the more her self confidence grew.

## **F. Why is it difficult to sustain consistent self-care at work?**

What struck the researcher early on in the study was that *self-care at work seemed to be an ‘add on’*, ad hoc activity, rather than a consistent and natural way of working. If self-care at work made so much sense (as it did to all the inquiry group/researcher), why then was it not consistently undertaken at work, when without self-care at work, or more so without personal well-being arguably working became more of an effort, and, instinctively we know that self-care at work makes sense. As stated by an inquiry group practitioner:

*“I have realised that I rarely consider my own well-being at work”. F CR*

Why was it not the ‘norm’ in organisations? And it was abnormal to not take care of self? And, why did it rarely feature in the professional codes of conduct, ethical codes of conduct and standards of practice for many organisational practitioners?

In looking at the implications for practice on self-care at work, from becoming more self aware practitioners in this study developed an understanding of *what got in the way of taking regular care of self at work* and were then able to understand more about why consistent or regular self-care is not more widely or deeply practiced by organisational

practitioners, or by employees in general whilst at work. Commonly cited themes (which include ideals, beliefs, perceptions) of what got in the way of consistent self-care at work can be clustered as:

### **The focus on me is not normal**

*“I now know that it is about putting my self-care and well-being on the top of the list on a regular basis and not just every now and then.” F JD*

‘Like doctors, however, counsellors often are remiss in taking our own advice about wellness. Often, we counsellors believe we can handle it and that we do not need to be concerned with our own wellness because it does not affect our professional practice’. Cummins, Massey and Jones (2007)

For the researcher and the majority of the research participants *the notion of putting yourself first was not a normal daily practice, even though it made sense to do so*. Also, on reflection some of the inquiry group members and the researcher realised they have *never self legitimised (given themselves permission) to take care of self at work* - it had never occurred to them. When asking the inquiry group to ‘list the most important people in your life’ - only a handful of inquiry group participants put their own name anywhere on that list. This study found that *if we do not habitually put ourselves first, then it is ‘out of mind out of sight’* - like a blind spot:

*“It is something quite new for me in a sense of identifying that I matter rather than everybody else, it’s not about being selfish because you are putting yourself first, it doesn’t mean to say you ignore others, and that is quite a realisation for me.” M KJ*

### **Always putting others first**

Many discussions ensued in the inquiry group about why practitioners felt they needed to put others first over and above their own basic physical and self-care at work needs. As discussed by the inquiry group one possible response to this was that practitioners put others first because at times they themselves needed recognition and acceptance by others particularly to boost their own self esteem, sense of worth, sense of value in what they did. *Some practitioners also realised that they put others first because as children they were told to ‘be kind to others, to be good to others’ etc or as a 24/7 mum their experience of putting others first was deeply ingrained*. This aspect is worthy of further



literature searching and future research in the context of health and well-being at work and self-care at work.

### **How success is measured in the workplace**

This was explored by the inquiry group who experienced that the organisations they worked with often measured success by the quantity of services offered, or the number of clients seen, or the pressures to serve others within certain time frames (e.g. conveyor belt coaching whereby two of the inquiry group participants were told by a client to see 1 coachee per hour, and to see 7 - 8 per day). This for them meant that *factoring in self-care at work wasn't recognised as 'success'*, nor was there time, so, it was commonly overlooked. There is an implication for practice here about the potential to encourage all organisations to have goals, or standards specifically about 'self-care at work' as part of being successful or excellence at work and something that could be explored further in future studies.

### **How success is measured by a practitioner**

Many of the inquiry group participants discussed how much pressure they put on themselves to get things done, to work to exceptionally high standards and to constantly seek perfection. This often meant working over and above their own physical capacity. Some of the research participants were also hard on themselves, particularly when things went 'wrong' and would push themselves hard to the detriment of their own well-being and self-care. An implication for practice not researched in this study could be *the balance between seeking perfection, and high standards as a practitioner, and the equal value of personal health and well-being/self-care at work in that the two go hand in hand and that it is not one or the other. Feeling and being well at work is a success factor.*

### **Not admitting how you feel at work**

All of the inquiry group and the researcher were aware that they had warning signs or indicators in their body (e.g. a headache or tired eyes or a neck ache) yet some of the inquiry group did not admit how they felt, particularly to bosses or colleagues, because of the intense working environment and the expectation that they would just 'get on

with it', or that *they would be seen to be weak if they admitted how tired or strained for instance that they felt*. One aspect of this is possibly 'shame over being impaired by our work' as found for therapists by Baruch (2008:86). This was also pertinent for some who had been accused of being 'selfish' when they did start taking care of themselves (as discussed in the findings above). This study has not researched this, and this is noted here as a potential implication for practice which could be further studied.

### **Inevitability of workplace ailments and of an ageing body**

A number of inquiry group participants paid little attention to taking care of self when they had aches, pains, or felt tired saying 'it's normal to feel tired - everybody else does', or I'm 'x' years old, and it's 'inevitable that my body will be slowing down or will have aches and pains'. The inquiry group found that by paying attention to aches and pains, and by consistently offering self-care at work that some of these aches and pains dwindled, some completely dissipated. It is important to note here that there will be wear and tear on the body and to seek medical support is actually part of a self-care approach at work as experienced by the researcher and some of the inquiry group participants, and at the same time, *it is possible to feel well and vital at work too, whatever your age*.

### **G. Self-Care at work as a 'new normal'. Self-Care at work IS normal**

VT (a client of the researcher) who read some of the findings at the end of this study stated:

*"much of what you have written could be considered as common sense, yet the hardest thing about common sense is making it common practice"*.

What was experienced in this study was that *in developing self-care at work, it required commitment, self initiation, self development and self direction*. What is important here as an implication for practice is that towards the end of this study for the researcher for instance a 'new normal' - *a common daily consistent practice of self-care at work*, emerged. Over a sustained period of self study, self observation, trying and testing and making small changes here and there, gradually enabled this new way of being at work to emerge as a new normal. Indeed for the researcher it now simply feels and **is** normal

to take care of self at work and this is an ongoing study as everyday brings new learning. This supports the need to develop self-care at work as an ‘inquiry based practice’ (Marshall and Reason 1998) - as a ‘new’ way of life.

“Individual counsellors must work actively to nurture their wellness. Sustaining the counselling profession begins with the efforts of each counsellor and actions taken to promote their individual wellness begin one step at a time, nurturing wellness and preventing impairment require that counsellors take an honest appraisal of their health, balance, and self-care, not once but continually throughout their careers. Venart, Vassos and Pitcher-Heft (2007:50)

“Wellness is both an outcome and a process with an overarching goal for living and a day-by-day, minute-by-minute way of being” (Myers and Sweeney 2005).

What was profound in this study was that the ‘new way’ developed by the researcher for instance is now a way of living - *self-care at work is a daily living activity* and moreover, when the researcher veers away from this, or is disregarding at work for instance her physical body gives a loud ‘shout’ (e.g. with an ache, pain, sensation) to remind her that she is not taking care of self at work, as the physical body seems to have come to expect this new way of working as the new normal.

**‘The more you get to know your body, the more you get to know about life’** (Benhayon 2011:105).

## **H. Implications for Self**

At the outset of this research the researcher briefly discussed ‘self’ in two places in particular, firstly in chapter 2 (Methodology) in relation to auto ethnography (2.7), and secondly, in the literature review in chapter 3 (self 3.8). In addition self has been mentioned in relation to self care and self development throughout this thesis. Whilst the objective of this study was not to discuss self, or to find some new perspectives on self, self was a strong theme throughout. What the researcher came to realise about self was that the more she undertook the auto ethnography (self inquiry), the more she realised what was her, and what wasn’t her, and through this the deeper she developed a relationship with herself. It was like a ‘dating’ experience whereby she was getting to know herself, her likes and dislikes, her habits, and beliefs and she was discarding

things that no longer served, or didn't feel true and accepting, understanding and appreciating things that did serve and did feel true.

From this the researcher realised how much she was 'socially constructed' in the way she reacted to the world, in the things she was choosing in her daily life, whether or not they were actually 'true' or supportive for her. Various habits had been learnt from other role models, or from being told the 'shoulds' and 'oughts' as a child. She realised many of these things were not actually who she was but things she did - e.g. she ate certain foods, because everyone else did, she went to certain places because her friends did, she dressed in a certain way at work because there was a 'norm' in terms of dress code, she didn't speak up and say what she felt to express at times because it was normal to 'put up and shut up'. She was ever thoughtful and 'kind' because her family had told her to be kind and good as a little girl, but she never considered that sometimes being nice, or good wasn't what was needed. She was a sister, an aunt, a daughter, a friend, a girlfriend, a colleague, and realised she acted out roles in the way she 'did' these things, but found in self observing and self honesty that these were 'roles' she played, like she was acting on a theatre stage. Over time, the false beliefs and ideals and roles were discarded. What had been socially constructed, was discarded, and she was able to make new and tangible choices - based on her felt experience of these things (e.g. from feeling her physical body before, during and after she was in certain situations), and on realising for instance how tired she got in constantly being 'nice', or how drained she was in being a 'doting daughter', or a 'polite colleague'. Not that she became unreasonable or rude! More that she experimented with her relationships to find a more nourishing and natural way to be with people, thus realising she had free will, and, she felt emancipated to be able to make changes as she learnt more and more about herself, and the ideals and beliefs in the world that she had 'signed up to' without ever deeply considering whether they were true or not. A profound revelation for her was to realise just how much free will she actually had, how much she had previously chosen to be unaware of the socially constructed norms she conformed to and in becoming aware, how much choice she then had to make changes, to refine, to unpick and to develop and grow.

From this her sense of self worth grew as did her self confidence from her deepening self awareness and presence. This wasn't measured as such but on a day to day basis, she felt stronger, her decision making was more relaxed and more often proved right in the choices she made, she generally felt more relaxed, less concerned about what others thought about her and more confident to try and test new ways of working and living. By giving herself this attention (during her busy working weeks) she was actually feeling more 'self full' in that rather than asking others for their opinions or wondering

what everyone else would do in that situation etc she would simply follow her own feeling of what was needed and trust that.

This study touched upon a number of aspects of self and the research could suggest the following contributions to theory about self as follows:

Self - there were various descriptions of self stated earlier in this study (e.g. Gergen 1991, Vitz 1994, Chang 2008) but the researcher tended to agree with Bachkirova (2011:4 at the beginning of the study in that ‘what the self is remains an unresolved puzzle in all disciplines of knowledge’. At the end of this study whilst the researcher hasn’t researched this here, she had a far greater understanding of herself, her preferences and her way in the world. She got to feel that the body is “the sacred vessel which houses your soul” (Andres, Ebaugh, Feeney, Long and Zipin 2001 in Baker 2002:89). In addition and with the help of some wise mentors the researcher also started to truly understand her own quality of being, and her purpose in the world (which could in itself be a topic for future research).

Self care - at the outset of the study whilst to a degree the researcher understood self care, this was woolly and inconsistent. Through understanding her physical body far more with self awareness and following the nudges her body gave her, she was able to understand her self and what kind of self care her own body needed on a day to day basis and this became a daily inquiry, as no one day was the same as the next. Self care is not something that is done from the outer (e.g. because someone tells you or because you read an article that suggests something). Self care is an inquiry based practice that is based on your own understanding of you in the world, and your own body’s needs, likes, dislikes, and what you come to realise truly supports and nourishes you day in day out. It is a deeply supportive and loving practice to have in that it not only supports the quality of you, it supports the quality of the work you do.

Self inquiry/auto ethnography - self care arguably cannot be offered unless you understand self, you body, and what nourishes and supports you, and also what gets in the way of self care. Self inquiry became a foundational aspect of developing self care - without it only a peripheral level of self care could be offered, and it did not sustain in that it was not truly felt (embodied) as being self caring (e.g. If you experiment with different food for a few weeks and feel your body before, during and after each meal, you can start to get a felt sense of what feels supportive and what doesn’t). Using an inquiry process such as auto ethnography, journalling, pondering, and being curious deeply supports the development of self care towards an embodied sense of self care, particularly if you try and test new ways and observe and ponder as you do this.

Self development - as experienced in this research, self development starts with developing understanding, self observation and building self awareness, and self honesty. Using self inquiry to develop self awareness for instance, over a long period of time (e.g. In this case 6 years) once you realise what is holding you back and what doesn't serve you, you then have a choice to make a change and to develop, or to stay as you are (knowing what you then know). The biggest part of self development in this study was deepening self responsibility, from that realisation that you have a choice, (far more choice than the researcher for instance ever realised). Developing a deeper sense of self responsibility is developmental as is developing your own way of understanding yourself in the world and what supports and nourishes you. It also requires self honesty. Equally so, this leads to a deeper self confidence and self worth, which is in itself also deeply self developmental.

Self worth - as experienced in this research, and as mentioned already, the researcher for instance found over time that her sense of self worth developed. The more she focused on her own self inquiry, understood the choices she then had, and tried and tested new ways to make changes, the more she felt worthy. Worthy in the sense that she was making time and space in her busy working week to consider herself, and to say to her self in this 'I matter'. Realising that 'I matter' and the consideration of self at work gave the researcher permission to take care and take time to take care. This cycle then built a sense of self worth as each time the researcher took a moment to consider, to offer herself something self caring (like a nutritious meal), her body appreciated it and she confirmed to herself that she mattered. In repeating this daily over a period of time she started to realise how much she appreciated herself and that this had given her a far stronger sense of self worth and a steadier quality. From this, the quality of the services she offered expanded, as she felt stronger, steadier, and more vital.

## **I. Self-Care at work can make a difference - self-care at work matters**

‘An integral perspective of self-care entails understanding the three words in Integral Life Practice, and in this *integral* means comprehensive, balanced and inclusive, *life* includes the whole of our existence, the body, our emotions, relationships, work as well as the various levels of conscious awareness potentially available to experience, *practice* is what we actually do to develop ourselves which enhances our capacity to help and offer a service to others.’ (Morelli et al 2005:6)

With this in mind, as a further implication for practice for self-care at work, inquiry group participants commonly agreed that:

*“I think you are serving the client fundamentally but sometimes the best way to serve the client is by serving yourself because you are modelling self-care and self respect.” M KJ*

‘Self-care as a healthy and valuable process is being widely discussed these days’ (Baker 2003:3). Domar 2000 (in Baker 2003:3) suggests ‘there are a number of books on the general trade market that address the benefits of self-care, self nurturance as well as self nourishment’. Baker (2003:3) concludes that *self-care is a responsible practice - for all human beings and indisputably for those employed in the service and care of others.*

This study focused on self-care at work from an individual perspective (e.g. the employee, the practitioner, the coach, the facilitator etc) rather than from an organisational point of view, or a policy level perspective, or from a professional perspective (e.g. that of the coaching profession per se). **One of the most profound aspects of this study is that the researcher and many of the inquiry group for the first time in their working lives gave themselves permission to self-care at work, and in this they developed a sense that ‘I matter’ at work.**

**‘I matter’** has become a daily focus for the researcher for instance and through this, as already discussed, the researcher’s sense of self worth and self confidence has increased to a degree she never would have envisaged at the outset of this study. Prior to this study the researcher could definitely say that she didn’t self-care at work and that it didn’t matter, nor did she feel that her self-care, or that she mattered in that way. **I matter at work has now become a new normal** for the researcher - it is now a new and developing foundation upon which her self-care at work practice is based. The feeling that ‘I matter’ in itself now supports the researcher to break any new chains holding her back or the ideals and beliefs in her work environment because of the stronger sense of self worth. This in turn has meant that the quality of the researcher’s work (as can be verified by her clients and colleagues) has increased and *even with the self-care at work approaches her capacity to work has not lessened.* Knowing and

experiencing that 'I matter at work' and that self-care at work matters is profound and offers a unique contribution to add to the literature on self-care at work.

A further resounding finding (as highlighted in conclusions from the findings chapter 5, and the researcher's own conclusions at the end of chapter 4) in this study by all who participated was that **'taking care of self at work' does make a difference to the quality of services offered**. Whether as outlined in the findings chapters (4 and 5) it was a deeper ability to focus, concentrate, or more of a willingness to participate, or a clarity to get the task done it made a difference to the work of the participants. It also made a difference because the practitioner felt more confident and more self responsible, more self initiating, or more self aware. The researcher for herself for instance was able to develop a fully felt understanding (having experienced this first hand consistently during and beyond this study) of the truth in this quote -

'The true delivery of service begins first by delivering that same service to self in every way, and to all others by the same manner, that are within the group, before any organisation can truly serve' (Benhayon, 2006).

As a further simple example of this in one office the researcher was working towards the end of the study, the researcher regularly took home made soup or salads to work for lunch. Within two weeks, a number of other colleagues (without having discussed it with the researcher), started to bring in home made soups or salads to work for lunch, and were swapping soup and salad recipes. During the time the researcher worked there some of them lost weight, took up regular exercise, and took time at lunchtime to stop, pause, and take a break. This was all without the researcher actually suggesting or saying anything about it. There is something to the potentiality of role modelling that this study hasn't explored as deeply as it could be explored, and this is potential for a future study.

### **6.3 Implications for radical humanism, inquiry and auto ethnography**

As discussed in chapter 2 (methodology) the researcher was intrigued about radical humanism (Burrell and Morgan 1979). Having undertaken many pieces of interpretive research, radical humanism offered a step further with the potential to break out of the



‘chains’ that were holding people back whether these chains were obvious, or insidious or not obvious to the individual.

This research has shown for those who participated that *it is possible to ‘break the chains’*. What was found to support this was understanding the reality of a current situation (e.g. feeling exhausted constantly at work) and then understanding the many things that were causing the exhaustion (e.g. over working, not taking care of self at work, fitting in with social norms at work for instance ‘customer comes first’) and understanding the ideals and beliefs that were in the way, then, choosing ways to change this (e.g. saying no) including self-care (e.g. diary planning, and ensuring nourishing food and hydration at work) and consequently breaking the chains of the old ways and letting go of ideals and beliefs that were in the way. This left the researcher for instance feeling more vibrant and balanced while at work so that when other ideals and beliefs are now spotted, the researcher knows she can take time to understand them and that *there is another way*.

As outlined below in Fig. 7 this study started out interpretively but this was not enough for the purposes of this study. It became clear very early on that a radical humanist (Burrell and Morgan 1979) approach offered the study the scope it required - to not only interpret the world around but to make changes and ‘break out of patterns, beliefs, and ways of working’ that were for instance constraining the inquiry group/researcher and the researcher found she was able to work from both of these social paradigms:

	<b>subjectivism</b>	<b>objectivism</b>
<b>Radical change</b>	<p>radical humanism - socially constructed realities entrap people, the aim is to release people from these ideological constraints through developing alternatives</p> <p><i>The research study moved here <b>after</b> understanding through the early part of the study what was going on regarding taking care of self at work and that changes could be (and were) made. The research methods chosen to support this were auto ethnography and participatory action research inquiry.</i></p> <p><i>Conclusions: this study unearthed a number of 'socially constructed realities that entrapped people' as outlined in the implications for practice above, for example:</i></p> <p><i>*taking care of me is not normal</i></p> <p><i>*taking care of self at work is selfish</i></p> <p><i>*What was profoundly experienced and arguably a socially constructed reality in this study was how these realisations were common sense, yet, people generally didn't do anything about them, with almost an acceptance that this is 'just the way it is'.</i></p> <p><i>Taking a radical humanistic approach using auto ethnography, observation and an inquiry process, undertaking a number of steady iterations, periods of questioning and asking 'why is this so?', unearthed not only the simplicity of these realisations but also enabled a strong impetus to make changes once 'armed' with these so called revelations (understandings). Figs 3, 5 and 6 above outline the awareness process that observed and sought to get to the root of the issues being observed. Coupled with the process of trying, testing, 'mini experiments' at work, enabled the practitioner/inquiry group to not only break out of habits, patterns that held them back sustainably so, but also to inspire others to do the same.</i></p>	<p>radical structuralism - society/organisations dominate, exploit, the aim here is to analyse these processes, their contradictions, in an objective way so as to identify how they can lead to social change</p>

	<b>subjectivism</b>	<b>objectivism</b>
<b>Regulation</b>	<p>interpretative- organisations have no prior independent existence, they are understood from the participants viewpoint - the aim here is to understand how shared versions of reality emerge/ are maintained. <i>the research study started here with a need to understand what was going on as regards taking care of self (research questions 1 - 3 - chapter 2)</i></p> <p><i>Conclusions:</i></p> <p><i>through repeated iterations of sense making, (e.g. understanding self-care at work was lacking) and then taking time to self observe this enabled an understanding of the situation for each practitioner as it related to them and their way of interpreting and living in the world. Journalling, auto ethnography (for the researcher) and having a number of inquiry group discussions helped to unearth deeper view points, shared versions of reality and different versions of reality. Once these were realised they became the impetus to make change and this then moved to a radical humanist (see box above) approach. During this research for each of the practitioners to have had periods of self observation and the group inquiry discussions were in themselves life changing, by realising and understanding the way they were in the world with more clarity and focus than they had before. This in itself is a conclusion - showing the power of developing an understanding of self in the world</i></p>	<p>functionalism - society/ institutions have concrete tangible existence, producing ordered status quo - analysed objectively via the rigour of the scientific method</p>

**Figure 7.** Further adapted by J Keep from Fig 1 (in chapter 2)

Four Paradigms for the analysis of social theory Burrell and Morgan 1979:22 Adapted by J Keep for the purpose of this PhD study (Sources: Fig 3.1 'Four Paradigms for the analysis of social theory Burrell and Morgan 1979:22, adapted by Johnson and Duberley Fig 4.3 2000:80)

Further related implications for practice methodologically speaking were:

A. An approach like radical humanism (Burrell and Morgan 1979) can offer practitioners ways of understanding, reviewing, reflecting on the world in which they work and 'breaking the chains' of what holds them back in their human development. The academic-practitioner 'gap' in this study was bridged and whilst some of the literature e.g. on methodology, epistemology felt initially to be 'too far over there' - as in academic, dense, and not applicable to daily living, it became quite simple for practitioners through the process of the inquiry group to understand the value of using methodologies such as auto ethnography (e.g. Chang 2008) and inquiry (e.g. Reason

and Bradbury 2001) as a way of reviewing their practice and understanding their predicament. *'In order for us to discover our own capacity for an attention supple enough to catch at any moment glimpse of its own fickleness, we must each exercise our attention'* (Torbert 2001:207).

B. Radical humanism made sense. Having taken the time to derive a deeper understanding of why something such as taking care of self at work was not natural extended to enable an understanding of what the 'ideals' or 'unwritten rules of the game' were going on (e.g. client is king - even if it means that is to the detriment of your own physical health and well-being) and to then develop or build new ways going forward, breaking out of old patterns provided a deeply supportive way of self development. Understanding the world and breaking out of any 'chains' is a way that the researcher already works with practitioners for example in an 8 week development programme:

- Week 1 - Taking a period of time to observe, reflect in an inquiry group with others to share, and more deeply inquire on the observations found
- Week 2 - Confirm (or disconfirm) the observations, to afford clarity of understanding of a situation or topic, and as an impetus for change (a realisation of what the 'chain' was that was holding them back, or constraining their practice)
- Weeks 3 - 6 - Take time to 'try and test' or conduct 'mini experiments' as individual practitioners or a group of practitioners and again reflect and discuss together what was found, in order to make changes to their practice as practitioners.
- Week 7 onwards - Confirm and consolidate a 'new normal' daily practice (or a series of 'new normal' daily practices) as a practitioner which became their own 'normal' despite others around them who may still be 'held by the chains' of organisational culture, norms, or so called tradition in their workplaces.

C. Self development, learning and development, personal development, management development, leadership development, in workplaces could all be based on a form of inquiry such as outlined above - particularly where behavioural change was required and where breaking the old momentum of behaviours was needed, part of which could potentially be not only the behavioural change itself but also *the birth of a more inquiry*

*focused workforce or group of leaders or practitioners who were self sustainably able to continue to grow and learn.*

D. Living life as an ongoing inquiry was something the researcher was inspired to do at the outset and during this PhD study from her observations of Serge Benhayon ([www.universalmedicine.com.au](http://www.universalmedicine.com.au)) over a period of time (during workshops and personal development presentations and sessions), in that Serge Benhayon offered a consistently authentic way of living with a deep level of responsibility and integrity. In using self inquiry the researcher felt the power of allowing time to self observe and to reflect, journal and ponder which in itself became emancipating as she found her own ‘evidence’ to make changes. Not only has it already been life changing from a ‘self-care at work’ perspective, there is potential to use it for other life and work topics and challenges that arise and is now a daily living practice for the researcher. It brings with it a new curiosity, a wonderment about the world, and an openness to see the truth of things.

‘To truly know who one is, is as simple as breathing the right breath.

To make life the truth of who you are is a process that begins first with re-connecting to your inner-most.

It is then a series of developmental and unfolding steps that set-about to re-imprint your life thereafter.

At first, it appears to not be so easy but, the most wondrous revelation in the early period, is to discover how we avoid simplicity.

This and many other revelatory discoveries await us if we but choose to stop and call it as it truly is.

May be, there is a way, and that way may just be

*‘the Way of the Livingness.’*

(Benhayon 2011:507)

Chapter 7 that now follows outlines the limitations of this study, and suggestions for future study.

## CHAPTER 7

# Limitations and Implications for Future study

## 7.1 Robustness and limitations

Setting up this PhD study, during and whilst writing up, the researcher continuously questioned ‘Does what is being said here offer credibility?’ ‘Does it make sense?’ ‘Is it ‘robust?’ Does what is being expressed have ‘rigour?’ Do the findings, discussion and implications for practice have ‘credibility’?

‘The authority of research as a claim to knowledge is distinctive because it rests on publicity not privacy. It is disclosure that enables others to examine and assess the work and hence establish its authority’ (Shipman 1997:3).

Ellis (2004) suggests that we often we go to great lengths to hide the messiness of our research because we fear our project may be seen as unscientific or unscholarly. This research has always been ‘public’ in that during the whole of the research the researcher has been working with an inquiry group reflectively and reflexively, and with her own auto ethnographic process of reflectivity and reflexivity. In addition the researcher has regularly presented the findings to date at a number of conferences (e.g. EMCC conference in March 2011, at a coaching research seminar at Oxford Brookes in January 2011, at the Association of Coaching’s annual event in July 2011) and written up some short articles that have been published (e.g. Keep 2011 - a, b and c), during which time she has been scrutinised, questioned, and commented upon, offering her much support to keep on track and to deepen the integrity of the research. In addition 2 years ago, the researcher submitted a very early draft to her supervisors, and was given a lot of support to bring rigour, credibility and a more robust way of pulling together the research at that point, and was also given a thorough understanding of the ‘gaps’ in the research itself including gaps in the literature. The researcher then took a further year to plug those gaps by undertaking further literature reviews and by undertaking a further round of questions with the inquiry group, to check back and reaffirm the findings. Over and above this the researcher has used much of the findings in her daily work at hospitals

and other organisations, when working with individuals, teams, managers and leaders to continue to ‘test out’ the validity of the findings and to test out whether what was emerging made sense to those in the workplace. This questioning as part of the reflective process on validity continually considered whether the research felt ‘true’ (Locke, Silverman and Spirduso 2005:21) in addition to whether the results would remain ‘truthful when subsequently applied to people, situations or objects outside the original investigation’.

Validity rests on a number of elements including ‘whether the work contributes to our understanding and new learning about the subject of inquiry’ (Etherington 2004:80) and a regular question asked by the researcher (to the inquiry group for instance) was ‘does the work make a contribution to our understanding of (organisational) life?’ And ‘is it an expression of reality as regards organisational and work life?’ Where doubts were raised or there was a cause for concern, decisions were made as to whether to continue to include that aspect or whether to not include it, or whether to further explore it to get to a point of validity with it, or whether to leave it as unqualified, but to raise this honestly within the study. One of the reasons the researcher herself for example for her own auto ethnographic inquiry underwent many many iterations of reflection, developing an understanding, trying and testing something new, reflexivity, and maybe trying and testing that same thing again was so as to ensure a solid foundation to the claims made about self-care at work and in particular the various practices within a self-care at work approach.

Gill and Johnson (2005:84-85) discuss validity, internal and external as well as reliability as based upon the consistency of results and the ability of another researcher to replicate the research. The researcher feels here that it would potentially be possible to replicate the research based on the original research questions and based on the research methods - using auto ethnography and an inquiry group, and undertaking a number of iterations just as this research did, although any replication would need to bear in mind it was an iterative study, that it followed the curiosities and lines of ‘inquiry’ that emerged along the way.

For the researcher, auto ethnography offered a reflexive and reflective way of researching, focusing both in the research data itself and the research methodology consistently throughout the study. In addition having an inquiry group offered another ‘point of reflection’ for this too, if it didn’t make sense to them, then it wasn’t going to make sense to anyone else, and if it didn’t seem real or credible to them, it wouldn’t to anyone else. Also working together in the inquiry group we regularly considered whether it felt ‘credible, real, authentic, useful, accessible’ to others who had not been involved in anyway shape or form with the process of this research study.

This is not to say this study is not without its short comings because it does have limitations. It also has a number of suggested future studies based on phenomena and further curiosities and questions that arose during the study but which were not ‘answered’ or explored, during this study.

Limitations of the study include:

- The study *didn't conclude at the outset, or completion what is 'self'*. Given self is in the title and a strong feature of this study it could be seen as a weakness, but as outlined in both chapter 2 (methodology) and chapter 3 (literature) finding a definition of ‘self’ was elusive. What this study did conclude (as mentioned in chapter 6 above) though was that by making ‘self’ a focus (e.g. self-care at work) the researcher and inquiry group each in their own way developed a deeper understanding of ‘self’ in the context of self-care at work, including their likes, dislikes, needs, and in the early stages the many beliefs and ideals they had that were getting in the way of their own approach to self-care at work (discussed further in the findings chapters 4 and 5, and in the implications to practice). *Self became 'known' to the researcher through the process of the research, uniquely so, whether it was how she felt, or the way she choose to live her life. This was one of the greatest revelations of this study.* ‘Who am I’ became clearer for the researcher as being a deeply tender, delicate woman, with a true compassion for humanity, from her love and understanding for her self, and the very essence of who she found herself to be and the exquisite quality of that essence. This in itself could form part of a future study.



- Within the implications for practice the study suggests that self-care at work matters. It mattered to the inquiry group and the researcher. *What this study didn't do was measure or quantify the notion of 'mattered' (e.g. what the measure of 'matter' was).* What was known that it did matter to self care at work, and that each one of us was worthy of that, and deserved to self care. This could be studied further.
- Whilst 'using the physical body as a barometer' was found to be extremely useful repeatedly so by the inquiry group and researcher there was no 'check' (e.g. before and after the study) of the inquiry group/researcher's physical body to see if there was a difference, or to measure scientifically the 'sensations' etc that were felt. It was iteratively, and consistently shown though that those involved in this study developed a relationship with their body, and had their own unique way of understanding its signs and signals. *A future study could take some basic measurements e.g. Weight, blood pressure, fasting glucose, other blood tests, as well as responding to an overall well-being type questionnaire at the beginning and end of the study to put some 'measures' of what actually change physically, physiologically, and in the overall well-being of the participants.* As it was for the researcher the quality of her life changed beyond imagination, and her body shape change, her blood pressure decreased, and her health and vitality (as checked by the GP at the end - through bloods, weight, etc) was very 'healthy'.

## **7.2 Potential further, future research areas arising from this study (and questions left unanswered)**

- It became clear during the study that *the terms self observation and self awareness are sometimes used interchangeably.* It also became clear that self observation and self awareness are different things and that one (self observation) arguably sits within the other (self awareness), as without self observation, the development of self awareness could arguably not occur. This study didn't set out to explore these differences, or their inter-relationship. The researcher did observe though that the term self awareness was used frequently in the practitioner literature, practitioner professional associations, and in their professional standards or codes of conduct. (e.g. Coaching associations, HR associations, Leadership associations, Consultancy

associations). What struck the researcher was that this term was loosely applied and that there seemed to be no way of ‘testing’ self awareness, or offering any definitions (although some of the literature does offer definitions e.g. (Avolio and Gardner 2005:324, Baker 2003:14). Many of the coaches the researcher spoke to at the coaching conferences where she presented her interim findings talked about how ‘self aware’ they were, yet as observed by the researcher there often seemed to be only what could be deemed as a ‘first/surface level’ of awareness. The researcher can say this, based on the strength of 6 years of iterations of self observation, leading to a deeper self awareness, and there are many levels of self awareness, though she has not focused this study on this and this could (if it hasn’t already) be an interesting future study. This for the researcher also raised a question of ‘fitness to practice’ if ‘self awareness’ was a standard or part of the code of conduct, is this self regulatory? If so, we can sometimes be unaware of our own level of awareness as raised in chapter 3 (e.g. Carter and Dunning 2007) and how can this be self regulatory if we don’t know what we aren’t aware of so to speak? There is a role here for professional supervision, as well as support within the various roles (e.g. coaching) to understand what self awareness actually looks and feels like.

- At the time of this research there seemed to be a paucity of physical health and well-being standards or measures in many of the professional practitioner codes of conduct for instance (as discussed in chapter 3) and this seemed to be an obvious gap and an implication for practice, and could be researched further. Additional to this as this was *a gap in the codes of conduct, if a practitioners physical body for instance was unwell at what point would this become a fitness to practice issue?* If a practitioner was tired and depleted at what point would that be deemed as a fitness to practice issue, all of which is worthy of further research if this research has not already been undertaken for example for coaches or managers.
- Whilst this study concludes that self-care does matter, and a limitation is that there is no measure of ‘matter’ and how much it mattered, *a further potential study is to ascertain the added value of a self-care at work approach taking the ‘client’ perspective in this* and understanding how they perceive the value add of a practitioner that has a steady and consistent self-care at work approach. In addition

to this, further work in making a direct link to productivity or a direct link to quality of service as received by the recipients (e.g. coachees) could be studied.

- Whilst this study focused primarily on practitioners e.g. coaches, managers, and facilitators, *it is possible that the same research or indeed the same processes for developing self awareness and developing self-care could apply to ALL others at work*, whatever their profession, and further research could be undertaken to explore, prove or disprove this.
- In the findings (chapters 4 and 5) and implications for practice (chapter 6), there were a number of perceived organisational (e.g. going the extra mile/customer first) and social (self-care is selfish) barriers to self-care at work. Whilst these were explored and discussed further research could be undertaken here. Linked to this, *one aspect that arose in this study was about the unwillingness (e.g. for fear or shame) of an individual being absolutely honest about how they really feel at work, and expressing this to work colleagues or bosses, and this 'taboo' could be further explored.*
- It is possible that *further studies into support for individual self-care at work in policies could be undertaken*, e.g. recognition, having regular objectives in annual appraisal, and celebrating the success of those who are vital, self caring, self supporting at work and the difference that makes to the quality of their services (rather than the more popular focus of organisationally based health and well-being programmes)
- A further study could be to further *try and test the 'self at work development framework'* in a variety of workplaces, or with a variety of practitioners or individuals
- A study to *further explore using the physical body as a navigator of individual workplace well-being, and for self-care at work* could be undertaken, as well as further work around 'self as instrument' and the connection to the physical body as a barometer in this.
- In addition *a further study, if no such study exists already into why self-care can be seen as 'selfish' by others* (e.g. Those who are observing someone who is self-caring at work) could be studied.

Over and above these aspects above that came up during the research though were not studied any further, it is worth mentioning here briefly a few other aspects that were considered briefly during the study, but discarded as being not wholly relevant to the study. These are summarised as:

Buddhism - in that during the study there was a growing literature on mindfulness (e.g. For coaches), and other meditation type practices. This was excluded as the focus was not to explore deeply each type of self care practice as such (e.g. Exercise, nutrition, resting) but to understand what type of self care practices could work as a 'programme' of self care.

Customer Service - in that quality of self mattered, and where there was no self quality (e.g. Tired, distracted) those who participated in this research knew the quality of their services to their clients and customers suffered. Customer service was not studied further here, as this study focused on developing self care, and, asked secondarily did this make a difference to service quality. As suggested above, a further study from a customer perspective could add value in the future.

Self Management and self care for patients (e.g. With long term conditions) - a lot of work has been done in the NHS to support patients with long term conditions to self care, and self manage their condition. Whilst this was mentioned briefly, and considered, this study did not go into any particular long term conditions (or otherwise) that the participants suffered from. A further study could however look at self care at work, and long term conditions if it has not done so already.

Occupational Health - arguably plays a considerable role in supporting self care at work. Occupational Health was considered, and many of the programmes, policies, and services offered were considered too, however, this study focused in the individual employee perspective of developing self care and not from getting support for self care from outside/or from a function or department. A future study could consider the role of Occupational Health in supporting the development of self care at work.

The Role of HR in developing self care at work - similarly to Occupational Health arguably HR plays a role in supporting employee self care, e.g. Through policies, or through legitimising self care at work via culture or behaviours of managers. Again as above, the focus on this study was on the individual employee perspective rather than from an organisational perspective, and arguably a further study could be undertaken to look at HR's role in supporting self care.

The macro social-cultural aspects of change and potential barriers. Whilst these were considered briefly they were not included in this study. It was found by the participants and researcher that there were some wider social norms that were part of the ideals and beliefs that got in the way of developing self care at work. One of these is mentioned above - the notion of being 'selfish', and the tension this causes when some aspects of society and culture are asking for an altruistic approach to life where the expectation can be on giving your all. There were many cultural aspects found which were not researched further, but are worthy of further research such as being honest if you feel unwell rather than 'stiff upper lip' and keeping going, or leaving work on time rather than a culture of presenteeism which was felt by many participants. Going against the 'grain' was another factor felt by some of the participants, in that they were taking care of themselves, taking a moment to eat lunch, or take a brief walk, and others were not, and they felt initially to be the 'odd one out' in taking strides in taking care of self at work. As mentioned in this study additionally there are many workplace policies (widespread in all workplaces) that seemed counter-intuitive to self care - such as rigorous sickness absence approaches that forced people to come to work when they were actually ill. Also it is possible that a large scale change to industry, work, or in an organisation such as 'wellbeing at work' can offer a focus for an individual to self care. Where these large scale changes were not being undertaken, individuals (the participants/researcher) found themselves at times without supportive infrastructures, policies, people, and felt isolated, though in having the inquiry group this was a place to explore and support one another. These are worthy of future study in relation to developing self care at work.

### **7.3 Dissemination**

This study has been and will continue to be shared in many ways. In addition it has long since become the researcher's way of working - self-care at work is an ongoing daily inquiry for the researcher. It is already being used with the researcher's clients, organisations, groups of leaders, coaches, managers etc particularly on development programmes, resilience programmes and health and well-being workplace projects. The researcher will be writing a number of articles and using the contents of this study for a series of blogs on her own website on a number of other related websites. Self-Care at work is a life long study for the researcher and this thesis offers a solid foundation from which to share this with others for many many years to come.

## References

1. Adams, T., Bezner, J., and Steinhardt, M. (1997) The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion*. 11, pp. 208-218
2. Akella D (2010) Learning together: Kolb's experiential learning theory an its application. *Journal of Management & Organization*. 16 (1) pp. 100-112
3. Alexander, G. and Renshaw, B. (2005) *Supercoaching: The Missing Ingredient for High Performance*. London: Random House.
4. Amulya J, 2011 What is Reflective Practice? *Community Science* (May) PDF accessed August 2011 ([www.communityscience.com](http://www.communityscience.com))
5. Andres, M., Ebough, E., Feeney, J., Long, P., and Zipin, M, (2001) Listening to the wisdom of the body. Retreat workshop (brochure) Xixim, Mexico, as in Baker, E.K. 2003
6. Antonacopoulou, E.P. (2000) Employee Development through self-development in three retail banks, *Personnel Review*. 29 (4), pp. 491-508
7. Ardell, D.B. (1977) *High Level Wellness: An alternative to Doctors, Drugs, and Disease*. Emmaus. PA: Rodale Press.
8. Argyris C., Putnam, R., and Smith, M. (1985) *Action Science: Concepts, Methods and Skills for Research and Intervention*. California: Jossey-Bass.
9. Argyris, C. and Schön, D. (1974) *Theory In Practice: Increasing Professional Effectiveness*. San Francisco: Jossey-Bass.
10. Argyris, C. and Schön, D. (1996) *Organizational Learning II: Theory, Method and Practice*, Reading, Mass: Addison Wesley.
11. Arkin, A. (2005) In Search of the Real Thing. *People Management Magazine*. 11 (23), pp. 32-34.
12. Association for Coaching website - <http://www.associationforcoaching.com/pages/about/code-ethics-good-practice>
13. Association for Professional Executive Coaching and Supervision (APECS) - <http://www.apecs.org>

14. Astin, J. (1997) Stress reduction through mindfulness meditation. *Psychotherapy & Psychomatics*. 66, pp. 97-106
15. Avolio, B.J., and Gardner, W.L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *Leadership Quarterly*. 16, pp. 315-338.
16. Avolio, B.J., Gardner, W.L., Walumbwa, F.O., Luthans, F. and May, D. (2004). Unlocking the mask: A look at the process by which authentic leaders' impact follower attitudes and behaviours. *Leadership Quarterly*. 15, pp: 801-823.
17. Bachkirova, T. (2004) Dealing with Issues of the Self-Concept and Self-Improvement Strategies in Coaching and Mentoring. *International Journal of Evidence Based Coaching and Mentoring*. 2, pp. 29-40.
18. Bachkirova, T. and Cox, E. (2007) 'Coaching with Emotion in Organisations: Investigation of Personal Theories'. *Leadership & Organization Development Journal*. 28 (7), pp. 600-612.
19. Bachkirova, T. (2011) *Developmental Coaching: Working With Self*. Open University Press: McGraw Hill.
20. Baker, B. (2008) When Alzheimer's Strikes. *Workforce Management*. 17 November, pp. 24-26.
21. Baker, E. K. (2003) *Caring For Ourselves: A Therapist's Guide to Personal and Professional Well-being*. Washington, DC: American Psychological Association.
22. Bandura, A. (1986) *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.
23. Bandura, A. (1997) *Self-Efficacy: The Exercise of Control*. New York: W.H. Freeman and Company pp 78-115
24. Barner, R. (2006) The Targeted Assessment Coaching Interview. *Career Development International*. 11 (2), pp. 106-107.
25. Barner, R. and Higgins, J. (2007) Understanding Implicit Models that Guide the Coaching Process. *Journal of Management Development*. 26, (2), pp. 148-158.
26. Baruch, V (2004) Self-Care for Therapists: Prevention of Compassion Fatigue and Burnout. *Psychotherapy in Australia*. 10 (4).
27. Baruch, Vivian (2008) promoting thriving for therapists:an integral perspective. *journal of integral theory and practice*. 3 (4) pp. 85-105.



28. Becker, T. E. 1998. Integrity in Organizations: Beyond Honesty and Conscientiousness. *Academy of Management Review*. 23 (1) pp. 154-161.
29. Benhayon, S. (2006) email to Jane Keep, August 17th
30. Benhayon, S. (2008). *The Way of Initiation: The Development of Energetic Awareness*. Australia: Unimed Publishing.
31. Benhayon, S. (2009) *Esoteric & Exoteric Philosophy - 'The Sayings'*. Australia: Unimed Publishing
32. Benhayon, S. (2011) *Esoteric Teachings & Revelations: a new study for mankind*. Australia: Unimed Publishing.
33. Benhayon, S. (2013) *An Open Letter to Humanity*. Australia: Unimed Publishing - forthcoming.
34. Berg, D.N. And Smith, K.L. (1998) *The Self in Social Inquiry. Researching Methods*. London: Sage.
35. Bluckert, P. (2005) *Critical Factors in Executive Coaching: The Coaching Relationship*. *Industrial & Commercial Training*. 37 (7) pp. 336-340.
36. Bluckert, P. (2006) *The Foundations of a Psychological Approach to Executive Coaching'*. *Industrial and Commercial Training*. 37 (4) pp. 171-178.
37. Boorman S (2009) *NHS Health and well-being. Report*. Department of Health, Leeds. November.
38. Boydell, T. (1976) *Experimental Learning*. Manchester Monographs. Vol 5, Dept of Adult Education, University of Manchester, Manchester.
39. Bradbury, H. and Reason, P. (2003) *Action Research: An Opportunity for Revitalizing Research Purpose and Practices*. *Qualitative Social Work* 2 (2) pp. 155-175.
40. Brady, L L, Norcross J D and Guy JD (1995) *Managing your own distress: lessons from psychotherapists healing themselves*. In L Vandercreek, S Knapp & T L Jackson eds *Innovations in Clinical Practice* pp. 293 - 306 Sarasota, FL: Professional Resource Press
41. Braud, W. And Anderson, R. (1998) *Transpersonal Research Methods for the Social Sciences: Honouring Human Experience*. London: Sage.
42. Brennan, P.L. and Moos, R.H. (1990) *Life Stressors, Social resources, and Late-life Problem Drinking*. *Psychological Aging*. 5, pp. 491-501.

43. Brewer, J.D. (2000) *Ethnography*. Reprint. Buckingham: Open University Press. 2000
44. Brimelow, A. (2008) Mental Health 'Costs UK Billions', [online], Available at: <http://news.bbc.co.uk/1/hi/health/7139233.stm> [13 December 2007].
45. British Association for Counselling and Psychotherapy (2013) *Ethical Framework for Good Practice in Counselling and Psychotherapy*. [http://www.bacp.co.uk/admin/structure/files/pdf/9479\\_ethical%20framework%20jan2013.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/9479_ethical%20framework%20jan2013.pdf)
46. Bryant, L. D., Bown, N., Bekker, H. L., and House, A. (2007) The Lure of 'Patient Choice'. *British Journal of General Practice*. October pp. 822 - 826.
47. Bryman, A. and Bell, E. (2003) *Business Research Methods*. Oxford: Oxford University Press.
48. BUPA (2011) *Health pulse 2011, International Healthcare Survey. Global Trends, Attitudes and Influences* [http://www.bupa.com/media/288798/bupa\\_health\\_pulse\\_report\\_2011.pdf](http://www.bupa.com/media/288798/bupa_health_pulse_report_2011.pdf)
49. Burrell, G. and Morgan, G. (1979) *Sociological Paradigms and Organisational Analysis*. Reprint. Heinemann: London. 1985.
50. Burr, V. (1995) *An Introduction to Social Constructionism*. London: Routledge.
51. Butler, S. (2009) Considering "Objective" Possibilities in Auto Ethnography: A Critique of Heewon Chang's Auto Ethnography as Method. *The Weekly Qualitative Report*. 2 (51), pp. 295-299.
52. Carroll, Lewis. (1992) *Alice's Adventures in Wonderland*. Reprint edition. Wordsworth Editions Ltd: (1 May)
53. Carter J. C. and Dunning D. (2007) Faulty Self-Assessment: Why Evaluating One's Own Competence Is an Intrinsically Difficult Task. *Social and Personality Psychology Compass* 2/1. (2008) 346–360, Online Journal Compilation. Blackwell Publishing Ltd.
54. CBI Workplace Health and Absence Survey (2011) [www.CBI.org.uk](http://www.CBI.org.uk)
55. CBI Workplace Health and Absence Survey (2010) [www.CBI.org.uk](http://www.CBI.org.uk)
56. Chang, G. and Diddams, M. (2009) Hubris or Humility: Cautions Surrounding the Construct and Self-Definition of Authentic Leadership. *Academy of Management Proceedings*. pp. 1-6.
57. Chang, H. (2008). *Auto Ethnography as method*. CA, USA: Left Coast Press.

58. Chartered Institute of Managers Code of Professional Management Practice,  
Available at: [www.managers.org.uk/view-code-conduct](http://www.managers.org.uk/view-code-conduct).
59. Chartered Institute of Managers (2009) Best Practice: Healthy Workplace, Healthy Workforce - Guidance for Managers. <http://www.managers.org.uk/page/best-practice-healthy-workplace-healthy-workforce-guidance-managers>
60. Cheung-Judge, M (2001). Self as an instrument: A cornerstone for the future of OD. *OD Practitioner*. 33 (3) pp. 11-16.
61. Cheung-Judge M.-Y., and Holbeche, L. (2011). *Organization Development: A Practitioners Guide for OD and HR*. Kogan Page
62. CIPD website - [www.cipd.co.uk](http://www.cipd.co.uk)
63. CIPD (2004) Coaching standards needed to counter poor impression. Press Release 13 August 2004.
64. CIPD (2007) New Report Lifts the Lid on Scale of Mental Ill Health at Work. 4 June.
65. CIPD (2007) New CIPD Survey Shows Drug and Alcohol Misuse to be Significant Cause of Lost Productivity. 17 September.
66. CIPD (2007) Rising Levels of Work Related Stress Prompts New Guidelines to Help Employers Manage Stress Effectively. Press Release 21 March.
67. CIPD (2008) Tenth Annual Survey. CIPD, Press Release.
68. CIPD (2009) CIPD Highlights Hidden Cost of Poor Mental Health at Work on National Stress Awareness Day. Press Release 4 November 2009.
69. CIPD (2010) NHS Sickness Absence can be reduced – but thorough review of sickness absence practice and wider public sector people management is needed, Press Release 25 March 2010.
70. CIPD (2012 a) Obesity: bad for the bottom line. Press release in *People Management Magazine* online. 28th February
71. CIPD (2012 b) fact sheet on stress and mental health at work <http://www.cipd.co.uk/hr-resources/factsheets/stress-mental-health-at-work.aspx>
72. CIPD (2012 c) Code of Professional Conduct. July. <http://www.cipd.co.uk/about/code-of-conduct-review/profco.htm>
73. CIPD (2012 d) Annual Absence Survey (with Simply Health)

74. CIPD & AXA PPP Healthcare (2012 a) Building a culture of organisational well-being: Planning for organisational being: well-being teams and measuring health culture. June.
75. CIPD & AXA PPP Healthcare (2012 b) Building a culture of organisational well-being: the benefits of an effective well-being strategy. January.
76. Clarke, C. C. (1996) *Wellness Practitioner: Concepts, Research and Strategies*. New York: Springer.
77. Clark, R. W. and Lattal, D. (1993) *Changing Behaviour and Ethics*. The Human Resources Professional. Spring, pp. 15-18.
78. *Coaching at Work (2010) Poor Practice 2010 Survey*.
79. Collins (1982) *Concise English Dictionary*. Reprint. Glasgow: Harper Collins. 2001
80. Colvin, G. (2010) *Talent Is Overrated: What Really Separates World-Class Performers from Everybody Else*. Portfolio Trade.
81. Connor, M. and Pokora, J. (2007) *Coaching & Mentoring at Work: Developing Effective Practice*. Maidenhead: Open University Press.
82. Coster, J. S. and Schwebel, M. (1997) Wellfunctioning in professional psychologists. *Professional Psychology: Research and Practice*. 28 (1) pp. 5 - 13.
83. Coster, J. S., and Schwebel, M. (1998) Wellfunctioning in professional psychologists.:as program heads see it. *Professional Psychology: Research and Practice*. 29 (3) pp. 284-292.
84. Coulson, J., Carr, C. T., Hutchinson, L. and Eagle, D. (1981) *The Oxford Illustrated Dictionary*. London: Book Club Associates.
85. Crimmins T and Halberg J, Measuring success in creating a ‘culture of health’’, *Journal of Occupational & Environmental Medicine* 51(3); pp 351-355, March 2009.
86. Crotty, M. (2005) *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage Publications.
87. Cummins, P. N, Massey, L. and Jones, A. (2007) Keeping Ourselves Well: Strategies for Promoting and Maintaining Counsellor Wellness. *Journal of humanistic Counseling, Education and Development*. 46 pp. 35-49.
88. Cunningham, I. (2007) Why Managers Shouldn’t do all the Coaching. *People Management Magazine*. 25 January, p. 60.

89. Cunningham, I. (2007) 'Managers Can't (and shouldn't) Do all the Coaching: Taking a More Realistic Approach to Coaching in Organization. *Development and Learning in Organizations*. 21, (1) pp. 4-5.
90. Curran, K. M., Seashore, C.N., and Welp, M.S. (1995) Use of self as an instrument of change. *Proceedings of the Organization Development Network Meeting in Seattle, Washington*. November
91. Cushman, P. (1995) *Constructing The self, Constructing America :A Cultural History of psychotherapy*. MA: Addison-Wesley
92. Dawe, A. (1970) The Two Sociologies. *British Journal of Sociology*. 21 pp. 207-218, p 207 in Burrell and Morgan 1979)
93. Denzin, N. K. and Lincoln, Y, S. (2005) *The Sage Handbook of Qualitative Research*. 3<sup>rd</sup> edition, California: Sage Publications.
94. Department of Health (2010) *What the Health Profile of England 2009 shows – the general picture*, Norwich: TSO.
95. Depken, D. (1994) Wellness through the lens of gender: A paradigm shift. *Wellness Perspectives: Research, Theory, and Practice*. 70 pp. 54-69.
96. Dewey, J. (1933) *How We Think. A restatement of the relation of reflective thinking to the educative process*. (Revised edn.), Boston: D. C. Heath.
97. Dilthey, W. (1976) *Selected writings* (ed H.P. Rickman London: Cambridge University Press
98. Dlugos, R. F, and Friedlander, M. L. (2001) Passionately committed psychotherapists: a qualitative study of their experiences. *Professional psychology: research and practice*. 32 (3) pp. 298-304.
99. Domar, A.D. (2000) *Self-nurture:learning to care for yourself as effectively as you care for everyone else*. New York: Penguin books
- 100.Dorman, C. And Kaiser, D. (2002) Job Conditions and Customer Satisfaction. *European Journal of Work and Organizational Psychology*. 11 pp.257-283.
- 101.Dunn, J.L. (1977) *High-Level Wellness*. Thorofare: NJ: Charles B Slack.
- 102.Dunning, D. (2006) Strangers to ourselves. *The Psychologist* 19 (10) p 603
- 103.Edelwich, J. and Brodsky A. (1980) *Burnout: Stages of Disillusionment in the Helping Professions*. New York Human Science Press.

104. Eid, M. and Larson, R. J. (2008) *The Science of Subjective Well-being*. New York: The Guildford Press.
105. Eisner, E. (1982) *Cognition and curriculum: A Basis for Deciding What to Teach*. New York: Longman
106. Eisner, E. (1991) Forms of understanding and the future of education. *Educational Researcher*. 22 pp 5 - 11.
107. Elberfeld, K. (2002) Service Is the Truest Form of Leadership. *LIA*. 22 (5).
108. Ellerman, D. Denning, S. and Hanna, N. (2001) Active Learning and Development Assistance. *Journal of Knowledge Management*. 5 (2) pp. 171-179.
109. Ellis, C. (2004) *The Ethnographic I : A methodological Novel about Auto Ethnography*. Walnut Creek, CA: Altamira Press.
110. Ely, M., Vinz, R., Downing, M. And Anzul, M. (1997) *On writing Qualitative Research on Lived Experience*. Thousand Oaks, CA: Sage
111. Esoteric Practitioners Association (EPA) <https://www.universalmedicine.com.au/esoteric-practitioners-association>.
112. Etherington, K. (2004) *Becoming a Reflexive Researcher: using ourselves in research*. Jessica Kingsley Publishers.
113. European Mentoring & Coaching Council - website <http://emccuk.org/ethics-standards/>
114. Fisher, D., Merron, K. And Corbert, W. (1987) Human Development and Managerial Effectiveness. *Group and Organisational Studies*. 12 (3) pp. 257-273.
115. Fisher, D. And Torbert, W.R. (1995) *Personal and Organizational Transformation: The True Challenge of Continual Quality Improvement*. London: McGraw Hill.
116. Fichte, J.F. (1970) *Science of Knowledge*. New York: Century Philosophy Course Books.
117. Flaherty, J. (2005) *Coaching: Evoking Excellence in Others*. Massachusetts: Elsevier Butterworth Heinemann.
118. Florio-Ruane, S (2001) *Teacher Education and Cultural Imagination*. Mahwah, NJ: Lawrence Erlbaum. in Chang (2008)
119. Frank, A.W. (1995) *The Wounded Storyteller: Body Illness and Ethics*. Chicago, IL: University of Chicago Press.

- 120.**Friedman, V.J. And Lipshitz, R. (1992) Sifting Cognitive Gears: Overcoming Obstacles On the Road to Model 2. *Journal of Applied Behavioural Science*. 28 (1) pp. 118-137.
- 121.**Friedman, V.J. (2001) Action Science: Creating Communities of Inquiry in Communities of Practice. In Reason, P. and Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. Reprint. London: Sage. 2006.
- 122.**Frost, J. (2007) In House Coaching and Mentoring. *Training Journal*. August, pp. 52-55.
- 123.**Frost, K. (2007) ‘Keep a Check on Supervision of New Coaches’, *People Management Magazine*. 28 June, p. 50.
- 124.**Fusco, T., Palmer, S. and O’Riordan, S. (2011) Can Coaching Psychology Help Develop Authentic Leaders: Part One. *Coaching Psychology International*. 4 (1) pp. 3 - 5.
- 125.**Gabriel, Y. (2000) *Storytelling in Organizations Facts, Fictions and Fantasies*. Oxford: Oxford University Press,
- 126.**Gagliani, S. and Gatz, D. (2012) The Patient Promise. <http://www.thepatientpromise.org/in-the-news.html>.
- 127.**Gardner, W. L., Fischer, D. and Hunt J. G. (2009) Emotional Labor and Leadership: A Threat to Authenticity? *The Leadership Quarterly*. 20 pp. 466-482.
- 128.**Gardner, W. L., Avolio, B. J., and Walumbwa, F. O. (2005). *Authentic Leadership Theory and Practice: Origins, Effects, and Development*. San Diego, CA: Elsevier.
- 129.**Gardner, W.L., Avolio, B.J., Luthans, F., May, D.R., and Walumbwa, F.O. (2005). Can you see the real me? A Self-based Model of Authentic Leader and Follower Development. *Leadership Quarterly*. 16 pp. 434-372.
- 130.**Geertz, C. (1984) From A Native’s Point of View: On The Nature of Anthropological Understanding. In R.A. Shweder and R. A. Levine eds. *Culture Theory: Essays on Mind, Self, and Emotion*. pp. 123-136, Cambridge UK: Cambridge University.
- 131.**George, B., Sims, P., McLean, A. N. and Mayer, D. (2007) Discovering Your Authentic Leadership. *Harvard Business Review*. February pp. 129-130, 137.
- 132.**Gergen, K. (1991) *The Saturated Self: Dilemmas of Identity in Contemporary Life*. New York: Basic Books.

- 133.**Ghaye, T. (2010) In What Ways Can Reflective Practices Enhance Human Flourishing? *Reflective Practice*.11 (1) pp. 1–7.
- 134.**Ghaye, T. And Ghaye, K. (1998) *Teaching and Learning Through Critical Reflective Practice*. London: David Fulton Publishers.
- 135.**Goffee, R. and Jones, G. (2005) *Managing Authenticity: The Paradox of Great Leadership*. *Harvard Business Review*. 85 pp. 86-94.
- 136.**Greenleaf, R. K. (1998) *The Power of Servant-Leadership*. San Francisco: Berrett-Koehler Publishers, Inc.
- 137.**Guba, E. G. and Lincoln, Y. S. (2005) ‘Paradigmatic Controversies, Contradictions, and Emerging Confluences’, in Denzin, N. and Lincoln, Y. eds. (2008) *Handbook of Qualitative Research*, 3<sup>rd</sup> edition, California: Sage Publications.
- 138.**Hammerschlag, C.A. (1992) *The Theft of the Spirit: A Journey to Spiritual Healing*. New York:Simon & Schuster.
- 139.**Hardingham, A., Brearley, M., Moorhouse, A. and Venter, B. (2004) *The Coach’s Coach: Personal Development for Personal Developers*. CIPD.
- 140.**Harris, N. (2001) *Management of Work-related Stress in Nursing*. *Nursing Standard*. 16 pp. 47-52.
- 141.**Harter, J.K., Schmidt, F.L., and Keyes, C.L.M. (2003) *Well-being in the Workplace and its Relationship to Business Outcomes: A Review of the Gallup Studies*. In Keyes, C.L.M. and Haidt, J. eds. *Flourishing, Positive Psychology and the Life Well-Lived*. Washington D.C., USA:American Psychological Society.
- 142.**Hay, J. (2006) In the final analysis. *Coaching at Work*. 1 (5), pp. 38-39.
- 143.**Health Foundation (2011) *Snapshot: Co-creating Health Building new relationships between people with long-term conditions and a supportive health service*. April
- 144.**Heron, J. And Reason, P. (2001)*The Practice of Co-Operative Inquiry: Research ‘With’ Rather than ‘On’ People*. Reason, P. and Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. Reprint. London: Sage. 2006.
- 145.**Herzberg, F. W., Mausner, B. and Snyderman, B. (1957) *The Motivation To Work*, New York: John Wiley.
- 146.**Hesslow, G. (1993) Do we need a concept of disease? *Theoretical Medicine*. 14
- 147.**Hettler, B. (1980) *Wellness Promotion on A University Campus: Family and Community Health*. *Journal of Health Promotion and Maintenance*. 3, pp. 77-95.



148. International Coaching Federation - website <http://www.coachfederation.org/about-icf/ethics/conduct/>
149. Jaffee, D. T. and Scott, C. D. (1984) *From Burnout to Balance: A Workbook for Peak Performance and Self-renewal*. New York: McGraw-Hill.
150. Jarvis, P. (1992) *The Paradoxes of Learning*. San Francisco: Jossey-Bass.
151. Jobst, K. Shostak, D., and Whitehouse, P. (1999) Diseases of Meaning, Manifestations of Health, and Metaphor. *The Journal of Alternative and Complimentary Medicine*. 5 (6) pp. 495-502.
152. Johnson, P. and Duberley, J. (2000) *Understanding Management Research*. Reprint. London: Sage Publications. 2005
153. Jones, S.H. (2005) Auto Ethnography: Making the personal Political. Chapter 30 in Denzin, N. K. and Lincoln, Y, S. (2005) *The Sage Handbook of Qualitative Research*. 3<sup>rd</sup> edition, California: Sage Publications.
154. Joyce, J. (1914) *Dubliners*. Penguin Popular Classics
155. Jupp, V. (2005) *The Sage Dictionary of Social Research Methods*. London: Sage Publications.
156. Keep, J. (2007) Fitness to Practice: Can Well-Balanced, Supported HRD Practitioners Better Deal with Ethical and Moral Conundrums? *Human Resource Development International*. 10 (4) pp. 465-473.
157. Keep, J. (2011 a) Self-Care for Coaches: why bother and how to begin. *Coaching Conversations*. Autumn. North West Leadership Academy.
158. Keep, J. (2011 b) Self-Care at work and its practical development: coaches as a case in point. *Developing Mentoring and Coaching Research & Practice*. European Mentoring & Coaching Council Papers from the 1st EMCC Research Conference. 7 & 8th July 2011.
159. Keep, J. (2011 c) How to support and nourish ourselves. *Coaching at Work*. 6 (6)
160. Kemp, T. (2008) Self-Management and the Coaching Relationship: Exploring Coaching Impact Beyond Models and Methods. *International Coaching Psychology Review*. 3 (1).
161. Kernis, M. H. (2003) Toward a Conceptualisation of Optimal Self-esteem. *Psychological Inquiry* 14 pp. 1-26.

162. Kinsella E. A. (2010) Professional Knowledge and the Epistemology of Reflective Practice. *Nursing Philosophy*. 11 (1) (January) pp. 3-14.
163. Kolb, D. (1984) *Experiential learning: experience as the source of learning and development*. Englewood Cliffs NJ: Prentice Hall.
164. Koustoros, P. And Mclean, S. (2006). The Importance of Self-care. The International Child and Youth Care Network. *Reading for Child and Youth Care People*. 89.
165. Ladkin, D. and Taylor, S. S. (2010) Enacting the ‘True Self’: Towards a Theory of Embodied Authentic Leadership. *The Leadership Quarterly*. 21, pp. 64-74.
166. Lafferty, J. (1979) A Credo for Wellness. *Health Education*. 10, pp. 10-11.
167. Lawson, G. Venart, E. Hazler, R. J. and Kottler, J. A. (2007) Towards a Culture of Counsellor Wellness, *Journal of Humanistic Counseling, Education and Development*. 46 (1) pp. 5-19.
168. Leiter, M.P., Harvie, P. And Frizell, C. (1998) The Correspondence of Patient Satisfaction and Nurse Burnout. *Social Science and Medicine*. 47 pp.1611-1617.
169. Levy, R.L., Cain, K.C., Jarrett, J., and Keitkemper, M.M. (1997). The relationship between daily life stress and gastrointestinal symptoms in women with irritable bowel syndrome. *Journal of Behavioural Medicine*. 20 pp. 177-193.
170. Lievegoed, B.C. (1980) *The Developing Organisation*. Millbrae, CA: Celestial Arts.
171. Locke, L. F., Silverman, S. J. and Spirduso, W. W. (2005) Types of Research: An Overview. in Booth, C. and Harrington, J. (2005) *Developing Business Knowledge*, London: Sage Publications.
172. Lorion, R.P. (2000) Theoretical and evaluation issues in the promotion of wellness and the protection of “Well enough.” In D. Cicchetti, J. Rappaport, I. Sandler, & R.P. Weissberg eds. *Promotion of Wellness in Children and Adolescents* pp. 1-27.
173. Management Consultancies Association (MCA) code of practice. Available at: [www.mca.org.uk/code-practice](http://www.mca.org.uk/code-practice)
174. Marshall, J. (2001) *Self-Reflective Inquiry Practices*. In Reason, P. and Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. Reprint. London: Sage. 2006.

175. Marshall, J. And Reason, P. (1998) Collaborative and Self-Reflective Forms of Inquiry in Management Research, in J. Burgoyne and M. Reynolds eds. Management Learning. London: Sage Publications. Pp. 227-42.
176. Maslow, A. H. (1954) Motivation and Personality. New York: Harper & Row.
177. Maslow, A. H. (1976) The Farther Reaches of Human Nature. New York: Penguin.
178. McKay, M., Beck, K. and Sutker, C. (2001) The Self-nourishment companion: 52 inspiring ways to take care of yourself. Oakland, CA: New Harbinger (as in Baker J A 2003)
179. McIlveen, P. (2008) Auto Ethnography as a Method for Reflexive Research and Practice in Vocational Psychology. Australian Journal of Career Development. 17 (2) pp. 13-20.
180. McIlveen, P. and Patton, W, (2010) My Career Chapter as a Tool for Reflective Practice. International Journal for Educational and Vocational Guidance. 10 (3) pp. 147-160.
181. Megginson, D. and Clutterbuck, D. (2005) Techniques for Coaching and Mentoring. Oxford: Elsevier Butterworth-Heinemann.
182. Megginson, D. and Clutterbuck, D. (2006) 'Creating a Coaching Culture', Industrial and Commercial Training. 38 (5) pp. 232-237.
183. Merleau Ponty, M. (1962) Phenomenology of Perception. London: Routledge Keagan-Paul
184. Merriam-Webster Dictionary (2013) online <http://www.merriam-webster.com>
185. Miles, M. R. and Huberman, A. M. (1994) Qualitative Data Analysis: An Expanded Sourcebook. 2<sup>nd</sup> edition, California: Sage.
186. MIND (2008) Statistics 1: How common is mental distress, [online], MIND, Available at: [http://www.mind.org.uk/help/research\\_and\\_policy/statistics\\_1\\_how\\_common\\_is\\_mental\\_distress](http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress) [25 May 2008].
187. Moliner, C., Martinez-Tur, V., Ramos, J., Peiro, J.M., and Cropanzano, R. (2008) Organizational Justice and Extra-role customer service: the Mediating Role of Well-being at Work. European Journal of Work and Organizational Psychology. 17 pp 327-348.
188. Moon, J. A. (1999) Reflection in Learning and Professional Development. London. Kogan Page.

- 189.** Moon, J. A. (2004) *A handbook of reflective and experiential learning: theory and practice*. Reprint. Routledge Falmer, Taylor & Francis Group. 2010.
- 190.** Mooney, H. (2011) Success is a team effort. *Health Service Journal*. 10th November pp. 21 - 22.
- 191.** Morelli, M, Leonard, A, Patten, T, Slzman, J. and Wilber, K. (2005) *Welcome to integral life practice” your guide to the ILP starter kit (Version 1.0)*. Boulder, CO: Integral Institute
- 192.** Myers, J. E. And Sweeny, T.J. (2005) *Counseling for wellness: Theory, research, and practice*. Alexandria, VA: American Counseling Association
- 193.** Muncy, T. (2010) *Creating Autoethnographies*. London: Sage.
- 194.** Owen, M. and Geary, V. (2006) *Tune In*. Australia: Activ Living Publishing.
- 195.** Natanson, M (1966) *Essays in Phenomenology*. The Hague: Martinus Nijhoff
- 196.** Nieto, S. (2003) *What Keeps Teachers Going?* New York: Teachers College. In Chang (2008)
- 197.** Norcross, J. C. (2000) *Psychotherapist Self-care: Practitioner-tested, Research-informed Strategies*. *Professional Psychology: research and practice*. 31 (6) pp. 710-713.
- 198.** Norcross, J. C. and Guy, J. D. (1998) *Therapist Self-care Checklist* in G. P. Koocher, J C Norcross & S. S. Hill III eds. *Psychologists Desk Reference*. pp. 281-392. New York; Oxford University Press.
- 199.** Norcross, J. C., and Guy, J. D. (2007) *Leaving it at the office: a guide to psychotherapist self-care*. New York: The Guildford Press.
- 200.** Oishi, S. and Koo, M. (2008) *Two New Questions About Happiness: “ Is Happiness Good?” and ‘Is Happier Better?’* Chapter 15 pp. 290-306. in Eid, M. and Larson, R. J. (2008) *The Science of Subjective Well-being*. New York: The Guildford Press.
- 201.** Palanski, M. E. and Yammarino, F. J. (2009) *Integrity and Leadership: A Multi-Level Conceptual Framework*. *The Leadership Quarterly*. 20 pp. 405-420.
- 202.** Park, P. (2001) *Knowledge and Participatory Research* in Reason, P. and Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. Reprint. London: Sage. 2006.

- 203.**Parry, K. W., and Proctor-Thomson, S. B. (2002) Perceived integrity of transformational leaders in organizational settings. *Journal of Business Ethics* 35 pp. 75-96.
- 204.**Passmore, J. (2006) *Excellence in Coaching: The Industry Guide*. London: Kogan Page.
- 205.**Pedler, M., Burgoyne, J. and Boydell, T. (2006) *A Manager's Guide to Self Development*. 5<sup>th</sup> edition, Maidenhead: McGraw-Hill.
- 206.**Phillips, E. M. and Pugh, D. S. (1996) *How to get a PhD: A Handbook for Students and their Supervisors*. 2<sup>nd</sup> edition, London: Open University Press.
- 207.**Pittman, G. (2012) Do Healthcare Workers Practice What They Preach? *Archives of Internal Medicine*. (Online) 17th December.
- 208.**Pollard, V (2008) Ethics and Reflective Practice: Continuing the Conversation. *Reflective Practice*. 9 (4) pp. 399-407.
- 209.**Pope, K.S., Tabachnick, B.G., and Keith-Spiegel, P. (1987) Ethics of practice: The beliefs and behaviours of psychologists as therapists. *American Psychologist*. 42 pp. 993-1006.
- 210.**Pounsford, M. (2007) Using Storytelling, Conversation and Coaching to Engage. *Strategic Communication Management*. 11 (3) pp. 32-35.
- 211.**Prochaska, J.O. and DiClemente, C.C. (1983) Stages and Process of Self-change of smoking: toward an integrative model of change. *Journal of Consult Clinical Psychology* 51(3) pp. 390–395.
- 212.**Prochaska, J.O., DiClemente, C.C. And Norcross J.C. (1992) In Search of How People Change: Applications to Addictive Behaviours. *American Psychologist* 47 (9) pp.1102- 1114.
- 213.**Rankin, J. (2005) *A good choice for mental health: mental health in the mainstream*. Working Paper Three Institute for Public Policy Research, London.
- 214.**Rankin, N. (2009) *Managing Long-Term Sickness Absence: The 2009 IRS Survey*. IRS Employment Review. 922, 4 June.
- 215.**Reason, P. and Bradbury, H. (2001) *Handbook of Action Research: Participative Inquiry and Practice*. Reprint. London: Sage. 2006.
- 216.**Reed–Danahay, D. E (1997). *Auto/ethnography: rewriting the self and the social*. Berg Press.

- 217.**Regan, P. (2008) Reflective Practice: How Far, How Deep? Reflective Practice. 9 (2) pp. 219-229.
- 218.**Richardson, C. (2009) The Art of Extreme Self-Care. California: Hay House.
- 219.**Robertson and Cooper (2011) Well-being: Productivity and Happiness at Work. Palgrave Macmillan.
- 220.**Robson D. (2011) Your Clever Body. New Scientist. 2834 pp. 35 - 38.
- 221.**Rogers, C. R. (1961) On Becoming a Person: A therapist's view of psychotherapy. New York:Houghton Mifflin.
- 222.**Rogers, C. R. (1995) On Becoming a Person: A Therapist's view of psychotherapy. New York. Houghton Mifflin Harcourt.
- 223.**Rogers, J. (2006) Developing a Coaching Business. Maidenhead: Open University Press.
- 224.**Rogers, J. (2008) Coaching Skills: A Handbook. Maidenhead: Open University Press.
- 225.**Ronfeldt, M. and Grossman, P. (2008) Becoming a Professional: Experimenting with Possible Selves in Professional Preparation. Teacher Education Quarterly. Summer pp. 41 - 60.
- 226.**Roscoe, L.J. (2009) Wellness: A Review of Theory and Measurement for Counsellors. Journal of Counseling and Development. 87 pp. 216-226.
- 227.**Rothwell, W. J., and Sullivan, R. L. (2005) Practising Organization Development: a guide for consultants. Pfeiffer, John Wiley & Sons.
- 228.**Royles, D. in Mooney, H. (2011) Success is a Team Effort. Health Service Journal. 10th November pp. 21 - 22.
- 229.**Rudolf, J.W., Taylor, S.S. And Foldy, E.G. (2001) Collaborative Off-line Reflection: a Way to Develop Skill in Action Science and Action Inquiry. In Reason, P. and Bradbury, H. (2001) Handbook of Action Research: Participative Inquiry and Practice. Reprint. London: Sage. 2006.
- 230.**Ryan, R. M. and Deci, E. L. (2001) on happiness and human potentials: a review of research on hedonic and eudaimonic well-being. Annual Review of Psychology. 52 pp. 141-166.

- 231.**Ryff, C. D. (1989) Happiness is everything, or is it? Explorations on the Meaning of Psychological Well-being. *Journal of Personality and Social Psychology*. 57 pp. 1069-1081.
- 232.**Sainsburys Centre for Mental Health (2006)
- 233.**Sapsford, R. And Jupp, V. (2006) *Data Collection and Analysis*. Second edition London: Sage Publications.
- 234.**Sarason, S.B. (200) Porgy and Bess and the Concept of Wellness. in D. Cicchetti, J.Rappaport, I. Sandler, & R.P. Weissberg eds. *Promotion of Wellness in Children and Adolescents* pp. 427- 437.
- 235.**Science Daily (2011) surgeons civility in operating room benefits patients, reduces costs. *Online Research News*. July 18th [www.sciencedaily.com](http://www.sciencedaily.com)
- 236.**Schon, D. (1987) *Educating the Reflective Practitioner*. San Francisco, Jossey-Bass.
- 237.**Schure, M.B. Christopher, J., and Christopher S. (2008) *Mind-Body Medicine and the Art of Self-Care: Teaching Mindfulness to Counseling Students through Yoga, Meditation and Qigong*. *Journal of Counseling and Development*. 86.
- 238.**Sechrist, W.C. (1979) Total wellness and holistic health. *Health Education*, 10, 27
- 239.**Sellmann D (2010) Musings on Reflective Practice as a Grand idea. *Nursing Philosophy*. 11 (3) pp. 149-150.
- 240.**Senge, P. (1990) *The Fifth Discipline*. New York: Doubleday Currency.
- 241.**Shallcross L, (2011) Taking Care of Yourself as a Counsellor. *Counseling Today*. 53 (7) pp. 30-37.
- 242.**Shapiro, D, and Goldstein, I.B. (1982) Biobehavioural Perspectives on Hypertension. *Journal of Consulting and clinical Psychology*. 50 pp. 841-858.
- 243.**Sharkey, S, and Sharples, A (2003) The Impact of Work-Related Stress of Mental Health Teams Following Team-based Learning on Clinical Risk Management. *Journal of Psychiatric and Mental Health Nursing*. 10 pp. 73-81.
- 244.**Shaw, R. (2003) *The Embodied Psychotherapist: The Therapists Body Story*. Hove, UK: Routledge
- 245.**Shipman, M. (1997) *The Limitations of Social Research*. 4<sup>th</sup> edition, London: Longman.
- 246.**Shohet, R. (2008) *Passionate Supervision*. London: Jessica Kingsley Publishers.

- 247.** Sigman, S. (1998) A matter of time: the case for ethnographies of communication. In communication: views from the helm for the 21st century, ed Trent, J. pp. 354-58. Boston: Allyn and Bacon. in Ellis (2004) *The Ethnographic I: A Methodological Novel About Auto Ethnography*. Walnut Creek, CA: Altamira Press.
- 248.** Sikes, W., Drexler, A.B. And Gant, J. (1989) *The Emerging Practice of Organization Development*. USA: NTL Institute for Behavioural Science.
- 249.** Skovholt, T. M. (2001) *The Resilient Practitioner: Burnout prevention and self-care strategies for counsellors, therapists, teachers, and health professionals*. Needham Heights, MA: Allyn & Bacon.
- 250.** Spears, L. C. (2004) *Practicing Servant-Leadership*. San Francisco: Jossey-Bass.
- 251.** Starr, J. (2003) *The Coaching Manual*. Harlow: Pearson Education Limited.
- 252.** Stober, D. R., Wildflower, L. and Drake, D. (2006) Evidence Based Practice: A Potential Approach for Effective Coaching. *International Journal of Evidence Based Coaching and Mentoring*. 4 (1).
- 253.** Stober, D. R. and Grant, A. (2006) *Evidence-Based Coaching Handbook: Putting Best Practices to Work for your Clients*. New Jersey: John Wiley & Sons.
- 254.** Sutcliffe, G. E. (1988) *Effective Learning for Effective Management*. Prentice-Hall London.
- 255.** Symonette H, (2008) Cultivating Self as Responsive Instrument. Working the Boundaries and Borderlands for Ethical Border Crossings, in Mertens D, M, and Ginsberg, P, E, 2008, *Handbook of Social Research Ethics*. Thousand Oaks: Sage.
- 256.** Taylor, J. (2012) Why Health Staff Means Happier Patients. *Health Service Journal*. 22nd March.
- 257.** Teague, M.L. (1987) *Health promotion: Achieving High-level Wellness in the Later Years*. Carmel, IN: Benchmark Press.
- 258.** The British Psychological Society. <http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards>.
- 259.** *The Truman Story* (1998) American Satirical Comedy-drama Film. June 5 USA <http://www.imdb.co.uk/title/tt0120382/>
- 260.** Thomas, A. B. (1993) *Controversies in Management*. London: Routledge.



- 261.**Torbert, W.R. (2001) The Practice of Action Inquiry. In Reason, P. and Bradbury, H. (2001) Handbook of Action Research: Participative Inquiry and Practice. Reprint. London: Sage. 2006.
- 262.**Tosteson DC. 1979 Learning in Medicine. N Engl Journal of Medicine. 301 pp. 690-694.
- 263.**Treadway, D. (1998) Riding Out the Storm. The Networker. Pp. 54 - 61. in Baker J A 2003.
- 264.**Treiber, F.A., Davis, H., Musante, L., Raunika, R.A., Strong, W.B., and McCafrey, F. (1993). Ethnicity, Gender, Family History of Myocardial Infarction, and Hemodynamic responses to laboratory stressors in children. Health Psychology. 12 pp. 6 - 12.
- 265.**Tsakiris, M. Jiménez, AT and Costantini, M (2011) Just a heartbeat away from one's body: interoceptive sensitivity predicts malleability of body-representations. Proceedings of the Royal Society B: Biological Sciences. 278 (1717) pp. 2470-2476.
- 266.**Universal Medicine Website: <https://www.universalmedicine.com.au> (more details available on Serge Benhayon, and on the Gentle Breath Meditation mentioned in chapter 5 above).
- 267.**Vaughan-Jones, H. And Barham, L. (2009) Healthy Work: Challenges and Opportunities to 2030. London: BUPA
- 268.**Venart, E. Vassos, S. and Pitcher-Heft, H. (2007) What Individual Counsellors Can Do To Sustain Wellness. Journal of Humanistic Counselling, Education and Development. 46 (1) pp. 50-65.
- 269.**Vesey, G. and Foulkes, P. (1990) Dictionary of Philosophy. Collins
- 270.**Vitz, P. C. (1994) Psychology as a Religion: the cult of self-worship. 3rd edition. Paternoster.
- 271.**Wall, S. (2008). Easier Said than Done:writing an Auto Ethnography. International Journal of Qualitative Methods. 7 (1) pp. 38–53.
- 272.**Walumba, F. O., Avolio, B.J, Gardener, W.L., Wernsing, T. S., and Peterson, S.J. (2008) Authentic leadership:development and validation of a theory based measure? Journal of Management. pp. 34 - 89.
- 273.**Weber M (1949) The Methodology of Social Sciences. Glencoe, Ill.: Free Press

274. Weick, K. E. (1995) *Sense making in Organisations*, Foundations for Organisational Social Science Series. London: Sage Publications.
275. Weiss, L. (2007) *Therapist's Guide to Self-Care*. New York: Brunner-Routledge.
276. Whitehead, W.E. (1992) Behavioural medicine approaches to gastrointestinal disorders. *Journal of Consulting and Clinical Psychology*. 60 pp. 605-612.
277. Whitmore, J. (2002) *Coaching for Performance: GROWing People, Performance and Purpose*, London: Nicholas Brealey Publishing.
278. Whitmore, J. (2009) *Of Might and Men*. *People Management Magazine*.
279. Whitmyer, C. (1994) *Mindfulness and Meaningful Work: Explorations in Right Livelihood*, California: Parallax Press.
280. WHO (World Health Organisation) - <http://www.who.int/en/> (for statistics on health).
281. Wilson, A and Lee, B. (1989) *What makes learning meaningful?* Annual Meeting of the American Association for Adult and Continuing Education, October, Atlantic City NJ. In Akella D (2010) *Learning together: Kolb's experiential learning theory an its application*. *Journal of Management & Organization*. 16 (1) pp. 100-112
282. Williams, P. and Anderson, S. K. (2006) *Law and Ethics in Coaching: How to Solve and Avoid Problems in your Practice*. New York, John Wiley & Sons.
283. Wilson. S. (1988). The 'real-self' controversy: Toward an integration of humanistic and interactionist theory. *Journal of Humanistic Psychology*. 28 pp. 39-65.
284. Wolcott, H. (1973) *The Man in the principal's office: an ethnography*. New York: Rinehart and Winston in Brewer (2000)
285. Wolcott, H. F. (1999) *Ethnography: A Way of Seing*. Walnut Creek, CA: AltraMira.
286. Wong, C. A. and Cummings, G. G. (2009) *The Influence of Authentic Leadership Behaviours on Trust and Work Outcomes of Health Care Staff*. *Journal of Leadership Studies*. 3 (2).
287. Worrall, L. and Cooper, C. (2006) *The Quality of working life: Managers' health and well-being*. Chartered Management Institute published reports. March.
288. Yager, G. G. and Tovar-Blank, Z. G. (2007) *Wellness and Counsellor Education*, *Journal of Humanistic Counselling, Education and Development*. 46 (2) pp. 142-53.
289. Zuber-Skerritt, O. (1992) *Professional development in higher education: a theoretical framework for action research*. London: Kogan Page.

## **Appendix 1      Inquiry Group - guiding questions in full (chapter 2)**

The guiding framework of content for the inquiry group practitioners, and researcher was based on the research questions. These questions were expanded, and then began to form a set of guiding questions and prompts throughout the empirical phase of the PhD study:

- What did we feel our ‘balance’ of self-care was? Were we deficient for instance, and in self regard (e.g. not wearing warm enough clothes for the day, or not eating or drinking enough during our day)?
- How personally responsible did we feel for the choices we each made in any given day in the way we worked, and in the way we prepared ourselves for work? Did we get sucked into the rhythm and rituals of the organisation we were working with, or of our clients rather than tending to our own needs when we needed to? Did we overlook ourselves in an attempt to please the client?
- Were we self judgmental and hard on ourselves? or did we just allow ourselves to learn from our observations?
- What kind of ‘momentum’ were we in in any given day? (e.g. how you put yourself to bed the night before has an impact on how you feel the next day, how you ate in the evening has an impact on the way we sleep, if we over-did things the day before, it can create a more restless type of sleep) and, if any of these things took place the day before we could wake up depleted the next day needing more tea or coffee. What other habits do we have in our working days? (e.g. eating sugary things in the afternoons to keep us going? thinking about the days before and whether we were ‘good enough’? Over preparing for a session in case we weren’t enough?
- What was our general ‘rhythm’ and our patterns and rituals in each given day? Did they support us, or did they not offer us support? E.g. did we take time in the morning to prepare ourselves (showering, dressing, eating) or did we rush around and come out of the door like a whirling top? Did we take time at the end of our day to pause, reflect, and then allow a wind down before going to bed? Did we allow pauses to reflect?

- Did we feel a sense of ‘flow’ each day, or did the day feel like a series of stops and starts? Or did the day feel overwhelming and out of control?
- How did the way we were at work impact on the quality of our services? how did it feel for instance if we were ‘running when the orange light was flickering?’ (e.g. pushing ourselves when we were running out of energy) did taking care of self make a difference to this?
- What did we feel self-care would be like for us? and what were examples of self-care that could inspire others, and that actually worked and made a difference to our well-being, and to the quality of our services?

## **Appendix 2            Data collection in full (chapter 2)**

The data collection consisted of diaries, e-dialogues, semi structured questions and questionnaires, inquiry group meetings, desk based review of organisational documents, and literature.

- A reflective ‘diary’ by researcher of self observational data - factual data of what is actually happening, vivid and fresh - observe daily routines, what done, said, felt, experienced on self-care and self-care at work by the researcher
- E-dialoguing with the inquiry group practitioners about the initial questions the researcher was considering, and whether any felt interested to be involved. This included a couple of short rounds of self completion questions, and collation and analysis of this.
- An initial brief semi structured self completion questionnaire which as analysed to develop the initial research design.
- Three iterations of inquiry group meetings. These were the largest data collection method, and the meetings were 2 - 3 hours long, recorded and transcribed, as well as additional notes taken by the researcher, and flip chart diagrams and frameworks typed up from the inquiry group meetings.
- Semi structured interviews with those who were unable to attend the inquiry group meetings which were recorded and transcribed (by phone and face to face).
- Semi structured questionnaires with inquiry group practitioners unable to attend the inquiry group, or have a semi structured interview.
- Desk based review of documents such as codes of professional conduct, supervision and codes of conduct for coaching, and CPD/education and development offered to coaches and facilitators (investigating all links to self-care at work)
- Ongoing literature search for self-care at work and related themes
- Write up of initial findings shared with the inquiry group for their responses and reactions.
- Sharing initial findings, and some questions that required further verification from the inquiry group which were sent out via LinkedIn (social network), and analysed/collated.

### **Appendix 3            Research study operating principles - in full (chapter 2)**

A set of guiding research study operating principles (ground rules/conditions) were drawn up amongst, and accepted/agreed by all of the inquiry group of practitioners, so that there was a mutual understanding of the way we could work together and by exposing these early on, those involved or who potentially wanted to be involved in the inquiry group could get a sense about the way we could work together. Purposefully, also by the very style and approach the principles not only supported the research study 'style' offering a reflexive approach but they also supported the ongoing deepening development of a way (set of operating principles) we were each developing for ourselves with our own personal development of self-care at work. These principles were reviewed during the research study.

#### Study Operating Principles:

- it is up to each of us to discern whether this is to be the work of truth or not - I (the researcher) am presenting, and observing, I wont be judging, comparing, or suggesting you agree with what I am presenting, we can discuss and learn together, and it will always be your choice to be involved, your choice on how to be involved, and your choice as to what you take from the work we do and whether you chose to change your own working practices.
- we can be flexible in terms of logistics, involving who wants to be involved, how, and where and when the learning takes place
- we will be sensitive to confidential or sensitive cases and information that is shared
- there is no pressure to contribute, observing, or being in the loop is okay, as is being involved as much or as little as you like
- we will share the findings and ongoing learning amongst ourselves (and more widely as needed)
- our self observations, and observations of one another will be non judgmental (and we will learn from each other about this as we go along), as they will be purely observations and awarenesses to learn from

- we will work in a way together that honours our practical needs (e.g. toilet breaks, or refreshment breaks, hydration) in a self caring way.

## Appendix 4      **Main themes for the literature search (chapter 3)**

Main themes for the literature search were:

- Wellness, well-being, illness, disease, stress, burnout, fitness to practice
- Personal responsibility, motivation, self regulation
- Self awareness, reflective practice, supervision, self observation, auto ethnography
- Self development, learning, experiential and action learning
- Self and using the physical body as a barometer
- Self-Care at work, self confidence, self mastery
- Organisational practitioners - coaching, facilitators, therapists, leaders, managers, organisational development consultants - the practitioners,
- Authenticity, integrity, role modelling
- Self as an instrument

There were also questions used during the literature review to focus these aspects of the literature review:

- what is illness? what is disease?
- what is stress, burnout?
- what is poor practice? what is fitness to practice?
- what is it like working if you are feeling under par?
- what is self?
- how can we use the physical body as a marker?how helpful is the physical/ physiological body as an indicator/support to care for self?what is self as an instrument?
- what is deliberate practice?
- what is personal responsibility?
- what is self awareness? how do people become more self aware?
- what is self regulation?
- what is reflective practice?
- what is self development?
- how do we learn?
- what is experiential learning?



- how do people learn or develop to make changes in their lives?
- what is self-care at work?
- from the literature, what things do coaches and other practitioners do to self-care at work?
- how do people try, test, experiment with new things?
- what is wellness, and well-being?
- what is self mastery?
- where in their (practitioners e.g. coaches) codes of practice or ethical standards does it suggest self-care? and how much support for self-care do practitioners get in their ongoing curriculum/CPD?
- what are role models? and how do we inspire others?
- what is authenticity and integrity?
- how do we use self as an instrument?