CANADIAN JOURNAL OF **CAREER DEVELOPMENT**

REVUE CANADIENNE DE **DÉVELOPPEMENT DE CARRIÈRE**

23

VOL 22/ NO 1

By/Par CERIC + MUN

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Canadian Journal of Career Development/Revue canadienne de développement de carrière
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The Journal is published with the support of CERIC through a grant provided by The Counselling Foundation of Canada. The opinions expressed are strictly those of the authors and do not necessarily reflect the opinions of the *Canadian Journal of Career Development,* Memorial University of Newfoundland, or CERIC officers, directors or employees.

The *Canadian Journal of Career Development* is published twice annually. Subscription rates: This edition is provided free of charge online at www.cjcd-rcdc.ceric.ca Orders and correspondence regarding subscriptions, advertisements, change of address, purchase of back issues, and permission to reprint should be sent to Robert Shea at the address below.

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La revue est publiée avec le soutien du CERIC par l'intermédiaire d'une subvention accordée par The Counselling Foundation of Canada. Les opinions exprimées par les auteurs ne reflètent pas nécessairement celles des représentants, directeurs et employés de la *Revue canadienne de développement de carrière*, de l'Université Mémorial de Terre-Neuve et du CERIC.

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ISSN 1499-1845 (Print)/ISSN 1499-1853 (Online) Printed in Canada/Imprimé au Canada

CANADIAN JOURNAL OF **CAREER DEVELOPMENT**

REVUE CANADIENNE DE **DÉVELOPPEMENT DE CARRIÈRE**

FROM THE EDITOR'S DESK / DU BUREAU DE RÉDACTEUR

Editor/ Rédacteur Dr. Robert Shea

ARTICLES

Graduate Student Research Brief/ Résumés de recherche d'étudiants aux cycles supérieurs

Volume 22, Issue 1 2023

FROM THE EDITOR'S DESK

Dr. Robert Shea, Founding Editor

Welcome to 2023!

I am so proud of the incredible work of our students, researchers, mentors, and the *Canadian Journal of Career Development* team that has moved us through a worldwide pandemic. Especially, as you all were navigating the pandemic in a very personal way in your own work and personal lives.

One notable achievement that has occurred throughout the past few years is the incredible increase in our subscribers. We are proud to say that we have over 15,420 subscribers. Vastly different from 20 years ago when we began the journal as a field of dreams concept–"Build it and they will come." Well, you have been a part of our journey and we deeply appreciate your incredible support.

That support whether it be mentoring someone to submit an article to the journal, cutting-edge research in your area of discipline and field of interest that influences practitioners' work, reviewing articles, or working with graduate students to inspire the next generation of researchers, we thank you!

Several examples of that work occur between the virtual covers of this issue, Volume 22, Number 1, 2023. Article themes include:

- *Cultural Infusions and Shifting Sands: What Helps and Hinders Career Decision-Making of Indigenous Young Adults*
- *Career Counselling for Cancer Survivors Returning to Work*
- *Moving from Moral Distress to Moral Resilience Using Acceptance and Commitment Therapy*
- *Addressing Compassion Fatigue Using Career Engagement and the Hope-Centered Model for Career Development*
- *Career Counselling Considerations for Mothers Returning to Work.*

In this issue, we also continue to provide an opportunity for graduate students to present their research briefs. This issue contains a research brief entitled *An Overview of Work-Life Wellness for Teleworking Couples*.

I look forward to hearing your thoughts on the articles that inspire you!

In summary, I want to thank CERIC, Memorial University of Newfoundland and Labrador, and the Social Sciences and Humanities Research Council for their continued support.

Happy 2023!

Rob Shea
Editor in Chief

Etta St. John Wileman Award for Outstanding Achievement in Career Development

This award is designed to recognize and celebrate individuals who have made an outstanding impact in enhancing the field of career development, regardless of role or position within an organization.

It is given in the name of Etta St. John Wileman, a champion and crusader of career, work and workplace development in Canada in the early 20th century.

Consider nominating someone who is a mentor, educator, advisor, advocate and role model.

CERIC encourages nominations of members of equity groups.

For full information on nominations and selection, visit **ceric.ca/wileman_award**.

The evolution of recognition

CERIC's Wileman Selection Committee has been working to build on the proud history of the award and evolve it to become more inclusive and accessible. We have:

- ✔ expanded committee membership to include more diverse voices
- ✔ shifted the focus from lifetime to outstanding achievement
- ✔ revised the criteria, expanding the definition of leadership and adding demonstrated commitment to justice, equity, diversity & inclusion

Join us in being able to recognize the full spectrum of professionals making a meaningful difference in career development in Canada.

NOMINATION DEADLINE: JUNE 30, 2023

Prix Etta-St.-John-Wileman pour les réalisations remarquables en développement de carrière

Ce prix vise à souligner et à célébrer l'apport des personnes qui ont remarquablement amélioré le domaine du développement de carrière, peu importe leur rôle ou leur position au sein d'une organisation.

Ce prix honore la mémoire d'Etta St. John Wileman, pionnière et fervente militante du développement de carrière et de l'amélioration des conditions de travail au Canada au début du XXe siècle.

Envisagez de proposer la candidature de quelqu'un étant un modèle à suivre, un formateur, un conseiller, un porte-parole et ayant été un mentor.

Le CERIC encourage les candidatures de membres de groupes en quête d'équité.

Pour plus d'information sur les nominations et la sélection, visitez **ceric.ca/prix_wileman**.

Évolution de la reconnaissance

Le comité de sélection Wileman du CERIC s'est efforcé de s'appuyer sur la fière histoire du prix et de le faire évoluer pour le rendre plus inclusif et plus accessible. Nous avons :

- ✔ élargi la composition des comités pour inclure des voix plus diverses
- ✔ transféré la focalisation de l'ensemble de la carrière vers les réalisations exceptionnelles
- ✔ révisé les critères, en élargissant la définition du leadership et en ajoutant un engagement manifeste envers la justice, l'équité, la diversité et l'inclusion.

Rejoignez-nous pour reconnaître l'ensemble des professionnels qui font une différence significative dans le développement de carrière au Canada.

DATE LIMITE DE NOMINATION : LE 30 JUIN 2023

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Cultural Infusions and Shifting Sands: What Helps and Hinders Career Decision-Making of Indigenous Young Adults

Dr. Deepak Mathew. *Trinity Western University*
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Dr. Alanaise O. Ferguson. *Simon Fraser University*
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Abstract

Indigenous young adults experience disproportionately high rates of unemployment, which are exacerbated by systemic factors such as poverty and oppression (Britten & Borgen, 2010). Despite these challenges, many Indigenous young adults do well in their educational and employment pursuits (Bougie et al., 2013). This study explored what helped and hindered the career decision-making of 18 Indigenous young adults in Canada who see themselves as doing well in this regard. Using the Enhanced Critical Incident Technique (ECIT), a qualitative research method which focuses on helping and hindering factors (Butterfield et al., 2009), 13 categories were identified: (a) Family/Relationships & commitments, (b) Setting goals/Taking initiative/Focusing on interests, (c) Support from community/mentors, (d) A healthy way (physical, mental, social), (e) Finding meaning/motivation & contributing, (f) Networking & who you know, (g) Systemic/External factors (institution, job-market, sexism, racism, interpersonal aspects), (h) Financial situation, (I) Knowledge/Information/Certainty, (j) Experience (work/life), (k) Educational opportunities/Training & specialized education, (l) Indigenous background/Cultural factors, and (m) Courage & self-worth (vs. fear/doubt in self/others). These categories highlighted the systemic, interpersonal, and experiential processes in career decision-making for Indigenous young adults in Canada. Implications for career counselling practice and future research are also discussed.

Keywords: career decision-making, Indigenous, young adults, ECIT

The world of work is shifting in unprecedented ways, fueled by continuing trends in globalization, increasing digitization, competition for scarce resources, increased mobility of individuals and families, the transformation to a technology and knowledge-based economy, the increased diversity of workers, and the rise of social change movements (e.g., human rights, environmentalism, mass migration/immigration). While these transformations have an impact on the career decision-making of all people, it is expected to have a very particular effect on Indigenous young people in Canada. Some of the challenges experienced by Indigenous young people are unique to their experiences of finding a place in the Western world of work, which only minimally recognizes the social, cultural, and spiritual meaning of work that Indigenous traditions have valued for centuries. Notwithstanding, some Indigenous young people are emerging successful in their career journeys as they overcome the multiple obstacles in their quests for meaningful participation in their chosen vocations in this Euro-Canadian context of the labour market.

Socio-Economic Context

Successfully securing and sustaining employment is dependent on many factors including socio-economic factors, cultural views, education, and organizational factors. Indigenous communities live with disproportionately high unemployment rates, and mental and other health conditions, all of which are exacerbated by poverty and oppression (Britten & Borgen, 2010). While the 2008/2009 economic recession posed challenges for the nation as a whole, the recession particularly impacted young people; Indigenous young people were more deeply affected, widening the employment gap between Indigenous and non-Indigenous young people to 45.1% compared with 55.6% respectively in 2009 (Government of Canada, 2011). This is also a particularly young population; based on 2011 National Household Survey data, 46% of the Aboriginal population of Canada were children and youth 24 years' old or younger (Statistics Canada, 2013). Further, the 2016 census indicated a population boom, suggesting that young Indigenous people will increasingly be entering the labour market. It is anticipated that by the year 2036 Indigenous people could make up more than a fifth of the labour force growth—if current barriers are ad-

dressed (Drummond et al., 2017).

According to OECD Economic Survey of Canada (2018), socio-economic outcomes, including education, employment, and income, are worse on average for Indigenous populations than others in Canada; there is a significant socio-economic gap that needs to be closed (Drummond et al., 2017). Evidently, despite all the systemic challenges they face, many Indigenous young adults do well in terms of their educational and employment experiences (Bougie et al., 2013). As indicated by Britten & Borgen (2010), we believe it is imperative that Indigenous young adults have access to these stories of success, to learn from these accomplishments and envision a broader range of possibilities for themselves and their futures. Further, improving career development and economic prospects supports the autonomy and quality of life of Indigenous individuals and communities, and is a necessary component of addressing systemic inequalities and establishing equity (Caverley et al., 2014).

Indigenous Context

The term Indigenous signifies multiple populations including First Nations, Metis, Inuit people, both urban and rural, who are culturally diverse, with over 70 different languages (Statistics Canada, 2017). It is important to note that while there are some commonalities between these cultures, they are also distinct with their own needs, values, and how easy or difficult it has been for them to meet their needs consistent with their values, especially as it relates to life and vocation. It has been found that the ability to freely express Indigenous cultural values and realize them in life decisions leads to a greater likelihood of overall health and wellbeing (Caverley et al., 2014). McCormick (1994) describes how Indigenous people perceive healing as that which will help attain and/or maintain balance, self-transcendence, and connectedness. The worldviews of Indigenous people in Canada tend to approach economic and career development in holistic ways, prizing interconnectedness and long-term cultural sustainability over capitalistic motivations. The Indigenous wholistic framework (Pidgeon, 2016) provides a comprehensive picture of this interconnectedness and the balance that is so highly valued in pursuing the Indigenous way of life. However, the pressure to conform to the mainstream worldview creates conflict for Indigenous young people in every path of their career journey including adapting to the Western education system and future career decisions (Stewart & Reeves).

Systemic Oppression and Impacts of Colonialism

Addressing the barriers and facilitators in career decisions facing Indigenous young adults in Canada also requires a solid grounding in the impacts of colonialism and intergenerational trauma. The challenges faced by young Indigenous people today do not exist in a vacuum; rather, these are the survivors of over 500 years of colonial trauma, taking place since first contact, which included intentional and systematic policies of forced assimilation, displacement, and cultural genocide (Garrett & Herring, 2011; Stewart & Reeves, 2013). The adaptive and creative strategies of Indigenous young people should similarly be considered through the lens of Indigenous survivance—"an active sense of presence over absence, deracination, and oblivion; survivance is the continuance of stories, not a mere reaction, however pertinent" (Vizenor, 2008, p. 1).

In acknowledging its complicity in the oppressive systems that continue to harm Indigenous Peoples in Canada to this day, the profession of psychology emphasizes the need for reconciliation and healing between the field as a whole and Indigenous peoples, as well as active steps toward creating culturally appropriate research and psychological services that serve and support these populations (Canadian Psychological Association, 2018).

Young Adults and Career Decision-Making

Amundson and colleagues (2010) highlighted the centrality of career in the human experience such that it is impossible to separate career decisions from other life questions and difficulties. They argued that modern career counselling requires an understanding of the factors that individuals consider when making career choices, acknowledging "the unique psychological experiences of the individual within cultural, social, historical, and economic contexts" (p. 337). Further, adolescence and young adulthood is a critical time of transition, self-exploration, and identity formation, wherein young people face unique developmental challenges (Arnett, 2000; Borgen & Hiebert, 2006). Hence, supporting the career decision-making of Indigenous young adults requires directly working to address the historical and present socio-economic harms which create the barriers they face. Moreover, facilitating young people's vocational journeys during this important time also requires an understanding of the kinds of support they will find useful and relevant in securing and maintaining employment, given the multiple

barriers they experience resulting from the developmental stage as well as historical cultural barriers. One of the ways that has been found to help young people succeed in their career journey, as reported by Indigenous young women, includes connections to Indigenous community support, and participating in vocational activities that involve Indigenous people (Goodwill et al., 2019).

Purpose of the Study and Research Questions

For Indigenous young adults, the experiences of finding and maintaining work have a direct relationship to identity and historical context. Since career is an interaction between the individual and the rest of society, culturally responsive societal changes need to be in place to support Indigenous young adults, which includes addressing experiences of discrimination, presence or lack of modeling or mentorship, and access to educational and career opportunities (Stewart & Reeves, 2013). While the Canadian cultural landscape is continually changing and evolving, career development models thus far have not adequately addressed the mismatch between dominant cultural values and culturally diverse populations, including the broad range of Indigenous cultures. Current models of career development and career decision-making do not appear to address the needs of Indigenous young adults as well as they might other populations. Additionally, very little research appears to explore the experiences of Indigenous people who perceive themselves to be doing well in their careers. This study was part of a larger exploration of both Indigenous and immigrant young adults who self-identify as doing well with their career decision-making. Findings from other aspects of the study have been published elsewhere (see: Borgen et al., 2021; Goodwill et al., 2019). The purpose of this study was to explore *What factors help and hinder Indigenous young adults to make career decisions well?* Using a combination of narrative research design and the Enhanced Critical Incident Technique (ECIT), we explored the stories of career decision-making with this population, as well as specifically what they found helpful, unhelpful, and would have liked to have available. This paper focuses specifically on the ECIT findings from this study.

Materials and Methods

Qualitative inquiry that centralizes Indigenous experiences requires Indigenous community engagement and a commitment to increase the capacity of the next generation of Counselling Psychology scholars to respectfully do this work. The first two authors are mentored by an Indigenous Psychologist Research Practitioner (Ferguson) and a senior qualitative researcher and scholar with expertise in Career Counselling (Borgen). This study integrated Indigenous Research values and methods with qualitative interviewing techniques used in dozens of studies led by Indigenous researchers (such as Rod McCormick, Harley Neumann, and Alanaise Goodwill).

The Enhanced Critical Incident Technique (ECIT) was used to help participants reflect on their experiences of doing well with career decision making. ECIT is a qualitative research method, which seeks to identify key events that participants state helped or hindered in their experiences with the topic in question. In this study, the question pertained to career decision-making. Eighteen individuals who identified as Indigenous provided a total of 282 critical incidents (135 helping incidents, 87 hindering incidents, and 60 wish list items) addressing experiences of what helped and what hindered in their career decision-making.

Participants

Approval for this study was obtained from the behavioural research ethics board (BREB) of the University of British Columbia (H15-01935). The recruitment methods included putting up posters, contacting Indigenous-serving agencies, advertising in local newspapers, and using social media platforms. Participants were also recruited through word-of-mouth, and snowball sampling. In line with inclusion criteria, participants were Indigenous young adults between the ages of 26 and 34 (mean=29.06; median=29), who saw themselves as doing well in their career decision-making. Of the 18 participants (13 female, 5 male), two reported having had specific Indigenous education.

Enhanced Critical Incident Technique

The ECIT is a revision of the Critical Incident Technique (Flanagan, 1954), which has been adapted for research in counselling (Butterfield et al., 2005). This method was chosen for its applicability to studying psychological experiences (Woolsey, 1986), and its successful use with Indigenous populations (Goodwill, 2016; McCormick, 1997). While ECIT mostly relies on the assumptions of the post-positive paradigm (McDaniel et al., 2020) and reflects Western and colonial values both in the history of its development and application of the method, an attempt was made in this study to

honour Indigenous values in fostering relationships and collaborating with Indigenous scholars. This was especially helpful in the initial stages of conceptualization and recruitment with greater opportunities for reflecting and receiving feedback on the relevance of this study for Indigenous people (see Kirkness & Barnhardt, 1991/2016). Using ECIT, participants are asked in interviews to provide descriptive accounts of factors that facilitated or impeded their experiences with the topic being studied, which, in the current study, is career decision-making. Interviews are then analyzed, and the *critical incidents*—those things that helped or hindered—are extracted and grouped to build categories. *Wish list items*—factors that were not present but that the participants believed would have been helpful—are also identified.

Data Collection

Participant interviews were conducted by a team of trained interviewers. They took place both in person and by telephone, and included participants from all over Canada. Interviews followed the data collection procedures outlined by Butterfield et al. (2009). After obtaining informed consent from the participants, the ECIT interview was conducted, and afterwards demographic information was collected. Prior to conducting participant interviews, interviewers were trained in culturally sensitive interview techniques. ECIT interviews lasted approximately one hour, and were audio-recorded, with additional hand-written notes taken by the interviewers. According to the ECIT, interviews continue until exhaustiveness (saturation) is reached. A standardized ECIT interview protocol was followed to maintain consistency across interviews. The protocol was first described in Butterfield et al. (2009). All participants were invited to participate in a follow-up interview over email; no changes were made at this cross-checking stage, and no participants withdrew at any point in the duration of the study.

Data Analysis

Data analysis followed the steps outlined by Butterfield et al. (2009), starting broadly with: 1) selecting the frame of reference, 2) forming the categories, and 3) determining the level of specificity versus generality most appropriate to present the data. After transcription and anonymizations, researchers carefully reviewed the content of the interviews before coding. Extracted incidents were grouped according to similarity to form categories. A further nine credibility checks were also followed to bolster the trustworthiness of the findings: (1) audio recording the interviews; (2) interview fidelity checks; (3) independent extraction of critical incidents; (4) calculating exhaustiveness; (5) calculating participation rates; (6) placement of incidents into categories by an independent judge; (7) cross-checking by participants; (8) expert opinions; and (9) theoretical agreement.

Results

There were 282 critical incidents that were reported in total (135 helping; 87 hindering; and 60 wish list items) by the 18 participants. These incidents were identified as belonging to 13 categories. Findings are presented in Table 1; the categories list the number of participants who endorsed an incident in the category, followed by the percentage of participants who endorsed the category, followed by the number of incidents in that category; this is done for helping incidents, hindering incidents, and wish list items respectively.

Helping

There were seven categories that had a higher representation of helping incidents, which are discussed first.

Family/Relationships & Commitments

Fourteen participants (78%) reported helping incidents that belonged to this category. Critical incidents included in this category pertain to aspects of the family such as parents, siblings, and children who have impacted the career decision-making of the participants. They also include family situations such as being part of a single parent family, relationship strains, and factors related to family background. One participant stated that "[family] just being there for the emotional support and the mental support and all those other things … just being…. having them there [was helpful]. In terms of school, … they were always there to influence me to be the parent that I am capable of being "(249).

However, six participants (33%) found family to be a hindering factor in the career decision-making process. According to one participant "you have these people that depend on you in a lot of ways, like that boyfriend I mentioned; he depended on me a lot, so I felt obligated to stick to some of the things that I was doing… Also, my family members require a lot of emotional support that I can't give when I'm in school." (631)

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Table 1

Categorization of Results

	Helping			Hindering			Wish List		
Categories	P#	P%	I#	P#	P%	I#	P#	P%	I#
Family/Relationships & commitments	14	77.78	23	6	33.33	10	1	5.56	1
Setting goals/Taking initiative /Focusing on interests	11	61.11	19	3	16.67	3	1	5.56	1
Support from community/Mentors	11	61.11	15	7	38.89	10	6	33.33	11
A healthy way (physical, mental, social)	8	44.44	11	7	38.89	9	4	22.22	5
Finding meaning/Motivation & contributing	8	44.44	14	3	16.67	3	0	0.00	0
Networking & who you know	8	44.44	17	0	0.00	0	0	0.00	0
Systemic/External factors (institution, job-market, sexism, racism, interpersonal aspects)	1	5.56	1	13	72.22	22	4	22.22	6
Financial situation	4	22.22	6	8	44.44	9	7	38.89	12
Knowledge/Information/Certainty	1	5.56	1	6	33.33	8	4	22.22	5
Experience (work/life)	7	38.89	8	1	5.56	1	6	33.33	7
Educational opportunities/Training and specialized education	6	33.33	8	1	5.56	1	6	33.33	7
Indigenous background/Cultural factors	5	27.78	8	5	27.78	5	3	16.67	4
Courage & Self-Worth (vs. Fear/Doubt in Self/Others)	4	22.22	6	5	27.78	6	1	5.56	1

Note. P# = Number of Participants; P% = Percentage of Participants; I# = Number of Incidents

Setting Goals/Taking Initiative/ (Career-Related)/Focusing on Interests

Eleven participants (61%) reported goal setting and taking initiative as helping in their career decision-making. The incidents included in this category focus on planned strategies that are aimed towards increasing career success through activities such as career assessment, career exploration, goal setting and taking career-related initiatives (focusing on future job options or educational paths). Also included are activities that are based on interest/ passion, which have influenced future career decision-making. One of the participants stated that "research has really helped me a lot, like researching online. Anything available online that explains processes like university processes, tuition, watching the job market on Indeed, and the pay scales that the government puts out … it kind of helps me plan out my career like anything that's available online." (274)

Support From Community/Mentors

This category was represented by 11 participants (61%). There was also a representation of hindering incidents and wish list items for this category with 39% and 33% of participants respectively. When participants reported critical incidents that were associated with support they received (or not) from the community, or significant people/mentors in their life such as a teacher, coach, friend, or a boss, they were included in this category. It also comprises incidents that are related to larger organizational support. (This category does *not* include family members.) An example of how support from community and mentors were helpful can be seen in this quote from a participant who mentioned that "surrounding myself with people who are doing the best of the best of their work [has helped]. I'm very inspired by the women that sit at the table because they're very strong but they're also very gentle again… they're laughing and they're so lighthearted, and they very much help the conversations around policies take shape so subtly and that's their power." (789)

A Healthy Way (Physical, Mental, Social & Spiritual)

Eight out of 18 participants (44%) mentioned helping incidents that belonged to the healthy way category. Also, seven participants (39%) talked about incidents in this category that they considered hindering. The critical incidents in this category pertain to how career decision-making has been influenced by a healthy (or unhealthy) lifestyle such as counteracting negativity, practicing self-care, avoiding drugs and alcohol, staying away from bad debt, choosing to surround oneself with positive people. Also included are factors related to mental health and behavioural/emotional problems in self or family. One participant reflecting on their personal experience stated that "the one thing that I would say is important is developing your own self-care discipline. Understanding when, why and what your spirit and your emotional body need. I think this is even more important than exercising. To be connected spiritually and emotionally to those around you, what you're doing, where you're coming from, and where you see yourself, it just ties you to absolutely everything." (789)

Finding meaning/Motivation & Contributing

Similar to the previous category, eight participants (44%) reported critical incidents they believed were helpful from this category. These are incidents that have inspired the participants or motivated them in a way that influenced their career decision-making towards meaning making. They also refer to factors related to personal/cultural identity and ways in which they capitalized opportunities to make a difference to others through career decision-making. According to a participant, "having a child makes you feel like you have a lot more responsibility to get things right. I have the most insanely compassionate child. Honestly, if I'm having a hard day, she says 'mom do you need a hug?' Just give me a hug and I'll feel better. So, in that, in that moment whatever is going on is not really that important in the grand scheme of things. She helps me feel like a deeper sense of purpose." (331)

Networking & Who You Know

This category also had eight participants (44%) mention incidents that were helpful. The incidents in this category reflects participants' access to (or lack of) people, connections, networks that they believe are related to career decision-making (increasing familiarity). They also include using social media as well as in-person interactions initiated/ maintained by the participant or which they became a part of. One of the participants talks about how they build relationships in the workplace: "So, my approach in the workplace is generally to build really close relationships. And that, that helps me certainly, certainly internally. So, like I generally tend to have very

healthy and strong relationships with my managers, my superiors. But also externally, so a lot of the work I do is about having a strong relationship with someone who works for a different company." (149)

Experience (Work/Life)

This category is the last of the seven categories that had higher representation of helping incidents with about 39% of participants mentioning at least one helping incident belonging to this category. This denotes previous experience related to work, education, training, or life that have contributed (or lack thereof) towards the process of career decision-making. These experiences may have been gathered from any life context such as home, school, workplace, community, or culture. According to a participant, "I've done so many different things, and had so many different experiences, which have gotten me so many different jobs. A lot of us have that experience of … we've been casual, temporary, all the things. … I think that makes us more well-rounded." (939)

Hindering

There were four categories where critical incidents associated with hindering items were more represented than helping or wish list items and one category with equal participation rate for both helping and hindering incidents.

Systemic/External Factors (Institution, Job-Market, Sexism, Racism, Interpersonal Aspects)

This category had the highest participation rate (72%). The incidents in this category are related to factors external to the participants and those that are beyond their control such as institutional structures, policies and practices of government/organization, experiences of oppression and discrimination that influence career decision-making. Also included are personal characteristics and interpersonal factors that cannot be changed. One participant stated that "My responsibilities as an Indigenous person sometimes don't align with my responsibilities as a university employee. And my responsibilities as, as a graduate student who is kind of motivated by faculty to critique a lot of things that I see kind of doesn't always align with somebody who works in a university" (678). Another participant (928) alluded to both sexism and racism in the workplace. According to her, "being a woman … especially at the oilfield jobs" was challenging. She said that, "it just made me not want to achieve…and I was just okay with whatever job I was doing". She added that "they also gossiped about me as well, which made me not want to be at this job and I wonder now if it was based on the fact that I'm Indigenous … I'm not too sure what the factor was in that situation."

Financial Situation

When participants mentioned incidents related to money or financial situations that have impacted their career decision-making, they were included under this category. They may be related to affordability of education/housing, funding for school, financial stress, or poverty. With 44% of participants reporting financial situations as hindering and 39% of participants mentioning this as their wish list, this category is very salient in terms of being critical to career decision-making. One participant mentioned: "I have to look at the financial aspect . . . I always have to budget in terms of everything that I am doing. I wanted to have an income that financially supports all the other activities and everything, because I have realized that just raising my kids on like on low income does not allow to do much activities." (249)

Knowledge/Information/Certainty

This is a category that 33% participants reported as hindering. This category includes incidents that make reference to access to (or lack of) information or having knowledge/awareness about labour market, education, workplace, and career strategies that have influenced their career decision-making. This category also includes aspects related to managing uncertainty and how that has affected decision-making. According to one participant, "My lack of awareness, my lack of knowledge of the current labour market and what was coming in, what jobs were going to be in demand in the future and all that I had no idea. So, labour market information was one that would be a hindering factor at the time." (938)

Courage & Self-Worth (vs. Fear/Doubt in Self/Others)

With 28% of participants reporting an incident from this category, it is also a category that had more hindering incidents than helpful or wish list items. This category includes incidents reported by participants that allude to inner strength, courage, and finding value in one's worth (or lack of) that has affected career decision-making. These are factors that are more internal to them such as aspects of personality, faith and attitudes and beliefs about self, which according to them are associated with career decision-making.

One of the participants said, "I didn't have the greatest self-esteem growing up; it's still something I'm working on. It is just taking longer to make those decisions, even if you have a general idea kind of in the back of your mind that it's a good decision to make; I had heard about that admin thing for a long time, but it took me a really, really long time to actually, to actually decide on that even though I knew in the back of my head it was a good idea. So, I think it just, it kind of delays things a bit more than is really necessary." (631)

Indigenous Background/Cultural Factors

This category has equal participation rates for both helping and hindering incidents (28%). These relate to the participants' experiences of their Indigenous culture that have influenced career decision-making. These experiences may be associated with the challenges and opportunities that were unique to their cultural heritage along with the meaning associated with aspects of culture such as faith, ancestry and ceremonies that influenced career decision-making. One of the participants reported "I knew that I didn't fit into the environment and culture of the construction company that I worked at before; I just kind of felt that I was like a fly on the wall, that I was just looking at how corporations treated Indigenous peoples." (274)

Wish List

There were four categories that had participation rates of 25% and above such as support from community/mentors; financial situation; experience—work life; and educational opportunities/training and specialized education. Only the latter had a participation rate that was equal to or higher than hindering or wish list items belonging to the same category, which is discussed below.

Educational Opportunities/Training & Specialized Education

The incidents in this category had a participation rate of 33% participation. Incidents describe opportunities that the participants got (or did not get) to attend an educational program, which they reported as impacting their career decision-making. These may pertain to specialized training, a skills course, or education in general. Of the many participants who shared their dreams of acquiring more education, one participant mentioned that he would love to have an opportunity for post-secondary education. He said "It would give me accreditation, which would feel reassuring. But I think that it would also be a strong opportunity to flesh out part of my skill set. … It would be great to be able to go and get a business administration degree or work towards getting an MBA." (149)

Discussion

Findings from this study echo themes identified in the literature, particularly around the centrality of community and relationship in Indigenous identity. This study also contributes novel findings through exploring the little studied career experiences of Indigenous young adults. In our discussion, we aim to connect these emerging themes to the established literature on young adult career decision-making, and explore those factors that are unique and pertinent to Indigenous populations. The results of our study reflect three dimensions that help understand the career decision-making process of Indigenous young adults. These dimensions are systemic, interpersonal, and experiential (personal) aspects that they believe have helped and hindered their career decision-making.

Systemic Influences

The findings of this qualitative exploratory study reiterate what Indigenous people have long been emphasizing with regards to what communities deem important for successful career development. The discrediting and even criminalization of Indigenous cultural practices, sponsored by the Western system of administration, has impacted the very meaning of work, vocation, and career to Indigenous people. Hence, the participants have identified systemic factors associated with doing well with career decision-making. Indigenous young people making career decisions in a Western dominated society noted that their Indigenous background and culture is a factor that has both helped and hindered their career decision-making. One of the systemic factors that was highlighted was education, which has previously been acknowledged in research involving Indigenous young people. For example, Stewart and Reeves (2013) discuss the relationship between career development and post-secondary education for Indigenous people highlighting the challenges young people face when navigating the landscape of education that is far removed from Indigenous ways of knowing and being. To make a transition into the vocational system of the Euro-Canadian world, there is a need for opportunities to bridge this gap of cultural divide. Financial circumstances also emerged as a significant concern for many participants. While individual participants might have framed this as a person-

al concern, a broader view of the Canadian socio-economic landscape is telling that this is a systemic issue, which directly ties to the impacts of colonialism.

The participants in this study who identified themselves as doing well with career decision-making acknowledged that the opportunities to get a Western education, though flawed, were helpful. The need for inclusive education continues to exist, and yet equity of access is not fully realized in many sectors of education where Indigenous young people would like to enroll and pursue education of their choosing. Many participants wish that they could get an opportunity in the future for education and specialized training, which at the moment is a challenge due to the many systemic barriers. The systemic factors that are identified in previous literature, which is consistent with the findings of this study include discrimination, lack of initiative to understand Indigenous worldview and philosophy, institutional structures, policies and practices of government and organizations founded on Western knowledge that put disproportionate emphasis on rationality and empiricism, and logical positivism (Caverley et al., 2014).

Interpersonal Context

Another dimension which was reflected by three categories relates to the interpersonal context of career decision-making. While the last two decades have increasingly paid more attention to the relational aspect of career development (Schultheiss, 2007), they become more relevant when applied to the career decision-making of Indigenous young adults. Relationships – both family based and outside the family – have an enormous impact on many aspects of career decision-making, starting from being oriented to the very definition of career to prioritizing career decisions based on relational values. The Euro-Canadian culture within which most of the Indigenous young people in this study are making career decisions reflects a worldview that is founded on individualism (Bluestein, 2011). There is a call to rethink career as a merely individual enterprise, with success and failures mostly resting on the shoulders of the one making the decisions, and to reframe it as a contribution of and to the community. This study echoes the dominant worldview of Indigenous people wherein being connected and sharing a sense of community comes before what would be considered career success in the Western world (McCormick & Amundson, 1997).

One of the findings of this study that reflects the interpersonal dimension of career development is the mentoring and support participants received or wish to receive from the community. This finding is consistent with earlier studies, which revealed that successful career development for Indigenous young people is anchored on modeling and mentoring. Stewart and Reeves (2009), in a qualitative study that used narratives of Indigenous graduate students, found that one of the contributors to the successful career development pathways for these students was the availability of mentoring in the university – both related to their educational/vocational needs and their personal lives. It is especially important that Indigenous young adults have access to Indigenous mentors, to support the development of community and belonging, as well as helping guide and inform career decision-making in culturally relevant ways (Goodwill et al., 2019). The findings of the current study re-emphasize the need for mentoring relationships in conceptualizing what successful career development means for Indigenous young people. The current study extends these findings to also include networking opportunities.

Experiential (Personal) Process

Along with the systemic and interpersonal dimensions of career decision-making, we also have the experiential and personal dimension reflected in these ECIT interviews. The categories that highlight personal qualities, experiences, and patterns of behaviour with the associated feelings, thoughts and attitudes are stated as important determinants of career decision-making as reported by the Indigenous young people in this study. Some of these qualities were identified as helpful, such as setting goals, taking initiative, following a healthy way of life, and finding meaning and motivation. However, there were others that were reported as hindering, such as lacking courage, inability to affirm their self-worth, and experiencing fear and doubt both in relation to the self, others, and the future. These results can be best interpreted using the Indigenous wholistic framework (Pidgeon, 2016), which helps understand the interconnections of the self with other communities at different levels including global communities; also, the framework acknowledges how the physical self is connected to spiritual, intellectual, and emotional aspects of the self. The balance of these interrelationships is where the needs arising from these linkages are well met. Another perspective is the developmental framework, especially as pertaining to minority youth development. According to Neblett et al. (2012), ethnic-racial socialization plays an important role in minority youth experience

and response to the developmental tasks associated with each stage of growth. Of particular importance are the "promotive" and "protective" factors (Neblett et al., 2012) related to overcoming the challenges associated with discrimination, threats to identity development, and forced acculturation of Indigenous young adults as a result of systemic oppression stemming from colonization. They apply to the career development of Indigenous young adults as well. The experiential and personal dimensions identified in this study may be considered similar to the promotive and protective factors that emerge as a result of struggling to adapt in the Western Euro-centred world of work and labour market where career pathways that are unique to Indigenous ways of life are neither acknowledged nor valued. Hence, the need to adapt builds resilience in some young people, but also leaves self-doubt and fear in others.

Implications for Career Counselling

It is evident that systemic injustices have created inequities in access to information, opportunities, and relationships that Indigenous young adults want and need in their career pursuits. Many of the participants highlighted the hindering impacts of systemic and external factors in their career decision-making. This highlights an important need for career counsellors supporting Indigenous young adults to have a grounding in Indigenous cultural safety and an attitude of cultural humility when doing cross-cultural work. While not all participants spoke about culture, it appeared as both a helping and hindering factor in this study; participants spoke of drawing strength from their cultures, but also feeling out of place or unwelcome due to their ancestry. Career counsellors working with Indigenous young adults might need to be flexible in how they engage around questions of culture, inviting their clients to incorporate this as much or as little as fits for them. Career counsellors also need to be able to assess for cultural inclusivity in certain labour market contexts, as a way of understanding client experiences.

Among the helping incidents, participants highlighted the benefits of supportive relationships, networking opportunities, goal setting, and taking initiative. With this in mind, career counsellors can assist by listening for those missed opportunities, and facilitate in filling these gaps where possible. Particularly where Indigenous young people might be experiencing self-doubt or low sense of self-worth, the opportunity for witnessing role models who have navigated similar contexts and challenges would significantly increase their efficacy in work roles and development. Indigenous peoples move through systems and structures in ways that are distinct from non-Indigenous peoples, and role models can affirm pathways that have successfully worked through the tensions and challenges. Also relevant is the need to design interventions that are group based and help foster relationships both at a professional level and involving opportunities for shared cultural initiatives.

On an individual level, career counsellors could affirm clients' worldviews, explore skills for navigating challenging relationships, and be well versed in employment rights around cultural diversity. It is also important that the field of psychology continues to use its influence to keep holding society accountable for creating equitable and just living conditions for all people. An emergent finding from this study, that builds on themes of the importance of relationship in Indigenous traditions, is that of mentorship. Career counsellors may serve themselves as a type of mentor, and may also assist clients in establishing mentorship relationships within their communities or fields of interest. The results of this study also call for varied interventions that include support around accessing financial resources. The dissemination of information related to financial supports that already exist for the career development of young people must be aligned with strategies to target policy for increased funding in this area.

Limitations and Areas for Future Study

While this study contributes to an important gap in the literature around understanding the unique career decision-making experiences of Indigenous young adults, some limitations are worth noting. The researchers incorporated some training, particularly around interview approaches, for working with Indigenous populations, however it did not incorporate an explicitly decolonizing or Indigenous methodology. According to Goodwill et al, 2016, "Locating oneself in the research is integral to Indigenous research methodology and decolonizing the role of research among Indigenous peoples". Further research in this area could benefit from more deeply integrating Indigenous methodologies at all levels of their approach. Because the ECIT method draws from participant accounts, it is reliant on participant recollections and interpretations of events. Findings may therefore be influenced by communication and memory-related factors. Further, because we specifically interviewed those individuals

who perceived themselves as *doing well* in their career decision-making, we do not know the extent to which these findings apply to those who may not identify this way. Future research could benefit from exploring the experiences of a broader range of Indigenous young adults, as well as specific aplications of career counselling for these populations.

Conclusion

This study provided an opportunity to listen to the experiences of Indigenous young adults making career decisions. Indigenous young adults who see themselves as doing well in career decision-making spoke about drawing strength from their relationships and cultural heritage, and being able to make use of career opportunities and networks. They also spoke about overcoming substantial systemic challenges including financial barriers, self-doubt, and lack of implicit knowledge about the workforce. The findings of the study guide our attention to the systemic, interpersonal, and experiential dimensions associated with the transition of Indigenous young adults entering the workforce. These findings inform areas of opportunity for career practitioners and policy makers in terms of increased awareness as well as areas of focus to consider when working with Indigenous young people. The importance of access to social and systemic supports has been reiterated; they include tangible financial and educational supports, including access to relevant funding. On the interpersonal front there is a need to support mentorship and networking opportunities, and other ways for Indigenous young people to develop cross-cultural understanding of the workforce. Career interventions should also focus on integrating Indigenous cultural safety and cultural humility in facilitating career development of Indigenous young people. With regards to personal experience of young people making career decisions, we were able to identify strengths of courage and resilience that helped Indigenous young people overcome barriers to vocational success in spite of fears and doubts. While this study informed initial exploration, we hope that researchers, policy makers, and career development practitioners including career counsellors will aim to tailor their approach and interventions based on what Indigenous young adults have identified as helping and hindering (along with their wish list) in doing well with career decision-making.

Acknowledgements

This research was supported by a grant from the Social Sciences and Humanities Research Council of Canada.

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Career Counselling for Cancer Survivors Returning to Work

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Abstract

Cancer can impact workability significantly more than other physical and psychiatric disorders. Accommodations are often required upon returning to work after treatment, and cancer survivors may experience discrimination during this process. This article discusses key career challenges cancer survivors face and presents relevant career counselling theories to assist clients in navigating them. Constructivist career counselling models and happenstance theory offer strategies to help survivors make meaning out of unexpected events, explore new possibilities for returning to work, and gain skills for coping with future challenges in the workforce.

Keywords: career development, cancer patients, cancer survivors, career theories, counselling interventions

In this society, we are faced with many advancements and challenges within the context of vocational exploration. Some changes that can be for better or for worse can include promotion, demotion, geographical change, leaving the workforce permanently or temporarily, and termination. These expected changes can be deemed normal in the progression of career pursuits since most individuals will experience one or more of these changes. However, there can be significant distress when an individual faces an unexpected adjustment outside of the context of his or her working life. A diagnosis of cancer makes a huge impact on most, if not all, areas of an individual's life.

Recently, advancements in cancer treatments have increased rates of survival and functional recovery (Clarke et al., 2011; de Boer et al., 2009; Grunfeld, Low & Cooper, 2010; Wynn, 2009). As a result, there will be an increasing number of cancer survivors being treated for cancer in the workforce. The capacity to work productively after a cancer diagnosis can often be more significantly impacted than with the development of other major physical and psychiatric disorders (Wynn, 2009). For cancer survivors, work is often related to having a purpose in life, a sense of contributing, as well as a distraction (Feuerstein et al., 2010). After a cancer diagnosis, individuals express a re-evaluation of life as a major theme as well as changes in respect to their perspectives on life (Main et al., 2005).These are all important factors to keep in mind while working with individuals dealing with issues related to cancer in a career counselling setting.

This article discusses some of the important issues individuals face in their careers or in the workforce after cancer diagnosis and treatment. The three main issues addressed are impaired work ability due to symptoms or treatment, the return to work after treatment and any required modifications, and discrimination affecting cancer patients and survivors. After a discussion of these issues, some career counselling theories will be discussed in the context of a cancer diagnosis and cancer survivorship while in the workforce. This section will draw on specific strategies or techniques from career theories that could be used to address or assist a client who is presenting with issues related to the topic of cancer diagnosis and his or her career. This is closely linked to counsellor implications and conclusions, which will be discussed in the final section.

It is important to explain in what way this article will be conceptualizing the idea of career counselling. The idea of career counselling will not be addressed as a separate entity from other areas of counselling. The perspective is that cancer is often an unanticipated, personal, and an influential factor in individuals' decision-making processes. It impacts decisions around personal life as much as

it impacts decisions in the area of work life.

Impaired Work Ability

The first issue that will be addressed is that of impairment in work ability due to cancer symptoms, side-effects of treatment, and some possible long-term implications. The work ability of individuals dealing with cancer or treatments is influenced by factors such as the type of the cancer, stage and prognosis (Lindbohm & Viikari-Juntura, 2010). Cancer treatment varies according to the site and stage and as a result can involve surgery, chemotherapy, radiation, hormone treatment or a combination of these factors (Amir & Brocky, 2009). Cancer can cause a wide range of impairments and issues. Side effects of treatments can include physical, psychological, and cognitive impairments (Lindbohm &Viikari-Juntura, 2010; Nieuwenhuijsen et al., 2009). For example, treatments can cause localized and highly visible problems such as amputations, to generalized less obvious issues such as fatigue or pain (Short & Vargo, 2006). Symptoms such as pain and fatigue have been associated with cognitive functioning, depression and reduced quality of life (Taskila & Lindbohm, 2007). In a study conducted by Schlich-Bakker et al. (2006) anxiety and depression were present in almost fifty percent of patients in the year following diagnosis, whereas intrusive thoughts and avoidance were found in eighteen percent. Additionally, cancer survivors have reported issues with concentration, new learning, and analyzing (Nieuwenhuijsen et al., 2009).

Nieuwenhuijsen et al. (2009) specifies that once diagnosed, the cancer itself or even the treatment can have negative implications for cognitive functioning. Specific detrimental effects include issues with attention, concentration, information processing speed, executive functioning and visual and verbal memory (Nieuwenhuijsen et al., 2009). It is important to keep in mind that survivors are two and a half times more likely to remain off work for longer if they experienced high levels of fatigue (Amir & Brocky, 2009). Chances of return to work increase when more time passes after treatment (Spelten, Spranger & Verbeek, 2002).

However, it has been found that twenty percent of cancer survivors report physical and psychological symptoms that can result in one in 10 survivors not being able to return to work (Chan et al., 2008). On a related topic, in a study conducted by Clarke et al. (2011) individuals with higher levels of education are less likely experience functional limitations. To add, there are specific characteristics, such as physical limitations, that place cancer survivors at a higher risk for issues that prevent a smooth return to work process (Amir & Brocky, 2009; Lindbohm & Viikari-Juntura, 2010). These barriers will be addressed in a later section.

Return to Work and Work Modifications

It is evident that there is a need to focus on work outcomes as a way to promote quality of life for cancer survivors (Main et al., 2005). Fortunately, many employers have health and wellness, work life, employee assistance, disability management or return to work programs that address many concerns cancer survivors may have (Short & Vargo, 2006). It is important for career counsellors to become familiar with specific programs and services offered to assist cancer survivors in their communities. Counsellors can work collaboratively with other health care professionals to ensure a smooth return to work process for clients (Spelten, Spranger & Verbeek, 2002).

Returning to work and continuing down the path of career development has been identified as an important part of the cancer survivorship process (Chan et al., 2008). For individuals who choose to return to work, the process can be influenced by health variables such as stage of the disease, cancer site, time since treatment and presenting physical issues (Feuerstein et al., 2010). It is important to be aware that different situations can arise when individuals are undergoing or have already gone through cancer treatment. Changes to work after diagnosis can include reducing hours at work, becoming temporarily disabled, and quitting or losing employment (Earle et al., 2010).

Not surprisingly, returning to work can improve the quality of life of an individual (Spelten, Spranger & Verbeek, 2002). It is the workplace adjustments that often result in the maintenance of employment over the long term for cancer survivors (Pryce et al., 2007; Taskila & Lindbohm, 2007). If an individual decides to keep working while undergoing treatment, it is the collaborative work adjustments that increase the likelihood of continuation of working or return to work (Pryce et al., 2007). The three different factors that are associated with a cancer survivor's return to work include positive attitude from coworkers, discretion over number of hours, and nature of work undertaken (Earle et al., 2010; Pryce, 2007). Practical support from supervisors in the form of taking the illness into consideration when planning and managing the work tasks of cancer patients is also positively associated with a smooth return to work process (Taskila & Lindbohm, 2007).

A mismatch between expectations and ability to perform in the workplace creates distress when individuals are unable to perform their pre-diagnosis work level (Grunfeld, Low & Cooper, 2010). Additionally, discrepancy between expectations of employer and survivor can create problems with the transition back to work (Grunfeld, Low & Cooper, 2010). It is important for counsellors who are to highlight both parties' expectations.

A study reviewed by de Boer and Frings-Dressen (2009) showed that advice on returning to work should be given early in the cancer treatment process. In doing so, however, this could create further anxiety and pressure for individuals struggling with cancer related issues. There is ample room for improving the guidance cancer patients and survivors receive in their return to work process (de Boer & Frings-Dressen, 2009). As counsellors it is critical to put the needs of each specific client first, despite results of other client outcomes.

As stated above, there are some factors that cause vulnerabilities and barriers to a smooth return to work. Physically demanding work has been identified as a factor that decreases the likelihood of returning to work after cancer treatment (Amir & Brocky, 2009; Lindbohm & Viikari-Juntura, 2010). Additionally, levels of education also impact return to work (Amir & Brocky, 2009). Lower levels of education are associated with more physically demanding jobs, and this can impact the return to work, salaries, and benefits of cancer survivors (Amir & Brocky, 2009). Amir & Brocky (2009) found that postgraduate qualified cancer patients were less likely to stop working than other educational groups. Higher educated cancer survivors are more likely to experience positive employment outcomes despite the extent of vocational services (Chan et al., 2008).

Career counsellors should determine the need for return to work support in the early stages and communicate with other professionals that could make individual and tailored accommodations and return to work plans (de Boer & Frings-Dressen, 2009). It is important to determine which individuals are at higher risk for employment barriers. Manual work, median income, vocational education, depression, and older ages were risk factors for unemployment in cancer survivors (Carlsen et al., 2008; Taskila & Lindbohm, 2007).

Another issue that should be addressed is related to disclosure. Disclosure has the potential to be very hard for some individuals. There can be issues around if, when, and how to disclose information about diagnosis and treatment with peers or co-workers (Zebrack, 2011). There are also areas of concern in regards to rejection and discrimination among supervisors and co-workers. United Kingdom cancer organizations that deal with cancer survivors have addressed problems in regard to perceptions of employers after the disclosure of a cancer diagnosis (Wynn, 2009).

Discrimination

The issue of disclosure raises the issue of discrimination that cancer survivors and individuals still dealing with cancer confront in the workplace. Work plays an important role with social relationships and psycho-social support (Chan et al., 2008). The effects can be detrimental when an individual experiences toxic situations in his or her work life. Distress is likely to occur, espe-

cially if it is based on a factor that is beyond an individual's control. The work-related discrimination has the potential to lead to work related problems, vulnerability and termination in the years following diagnosis and treatment (Carlsen et al., 2008).

Qualitative research has suggested that discrimination against cancer survivors may not only result in termination of service, but also imposed changes in working hours and responsibilities that were usually unwarranted from the perspective of the employee (Wynn, 2009). Even survivors who do not have ongoing issues that impact work ability are at increased risk of employment discrimination. It is largely related to supervisors and other coworkers who doubt their productivity or see them as poor candidates for promotion (Short & Vargo, 2006). Instances of different treatment, demotion, being passed over for promotions, denial of promotions and undesired transfers have been reported by cancer survivors (Earle et al., 2010).

Problems cancer survivors experience can include acts of discrimination in the form of unwanted changes in tasks and the inability to change jobs for fear or losing health coverage. (Taskila & Lindbohm, 2007). Additionally, economic issues significantly influence the work related decisions of nearly all individuals dealing with cancer, despite socioeconomic status (Main et al., 2005). Employment can be a source of emotional and financial support, especially if the workplace provides health insurance (Yu et al., 2012). Survivors who have health insurance through their workplace need to consider the implications of leaving their jobs, whether they change positions within the same company or quit altogether (Short & Vargo, 2006).

There is little literature that can be found that is based on the Canadian context, so it is important to keep in mind that the rates may be slightly different due to the fact that the health care system in the United States is significantly different than that of Canada. Leaving a place of employment increases risk of losing income, social support, and important health coverage. Additionally, with preexisting conditions, it will be very hard for cancer patients to qualify for other insurance (Clarke et al., 2011). These circumstances are forms of systemic discrimination that individuals dealing with cancer can face in the context of career.

Relating Issues to Theory

There has been some research focused on identifying effective rehabilitation and services that facilitate return to work for cancer patients and survivors (Carlton et al., 2018; Chan et al., 2008; Strauser et al., 2010). Specific models and perspectives within career counselling can also help with this topic. A relevant theory is Savickas' (2008) Constructivist theory. Briefly, this theory takes into account many different aspects of the occupational world in the context of the specific individual. The foundation is based on clients making meaning of their own personal experiences (Savickas, 2008). Savickas (2008) acknowledges that people are self-defining, self-regulating and self-organizing.

The fact that this theory takes into account the Holland Codes model is also very relevant for this population. Holland's Theory of Career Choice helps with the exploration of possibilities of potential careers that would be of interest to clients (Savickas, 2008; Holland, 1997). This is important, especially in the case that client's face termination of their employment. It could also be appropriate for the modification of employment or duties at work in the collaborative process between employer and employee. When clients voluntarily leave their place of employment this aspect of Constructivist Theory can be of assistance in helping explore some rewarding options. This could bring fulfillment to individuals who are experiencing negativity in relation to diagnosis, treatment, and symptoms.

There are many Constructivist career counselling tools described by Brott (2004). The tools in this article include Life Line, Card Sorts, Life Role Circles and Goal Map. The Goal Map is particularly relevant for individuals experiencing a cancer diagnosis or return to work after cancer for many reasons. Constructivist theory relies on a storied approach that uncovers a client's narrative and helps him or her build a future narrative based on a preferred

way of being (Brott, 2004). The Goal Map model allows clients to set out a goal, the steps that need to be followed to reach the goal, resources available and potential obstacles. For example, if a client has the goal of returning to work shortly after surgery or amputation there will be some steps that will be influenced by doctors and nurses. Some obstacles could involve doctors setting a different time frame for return to work, based on the extent of the treatment. Additionally, it would be good for the individual to include possible complications with the healing process. The resources available could include family, friends, health professionals and perhaps a support group for encouragement and advice. This is an effective way to outline and engage clients in an action-oriented model (Brott, 2004) and help reduce some of the stress and anxiety brought on by the cancer.

Another model that is relevant topic is the Happenstance Learning Theory (Krumboltz, 2009). The strength of this theory is that it acknowledges the importance of unplanned or chance events, and the ability for clients to take positive action and create opportunities (Krumboltz, 2009; Sharf, 2010). Krumboltz's Happenstance Theory has the potential to be able to help clients with career issues related to one or multiple issues stated above. This theory acknowledges that chance events may not always lead to positive results or opportunities (Krumboltz, 2009; Sharf, 2010). Krumboltz realizes that clients may need to develop coping skills to help with the issues that are not positive to career development (Sharf, 2010). This aspect of the Happenstance Theory fits very well with the issues surrounding cancer diagnosis.

The Happenstance Theory outlines four steps that are relevant for individuals dealing with cancer and return to work. The first step is to 'normalize planned happenstance in the client's history'. With an individual dealing with a cancer diagnosis and return to work, the counsellor would obtain information from the client in regards to how he or she has dealt with chance issues in the past, prior to the cancer diagnosis (Sharf, 2010). The second step is to 'assist the client to transform curiosity into opportunities for learning and exploring'. It is very important in this step to be cognizant of the perspective the client has on their experience of cancer and the return to work. There is a possibility for a misuse of language while following the guidelines of this step. In the second step, the individual can explore and develop future possibilities in relation to treatment while continuing to work and return to work post treatment (Sharf, 2010). It is noteworthy that this step acknowledges that unexpected events can create a new ability to deal with future unexpected events (Sharf, 2010). The third step, 'teach clients to produce desirable chance events', would be relevant to this population if the individual can learn to advocate for their needs in treatment, and in the return-to-work process. The fourth step is to 'teach clients to overcome blocks in action'. This step highlights the importance of clients engaging in positive actions. It also acknowledges that there is a possibility for clients to become discouraged or overwhelmed (Sharf, 2010). This is a very important acknowledgement especially with the complex circumstances cancer diagnosed and survivors face.

Krumboltz's theory details five skills relevant to managing chance events. This perspective outlines chance in events quite similarly to the Hopson & Adams' Seven Phase Model Accompanying Transitions, which will be addressed later in the article (Sharf, 2010). The first skill is 'curiosity', wherein opportunities and options are explored as a result of a chance event (Sharf, 2010). The second skill is 'persistence' which is characterized by clients learning about setbacks in one's experience. In the context of the issues presented, this could be continuing to work despite symptoms. The third skill is 'flexibility', which is developed through dealing with chance events (Sharf, 2010). 'Optimism', which will be addressed in a later section as well, is usually associated with positive outcome of efforts (Sharf, 2010). For example, if an individual is optimistic about his or her return to work, scheduling meetings with supervisors and seeking support through services can result in a positive return to work process. The fifth skill 'risk taking', is less applicable to this topic in a general sense, but may be very relevant to a specif-

ic client. Although the five skills may not all be applicable to clients dealing with chance events that are negative, there is absolutely room for modification for negative situations and specific issues presented by clients.

Sharf's (2010) chapter Adult Career Crises and Transition is a great resource to incorporate with a complicated issue such as cancer at work and return to work. In this chapter, Sharf (2010) addresses The Hopson and Adams's Seven Phase Model Accompanying Transitions, which is a particularly helpful resource to reference (Sharf, 2010). The phases that are especially relevant to the issues raised above are, Immobilization, Self-Doubt, Search for Meaning and Internalization (Sharf, 2010). It is fair to assume that after the initial shock (Immobilization) of the cancer diagnosis or the realization that modifications are needed in the workplace an individual would begin to question his or her abilities (Self-Doubt). With such an unanticipated event, it would be expected to start asking questions and seeking answers about issues related to the cancer (Search for Meaning). In an ideal situation, changes in values and way of life would occur, and new coping strategies would arise (Internalization). With that context, it is very important for counsellors to recognize that the changes occurring in a client's life might present differently than the model suggests.

Counsellor Implications

There are many things to take into consideration as a career counsellor assisting a client with such a difficult situation. It is important to keep in mind that individuals who seek assistance through vocational services are most likely to be in need of other services to get their basic needs met (Carlton et al., 2018; Chan et al., 2008). As stated above, there are some characteristics that place individuals in a more vulnerable position, therefore it is reasonable to take the perspective that these individuals are the ones who need the most support (Earle et al., 2010). As career counsellors assisting clients with work related issues, it is important to provide support consistent with their current physical or psychological functioning (Chan et al., 2008) Additionally, services that address issues such as psychosocial adjustment, accommodation and workplace support, do not usually focus on career counselling and job placements for people experiencing cancer or other long term illnesses (Chan et al., 2008)

It is important for counsellors to recognize the idea of personal resources. This idea is linked to Krumboltz's Happenstance Theory mentioned in an earlier section. In the study conducted by Hakanen & Lindbohm (2008), optimism can be viewed as one of the best personal resources. It has been associated with lower levels of anxiety in the long term and better engagement at work (Hakanen & Lindbohm, 2008). This reinforces the notion that empowering clients is very important and should be acknowledged by counsellors. However, a lack of optimism does not mean an individual is inherently pessimistic (Hakanen & Lindbohm, 2008).

Finally, it is important for career counsellors to become active in ways that promote equality for individuals struggling with cancer related problems. Short & Vargo (2006) recommend that to help combat discrimination it is important to become involved and aware of cancer programs, advocacy organization and strategies to educate the public about recent improvements and advancements. Not all survivors are aware of existing legal protection, and career counsellors may help with the interpretation and understanding of legal issues in relation to the individual context (Short & Vargo, 2006), or refer to those who may have more expertise.

Conclusion

This article briefly discussed some of the many issues faced by individuals impacted by cancer in the workplace. The purpose is to raise awareness related to the strengths and challenges faced by this specific population in the workforce. Constructs such as work ability and impairments, work modifications and the return-to-work process, as well as different factors resulting in discrimination were explored. More research is needed to determine the long-term effects of cancer for survivors so that resources can be distrib-

uted efficiently, and employment opportunities, job satisfaction and workplace productivity can be maximized for cancer patients and survivors (Short & Vargo, 2006). As stated above, there is a lack of research within the Canadian context and would constitute a worthy area to explore to determine if the needs and issues facing Canadian cancer patients and survivors is different than the European and American context.

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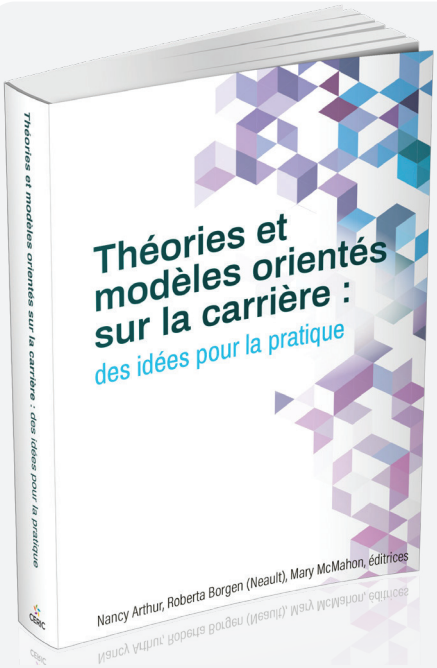

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Moving From Moral Distress to Moral Resilience Using Acceptance and Commitment Therapy

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Abstract

Moral distress (MD) is a problematic experience for healthcare workers, with career engagement implications including burnout, job turnover, and career turnover. Instances of MD have been increasing since the start of the COVID-19 pandemic, threatening greater problems for the healthcare system. Although a range of interventions have been explored, no evidence-based treatment has been identified. Because of how embedded ethical decision-making is in the healthcare field, it is unlikely that MD will be eradicated; however, it is suggested that MD can be learned from and transformed into moral resilience. Some evidence indicates that healthcare workers could benefit from mindfulness-based and emotion regulation skills, alongside values-based and action strategies, to support the development of moral resilience. This article proposes the applicability of Acceptance and Commitment Therapy (ACT) and its six core skills—acceptance, cognitive defusion, mindfulness, self-as-context, values, and commitment—to the work of career practitioners as a means of developing moral resilience skills among healthcare workers.

Keywords: Moral distress, moral resilience, healthcare, Acceptance and Commitment Therapy (ACT), career engagement

Moral distress (MD) is becoming an increasingly familiar term and common concern in the healthcare field (Ulrich & Grady, 2018). Given the multiple impacts of the COVID-19 pandemic and the strain it has placed on healthcare systems and the careers of healthcare providers within them, issues of MD are receiving more attention for the toll they take on workers. Early findings are already suggesting that levels of MD since the start of the COVID-19 pandemic have been elevated (Spilg et al., 2022). Smith-MacDonald and colleagues (2022) emphasized that "a large mental health crisis will be forthcoming for [healthcare professionals] once the pandemic is over" (p. 2). They went on to list the numerous contributing factors to MD throughout the pandemic: uncertainty, lack of information, fear of viral exposure, tensions and miscommunications between professionals, policies that hinder care, practicing within crisis standards of care, new roles, unfamiliar tasks and routines, and scarcity of medical resources. This highlights the difficult circumstances that healthcare professionals are navigating on a daily basis and poses significant concern around levels of burnout and career disengagement among this population (Helmers et al., 2020; Rushton et al., 2022; Spilg et al., 2022). Further, studies suggest that workplace stressors including MD are contributing to decreased job satisfaction and healthcare professionals' intent to leave their jobs (job turnover) and leave their field (career turnover) (Austin et al., 2016; Sheppard et al., 2022; Shoorideh et al., 2015). Given this rise in MD and associated concerns, it is important for career practitioners to be aware of MD and its potential impacts, as well as healthcare providers who might be dealing with it. This paper starts by defining MD and its career impacts, next it reviews the concept of moral resilience for addressing MD, and finally goes on to propose Acceptance and Commitment Therapy (ACT) as a fitting approach that career practitioners can consider for supporting people dealing with MD alongside specific application examples of the core ACT skills.

Moral Distress

MD was originally described as "[w]hen one knows the right thing to do, but institutional constraints make it nearly impos-

sible to pursue the right course of action" (Jameton, 1984, p. 6). This concept of MD emerged from nursing ethics literature but has since been applied to the experiences of healthcare professionals more broadly. Since Jameton first defined MD, both nursing researchers as well as researchers in other healthcare fields have debated and built on the concept.

The expansion of MD into a transdisciplinary understanding has resulted in it taking on new elements as it has been applied to diverse healthcare practices over time (Musto & Rodney, 2018). Some theorists have suggested that MD could follow from an unsatisfactory decision, as well as from uncertainty or inaction (Morley et al., 2019; Musto & Rodney, 2018). Other definitions have focused on MD as a threat to healthcare workers' moral integrity (Spilg et al., 2022). It has also been highlighted that constraints on moral judgments can be both internal or external to the healthcare provider (Musto & Rodney, 2018). Building on his original definition, Jameton (1993) later added that inaction in the face of obstacles can elicit psychological distress, thus MD can be composed of the initial distress as well as subsequent "reactive distress" (p. 542). This updated definition underscored that ambivalence and immobility in the face of a moral conflict might be a trigger for psychological distress. It also suggests that taking action may help diminish the distress (Jameton, 1993; Morley 2019). Importantly, Ulrich and Grady (2018) emphasized that compromised integrity is not an inevitability when experiencing MD and considered moral challenges as potential opportunities for growth and learning.

Although some are satisfied with the definition of moral judgment and constraint on action, others contend that it is too narrow and must be broadened to expand its utility (Morley et al., 2020). There is substantial empirical evidence that constraint on action is the central cause and characteristic of MD; however, some also argued for the inclusion of uncertainty in the definition (Morley et al., 2017; Morley et al., 2020). The counter to this is that there is a significant and necessary distinction between scenarios that are morally distressing and those that are simply morally challenging or uncertain. Despite definitional debate, MD continues to be a construct that resonates for many healthcare providers, particularly given the centrality of moral and ethical decision-making in healthcare (Musto & Rodney, 2018; Rushton et al., 2017).

An essential element of MD is inherent in the name *moral* distress. Some critiques of the concept highlighted the potential conflation of MD with psychological distress, emphasizing the importance of MD as a uniquely ethical challenge that differentiates it from other forms of distress (Musto & Rodney, 2018). In discussing what constitutes a necessary and sufficient definition, Morley and colleagues (2017) used the analogy of a pressure ulcer, suggesting that although many factors can make a pressure ulcer more likely to occur, the one necessary and sufficient causal condition is continual pressure on the skin. From this perspective, psychological distress is seen as a necessary though not sufficient condition for MD; it is necessary that the psychological distress be directly and causally linked to a moral event. There is not a universally accepted definition of MD, however, it commonly contains a relationship between: (1) a moral conflict, (2) some form of constraint, be it internal or external (e.g., institutional), (3) the "initial distress" and subsequent "reactive distress" or "moral residue," and (4) a compromising or violation of one's moral integrity (Campbell et al., 2018; Morley et al., 2017). This broad definition will be the foundation for the discussion of MD in the remainder of this paper.

Impacts and Consequences of Moral Distress

Given the constancy of moral and ethical decision-making in healthcare practice, the experience of feeling morally compromised is likely impactful to both the personal and professional aspects of a healthcare worker's life. The potential impacts of MD have significant consequences, not just on the individual, but on healthcare teams, healthcare systems, and on the provision and quality of healthcare services.

Beyond the immediate context of COVID-19, MD has been associated with a range of psychological and professional symp-

toms. It includes both emotional symptoms such as frustration, anger, emotional distress, numbness, exhaustion, and depersonalization, as well as internal experiences including feeling belittled, unimportant, unintelligent, or feeling isolated and having one's integrity threatened (Epstein & Degaldo, 2010; Rushton et al., 2017). MD has also been linked to the traumatic response of moral injury, as well as burnout, and job turnover and attrition (Helmers et al., 2020; McAndrew et al., 2018; Rushton, 2017; Sheppard et al., 2022; Shoorideh et al., 2015; Smith-MacDonald et al., 2022; Spilg et al., 2022). Finally, it is important to note that these impacts go beyond the personal distress on healthcare workers; MD in healthcare can lead to "diminished moral sensitivity" (p. S11) resulting in poor patient care.

This magnitude of recent stressors and cumulative toll of MD foreshadows a substantial threat to both healthcare providers and healthcare provision, that career practitioners may have a role in buffering against (Helmers et al., 2020; Rushton et al., 2022). Career practitioners could be well suited to support healthcare workers in learning coping skills and ways of working through the impacts of these morally distressing circumstances to prevent outcomes like disengagement and burnout (Helmers et al., 2020; Rushton et al., 2022; Spilg et al., 2022).

As Lutz and colleagues (2023) pointed out, it can be helpful to have a framework for understanding career engagement in order to support healthcare workers grappling with disengagement stemming from work-related stressors. They described how the Career Engagement model by Neault and Pickerell (2013) depicts how feeling overwhelmed or underutilized at work can lead to career disengagement. This model acknowledges that engagement can wax and wane, which would be considered normal engagement; however, early experiences of feeling overwhelmed or underutilized could be considered "amber lights" (such as in traffic lights) for possible concern. This parallels aspects of the MD framework outlined by Pavlish et al. (2018), which looks at instances of MD as being a "downstream" or cumulative effect of exposures, but which can also lead to moral disengagement or moral success depending on interventions and responses. Similarly, the MD model by Morley et al. (2021) demonstrates how successive experiences of moral distress can compound and lead to professionals feeling as if they have no choice but to exit the position or even the field. These frameworks suggest that professionals who are exposed to morally and ethically challenging experiences, without having the right skills and supports to problem solve and make sense of those events, will be more likely to experience MD, subsequent disengagement, and eventual burnout, job turnover, or career turnover.

Morley and colleagues (2020) discussed how MD has become a construct with substantial power when used, highlighting how labeling the experience as "morally distressing" helps build awareness and frame the problem. Until recently, MD was experienced but not openly discussed in healthcare settings. Offering a definition to healthcare providers allows greater understanding of their lived experiences and ability to seek support. Education about the nature of MD have been a core component of MD interventions thus far and should remain an integrated component of working with this concern, alongside new strategies to combat the resulting psychological and vocational impacts of such distress.

Addressing Moral Distress

Although the growing attention on MD is sure to develop into helpful strategies, at this point little is known about how to support individuals and organizations in dealing with this increasingly urgent career problem. It is apparent that solutions for MD will need to be multifactorial and address all levels of the healthcare system (Amos & Epstein, 2022; Rushton, 2017; Ulrich & Grady, 2018). Given that systemic change is slow, organizational factors are relatively unmodifiable at least in the short-term. Meanwhile, healthcare workers are continuing to experience distress which impacts their ability to work and is causing people to consider leaving their roles. Research has provided rich descriptions of MD experiences; still, the intervention research on MD has yielded little in terms of evidence-based interventions (McAndrew et al., 2018; Rush-

ton, 2017). Several reviews have been conducted on interventions for MD which mostly suggest that continued investigation is needed into interventions and solutions for this problem (Amos & Epstein, 2022; Deschenes et al., 2021; Morley et al., 2021).

Although links have been made between MD and adverse mental health and career outcomes, few studies have empirically addressed factors that may help prevent and manage MD among healthcare workers (Spilg et al., 2022). No evidence-based treatment for MD has been identified, although some findings do point to promising areas of exploration. Findings have identified some success in using mindfulness-based stress reduction techniques for reducing MD (Vaclavik et al.,2018); others have suggested the benefits of teaching emotional regulation skills (Morley et al., 2021). Along similar lines, Rushton (2017) proposed the cultivation of *moral resilience*. She suggested that MD could be viewed as a "warning sign," and that cultivating certain skills and practices could support healthcare workers in effectively navigating these ethically challenging circumstances.

In describing her perspective on transforming *moral distress* into *moral resilience*, Rushton (2017) turned to literature on post-traumatic growth, suggesting that in order to shift from distress to resilience, one must first address the relationship to the suffering experienced. She emphasized the importance of mindful awareness and curiosity, and turning toward a view of solutions and possibilities.

Moral Resilience

Although the focus on moral resilience is an admirable and desirable route for supporting the career sustainability of healthcare workers, a pathway toward developing the necessary skills to achieve this transition is less clear. There have been several decades of research dedicated to documenting experiences of MD but the possibility of developing morally distressing events into opportunities for growth and resilience is a newer area of exploration (Holtz et al., 2018; Rushton, 2017). Resilience has been broadly defined as the ability to adjust, recover, or "bounce back" easily after a difficult or negative event (Earvolino-Ramirez, 2007; Lachman, 2016). Growing research has demonstrated that resilience is not simply an inborn trait, but something that can be cultivated, and thus interventions can be designed to support and encourage its development (Earvolino-Ramirez, 2007). In her concept analysis, Earvolino-Ramirez (2007) identified resilience as being composed of six characteristics: (1) *rebounding/reintegration*, the ability to bounce back in the face of adversity and re-engage with life in a positive way after a challenge; (2) *high expectancy/self-determination*, sense of purpose and achievement in life; (3) *positive relationships/social support*, meaningful relationships that provide opportunities for communication; (4) *flexibility*, adaptability and the ability to roll with changes; (5) *sense of humour*, the ability to make light of adversity and moderate the intensity of emotional reactions, and (6) *self-esteem/self-efficacy*, referring to how a person feels about themselves and their belief in their own abilities.

Despite the term moral resilience having been used in several papers, a clear definition of the concept has not been concretely established. Lachman (2016) described it as the "ability and willingness to speak and take right and good action in the face of adversity that is moral/ethical in nature" (p. 122). However, this definition seems incomplete, based on the way the term is used in other contexts. Rushton (2017) discussed moral resilience in a way that implies many of the facets of resilience outlined by Earvolino-Ramirez (2007). The characteristics Rushton (2017) associated with moral resilience include: cultivation of mindfulness, learning self-regulation, developing self-awareness and insight, deepening moral sensitivity, discerning ethical challenges and principled actions, taking courageous action, finding meaning in adversity, and preserving one's integrity and the integrity of one's team. Similarly, Holtz et al. (2017) identified personal integrity, relational integrity, buoyancy, self-regulation (including mindfulness), self-stewardship, and moral efficacy as the characteristics of moral resilience. In another study, healthcare workers used a combination of taking action, reflection and perspective-making, and es-

tablishing supports to help them stay resilient to MD (Helmers et al., 2020). Although these studies used different terms, they all underscored the multitude of skills that make up resilience, including self-reflection, maintaining one's values and beliefs, connection with one's team, tolerance of uncertainty and challenge, mindfulness and self-regulation, self-care and honouring one's boundaries, and acting from a place of courage for what is morally right. As such, moral resilience seems the fitting target outcome of interventions for MD–and bolstering the career sustainability of healthcare workers.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is an empirical therapeutic approach that incorporates cognitive, behavioral, acceptance, and mindfulness-based principles, and shows a promising evidence base (Hayes et al., 2006; Hayes et al., 2013). Central to ACT is the construct of *psychological flexibility*, which is seen as the "ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends" (Hayes et al., 2006, p. 6). Psychological inflexibility, on the other hand, is seen as the cause of psychological and emotional difficulty. Thus, from the ACT perspective, psychological difficulties are rooted in *psychological inflexibility*, "a pattern in which behavior is excessively controlled by one's thoughts, feelings and other internal experiences, or to avoid these experiences, at the expense of more effective and meaningful actions" (Levin et al., 2014, p. 156). The goal of ACT is to increase psychological flexibility through the development of six core processes: (1) acceptance, (2) defusion, (3) mindfulness, (4) self as context, (5) values, and (6) committed action (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019; Tyndall et al., 2020).

Although ACT has not be directly applied to MD, it has been successfully used in diverse contexts, including to support career difficulties (Hoare et al., 2012; Luken & de Folter, 2019), as well as a range of health and mental health conditions such as traumatic stress, burnout, anxiety, and chronic pain (Dindo et al., 2017; Prudenzi et al., 2022; Smith-MacDonald et al., 2021). It has been suggested that ACT could be a good fit for supporting healthcare workers in the workplace to ameliorate the impacts of burnout (Prudenzi et al., 2022). Another program has proposed applying ACT to the treatment of moral injuries among healthcare workers (Borges et al., 2020; Smith-MacDonald et al., 2022). Given the suggested uses of ACT for circumstances closely associated with MD (such as burnout and moral injury) and promising preliminary findings, its exploration for this context seems a natural application.

Further, Rushton (2017) suggested that although MD cannot be eradicated, it can potentially be transformed into moral resilience. Her descriptions of interventions that change the relationship to the morally distressing situation and support movement from distress to resilience seem to closely parallel the foundational skills of ACT. Thus, ACT appears amply prepared and even ideally situated to facilitate this process.

Cultivating Moral Resilience Through Acceptance and Commitment Therapy

The benefits of ACT for addressing psychological distress and career concerns such as burnout and turnover intent among healthcare workers have in part been attributed to its cultivation of mindfulness skills and commitment to values (Prudenzi et al., 2022). Smith-MacDonald et al. (2021) discussed how ACT has been conceptualized as "supporting the cultivation of acceptance of moral pain in the service of one's values instead of challenging the content of that pain" (p. 3). Their approach suggested that ACT interventions are applicable to the needs of healthcare workers. Through the lens of ACT, MD might be conceptualized as a state of "stuckness" or cognitive inflexibility, wherein the real or perceived constraints on action lead to psychological experiences of distress (Prudenzi et al., 2022). Prudenzi et al. (2022) highlighted how in a healthcare setting, psychological flexibility could involve improved ability to experience unpleasant thoughts and emotions that arise at work; greater ability

to be present (mindful) at work, including tasks, internal experiences, and interactions; and consistent engagement in behaviors that align with one's goals and values while at work. These abilities and behaviors are well aligned with the tasks of achieving moral resilience and the foundational skills of ACT. The central goal of ACT, as stated above, is to reduce psychological inflexibility and increase psychological flexibility, which it does through the cultivation of six core psychological skills (acceptance, cognitive defusion, mindfulness, self-as-context, values, and commitment), which are further described in the following sections (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). This article proposes that ACT skills could benefit healthcare workers in moving from a state of MD toward moral resilience.

Acceptance

ACT conceptualizes acceptance as an allowance or embracing of one's internal experience, without trying to alter or change it, even when it includes unpleasant stimuli such as distressing thoughts, feelings, or sensations (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). Acceptance is seen as the opposite experience of avoidance, in which one might try to distance or control undesired thoughts, feelings, or sensations. Although avoidance might temporarily decrease distress, it is understood as contributing to distress and psychological difficulty when overused or used long-term. Through avoiding an internal stimulus, such as anxiety, we strengthen or reinforce the perception of that stimulus as intolerable; meanwhile the actions we take to comfort or soothe also become associated with the negative stimulus, such that the unpleasant experience grows in magnitude. Through learning and practicing acceptance, we become flexible in how we respond to internal experiences. Development of acceptance as a skill is seen as a way of increasing values-based action—and is also seen as a means to transform the emotional experience itself.

Because experiences of MD can build toward worsening symptoms over time leading to what some call *moral residue* or even *moral injury*, acceptance could be a valuable contribution to the resiliency building among healthcare workers. Learning to accept one's internal responses to difficult moral experiences could potentially curtail the development of both initial and reactive distress. Acceptance can also be seen as strengthening moral resilience through developing the ability to acknowledge a situation as it is, without judgement, as well holding realistic expectations about one's own role and responsibilities (Holtz et al., 2017).

Cognitive Defusion

ACT describes defusion as a way of changing how a person interacts with, or relates to, their thoughts, rather than trying to change the thoughts themselves (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). Cognitive defusion is seen as the opposite of cognitive fusion, which occurs when a person treats their thoughts as literal, rather than recognizing thinking as simply mental activity. In Cognitive Behavioral Therapy, this might be dealt with through reality testing or thought challenging; in ACT, this is addressed through cognitive defusion practices, such as mindfully observing the act of thinking as it happens, and simply noticing one's thoughts.

Given that MD frequently entails experiences of negative thoughts and beliefs about one's actions and responsibilities, developing the skill of defusion could be a valuable asset to healthcare workers. Rather than getting fused to the content of one's thoughts and over-identifying with them, it can be helpful to observe thoughts for the mental activity that they are, and practice allowing them to come and go. Holtz et al. (2017) similarly described the moral resilience skills of being able to "step back" and "recheck one's thoughts" as well as the importance of being able to stay grounded and self-reflective.

Mindfulness

ACT emphasizes the importance of flexible contact with the present moment, also known as mindfulness (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). Mindfulness is contrasted with loss of contact with the present, a desire to

distance from or detach from the reality where difficult events are occurring. In mindfulness, a person learns to actively observe and attend to what is present—both within and outside of themselves. This allows a person to be more accurately in touch with what is happening in their environment and internal experience, and thus more connected to their values through their "inner compass." Mindfulness thus enables a person to behave in ways that are more consistent with their values, have more control over their behavior, and allow for better stress management by preventing cognitions like ruminating, worrying, and judgment.

Mindfulness-based practices have been shown to help decrease MD and improve coping among nurses, thus contributing to increased resilience (Vaclavik et al., 2018). It is anticipated that this skill could help healthcare providers across the spectrum, particularly given that mindfulness strategies can be combined with acceptance-based skills, as well as relaxation and stress reduction tools, such as in mindfulness-based stress reduction. Mindfulness is also described by Holtz et al. (2017) as a key component of moral resilience for its role in self-regulation. They described self-regulation as the ability to stay "grounded" and self-aware, allowing one to stay engaged and not become distressed, such as when there is a conflict between one's own values and someone else's.

Self-as-Context

ACT centers the self as the context or perspective through which experience is observed (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). This is important in ACT because it allows one to observe their inner experiences from a new vantage point in which they are less threatening, developing defusion and acceptance. Self-as-context is contrasted with attachment to a conceptualized self (self-as-content), wherein a person might become overly fused with rigid expectations or evaluations of who they are or ought to be.

Self-as-context could theoretically decrease MD (and move toward moral resilience) through allowing healthcare workers to observe the flow of their own experience without forming strong attachment or meaning about it and build self-regulation. Self-as-context skills can also potentially contribute toward building moral resilience through building of self-awareness and insight, as Rushton (2017) called for. These skills are also linked to the ability to take the perspectives of others, empathize, and communicate, which are all necessary for team-based MD interventions.

Values

ACT underscores the importance of values to guide life direction in a subjectively meaningful way (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). Values are seen as expressions of the kind of person one wants to be; they are differentiated from goals in that a value cannot ever be "completed" but can guide action moment to moment. Problems with values tend to stem from lack of clarity, compliance (rather than personal choice), and avoidance.

Values work is an especially important skill that ACT has to offer to MD because of the centrality of morals and values in this condition. MD frequently involves circumstances of competing values and can be aided by self-reflection on one's values and the outcomes of given values-based behavior, as indicated by self-reflection and debriefing interventions for MD (Amos & Epstein, 2022). Holtz et al. (2017) described moral resilience as including an ability to stay true to one's values in the face of adversity. Values work appears helpful in addressing MD by aiding healthcare workers through actively assessing and clarifying their goals and discerning necessary and appropriate actions that correspond with their values. In this way, values work could contribute to maintaining one's personal integrity.

Commitment

ACT highlights the importance of committed values-based action, even in the face of fears and obstacles (Hayes et al., 2006; Hayes et al., 2013; Luken & de Folter, 2019). Committed action is contrasted with inaction, impulsivity, or avoidance. Commitment is largely the behaviour change

component of ACT, in which goal setting and action come in to play.

Committed action appears key to the development of moral resilience, which relies on taking courageous action and preserving one's integrity (Holtz et al., 2017; Rushton, 2017). Where MD can lead to disengagement, commitment reinforces the importance of values-driven action. Having developed other skills that support self-reflection, self-regulation, and acceptance, committed action could then put healthcare workers back in touch with the necessity of action within their roles and enable them to move forward even in times of challenge and uncertainty.

ACT in Practice for Moral Distress

ACT has been applied to various workplace contexts since its inception, with the first ACT randomized-controlled trial conducted in a workplace (Flaxman et al., 2013). An existing standardized and validated ACT workplace intervention was recently modified for healthcare workers by Prudenzi and colleagues (2022), focusing on increasing the participants' capacity for mindfulness and values-based action. This intervention included four two-hour sessions over the course of four weeks and followed a group format. This intervention was found to reduce the participants' levels of psychological distress. Another ACT intervention was developed to address moral injury for healthcare workers and was also a group-based intervention (Smith-MacDonald et al., 2021). Based on the existing literature on ACT interventions in the workplace and recent application to healthcare workers, we advocate for a group-based workplace intervention using an ACT framework to target MD.

Workplace interventions for MD may focus on increasing healthcare workers' awareness of their experience of MD and teach ACT skills to manage the associated psychosocial impacts of MD. Such interventions could utilize existing protocols, including mindful breathing exercises, values card sorts, guided imagery exercises, and awareness and acceptance of body sensations (Prudenzi et al., 2022). Interventions can also include educational components that inform healthcare workers of existing organizational supports and procedures, to aid healthcare workers in assessing action steps they may wish to take.

For counsellors providing individual therapy or career interventions to healthcare workers, incorporating ACT components into treatment seems appropriate to help address the experience of MD. The six core processes of ACT (acceptance, cognitive defusion, mindfulness, self-as-context, values, and commitment) can inform the goals that counselor and client set to reduce MD and lead to moral resilience.

Conclusion

MD is a complex career concern, one that may need a range of approaches in order to be adequately addressed. Removing morally and ethically complex circumstances from healthcare work is an impossibility because moral and ethical decision-making is an integral and necessary part of the role of all healthcare workers. Thus, interventions need to be suited to helping healthcare professionals navigate and cope with the difficult moral and ethical circumstances they will encounter in their work. Healthcare worker moral resilience can be supported by developing skills that enable them to continue to stay engaged with their roles, even during times of great challenge.

Unfortunately, a rising tide of complex moral circumstances flowing from the COVID-19 pandemic, as well as other burdens on the healthcare system, risks leaving many healthcare workers feeling as though they are drowning. It is often commented that people tend to go into healthcare work with a sense of "a calling," which might also play a role in why these moral events are especially impactful (Helmers et al., 2020). Some healthcare workers also describe the love of their work as a sustaining factor during times of great difficulty, if resilience skills can be called upon (Helmers et al., 2020). ACT appears theoretically well suited to the needs of supporting healthcare workers in developing skills that bolster their resilience.

ACT provides a useful framework and tools for understanding the challenges of MD and strengthening the inner resources and resilience of healthcare workers, to support career

sustainability. The core skills of ACT—acceptance, cognitive defusion, mindfulness, self-as-context, values, and commitment—seem to be a good fit for the development of moral resilience. These skills could assist healthcare workers in accepting challenging circumstances, being mindful in their roles, staying grounded and emotionally regulated, building and maintaining positive working relationships, and self-reflecting; this also could allow them to stay connected to their values and identify appropriate actions for moving forward in their fields with integrity. ACT is also a flexible approach that can be tailored to the needs of the individual.

Of course, neither strengthening resilience skills, nor any other educational approach, is intended to be a complete solution. Systemic change is needed in order to address these difficulties at all levels, and advocacy for those changes to be addressed comprehensively will be an important step. Nonetheless, this is a time of great challenge for society overall, and it is important to be creative and innovative with the tools that are available in order to mitigate the impacts and support the sustainability of healthcare workers as much as possible. ACT is a robust, evidence-based approach which has been found useful in many associated circumstances, and appears well positioned to support healthcare workers in moving from moral *distress* to moral *resilience*.

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Addressing Compassion Fatigue Using Career Engagement and the Hope-Centered Model for Career Development

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Abstract

The COVID-19 pandemic has exacted a toll on healthcare workers, who have been required to work during times of great challenge and scarcity, as well as risk to themselves, whilst continuing to provide care for others. This desire to alleviate the suffering of others puts healthcare workers at increased risk of compassion fatigue, a traumatic stress response that can develop from supporting others through emotional suffering and trying to alleviate that pain (Arpacioglu et al., 2020; Ruiz-Fernandez et al., 2020). Increased risk to this large population poses a challenge to career practitioners, who will need effective ways of supporting these workers in healing. This paper discusses conceptualizing compassion fatigue through a career engagement lens, and proposes the uses of the Hope-Centered Model of Career Development as a means of supporting reengagement. Through the reinstallation of hope, feelings of agency and achievement again become possible.

Keywords: Compassion fatigue, compassion satisfaction, career engagement, hope-centered career interventions

The COVID-19 pandemic has placed an exceptional toll on healthcare professionals, who have been required to work during times of great uncertainty and scarce resources, as well as risk to their own health and safety (Ruiz-Fernandez et al., 2020). Workers in these helping professions are working under these added pressures, having to balance care for their clients and patients, while also attempting to sustain their own physical and mental health (Greenberg et al., 2020; Ruiz-Fernandez et al., 2020). Despite these significant work-related challenges, healthcare professionals have continued to strive to provide quality care and relieve the suffering of those they care for. This desire to alleviate suffering, particularly during times of greater societal strife, places healthcare workers at increased risk of compassion fatigue, a traumatic stress response that can develop from supporting others through emotional suffering and trying to alleviate that pain (Ruiz-Fernandez et al., 2020). It is anticipated that the pandemic will lead to experiences of burnout, secondary traumatic stress (STS), and compassion fatigue for many health and mental health professionals as a result (Arpacioglu et al., 2020).

Given the evolving context of health and mental healthcare within a COVID-19 and post-COVID context, having strategies for reducing the impacts of burnout, STS, and compassion fatigue among workers in these fields is becoming an increasingly important skillset among career practitioners. While there is a growing amount of literature looking at compassion fatigue, there is also a growing need to explore solutions to these concerns that support healthcare workers in maintaining their own wellbeing so that they can continue to support the communities they care for.

Burnout, Secondary Traumatic Stress, and Compassion Fatigue

In the literature, the concepts of burnout, secondary traumatic stress (STS), and compassion fatigue are often used interchangeably, such that it is frequently difficult to differentiate the concepts. Stamm (2010) conceptualized compassion fatigue as a multi-component construct that includes both burnout and STS. Ling et al. (2014) used the construct of compassion fatigue as hyperarousal, isolation, feelings of hopelessness, and of being overwhelmed as a result of indirect traumatic stress,

first outlined in Figley (1995a; in Figley, 2001). More recently, Smart et al. (2014) have identified the need to separate burnout from compassion fatigue as related, but distinct constructs, so that they are more easily and directly addressed, but included STS as a component of compassion fatigue. For the purposes of understanding and treating compassion fatigue, it is necessary to understand it as its own concept, related to, but distinct from both burnout, and various forms of trauma associated with work, including STS. Each of these concepts will therefore be outlined.

The research on burnout traces back to the 1970s, where it has been used to describe a state of mental and physical exhaustion resulting from work (Freudenberger, 1974; Maslach, 1976). Both Freudenberger (1974) and Maslach (1976) used the term in the context of service-based or healthcare roles, where central features of these roles are interpersonal and relational. Maslach and colleagues (2001) described burnout as an initially "very slippery concept" (p. 402) that has received a lot of attention in recent years, largely due to the recognition of elevated rates of burnout in frontline health and mental health professionals. According to Maslach et al. (2001), burnout is a response to chronic or prolonged emotional and interpersonal stressors attached to the work environment. Thus, burnout also denotes a particular type of response stemming from prolonged emotional and interpersonal stressors leading to feelings of failure at meaningful work, loss of self-identity, and restriction of choice (Leiter et al., 2014; Maslach, 2001).

STS is often connected with burnout, and is generally used to refer to the traumatic impacts on the helper of long-term work with traumatized individuals, resulting in trauma symptoms very much like those resulting from direct trauma exposure (Figley, 1995; Figley, 2002). STS is described as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995 pg. 7). A person experiencing STS may experience any or all of the symptoms of post-traumatic stress disorder. They may become preoccupied with the difficulties of their clients, re-experience their traumatic events (flashbacks), avoid or emotionally numb themselves to reminders of their clients or associated events, and experience ongoing physiological states of arousal (fight or flight response/hyperarousal). These experiences can have significant impacts on a person's life, altering sense of self and identity, as well as impacting functioning, psychological and emotional states, and feelings of safety (Saakvitne et al., 1996).

Similar to STS, compassion fatigue also refers the impacts of ongoing work with traumatized populations. Figley (2002) states "the very act of being compassionate and empathetic extracts a cost under most circumstances" (p. 1434). He goes on to define compassion as the act of bearing suffering, and thus, in his view, the act of being compassionate leads to suffering. Similar to burnout and STS, compassion fatigue reduces one's ability and desire to bear the suffering of others (i.e., to be compassionate). Compassion fatigue in this context is defined as a facet or subset of STS (Figley, 2002).

Given their interrelatedness, it is sometimes argued that compassion fatigue should not be differentiated from STS, however, there is clinical utility to the term compassion fatigue in that the term holds face validity for those experiencing it. In care related fields, there is an added element to work that is very personal in nature, that is, the cumulative demands of experiencing the suffering of others, and the resulting prolonged experience of "compassion stress" (Ray et al., 2013). Compassion fatigue presents as an inability to connect emotionally with clients or patients, and reduces our interest in "bearing the suffering of others" (Figley, 2002, p. 1434). It can also result in disengagement from the work environment due to the ongoing demands of being compassionate, empathetic, and taking care of others.

Factors that pose a greater risk for health professionals working with trauma include being empathetic, having one's own experiences of trauma either historically, or unresolved, and assisting in events in which children are involved (Ray et al., 2013). At the

same time, most systematic studies on the effectiveness of therapy indicate that therapeutic alliance and relationship factors—including the therapist's ability to empathize with their clients—are necessary for therapy to be effective (Figley & Nelson, 1989).

Supportive relationships from friends, family, and within communities such as work are significant predictors of compassion satisfaction. Compassion fatigue begins to occur when coping strategies are no longer effective, or are insufficient to maintain resilience to compassion stress (Killian, 2008). Studies report that frontline health and mental health professionals report the highest levels of emotional exhaustion (Ray et al., 2013).

It is important to understand the concept of burnout when examining compassion fatigue, because the constructs of exhaustion, cynicism, and inefficacy are present in compassion fatigue as well. There are a number of factors associated with how we experience our working environments, and burnout generally refers to any situation where an employee is being overworked or overwhelmed by the demands of a job; research indicates that organizational factors play a more significant role in burnout than individual ones (Maslach et al., 2001). Compassion fatigue on the other hand refers specifically to the biological, physiological, and emotional exhaustion and behavioural dysfunction brought on by the cumulative impact of prolonged or repeated exposure to compassion stress associated with being compassionate, empathetic, and bearing the suffering of others (Figley, 2001; Ray et al., 2013; Smart et al., 2014). It is this kind of exhaustion that prompts behaviour that distances a person cognitively and emotionally from their work, and in the fields of health and mental health, this means distancing from the people they are trying to help (Maslach et al., 2001). Further, STS and vicarious trauma are often event-related. Compassion fatigue is a symptom of this, as a person's ability to protect and care for themselves emotionally becomes depleted. As this happens, the situations, clients, and patients a healthcare worker is caring for more easily and significantly affect the worker.

Most at risk for compassion fatigue are those who work with clients or patients in need of a high degree of support and long-term care; these include professions such as nursing, social work, psychology, counselling, psychiatry, case management, and mental health (Ray et al., 2013; Thompson et al., 2014). Significant factors correlated with compassion fatigue in these professions include both organizational and individual factors such as high caseload demands, lack of regular access to supervision, workaholism, a personal history of trauma, social isolation, an overabundance of optimism or cynicism, social isolation, and a lack of self/emotional awareness (Maslach et al., 2001; Ray et al., 2013). Although it is outside the scope of this paper to extensively explore work environment factors that contribute to compassion fatigue, it is important to note that these can be significant contributors. This paper explores primarily intrapersonal strategies that individuals can explore in counselling.The interested reader might refer to Kreitzer et al. (2020), Ray et al. (2013), and Singh et al. (2020) for further information on institutional factors.

Compassion Satisfaction

Given how much of a person's time is spent engaged in work activities, it is important that career and work-life be sustainable. According to Newman (2011), having flexibility in the work environment fosters resiliency and confidence, and offers the opportunity for integration of life spheres from which a person can derive meaning. From a positive psychology perspective, these are necessary components of a sustainable career. For those working in the health and mental health fields this is especially important given the unique set of work-related stressors in these careers. Compassion satisfaction, in contrast with compassion fatigue, encompasses the positive aspects of caring and empathy (Hunt et al., 2019). Compassion satisfaction is supported through mindful emotional awareness (Thompson et al., 2014), and refers to the meaning and fulfillment derived from doing caring work. It is rooted in the level of individual-job fit, and meaningfulness experienced from work, and has been found to be positively associated with reduced

levels of compassion fatigue and burnout (Conrad & Kellar-Guenther, 2006).

Application of The Career Engagement Model

Neault & Pickerell (2011) have developed a Career Engagement Model that fits very well in consideration of compassion fatigue. The model was developed to identify and illustrate the relationship between career factors that keep people engaged in their careers. The philosophy of the model is that engagement is based on the relationship between capacity and challenge. If there is an imbalance in the relationship, an employee may become disengaged in work. If a person's capacity is higher than the challenges they are being given, a feeling of being underutilized may occur, or, if the challenge is greater than the capacity, the employee may begin to feel overwhelmed. From this perspective, the Career Engagement Model might provide indicators that a healthcare professional is at risk for compassion fatigue.

The Career Engagement Model is structured around four core components: (1) alignment, the fit between individual and organizational values; (2) commitment, the loyalty and intent to stay that is based on relationships within the organization; (3) contribution, the feeling that one is making a difference and the subsequent increase of discretionary effort; and, (4) appreciation, the recognition of work by the organization. Within healthcare organizations, these factors tend to be present as in any organization, if not more so, due to the complex and integrated nature of the field of health. As well, there is a component of the requirement to be consistently empathetic and patient under conditions that demand far greater capacity than there are support and internal and external resources. Many of those who choose professions based on the care of others find great meaning in their work, but there must be a balance struck between providing care toward others and care of the self. As demonstrated in the Career Engagement Model, if a balance is not struck between challenge and capacity, disengagement will occur—as has been the case for many during the COVID-19 pandemic.

With respect to alignment, as previously mentioned, compassion satisfaction is the antithesis of compassion fatigue and burnout, and increased levels of compassion satisfaction predict lower levels of both (Smart et al., 2014; Thompson et al., 2014). Greater congruence between identity and one's professional roles will increase capacity and create the essence of career integrity (Magnussen & Redekopp, 2011). If someone is in conflict with their professional body, they will have a lower threshold for what they can reasonably handle in their daily routine due to a misalignment between values, and what is expected of them. This will also influence their commitment to their job. The alignment of capacity with challenge is a fundamental piece of creating a sustainable career.

A person's commitment to their organizational career will also be affected by factors such as salary, opportunity for advancement, and especially supportive relationships within the workplace including support from co-workers, supervisors, and organizational supports (Singh et al., 2020). When these are not present, professionals can begin to feel isolated and unappreciated, and as this happens, their interest in continuing to support their organization, or to go above and beyond in their efforts, begins to wane. As alignment refers to the congruence between individual identity and that of the organization or profession one has chosen, one must feel as though their work is making a real difference in the world. This feeling of making a real world contribution can be negatively impacted by "work drain". Work drain refers to the experience of powerlessness on the part of a health professional with regard to other health, social welfare, or legal systems that are failing their clients or patients (Ray et al., 2012). Finally, a feeling of being appreciated by the organization, colleagues, and clients is a necessary part of feeling balanced between challenge and capacity. If a person feels appreciated, then they are far more likely to continue to allocate resources to maintaining their current career situation. In frontline health and mental health professionals, there is a component of appreciation that comes from consumers as well; if a health or mental health professional feels

unappreciated by those to whom they are providing service, their resources will be more easily and quickly depleted and they will be impacted more significantly by the people and services they provide. As with organizational factors, these individual components must also be balanced with respect to capacity and challenge.

The Career Engagement Model has the potential to be very useful in identifying level of engagement, and if applied to stressors related to empathy, compassion, and care, can be used to clarify the areas associated with work that are out of balance. Health and mental health care workers can strive to keep challenge and capacity in a reasonable balance by taking on special projects or new positions, and continuing to engage in ongoing educational opportunities, and by maintaining effective support systems (Neault & Pickerell, 2011). However, when things become imbalanced and workers begin to experience compassion fatigue, it is important for career practitioners to have ways to support them in becoming reengaged.

Using the Hope-Centered Model of Career Development to Reengage

While burnout can be treated by attending to organizational factors such as workload and patient or client volume, compassion fatigue is more personal and individual in nature, and requires an intervention tailored to the individual that addresses coping skills and reengagement, not only with the working environment, but with the empathic self as well (Smart et al., 2014). Unfortunately, the literature on effective work rehabilitation programs for people with stress-related disorders such as compassion fatigue is very limited (Eklund & Erlandsson, 2014). While randomized controlled trials have not supported the effectiveness of cognitive behavioural therapy nor occupational physician-directed guideline-based care over treatment as usual, activity-based interventions and multimodal approaches were shown to be effective for the quality of clients' work performance (Eklund & Erlandsson, 2014). As well, what seems to be consistent across the literature is that increased levels of compassion satisfaction were negatively correlated with burnout and compassion fatigue, and, that loss of hope is a key component of both burnout and compassion fatigue (Smart et al., 2014; Thompson et al., 2014). The Hope-Centered Model for Career Development incorporates underlying attitudes and behaviours necessary for career self-management, and is based on the development of hope as a central construct in developing self-reflection, clarity, creating a vision for the future (Niles et al., 2010). It is designed to actively facilitate the setting, planning, and implementing of concrete goals associated with career satisfaction (Niles et al., 2014).

Compassion satisfaction is rooted in the experience of gratification from compassion, empathy, and caregiving. As exhaustion and fatigue begin to take hold, hope for these experiences diminish, and feelings of cynicism and inefficacy begin to take over. Notably, "without hope, people are unlikely to take positive action in their lives" (Niles et al, 2010, p. 5). Through the reinstallation of hope, the feelings of agency and achievement again become possible. Human agency refers to the ability to envision future goals, develop plans, and execute them in a way that is flexible enough to adjust to changing environmental conditions (Niles et al., 2010). Hopefulness is a necessary initial component of this process as it is hope that allows one to envision a meaningful goal and believe that a positive outcome is possible if action is taken (Niles et al., 2010).

According to Niles et al. (2010), it is human agency and hope that provide the pillars for addressing career self-management challenges. Similarly, self-care practices are something within an individual's control that helps protect workers from burnout and compassion fatigue and allows those in helping professions to find satisfaction and reward in their work (Ray et al., 2013). As satisfaction with work increase, and workers begin to reengage, the result is increased productivity and job satisfaction (Neault & Pickerell, 2011), creating a positive feedback cycle in which both the organization and individual benefit. In theory, finding methods to increase compassion satisfaction will mitigate compassion fatigue (Smart et al., 2014), and this can

be accomplished through the fostering of hope.

When encountering insurmountable barriers, one must demonstrate flexibility to identify ways to make the necessary changes. The Hope-Centered Model of Career Engagement explores and addresses six core areas: hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting. At the core of this model is hope, and it is through hope that all other constructs are possible. In this model, there is not a set protocol on how to address the bolstering of hope, "[b]olstering hope can begin wherever a person's strengths may lie," (Niles et al., 2010, p. 5), and though assessment is important, this model focuses on creating a deeper understanding related to barriers and needs. Without hope, people will simply give up any time an obstacle is encountered. By finding hope, people can return to the necessary agency thinking that initially motivated them to pursue their chosen career, as well as engage the pathways thinking and goal setting that supported them in realizing their professional endeavours (Niles et al., 2010).

The authors of the Hope-Centered Career Model are involved in an ongoing series of research projects, including applying hope-based approaches and the Hope-Centered Model specifically to working through career challenges and difficulties (Niles et al., 2010), working with unemployed clients (Amundson et al., 2018), working with refugees (Yoon et al., 2019), and to working with university and college students (Amundson et al., 2013).

In their study engaging 52 unemployed individuals with a range of hope-centered career interventions, Amundson and colleagues (2018) found statistically significant improvements on all measures of the Hope-Centered Career Inventory (hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting), as well as improvements in self-efficacy, vocational identity, and career engagement. Similarly, in their study with 1685 college and university students, hope was found to improve motivation toward academic engagement including collaborating with peers, actively interacting with faculty, and spending more time in preparation for class and on assignments (Yoon et al., 2015; Smith et al., 2014). Further, through engagement activities students are more likely to increase their awareness of talents, interests, and personal values, which will support the development of their vocational identity development. In their career intervention for refugees based on the Hope-Action theory, Yoon and colleagues (2019) similarly found that hope-based interventions helped participants in becoming more engaged with work and feeling more hopeful about their career state than the control group.

Just as Amundson et al. (2013) hypothesized that students' positive expectations about the future should accompany increased engagement and vocational identity as well as higher achievement, the Career Engagement Model supports that increased engagement will result in increased employee productivity (Neault & Pickerell, 2011). In health and mental health related fields, this "increased productivity" refers to intellectual and emotional connection with clients/patients, as well as with the organizational environment. Based on the findings of the above studies, lack of hope increases the likelihood that people will not actively engage in academic or work-related activities, whereas increasing hope supports professional engagement.

Application the Hope-Centered Model of Career Development for Working with Compassion Fatigue

Niles and colleagues (2011) have developed a Hope-Centered Career Inventory that can be used as an initial diagnostic tool to begin a program or series of sessions. This tool might also be used as a development guide throughout sessions, or as an evaluation tool to measure progress from beginning to any point during or following the counselling process.

Following the initial assessment, the counsellor can engage the client in the task of rediscovering lost passion and the hope of fulfillment and enrichment. The Hope-Centered Career Model allows for a lot of flexibility to explore the six core areas (hope, self-reflection, self-clarity, visioning, goal setting and planning,

and implementing and adapting), outlined in more detail below, as well as allowing flexibility for an individual person's culture and context, and personal goals and values (Niles et al., 2010).

Hope

This model is centered on the idea that being hopeful is essential for helping a person manage and move forward in their career. Hope allows people to consider goals and possibilities, and to take action toward them. When a person loses hope, as is often the case in compassion fatigue, they lose an important organizing belief system and are less likely to take positive action in their lives. Bolstering hope helps reengage people, and allows them to believe that they will be able to take positive steps toward their goals (Niles et al., 2010).

Self-Reflection

Self-reflection is a person's ability to consider and assess their own thoughts, beliefs, behaviours, and life context (Niles et al., 2010). Self-reflection can be diminished when a person experiences compassion fatigue in that avoidance and numbing are characteristic of the condition. Engagement with one's inner world, goals, and desires are important to career planning, and as such, helping people reconnect with themselves and their self-reflective capacity can be beneficial for people with compassion fatigue.

Self-Clarity

Self-clarity is often an outcome of self-reflection; if self-reflection were to be considered the process of looking inward and asking oneself questions, self-clarity might be considered finding the answers (Niles et al., 2010). When a person experiences compassion fatigue, self-clarity is also likely to suffer; it can be particularly confusing for a person who once felt deeply connected to their work and their clients/patients to begin to feel detached. Through rebuilding self-awareness, self-clarity can begin to follow, which can begin to point a person toward their necessary next steps and those aspects of their life and career that bring them compassion satisfaction.

Visioning, Goal Stting and Planning, and Implementing and Adapting

These facets of the Hope-Centered Model can take place once a person has started to make meaning of their experiences, and is ready to look at translating those into career directions (Niles et al., 2010). These stages might involve generating options, brainstorming future possibilities, and exploring desired outcomes. Initially, the focus is on quantity rather than quality; once a range of possibilities have been generated, then one can return to self-reflection and self-clarity to assess them. When specific goals have been identified, the process can turn toward planning concrete actions, and implementing those plans. Of course, this is an iterative process that will cycle through these different stages as actions are taken and new information is acquired. These action steps are an important part of addressing compassion fatigue to support clients in overcoming avoidance, and gradually feeling more engaged, connected, and capable.

In applying the Hope-Centered Career Model to people with compassion fatigue, career practitioners can draw on a range of interventions and skills. For example, one might draw from a narrative technique such as Life Review, and the use of metaphor. Life review is an evidence-based treatment that involves a structured telling and evaluation of one's life. The purpose is two-fold: to cope with negative experiences and conflicts, and, to give a positive meaning to life (Korte et al., 2011). This speaks directly to the reinstallation of hope necessary for treating compassion fatigue. Metaphors as a tool can add creativity, imagination, cultural awareness, and positive affirmation to the action of rediscovering hope, as they are ideally suited to facilitating movement from hopelessness to hopefulness (Amundson, 2015; Amundson, 2010).

By reengaging in self-reflective activity, people can return to questions such as: *What is important to me? What do I enjoy doing? What skills would I like to develop? What is my vision for my future?* If a person has become cynical or apathetic in a role that requires compassion and empathy, that person will not be effective at

what they are doing. As cynicism sets in, they create internal scripts surrounding work experiences that focus on negativity. By reinforcing people's sense of hope, they will again learn how to be open to experience, and rediscover passion and empathy.

In the pursuit of reconnection with hope and reengagement with the empathy and compassion that are central to their work, treatment course may require supplemental care for acute stress, STS, or trauma associated with compassion fatigue. If these related constructs are not treated, the ability to reconnect with hope will be diminished as the client attempts to protect the self from further stress. If reconnection of hope is possible but the various forms of traumatic stress are not addressed, sustainability of hope and the reengagement in career will be in jeopardy.

Cross-cultural considerations in the treatment of stress and trauma related disorders include the role of the interpretation of events as well as context in shaping symptomatology (Hinton & Lewis-Fernàndez, 2010). Metaphor would be particularly effective in working cross culturally as metaphors are shaped by the client throughout the process and can therefore be more meaningful during process than therapeutic styles guided by the therapist who may not understand the cultural landscape of the client. For the interested reader, Niles and colleagues (2010) have provided a rich and detailed case study using this model for supporting a Turkish client exploring difficult career decision-making and transition. While this model will be applied differently with each client, their discussion shows particular examples of how the core areas of the model applied to one individual.

Conclusions

Though much research has been done on how to address burnout in the work environment, very little research has been conducted on addressing compassion fatigue, despite its unfortunately growing ubiquity within helping professions. Compassion fatigue is considered related to, but distinct from, burnout and traumatic stress in that it results from the demands of being continuously empathetic and compassionate, and bearing the suffering of others, rather than due to organizational factors or any discrete traumatic event. The Career Engagement Model (Neault & Pickerell, 2011) is an excellent model that allows us to see the connection between our intra and interpersonal relationships with and within our careers. Through this model, the need for hope is highlighted. The model also points to the need for a positive outlook on one's career based on how we make meaning of the career and whether we experience satisfaction and engagement in what we do. As loss of hope is the central construct in compassion fatigue, the Hope-Centered Model of Career Engagement is a model that seeks to bolster hope by employing a number of active engagement techniques that empower the client to envision the issue, and creatively find solutions to reengagement with hope, compassion, and empathy.

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Career Counselling Considerations for Mothers Returning to Work

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Abstract

Women transitioning back to work from motherhood face complex challenges, including changes in their self-concept, priorities, self-confidence, and career-related beliefs. To effectively support mothers contemplating workforce reentry, career counsellors must understand the unique interplay between their clients' home, community, and previous work lives and its impact on their career development. This article integrates relevant concepts from the career development theories of Super, Krumboltz, and Brown, Hackett, and Lent with current literature to inform career counselling interventions aimed at optimizing the reentry experiences of mothers returning to work.

Keywords: career development, mothers returning to work, working mothers, career theories, counselling interventions

Women contemplating reentry into the paid workforce following a period of staying home with children face a difficult decision-making process (Ericksen et al., 2008). Schlossberg, Lynch, and Chickering (1989) described a transition as a state "that alters one's roles, relationships, routines, and assumptions" (p. 14). Indeed, research with this population indicates that the transition to motherhood and back to career represents a challenge, in particular, to women's self-concept, priorities, self-confidence and career-related self-efficacy beliefs (Ericksen et al., 2008; Killy & Borgen, 2000; Lovejoy & Stone, 2012; Rubin & Wooten, 2007). Career counsellors are in a strategic position to help reentry women as they navigate this transition (Chae, 2002; Morgan & Foster, 1999). To do so effectively practitioners need both an understanding of the processes that shape career plans unique to this population of women (Lovejoy & Stone, 2012) and helping strategies to address these processes that are grounded in career development theory.

To this end, this article integrates the literature pertaining to the experiences and needs of mothers contemplating reentry with key concepts from several career development models. In doing so, suggestions for helping methods that accommodate the unique needs of this group are extended. The article begins with an exploration of three particularly salient processes found to characterize the experiences of at-home mothers considering reentry, namely, changes in self-concept, priorities, and career-related self-efficacy. Key concepts from Super's Life-Span, Life-Space Theory (Sharf, 2013; Super, 1980), Krumboltz's Social Learning Theory (Krumboltz & Mitchell,1976; Sharf, 2013) and Happenstance Learning Theory (Krumboltz, 2009; Mitchell & Krumboltz, 1999; Sharf, 2013), and Brown, Hackett, and Lent's Social Cognitive Career Theory (Lent & Brown, 1996; Sharf, 2013) are then applied in an attempt to both conceptualize these phenomena within a career development context and explore their implications for counselling interventions that facilitate women's optimal reentry into a career - old or new.

The literature broadly defines reentry women as those who have been out of the workforce for 3-35 years and returning to work when their children are college age; however, a narrower definition suggested by Ericksen et al. (2008) will be assumed for the purposes of this article. The above authors defined reentry women as those who have been out of the workforce for 2-10 years and who are considering reentering old careers or looking into new ones while their children are still young. The main reason for utilizing this narrower definition is that, as Locke and Gibbons (2008) pointed out, women who have been at home fulltime for several decades or more arguably face a different set of challenges that reflect the considerable amount

of time they have been out of the workforce.

While due recognition is given to the challenges and barriers faced by reentry women once they have actually returned to work (pay inequity, discrimination impacting advancement), this article intends to focus on the complexities inherent in the *decision-making process* of a return to work, such as those informing the exploration of options and formulation of a plan; to this end, consideration will be been given to the complex and challenging process by which reentry women reinstate themselves in the workforce in ways that work for them and for their families.

Issues Related to Mothers' Career Reentry Considerations

The many challenges inherent in becoming a mother and staying home to care for young children are manifested in changes to mothers' sense of self, abilities, values, preferences and relationships, among other things; consequently, mothers considering workforce reentry constitute a multifaceted population of women with unique counselling needs. As such, it is important to consider these women's career decision-making processes "as outcomes of potentially complex and interrelated experiences in their home, community, and previous work lives" (Lovejoy & Stone, 2012, p. 636).

This section explores three highly interconnected processes that characterize the transition from career to motherhood and back to career in an attempt to contextualize the vocational counselling needs of women as they consider when, how and in what way they will reenter the paid workforce. These processes are changes to self-concept, changes in priorities, and changes to self-confidence and career-related efficacy.

Changes to Self-Concept

Becoming a mother is a significant life experience that marks many changes to women's lives; in particular, this transition has a profound and dynamic impact on a woman's sense of self. Oberman and Josselson (1996) contend that inherent in becoming a mother is a shift in boundaries such that women move from being relatively autonomous in their daily lives and decisions to accommodating the needs of their child around the clock. The implications of this shift in selfhood encompass movement between feelings of lost autonomy and feelings of increased self-esteem arising from the integration of new aspects of self as mothers find themselves in a new, nurturing role. This phenomenon is supported by Miller's (1996) findings that for some women, the emotionally-charged maternal facet of their identity comes as a shock and surprise to them, causing unprecedented changes to their values and beliefs. Further complicating this process, Hays (as cited in Johnston & Swanson, 2007) contended that the construction of a mothering identity occurs within the larger context of a dominant mothering ideology. This ideology holds mothers to a rigorous standard of intensive, hands-on mothering, positioning "mothers as the sole source of child guidance, nurturance, education, and physical and emotional sustenance" (p. 448).

Implicated in this new facet of the self as a mother is the interruption of vocational self-concept that occurs as women transition out of the paid workforce and into the home to care for young children (Killy & Borgen, 2000). Leaving the paid workforce may be initially characterized by a sense of lost identity as women shift from seeing the self predominately in a professional context to seeing the self as a fulltime at-home-mother. For others, loss of identity may be off-set by an overwhelming sense of relief derived from being rid of the stress experienced in trying to balance work and family (Rubin & Wooten, 2007). Mothers who have left careers to stay at home fulltime may resolve their mother-worker identity tension by denying alternatives and embracing intensive mothering expectations and values in order to justify their decision to stay home (Johnston & Swanson, 2007). Bridges (as cited in Killy & Borgen, 2000, p. 121) conceptualized the transition from worker to mother identity as a three stage process that has an ending, a neutral zone, and a new beginning. The ending stage involves a reconfiguration of the self in which a woman must let of her old sense of self (vocational sense of self)

in order to find the person she has become in her new situation (mother). This can be a frightening experience since it means a break with the context in which a woman has both a sense of familiarity and a certainty of self. This is followed by a neutral zone during which she slowly adjusts and comes to recognize a new facet of self, and finally, a new beginning comes to bear as aspects of the old and new self are integrated. As women contemplate career reentry, a similar process can be expected as women again experience an ending (to the sense of self they have developed as at-home mothers), a neutral zone, and a new beginning (re-integration of aspects of fulltime mother identity with aspects of new career identity).

According to Super's description of self-concept development (Sharf, 2013; Super, 1980), as mothers adjust to their new role and take up the challenge of managing a home and caring for young children, self-concept can be expected to undergo further adjustments reflective of how these women come to see themselves and their new situation. Lovejoy and Stone's (2012) findings concurred with Super's view that the development of self-concept is brought about via an individual's interaction with many facets of society. In particular, women's interactions with individuals and involvement in the home and community may profoundly affect values, interests, and priorities. Four features of women's environmental conditions in the role of homemaker appear to be especially salient with respect to changes in self-concept: (1) a shift toward a more gendered division of labour in the home; (2) increased involvement in hands-on mothering; (3) participation in volunteer and community work; and (4) more time for self-exploration. Over the course of women's time at home, these factors combine to bring about changes in values, interests and priorities that inevitably impact women's decisions surrounding workforce reentry, in some cases representing opportunities for women to springboard into a new career direction (Chae, 2002; Lovejoy & Stone, 2012).

Changes in Priorities

Inextricably linked to mothers' self-concept development is the process whereby becoming mothers, many women experience changes in priorities that reflect the newfound importance of family and balance in their lives. For many, experiences in the workplace prior to taking time away combine with later experiences at home in such a way as to render the linear career model characteristic of former professions to be problematic going forward (Lovejoy & Stone, 2012).

Not surprisingly, the decision to stay at home for an extended duration to raise young children is an emotional one comprising many considerations, including beliefs about what is best for the family and children and the circumstances of women's work lives (Rubin & Wooten, 2007; Schultheiss, 2009; Vejar, Madison-Colmore, &Ter Maat, 2006). The stress of trying to balance work and family combined with work environments lacking understanding and flexibility may act as the catalyst in some women's decision to take time away from careers while children are young (Rubin & Wooten, 2007). Negative experiences with regards to family friendly occupations may in fact play a greater role than any other factor; hostile work environments characterized by an expectation of long hours combined with a lack of options to accommodate family needs and an overly-demanding workload leave some women feeling there is little choice but to leave their careers. The implication of these negative experiences are significant in that they contribute to women's later thinking about when, how, and in what capacity they will reenter the workforce (Lovejoy & Stone, 2012). This significance is echoed by Cabrera (2007) and Ingols and Blake-Beard (2008), who maintain that due to the changes in life circumstances that come with raising a young family, it becomes impossible for women to work within the dominant "work is primary" career model in which masculine values of organizations discriminate against mothers.

Experiences in the home and community play an additional role in the reprioritization process. As Miller (1996) contended, the emotional significance of being a mother takes many women by surprise and results in a reevaluation of personal and family needs, values, and practicalities. Lovejoy

and Stone (2012) elaborated this observation, finding that as women adapt to new constraints and opportunities at home profound changes to their values, interests and priorities may result. In the home, mothers may become more acutely aware of the subtleties of their children's world and may develop a strong desire to be at home as much as possible in order to be available to both witness and influence their children's development. In addition, community involvement in children's schools and other places is often characterized by values similar to those found in mothering work, such as care, altruism, and connectivity; this reinforcement of values around care of others and the experience of participating in work centred around such values may inform women's thinking with regards to their future career development.

Although the initial intention to combine or integrate career and motherhood may hold steady, the specifics of this undertaking are likely to change over the course of women's time at home (Miller, 1996; Lovejoy & Stone, 2012). Ericksen et al. (2008) considered this process as resulting from the interplay of certain driving forces (i.e., financial, environmental, self-image, skills, abilities and interests), which are considered within the context of various filters, namely, the demands of family, the nature of support, education level, experience, self-concept, and a cost-benefit analysis. Ericksen et al.,'s conceptualization of the reprioritization process is supported by Sullivan and Mainiero's (2007, 2008) description of the kaleidoscope career model. Just as the pieces in a kaleidoscope move around and change form, so too do the various facets of women's lives; different aspects of women's experience move in and out of focus at different times in their lives reflecting the relative importance of each in a given moment, such that priorities are constantly in flux. Cabrera's (2007) findings showed preliminary support for the idea that women tend to shift their focus from challenge early on in their careers to prioritizing balance and authenticity later on as family responsibilities become paramount.

Changes to Self-Confidence and Career-Related Efficacy Beliefs

Several factors are identified in the literature with regards to changes in self-confidence that inform efficacy expectations for former careers. According to Schultheiss (2009), dominant social values that tend to devalue the work mothers do in the home account for a significant portion of women's experiences of guilt and shame in deciding to stay at home and care for their children. Co-workers, family and friends often relay these messages to women by greeting their decisions to stay home with shock and disapproval. Inherent in this reaction is the belief that women who decide to transition out of a career to stay at home are essentially throwing away all of the hard work, time, and money that went into acquiring an education; furthermore, it implies that there is little or nothing to be gained from the work of mothering, only losses and career devastation.

Rubin and Wooten (2007) illustrate the contentions of Schultheiss in their account of women's real experiences with this kind of social devaluation and their finding that the loss of validation experienced is often mirrored internally. With the awareness of societal disregard for stay at home mothers comes feelings of guilt about not utilizing their education and skills, shame arising from beliefs that they should be able to work and mother, yet they are only doing one of those things, and felt lack of importance stemming from the belief that anyone can be a mother - essentially, that no special skills or qualifications are required. Ekstrom et al. (1981) spoke to the implications of such findings, suggesting that although they have developed many skills relevant to work environments through such experiences as homemaking, parenting, and volunteering, reentry women often underrate or undervalue their actual abilities.

As the length of time women are away from the workplace grows, so do concerns about skill depreciation, which for many women act to undermine self-confidence in terms of their prospects for returning to former careers. This is especially true for women in fields with linear career trajectories or in faced-paced technologically oriented fields (Locke & Gibbons, 2008; Lovejoy & Stone, 2012). Cabrera (2007) contended

that time away from the workforce may leave women behind in terms of knowing how (unused career-specific skills weaken over time) and knowing whom (networking losses); however, these mothers may be at an advantage in terms of knowing why - that is, time away may actually clarify what is important to these women.

In summary, the career development of mothers considering when, how, and in what capacity they will reenter the workforce is influenced by several processes inherent in the transition to motherhood and back to career, including changes to self-concept that allow for a maternal facet of identity representing new values and beliefs; a reprioritization of work-family balance ideals informed by a combination of prior workplace experiences and experiences in the home and community, and lowered self-confidence impacting self-efficacy expectations for former careers. The outcome of these processes is that women tend to undergo a shift in their preferences, interests, values, abilities, priorities, and career-related efficacy beliefs such that they may favour career redirection over returning to former workplaces.

Career Counselling for Reentry Women: Some Recommendations for Helping Strategies

A review of the literature surrounding women's transitions from career to fulltime mothering work and back to career reveals that complex and highly interrelated processes inform the decision-making approaches of these women in terms of their future career plans. Drawing on key concepts from three career theories particularly relevant to the nature of this transition in women's lives, this section extends some considerations for helping strategies aimed at optimizing the career counselling experiences of women navigating the career reentry territory. The suggestions that follow aim to address the unique needs and experiences of this population of women as described in the literature; to this end, the following helping strategies should always be applied within the context of a counselling environment that allows women maximal exploration of self in relation to the various life roles performed in order to facilitate women's realization of personal growth (Padula, 1994).

Explore Self-Concept and Implications for Career Reentry

The significance of changes to self-concept that many women undergo during their time out of the workforce is best captured in Super's description of vocational development "as the process of developing and implementing a self-concept" (Sharf, 2013, p.178). According to Super (1980), self-concept is the amalgamation of an individual's biology, social roles performed, and how they feel they are perceived by others, reflecting needs, values, and interests. As indicated in the literature, with the transition from career to fulltime motherhood and back to career, women's sense of self is in flux, continually adapting to the changes taking place within the person as well as within women's physical environment and social-relational context. Thus, it becomes critical that helping interventions for this population facilitate the client's exploration of the many factors molding her sense of self, including helping women to understand and be comfortable with the evolving nature of self-concept and being flexible in terms of adapting self-concept in response to the many contextual changes bound to arise during such a transitional process as career reentry (Coogan & Chen, 2007). Inherent in this exploration is the normalization and reframing of self-concept development such that the client may feel reassured that she has not become "lost" in transition. This is important because a woman's self-concept and the confidence she feels about her situation affects her ability to make the decision that is best for her. To this end, the exploration of self may be particularly helpful within a group counselling format in which women can benefit from the therapeutic factor of universality (Ericksen et al., 2008).

Helping strategies should further explore the implications of women's evolving sense of self in terms of career reentry considerations. Career counselling with this population should allow women time for self-reflection in terms of how personal experiences and consequent changes in values, interests, and priorities have impacted the importance given

to the various life roles women perform (Ericksen et al., 2008). Super's (1980) Life-Space, Life-Span Theory and its recognition of the various roles individuals play in the course of their lifetime (e.g., student, worker, homemaker, community service worker) as well as the changing nature of involvement in these roles may be particularly helpful here, providing a framework within which the client can be encouraged to reflect on the personal meaning of the various roles in her life as well as the complex interaction of these roles and how this interplay impacts her life career journey (Coogan & Chen, 2007). The helping process should facilitate the client in evaluating the salience of these various roles in her life as a result of her previous experiences at work and her recent experiences in the home and community. Salience can be assessed by listening to the client reflect on her participation, commitment, knowledge, and values expectations regarding the various roles; this process may be helpful to counselor and client in conceptualizing a career direction. In considering values expectations for instance, her previous career, role as homemaker, and work in the community can be evaluated to see which role best meets her current value needs - needs that are tied to her self-concept (Sharf, 2013; Super, 1980).

Integrate and Consolidate Learning Experiences

Importantly, career counselling for women navigating the transition from homemaker back to career should include an exploration of the various push and pull factors experienced first in the workplace and later in the home and community that influence women's decision-making with regards to how, when, and in what way they will return to the workforce (Cabrera, 2007; Ericksen et al., 2008). The concept of learning experiences from Krumboltz's Social Learning Theory (Krumboltz & Mitchell, 1976) offers a meaningful way of conceptualizing the mechanism by which various push and pull factors that women encounter across their life roles impacts future career directions. Instrumental learning experiences consist of antecedents, behaviours, and consequences, while associative learning experiences involve the pairing of a previously neutral context with a positive or negative experience. The outcome of both modes of learning is, respectively, either the increased or decreased likelihood of an individual repeating a behaviour or putting him or herself in a similar situation in the future (Krumboltz & Mitchell, 1976; Sharf, 2013). Such consequences are significant to the career development considerations of women navigating reentry.

In assisting women to assess the relationships among the various filters (push and pull factors) which inform her career reentry decision-making process, counsellors utilizing Krumboltz's concept of learning experiences can help women make meaning of these experiences by exploring the various instrumental and associative learning experiences that clients have encountered in their previous work environments, in the home as fulltime mothers and in the community through volunteer work (Lovejoy & Stone, 2012). For instance, learning experiences can be helpful in understanding the experiences of some women who, upon becoming mothers, find their work environments (previously neutral) to be hostile, inflexible, and not conducive to work-family balance (negative association) and in which they felt they had no option but to quit and stay at home with their children. As indicated in the literature, many of these women are later reluctant to return to former workplaces or former fields (Lovejoy & Stone, 2012; Rubin & Wooten, 2007), a consequence which can be understood as resulting from the generalization of their previous negative experience to future career contexts. Helping women to evaluate their experiences in such a way facilitates women to integrate and consolidate learning experiences such that they may better understand how they got to where they are presently in terms of their preferences for future career direction and management. In line with Krumboltz's Social Learning Theory, the emphasis of interventions around learning experiences should be on personal growth and understanding rather than making a choice

(Krumboltz & Mitchell, 1976; Sharf, 2013).

With respect to the many unforeseen changes that manifest from women's experiences in prior workplaces, at home and in the community, Krumboltz's Happenstance Learning Theory (2009) proves highly relevant in its focus on recognizing, adapting to, and capitalizing on unexpected events in people's lives. In particular, Krumboltz's concept of curiosity provides a useful framework within which to apply helping strategies for this population of women. As an approach or skill, counsellors can use curiosity to explore with clients new learning opportunities and to investigate possibilities arising from unexpected events (Mitchell & Krumboltz, 1999). Many women who stay home fulltime become active in their communities, such as volunteering in their children's schools; becoming engaged in personal pursuits, such as taking classes; and networking through various community involvement experiences. Together, counsellors and clients can explore the ways that involvement in these areas has resulted in learning experiences affecting values, interests, and abilities and the implications of this learning for career considerations. Furthermore, unexpected events can be explored to see what kinds of new opportunities and avenues are available to women in the new, unplanned for situation. Finding oneself with few alternatives but to stay at home with children due to inflexible, limiting work environments, or being unexpectedly invited to become involved in a community organization or event through one's network are both examples of instances in which counsellors can help clients to recognize and incorporate opportunities for new directions into their life. In line with the idea of planned happenstance, counsellors can encourage women who are not already doing so to take advantage of chance events or generate them by becoming involved in their community, as many learning experiences will inevitably arise from this involvement which may facilitate or lead to career opportunities (Chae, 2002).

Enhance Self-Confidence and Career-Related Self-Efficacy

A review of the literature reveals that women who transition out of careers and into the home are likely to experience losses in self-confidence and career-related self-efficacy beliefs due to societal devaluation of the mothering work that they do in the home as well as perceived depreciation of job-specific skills and networks over time (Ericksen et al., 2008; Killy & Borgen, 2000; Lovejoy & Stone, 2012). The significance of such findings for the career development of reentry women is best articulated by several of Social Cognitive Career Theory's (Lent & Brown, 1996; Sharf, 2013) concepts; namely, self-efficacy, and outcome expectations. Borrowing from Bandura's Social Learning Theory, Social Cognitive Career Theory views self-efficacy as the strength of an individual's beliefs that they have the abilities necessary to accomplish a certain task or behaviour. This belief or lack of belief in self is thought to impact career choice by influencing interests, values, and abilities. Meanwhile, outcome expectations refers to an individual's beliefs or evaluations regarding the *outcome* of performing a given task or behaviour. It follows that decisions are then made based on the individual's evaluations of these two things. As such, both of these concepts are highly relevant for reentry women and should inform helping strategies for this population.

Importantly, counsellors should help clients to contextualize their self-efficacy beliefs, situating them within the various relevant internal and external variables that inevitably shape them. Within-person factors, relationships, family, community and environment all play a role in shaping women's evaluations of ability. Facilitating clients to understand that their perceptions of self-efficacy for a task or behaviour are based in a much broader context than simply their own assessment of themselves can be a powerful tool in the task of enhancing self-efficacy beliefs (Coogan & Chen, 2007). This is particularly important because many reentry women, given the reasons discussed in the previous issues section, gravitate toward career redirection rather than returning to former workplaces. Breaking new ground and seeking to integrate career and family in creative ways that allow women to work on their

own terms requires much courage and strong self-efficacy beliefs for the task at hand (Jackson & Scharman, 2002).

As discussed earlier, many women who work in the home experience a shift in values, interests, and priorities that reflect values inherent in the caregiving work they have been immersed in over the years as mothers and community members (Lovejoy & Stone, 2012). Some of these women may be considering career redirection in line with these new values, interests, and abilities, but may lack the confidence and task-specific efficacy beliefs to move forward. Career practitioners can further help to increase self-confidence related to self-efficacy beliefs by encouraging women to be proud of their accomplishments in the home and community through exploring with their clients the many skills they have acquired in managing a home, raising children, and being involved in various forms of community work (Killy & Borgen, 2000).

In facilitating reentry women's decision-making process, helping strategies should also target outcome expectations with regards to various career development options women are considering. An exploration of the client's beliefs about what may happen in a given situation can lead to a discussion of perceived internal and external outcome barriers that may be preventing the client from planning and implementing a strategy to follow a desired path. For instance, women who found previous work environments or fields to be impossible to integrate with family responsibilities likely have negative outcome expectations for reentry into a similar situation (Lovejoy & Stone, 2012). Career counsellors can help women explore alternate options and work arrangements that produce more hopeful, positive beliefs about outcome; essentially, this involves giving women permission to act in ways that work for them. One way that this can be accomplished is by helping women to reframe conventional beliefs they may hold about careers reflective of the "work is primary" paradigm. Reframing involves offering women alternative language and an alternative career model that may better reflect the complexities, needs and desires of this population. For instance, exploring the characteristics of the boundaryless career type or the kaleidoscope career model, or encouraging women to use language such as "we are self-employed" may be reassuring and empowering to women. Such strategies normalize many of the things women in this transition process are feeling and can help them to feel more confident in creating a career that best suits their broader life goals (Shapiro & Blake-Beard, 2008).

Conclusion

The literature pertaining to the needs and experiences of at-home mothers contemplating eventual workforce reentry reveals that complex processes inform these women's decisions with respect to future career plans. Changes to self-concept, priorities, and career-related self-efficacy beliefs characterize the transition to motherhood, as well as women's experiences initially in the workplace and later in the home and community. The compounded effect of the changes women experience in these areas is that women may become increasingly disenchanted with previous work environments or careers and more interested in exploring career avenues that both reflect the new values, beliefs, interests, skills, and abilities that they have acquired during their time at home and offer the flexibility and work-family balance these women need and want for themselves and their families. In an attempt to address the unique experiences and needs of this population of women, relevant key concepts from the career development theories of Super, Krumboltz, and Brown, Hackett, and Lent to inform career counselling considerations aimed at optimizing the reentry experiences of women. Although it was beyond the scope of this article to address the entirety of issues reentry women may face, it is hoped that the exploration of the particularly salient issues of focus and the application of career development theory to these issues will serve to enhance knowledge and practice in the career counselling of this population of women to better meet their needs.

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GRADUATE STUDENT RESEARCH BRIEF

An Overview of Work-Life Wellness for Teleworking Couples

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Abstract

A sizeable number of employees throughout Canada are continuing to telework following the COVID-19 pandemic. Couples who telework may experience tension between their work and personal life. Telework may also have positive and negative impacts on work-life wellness depending on employee circumstances. For example, teleworking women with children may be expected to prioritize their home and family over their work. COVID-related restrictions have eased across Canada, which allow for increased freedom around home and work arrangements. It is plausible that a long-term shift towards allowing employees to work remotely full or part-time will occur, and with that, there will be associated changes in family dynamics as both partners adjust to this "new normal." In response to the complex relationship between teleworking and work-life wellness in the context of couples, the first author has proposed a study to research work-life wellness for teleworking couples, addressing the research question, "how do teleworking couples construct and cultivate work-life wellness together?". It is anticipated that this study will foster understanding of work-life wellness in teleworking couples, and inform policies, counselling techniques, and future research.

Keywords: work-life wellness, work-life balance, telework, couples, remote work.

Since the 1970's, remote work and telework have become an increasingly accepted practice by employers across the globe (Oakman et al., 2022). Whereas remote work refers to working in any space other than the traditional office, telework typically refers solely to working from home (Como et al., 2021). The focus of this research is couples working from home; that is, teleworking couples. Prior to the COVID-19 pandemic, teleworking was growing in Canada with around 5% of the workforce being fully remote (Conference Board of Canada, 2021; Statistics Canada, 2021). In contrast, as of August 2021, 23% of employees worked most of their hours from home (Mehdi & Morissette, 2021). Furthermore, eighty percent of new teleworkers are hoping to work partially from home after the pandemic, with equal preferences between men and women (Statistics Canada, 2021). In summary, employees in Canada are increasingly seeing the value of telework and choosing to work from home.

A growing body of literature has begun to delve into the relationship dynamics of teleworking couples. Time spent at work can moderate how work impacts family outcomes such as marital and family satisfaction (Amstad et al., 2011). Individuals may also become emotionally and physically disturbed with their partner's teleworking, as it can infringe on the private sphere (Ojala et al., 2014). Overall, teleworking appears to put pressure on couples by making the tension between work and home more visible and pushing spouses into traditional gender roles. Being around one's spouse may exacerbate existing marital conflicts due to the amount of time couples are in the home (Campbell, 2020; Como et al., 2021; Usher et al., 2020). Even though teleworking can strain the couple dynamic, there may also be hope for teleworking couples to construct and cultivate work-life wellness together. Work-life wellness (WLW) encapsulates two main ideas: (1) feeling well in a variety of domains, and (2) feeling well about the intersection of domains (Como et al., 2021). Work-life wellness is related to concepts such as work-life balance, work-life integration, quality of work life, and work-family conflict. Despite evidence suggesting that partners influence each other's work-life wellness (Amstad

et al., 2011; Çoban, 2021; Ojala et al., 2014; Vitterso et al., 2003), there is a lack of research on how they act together to pursue wellness.

Work-Life Wellness and Teleworking

Telework seems to have both positive and negative influences on work-life wellness (Andrade & Petiz Lousã, 2021; Chung & Van der Lippe, 2020). A lack of boundaries (including after-hours technology use), high work demands, and overworking may decrease work-life wellness (Andrade & Petiz Lousã, 2021). Although some people are required to telework because it is mandated by their company, many people choose to telework to increase work-life wellness (Vanderstukken et al., 2021). Teleworking can eliminate commuting and potentially increase personal time if proper boundaries are maintained (Vanderstukken et al., 2021). Furthermore, teleworking may offer access to work for people with disabilities or child-care responsibilities (Cook & Shinew, 2014). Working from home can also be helpful for people who are able to integrate the work and family domains, such as doing laundry during the workday (Chung & Van der Lippe, 2020). Lastly, telework can increase access to nature by allowing employees to live in more remote areas or having the flexibility and time to go out into nature (Hambley, 2020).

Work-life Wellness While Teleworking in the Pandemic

The COVID-19 pandemic accelerated telework, as many organizations required employees who could work from home to do so (Marowits, 2022). Although the transition may have been difficult for some organizations that are new to telework, pre-existing supports, such as assessments, coaching, and workplace design have been available to promote work-life wellness for teleworkers. In particular, leaders who value the personal lives of employees may provide instrumental and emotional support to boost employee work-life wellness (Yao et al., 2021). It must also be recognized that around 60% of the Canadian workforce is unable to work from home due to the nature of their work (Marowits, 2022). This dichotomy between who is able to work from home and who is not may increase resentment and social injustice (Marowits, 2022).

Before the COVID-19 pandemic, women did about three times more housework and child-care duties than men (Obioma et al., 2022). Less available supports for women during the pandemic strengthened the need to study gender in relation to work-life wellness (Chung & Van der Lippe, 2020). For example, due to the closure of schools and daycares, many women have had to work while caring for their children (Çoban, 2021). During the pandemic, women have spent more time on female-typed housework, which is often emotionally and mentally demanding (Obioma et al., 2022). Additionally, some women's career trajectories have been stalled due to business closures and lack of a private place in the home to work (Çoban, 2021). Furthermore, at least 25% of men feel like it is impossible to do their job well from home, and this might be because men are less accustomed to managing both work and home responsibilities (Environics Institute for Survey Research, 2021). Fortunately, COVID-19 pandemic restrictions have now eased in Canada, resulting in more individual and organizational freedom around work arrangements (Oakman et al., 2022). However, in light of the ways that the pandemic may have permanently altered how couples telework and experience work-life wellness, additional research is needed to understand work-life wellness while teleworking in a post COVID-19 world.

Work-Life Wellness and Teleworking Couples

For couples, telework can both create and exacerbate existing gender-based imbalances in domestic responsibilities, career trajectories, and expectations. Women who work from home may experience similar work-life wellness as those who work on site (Chung & Van der Lippe, 2020). However, teleworking women with children may encounter demands to forego career ambitions for household duties (Çoban, 2021). Social norms may perpetuate women's prioritization of the home sphere, including caregiving

and housework (Chung & Van der Lippe, 2020). Furthermore, some men may take less responsibility for household chores, citing a lack of knowledge and competency (Çoban, 2021). However, other men may do more household labor when they are working from home compared to when they worked from the office (Sullivan & Lewis, 2001). In contrast, men who telework tend to experience less role conflict (Nguyen & Armoogum, 2021). Men are more likely to have a dedicated private space in the home to work, whereas women may have to work in common spaces with more distractions (Çoban, 2021). On the other hand, some couples may work together to adapt their home environment to accommodate boundary setting preferences for each member of the couple (Holloway, 2007).

There are structural inequities that may perpetuate traditional norms and roles in the home such as the pay gap. In 2018, female identifying employees in Canada earned an average of 13.3% less per hour than male employees (Pelletier et al., 2019). This income gap may lead women to prioritize chores while supporting the man's ability to work uninterrupted, which may, in turn, further the pay gap (Fortin et al., 2017; Zhang et al., 2020). Therefore, in addition to factors related to the couple relationship, teleworkers' cultivation of work-life wellness may be further complicated by having children in the home.

Work-Life Wellness and Parenting

Some parents, primarily women, may decide to telework to decrease childcare costs (Sullivan & Lewis, 2001), while other parents may avoid telework to keep home and work spheres separate (Zhang et al., 2020). Furthermore, children at home may decrease work-life wellness and strengthen stereotypical gender differences (Zhang et al., 2020). Teleworkers with young children may feel as if they never have time for their family; however, they may still find working from home easier than working from the traditional office (Environics Institute for Survey Research, 2021). Conflict between the work and family spheres may be higher for those with young children due to greater demands for supervision, organization, and assistance with schooling (Goldberg et al., 2021). Additionally, teleworkers with children may believe that they cannot be a good parent and a good employee at the same time (Environics Institute for Survey Research, 2021).

In terms of gender-based equity, women may be seen as the one responsible for balancing the work and family, and their employment may be seen as a threat to their families (Gherardi, 2015). Internally, women may feel obligated to prioritize parenting tasks, while men may feel that parenting tasks are voluntary (Sullivan & Lewis, 2001). In contrast, same-sex teleworking couples may divide parenting tasks more evenly than heterosexual couples; however, inequality may persist depending on the unique circumstances of each couple (Goldberg et al., 2021).

Present Study

As the preceding review of existing research reveals, the relationship between teleworking and work-life wellness is nuanced, especially when relationship and parenting demands are considered. Studying the work-life wellness of couples who are working from home is imperative given that the literature highlights different experiences of work-life wellness for men and women. Telework can increase the traditional division of domestic responsibilities and alter the career trajectories of women (Çoban, 2021). Cultivation of work-life wellness may be further complicated by children in the home (Gherardi, 2015; Goldberg et al., 2021; Ojala et al., 2014; Sullivan & Lewis, 2001; Zhang et al., 2020).

The first author will respond to this situation in the literature using Action-Project Method (A-PM), a qualitative research method grounded in the Contextual Action Theory of career (Young & Domene, 2018). A-PM is particularly well suited for conducting research on couples and families (Marshall et al., 2012). Specifically, the guiding research question is: How do teleworking couples in Canada construct and cultivate work-life wellness together? The first author's thesis research may contribute to a better understanding of work-life wellness in tele-

working couples, and inform policies, counselling techniques, and future research. Ultimately, the research goal is to assist teleworking couples cultivate work-life wellness to strengthen their overall health and well-being.

Participants will be six dyads (12 participants) of Canadian teleworkers and their domestic partners of longer than one year. An advertisement for the study was sent to various professional associations and remote work groups. Furthermore, participants purposively selected to represent a variety of employment situations and backgrounds. The research project will be complete by August 2023.

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This Journal was made possible through the generous contributions of The Counselling Foundation of Canada, CERIC, Memorial University of Newfoundland, and support by the Social Sciences and Humanities Research Council of Canada.

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Cette revue est rendue possible grâce aux généreuses contributions de The Counselling Foundation of Canada, du CERIC, l'Université Mémorial de Terre-Neuve, et financée par le Conseil de recherches en sciences humaines du Canada.

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