



**BRITISH ACADEMY
OF MANAGEMENT**

BAM
CONFERENCE

3RD-5TH SEPTEMBER

ASTON UNIVERSITY BIRMINGHAM UNITED KINGDOM

This paper is from the BAM2019 Conference Proceedings

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Occupational stress: the case of the staff of the EHPAD in the south of France

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ABSTRACT

The public health sector in France is characterized by understaffing and the institution's medical and social services; including residential care facilities for dependent elderly people (EHPAD) are not spared.

This understaffing results in work overload, non-flexible hours as well as other organizational and personal outcomes. The female staff of these institutions simultaneously manage important professional responsibilities and family responsibilities (home, husband, children, domestic work). In this study, an ethnographic method was devised by non-participant direct observation where we have conducted ten semi-structured interviews with workers at one of the EHPAD of south of France.

This study will then shed light on all the organizational and extra-professional determinants interactions and the consequences which can give rise to a work-family conflict of female employees and which could result in increased work stress.

Introduction

According to the latest data available from the Global Health Observatory¹, the average life expectancy at birth in France is 80 years old for men and 86 years old for women.

The elder population is projected to grow in high-income countries like France, with a probability of at least 65% for women and 85% for men (Kontis, Bennett, Mathers, Guangquan Li, Kyle Foreman and Ezzati, 2017). Thus it is becoming increasingly difficult to ignore the care work sector in France and particularly the elderly care.

In France, these populations are accompanied in sociomedical structures called EHPAD (*Établissement d'hébergement pour personnes âgées dépendantes*) which means residential care facilities for dependent elderly people in English.

EHPAD are aimed at dependent elderly people over 60 who need help, assistance and daily care. These people may be partially or totally dependent on someone's help in the acts of everyday life, that is to say in loss of autonomy for physical or mental reasons. EHPAD are able to accommodate residents with Alzheimer's disease and related diseases too².

In 2015, 49% of private establishments report having recruitment difficulties compared to 38% of public establishments. 63% of organizations reporting difficulties are working with at least one position not filled for six months or more. These recruitment difficulties have been slightly down since 2011 in the private sector (-1 point) and in the public sector (-2 points). As far as EHPAD is concerned, 10% of them (EHPAD) have a coordinating doctor position that has not been filled for at least six months, and 9% have at least one health aide position that has not been filled for at least six months.³

¹ <https://www.who.int/gho/en/>

² <https://essentiel-autonomie.humanis.com/>

³ Statistics published by : the Directorate for Research, Studies, Evaluation and Statistics (DREES) on 14/06/2018.

Ehpad faces then recruitment problems, which might be related to the negative image of EHPAD. That image is persistent and often linked to the degraded and negative image of the place, which refers to the fears of everyone related to old age, disability and dependence⁴.

Regarding the employees in EHPAD, a significant body of research has accumulated on stress factors and stress outcomes that the care workers are suffering from (Stevens and O'Neill, 1983 ; James, 1992 ; Le Blanc, Hox, Schaufeli, Taris and Peeters, 2007 ; Gray-Stanley and Muramatsu, 2011 ; Daly and Szebehely, 2012 ; Huguenotte, Andela and Truchot, 2016 ; Boerner, Gleason and Jopp, 2017) especially the women as the social care work sector is highly gendered given that women are 90 % of the staff (Daly and Szebehely, 2012).

In this paper, one EHPAD of the PACA region in the south of France is the object of our interest in its own right, and we seek to address the following questions:

What is like to work at an EHPAD?

⁴ Qualité de vie en EHPAD – de l'accueil de la personne à son accompagnement (volet 1), Rapport Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux, décembre 2010.

What is an EHPAD⁵ ?

EHPADs are either public institutions, autonomous or attached to a hospital, or private non-profit institutions or private for-profit, belonging to groups or legal persons.

The mission of the EHPADs is to accompany the elderly and preserve their autonomy through comprehensive care including full-time or part-time accommodation, catering and laundry, entertainment, medical supervision, as well as appropriate medical and paramedical care. Residents and their families are relieved of all daily stewardship.

EHPADs set up with the person receiving (and their person of confidence) a project of personalized support adapted to the needs including a project of care and a project of life aiming to favor the exercise of the rights of the welcomed persons.

EHPADs sign an agreement with the departmental council and the ARS (regional health agency) which provide them with funding in return for quality management objectives.

Minimum services delivered are :

- The hotel reception (provision of a single or double room, access to a bathroom including at least a sink, a shower and toilets, lighting, heating, maintenance and cleaning, access to television, access to the telephony and the internet ...).
- Catering (access to a catering service, provision of three meals, a snack and a night snack).
- Laundering (provisioning of the linen of bed and toilet).
- Animation and social life (inside and outside the establishment).

⁵ This part of the paper has been taken and translated from the web site <https://essentiel-autonomie.humanis.com>

- The general administration (document of liaison with the family, contract of stay ...).

EHPADs have a multidisciplinary team comprising at least one coordinating doctor, a state-certified professional nurses, nursing assistant, medico-psychological assistants, learning coaches and psycho-education staff.

Different modes of reception are provided in EHPADs :

- Permanent accommodation: the most common mode of reception in EHPADs, it allows a 24 / 24h care, throughout the year. It is aimed at dependent elderly people and whose home care becomes difficult.
- The Alzheimer Units: they allow the care of persons suffering from Alzheimer's disease or related disorders within secure and specific units.
- Temporary accommodation: from a few weeks to a few months (maximum 3 months), the establishments propose more and more this type of solution to face occasional difficulties (return hospitalization, vacation of the caregivers ...) which make difficult the maintenance at home or to prepare progressively a definitive entry into the establishment.
- Day reception: The day reception aims to accommodate in the day, or half-day dependent elderly people usually living at home (with a possibility of several days in the week). The goal is to preserve, maintain the autonomy of people and relieve caregivers.

What is like to work at an EHPAD?

Care work has been characterised as a combination of intellectual, emotional and manual labour in both paid and unpaid forms (James, 1992) and residential care facilities for dependent elderly people (EHPAD), defined as nursing homes, have very specific working conditions.

As stated above, it's about taking care 24/24h of vulnerable people who are old and might have health issues and other disabilities.

The care is medical, paramedical, social and psychological. However, the staff members underline an increase in the workload (caused by the recruitment problems mentioned earlier) and a change in their working conditions. And thus, the tasks are refocused on the medical aspect of the care rather than the relational and the human one⁶.

In this sector of care, the efforts are great and the rewards are few plus « the criteria for success are usually ambiguous. Certainly most workers in the human service field do not expect to get rich » (Stevens and O'Neill, 1983).

According to Stevens and O'Neill (1983), the consequences of any error in the social work sector is serious and sometimes even catastrophic. This fact develops a strong feeling of responsibility among the workers. To this is added, of course, the social, psychological and physical issues of the clients which they have to face while displaying competence.

In the following section, we present the work conditions and its impact on the workers.

⁶ <https://www.force-ouvriere.fr>

Scholars argue that individuals working as direct care workers (e.g. Ehapd staff) are facing several work stress factors such as work overload, work ambiguity, role conflict, low participation in decision making, client disability... (Gray-Stanley and Muramatsu, 2011) and according to the same authors this work environment leads to the burnout and the emotional exhaustion.

Those findings go in line with the statement of (Bakker, Le Blanc and Schaufeli, 2005) that nurses and caregivers represent a high risk population for stress and burnout.

Huguenotte, Andela and Truchot (2016) indicate that organizational stressors such as work overload and lack of consideration have far more negative effects on employee health than the impact of emotional demands.

These results are in agreement with oncology studies, indicating that the main causes of stress are not associated with patient suffering but with organizational stressors (Borteyrou, Truchot and Rascle, 2014). The authors explained the results by the fact that individuals who choose to engage in supportive care professions are more prepared to deal with the emotional tensions associated with patients and the emotional demands associated with care practices than with the difficulties associated with organizational factors.

Conflicting values can also create confusion among the care workers: is the EHPAD a place of accommodation or a place of care? Do the patients have freedom to come and go wherever and whenever they want, or do they have to respect the security norms? Is it a place of life or a place where people are in constant confrontation with death? (Brethes, Charrier and Kenfuri, 2013).

From a managerial point of view, the « contradictory orders » emerges also as a stress factor. EHPAD professionals are not only confronted with orders that they consider to be contradictory, but this confrontation is a source of stress. These contradictory orders could be

analyzed through the difference between the actual work specific to the activity and the prescribed work specific to the task (Morin, Trepo, Grappy, and Johnson, 2013).

Others studies highlight the relationship between some behaviours of the patients and burnout, like the one done by Isaksson, Graneheim, Eisemann, and Åström (2008) which indicates a positive relationship between violence, patient aggression and caregiver burnout. Others prove that patients with neurological disorders are a source of burnout for the caregivers (Gosseries, Demertzi, Ledoux, Bruno, Vanhauzenhuysse, Thibaut, and Schnakers, 2012).

In their study, Vinot and Vinot (2017) found that the relationships with the families do not explain the stress of the care workers: The "family behaviour" criterion, contrary to the "resident behaviour" criterion has not an impact. This can be explained on the one hand by a much more casual confrontation with the families than with the residents, and on the other hand by the professional's ability to distance themselves from the families in case of difficulty.

The care workers also often build close relationships with their patients and as a consequence they experience significant grief after a death case of one of them (Boerner, Burack, Jopp and Mock, 2015). And in their study about the burnout some care workers experience after a patient death, Boerner, Gleason, Jopp (2017) found that workers who made efforts to avoid their grief may have been more likely to report depersonalization which is one key component of burnout. This corroborates the idea of Pines, Aronson and Kafry (1981) suggesting that burned-out professionals dehumanize themselves and their clients that is for us an expression of depersonalization which is reflected in a loss of concern toward the served people (Maslach and Jackson, 1981).

Stevens and O'Neill (1983) go deep into the description of the depersonalization process, it starts with workers fail to realize that the patients have the same feelings, impulses, and

thoughts as themselves because those patients are either old or have mental handicaps and dealing with them is not easy. The staff members might easily take the view that such people are not capable of the same range of thoughts and feelings as themselves and when they (workers) become burned, the process of depersonalization become accelerated.

Scholars have also been interested in other aspects of the care work, like the newcomers expectations versus the reality of the field. According to the study of Stevens and O'Neill (1983), the new comers held high expectations, they think they would make great things and bring improvement to their clients and given that those clients are often old with disabilities, the results are not good enough to be valued so the care workers feel that they have failed to meet their duties, hence « it is a blow to the worker's fragile sense of efficacy » and « where the greatest negative occurs, the worker becomes burned out ».

Some quantitative data indicate also very strong associations between lack of consideration and emotional exhaustion, and between depersonalization and lack of personal fulfillment. Care professions for the elderly are socially unappreciated and the lack of recognition, or the lack of consideration or the feelings of injustice by the hierarchy exacerbate the feeling of not being valued (Huguenotte, Andela and Truchot, 2016).

To cope with the stress of work, the care workers use their own resources which can be either psychological or sociological or both.

To start with the psychological resources, it implies internal locus of control and whom who have it are more likely to assume situational responsibility and employ problem-solving to cope in positive ways (Koeske and Kirk, 1995; Gray-Stanley and Muramatsu, 2011).

Sociological resources are the work social support from the coworkers and the supervisors (Gray-Stanley and Muramatsu, 2011). For example the quality of relations between

colleagues guarantees collaboration and communication. It facilitates the transmission of information about patients and their health conditions, or any difficulties encountered. It also promotes support between professionals and allows, for example, calling a colleague when the situation with a patient is difficult (Huguenotte, Andela and Truchot, 2016). The same authors reveal a negative association between relationships with patients and stress at work. That is the quality of relationships with patients is characterized by the ability to develop projects with them and for them which lead the workers to benefit from their recognition, and thus to have a compensation with ungrateful and devalued tasks.

Methodology

In this paper, one EHPAD of the PACA region in the south of France is the object of our interest in its own right, and we aim to provide an in-depth elucidation of it therefore we opt for a case study as a research design.

The workforce in the EHPAD is highly gendered, with women comprising more than 95 per cent of the direct care staff.

Located in the heart of the city, the EHPAD under study is a mixed establishment.

It provides 77 places and has an Alzheimer's unit. The rooms are spacious. The premises are neutral and the central living space is particularly noisy and opens onto a garden and a restaurant.

And as « The objective is to capture the circumstances and conditions of an everyday or common place situation » (Yin, 2009), the type of our case will be representative or typical case.

The exponents of our case study favour qualitative methods: non-participant observation and unstructured interviewing, because we think that these methods are helpful in the generation of a detailed examination of our case (Bryman, 2006).

To conduct this study we used the tool often used in qualitative studies namely semi-structured interview. The interview is one of the preferred tools for qualitative research (Denzin and Lincoln, 1998).

The interview «serves to highlight the aspects of the phenomenon to which the researcher cannot think spontaneously and to complete the lines of work suggested by his readings» (Blanchet, 1994). We also used the non-participant observation by observing but not participating in what is going on in the social setting (Bryman, 2006).

The respondents participated in the research interviews, without the subject being revealed in advance to avoid self selection bias of employees who want to broadcast specific messages on the subject.

We choose to broadcast large extracts of interviews without changing the oral style for the sake of authenticity.

While doing the research, studying only women were not our intent, but as it turns to be a very highly gendered establishment, the 10 interviews were all with French women.

Findings and discussion

During the interviews, the respondents were asked to describe the difficulties encountered in their work but also to evaluate their resources based on as many facts and examples as possible.

All interviews were recorded and transcribed.

An exploratory thematic content analysis was conducted in order to obtain the results.

Before going into the results, some comments are worth mentioning:

- During the interviews, we had to cut it down and restart again so many times. We tried not to be affected by that by reformulating what have been said to the interviewee so she can continue easily.
- We noticed that the interviewees who are in low job positions were less at ease during the interviews.
- We were not allowed to speak to the psychologist and we think that she wanted to speak to us to express her dissatisfaction toward the work conditions.
- We witnessed a scene in which a resident woman starts crying and yelling. The nurses told us that she does it regularly and that there is nothing to worry about.

When asked to discuss the difficulties at their work, participants' responses gravitated toward two dominant themes the first one is related to the organization of their work and the second is related to their private life.

❖ **Working in an EHPAD is a personal choice and a vocation for some interviewees.**

“In the beginning I started as a secretary but I couldn’t imagine myself spending my whole life behind a desk, suddenly I changed, it was me who wanted to change” Nurse, 40 years old.

“It was a vocation. At the age of five years old. My grandmother was a caregiver too ... and I found that really wow and I thought, that's definitely what I want to be in the future... I am an active person and I do not see myself staying all day long doing nothing plus for my needs you know, if I want to make myself feel good I would purchase whatever I want”

” Caregiver 52 years old and has 33 years of experience.

“I know it's funny, but since my childhood I dreamed to be a nurse and I did everything to become one” Health executive, 38 years old, married with 2 kids.

“I work. It’s a way to say that I participate in my couple in all kind of ways. It’s also about being autonomous and not to feel the inferior one in the couple.

I don’t complain, when stressed I try to take benefit from it. It boosts me!” director of the EHPAD.

In spite of the difficult aspects of work, it is considered to be a “loophole”.

“After work at home we are good but the work is something else, we have a life. At home you make food, you do laundry, you clean and stuff like that. But the work is more friendly, it's a loophole if I can say, because at home it’s like mom what are we going to eat, mom we want this and that while here we know what we have to do and I am well at work, although sometimes I would like to stay at home ...” Nurse, 40 years old

❖ **All the 10 interviewees women have mentioned work overload as a main aspect of their job, let it be in a higher position in hierarchy (e.g. the director of the center) or a lower one (e.g. the housekeeper).**

“I have a work overload, but I manage to adapt... I knew it. I knew it going to be this way in this job” A doctor, 51 years old, married with 2 kids and has 20 years of experience.

“So I arrive in the morning, I see with the team what happened at night, I check my emails to know if there is any special thing, then I go upstairs to say hello to the agents and to know if everything is going well, if there any problem, then it's a bit random, I have a lot of planning, the meetings, the projects, and as you can notice I am constantly disturbed by the phone, the agents call me and I move”.

She goes on to say *“I think I have an overload but I tell myself that it's my job, I'm always interrupted by phone, the interruption is something, when we do something we are interrupted we do not know where were we so we restart again from the beginning...the door is open, all those who come if they do not find the nurse they would come to see me because the door is open... the residents do the same and their families too, they regularly stop by, to ask me questions...*

It's not that I can't close my door but also I need to know what's going on in the corridor, to stay aware of what's going on and it also shows the workers that I am available... I usually arrive around 8:30 and I normally have to leave at 17h but I never do. I work till 18h or 18h30. I work full time; it's been 1 year and half that I am a health executive here. Before I was a nurse. I eat in my office in front of my computer, yes it's not good, I know. It's the time when I usually rest when it's quit, all the agents are in the dining room, the residents are in the restaurant ...I'm not disturbed, so I check my emails, the bowl in my hands..."
Health executive, 38 years old, married with 2 kids.

Some of the interviewees explained why they have such a workload by the short staffing.

"We do not really have the time to discuss with the residents, there are a lot, and we have no time in fact..." Caregiver 27 years old divorced with one kid and has 2 years of experience.

"In the morning, I arrive at 6:45. As a caregiver I manage all the people who will get up and it's not easy because they come to get me in the rooms crying but I have only 2 arms and two legs so here it is. But you have to do with it. We need more people in here!" Caregiver 52 years old and has 33 years of experience.

Another respondent blame the government and question its policies.

"The retirement homes face a lot of problems. They are budgeted by the government. They are not financially well resourced, they keep cutting the means and they add more tasks for us to do. I'm going to say here we cannot do it anymore..." Nurse, 49 years 20 years of experience.

To manage the work overload, the respondents address the importance of the organization.

"You need to be organised, you have to organise well, to avoid having a workload" Nurse, 32 years old, married with 2 kids.

"If a colleague can't do it, I can organize myself to do it, it is a question of organisation, otherwise everything is going well, and there is no problem we are a good team"
Caregiver 52 years old and has 33 years of experience.

❖ **Part-time work is more common among care workers**

"When my children were younger, I worked part time (80%), now I'm full time. My kids have grown up, and have less need for me. I work from Monday to Friday plus every second week. So they don't see me much" Caregiver 52 years old and has 33 years of experience.

"I'm on 80% because I had a child not a long ago; it's more pleasant than full time" hospital worker 30 years old

"I'm a nurse on 80%, I work 28 hours a week, I made this choice because we had care concerns regarding my son as my husband worked from 7 am to 7 pm, so I did not have anyone who can take care of him, and because like that the schedule is still more flexible than"

the hospital, we start very early in the morning and we finish late at night” Nurse, 49 years 20 years of experience.

So those women take responsibility for their children even if they work outside the home and this statement corroborates what have been said before in the literature (Carroll and Campbell, 2007). Thus they have to adapt their schedule according to their extra-professional responsibilities (husband and children).

“When my husband works, it’s me who is in charge of our house. We arrange according to his schedule not mine... it’s rooted in the genes (laughs) because I’m from a Spanish family and women have to do everything...etc but it’s true that I’m lucky to marry a French man who takes part in household when he can” Social worker, 45 years old, married.

❖ Working with elder people, an additional factor of stress

“We are under stress, work overload, data processing, a lot of documents to fill and to sign and to take responsibility of. The big concern of the work is related to our state of mind, it is important to be vigilant when you work with elder people, to be always vigilant regarding the problems, yes it is a permanent stress, if there is a problem it is necessary to quickly find the person in charge”

“It is an emotional burden for all of us to work here.

When there is a death it is sad. We accompany the person on his last hours because the family is not present all the time and we try not to let them die alone. It’s very hard but sometimes it’s better to leave quickly when there is a pain” Caregiver, single

“I feel bad for not taking care of old people as it should be done” Caregiver, single

“I’m getting old too. I want to work with children with Down’s syndrome because I want to be less surrounded by people confronted to death. It is very hard, and it has returns too” Facilitator and psychological assistant, married, 15 years of experience.

This emotional burden weakens over time with the experience factor

“We strengthen with the time, it’s true, when I started I used to work during Christmas, after all we are their family, there are some who have no one, at least we go to see them, at each party I used to cry, if there is a death I cry, but now not anymore. I tell myself that it’s in the nature of things to become old and to die” Nurse, 40 years old

“I was 20 years old, I got depressed because a lady who arrived and had 3 children and a husband and she ended up in a wheelchair in a disabled home and she left her children because of a traffic accident” Health executive, 38 years old, married with 2 kids.

❖ It is emotional but it can be fun too!

“I read the newspaper for them, we do a lot of activities like folding linen like at home, I try to do things the way they used to do it in their previous life, I think continuity in retirement homes is very important... there are memory workshops, every Tuesday a lottery, on

Wednesday I do choir with them, I sing, Thursday I bring an association to do the painting for them, it's varied...oh we dance too!" explained the facilitator and psychological assistant

❖ **Typology of the respondents**

Through the findings we came up with different categories of the women working in the EHPAD. This typology goes in line with the work of (Masteron and Hoobler, 2015).

- Conventional women (or couples)

Women who exhibited a strong family orientation and think unlike her husband that she is the one who should take care of the household.

"He is not good enough when it comes to household, if he does something I'll definitely go and check after him so it's a waste of time for me. I would have done it and spare him the effort. Well I have friends. Their husbands do nothing to help them in the household while mine helps me, when the kids were younger; he used to take care of them. I never had any problem on that side" Caregiver 52 years old and has 33 years of experience.

"I will always put my family life first, if not I think I would not have children, but after all I respect the others who favor their careers...My mother used to cook, and my father used to work and it's true that I'm going to reproduce the same thing, it is not a question of a man who gives orders, he respects me but it's like that..."

"You are a woman and you want to work, well there will be consequences, anyway there is a little fatigue, and it impacts you in both work and home" Nurse, 32 years old, married with 2 kids.

- Unconventional women

Women who are more career oriented and think that men can be responsible of the household.

"I have a husband who manages everything, he would take care of our house in the morning, and I would do the same in the evening, we share the household but he is more involved" coordinating doctor, 35 years old.

- Egalitarian women

Women of this category are aware of themselves as equal to their partners in work and household.

"We change hats all the time. I leave home in a good mood but when the day is finished I become tired and less receptive...he is aware of my job and so am I. so we do support each other and share every responsibility" nurse, 45 years old.

❖ **Negative spillover versus positive spillover**

The verbatim below illustrate the spillover.

It is « the transfer of mood, skills, behaviors and values from family to work or from family to work » (Edwards and Rothbard, 2000; Hanson and Hammer, 2006). The spillover can be positive or negative.

“There are times when it's a little complicated where I know I'm not good at home, when I bring home work, due to the hectic schedule and because I have thirty workers under my supervision and other responsibilities to manage , I have to concentrate, I must not forget the days, I need at least 6 people to do what I'm doing, sometimes I take it home, I know I'm doing things wrong but it's like that! we take work to home, so it's less spent time with our children, sometimes I wake up at night because I remember something oh I forgot that...I always keep a note book in my pocket to write down important things..”

“If residents get angry then we feel the anger... there are days when we laugh and it's nice to come to work it relieves your mind and cuts a little with the family ...” Nurse, 32 years old, married with 2 kids.

“It will seem a little weird but working here taught me patience, I was not really a patient person and I saw with my son for the slightest thing I would scream at him. Here with these people it is necessary to repeat things several times, I think that I am more and more patient”
Caregiver 27 years old divorced with one kid and has 2 years of experience.

❖ **Then how to cope with such an environment?**

Our findings suggest the following strategies:

- Get the social support from the family, colleagues...

Mainly described in literature as« the positive and emotional qualities of relationships» (Umberson and al., 1996). It encompasses the support of the husband (Cohen and Wills, 1985), the support of supervisors and co-workers, and the support of family and friends (Ganster and al., 1988).

“I try to meet my son with a big smile. I try to enjoy every single moment with him. He gives me good vibes and he is my motivation to give the best of me. My mom helps me too. A lot

actually. She takes care of him when I'm busy...” Caregiver 27 years old divorced with one kid and has 2 years of experience.

“My husband is my fan number one. He understands me and helps me to go through this...”
Nurse

- A peace treaty with the death?

“Facing death, you rethink things over and over...”

“Working here you are no longer the same person you were... you start thinking of death as a relief, now the lady who left yesterday, she lost weight, she had respiratory problems she is relieved, we are all made to leave one day, at 90 years old or 40 it's not so important”
Facilitator and psychological assistant

Conclusion

Adopting a qualitative approach, we have sought to shed light on the work conditions at one of the EHPAD in the south of France. Our findings support what have been mentioned in the literature about the organisational factors and extra organizational ones leading to stress at work and lead us to draw the following conclusions.

First, despite being aware of the sensitivity of the sector, the respondents highlight that it was a personal choice motivated sometimes by personal reasons.

Second, during the interviews, the respondents stress the work overload as a main aspect of their job which they related to the short staffing and the government policies. Added to this, the vulnerability of the patients which puts an emotional burden on the employees.

Third, our sample contains only women. Thus, we got findings related to social roles and household division between the couples. We had also a categorization of the women of the EHPAD based on their statements.

At last, although knowing about the psychological and sociological resources used to cope with the stress. A new element emerged. We named it a peace treaty with the death.

A limitation deserves mention; it is about the object of the case study.

In the public sector, the discretion duty incites the officers to refuse sometimes to express stress and its causes (Codo, 2013). In the same vein, Carballeda and Garrigou (2001) speak of "ideology of the good professional" to designate "mechanisms of psychic defenses which imply that a good professional should not have problems, because he must know how to resolve them by himself ... A person who would openly share his problems would take the risk of being judged by his peers and hierarchy as a bad professional or even as a responsible of the dysfunctions encountered within the organization"(Carballeda and Garrigou, 2001)

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