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# How solution focused support helps women through work-home conflict

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*Jim McKenna and  
Wendy Mackey Jones*

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## The authors

**Jim McKenna** is a Senior Lecturer, Department of Exercise and Health Science, University of Bristol, UK.

E-mail: [jim.mckenna@bristol.ac.uk](mailto:jim.mckenna@bristol.ac.uk)

**Wendy Mackey Jones** is the Health & Resilience Project Leader, GlaxoSmithKline, Harlow, UK.

E-mail: [wendy\\_m\\_mackey-jones@gsk.com](mailto:wendy_m_mackey-jones@gsk.com)

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## Keywords

Conflict management, Counselling, Women, Workplace

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## Abstract

While work-home conflict has well-established negative outcomes, few studies explore how this might be resolved. This study explored the delivery and outcomes of a three-session workplace intervention delivered by a non-specialist counsellor to women with high work-home conflict, using solution-focused therapy (SFT). Transcripts from the counselling sessions provided the key data for the study. Participants had unique combinations of conflict, and unique levels of self-assessed success in developing and sticking to their solutions. These perspectives are spillover (home or work affect each other), segmenting (demands are ring-fenced in one domain) and compensation (demands in one domain are balanced with contributions to the other). Although the specific solutions generated may not be new to "outsiders", they were to these women, and were unlikely to have been undertaken without the intervention.

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## Background

### Health and work-home conflict

Conflict between work and home roles can result in reduced mental and physical health and poor health-related behaviours (Frone, 2003; Kivimäki *et al.*, 2002). Conflict is also associated with low job and life satisfaction, burnout and alcohol misuse (Perrewé *et al.*, 1999; Frone *et al.*, 1996). These relationships are most consistent among women (Benavides *et al.*, 2002), making workplace interventions focused on women increasingly necessary.

Three main contemporary theoretical perspectives address the "problem" in work-home relationships (Sumer and Knight, 2001). The first addresses the "spillover" between the different domains, wherein what happens in one domain influences life in the other. Positive spillover from work to home is associated with better physical and mental health (Grzywacz and Marks, 2000). In "segmentation", individuals associate each domain with specific duties and actions. Rising conflict can make it difficult to segment work and home, provoking feelings of lack of control, frustration and poor physical and psychological health (Perrewé *et al.*, 1999). Finally, individuals may "compensate" commitments between the two domains, which involves reducing or expanding contributions to one domain according to those of the other. Individually, these theories are unable to reflect the full concept and therefore need to be combined to understand the work-home interface (Frone, 2003).

Both internal and external influences determine individual approaches to reducing conflict. For example, personality "types" characterised by hardiness or assertiveness may attach differently to work or home (Rabin *et al.*, 1999). Externally, levels of support and responsibilities in either, or both, domains contribute to conflict (Kenny and Bhattacharjee, 2000; Fox and Dwyer, 1999). A recent Health and Safety Executive report (Daniels *et al.*, 2002) showed that individuals variously sought changes in organisational processes and managerial support, and

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undertook personal avoidance behaviours to manage their risk of conflict.

Based on an understanding of “conflict” as an individualised experience, worksite programmes may employ specialist external counsellors who deliver one-to-one support. However, a more attractive approach may be to offer effective in-house programmes, delivered by existing staff, who may not be trained counsellors. However, while “theory of the problem” for work-home conflict is well developed, less is known about the “theory of the intervention” (MacDonald and Green, 2001, p. 244).

### **Solution-focused therapy (SFT)**

SFT offers a generic intervention style, with confirmed efficacy in a range of family and mental health settings (Beyebach *et al.*, 1996; McKeel, 1996). Although no published research relates to work-home conflict, SFT is at least as effective as longer term approaches for many severe and chronic problems, including depression, troubled marital and child-parent relationships, low self-esteem and substance abuse (Gingerich and Eisengart, 1999). All these features have been associated with high work-home conflict, so underlining the potential of SFT.

SFT is brief and works on the principle of “No more time than necessary”. This matches the preferences of most clients (Garfield, 1994; Koss and Shiang, 1994). SFT facilitates an individual’s ability to develop solutions to reduce stressors in the present or future, rather than focusing on problems from the past (O’Connell, 1998). This involves recognizing and developing personal strengths and competencies, as people continue with their normal lives.

Systematic reviews (e.g. Gingerich and Eisengart, 1999) confirm that many problems associated with work-home conflict are resolved within three meetings. SFT is consistent with a prevailing theme in working life, where time is at a premium. This theme also affects health professionals who have only limited time to develop complex formal counselling skills. Further, most staff can develop SFT skills (Konradt *et al.*, 2000), since they are generic, practical, easy to understand and deliver. They also apply to a wide range of situations and

settings, including delivery by peer counsellors, or delivered remotely as in the Health Circles approach (Konradt *et al.*, 2000).

This study aimed to describe the process of implementing SFT in the workplace, producing “knowledge-for-practice” (McLeod, 2001, p. 16) that non-specialist counsellors might use. It explored the effectiveness of SFT from the participant perspective.

## **Methods**

### **Context**

The United Bristol Health Trust Ethics Committee Ethical approved this intervention. This was part of a broader research project, involving a worksite audit (questionnaire) and focus groups with women in an international computer company in southwest England (Mackey-Jones and McKenna, 2002). Questionnaire data confirmed that the dominant construct was of work interfering with home, with key issues being tiredness after work and too much work. Focus groups identified that lack of time and social support, and overly demanding families and careers, plus a strong commitment to both domains contributed to conflict development.

### **The intervention**

Women who reported high levels of work-home conflict in the audit, and who participated in focus group discussions, were invited to participate in three sessions of SFT. We termed these sessions “Life Coaching Sessions” (LCSs).

The intervention was not delivered by a company employee. Therefore, at the outset, the LCS counsellor was a stranger to all participants. For convenience, participants arranged their LCS appointments over four weeks, each lasting up to one hour. The format of the LCSs was based on de Shazer and Berg (1997), with delivery aimed to empower women to generate solutions to cope with, or reduce, the harmful effects of their work-home conflict.

The same researcher delivered the entire programme. Meetings were open discussions, based on simple questions or phrases to encourage participant thinking and reflection (Chase, 1995). Sessions were progressive,

beginning with goal negotiation to identify personal strengths and then specifying the steps in achieving that goal. Counselling centred on prompting, rephrasing and focusing on developing solutions, rather than exploring the counsellor's suggestions.

The "miracle question" is the first of two central SFT techniques. Participants are asked to respond to this proposition:

Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? What will you notice as different the next morning that will tell you there has been a miracle? What will your spouse/partner notice? (de Shazer, 1991, p. 113).

A second SFT technique follows the miracle question. Participants rate an experience on a scale of 1 to 10 (e.g., "On a scale of 1-10, where 1 is no conflict and 10 is high conflict, how would you rate your current situation?"). Scaling helps to set goals, to measure progress and to establish priorities for action.

Participants were also asked to rate the ability to implement solutions (AIS) on a scale of 1-10 (1 is not able to implement and 10 is strong implementation). This method can be used to assess individual motivation and confidence for changing and for enacting solutions (de Shazer and Berg, 1997).

The sequence of LCS-1 was: "What do you want to achieve?"; "How will that help you?"; "What have you tried so far that helps, even in a small way?"; miracle question, "Are any small parts of the miracle happening already?"; scaling "What are your conflict levels?" and "How confident are you to implement this solution?". The session ended with tasks set for the following week.

For LCS-2 this was: assess previous week using the diary and chart; recent achievements and raised awareness; brief focus on resolving conflict; new strategies for change; return to miracle question; "Are any small parts of the miracle happening now?"; scaling and finally, tasks set for the subsequent week. LCS-3 matched LCS-2 but concluded with evaluating the whole LCS process and asking for recommendations for implementation.

Participants gave permission to audio-tape discussions prior to each LCS. To make the intervention sequential, the main themes were

identified from transcripts and field notes (maintained by the LCS counsellor), and then followed-up in subsequent sessions. This meant that the accuracy of the reduction process was subject to scrutiny by the participants, which helped to confirm their relevance to each individual. This not only confirmed their internal validity, but also added catalytic validity (where researchers and participants collaborate to empower the individuals as part of the research process Stiles, 1993).

### Analysis

Once returned, LCS transcripts were reduced to a summary table. When pooled, this developed an in-depth individual profile.

Tables highlighted:

- individual conflict experiences,
- conflict effects,
- areas for change,
- past or present coping strategies and
- personal goals.

The final transcript included opinions and recommendations for future implementation.

To ensure that the delivery met the requirements of SFT, the researcher completed a manipulation check after every LCS using a revised Counselling Interview Rating Form (CIRF) (Russell-Chapin and Sherman, 2000). With a maximum score of 35 (yes = 1, no = 0), skills used during a session were noted. Five key SFT themes were included: miracle question, scaling, highlighting strengths, develop solutions and focus on goals.

To provide a baseline for discussion in the first LCS, each participant pre-recorded conflict levels for one week. After their first LCS, participants were given a diary to record conflicts, achievements, thoughts or other issues arising between sessions. This small hand made booklet included two charts to assess (1) level of conflicts (1 "no conflict" to 10 "high conflict") and (2) ability to implement solutions (1 "no ability" to 10 "strong ability").

These scores were used in the second (LCS-2) and third (LCS-3) sessions.

### Interpreting LCS transcripts

To prioritise and capitalise upon her unique understanding of each participant, the same

researcher conducted both the LCSs and the initial analysis of transcripts. Subsequently, each transcript was then subject to line-by-line thematic content analysis to reflect "What is going on here" (Wolcott, 1994). The two researchers collaborated to agree the main themes within LCS discussions. This process was more thorough and in-depth than was undertaken during the delivery phase. Notes written after each meeting helped to triangulate the data. The participant's verification of the transcripts helped to confirm data accuracy.

## Results

### Participants

Six women volunteers completed the entire LCS process. All had reported high levels of work-home conflict in the previous stages of the study. Throughout individual contributions are presented using pseudonyms. Work roles reflected white-collar positions and four worked full-time. Two had no children but lived with a partner, three had children and one was a single parent. LCS-1 confirmed that conflicts were still dominated by work interfering with home.

### Miracle question responses

Table I shows responses to the miracle question. These contextualise individual contributions and highlight the range of miracles that the women felt would be evidence of a reduction in work-home conflict.

Responses to the miracle question provided encouragement and helped women to develop a positive mind-set about change and the achievements they could envisage making. While Feona was experiencing short-term glimpses of her miracle (even though her work-home conflict was high; 21/30), for most women, in the first LCS, the "miracle" felt distant. It was focused variously on subjective experiences of confidence, enthusiasm, happiness, peacefulness, empowerment, tolerance, energy and healthiness. These outcomes were predominantly associated with improved psychological health and typically associated with home-based relationships. Within the LCS process, further "solutions" were generated. These included taking up photography, going out more, reducing alcohol

consumption, addressing on-going health needs, taking more exercise, losing weight and standing up for personal needs with work colleagues and/or family members.

Even from the first session, some individuals knew they wanted to take their first steps, while others already had a clear picture of what those steps would be.

I know I've got to achieve something even if ultimately I leave the company and find something else (Carrie).

The coping mechanism for me is like when things are really building up and I can start to feel ill, I will book time off work (Dasie).

A major outcome of the LCSs was to convert passive desires into positive action. Annie felt that physical activity was important, but that she was unable to co-ordinate any sessions into her day. Her miracle identified this need and by LCS-3 Annie was regularly walking and swimming. In contrast, Eadie's miracle had changed and softened by LCS-3:

It won't be the miracle that I'd intended ... I've changed my view since those sessions of what is achievable ... I'm willing to take a hit on some things not very good in return for others being really good ... The new miracle – I'd feel really happy, I wouldn't expect quite as much I don't need quite as much to be happy ... (Eadie).

By consistently returning to their miracle and resisting the interest in discussing their "problem", the women shifted their thinking about conflict. However, this was not always possible as shown by Eadie in her first LCS:

... I don't think I've had a joyous, totally guilt-free day, no conflict whatsoever, but I wouldn't expect that anyway ... the problem is the pressure I put upon myself .... trying to identify times when I've handled the conflict or done something to result in no conflict, that has helped ... (Eadie).

Despite a uniform approach, some women changed their behaviour while others changed their thinking. For example, by LCS-3 Carrie was thinking differently, but was not ready to implement any behavioural changes.

... I know it's going to be difficult, not because I don't think I can do it but because I think it's going to take a long time to do it (Carrie).

Over the three meetings the process of change were monitored, and it was clear that changes in thinking often precipitated seeking help from others. Annie and Carrie recognised a need to

Table 1 Responses to the miracle question in LCS1

Annie – energy and relaxation	Beckie – calm and peaceful	Carrie – empowered	Dasie – More relaxed	Eadie – Less irritable	Feona – Happiness
<p>"I'd be over the moon it would be brilliant ... It would be completely different ... I'd like coming to work every day, I'd not wake up in the middle of the night ...</p> <p>I'd be able to do more exercise and climbing, it would be nice to feel fit and healthy ...</p> <p>I would be more relaxed at home ... I'd want to go out – just happier ... I don't think work notices a difference"</p>	<p>"I would feel much calmer and not in a hurry all the time ...</p> <p>It's just the feeling of being peaceful inside and your hearts not racing and you think calm ...</p> <p>I'd have more time with my son, we'd do more together, we'd have more fun, I think I'd have time to have fun ... My husband and I have more fun when I'm not stressed"</p>	<p>"I'll feel liberated, empowered, probably a little nervous. If everything is perfect then I can't make excuses for things ...</p> <p>If I knew that what I was doing was the right thing to do with the right people then I'll think stuff it and I actually wouldn't care that much or as much ...</p> <p>My partner would see that I had a lot more energy, I actually felt like doing something. A difference in attitude, I'd have more time. I guess the relationship would change"</p>	<p>"That's a really hard one to imagine. ... it would be marvellous ... I would like work to be in the bounds that they don't encroach or I have better childcare solutions ...</p> <p>I would feel a lot more relaxed ... I would feel a lot less stressed and that would help the physical thing ... It would be a relief ... My daughter would certainly see a difference, I'm tired all the time and I can get very irritable ... I don't know if my colleagues would see a difference, I make a real effort to appear in control"</p>	<p>"There would be an obvious improvement Probably not so irritable, more tolerant, less emotional and maybe a little more motivated ...</p> <p>My partner would see me less irritable, less snappy, less sensitive to throw away comments, yes I think he'll see a difference in me ...</p> <p>My colleagues would see me less irritable and more tolerant"</p>	<p>I think I'd feel happier, if I knew that I could cope with it all, I would just get up and get on with it. I'd get into the routine of the day and get through the day quite gently ...</p> <p>I don't know if my son would see any difference because I try, when I'm spending time with him, not to be negative or upset in front of him ... My husband would definitely see a difference a happier person and perhaps more positive ... happier, laughing more and chatting ... Colleagues may see me more cheerful</p> <p>My miracle does occur irregularly for short moments, I start to get quieter, so make more effort"</p>

speak to their managers and colleagues about their workload; their long hours resulted in work interfering with home, relationships and self-time (this represents the theoretical perspective of segmentation). Seeing things differently, Feona and Beckie sought support from their home-based partners to manage their work roles (showing “compensation”). To manage her diverse commitments, and with her partner’s support, Beckie used the time management skills she had refined at work (an example of positive work-home spillover).

I think what it takes is me going home tonight and saying to my husband this is what I’m going to do and actually do it with him. It’s just sitting down for  $\frac{1}{2}$  hour with the diary and saying there’s 2 hours there. I think it’s simply that . . . I think that if I have some structured time, although it’s awful to have some structured time on a weekend, it’s a short term goal. I think that I would be happier (Beckie).

Tables were constructed to show the individual’s contributions within the three stages of the overall study. Table II shows Annie’s contributions. Each table included the woman’s on-going reflections of work-home experiences, as well as assessments of LCS effectiveness and outcomes. Used as individual case studies, these tables showed how the women progressed through the processes of resolving work-home conflict, in their own words. We make no claims for their generalisability, but offer one set as an example of the experiences that health professionals may seek to resolve.

Even with similar questionnaire scores, LCSs confirmed unique and often dynamic experiences of work-home conflict. Levels of conflict control ranged from 3 to 8 out of 10 (10 = high conflict control) across the LCS process (Table III). Participants understood the demands and expectations of home and work in different ways. This probably contributed to the unique solutions that were developed. Further, it was clear that some “problem” areas were not seen as “solvable” within this framework. For example, by LCS-3 Dasie had been signed off work with stress-related ill-health, therefore, for her the timescale of this framework

was too short to resolve the complicated issues she was experiencing.

It’s made me think that I feel really crap and it’s made me realise why I feel so panicky and so out of control. It has triggered me to think why I’m out of control. But that’s good because it’s brought it to light. It was going to happen and this has helped to let it not happen too late (Dasie).

Carrie also felt that the SFT provided an introduction for a longer term process.

These are solutions, these are not coping strategies, these are the things that need cleaning up, the actual coping and maintenance of that is something else, that’s further than where we are now (Carrie).

Although we planned to use scaling of conflict levels, and perceived ability to implement solutions at the end of each session, this was not always appropriate and was occasionally omitted. This explains why some CIRF scores were less than the maximum of 35 and why quantifying conflict achievements did not always reflect the LCS discussions.

### LCS assessment

Each participant evaluated the overall LCS process in their final session. They considered it raised their awareness to issues and situations that they often understood but had not yet addressed:

. . . it has worked as an impetus for me because there have been things that have been at the back of my mind that I have been thinking about for a long time but have never got round to doing, so that’s been useful . . . (Carrie).

LCSs helped to develop a realisation that every option represented a possible solution with positive long-term benefits. Indirectly, the sessions confirmed that individuals were moving in the right direction, “. . . I’ve know the end result I want to get to . . . it’s given me the way of getting there basically . . .” (Annie), “. . . I like to think things through so it’s good to have suggestions to think about” (Dasie).

The LCS methods, specifically the reframing and reflecting, allowed the women to see the need for small, sometimes continuous, rather than just short-term or one-off, changes. They saw this as essential to reduce

**Table II** Annie's contributions to the three stages of the project

Phase	
<b>1 – Questionnaire</b>	<p>Demographics</p> <ul style="list-style-type: none"> <li>• Has a partner No children</li> <li>• No dependants</li> <li>• Full time worker</li> </ul> <p>Conflict scores (ranges 6-30, 30 = maximum conflict)                      Work to home = 22/30                      Home to work = 6/30                      Main issue – Feeling too tired when she goes home and not able to do the things she would like to do</p>
<b>2 – Focus group</b>	<p>Vote on issues causing most conflict. A total of 10 points are allocated between the range of themes identified by group, with more points allocated to high priority issues:                      Two votes from 8 themes:</p> <ul style="list-style-type: none"> <li>• Stress at work – 7 points</li> <li>• Time – 3 points</li> </ul>
<b>3 – LCS</b>	<p>Work-home balance is very important. In conflict she was too tired to socialise with her husband, resulting in conflict in their relationship. Poor sleep pattern and no time to participate in physical activity.</p> <p>LCS-1 "... I would feel better if I swam at lunch because I'd feel like I've actually done something that just work ... I suppose I ought to talk to my manager ... it's them who decide on the work. Yes, yes that's what I ought to do, I hadn't thought of that ..."</p> <p>Conflict control: 6/7 AIS: 4/5 CIRF: 35/35</p> <p>LCS-2 "... I'm happier but I'm not where I want to be yet, I think it's just a matter of time, I think this sort of thing will accumulate basically ... It's got bad enough to make me think I've got to do something ..."</p> <p>Conflict control: 7 AIS: n/a CIRF: 35/35</p> <p>LCS-3 "... Talking has actually pushed me to think about it ... given me the encouragement to say right ... I'm pleased I have because it's made me feel happier in that it's clearer in my mind ... I have felt the result now ... it's hard to do at first ... it takes a while to feel the results, but I feel better and it give you more incentive when you know that it can work ... I'm definitely on the path and I think if I carried on as I am for a period of time I will get there ..."</p> <p>Conflict control: 8 AIS: 5 CIRF: 35/35</p>

**Note:** Conflict control (1 = no control, 10 = high control); ability to implement solutions (1 = not at all, 10 = strong); CIRF – a 35-point evaluation.

or alleviate the long-term consequences of conflict:

... The steps that I've taken have been quite small but they've had quite a large impact, so if you look at that, minimum effort for maximum reward, how could you not carry on with that ... I feel angry with myself that I didn't recognise it before ... it's not letting go of how positive I've felt over the last couple of weeks because I have seen a difference ... I have seen changes ... I have seen it work and I have felt better ... (Eadie).

Another valued factor was the chance to reflect on achievements and to offer self-congratulations. Some women found it helpful

to acknowledge not being able to control all elements of conflict. This reduced levels of "self-blame" and focused on what was possible. For Eadie, reading the transcripts encouraged reflection on her personal situation, "... reading the transcripts was excellent, that was invaluable because we do forget things". Feona saw how she developed within the LCSs "... I was horrified with the first transcript – I saw how much waffling and rambling I do ...", and noted how useful she found completing the diaries ... I do go back to them sometimes and think, 'Oh yes, is that how I felt?' or 'Is that how I made that decision?'".

**Table III** Individual scoring of control of conflict, ability to implement solutions and counselling session content, by each LCS

	Annie	Beckie	Carrie	Dasie	Eadie	Feona
<b>Control of conflicts (1-10)<sup>a</sup></b>						
LCS-1	6/7	3-4	6-7	4-5	3	4-5
LCS-2	7	N/a	7-8	5	N/a	7-8
LCS-3	8	N/a	6-7	N/a	N/a	6
<b>CIRF (0-35)<sup>b</sup></b>						
LCS-1	35	33	34	32	35	35
LCS-2	35	31	34	35	35	35
LCS-3	35	35	35	N/a	34	35
<b>Ability to implement solutions (1-10)</b>						
LCS-1	4-5	5	4-5	5	7-8	8-9
LCS-2	7-8	N/a	6-7	6-7	N/a	9
LCS-3	6	4	6-7	N/a	N/a	9

**Note:** <sup>a</sup> 1 = low control of conflict, 10 = high control of conflict; <sup>b</sup> Range 0-35 (yes = 1, no = 0), low scores show erratic counselling content; <sup>c</sup> 1 = not at all able to implement solution, 10 = very strong implementation of solution.

Beckie (LCS-3) recognised it was important for organisations to accept the realities of work-home conflict and to implement solution-focused interventions. She stated "... They are usually well perceived, very well received ... it's a good thing to sell to staff because it makes the company appear that they care for their staff".

We leave the final overall comments to Beckie and Carrie:

... It sounds a bit bold to say, but yes, I think I have taken steps towards my miracle ... It feels so simple, it hasn't been difficult. I'm quite surprised that I didn't work that out for myself because it appears quite simple. But I realise that you have to talk things through (Beckie).

... I would have absolutely no hesitation in saying that this is the right way to do it ... you need to find out about yourself, otherwise it won't work (Carrie).

## Discussion

### Significance of the study

The study set out to identify the delivery and impact of a short programme of SFT for managing work-home conflict. The six women participants had reported previously high levels of work-home conflict. This is the first worksite application of SFT to work-home conflict, and the findings are important because they focus on solutions to work-home conflict solutions, rather than describing the nature of the problem. Further, the results show the solutions

that women have initiated and refined to help themselves. The main findings of the study are in three categories:

- (1) Effectiveness,
- (2) Mechanisms and
- (3) Delivery.

### Effectiveness

Although programmes are either considered effective or not, based on experimental or randomised control designs, this study cannot be seen in this light. Counselling is concerned with process and outcome (McLeod, 2001). This appreciation is important since the causes and the resulting experience of conflict can be episodic, e.g. work projects, childcare difficulties. In the dynamic social context of conflict, some solutions may be only temporarily appropriate. "Solutions" may work in tandem with other factors, or take time to have their best effects. Either way, programmes that add and strengthen conflict coping skills and that develop a generalised sense of competence for managing conflict are likely to offer better outcomes. For this, studies longer than four weeks are needed. That said, the participants noted that the programme helped to shift from a focus on being-in-conflict towards doing-what-makes-life-better, while increasing confidence for discovering and then refining coping strategies.



Importantly, outcomes were individualised and self-produced. These findings suggest beneficial change, which suggests that this approach effectively involved the participants. Longer term effectiveness will be dependent upon continuing to apply the identified solutions and recognition of achievements. While all participants had already completed a questionnaire and had been involved in focus group discussions, these did not stimulate effective action, beyond (perhaps) encouraging volunteering for the LCSs. Thus, outcomes may be attributable to the combined effects of the three stages, rather than just the LCS.

### **Mechanisms**

In previous studies (Kenny and Bhattacharjee, 2000; Lennon, 1994), positive personality traits, such as assertiveness and hardiness, have helped individuals to maintain healthy well-being during stressful times. Consistent with Lennon (1994), Im (2000) and Vahtera *et al.* (2000), participants in this study showed that confiding in others, recognising and expressing their feelings and being assertive all helped to identify, and in some cases implement, solutions.

The LCSs provided an opportunity to discuss the re-phrased and re-framed comments. All participants acknowledged the importance of taking time to become more aware of their situation. Any positive outcomes from the LCS approach may arise not only from its implicit social support, but also from its formal approach to identifying solutions.

Solutions adopted by participants varied depending upon the extent of the issues. Grzywacz and Marks (2000) noted the possibility of positive spillovers between home and work, and time management skills developed at work helped these women to compartmentalise their “home” issues. This provided immediate feedback, which motivated subsequent solution-finding. For long-term success, most participants noted the importance of a commitment to persisting with their developed solutions. Long-term adherence may result from compensating between the domains, or segmenting within a single domain. This proposes that the combination of spillover, segmentation and compensation relates to both

the development of the “problem” (Sumer and Knight, 2001; Frone 2003), as well as to solution-building.

### **Delivery**

The underlying techniques of SFT represent “knowledge-for-practice” (McLeod, 2001). Our manipulation checks confirmed that, at least a form of, SFT was delivered. The findings also show that LCSs created an interest in changing without being told that it was needed. These solutions resulted from at least three hours of confirmed contact time within four weeks, plus extra time spent completing the on-going diaries and reading interview transcripts. These features were included to ensure that meetings achieved a strong “extra-therapy effect” (Dryden, 1997), which was confirmed in the diaries, self-report tools and interview transcripts. An unexpected outcome was the benefit participants found from reading their transcripts. It caused participants to reflect on the discussion and accept or recognise their issues and achievements.

### **Study limitations**

The study has limitations. The delivery was made by a female who was an “outsider” to the company, raising questions about its relevance to insider-delivery, and for mixed gender or male-centred interventions. Further, any outcomes may be contingent on the counsellor’s skill level, though we suggest this was relatively modest and within the scope of most health professionals. With six self-selected women, the findings have limited generalisability, although they address a range of solutions linked to work-home conflict. Despite its small size, the need to condense individual contributions may unfairly represent their totality, while highlighting experiences of women who prefer talk-based support.

Although we named the intervention as Life Coaching, low recruitment rates may indicate the “negative halo” associated with “counselling” or “therapy” (Linder *et al.*, 1991). On one hand, having the same person conduct the delivery and the data interpretation (albeit with another researcher) strengthened the study

by demonstrating deep engagement, on the other hand, it can be taken as evidence of a lack of objectivity.

## Conclusion

The study assessed the effectiveness of implementing solution-focused interventions into the workplace with women experiencing work-home conflict. Participants described unique understanding of conflict, and individualised successes in developing and sticking to their solutions. Minimally, the intervention increased awareness of conflict causes and the need for cognitive or behavioural changes. While the different theoretical perspectives of spillover, segmenting and compensation clearly contribute to the development of conflict, this study shows that they also combine during SFT-inspired conflict solving.

This study complements previous work-home conflict research by identifying women's views of the possibilities in, and effectiveness of, SFT. Most importantly, these outcomes were achieved by working with a non-specialist counsellor. Although the solutions generated by the participants may not be new to either practitioners or researchers, the women felt they were timely, relevant and potent. SFT was an acceptable process for managing work-home conflict. Without the intervention these solutions were unlikely to have been adopted. This would have left high levels of conflict to persist and possibly lead to long-term health consequences.

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