UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

“SHE TAKES REST AS SERIOUSLY AS WORKING:”

HOW RESILIENT PROFESSIONAL CAREGIVERS THINK ABOUT AND PRACTICE REST

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

In partial fulfillment of the requirements for the

Degree of

DOCTOR OF PHILOSOPHY

BY

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Norman, OK
2023

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“SHE TAKES REST AS SERIOUSLY AS WORKING:” HOW RESILIENT PROFESSIONAL CAREGIVERS THINK ABOUT AND PRACTICE REST

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF COMMUNICATION

BY THE COMMITTEE CONSISTING OF

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Acknowledgements

This dissertation would not have been possible without the encouragement, support, and counsel from many people who have invested in me throughout this process. First, I would like to thank Dr. Ryan Bisel for his extraordinary mentorship and example. It is difficult to articulate how impactful you have been in my life, both professionally and personally. You have taught me what it means to engage in teaching and research as a vocation meant for the good of others and the glory of God. Your theoretical and methodological expertise, dedication to rigorous and meaningful scholarship, and zeal for excellence are qualities I aspire toward. Furthermore, you go above and beyond in your commitment to your students' growth and transformation. People flourish under your leadership. You have coached me through every challenge and joy of my doctoral program with kindness and wisdom. Thank you for setting an example of integrity, selflessness, and compassion. Your mentorship and coaching have, in short, changed my life.

Second, I would like to thank my committee members, Dr. Shane Connelly, Dr. Amy Johnson, and Dr. Norman Wong, for their time, attention, and feedback on my work. Your expertise and coaching were invaluable as I wrote my dissertation, and I greatly appreciate your willingness to come alongside me in my academic journey. Thank you for choosing to invest in my growth and development as a scholar.

Third, I am grateful to the caregivers who gave me their time and insight by participating in interviews for this dissertation. Though your work is deeply meaningful, it is also immensely difficult and often thankless. Thank you for giving your lives to care for the needs of others. Your sacrifices are inspiring and appreciated. I learned so much from your stories and hope to share, honor, and imitate your exemplary work and rest practices.

Fourth, I would not be here without the support of my friends and mentors. It would take pages to name every person who has supported me in this journey, but to each of you I am so grateful. Thank you for every note and text, for all the flowers, for checking in during intense weeks, for listening, and for celebrating milestones with me. To Dr. Lacy McNamee – thank you for welcoming me into your office so many times during my college years, advising my undergraduate thesis, and being the first to spark my love for communication. I owe so much to you and am grateful for the friend and mentor you still are. To Dr. Johny Garner – thank you for advising me throughout my masters degree. You prepared and trained me during a crucial period of my academic journey and gave me the confidence I needed to pursue my Ph.D. To Dr. Arden Roeder – thank you for every phone call, piece of advice, and encouragement. I love doing this work with you. To my Norman community – thank you will never be enough. You have showed up at my door with flowers and notes, learned the language of my field, prayed for me, and cheered me on. Thank you for surrounding me at my defense and supporting me in the mundane and in the milestones. I wouldn't be here without you.

Lastly, thank you to my family – Mom, Dad, Paul, Hannah, and Grand – for the unspeakable love you have shown me my whole life and throughout this journey. To my parents – you have always been my safe place and strongest cheerleaders. You instilled a love of reading, writing, and learning in me from a young age, reading books to me before I was even born and encouraging my academic growth since Pre-K. Thank you most of all for praying for me daily and pointing me towards Christ. Paul and Hannah – thank you for celebrating me every step of this journey. We have shared many "first days" of school together! Grand – thank you for always having confetti for every graduation and celebration. You have never stopped cheering me on.

I am who I am today because of each of these people. To God alone be the glory for every aspect of this journey. From Him and through Him and to Him are all things. May this dissertation, and my work in this discipline, always honor His name.

“She takes rest as seriously as working:”

How resilient professional caregivers think about and practice rest

Abstract

Do resilient employees need less rest? This study explored that question by investigating how resilient professional caregivers think about and practice rest. Analysis revealed that highly communicatively resilient professional caregivers acknowledged the material reality of the body, labeled here *bounded physicality.* Bounded physicality is the limited ability to engage physically in space and time. A sample of highly communicatively resilient professional caregivers was collected using atypical survey-based case selection and standard deviation analysis. Eleven positively deviant (PD) caregivers and five corroborators were subsequently interviewed about their meanings and practices of rest. Additionally, five professionals who scored extremely low on the communicative resilience measure and four who were average were also interviewed as a validation effort. Constant comparative analysis of participants’ interview responses (N = 25) revealed that PD caregivers constructed rest as the *proactive pursuit of holistic restoration* and held a multifaceted interpretive schema of rest. Namely, they viewed rest as a (a) strategic defense and (b) normal indispensable joy, and practiced rest as (c) multimodal care. Additionally, they resisted the ideal worker norm (IWN) by protecting, prioritizing, and pursuing rest. Finally, PD caregivers experienced positive consequences of rest on their personal, relational, and professional wellbeing. As anticipated, these findings contrasted with non-PD caregivers’ interview responses. Taken together, this scholarship extends organizational communication theory, including literatures on positive organizational scholarship, the communicative theory of resilience, the ideal worker norm, and meanings of work (MOW) and

rest. Ultimately, highly communicatively resilient professional caregivers build crucial reserves through rest, which challenges the view that resilient employees need less rest.

Keywords: meanings of rest, communicative theory of resilience, ideal worker norm, caregivers, positive deviance

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"She takes rest as seriously as working:"

How resilient professional caregivers think about and practice rest

Rationale

Widespread job burnout harms individuals, organizations, communities, societies, and economies (Eifert et al., 2015). When essential services begin to break down, medical and mental care cannot be delivered efficiently because of workforce strains (Miller et al., 1988). The COVID-19 pandemic resulted in heightened stress and burnout for caregiving professionals and warranted increased attention to how these professionals persevere through adversity (Hintz et al., 2021; Nishimura et al., 2021; Sahin et al., 2020; Shechter et al., 2020). While understanding the factors that prevent caregivers' career and organizational exit is important, an investigation of the dynamics that promote caregiver wellbeing, resilience, and flourishing—despite significant job strain—is needed. Understanding what promotes professional caregivers' resilience may lead to practical and productive recommendations, which can be offered to caregivers and institutions that rely on caregivers (e.g., hospitals). One aspect of wellbeing and resilience may be caregivers' meaning constructions and practices around rest. Understanding imitable beliefs and practices of rest may be a key to the renewal and restoration of exhausted professional caregivers. This study explored meanings of rest and rest practices among those caregiving professionals who are highly communicatively resilient.

Social Significance

Caregiving professionals meet critical physical, emotional, or mental care needs (Travis & Talley, 2014). Unsurprisingly, over time, these professionals often experience significant stressors in their jobs that can culminate in burnout and turnover (Brotheridge & Grandey, 2002; Frosch et al., 2018; Miller et al., 1988; Morelen et al., 2022; Surabhi & Wei, 2021; Travis &

Talley, 2014). Burnout is a serious phenomenon characterized by emotional exhaustion, depersonalization toward others, and lowered perceptions of accomplishment (Maslach, 1982; Miller et al., 1988). Furthermore, experiencing feelings associated with overwork is a reality that is detrimental to health and wellbeing even beyond emotional burnout. For example, overwork-related suicides have become a national crisis in Japan (Eguchi et al., 2016; Takahashi, 2019; Targum & Kitanaka, 2012; Yamauchi et al., 2018).

The COVID-19 pandemic exacerbated many known stressors and their attendant burnout for critical care professionals, as healthcare workers faced unprecedented challenges, such as first-hand exposure to the virus, more and longer work shifts, increased safety procedures and logistical demands, higher stress and anxiety, as well as needing to manage others' mental health challenges, suffering, and death brought on by the pandemic (Hintz et al., 2021; Nishimura et al., 2021). Additionally, given that the pandemic often resulted in organizational policies that limited family and friends' contact with hospitalized patients, healthcare professionals were often positioned to provide emotional, mental, and social support to patients, tasks typically shouldered by family and friends (Shechter et al., 2020). Mental healthcare professionals, who are already susceptible to burnout in their caregiving roles, aided people in the psychological consequences of the years-long pandemic (Baumgartner et al., 2009; Fegert et al., 2020; Frosch et al., 2018). These interpersonal and emotional stressors often lead to caregiver burnout (Miller et al., 1988; Miller et al., 2007). Studies demonstrated the negative psychological consequences of the pandemic on professional caregivers, including post-traumatic stress disorder symptoms, fear, depression, anxiety, and loneliness (Shechter et al., 2020). The present study sought to address questions of how people are renewed amidst these challenges, for the sake of professional caregivers and the communities they serve.

Theoretical Significance

This study offers important theoretical contributions regarding the communicative and interpretive nature of rest. Rest is an elusive concept. Despite being elusive, it is also a powerful aspect of a life well-lived and has substantial medical, emotional, mental, and communal implications (Bernhofer, 2016; Chan, 2001; Speedling, 2019). The need for rest is self-evident (Bernhofer, 2016). However, the *meaning of rest* is open to contestation and social construction beyond a calculation of the (lack of) calories expended in a day and the number of minutes spent asleep. The quality of rest is likely dependent upon the meaning systems surrounding rest, though this relationship is not well-understood.

This study explored whether and how professional caregivers' meaning constructions of rest shape their communication practices of resilience. Socially-constructed meanings of work shape important decisions, behaviors, and outcomes (e.g., Pratt & Ashforth, 2003; Rosso et al., 2010); however, it is not yet known how meanings of rest shape decisions about work and rest. Additionally, this study examined whether communitive resilience is a downstream consequence of meaning systems associated with rest. To date, most studies of communicative resilience have documented its many positive outcomes, such as employees' intentions for adaptivity and proficiency and increased health management (e.g., Kim, 2020; Seungyoon et al., 2020; Venetis et al., 2020). However, an understanding of the meaning systems that foster communicative resilience remains less clear. In other words, this work is the first of its kind to explore what interpretive constructions frame and promote communicative resilience.

Methodological Significance

Finally, the study holds important methodological significance. This investigation offers another example of the small, but growing, number of cases of positive deviance studies in

organizational communication (Bisel et al., 2020). Positive organizational scholarship considers exemplary, extraordinary, honorable communication practices that focus on human flourishing and wellbeing in workplace settings (Cameron & Dutton, 2003; Luthans, 2002; Mirivel, 2013). Positive deviance studies in organizational *communication* specifically examines communication practices that are non-normative, honorable, and intentional (Bisel et al., 2020). For example, scholars explored communication practices involved in the positive deviance of appreciative managerial inquiry, (Barge & Oliver, 2003), organizational moral learning (Bisel, 2018), courageous communication (Jablin, 2006; Lyon, 2017), and compassionate communication (Tracy & Huffman, 2017; Way & Tracy, 2012). These cases of positive deviance provide admirable and imitable communication practices for individual and organizational flourishing.

Additionally, the present study is the only known example of an atypical survey-based approach to identifying positive deviance, as recently recommended by methodologists (Bisel et al., 2020). The study employed a quantitative measure of communicative resilience that was recently developed and validated (Wilson et al., 2021) to identify highly communicatively resilient professional caregivers, who were then contacted for in-depth interviewing about meanings of rest and rest practices. The atypical survey-based approach uses descriptive and statistical analysis to ensure the selected cases represent positive deviance prior to deeper qualitative investigation. As such, it is a model for future researchers employing the method.

Key Contributions

In summary, this study made several contributions. First, the study sought to answer questions about pressing social issues: How do highly communicatively resilient professional caregivers renew themselves amidst demanding work? The study provided grounded recommendations for how we should think and talk about rest to maximize communicative

resilience. Such a list holds the potential to generate evidence-based interventional strategies for increasing communicative resilience and, ultimately, reducing employee burnout. Second, the study contributed to the communicative theory of resilience by (a) highlighting that material reality plays an important role in social construction processes around rest and communicative resilience, (b) being the first of its kind to explore communicative resilience as a downstream consequence of rest, and (c) challenging the assumption that resilient employees require less rest. Namely, findings revealed that PD caregivers' meanings and practices of rest relied on an acknowledgement of their own *bounded physicality*—the limited ability to engage physically in space and time. This acknowledgement freed them to routinize rest. Third, the study contributed to the literature by recasting rest as more than one's quantity of *in*action and situating rest within functional-to-dysfunctional meaning systems around which people come to make sense of their time away from work. Fourth, the study contributed methodologically by providing a first example of atypical survey-based case selection of positive deviance, as recommended by methodologists. The following section provides a review of the literature in regards to meanings of work and rest, resilience, and positive organizational scholarship.

Literature Review

Social Construction of Work and Rest

The Alta conference of the early 1980s marked a significant shift in organizational communication studies (Kuhn, 2005). Specifically, the conference initiated a pivot from a variable-analytic approach, which focused on information flow and communication effects, to a social constructionist approach, which focused on meaning construction and the communicative constitution of reality (Kuhn, 2005). From a social construction perspective, scholars began to think of communication not merely as a phenomenon that occurs *in* organizations, but as a constitutive force that creates and sustains organizations (Berger & Luckman, 1966; Bisel, 2010; Fairhurst & Putnam, 2004; Kuhn, 2005; McPhee & Zaug, 2009). Social construction refers to the process by which people interpret reality as subjectively meaningful and assumes that everyday life is an intersubjective "world that originates in…thoughts and actions, and is maintained as real by these" (Berger & Luckman, 1966, p. 33-34).

As interest in these intersubjective meaning-making processes grew after the Alta conference, interpretivist approaches to organizational communication proliferated (Cheney, 2000). The interpretive paradigm, or set of assumptions, focuses on how meaning gets socially constructed and in turn, shapes thought, choice, decision, action, emotion, and experience (Guba & Lincoln, 1994). Ontologically, interpretivism assumes that social reality is *in here and among us*, produced in the interactions of a group. Epistemologically, interpretivism acknowledges the presence of many social realities among groups. This multiplicity of social realities ensures that researcher's access to reality is fragmented, filtered, and biased (Cheney, 2000). Interpretive approaches value symbolism, intersubjectivity, multiple perspectives, thick description, and contextual knowledge (Cheney, 2000).

Though interpretive frameworks, such as social constructionism, offer rich potential in understanding the creation of meaning, a constitutive view of communication is also limited by material realities (e.g., the body, physical spaces, resources; Bisel, 2010). Ashcraft et al. (2009) argued that though a view of communication as constitutive is helpful, scholars must materialize social constructionism by situating its inquiry in organizational bodies, objects, and sites. Berger and Luckman (1966) acknowledge this reality, noting that "an adequate understanding of any human phenomenon will have to take both these aspects into consideration, for reasons that are grounded in fundamental anthropological facts" (p. 68). Other scholars argued that constitutive discourse and materiality can be understood as "empirically distinct, but mutually implicated" in dialectical tension with one another (Mumby, 2011; Putnam, 2015, p. 706). At the intersection of social construction and materiality, meanings of work and of rest are communicative constituted within the boundaries of material capacities and resources.

Many organizational communication scholars explore social constructionism through qualitative research methods that account for both the communicative and material realities at play in meaning-making. Qualitative methodological approaches enable the researcher to systematically collect unstructured, text-rich, meaning-centric data and understand social constructions of reality (Tracy, 2019). High-quality qualitative investigation prioritizes naturalistic observation, contextualization, maximized comparisons, and the production of sensitized concepts (Christians & Carey, 1989). These research methods facilitate understanding of how meaning constructions shape important decisions, actions, choices, emotions, and experiences. This study posits that the social construction of meanings of work and rest shape resilience and burnout in significant ways.

Meanings of Work

Substantial communication literature demonstrated that people attach meaning to work in ways that can go on to influence decision making in good and bad ways. These meanings are interpretations of "what…work means, or the role…work plays, in the context of…life" (Pratt & Ashforth, 2003; Rosso et al., 2010, p. 94). For example, Zoller (2003) demonstrated that employees at an automobile plant constructed safety discourses that minimized workplace injury and mythologized "toughness" despite physical risks. These socially-constructed meanings of workplace safety resulted in the underreporting of workplace injury, the underutilization of injury-related benefits, and the coverage of workplace injury costs from personal funds. Kirby and Krone (2002) showed how workplace discourses in one organization shaped the meaning of work in such a way that employees underutilized available paternity leave benefits. Bisel et al. (2017) investigated how discursively-constructed meanings of elite gymnastics training work normalized and perpetuated abusive coaching practices. These maladaptive norms continued until a small group of individuals contested those meanings and normalized a new meaning of work that scaled up in the organization and eventually fostered wholesome coaching routines.

This example demonstrated meanings of work that further both troublesome and imitable thought, choice, decision, and action. In contrast, Carton (2018) explored positive meaning constructions of work at NASA that shaped beneficial thought, emotion, and experience at work. In this case, leaders motivated employees by framing their routine work tasks, traditionally perceived as menial and mundane, as powerfully contributing to the larger goals of human space exploration. By connecting employees' daily responsibilities with larger purposes, leaders changed the meaning of work from *meaningless* to *meaningful,* constructing and disseminating a meaning of work that was connected to larger, lofty, and important goals. This meaning of work

shaped employees' thinking about work, improving their attitudes, motivation, enjoyment, and persistence in the work.

Some meanings of work become so routinized and disseminated across organizations that they develop into norms. The ideal worker norm (IWN), first coined by Williams (1989; 2001), is one such meanings of work. The IWN posits that work should be the primary commitment in life, constructing ideal workers as those who devote themselves to work at all costs (Correll et al., 2007; Ely & Meyerson, 2000). According to the IWN, exemplary employees should blur boundaries between their personal and professional life, allowing work to require unlimited contributions from them (Kramer & Bisel, 2021; Dumas Sanchez-Burks, 2015). Additionally, ideal workers maintain a primacy of work, reduce personal commitments, and organize non-work commitments around work responsibilities (Dumas Sanchez-Burks, 2015; Leslie et al., 2012; Williams, 1989, 2001). The IWN results in practices such as working long hours or overtime for unpaid labor (Kramer & Bisel, 2021), working evenings and weekends (Kramer & Bisel, 2021), maintaining constant accessibility for work needs that may arise (Zerubavel, 1993), and remaining available to meet work needs regardless of business hours (SHRM Online Staff, 2011). Though the IWN is a widely-held meaning of work, this meaning construction does not necessarily imply that people view their work as meaningful (Rosso et al., 2010).

Meaningfulness of Work

Most individuals wish to believe that their work is important. In fact, people are so motivated by the significance of their work (Sparks and Schenk, 2001; Whittington et al., 2004; Nemanich & Keller, 2007) that many leave their work when they feel it lacks significance (Kahn, 1990). People even consider the significance of work to be more important than income, promotions, and job security (Cascio, 2003), and are often willing to make downward career

changes to pursue a greater sense of calling, passion, or satisfaction at work (Tan & Kramer, 2012). *Meaningfulness of work* is the significance, importance, purpose, enjoyment, and richness attributed to one's work, and is both a defining and positive aspect of the workplace (Bunderson & Thompson, 2009; Carton, 2018; Pratt & Ashforth, 2003; Rosso et al., 2010). Rosso et al. (2010) posit that people often perceive work to be more meaningful to the extent that they experience self-efficacy, authenticity, purpose, self-esteem, belongingness, and connection to something greater than the self in their work. Rosso et al. (2010) also provide four primary pathways to meaningful work. These pathways fall on a continuum involving an *agency-communion* dialectic (i.e., drive for mastery and assertion/drive for connection and attachment) and a *self-others* dialectic (i.e., concern for individual goals/concern for collective good). These pathways include: (a) *individuation* (self/agency), characterized by autonomy and self-esteem; (b) *contribution* (agency/others), characterized by perceived impact and interconnection; (c) *unification* (others/communion), characterized by social identification and values; and (d) *self-connection* (communion/self), characterized by identity affirmation and personal engagement (Rosso et al., 2010). Due to the subjective nature of meaning-making, different individuals may experience varying degrees of meaningfulness on each pathway (Cheney, 2000; Rosso et al., 2010). This continuum offers a useful framework for considering how and why people perceive work as meaningful.

Various factors shape people's constructions of meaning related to work meaningfulness. People socially-construct meaningfulness for themselves and others through their values (i.e., "the end states people desire and feel they ought to be able to realize through working," Nord et al., 1990, p. 21), their sense of self (i.e., "the totality of [one's] thoughts and feelings that have reference to himself," Rosenberg, 1979, p. 7), their motivations (i.e., "the degree to which an

individual experiences positive internal feelings when performing effectively on the job," Oldham, 1976, p. 559), and their beliefs (i.e., "thoughts about the role or function of work in life," see Rosso et al., 2010, p. 97). People also develop meaningfulness of work through interactions with others—coworkers, leaders, communities, and family members—as well as through contextual influences such as national culture, personal life, spirituality, organizational mission, and the nature of their job responsibilities (Rosso et al., 2010). Meaningful work is often associated with a sense of calling, such that people feel a significant pull to fulfill specific work that is personally, ethically, and socially important (Rosso et al., 2010; Wrzesniekski et al., 2009). It is evident that meanings of work significantly shape various work outcomes. What is less understood is how meanings of rest go on to shape experience of both rest and work.

Meaning of Rest

Conceptualizations

Given that meaning-making processes shape decisions around work, it stands to reason that meaning-making processes about rest can shape decisions around rest, as well as the experience of it. Furthermore, these meanings are not restricted to shaping decisional outcomes. Because rest is a universal biological (De Salles et al., 2009; Shankar et al., 2010), mental (Asp, 2015; Njawe, 2003), and even spiritual need (Bernhofer, 2016), rest results in a diverse array of positive outcomes, such as physical and mental wellbeing (Puig et al., 2012), relational presence (Speedling, 2019), and inner renewal (Bernhofer, 2016). This study seeks to explore caregivers' meanings of rest and the ways these meaning constructions shape their experience and engagement in rest.

The concept of rest in the literature is still vague and epistemologically immature (Bernhofer, 2016). Bernhofer (2016) provided a literature review of rest in the healthcare domain

and summarizes a plethora of definitions of rest, including: *ceasing activity, periodically relieving mental stress for emotional wellbeing, freedom from stress, slowing activity, engaging in leisure or recreation, enjoying undisturbed quiet, experiencing calmness, recovering,* and *relaxing* (Allison, 1970; Asp, 2015; Bernhofer, 2016; Dunn et al., 1995; Mornhinweg & Voignier, 1996; Nurit & Michal, 2003; Edlund, 2010). To provide a more synthesized conceptualization, Bernhofer (2016) defined rest as "a human need, a beneficial state that is intentional, temporary, and restorative, involving cessation, minimization, or change in physical, mental, or spiritual work, fatigue, trauma, illness, or stress" (p. 1013). This paper will Bernhofer's definition of rest, but also include attempts to renew, restore, or enjoy oneself.

Conceptual Confusion

Rest. Individuals tend to recognize their physical need for rest (i.e., sleep) and admit their need for mental and relational rest (e.g., "I need a break," "I need a vacation," "I need some alone time," "I just want to get away."). Bernhofer (2016) argued that these common phrases suggest it "seems to be inherently understood that taking a break from whatever is causing the stress on body, mind, or spirit will somehow make things better" (p. 1013). Other scholars echoed the holistic nature and influence of rest, and its formative effect on wellbeing psychologically, culturally, environmentally, physically, spiritually, and socially (Chan, 2001; Speedling, 2019). Occupational health research has focused on the psychological aspects of rest, considering how mentally and psychologically detaching from work, or "switching off," is a form of rest and refreshment (Sonnentag & Bayer, 2005). However, a clear conceptualization of rest continues to be evasive in day to day life, and vague in the literature. For example, Njawe (2003) intertwined the word *rest* while advocating the human need for *sleep*, but never distinguished between the two terms. But many people who sleep do not feel "rested."

Additionally, when patients are prescribed "rest" by healthcare professionals, how does the patient know if they are resting? How much rest is enough? What constitutes high-quality rest?

Leisure. Many associate rest with leisure, which is defined as "un-coerced, contextually framed activity, pursued in free time and certain kinds of work, which people want to do and, using their abilities and resources, actually enact in either a satisfying or fulfilling way" (Stebbins, 2017, p. 11). Though leisure is certainly one way to rest, the aforementioned definitions of rest imply that leisure is not the only way to rest, nor is leisure always experienced as restful and restorative. People may engage in a mentally leisurely activity (e.g., athletics), but afterward feel physically or inwardly depleted. However, leisure is closely tied to rest because of the centrality of freedom and pleasure. Important to the concept of leisure is enjoyment and intrinsic reward; when leisure becomes a "work" to accomplish, its joy is diminished (Grafanaki et al., 2005; Godbey, 1999; Csikszentmihalyi & Csikszentmihalyi, 1988; Haworth, 1997). Additionally, leisure is tied to ideas of connection to family, and the home, suggesting that intrinsic enjoyment and rest are tied to nurturing relationships, love, and belonging (Iso-Ahola, 1999; Grafanaki et al., 2005; Kidd & Evans, 2011). Leisure is associated with numerous beneficial outcomes, including development of self-efficacy, need gratification, stress mitigation, opportunity for self-expression, psychological well-being, and satisfaction (Coleman, 1993; Coleman & Iso-Ahola, 1993; Grafanaki et al., 2005; Melamed & Meir, 1995). *Rest* is also associated with similar positive outcomes, such as bodily restoration, comfort, mental strength, healing, relief from emotional and cognitive stress, and restoration of spirit, mind, and body (Bernhofer, 2016).

Neoliberal Views of Rest. Despite the benefits and pleasures of leisure and rest, some people view rest as laziness, boredom, or weakness (Bernhofer, 2016). The Protestant

Reformation brought with it a new work ethic that valued hard work as dignity, morality, integrity, and service to God (Jones, 1997; Overmans, 1997; Schaltegger & Torgler, 2010). However, this Protestant work ethic (PWE) also emphasized work as necessary in keeping people from indulgence, idleness, and secular leisure, thus suggesting that rest was wasteful or indulgent (Mirola, 2014). Other negative connotations of rest may be especially prevalent in Neoliberal contexts, where leisure is often (ironically) framed as something to be *earned* by working (Overmans, 1997) or as engagement in a particular activity rather than *a way of being* blended into all aspects of life (Grafanaki et al., 2005).

Neoliberal thought increasingly assumes that time is a commodity that should be controlled and expended on work and profit production (Carpenter, 2018; Ridenour, 2021). Additionally, new communication technologies removed many boundaries that once partitioned work from other life domains. These developments promote an ideology that human life is meant for constant work, rather than an ethic that work exists for human life and wellbeing (Carpenter, 2018). Williams and Boushey (2010) noted that modern people typically think of the "ideal worker" as characterized by constant availability and willingness to work and obsesses over work so much that it becomes a type of religion (Carpenter, 2018). These ideal worker norms in organizational communication scholarship value dedicated employees who prioritize work over nonwork domains and are as available as possible (Ward & Wolf-Wendel, 2016). These studies suggest that meanings of work may also shape meanings of rest in ways that enable people to make sense of both.

Judeo-Christian Views of Rest. Eastern ideas of rest are far more holistic. For example, ancient Hebrew society regarded and honored rest as an aspect of *shalom*, a word which has no single equivalent word in the English language (Cafferky, 2013) but at its root connotes

wholeness or *completeness* (Zoughbie, 1994). *Shalom* also signifies absolute peace, health, blessing, flourishing, and wellbeing across every area of life, and is ultimately experienced communally in worshipful relationship to God and loving relationship to neighbor (Cafferky, 2014; Zoughbie, 1994). *Shalom* captures the blessing, satisfaction, and richness of the "good" life, but is not limited to rest. Instead, people experienced *shalom* in both work and rest, each embraced in ways that promoted the good of others. The concept of *sabbath rest* is situated within the idea of *shalom* but is just one aspect of a flourishing life, and is grounded in the seven-day creation narrative. Cafferky (2014) comments on the interesting implications of Hebrew meanings of work and rest:

> The weekly Sabbath day of worship is inseparable from and interdependent with the commission to work. Without working creatively in the material world during the rest of the week, the experience of Shalom would be impossible to achieve. One might even say that Sabbath would lose some of its meaning if on the other six days no meaningful work was done or if God was not honored in human work. The abundant life of well-being is not a life of leisure. The Decalogue's [Ten Commandments] plan for Shalom included humans working. Yet, the aim of this work was not accumulation of material personal possessions alone but rather to enter into rest with God while serving the needs of others in the community and the needs of the Earth. (p. 20).

By practicing six days of work and a seventh of rest, Hebrew society held a high view of both work and rest. Each were necessary for the physical, mental, emotional, and spiritual flourishing of the individual and community, and neither were separable from the other. Carpenter (2018) noted that "the regular practice of observing Sabbath rest reconfigures the person's understanding of the passage of time and thus of human activity that takes up this time,"

repeatedly interrupting ordinary activities and requiring pause (p. 86). This weekly day was meant for "rest from work, a day of joy, an opportunity to reflect on and receive God's grace, a time of human fellowship, and a rejection of the. desperate human grasping for performance-based approval" (Carpenter, 2018, p. 89). Therefore, this day "does not undermine authentic human working but rather supports it" (Carpenter, 2018, p. 89). In Jewish culture, discursively disseminated meanings of rest as beneficial and vital for human flourishing supported joyful gratitude for rest, as well as regular, communal rest practices.

Work-Life Tensions/Synergy

Scholars have long been interested in how people experience and navigate the tensions between work and personal life, a relationship known as *work-life conflict* (Bourne, 2009). *Work* refers to any responsibilities tied to employment, and *life* to any area of life outside of work (e.g., leisure, family, spirituality, community, rest) (Kossek & Lambert, 2004; Khan & Fazili, 2016). The *work-life* relationship is meaningful to consider in a conversation about meanings of work and rest. Meanings of work reasonably shape the *work* domain, and meanings of rest likely shape rhythms of one's personal life. Admittedly, *life* and *rest* do not constitute each other perfectly; clearly, there are many types of informal "work," or activities are work that people engage in outside of their paid employment. However, because people typically participate in rest practices outside of their formal employment, rest typically flows from what scholars designate to be the domain of *life.* For example, an individual may go to a concert with friends after work, or enjoy a weekend day off with their family.

Traditional conceptualizations place work and life as opposites and as opposed to one another in constantly in tension (Bourne, 2009; Kirby et al., 2013). This work-life *conflict* accounts for struggles between the domains, necessitating the pursuit of work-life *balance,*

which at its best describes the successful enactment of work, familial, and personal responsibilities (Parkes & Langford, 2008). These tensions may be particularly exacerbated in cases of workaholism, where employees spend excessive time working, lose personal boundaries, and experience such immense preoccupation with work that they neglect or exclude personal domains of life (Sussman, 2012). However, these conceptualizations assume that work and life constantly exist in tension with one another (Bourne, 2009). Instead, people can also experience work-life *synergy*, such that work and life mutually enrich one another and people operate more fully in each because of the other (Beutell, 2010; Wayne et al., 2004). For example, caregivers may feel re-energized for work because of an evening off with family, or feel refreshed in parenting because of the purpose they feel in their professional caregiving work.

Organizational communication scholars increasingly adopt interpretive approaches in studying the ways people make sense of the work-life relationship (Kirby et al., 2013). An interpretive perspective (Cheney, 2000) focuses on how meaning-making processes of both work and life are constructed through communication. Because meaning-making shapes decision and experience, it stands to reason that professional caregivers' constructed meanings of rest influence how they negotiate the work-life relationship. Additionally, though many separate work and rest into distinct domains, it stands to reason that these actually share a mutual relationship with one another, such that work enhances rest and rest enhances work (e.g., rest as a way of being, see Grafanaki et al., 2005). Empirical research confirmed that rest can enrich the quality of work (Granfanaki et al., 2005), and that leisure plays an important role in helping professional caregivers deal with the stressors of their jobs and develop a balanced, meaningful life (Grafanaki et al., 2005; Hoeksma et al., 1993). What we do not yet know is how professional caregivers' meanings of rest could shape the communicative resilience processes needed to

engage in the difficult work of caregiving over time, and how beliefs and practices of rest may enrich caregivers' work lives.

Resilience

Definitions

Resilience is the ability to thrive or adapt positively to adversity (Campbell-Sills & Stein, 2007; Luthar, 2003). This adaptation occurs through a process of reintegration or *bouncing back* from stressors and disruptions in life, such that people return to pre-disruption functioning (Buzzanell, 2010; Richardson, 2002; Sutcliffe & Vogus, 2003). In recent years, scholars extended the idea of *bouncing back* to *bouncing forward* (Houston, 2015, p. 176; 2018). *Bouncing forward* assumes that resilient individuals and communities not only return to their pre-stressor baseline functioning, but also develop new states of functioning in their post-stress reality (Houston, 2018, Kuntz et al., 2017). *Organizational resilience* describes the process by which organizational members adapt positively to disruption, such that they foster individual and workplace resources proactively; in doing so, the organization's competitive advantage post-crisis is improved (Kim, 2020; King et al., 2016; Kuntz et al., 2016; Lengnick-Hall et al., 2011). When individuals and communities bounce forward, they experience transformation, such that they adopt new practices needed to reintegrate after a crisis. Buzzanell (2018) emphasized the transformative potential of communicative resilience, arguing that resilience involves not only the capacity to cope with or recover from a stressor, but also the potential for positive change and new possibilities.

Approaches

Resilience theorizing addresses questions of how people adapt to adversity. Historically, scholars tend to adopt one of two primary approaches to resilience: trait-based and process-based

(Buzzanell, 2010; Buzzanell & Houston, 2018; Prinzing et al., 2020; Salehinejad et al., 2017). Trait-based approaches use biological and psychopathological lens to examine the physical, behavioral, psychological, and personality factors related to resilience (e.g., self-esteem, temperament, and character, see Campbell-Sills & Stein, 2007; Martínez-Martí & Ruch, 2017). These studies consider individual differences that facilitate resilience outcomes (Leve et al., 2012). From this perspective, resilience is understood as mental toughness, "a personality trait which is in favour of positive adjustment to loss [that] can be measured and modified" (Salehinejad et al., 2017, p. 2010). Studies of trait resilience focus on concepts, such as individual resistance to stress (Garmezy, 1985), capacity in stress (Yi-Frazier et al., 2010), and protective factors against maladaptive stress responses (Friborg et al., 2003). Thus, trait resilience is conceptualized as a stable entity, instrument, or accomplishment that varies fundamentally across individuals and enables or hinders their ability to endure challenge well (Buzzannell & Houston, 2018).

A process-based approach to resilience, on the other hand, conceptualizes resilience as a dynamic, unfolding, multi-layered process that occurs over time (Afifi et al., 2016; Buzzanell, 2010; Buzzanell & Houston, 2018; Flynn et al., 2021; McGreavy, 2016). From this lens, "resilience is developed, shaped or framed, sustained, and grown over the lifespan of individuals, relationships, families, organizations, communities, nations" (Buzzanell & Houston, 2018, p. 2). Process-based perspectives of resilience acknowledge the complex, multi-layered negotiations and contestations involved in resilience (Buzzanell, 2010), as well as the interactional patterns that develop or inhibit resilient responses over time (Flynn et al., 2021). Conceptualizing resilience as a process shifts the focus of inquiry from internal characteristics of individuals to outward observable patterns of interaction, communication, and behavior.

Importantly, most resilience literature is grounded in the assumption that resilience is good, desirable, and beneficial. Inquiry tends to support this assumption, commending resilience and demonstrating its positive outcomes (e.g., Afifi, 2018; Afifi et al., 2016; Beck, 2016; Buchanan et al., 2021; Buzzanell, 2018; Campbell-Sills & Stein, 2007; Houston, 2015; Maguire & Wilson, 2013; Prinzing et al., 2020; Seungyoon et al., 2020; Wilson et al., 2011). However, scholars also acknowledge that there may be cases in which *a call to* resilience could be negative. Disingenuous or even corrupt uses of otherwise admirable phenomenon are not new (e.g., ethics programs that are merely window-dressing, see Bisel, 2018), and such problematic uses should remain an important caveat about which scholars should be watchful. For example, the label of "resilience" should never be wielded as a form of victim-blaming when individuals are unable to be resilient in the face of setbacks.

Without question, structural and societal inequalities prevent equal access to the same economic, social, and personal resources, leaving many people under burdens that prevent them from being able to construct resilience, uphold work-life balance, or enjoy luxury and leisure (Carpenter, 2018). However, problematic uses of the label "resilience" should not prevent the exploration and pursuit of commendable resilience processes. No one would suggest that scholars should abandon the study of organizational ethics simply because managers have used ethics programs as a shield to hide their own corruption (Bisel, 2018). Similarly, the study of resilience should not be abandoned because of a possibility of people misusing resilience labeling to shame or blame others according to their own agendas. In any positive organizational scholarship, however, it is important to be mindful of disingenuous or unethical manipulation of otherwise admirable phenomenon.

It is easy to think of resilience as merely the ability to "keep going," "get better," or "endure" difficulties in specific ways. However, simplistic conceptualizations and applications of resilience would be inappropriate in positioning resilient employees as those who would never leave a difficult job because they have figured out how to "press on," or as those who "cannot leave" because of socio-economic constraints. It would also be inappropriate to assume that resilient patients should muster mental toughness to cure themselves or recover from disease, or that people experiencing loss should downplay intense grief in the name of exhibiting "resilience." These applications of the concept are overly-simplistic and fail to account for systemic inequities, circumstantial differences, and contextual factors. Nuances such as these beg questions, such as: In what cases might leaving an organization be the most resilient option? What does resilience mean when a patient enduring a serious illness dies? How do systemic factors inhibit or enable resilience? Scholars must theorize resilience in ways that speak to these complex situations, and acknowledge that calls for resilience that are too simplistic may burden certain individuals and communities with undue guilt and shame. Arguably, resilience is possible even when outcomes of situations suggest otherwise. Thus, the concept must be treated with nuance and sensitivity to avoid simplistic and even corrupt applications of the label.

Communicative Resilience and Rest

Communication scholars understand resilience as a process that is fundamentally co-created, developed, and cultivated through *communication* (Buzzanell, 2010, 2018). Rather than situating resilience within the individual's psychology or mental toughness, communication studies understands resilience as "fundamentally grounded in messages, d/Discourse, and narrative" (Buzzanell, 2010, p. 2). Thus, a communication perspective encourages scholars to

examine the talk through which people negotiate and co-construct adaptation to adversity over time.

To date, communication scholars considered resilience across multiple levels: in individuals (Afifi, 2018), dyads (Chernichky-Karcher et al., 2019), families (Beck, 2016; Theiss, 2018), organizations (Buzzanell, 2018; Doerfel et al., 2013; Okamoto, 2020), communities (Houston, 2018), and nations (Bean, 2018). Buzzanell (2010, 2018) argued that resilience is an adaptive-transformational process that enables reintegration and furthers productive action after difficulties. These disruptions vary in nature (unexpected or predicted), structure (single or series), and permanence (short-term or long-term; Buzzanell, 2018). For example, resilience is certainly needed after an unexpected, permanent, one-time event, such as the unexpected death of a family member (e.g., Buzzanell, 2010; 2018; Buzzanell & Turner, 2003; Pfefferbaum et al., 2015). However, resilience is also needed to deal with a series of continued disruptions, such as "recurring micro-aggressions in workplace interactions" (Buzzanell, 2018, p. 14) or the stress involved in repeatedly hearing troublesome stories in client work (Rush et al., 2022).

Other known empirical examples of inquiry that examine resilience in the context of a series of disruptions include perpetual work-life balance stressors (Afifi et al., 2020), ongoing stress associated with having diabetic children (Afifi et al., 2019), the persistent socioeconomic difficulties that characterize a low-income community (Okamoto, 2020), and the chronic interpersonal disruptions parents experience when their children alienate them (Scharp et al., 2020). Scholars posited several resilience theories of communication that account for resilience processes over time, including the theory of resilience and relational load (TRRL; Afifi et al., 2016) and the communicative theory of resilience (CTR; Buzzanell, 2010). This study uses a reliable and valid measure of communicative resilience, derived from CTR, to identify highly

communicatively resilient professional caregivers based on their communication practices in the workplace and at home (Communication resilience processes scale, CRPS). CTR provides a framework through which to explore how highly communicatively resilient professional caregivers construct meanings and discourses of rest that may foster communicative resilience.

Communicative Theory of Resilience and Potential Connection to Meanings of Rest

The communicative theory of resilience (CTR; Buzzanell, 2010) draws on the discursive and material aspects of resilience, positing that resilience is an adaptive-transformative process constituted through messages, rituals, storytelling, and networks (Buzzanell, 2018). According to the theory, communicative resilience is an intersubjective and meaning-centric process that develops in interaction (Buzzanell, 2017; Wieland, 2020). CTR posits that five communication processes are central to communicative resilience: *crafting normalcy, affirming identity anchors, maintaining and using communication networks, putting alternative logics to work,* and *downplaying negative feelings while foregrounding positive emotions* (Buzzanell, 2010). Each of these processes is discussed in detail below. This study attempts to explore whether meanings of rest could promote these known communication processes of resilience. Knowing how rest shapes communicative resilience holds the promise of identifying meanings and practices of rest that support professional caregivers' resilience. These meaning constructions and behaviors surrounding rest could be imitable in other contexts that demand employee resilience, enabling flourishing and excellence in other highly taxing environments.

Crafting Normalcy. *Crafting Normalcy* refers to the communication processes through which people attempt to return to their sense of "normal" after a disruptive event (Buzzanell, 2010). When a stressor interrupts routine processes and habits, people construct meaning systems that enable them to maintain consistency with life prior to the change. For example, Kahlow

(2021) explored how an incarcerated mother normalized her incarceration through letters to her daughter in order to create a sense of consistency and routine in their lives. Buzzanell (2010) emphasized that this normalcy is socially constructed; circumstantially, life in the midst of adversity is abnormal and irregular. However, in the midst of chaos, communicatively-resilient people talk and act in ways that uphold a sense of sameness and create new normalcy (e.g., adolescents' normalization of childhood adverse experiences, see Craig et al., 2020). Through communication processes, people "bring a new normalcy to life—one embedded in material realities and generated by talk-in-interaction" (Buzzanell, 2010, p. 4).

Crafting normalcy may be the product of beliefs and practices of rest. Specifically, people who develop values and practices around rest *prior* to stressful disruptions are likely more able to maintain habits of rest during and after these disruptions. It stands to reason that resilient people may craft a normalcy of rest that facilitates their rhythmic restoration during stress. Additionally, rest likely facilitates space and time for people to craft other "new normals" necessary for coping with the disruption communicatively. Conversely, normalization of nonstop work and energy may prevent people from constructing resilience and facilitate burnout.

Affirming Identity Anchors. Communicatively-resilient people also uphold, encourage, and reaffirm identity anchors. Buzzanell (2010) defines an identity anchor as "a relatively enduring cluster of identity discourses upon which individuals and their familial, collegial, and/or community members rely when explaining who they are for themselves and in relation to each other" (p. 4). These discourses may develop from personal (Ashforth et al., 2008), work role (Ashforth et al., 2008; Stryker & Burke, 2000), and social identities (Ashforth & Mael, 1989; Tajfel, 1978, 1982). Individuals create and recreate personal identity through discourse (e.g., being a Christian, see Black & Lobo, 2008), but organizational members also construct and

draw on collective identities when facing crisis and change (Buzzanell, 2010). For example, Agarwal and Buzzanell (2015) demonstrated how disaster-relief workers sustained involvement by constructing resilience labor discursively, a process the authors define as "the dual-layered process of reintegrating transformative identities and identifications to sustain and construct ongoing organizational involvement and resilience" (p. 408). In this case, workers relied on three primary identity frames: ideological, familial, and spiritual network ties. These identity anchors enabled disaster-relief workers to construct resilience and sustain engagement in difficult work.

The process of affirming identity anchors may be shaped by people's beliefs and practices of rest, such that people who tie their self-concept to rest are more able to seek rest during crisis and challenge. Resilient people may affirm important identity anchors through discourses that uphold the importance of rest and connect *who they are* to rest. If rest is seen as a core aspect of identity, rather than as a work to be achieved, people are more likely to continue resting and renewing during stress rather than burning out. Conversely, it is possible that caregivers who experience burnout have anchored their identities too deeply with their work, such that they feel as if they have failed if they take necessary periodic breaks for refreshment.

Maintaining and Using Communication Networks. Third, communicative resilience is constructed through developing and maintaining communication networks (Buzzanell, 2010). These communication networks include the social capital developed between individuals, groups, and organizations as relationships form (e.g., Daigle & Heiss, 2020). The material and socio-emotional resources embedded in these relationships provide support networks needed in times of crisis and stress. The need to maintain and use communication networks suggests that connection with others is crucial to resilience processes, an idea that is echoed in other resilience

theories (e.g., Afifi et al., 2016). Leaning on networks in times of stress facilitates high-quality communication exchanges, such as support (Boren, 2013, 2014; Vangelisti, 2009).

Maintaining and using communication networks may be a product of caregivers' meanings of rest because resting people may have already developed meaningful, close networks of support through their rhythms of communal rest. Support networks are known to buffer stress (Vangelisti, 2009), and preemptive support enacted even *before* a crisis occurs fosters resilience (Rush et al., 2022), likely because it raises one's perceptions of available support and mitigates the shame associated with asking for help (Biddle et al., 2007; Vangelisti, 2009). Additionally, people who have experienced the refreshment associated with rest (Bernhofer, 2016) are likely more energized to engage in the resilient process of maintaining and using their communication networks, rather than withdrawing or isolating due to exhaustion and burnout.

Similar to the idea of *bounded rationality*, where people are limited in their ability to make sense of all available information (Simon, 1991; Weick, 1995), *bounded emotionality* points to the fact that people also navigate limits related to their emotions (Mumby & Putnam, 1992). However, people push these boundaries in many ways. For example, caregivers may feel overwhelmed when experiencing emotional labor in their jobs in addition to the emotion of personal life circumstances (e.g., Miller et al., 2007). Professionals may realize their bounded emotionality through emotionally-taxing work, such as caregiving, where they feel incapable of taking on clients' immense emotional needs of day after day. The need for others' support in developing communicative resilience demonstrates the bounded nature of human ability; people have limits and can only push these limits so far. Resilience theorizing should explore how recognition of and communication about human "boundedness" may foster resilience processes.

Putting Alternative Logics to Work. A fourth communication process crucial to communicative resilience is putting alternative logics to work. This process refers to the collective sensemaking and reframing of often complex and difficult situations. As resilient people talk about disruption(s), they "collectively create their own organizing logics or conditions that enable them to bounce back and reintegrate during and after especially 'crazy' and potentially detrimental workplace experience" (Buzzanell, 2010, p. 7). For example, high-stakes volunteers and staff at an anti-trafficking organization acknowledged the difficult emotional work they experienced as a result of interacting with trafficking victims and hearing their heartbreaking stories (Rush et al., 2022). However, these volunteers collectively framed this work through an alternative logic by labeling the work as good, rewarding, and transformative. Even when talking about the "crazy" of abnormal situations in their client work, volunteers and staff reintegrated by embracing the oddity as an opportunity to dignify clients. This case demonstrates how utilizing alternative logics of work shapes resilient thought and action.

Beliefs and practices about rest may facilitate putting alternative logics to work. Specifically, people who value rest may be more able to frame weakness, weariness, and negative emotions as indicative of a good need for rest, rather than as a discouraging sign of failure or lack of resilience. This logic may frame symptoms of stress or burnout as reason for a period(s) of rest to rejuvenate, rather than as a reason to quit completely. People who construct rest as good and important are likely to frame practices, such as time off, asking for help, and personal reflection as resilient, rather than weak, and in turn utilize these practices. Additionally, rest may facilitate collective sensemaking of difficult situations as less "crazy" because of a recognition of the physical and psychological limitations of human beings. If professional caregivers recognize the universal reality of human finiteness or boundedness (i.e., implying a

universal need for rest), they may be less surprised by emotionally intense caregiving situations where people's most vulnerable needs and limitations are exposed. These caregivers may be able to more easily put adaptive alternative logics to work that acknowledge and even normalize difficulty (see *Crafting Normalcy*, Buzzanell, 2010; Horstman, 2019) while reframing situations in ways that facilitate productive engagement.

Legitimizing Negative Feelings While Foregrounding Productive Action. Finally, communicative resilience is constructed by acknowledging negative emotions while foregrounding productive, positive emotions and actions (Buzzanell, 2010). This resilience process involves validating the difficult feelings that accompany disruptions, but not allowing these negative emotions to be definitive of reality. Instead, communicatively resilient people reframe circumstances in ways that facilitate productive thinking and behavior. For instance, Wieland (2020) explored how employees framed the future optimistically to construct resilience despite job uncertainty. In this case, employees interpreted potential job loss as an empowering opportunity rather than an unwanted loss. Employees legitimized their negative feelings by acknowledging fear and sadness. However, they also foregrounded productive action reaffirming the importance of their current work and the benefits of potential, eventual job loss.

Caregivers' meanings of rest may enable them to legitimize negative feelings while foregrounding productive action. As aforementioned, people who value rest likely recognize and embrace human limitations and acknowledge a need for rest unapologetically. As a result, caregivers who hold to this meaning system are likely more able to acknowledge and legitimize negative experiences and emotions as natural for people with physical, mental, and emotional limits. If people are emotionally limited, then negative emotions and a felt need for rejuvenation are not strange or shameful, but normal. However, a meaning of rest that constructs rest as

valuable and necessary does not imply attitudes that one should "sulk" in negative emotions or "give up." Rather, valuing rest embraces periodic rest as a restorative practice so caregivers can continue engaging in productive action. This idea resembles that of work-life synergy, such that work life and personal life are not primarily in tension with one another, but rather enrich one another (Beutell, 2010; Jiang & Men, 2015; Wayne et al., 2004). From this perspective, meanings of work and meanings of rest may enrich one another, such that a high value of rest complements a high value of work, and vice versa. In other words, neither work nor rest exist solely to benefit the other (e.g., the purpose of work is to earn rest, or the purpose of rest is to work better). Rather, the meaningfulness of both enhance each other. Additionally, people who value rest likely, and paradoxically, see rest as a unique type of productive action. If caregivers view rest as meaningful and worthy of investment, they are more likely to engage in healthy rest practices rather than reject rest as superfluous.

These five processes—crafting normalcy, affirming identity anchors, maintaining and using communication networks, putting alternative logics to work and legitimizing negative feelings while foregrounding productive action—are integral in constructing communicative resilience (Buzzanell, 2010). It is reasonable to assume that caregivers' meanings of rest shape the attitudes, emotions, decisions, and actions involved in these communicative processes. Given the chronic stressors and disruptions characteristic of professional caregivers' work, as well as the high levels of burnout and turnover in caregiving fields, these employees are a fitting population in which to explore how rest may foster communicative resilience.

Professional Caregivers

Professional caregivers engage in formal (paid) work to meet the needs of people who are dependent on others for some aspect of their wellbeing and life (Travis & Talley, 2014). These

caregivers include professionals, such as social workers, nurses, physicians, therapists, psychologists, case managers, home health aides, and psychologists (Hooyman, 2014; Robinson et al., 2014; Travis & Talley, 2014). For the purposes of this study, *professional caregivers* will be identified by their status as both trained and employed by an organization to provide direct care to others in formal caregiving environments (Travis & Talley, 2014). In contrast, sometimes the term, *caregiver*, is used to connote informal, voluntary roles (e.g., spouses caring for one another, Monin et al., 2013; parents caring for children, Carona et al., 2014; children caring for aging parents, Conway, 2019), but those individuals are not necessary the focus of the study. However, professional caregivers (the focus of this study) may also be informal caregivers.

Professional caregivers can be distinguished from informal caretakers by institutionalized boundaries. Institutional theory (IT; Dimaggio & Powell, 1983; Scott, 2014) explains why members trained in a profession can approach and view work similarly. IT "seeks to explain the social processes by which structures and practices, as habitualized actions, proliferate across fields of practice…and come to be taken-for-granted elements of the social scene" (Kuhn, 2005, p. 619). IT considers how recurring taken-for-granted social prescriptions constitute what is seen as "legitimate" in organizational and institutional contexts. These behavioral and discursive patterns become sedimented evidence of an institution's legitimacy when "interactions among actors, within the context of organizational fields…recreate historically-situated patterns of belief and practices over time" that scale up to the institutional level (Bisel et al., 2017, p. 412; Lammers, 2011). Certain sedimented practices of professionalism distinguish caregiving institutions and employees, such as monetary compensation, consistency of work, standards of professionalism, legal backing, higher education, and emotion rules (Morgan & Krone, 2010).

These institutional influences delineate professional caregivers from informal caretakers, such as with parents of small children.

Importantly, scholars use the terms *caregiver* and *caretaker* interchangeably to describe both formal and informal care providers across interpersonal, familial, and organizational contexts (e.g., Cooper, 2021; Eifert et al., 2015; Holmberg et al., 2013; Leopold et al., 2014; Miller et al., 2008; Morgan & Krone, 2010; Schulz et al., 2012; Stone, 2013). This study adopts the term *caregiver* because the connotation of *giving* suggests expending energy and effort, which is necessarily limited and in need of replenishment (for example, during rest), as well as to avoid the connotations of *caretaking* that tends to involve the unpaid care of children and elderly adults (e.g., "a child's caretaker"). Organizational communication scholars often explore the social realities of caregivers using a social constructionist approach (Berger & Luckman, 1966). This approach assumes that caregivers rely on important subjective meaning structures to interpret the nature of their roles. This study considers how highly communicatively resilient professional caregivers may hold meaning structures around rest that are imitable, honorable, and nonnormative. This focus on the beneficial ways that caregivers make sense of work and rest situates this investigation within the framework of positive organizational scholarship.

Positive Organizational Communication Scholarship

The growing movement of positive organizational scholarship (POS) highlights organizing characterized by flourishing, excellence, and goodness (Cameron & Dutton, 2003; Spreitzer & Sonenshein, 2004). POS is concerned with studying "the very best of the human condition and the most ennobling organizational behaviors and outcomes" (Spreitzer & Sonenshein, 2003, p. 207). The scholarship focuses on admirable—although rare—

emotions, practices, and outcomes in organizations, such as virtue, gratitude, authentic leadership, meaningfulness, empowerment, courage, strengths, and resilience (Cameron & Dutton, 2003). Scholars identified several important distinctions in conceptualizing positive organizing. *Positive* does *not* refer to unrealistic, "head in the clouds" attitudes nor to a denial of difficult, negative realities. Instead, positive scholarship explores what is meaningful, desirable, imitable, and beneficial in both practice and communication (Bisel et al., 2020; Cameron & Dutton, 2003; Luthans, 2002; Socha & Pitts, 2012).

Positive organizational *communication* scholarship (POCS) attends to extraordinary and exemplary *communication* practices, focusing on "the very best of human communication" (Bisel et al., 2020, p. 282). POCS seeks to identify imitable communication patterns which promote workplace flourishing and transformation, rather than merely recommending the avoidance of dysfunction (Bisel et al., 2020). To date, scholars examined a small but growing number of cases of POCS, exploring positive phenomenon such as apology and forgiveness-seeking (Bisel & Messersmith, 2012), appreciative managerial inquiry (Barge & Oliver, 2003), compassionate communication (Way & Tracy, 2012), hope and community building (Barge, 2003), organizational moral learning (Bisel, 2018), resilience (Buzzanell, 2010), and workplace dignity (Thomas & Lucas, 2019). These, among others, have contributed significantly to the growing POCS literature. This paper answers Bisel et al.'s (2020) call for the further exploration of positive deviance cases to identify imitate honorable communication practices that foster resilience and excellence in the workplace.

Positive Deviance

Whereas POCS more broadly describes positive organizational communication inquiry, positive deviance (PD) describes positive organizing that *deviates* from normative or negative

organizing (Bisel et al., 2020; Spreitzer & Sonenshein, 2004). Bisel et al. (2020) defines PD organizational communication as characterized by three characteristics: (a) intentional, (b) nonnormative, and (c) worthy of imitation. All three qualifications must be met for a case in organizational communication to count as PD. For example, Banas et al. (2019) demonstrated a case of PD in elite gymnastics coaching communication practices. Coaches used instructional humor to encourage learning, as well as protect athlete' from identities threats and to reaffirm the coach-athlete relationships in instances of athlete failure. PD is also evident in Tracy and Huffman's (2017) analysis of the conversation between a front office employee and would-be school shooter. This exchange was characterized by the employee's unusually compassionate, humble, and self-disclosing communication when talking to a hostile shooter. Compassionate communication typically responds to obvious need or solicited help; however, this employee enacted compassion toward an unreceptive individual bent to do harm. Through the employee's conversation with the shooter, the high-stakes situation was peacefully resolved with no deaths (Bisel et al., 2020). These cases fit Bisel et al.'s (2020) qualifications for PD, in that each is an exemplar of intentional, nonnormative, and honorable communication. The present study posits that highly resilient professional caregivers are a case of positive deviance, and seeks the explore the ways these caregivers may think about, talk about, and enact meanings of rest in purposeful, nonnormative, and honorable ways.

Communication scholars have not conceptualized rest or examined how people construct the meaning of rest; however, the aforementioned phrases suggest that people often experience and express a desire for rest. Additionally, resilience literature has not yet considered the role of rest in allowing for or enabling resilience communication processes, beyond hints of the value of periodic rest in high stakes volunteers' resilience processes (see Rush et al., 2022). Some

resilience theorizing alluded to rest in that resilience requires the acknowledgement of personal limits and the need for resources beyond the self (e.g., *finding strength in others,* see Horstman, 2019; *maintaining and using communication networks*, see Buzzanell, 2010). However, most resilience literature emphasizes the active *work* involved in resilience processes (e.g., *taking action,* Horstman, 2019; *foregrounding productive action,* see Buzzanell, 2010; relational maintenance, Afifi et al., 2016). This paper does not suggest that resilience is constructed without hard work or that the hard work of building resilience is negative. However, this research does propose that rest is likely an integral aspect of communicative resilience.

During the pandemic, professional caregivers were taxed at an unprecedented scale. These caregivers not only lived and worked through the heightened anxieties of a global crisis, but engaged communicatively and emotionally with patients facing uncertainty and stress as well. Furthermore, caregivers had more work, requiring a higher need for stamina. The addition of significant procedures to prevent caregivers from getting sick themselves slowed down work practices and added to the stress and labor of their jobs. Furthermore, the mass exodus of professional caregivers in the wake of the pandemic left those who remained on the job more burdened (Cross, 2022; Jacobs, 2021). This series of ongoing disruptions (Afifi et al., 2020; Wilson et al., 2021) intensified the need for resilient caregivers who would persist in excellent caregiving work despite immense stress (Wolfe, 2022). This raises the question, How do highly resilience professional caregivers think about rest? There is a strong possibility that these professionals learned or hit upon a discourse of rest which favorably predisposes them to communicative resilience. This study explored the following questions:

RQ1: In what ways do highly communicatively resilient professional caregivers construct the meaning of rest for themselves and others?

RQ2: In what ways do highly communicatively resilient professional caregivers' meanings of rest compare or contrast with the ideal worker norm?

RQ3: How do those constructions of rest shape their personal, relational, and professional wellbeing?

Methods

Participants

Inclusion Criteria

In order to participate, participants had to be (a) adults (18-66 years of age), (b) self-identify as a professional caregiver (e.g., nurse, social worker), (c) employed currently, (d) working at least 30 hours per week, (e) and have worked in their career for at least the past three years. These five inclusion criteria were warranted because they increased the likelihood that participants in the sample were experienced professionals who likely had experienced considerable job strain and were not novices. The inclusion criteria also ensured that participants worked in caregiving both before and after the COVID-19 pandemic and were therefore more likely to have an opportunity to enact resilience during this significant and ongoing disruption.

Positive Deviance Case Selection and Sampling Strategy

This study utilized positive deviance case selection (PDCS) to answer the research questions. PDCS is "a method and framework of identifying (a) intentional, (b) nonnormative, and (c) honorable (communication) phenomena for investigation" (Bisel et al., 2020, p. 283). These standards must be met to classify the investigation as a PDCS. *Intentionality* ensures that actors engaged purposefully in positively deviant practices, rather than acting by chance. *Non-normativity* ensures that a case (positively) deviates from what is normal, common, or average. *Honorability* captures the moral excellence and imitability of deviant behavior. For example, an intentional, non-normative, but amoral financial accomplishment does not necessarily signify positive deviance (Bisel et al., 2020). Organizing and communicating to save lives, however, represents positive deviance (Weick et al., 2015, Tracy & Huffman, 2016).

PDCS was a valuable method because it facilitated the identification of communication excellence worthy of imitation. Bisel et al. (2020) argued that close examination of cases of individuals, teams, and organizations can provide opportunity for the development of rich, proficient expertise and understanding (Bisel et al., 2014; Flyvbjerg, 2006). Additionally, PDCS facilitates the systematic examination and documentation of extraordinary actors and actions in a given context, using multiple retrospective accounts or observations across time and space (Bisel et al., 2020; Flyvbjerg, 2006). These exemplary cases offer valuable insights about praiseworthy communication practices that deserve to be imitated. This study identified cases of individual professional caregivers who are measured to practice exemplary communicative resilience.

Bisel et al. (2020) recommended three sampling strategies for identifying and selecting positive deviance cases: inclusion criteria, survey-based atypical case selection, and historical reconstruction. These criteria are flexible and can be combined or overlapped to enable researchers to utilize various units of interest and analysis (Spreitzer & Sonenshein, 2003). The researcher employed a combination of the inclusion criteria and survey-based atypical sampling strategies to identify highly communicatively resilient professional caregivers who were then interviewed about their social constructions of rest. Setting inclusion criteria prior to data collection increase the likelihood of excluding cases that are not intentional, non-normative, and honorable. When met, inclusion criteria "bolster the case for honorable non-normativity" (Bisel et al., 2020, p. 286; see also Kelley & Bisel, 2014).

Procedures

Survey-Based Atypical Case Selection

In addition to setting inclusion criteria, atypical survey-based case selection was employed. A sample of professional caregivers, who met the inclusion criteria, was obtained

through the crowd-sourcing service Prolific as well as through the distribution of survey link to the researcher's professional contacts. Eligible participants (N = 265) completed an online Qualtrics survey that measured communicative resilience (Wilson et al., 2021). Each participant read a consent form at the beginning of the survey and provided basic demographic details. Survey participants included 169 females, 78 males, 3 nonbinary individuals, and 15 who chose not to respond. Ages ranged from 20-66 (M = 34.89, SD = 9.60). Education levels ranged from high school education to doctoral degrees. Respondents reported living in 43 states and working in a various caregiving industries and professions (e.g., social services), primarily in healthcare services (n = 213). Participants' work experience ranged from 3 years to 47 years, and 112 participants reported supervising more than one other person in their organization (see Table 3).

The researcher then used survey-based atypical case selection (Bisel et al., 2020) to identify those individuals who demonstrated high communicative resilience. Participants were prompted to think about their job over the past two years (i.e., during the COVID-19 pandemic), and then answer the 32-item communicative resilience processes scale CRPS; see details below) (α = .90, M = 4.66, SD = .50). At the end of the survey, participants were asked to signify their willingness to be contacted for a follow-up interview study, as well as to provide contact information. The researcher identified participants whose scores exceeded $SD \geq 1$ on the CRPS as those who demonstrated positively deviant (PD) cases of communicative resilience ($M > 5.15$) (Bisel et al., 2020). Such scores indicated these individuals deviated from the mean comparatively more than others in the sample (Bisel et al., 2020). The researcher then contacted these individuals for follow-up inductive interviews or surveys (Lindlof & Taylor, 2019; Tracy, 2019). ***Communicative Resilience Processes Scale (CRPS).*** Wilson et al. (2021) called for scholars to use the CRPS to examine the disruptive events of the COVID-19 pandemic, the

resilience processes people enacted, the lessons they learned, and their wellbeing. This study answered that call. Participants completed the 32-item communicative resilience processes scale (See Appendix A). Grounded in the communication theory of resilience, CRPS items are designed to measure individuals' resilience through their use of 5 interrelated processes: (a) crafting normalcy (e.g., *I tried to keep life as normal as possible*); (b) affirming identity anchors (e.g., *I held onto the most important parts of myself despite everything that went on*); (c) maintaining communication networks (e.g., *I turned to family and close friends for support*); (d) constructing alternative logics (e.g., *I tried to see the difficult situation in a new light*); and (e) foregrounding productive action while backgrounding negative emotions (e.g., *I focused on what would help me carry on even though it was challenging*). Participants responded on a 6-point Likert scale (1 = *strongly disagree*, 6 = *strongly agree*), which described how well the item represented how they responded to the disruption of the pandemic. Analysis of the CRPS demonstrated acceptable model fit with a single higher order factor across all five CTR processes (Wilson et al., 2021). Wilson et al. (2021) noted that "researchers have strong grounds for summing or averaging responses to the 32-item CRPS into a single total score that reflects the degree to which participants enact resilience processes" (p. 506). Therefore, the five-factor CRPS measure was treated as a single global measure in this study (Wilson et al., 2021). Few studies have yet been published that use the CRPS; however, early work demonstrated acceptable reliability ($\alpha = .93$) and convergent and discriminant validity (Wilson et al., 2021).

After identifying positively deviant scores on the CRPS, the researcher attempted to contact and solicit all 38 PD cases whose mean score exceeded 5.15 ($M > 5.15$) for follow-up interviews. Eleven individuals ($n = 11$) agreed to participate in inductive in-depth interviewing. Each of the 11 PD caregivers were females ranging in age from 23 to 42 and resided in 10 US

states. Their work experience ranged from 4 years to 20 years. Eight worked in healthcare and three in social services. Five (n = 5) of PD participants agreed to the request to solicit a friend or family member who could corroborate their accounts, each of whom agreed to be interviewed. Four corroborators were PD's husbands, and one was a PD's close friend and coworker (for more information see Validation Strategies Section below). Conversely, five (n = 5) individuals whose scores were below $SD < 1.0$ ($M < 4.15$) were identified as cases of negative deviance and agreed to participate in in-depth interviewing as well. Four were female and one male, ranging in age from 32 to 40 and resided in five US states. Their work experience ranged from 8 years and 1 month to 19 years and 6 months. Additionally, the researcher interviewed four participants whose scores fell within 1 SD from the mean ($4.15 < M < 5.15$) on the CRPS. Contrasting the positive deviance cases with several negatively deviant and average cases was a way to utilize multiple bases of evidence, a practice which strengthens the rigor of qualitative collection and analysis (Baym, 2006). Additionally, relevant case comparison can aid in the development of rigorous inductive theorizing (Christianson & Carey, 1989; see also Treem, 2012).

Interviews

Interviews are structured conversations between the researcher and participant that provide the researcher with participants' retrospective sensemaking accounts of actions and events (Hall, 2011; Tracy, 2019). Participants were contacted via email to solicit interest and subsequently interviewed via Zoom. Interviews lasted approximately 45 minutes to 1 hour in length. The researcher utilized an interview guide with 14 main questions to guide the conversation (see Appendix B). Main questions were crafted to elicit responses that would answer the research questions and were framed to encourage rich detail (e.g., *"Please describe…",* "*Tell me about a time…"*). Throughout the interview, the researcher also

incorporated open-ended follow-up questions to probe participants to elaborate on descriptions and explore reflections for greater understanding as needed. The interviews progressed with topical coherence and focused on participants' constructions of rest (e.g., "*Could you tell the story of a time when you rested from your job over the last 2 years*?" and *"Tell me about a time when you worked to make rest a priority/when you didn't make rest enough of a priority."*) as well as how these constructions of rest shape their personal wellbeing (e.g., *Tell me about a time that illustrates how rest or lack thereof influenced your personal wellbeing*), relational wellbeing (e.g., *"Tell me about a time that illustrates how rest or lack thereof influenced your personal relationships.")*, and professional wellbeing (e.g., *"Tell me about a time that illustrates how rest or lack thereof influenced your ability to do your job well."*).

Additionally, the researcher checked for *intentionality* during interviews. Intentionality is a hallmark of positive deviance studies and signifies that the deviance occurred through conscious, purposeful action rather than random chance or happy accidents (Bisel et al., 2020). Questions such as, *"What, if at all, is something that you do which helps you keep going in your job even when it's tough?"* allowed the researcher to ensure that this hallmark of positive deviance was present. Negative and average cases were asked these same questions. Corroborators were asked questions about their perspective of the PD's rest practices (Appendix C). All interviews were transcribed by a professional transcription service and then checked for accuracy by the researcher.

Analysis

All interview transcripts were analyzed using a modified version of constant comparative analysis (Glaser & Strauss, 1967). Adapting constant comparative analysis to specific research questions and datasets is a common practice in contemporary organizational communication

(Bisel & Barge, 2011; Bisel et al., 2016). The researcher conducted data reduction concomitant with open coding by reading each transcript line by line and asking an analytic question to determine whether each portion of the data was relevant to the research questions. This question was: "Does this segment speak to how the participant(s) views, understands, or talks about rest, or any attempt to renew, recover, or restore oneself?" If the question could not be answered in the affirmative, the excerpt was not coded. When the question was answered in the affirmative, the researcher assigned summative labels to all relevant data line by line by constantly, iteratively comparing these labels to previous labels. Coding was iterative in that the researcher continually returned to previously-coded sections in light of fresh observations. Codes are a means of finding patterns and classifications in the data for later reorganization and analysis (Saldaña, 2014), but generating *comparative* codes is a primary technique in grounded theory (Charmaz, 2000; Suddaby, 2006). Specifically, CCA means "(a) comparing different people (such as their views, situations, actions, accounts, and experiences, (b) comparing data from the same individuals with themselves at different points in time, (c), comparing incident with incident, (d) comparing data with category, and (e) comparing a category with other categories" (Charmaz, 1983; 1995c; Charmaz, 2000, p. 515; Glaser, 1978). Throughout coding, the researcher compared new labels with existing labels until she had assigned exhaustive and equivalent codes to all units of the data.

Second, the researcher used focused coding by organizing open codes into larger, ordered categories, such as *Outcomes of Rest.* Throughout the analysis, the researcher used memo writing to reflect on the data and engaged in numerous conversations with a senior scholar to check findings and analysis. After refining focused codes and themes, she used axial coding to theorize about interrelationships in the data (Charmaz, 2000). The goal of CCA is not merely to render a

list of themes but to work toward rich explanations of the deep interrelationships among concepts—a goal which can sometimes be achieved through the articulation of an original concept that is transferrable to other contexts (Christians & Carey, 1989). Additionally, Lucas and D'Enbeau (2013) advocated for the importance of synthesizing qualitative findings back with existing literature and making theoretical contributions clear. Axial coding resulted in a sensitized concept, *bounded physicality*, which is described in the Findings section.

Validation

To validate findings, four spouses and one close friend of five PD participants (n = 5) were interviewed as corroborating evidence. Using multiple bases of evidence strengthens the rigor and quality of qualitative research, and allows for multiple perspectives (Baym, 2006). Additionally, to ensure high-quality qualitative research, Creswell (2007) recommended using at least two of eight common validation strategies. For the present study, the researcher used negative case analysis and peer review. First, negative case analysis supports the credibility and integrity of developed explanations by purposefully drawing attention to "negative or disconfirming evidence" in the emerging analysis and providing a theoretical explanation (Creswell, 2007, p. 208; Lindlof & Taylor, 2019; Silverman, 2005; Tracy, 2019). The researcher conducted negative case analysis by interviewing negative deviance cases on the CRPS and providing explanation for these negative cases. Second, peer review of analysis involves evaluation of the analysis process and findings by another researcher who provides critique and feedback (Creswell, 2007). The researcher utilized peer review by having ongoing conversations with a senior organizational communication scholar and qualitative specialist who checked findings and acted as a devil's advocate by questioning assumptions and explanations.

Findings

Highly communicatively resilient caregivers—who were cases of positive deviance (PD)—constructed the meaning of rest in terms of both *what* rest is and *how* it should be enacted. This section explores those meaning constructions and contrasts them with constructions of rest offered by professional caregivers who scored very low in terms of communicative resilience—cases of negative deviance (ND). Interviews with PD caregivers resulted in rich responses from which their meanings of rest were derived. PD interview responses included descriptions and explanations of rest practices, anecdotes about memorable moments of rest, insights and principles about rest, comparisons between their own rest practices and those of their former selves and others, how much they value rest, personal accounts of rest routines, recommendations and advice concerning rest, and portrayals of role models who rested. Analysis across these data indicated a consistently held interpretive schema of rest that differed from the way ND caregivers constructed the meaning of rest.

By way of summary, PD caregivers' responses portrayed a view of rest as *the proactive pursuit of holistic restoration*. That summative definition was derived inductively from the details of interview responses that portrayed rest in terms of three facets: rest as (a) a strategic defense (b) a normal and indispensable joy, and (c) multimodal care. Taken together, these multifaceted meaning constructions were organized around a central assumption, which I termed *bounded physicality* (see details below). In contrast, a summative definition of the ND sample of caregivers constructed rest as *the reluctant ceasing of work activity*.

Furthermore, the PD sample's interpretive schema can be contrasted with a well-documented Discourse around workers' behavior known as the ideal worker norm (IWN). As caregivers described their habits of work and rest, some explicitly contrasted these with what

they perceived as larger societal norms around work. Theoretically speaking, those norms align well with the concept of the IWN. The atypicality of the sample is particularly highlighted when compared and contrasted to the ideal worker norm. PD caregivers enacted three primary strategies in resisting the ideal worker norm: protecting, prioritizing, and pursuing rest. Finally, PD caregivers experienced beneficial consequences of rest personally, relationally, and professionally. The following chapter discusses these findings.

RQ1: Meanings of Rest: Rest Is/Rest As

RQ1 asked, "In what ways do highly communicative resilient caregivers [i.e., positively-deviant (PD) caregivers] construct the meaning of rest for themselves and others, and how does this contrast with professional caregivers who rate very low on communicative resilience [i.e., negatively-deviant caregivers (ND)]?" This section answers that question by elaborating on PD and ND caregivers' meanings of rest and discussing how a humility in accepting bounded physicality enabled these meaning constructions.

Bounded Physicality

PD caregivers made sense of rest by acknowledging the material reality of the body—their core assumption that I label *bounded physicality*. I define *bounded physicality* as the limited ability to engage physically in space and time. It might seem that the most resilient caregivers would exhibit mental toughness by pushing through work limits in a way that defies ordinary boundaries. In contrast, however, PD participants and their corroborators' interview responses demonstrated the opposite: PD caregivers acknowledged and embraced their limitations. The PD interviewees were candid and open about their own finitude, which signaled a surprising level of humility. In turn, PD caregivers reported greater personal, relational, and professional wellbeing when they rested than when they sacrificed rest to work more. PD caregivers' recognition of

their boundedness contrasted with interview responses provided by participants in the ND sample; these participants reported consistently pushing their own limits, picking up extra shifts, working overtime, and neglecting rest. Interestingly, these ND caregivers emphasized these patterns with a sense of pride, often boasting about their ability to deny or challenge limits. Naomi, a PD caregiver, demonstrated bounded physicality in the following story:

> There are always gonna be needs that come up… I know for instance like two days ago I was helping a 19 year old who is in the hospital because…she's actively dying…While I'm in the room with her, my phone is ringing off the hook because there's kids in the clinic who are having immediate needs…I was also covering another area, so those needs were coming up and getting missed…Things like that happen probably on a daily basis…And so letting them know like, 'Hey, I'm doing this right now. I'm not able to answer my phone. I'm gonna be unavailable, I'm going to miss needs.' And then just having that peace that it is okay if you do miss needs…

This anecdote demonstrated an example of a PD caregiver who admitted her inability to engage physically in all spaces at all times. In an onslaught of constant needs, she described releasing what she could not control and caring for the needs she could meet. Naomi's response revealed that she held an interpretive schema of bounded physicality that allowed her to give herself permission to operate within limits. Similar to Naomi, other PD caregivers repeatedly described situations where they could not meet everyone's needs but also voiced acceptance of this reality, contrasting the number of needs with their own limited selves. PD caregivers' humility in bounded physicality contrasted consistently with ND caregivers' pride in denying bounded physicality. ND caregivers rarely admitted an inability to meet needs and instead emphasized taking on long hours, extra shifts, and overwork in attempt to help more people in more ways.

Rest as Strategic Defense

Overview. Acknowledging their bounded physicality, PD caregivers described resting in deliberate ways to restore themselves and admitted the necessity of regular rest to prevent burnout in the future. These reported norms signaled that PD caregivers held an interpretive schema of rest as *strategic defense.* Specifically, PD caregivers' rest practices indicated that they treated rest tactically—pursuing refreshment in calculated, planned ways to gain an advantage in their caregiving work rather than treating rest as an unintended after-thought. Similar to a military setting where soldiers develop elaborate offensive and defensive strategies to defend against a surely advancing enemy, PD caregivers utilized rest as a primary strategic defense against burnout. For example, these caregivers described enjoying rest before they felt exhaustion or burnout, rather than waiting to feel exhausted. The determined and stubborn intentionality with which the PD caregivers committed themselves to rest demonstrated that they were operating according to an interpretive schema that made sense of rest as a strategy for wellbeing (see evidence below). These meaning constructions stood in stark contrast to those of the ND caregivers. NDs reported resting in reaction to symptoms of immense stress and exhaustion. They described memorable moments of rest as often tied to situations such as working overtime or feeling physically and emotionally overstimulated. I interpreted these patterns as indicative of an interpretive schema of rest as a reactive response to burnout. The following paragraphs will elaborate on these patterns.

PD: Rest as Strategic Defense. PD caregivers aimed for rest to defend their wellbeing and protect against burnout. Toward these ends, PD caregivers reported developing plans to rest as a normal part of their lives, ideally before symptoms of exhaustion arose. These intentional plans indicated that PD caregivers used rest in goal-oriented ways, one of which was to mitigate

or prevent exhaustion. These descriptions of rest suggest that PD caregivers viewed rest as a kind of shield against the draining nature of caregiving. For example, Lydia, the executive director of a mediation nonprofit whose role involved both direct and indirect caregiving, explained how helpful it was to find "something to look forward to" in her personal life and implement strategies to ensure that time away from work was actually restful. To do so, she helped staff members brainstorm restful ways to spend their time away, had them forward their email to others while they were gone so that work did not accumulate, and offered to change her employees' email passwords while they were on vacation. By engaging in these strategies, Lydia guarded her quality of rest by guarding against unceasing demands from work and taught others how to do the same. Recognizing the difficulty of longevity in her caregiving, Lydia even described negotiating substantial time off early in her career for the explicit purpose of helping her flourish longer. She said:

> I waited strategically for a year when our budget was tight and said, 'Hey, I think that there isn't a lot of money to give people raises this year, including me. I would be happy with this little tiny raise if I could have an increase in my vacation time that was permanent'…This was 10 years ago… [I] got a permanent increase in my vacation time.

Through this strategic planning, Lydia negotiated long-term care for herself that she has benefitted from for ten years.

Naomi, another PD caregiver, explained one of her everyday strategies of practicing rest: "To…initiate the rest… I always take off my scrubs right when I get home…it…transfers your mindset…I don't ever sit on the couch in my scrubs…". Naomi's deliberate decision to change clothes and her reasoning behind this habit indicated that she viewed rest as a mindful tactic to defend the quality of her nights off and keep stress from work from spilling into her personal life.

Naomi also implemented larger-scale strategies of rest by utilizing her vacation time strategically each year. She explained, “One thing that I know I do for rest is… I utilize every single hour of my PTO every single year… I make sure to use, you know, all 27 to 30 days…And I make the most of every minute.” When discussing her perspective of Naomi’s rest practices, Naomi’s best friend and coworker Kinsley also brought up Naomi’s PTO strategy: “She talks to me a lot about rest and…a lot of times she'll talk to me about…utilizing my PTO to its maximum because that's kind of her tactic for resting, whereas…I probably don't utilize it to its fullest potential.” The nature of these excepts indicated conscious and intentional habits. The practices signaled a strategic approach to rest as well as a defensive posture against burnout.

Sadie, a marriage therapist, also contrasted intentional boundary-setting with reactive responses to exhaustion: “You can't just call your reactivity a boundary and then think that it's a boundary…If a boundary is like from a grounded place, then it's probably a boundary…If I'm reactive when I'm doing it, it's probably reactivity…”. PD caregivers also reported proactive strategies for rest, such as journaling about work and putting the book away (Jane) or not checking email during vacation (Sadie). One PD nurse even transitioned from full- to part-time to protect rest and longevity in caregiving (Bella). Her husband Ford explained, “She's also gone part-time at work as a nurse. So instead of three days a week, three 12s, she's doing two to actually increase that time of those activities that rest to decrease burnout.” This particular strategy indicated Bella’s willingness to sacrifice higher income that would accompany longer work hours, in order to protect her wellbeing and long-term job happiness. Such costly decisions are not usually made lightly, indicating that Bella planned this strategy thoughtfully to guard what she valued more than income: her flourishing. In sum, PDs were willing to put forth time and discipline to guard against burnout, actively aiming toward goals of rest by developing an

interpretive schema of rest as strategic defense against threats to their flourishing.

ND: Rest as Reactive Response. In contrast, ND caregivers constructed rest as primarily a reaction to weariness, reluctantly acquiescing to their need for rest only when they felt exhausted. This tendency pointed to an interpretive schema of rest that was neither strategic nor defensive. Specifically, NDs rarely described mindful, proactive planning around rest or active effort to protect themselves against the demands of caregiving. For example, Charlotte, a respiratory therapist, reflected, "I take rest sometimes . . . after I get overwhelmed instead of before." Henry, a surgeon, explained that the importance of rest for him was determined by the intensity of work on any given day: "I think a lot of that's [importance of rest] driven by what's happening with our job…If something bad happens… you kind of need to, to step away…and rest…Those are becoming more and more mandatory for me to do." In this explanation, Henry emphasized that his value on rest changed based on the level of stress at work. This description indicated that he held an interpretive schema of rest as a response to weariness, rather than what he strategically enjoyed regardless of his level of exhaustion. When asked to describe how she talks about and understands rest, Madeline, a ND health technician, responded by talking about exhaustion. She explained: "As I've been saying quite a bit, my cup's overfilling. It's overfilled…You know, I'll say, Oh, my cup feels like it's overfilling. You know, it's kind of like I'm starting to feel overwhelmed and when I say it's overflowed…I can't handle it anymore." Notice that Madeline's interpretive schemas of rest so assume rest is a matter of reaction that she discussed exhaustion when asked about rest. Charlotte, a ND respiratory therapist, explained that the likelihood of her resting depends on demands at work slowing down: "Since it's calmed down a little bit, I'm more apt to take time off because I see that there's, there's opportunity to…like now I can feel myself, you know, like if I get stressed out or overwhelmed and like I

start having physical symptoms…". Charlotte's response suggested that she viewed rest as possible and valuable primarily as a function of decreased work demands. By allowing work to dictate her practices of rest, Charlotte demonstrated that she did not hold an interpretive schema of rest as a defense against overwork, but as a response to work calming down. In contrast to PDs who constructed rest as a strategic defense of wellbeing, NDs constructed rest as a reactive response to burnout.

Rest as Normal Indispensable Joy

Overview. The second facet of the PD three-fold interpretive schema of rest was viewing rest as a normal, indispensable joy to be enjoyed. This second facet included three sub-facets: First, PD caregivers' explanations and stories surrounding normal habits of rest indicated that they viewed rest as accepted and expected practice. Second, PD caregivers talked about rest in ways that emphasized rest as indispensable and themselves as dispensable in their jobs. Third, PD caregivers frequently described enjoying and benefitting from rest, which I labeled viewing rest as a "joy." This phrase aimed to capture caregivers' grateful, receptive attitudes toward rest as good for their wellbeing. In contrast, ND caregivers viewed rest as an abnormal dispensable burden. These following sections elaborate on these themes.

PD: Rest as Normal. First, PD caregivers constructed rest as normal—an accepted and expected practice. PD caregivers reported engaging in daily and ordinary norms of rest, such as "taking a break," "walking in the park," "sleeping in," "cooking," "reading," and "watching TV." Others described the normalcy of taking extended periods of vacation time, such as using all 27-30 days of PTO every year (Naomi), traveling for three weeks of her six weeks off every year (Lydia), and taking an eight-week sabbatical every five years (Lydia). These PD caregivers' reports of so many small and big practices, engaged in daily and annually, indicated a meaning

construction that rest is so normal that it is woven into the fabric of everyday life. For example, Sadie described one of her established norms of rest: “So I try not to do a lot of emails or notes or things like that on the weekends because I just don't want to and it helps me. It just helps me.” Summer, a respiratory therapist, explained personal habits that help her keep going in her caregiving work: “I have tricks that help me calm down to keep going…Even just the normal, we do a lot of deep breathing and meditating in our household to kind of relax.” One corroborator (Asher) reported that his wife (Avery) had a “normal pattern” of socially, emotionally, and physically resting and lived by “built-in rest patterns.” Multiple caregivers reported that rest was normalized in their workplace culture. However, in many cases, PD caregivers did not describe “norms” of rest explicitly; rather, they talked about rest so frequently that it became evident that they viewed and practiced rest as an ordinary part of their lives.

ND: Rest as Abnormal. In contrast, ND caregivers viewed rest as an abnormal occurrence or rare luxury. These caregivers described wishing they had more time to rest or self-consciously admitting the limited nature of their time for leisure and relaxation. For example, Mackenzie, who cared for her special-needs adult brother full-time, lamented, “I’m sure they [family] would all be like, ‘Oh, she works too hard and she needs to take a break more. But arranging that break is difficult.” Madeline, a health technician, voiced “I try to make it a goal of mine to spend…I know it sounds kind of crazy, but just once a month going out with my friends…cause we’re all busy…that’s good rest for me.” These reported perceptions indicated that ND caregivers viewed rest as infrequent and unusual. ND caregivers also described norms of overwork. For instance, Madeline expressed:

> I think it’s just the culture in general is you have to give up everything of yourself to help others… you know, it just feels that way all the time…You know, you have to work a 16

> hour shift now because someone called in and it doesn't matter if you're exhausted…Nope, it doesn't matter.

This reflection highlighted how Madeline viewed overwork as normal in her workplace. Because caregivers were expected to work even when exhausted, rest became an unexpected and abnormal occurrence. Mackenzie discussed a related abnormality of rest: "So when we started out, I didn't really have it [rest]. Like I said, it wasn't, it wasn't part of my day to day. I didn't have, you know, structured or scheduled rest periods or self-care." Even when Mackenzie began to incorporate "a bit more self-care," her habits were infrequent and minimal.

Henry, a ND surgeon, viewed rest as so unusual that he would have to schedule it for it to happen at all: "Unfortunately we [surgeons] don't have the luxury of doing restful things spontaneously or…when they come up. We're usually too tired at the end of the day to have meaningful rest…You're so exhausted that you're falling asleep on the couch." This comment revealed an assumption that the normal work life of a surgeon prevented any kind of meaningful rest, that rest was a luxury, and that meaningful rest would require immense schedule changes. Though PDs' rest did involve intentionality, their normalcy of rest challenged these kinds of assumptions. PDs did not allow their work to prevent meaningful rest and treated rest as common and ordinary. As such, they rested meaningfully in small, daily, low-effort ways (e.g., quality time with family) *and* in bigger, periodic ways (e.g., extended vacations). Additionally, PDs prioritized spontaneous rest even when it may have been tempting to believed that they did not have time. In sum, PD caregivers' meanings of rest as normal contrasted starkly with ND caregivers' meanings of rest as abnormal.

PD: Rest as Indispensable. Second, PD caregivers described rest as a critical aspect of their personal and professional wellbeing, quality of patient care, and longevity in caregiving. I

represent this patterned interpretive schema apparent in their comments interpretively with the phrase, rest as indispensable. This interpretive schema is grounded in bounded physicality, as PD considered rest indispensable and themselves as dispensable. For example, PD Lydia, the executive director of a nonprofit, explained:

> I don't think there's a path to people being in this field long term that does not involve them taking an enormous amount of time off…You know, people drown in caregiving work if they don't change the channel and if they are thinking about other people's problems all the time…it just isn't effective.

Lydia's comparison between overwork and drowning demonstrated a view of caregiving without rest as impossible and nearly life-threatening. To help her compartmentalize work and life, she developed the metaphor of "changing the channel" to entirely switch the focus from caregiving to her personal life and not allow the two segments of life to blur together. Furthermore, she reported great effort toward ensuring her own *dispensability* in the organization, despite being top leadership. She explained, "I, I think that the ongoing barrier to make rest a priority is to make sure that people, somebody who isn't me knows how to do all the stuff. . . So there really…should be very, very little that nobody but me could figure out." By creating slack at work where others could replace her, Lydia secured her own ability to rest, indicating that she felt it was more important for her to be dispensable than for rest to be treated as dispensable. Furthermore, she secured others' ability to rest by building a work culture where acting like a "martyr" was not only unrewarded but also discouraged:

> You know…one of the things is like I always try to tell people like, 'Hey, we give you so much vacation time because we want you to take it and we know that you deserve it. And also, like, if you're really not going to, then I wanna talk about how I bet you'll do a better

> job if you took it'…And so like, we, you get zero martyr points here. Right? Zero points. And it, in my experience, people who don't take their vacation time, at some point they end up in my office sobbing…and at some point after that they go bartend…And it's an employee I've invested in. It's somebody I care about. And like, you've got all this training and knowledge and skill and you're pouring beer? Like do that on the weekend if that's fun. But like, we wanted you here.

Lydia rejected martyr culture explicitly and reframed rest for herself and others as pivotal to their longevity. This language reveals an interpretive schema that rest is not an option, but basic requirement for caregiver wellbeing. Other caregivers emphasized similar ideas. Jane, a PD respiratory therapist, explained a time that she could have viewed herself as indispensable very easily, but instead insisted that her rest was vital: "At my last job they wanted us to pick up a lot of extra shifts because we were very, very, very short staffed…And I finally had to go to my…[supervisor] and just tell her that I, I can't keep doing this…I need a little bit of time off…It's not any good to overwork your staff because they're gonna be happy and then they'll leave and you'll have even less staff." Relatedly, Tonya, a PD home healthcare provider, expressed that she abided by strict boundaries regarding the services she provided to clients based on her training, saying: "I'm very clear about the kinds of skills I can do and made sure that I'm not going beyond my scope of practice…And like I said, like just setting boundaries and like, I'm no longer doing this because this is beyond my scope of practice." This caregiver treated rest as so important that she was able to view herself as dispensable, saying "no" when she knew a request was outside her abilities. In sum, rather than pushing the limits of their bounded ability and energy, PD caregivers embraced rest unashamedly as an indispensable need and themselves as dispensable in their caregiving work.

ND: Rest as Dispensable. In contrast, ND caregivers' responses demonstrated an interpretive schema that constructed rest as dispensable and themselves as indispensable. This meaning construction was evident in ND caregivers reports of frequent neglect of rest alongside practices such as overworking or picking up extra shifts to meet needs or make more income. These tendencies suggested an underlying, perhaps exaggerated confidence in one's abilities despite obvious material limitations. Henry, a ND surgeon, described his intense work schedule: "The hours are very long. I usually wake up at about 4:15. I'm on campus by 5:30 or 6, and I leave whenever I'm done. Some days it could be 7, some days it's past midnight. It's just whatever it takes." This excerpt suggested that Henry saw the demands of his job as noble and admirable as he did "whatever it takes" for his patients, including neglecting rest or working until after midnight. Talia, another ND, expressed a similar sentiment: "So sometimes it's, especially the days that are stressful, nonstop the entire eight hours all day. You don't even, you know, get a break. It's just like constant bombardment… [Others] would say that my workplace doesn't leave me alone. I'm also on call 24/7, so I'm constantly answering the phone." Rather than embracing her bounded physicality and resisting being "needed" around the clock, this caregiver expressed little hesitation about the work needs that pressed on her, and no attempts to limit these demands. What ND caregivers did *not* say about rest pointed to their interpretive schemas almost as importantly as what they *did* say. For example, in the aforementioned comments, the absence of any sense of self-consciousness about overwork or constant accessibility, as well as the absence of talk about an adamant need for rest, hints at what ND caregivers saw as most important: Their comments suggest that they viewed themselves as indispensable, and rest as dispensable. Ironically, a view of self as indispensable could actually foster one's own dispensability over time, because these caregivers' negative deviance in

communicative resilience may lead to exhaustion and burnout (Kim et al., 2022; Koh et al., 2020) Though a meaning of rest as dispensable may seem noble and heroic, the caregivers who held these meanings were the least resilient. Alternatively, the PD caregivers viewed rest as indispensable.

PD: Rest as Joy. Finally, PD caregivers talked about rest in ways that signaled they viewed it as a joy, a gift to be received with gratitude. PD caregivers used positive language when talking about rest, describing it as "therapeutic," "heal(ing)," "lovely," "happy," "fun," "play," "enjoyment," and "leisure." One corroborator commented on one of his wife's rest habits by saying, "For her…it's just bliss." Lydia, a PD executive director of a nonprofit, explained that her sabbatical was "something to look forward to and plan." Her eager anticipation toward this time highlights that she gratefully awaits the restoration and refreshment to come. PD responses suggested that caregivers approached rest almost hedonistically, seeking to receive and savor its benefits to the full. In sum, PD responses pointed to an interpretive schema of rest as a kind of treasure to be pursued and enjoyed, a connotation I captured with the word "joy. "

ND: Rest as Burden. In contrast, ND caregivers constructed rest as a burden. Specifically, in their responses they complained repeatedly about the difficulty and undesirability of rest. For example, special needs caregiver Mackenzie explained, "[Rest] requires a lot of effort on my part to even coordinate…And because it's that difficult, it almost makes me not wanna do it…we'll kind of go through the… hassle of doing it…But, I wish it was easier than it is." Madeline, a ND health technician, told the story of going on a cruise with her husband and trying to implement more rest together afterwards, but expressed that they hadn't "been super successful." This neglect of rest highlights that ND caregivers viewed rest as more of an inconvenience than a gift. Rather than viewing rest as a joy, ND caregivers saw it as a burden

requiring cumbersome effort that was not always worth the cost. This meaning of rest as burdensome seemed to inhibit them from practicing rest more often. In sum, one facet of PD caregivers' interpretive schema of rest was viewing it as a normal indispensable joy.

Rest as Multimodal Care

Overview. In addition to constructing rest as strategic defense and a normal indispensable joy, PD caregivers interpreted rest as multimodal care. These caregivers shared stories of resting physically, emotionally, relationally, mentally, and spiritually, offering lists of their most refreshing habits and practices unique to their individual needs and preferences. Additionally, PD caregivers responses revealed that they saw rest as another form of care, understanding themselves *as recipients of* care. In contrast, ND caregivers described rest primarily in unimodal terms, mostly emphasizing rest as sleep or the absence of work rather than as the presence of refreshment. Furthermore, ND caregivers viewed rest not as care, but as negligence, a meaning construction which promoted the idea that they were primarily givers of care to others rather than recipients of care for themselves.

PD: Rest as Multimodal. PD caregivers explained their need for multimodal rest and their pursuit of holistic rest in a variety of ways. Beyond merely not working, PD caregivers and their corroborators described multifaceted means of resting including "sleeping," "getting to see my friends," "watching TV," "cooking," quality time with family, "high-octane, high-adrenaline sports," "verbally process[ing]," "not talking about it [work], sometimes talking about it at other times," "silence," "music," "exercise," "church events," "reading," cleaning, "embroider[ing]," "painting," "writing," and "traveling." PD Lydia expressed that simply having "unstructured time" with only spontaneous plans felt restful to her, whereas other PDs emphasized the structure they implemented into their personal time away from work. Lydia explained that she rests not

merely by *stopping* work but by actively engaging in another kind of activity: “You know, one of the phrases that I use so much is ‘Go home and do something else.’ So I have other interests. I have other things I would like to do. And when I leave, I do something else.” Shifting focus to another kind of activity provided needed refreshment. PD Bella, an intensive care unit nurse, compared her rest practices to a toolkit from which she could select a variety of tools based on the need of the moment:

> It takes an entire toolkit to manage it. So everything from like debriefing hard shifts to, you know, doing the activities that feed you, spending time with the people who you know, kind of understand or are at least willing to listen to what you want to talk about. Not talking about it, sometimes talking about it at other times…All of those, like, as long as you're balancing all of it and understand that that's okay and sometimes you'll have to lean more on one or the other. That's fine.

This comment showed that Bella had developed a rich interpretive schema of rest and characterized rest as a complex process of restoration. Similarly, PD Naomi described her trial-and-error approach to multimodal rest:

> When I'm at work, the most important thing for me is talking to my coworkers about it…When I encounter something really hard, I debrief with them…As well as, you know, taking little bits of time for breaks…I'm pretty good at taking my lunch break. So I like to sit at my desk and watch a show on my phone to kind of zone out for 30 minutes…When I'm at home, my role is I don't really ever talk about work at home…If I need to think about anything, process, anything, I do it in the car…Typically I work out after work and so that's been a huge source of self-care for me…Now all those things don't always work, so it's kind of trial-and-error. You know, sometimes I have to talk about a little bit more.

> Sometimes I have to do more than a workout. Maybe I need to eat one of my favorite foods or I need, I know I need to watch a happy, funny TV show. So I would say I need to be self-aware to making sure that I'm doing what's best for me in the moment.

Naomi's descriptions point to her ability to hold flexible ideas of what constitutes rest and, in turn, pursue it even in ways that sometimes contradict one another. Through self-awareness, she discerned what kind of rest she needed at any given time. Avery also described the multimodal ways she rested: "Sometimes that's just being home…whether it's cooking or talking on the phone with somebody, or watching a show, or reading a book…Sometimes I need to just sit and think about things and give myself time to process…Spending time with my family helps me a lot too." When describing his wife's rest practices, one corroborator highlighted that she needed "restful rest" rather than just "maintenance rest." This nuanced distinction highlighted that PDs' quality and type of rest varied and that developing a toolkit of restorative practices helped them pursue the kinds of rest they needed. PDs acknowledged their boundedness physically, emotionally, mentally, and relationally and as a result, pursued restoration in a variety aspects of their personhood.

ND: Rest as Unimodal. In contrast, ND caregivers tended to describe rest in unimodal, simplistic ways. They often reported rest habits primarily as an absence of work rather than as a presence of restoration. For example, ND Talia, a program director in psychiatrics, said, "It's hard because I think of rest so much about like what it's not than what it is." This tendency to think about rest as an absence of something revealed an underdeveloped interpretive schema of rest, in contrast to the rich interpretive schemas that PDs held. ND surgeon Henry explained that his commute was restful because of a lack of activity: "I'm also not doing surgery or seeing clinic patients at that time, so that certainly counts as a restful period." These caregivers described rest

simplistically, using words such as “downtime,” “sleep,” “time to breathe,” and “unwind.” Many described the physical dimension of rest, such as laying on the couch or falling asleep. ND Henry explained, “I kind of look forward to going to bed because I fall asleep quickly just cause I'm so tired and I know that my brain is gonna be almost completely shut off for that time period. And the nights go by very quickly. And that's just the nature of how the, the schedule is all the time.” Some described small self-care practices, such as “paint[ing] my nails” or doing “beauty spa routines.” While NDs identified some limited rest practices such as these, they revealed more simplistic constructions of rest by what they did not say in addition to what they did. Specifically, NDs’ reports lacked rich descriptions about practices of rest and instead focused on sleep and not working. Additionally, all five ND caregivers reported having a small support system and limited quality time with friends and family, whereas PD caregivers described repeatedly how they viewed quality time with others as primary avenue of rest. These simplistic meanings and practices of rest contrasted greatly with the rich language and practices that PDs expressed about rest.

PD: Rest as Care. In addition to reporting rest in multimodal ways, PD caregivers’ explanations of rest pointed to a construction of rest as another form of care directed to themselves, rather than as negligence toward their paid caregiving work. For example, PD Christi, the shelter lead at a congregate residential center for the homeless, used the metaphor of an oxygen mask to describe this principle: “When a plane's crashing, you have to…put your own oxygen mask on before helping others. You are not in a position to provide care for anybody if you're not doing that for yourself first….” This metaphor highlighted that she believed that caring for one’s own needs enabled better care for others. PD caregivers also told stories of times they took extra care of themselves intentionally; for example, taking a week off after being

attacked by a client (Christi), taking an extended vacation to Europe and disconnecting from clients (Sadie), and "giving myself the space to be a big mess" (Bella). Kathryn expressed the importance of caregivers' own care: "You have to take care of yourself before you can take care of other people. If you show up to work and your breath smells and your hair is messy and you're wearing makeup from yesterday…you're not gonna give a hundred percent of your effort into taking care of people…So I would say like absolutely, like take care of yourself before taking care of other people." By demonstrating the care they showed toward others toward themselves, PD caregivers prepared themselves to provide better care for clients and patients. As these caregivers embraced their own bounded physicality, they enacted rest as another form of needed care for themselves rather than pushing their limits to give constant care to others.

ND: Rest as Negligence. In contrast, ND caregivers viewed rest as negligence. ND caregivers acknowledged their limits at times by talking about their need for sleep, experiences of exhaustion, and inability to "pour from an empty cup." However, they often described rest in association with negative emotions such as guilt. For example, ND Madeline told her coworkers to call in sick rather than asking for a mental health day because, as she said, "I think there is a stigma" associated with rest. This comment revealed an interpretive schema of rest as wrong or shameful, such that she needed to hide her desire for it. She also mentioned that she had "so much PTO accumulated" because she felt "nervous" and "guilty to take time off." Again, she interpreted rest as associated with fear and guilt. Madeline reflected on a time when she did not care for her own needs; instead, she tried to cope with the fact that her mom had cancer constantly: "I think I, looking back on it, I really wish that I would've taken more time for myself in terms of just resting, going to counseling, that kind of thing, helping with grief…by the end of it…I'm just like, you know, depleted." ND Talia, the program manager of two psychiatric

residential units, explained a similar approach to dealing with her own need for care; instead of resting, she worked harder. She reflected, “I've learned over the years to try and force my brain to forget whatever the stressor is and turn my attention to the next task before me.…I just basically out of mind out of sight and move on to the next thing that I need to do right now.” ND surgeon Henry also emphasized being “too tired at the end of the day to have meaningful rest.” Because he had to provide care to so many patients, he had no bandwidth to care for himself. He went on to explain what he thought others would say about his work and rest habits: “I'm terrible at resting. And…all I do is work all the time. I love this job and I can't get away from it.” This response demonstrated that Henry felt that rest was an unimportant, even negligent way to spend his time. These caregivers often position rest as threatening to their quality of work and, as a result, themselves as solely givers of care and not recipients of it. However, practicing rest as multimodal care enabled PD caregivers to flourish in their personal and professional wellbeing.

This section addressed RQ1 by answering the question, “In what ways do highly-resilient professional caregivers construct the meaning of rest for themselves and others, and how does this contrast with professional caregivers who rate very low on communicative resilience?” PD caregivers viewed rest as the proactive pursuit of holistic restoration. Their interpretive schema of rest viewed rest threefold: as strategic defense, a normal indispensable joy, and multimodal care. These three facets of their interpretive schema were united on the table of bounded physicality. In contrast, NDs resisted bounded physicality, acquiescing to rest as the reluctant ceasing of work activity. They constructed rest as an abnormal, dispensable burden, practiced it unimodally, and avoided it as negligent.

RQ2: Resisting the Ideal Worker Norm

RQ2 asked: In what ways do highly resilient professional caregivers' meanings of rest compare or contrast with the ideal worker norm? This section discusses how PD caregivers resisted the ideal worker norm through their meanings of rest, identifying lies about work and rest and living in opposition to them. The ideal worker norm (Williams, 1989, 2001), posits that ideal employees prioritize work as the most important part of their lives and orient non-work aspects of life around improving work. Though PD caregivers referenced a stigma that might exist around rest (likely because of the ideal worker norm), they countered this stigma in three primary ways. First, they protected firm boundaries around rest rather than sacrificing boundaries to protect work. Second, they prioritized rest rather than only prioritizing work. Third, they pursued rest strategically and creatively rather than solely pursuing productivity. These resistance strategies are discussed in the following paragraphs.

Protecting Rest

PD caregivers resisted the ideal worker norm (IWN) by maintaining firm boundaries that protected rest. They told cautionary tales of what happens when these boundaries are compromised. PD caregivers described personal lessons learned from times they had blurred work-life boundaries and suffered negative consequences. Additionally, they reported engaging in practices unapologetically such as not answering work calls on vacation, forwarding their email to other people, and not thinking or talking about work at home. PD caregivers also expressed ways they sought to strengthen work-life boundaries for themselves and others. For example, when describing common challenges of being a child life specialist, PD Naomi described how she "put up those personal boundaries to protect herself" from burnout. Without being asked about boundaries, she cited the importance not only of having them, but of creating

them for her own protection. PD Sophie, a licensed medical assistant, expressed a similar valuing of boundaries:

> I think the biggest thing that I had to learn was absolutely not looking at emails. You know, once they leave work, that's it; It has to wait until the next workday. Because that's where I'd end up—You know, 'Oh, I'll just check real quick'—and then, you know, end up answering things and…working on something. I think that set[ting] really good boundaries…was the first really important thing. And then…mentally changing my thought process of… 'My job is very important and when I'm at work, be fully at work but then as soon as I clock out, just that's it.'

Rather than abiding by the ideal worker norm that encourages boundary-blurring, Naomi and Sophie countered the norm by encouraging boundary-setting and boundary-maintaining. PD Lydia also described her intentional efforts to celebrate, normalize, and guard her employees' vacation time. She elaborated on the conversations she often had with those resistant to it:

> Whenever I approve payroll, I'll look at how much vacation time people have and I'll often email people and say, 'Hey, looks like it's been a while. Why don't you plan something and I'm gonna loop back to you next time we do payroll'…Eventually I might point out performance issues and tell them that my experience tells me that…those types of issues can be connected to not taking time off, and so at a point it becomes a performance issue. So like, I'm a little past asking and a little more toward telling…And so…I'll say, 'Hey I cannot approve excess carryover for you. You've got to take a week by the end of the year. We give you this vacation because we believe you're gonna do the best job when you take it. So I expect you to take it. Let me know when it's on your calendar.' So I sort of like, get pushy.

In these conversations, PD Lydia held employees accountable to utilizing organizational policy to rest, validating the boundaries that their policies afforded. Lydia also protected her own boundaries. Winston, Lydia's husband, described his wife's personal boundary maintenance as follows: "I think…the first thing she would say is establish her boundaries and…defend them with everything…She is… one of the most conscientious people I've ever met, and yet she's not gonna let the job…make her unhealthy." When asked about what advice he thought his wife would give to herself and others about rest, Lydia's husband referenced her protection of boundaries, but not at the expense of high-quality work. These descriptions point to Lydia's ability to perform exemplary work while guarding boundaries around rest zealously.

She resisted the ideal worker norm by talking about and practicing boundary maintenance in a way that pointed to an interpretive schema of rest as indispensable. Rather than viewing themselves as indispensable at work, constantly accessible and available to meet business needs (SHRM Online Staff, 2011; Zerubavel, 1993), PD caregivers countered these norms by making themselves intentionally inaccessible at times. In contrast, ND Madeline, a health technician at an elementary school, expressed the guilt she felt around protecting boundaries. She explained that her previous organization "really counted on me to be there to help them with just about everything," so much so that she "almost felt guilty to take time off." Her willingness to blur and ignore boundaries revealed a conformity to the ideal worker norm. In sum, PD caregivers countered the ideal worker norm by establishing and protecting boundaries around both work and rest.

Prioritizing Rest

Second, PD caregivers resisted the ideal worker norm by prioritizing rest, rather than only prioritizing work. The ideal worker norm suggests that ideal employees should be primarily

devoted to work, such that they privilege work over other roles (Dumas Sanchez-Burks, 2015). This value promotes practices such as dropping personal responsibilities to prioritize work needs (Correll et al., 2007; Ely & Meyerson, 2000) and being readily available to work (Carney, 2009). However, the present study showed that PD caregivers were devoted to rest as another form of care for themselves, rather than thinking of work as ultimate (Dumas Sanchez-Burks, 2015). Furthermore, PD caregivers unlearned and attacked norms that demanded work primacy. For example, PD Tonya, a home health caregiver, explained that she had to "unlearn" the "hustle culture" that is so "ingrained in our society." She elaborated: "I don't always have to be productive to feel like I've had a good day… In California they're supposed to have two 10 minute breaks, but people work through their lunch all the time…I've had coworkers… clock out and then they continued doing charting…Life isn't just about work, you know?...It was being a, being a person, not just being a…money making machine…" Adamantly, Tonya resisted the ideal worker norm that would claim that the best employees should make life about work at all costs. Instead, she actively sought to be "a person" and not just a working machine.

PD caregivers also reported choosing to rest instead of getting ahead at work, a practice that countered the idea that good employees should privilege work above all other roles and personal commitments. PD Sadie, a marriage therapist, described the process of coming to terms with these kinds of decisions: "I really had to experience for myself that… it is genuinely going to be okay to... take time off and to…say no to different things…and to not reply to different emails." By prioritizing rest and resisting the urge to overwork, Sadie countered the expectation that she should always devote herself to work. In contrast, NDs described the "nonstop" nature of work as well as the primacy of work above personal commitments. ND Charlotte described the past two years in her workplace: "Considering it has been really busy for the last two years

people take off when they can, but more often than not…with the workload, a lot of us had been picking up shifts…". Given demanding patient needs, Charlotte prioritized working overtime and rested when it seemed possible. Another ND, surgeon Henry, explained how he prioritized work to the degree of neglecting all other aspects of his life: "That means we're, we're skipping a meeting to do that or we're not attending to family or relationships or, or sitting down for dinner or going to the gym because I need to use that time for something else, which is clinical care or really that's the priority." This work mimicked the ideal worker norm, and left no time to devote to rest. In sum, PD caregivers resisted the ideal worker norm by prioritizing rest, rather than prioritizing work at the expense of rest.

Pursuing Rest

Third, PD caregivers resisted the ideal worker norm by pursuing rest actively rather than only pursuing productivity. The ideal worker norm rewards the unhindered pursuit of and singular focus on work (Correll et al., 2014; Kelly et al., 2010). This value fosters practices such as workers being unburdened by non-work responsibilities (Williams, 1989, 2001; Dumas Sanchez-Burks, 2015), not having personal commitments, and using flexibility policies to be more productive rather than meet personal needs (Leslie et al., 2012). However, PD caregivers described counter-practices; for example, utilizing flexibility policies to seek rest rather than to chase extra productivity at work. Additionally, PD caregivers told stories of pursuing multimodal forms of rest, actively disencumbering themselves from work responsibilities physically, emotionally, mentally, and relationally. To make these kinds of decisions, PD caregivers had to resist norms of pursuing overwork. PD Lydia explained how she coached employees who struggled to take time off:

> I think the first thing I would try to do is figure out if there's a belief from a prior job or maybe from their family or something about what it means for you to take a vacation or to be gone. So maybe it's growing up with mom and dad saying, 'The people who get ahead are the people who never take a day off.' And just taking the opportunity to say, 'We just don't believe that here and here's why I don't believe that'…Like to just tell people things like that, that like it isn't goal driven, it's not important. And sort of like validate that sort of like wholeness.

In order to normalize the pursuit of rest, Lydia had to counter alternative Discourses that would direct employees' time toward work. In these conversations, she helped her staff unlearn Discourses that promoted the idea that exemplary workers should only pursue work. These conversations and decisions revealed that PD caregivers attacked the ideal worker norm by refusing to fix singular attention on work and pursuing rest as something to be enjoyed (Correll et al., 2014; Dumas Sanchez-Burks, 2015; Kelly et al., 2010; Williams, 1989, 2001). Instead of unintentionally finding such restoration, they utilized agency strategically to rest. Importantly, PD caregivers did not describe a pursuit of rest that compromised the quality of their work. Rather, they reported the normal practice of pursuing work and rest as enriching one another.

In contrast, NDs described pursuing work instead of rest. For example, Mackenzie, the fulltime caregiver for her brother with special needs, reflected, "I was pretty much focused on just caregiving for Cole and not for myself." Another ND, Henry, said: "If you leave it to me I like, I won't even schedule anything like that. I'll, I'll tell my staff to pack as many patients as possible and as many cases I, you know, fill up the weekends just cuz once I start working I, I naturally don't stop." His directions to his staff demonstrated a vigorous pursuit of work that

filled even his weekends, demonstrating behavior that aligns with the ideal worker norm. In sum, PD caregivers resisted the ideal worker norm by protecting, prioritizing, and pursuing rest.

RQ3: Consequences of Rest

RQ3 asked: How do PD caregivers' constructions of rest shape their personal, relational, and professional wellbeing? This section answers that question by detailing how PD caregivers reported their practices of rest benefitted their personal, relational, and professional wellbeing. The following paragraphs describe these positive consequences, contrasting them with the consequences that the ND sample of caregivers described.

Personal Wellbeing

First, PD caregivers reported that their approach to rest promoted their personal wellbeing mentally, emotionally, and physiologically. Both PD and ND caregivers also described negative consequences of *lacking* rest.

Rest promoted PD caregivers' mental wellbeing. PDs described outcomes of rest such as improved mindset, clear and quick thinking, and a greater sense of self-efficacy. Those outcomes were readily corroborated by PD caregivers' spouses. Asher, the husband of Avery, a speech pathologist, described the outcome of his wife's rest by saying: "She [has a] better outlook on life. She's less moody, less angry, less bitter…". His observation pointed to how rest supported Avery's mental stability and clarity. John, the husband of PD therapist Sadie, also explained the positive mental outcomes of his wife's rest: "She just came back from [vacation] so much more… ready to kind of go after the day." Rest helped the caregiver mentally refresh and return to work with a ready and willing attitude. In contrast, ND caregivers emphasized outcomes of a lack of rest including feeling overwhelmed, foggy, and "robotic" when interacting with clients.

These descriptions pointed to the power of rest to help caregivers mentally reset, improve attitude, and think clearly.

Second, rest fostered PD's emotional wellbeing. PD caregivers and their corroborators reported positive emotional outcomes of rest including "joy," "peace," and "calm." John, husband of PD therapist Sadie, explained that when his she got good rest, "her mood is more flat-lined, like more stable…She doesn't have as many emotional, kind of anxiety-driven swings. And she's just more stable, more…thoughtful." His reflection pointed to the emotional stability that rested caregivers experienced. Reflecting on the emotional outcomes of a lack of rest, PD child therapist Avery explained how she felt more easily overwhelmed: "When I haven't rested in a long time, little things feel like bigger things." Her response highlighted how rest played a role in remaining emotionally composed and stable amidst stressors. PD Avery's husband Asher mentioned a similar emotional trend in his wife when she was not rested: "And then she has a hard time being emotionally rested…I always call it Chicken Little… It's like literally like the sky is falling." Both Avery and Asher recognized how lack of rest contributed to amplified negative emotions such as anxiety and stress. Similarly, ND special needs caregiver Mackenzie described the negative outcome a lack of rest had on her wellbeing: "When I did not have the rest…I was basically a ball of stress and anxiety and depression all the time to the point where it, it just got worse and worse till I had to contact a therapist because I was like, this is bad…". This anecdote about severe burnout indicated the emotional cost of not resting. Madeline, a ND health technician at an elementary school, also explained that not resting enough shaped "almost every aspect in my life," that she felt like she was carrying a "heavy burden," and that it seemed like there was a "gray cloud over life in general" when she had not rested. Her lack of rest cost her emotionally, leading to feelings of depression and sadness. These responses highlight the

important ways that rest fostered PD caregivers' emotional wellbeing and that lack of rest led to negative consequences on emotional flourishing.

Third, rest supported PD caregivers' health and physiological wellbeing. PD caregivers repeatedly emphasized the positive results of rest; they reported that when they took time to rest, they had more time to "sleep," cook "nutritious, easy, already prepared food," "exercise," "walk," "hike", and "spend time outside," all of which fostered their physical wellbeing and energy. PD therapist Sadie explained the benefits of restful exercise on her wellbeing: "Active rest through like some movement that feels life giving is incredibly important for my wellbeing and I'm, I'm in physical pain if I don't do that enough." Sadie recognized a connection between caring for herself physically and her physical wellbeing, and therefore was motivated to take care of her body. In contrast, ND caregivers described the physical outcomes of a lack of rest, making comments such as, "I don't sleep as well," "I tend to make poor choices with meals," "my body was super tired and I was just out for the count," and "my blood pressure shot up really high, gained a lot of weight, was eating garbage all the time…". These various aspects of physical health, including sleep, food, and energy, were all affected in undesirable ways by a lack of rest. Physically resting by sleeping, exercising, and eating well fostered ongoing health and wellness for PDs, whereas NDs believed their lack of rest led to poor health outcomes, such as "migraines," "sick[ness]," and "exhaustion." In sum, rest benefitted PD caregivers' personal wellbeing mentally, emotionally, and physically.

Relational Wellbeing

Rest also benefitted PD caregivers' relational wellbeing. Specifically, PDs described experiencing more fulfilling interpersonal relationships both inside and outside of work when rested, and NDs described either a lack of personal relationships or strained relationships when

not rested. All caregivers noted the negative consequences that lack of rest had on their relational health, but PDs emphasized the positive consequences of rest.

PDs reported that when they had time to rest, they had more social energy to invest in personal relationships, experienced more patience and less irritability toward others, and spent more time with spouses, family, and friends. They explained relational outcomes such as "just having the social energy to call my mom almost every day" (Lydia) or enjoying time "with some of my closest friends in the sport…with the best, most playful conditions possible (Bella)." PDs described these activities as relationally refreshing and beneficial times they looked forward to. PDs also reported that rest facilitated "quality time" with friends and family, "hosting," and going "out to lunch" with friends. PD caregiver Christi described how rest benefitted her family: "My relationship with my kids improved significantly. I reengaged with more friends…I was social again…". These reflections showed the ways that PD caregivers associated rest with their ability to invest in and enjoy fulfilling relationships.

PDs also reflected on how moments of insufficient rest shaped their relationships negatively, describing feeling "cranky," "grumpy," "aggravated," "less patient than normal," and "irritable" when interacting with others. PD child life specialist Naomi expressed that she put a "barrier between [her] personal relationships" when she lacked rest. PD Christi reflected: "Lack of rest makes me isolate and…push people away …Feeling connected and close to people that's rest in a way…So I'm more open to nurturing those connections and my personal relationships when I'm taking care of myself…". Both of these cases demonstrate how exhaustion lessened these PDs' desire to engage interpersonally with the people closest to them. One PD (Sadie) reflected on a turning point moment for her earlier in her career when she realized her lack of rest was negatively influencing her marriage:

> So my spouse is like an angel on earth, he's like the most patient and like loving and kind person I've really ever met…it takes a lot for us to like, to get upset…[In the fall of 2019], he said to me, 'I'm anxious for when you're gonna get home.'...He was conveying like [I'm] not looking forward to you coming home. And that had never been the case in our relationship…coming home to each other had always been…the best part of our day…And I was like, 'Okay, like that is so not okay with me. Like I'm not gonna let that happen.' That was like a really big moment of like, 'Okay, I'm not going down this path, like this is going to change.' So yeah, that was probably a really profound moment for me.

This pivotal moment in Sadie's career served as a catalyst for change in the way she thought about and prioritized rest for the health of her marriage. A ND noted similar negative outcomes of lacking rest, including feeling "aggravated," "irritable," and "not as compassionate;" being "disrespectful;" "not attending to family or relationships;" and not having the "mental reserves" to be present with a significant other. Henry, a ND surgeon, elaborated on the costly effects that lack of rest had on his relationships:

> I mean if, if I'm not resting, I basically ignore most of the personal communication during the work week because I just don't have the bandwidth to deal with that. So like my girlfriend knows that if she needs to get in touch with me, if she needs to like call me. Like call me twice in rapid succession and then I will pick up the phone. Otherwise I'm just gonna ignore it because I'm assuming it's not anything critical. My mom also knows to do that she really needs me…she needs to call me several times and all and I'll pick up the phone…But otherwise I kind of just stay away from it all because I, I don't have the time or bandwidth to deal with that.

Henry's reflection pointed to the ways lack of rest inhibited his ability to invest in his mother and girlfriend. The demands of work drained his reserves, and without rest to replenish these reserves, he was left with little to offer. In contrast, PD caregivers' rest practices allowed them to have the reserves to invest in their personal relationships. In sum, rest promoted higher quality interpersonal relationships and relational outcomes, whereas lack of rest left caregivers feeling too exhausted to engage with family and friends and less patient with clients and patients.

Professional Wellbeing

Finally, rest supported PD caregivers' professional wellbeing. Specifically, PDs reported that rest led to positive outcomes, such as better patient care and longevity in work. In contrast, NDs described negative outcomes of lack of rest such as negative emotions surrounding work, lower quality patient care, and burnout.

In their reflections on how rest shaped their professional lives, PDs and their corroborators explained that rest promoted higher quality of care for patients and clients, creativity and collaboration at work, and enriched contributions at work. Corroborator Kinsley commented on how Naomi's rest nourished her professional growth: "She comes back rejuvenated at work which I think makes her feel more inspired to see different kids or… try new interventions…Collaboratively…those are the times that we create new programs or do new things…". Her outside perspective highlighted that PD caregivers' rest benefitted coworkers and patients in new and noticeable ways. PD Lydia commented that resting from work benefitted her organization in that it forced her coworkers to learn new skills in her absence. She explained,

> One of the things I know that happens when I'm gone for at least two and a half or three weeks is that other people learn things…That's the best strategy I've got for helping

> people feel more empowered to do things on their own…I think that…times when I felt like I can't leave, I think it just convinces other people that they're not capable.

For Lydia, rest was a matter of enabling other people to grow professionally and take initiative. Importantly, rest benefitted her professional longevity and the skill acquisition of others in her workplace. PD caregivers also insisted that rest enabled career longevity and prevented burnout and turnover, all of which benefit organizations and employees long-term.

In contrast, ND admitted repeatedly that they were not well-rested and experienced the negative repercussions at work. ND respiratory therapist Charlotte said, "I'm not as focused at work…When I didn't get the rest that I needed and required my focus was off…I could tell I was a little bit slower while I'm running from emergency to emergency…I was sluggish…". Her lack of rest diminished the concentration and vigor she needed to perform work responsibilities with excellence. ND caregivers also reported feeling exhausted, demotivated at work, and short with patients. For example, ND Talia, program manager for psychiatric patients, explained, "When you're burnt out, you might kind of blow 'em [psychiatric patients] off or, or not check in with them until a few days later." She connected exhaustion to inattention to patients' needs and compromised quality of patient care. These responses demonstrate that a lack of rest had collateral damage on patient wellbeing and the safety of the caregiving work environment. In sum, whereas lack of rest led to poor patient care outcomes and professional burnout and turnover, rest enriched PD caregivers' quality of work and longevity in their roles.

Average Cases

Comparison between the PD and ND interview responses revealed observable patterns and differences in meanings of rest and practices. However, those comparisons cannot rule out the possibility that PD (or ND) participants' meanings and practices of rest are associated with

communicative resilience in *nonlinear* ways. Thus, four individuals who scored near the sample average on the CRPS were interviewed.

Consistent with the idea that participants' meanings and practices of rest are associated with communicative resilience in a linear fashion, the four average (AVG) cases reported perspectives on rest that echoed *both* PD and ND responses. Specifically, AVG caregivers described rest in conflicting ways: as both proactive and reactive, important but dispensable, normal yet difficult to routinize. AVG caregivers' mixed responses demonstrated that their interpretive schemas and practices around rest promoted wellbeing but did so inconsistently. For example, several AVG participants described rest as strategic (e.g., Stella, "I think something I've tried to do is…plan my off days really strategically…it's something you have to prioritize") and intentional (e.g., Gracie, "When I leave the hospital, I…choose not to focus on the patients and families and know…that helps me to be better at my job."). However, other AVG caregivers reported an acquiescence to the impossibility of regular rest. Camila, a caregiver for an adult with special needs, expressed, "The weekend's just not really long enough to give that kind of renewal." Instead of strategically using agency to create restful weekends, she allowed this time to be underutilized for refreshment.

Positively, AVG caregiver responses also resonated with the PD interpretation of rest as indispensable and themselves as dispensable. For example, Stella, an ICU nurse, explained, "I think one of the biggest things is to not overwork yourself…Be faithful to the job…but don't start thinking that you're the solution to the problem…". This caregiver refused to believe she was irreplaceable at work and, as a result, chose to protect boundaries for her wellbeing. Harper, a child life specialist, expressed a similar perspective:

> It’s okay to take care of yourself…There will always be kids to be seen…There's always work that could be done…Prioritizing it is really important…It's okay to wait for the next day for those other kids…It's okay to…pass that off to somebody else so that you have time to…take care of yourself so that you can keep caring for other people. Cause otherwise you’ll burn out too fast.

Both Stella’s and Harper’s responses signaled a humble acknowledgement of bounded physicality, such that AVG caregivers, like PD caregivers, recognized their limits and rested in response to them. However, other AVG caregivers described times they suffered negative consequences from denying their limits. For example, Gracie described when she worked ten days in a row because of the unusual demands at the hospital: “Even though there were so many patient needs in that situation…and it was really chaotic… reflecting back…[I] I really need[ed] to rest…[and] I didn't…So I definitely crashed.” Though Gracie felt the exhaustion from resisting her bounded physicality, unlike NDs, she emphasized that the experience was “a good learning lesson.” Her willingness to grow in rest habits differentiated her from the ND cases who often failed to discuss efforts to prevent overwork or change poor rest habits.

Furthermore, like PDs, AVG participants described the care of rest as personalized and holistic, signaling that they practiced rest as multimodal. For example, Gracie explained, “[Rest is] just taking care of myself…getting enough sleep… eating healthy… spending time away from the hospital…being with friends and family, going out to dinner …with friends… I love to be outside with my dog…I also do journaling…”. Gracie’s response indicated a multifaceted interpretive schema around rest that provided her with physical, relational, and personal refreshment, similar to the practices and outcomes PDs described.

However, AVG responses also shared similarities with ND comments: AVG cases tended to bring up that they were still learning how to rest, provide examples of exhaustion and burnout, or describe rest as reactive rather than proactive. These trends signaled that their rest habits were less routinized than those of PDs. For example, child life specialist Gracie reported how others often tell her when she needs to rest: "My mom… recently encouraged me to take more PTO…I think they would say… I'm learning to…step away as I need to… [friends and family] helped me… be aware…I think I've gotten more self-aware…but it's always a work in progress." Gracie's reflection indicated that she was still learning how to recognize her need for rest, and may have rested in reaction to felt needs rather than proactively. In particular, Camila, a personal caregiver for an adult with special needs, commented in ways that echoed NDs. At the time of her interview, she had recently quit her caregiving work of 12 years to pursue an alternative field. She attributed this change to burnout. Reflecting on her rest practices, she expressed regret:

> I wish I would have taken more rest…In hindsight, I was becoming really…mentally unhealthy…I didn't know how to rest and because of the nature of the situation just didn't really get a chance to…I was just miserable and really, really unhappy and angry too… because I felt like I didn't have any rest or didn't have any time for myself. So if I had been able to have that, I think it would have been a better, more sustainable situation overall.

Camila's comment signaled that she held a meaning of rest as abnormal and dispensable, which resembled NDs' interpretive schema. In sum, AVG caregivers served as a relevant comparison to PD caregivers. Comparing and contrasting AVG and ND cases to PD cases validated the extraordinary, nonnormative, and honorable nature of PD responses.

Discussion

The objectives of this dissertation were threefold: to explore highly communicatively resilient professional caregivers' (a) meanings and practices of rest (b) how these meanings of rest compare or contrast with the ideal worker norm, and (c) reported consequences for personal, relational, and physiological wellbeing. These objectives were accomplished through a mixed-methods atypical case selection design. Specifically, highly communicatively resilient professional caregivers—termed positive deviants (PD)—were identified via survey instrumentation and then interviewed about their meanings and practices of rest (Bisel et al., 2020). Research questions were answered with an original concept, *bounded physicality*. By acknowledging their bounded physicality, highly communicatively resilient caregivers constructed rest as a normal indispensable joy and routinized its practice through multimodal care. Furthermore, findings revealed that PD caregivers resisted the ideal worker norm (IWN) by protecting, prioritizing, and pursuing rest. Interviews with caregivers who scored significantly below the norm on the CRPS (i.e., negative deviants; ND) served as a validation effort to check whether PD caregivers and their meanings and practices surrounding rest diverged from ND caregivers as anticipated. Findings contribute to organizational communication literature theoretically, methodologically, and pragmatically in regards to the communicative theory of resilience, meanings of rest and work, ideal worker norm, and positive deviance case selection method. The following section elaborates on these contributions.

Findings contribute to the communicative theory of resilience (CTR) by exploring how the material dimensions of reality interact with intersubjective meaning-making at the core of communicative resilience. Namely, PD caregivers' meanings and practices of rest relied on a deep assumption, an original concept which I term *bounded physicality* (i.e., the limited ability to

engage physically in space and time). *Bounded physicality* highlights how the material realities of the body shape communicative resilience processes (Buzzanell, 2010) and adds to organizational theorizing about human limitation, such as *bounded rationality* (Simon 1991; Weick, 1995) and *bounded emotionality* (Mumby & Putnam, 1992). As such, bounded physicality challenges the assumption that communicative resilience is primarily or solely about mental toughness or that resilient employees require less rest. Without question, communicative resilience involves mental exertion, which is apparent in CTR processes, such as *constructing alternative logics* and *affirming identity anchors* (Buzzanell, 2010). However, communicative resilience also involves important material realities of the body—a point that was demonstrated in the observation that PD caregivers assumed, acknowledged, and affirmed their physical limitations. Some may picture resilient individuals as especially able to overcome bodily limitations; however, this study shows that highly communicative resilient caregivers organized their routines around their bounded physicality.

This dissertation adds to a larger conversation about the deep interaction between intersubjective and objective reality. Communicative resilience is a social construction process through which people intersubjectively make sense of disruption in ways that make them stronger (Ashcraft et al., 2009; Berger & Luckman, 1966; Buzzanell 2010; 2018; Fairhurst & Putnam, 2004; Kuhn, 2005). However, these findings demonstrated that PD caregivers' assumption of bounded physicality points to an intersection of intersubjective reality and objective reality. In recent years, scholars have critiqued theorizing marked by extreme social constructionism, which can ignore the role of objective reality and material constraints (Ashcraft et al., 2009; Berger & Luckman, 1966; Bruscella & Bisel, 2017; Cheney, 2000; Kuhn, 2005; Putnam, 2015). These scholars emphasized that material realities coexist with and shape

communicative meaning-making processes (e.g., Bisel, 2010). Bounded physicality captures an aspect the physical constraints in which people live. However, findings show that recognizing these limitations is not necessarily undesirable. The mindsets and practices of PD caregivers afford them a material reality which is limited and thus easier to manage discursively (i.e., finite energy, bodies, time, capacity). Routinization of rest practices meant that PD caregivers did not need to work as hard to frame their reality as they would have otherwise. Instead, when they practiced rest, these caregivers lessened the challenge of socially constructing and framing the undecidability of disruptions (Fairhurst, 2010). In other words, when caregivers were well-rested and disruption comes, they could more easily construct reality as something they can bounce back or forward from. Therefore, rest not only reduces sensemaking burdens through the acknowledgement of bounded physicality, but also increases the material reserves (e.g., physical energy) that precede communicative resilience. By living in these ways, the PD caregivers pulled on both discursive meaning-making processes of rest and material affordances of rest. Future communication research should further consider the material aspects of resilience and explore the transferability of *bounded physicality* to other areas of work, especially masculinely-gendered work, to discover if these patterns of communicative resilience and rest patterns are transferable to non-caregiving occupations.

Second, these findings contribute to the CTR literature by challenging taken-for-granted assumptions of resilience. Resilience implies a strong need for fortitude to persevere despite weakness; however, this study revealed that the most communicatively resilient caregivers admitted limitations and embraced their need for rest unapologetically. This observation demonstrated that the most resilient caregivers operated with humility, a virtue which scholars have defined as involving both “realistic assessment” and “sophisticated awareness” of one’s

own strengths and weaknesses (Nielson et al., 2010, p. 34). This humility freed PD caregivers to rest rather than ignore or deny limitations in the pursuit of strength. Rest may seem like a displacement activity or distraction to *bouncing back* or *bouncing forward* (Houston, 2015; Houston, 2018); however, these findings demonstrated that rest is a critical component of reaching the adaptive-transformative reintegration that leads to productive action (Buzzanell, 2010, 2018; Richardson, 2002; Sutcliffe & Vogus, 2003). Future research should explore whether highly communicatively resilient individuals show humility in other facets of their work and life, such as in their self-perceived communication competence or their work achievements.

Third, these findings contribute to the CTR literature by demonstrating that rest likely builds reserves needed to enact communicative resilience. Enacting communicative resilience takes effort. Maintaining physical reserves likely benefits PD caregivers in their communication efforts to be resilient in the wake of disruption. These physical and emotional reserves facilitate the discursive, intersubjective meaning-making processes needed to construct communicative resilience. For example, rhythms of rest, such as spending quality time with friends, journaling, and taking vacation may afford caregivers the mental space and liberty to affirm identity anchors that keep them going in their job, legitimize any negative feelings about work while foregrounding productive action, or maintain important communication networks that provide critical support amidst the disruptions of work (Buzzanell, 2010). Thus, multimodal rest likely builds physical, relational, spiritual, emotional, mental, and material resources that facilitate the enactment of CTR processes. This point provides empirical evidence for theorizing that proposed relational maintenance bolsters energy reserves that help resilience and wellbeing (Afifi et al., 2016; Afifi, 2018). Furthermore, the inductive design of the study cannot definitively confirm whether a reciprocal relationship exists between rest and communicative resilience. Rest likely

builds reserves that enable communicative resilience processes. In turn, the enactment of communicative resilience likely encourages more rest. As such, rest and CTR may operate in a virtuous cycle that allows caregivers to build and utilize reserves that promote resilience in an ongoing fashion. Future research should employ longitudinal and ethnographic methods to confirm this relationship over time.

Fourth, these findings contribute to the CTR literature by demonstrating that meanings and practices of rest may promote communicative resilience. To date, CTR scholarship has primarily treated communicative resilience as an independent variable (e.g., Kim, 2020; Venetis et al., 2020). However, this study positioned communicative resilience as a downstream consequence of rest. Findings strongly suggested that PD caregivers' meanings and practices of rest strengthen their communicative resilience; however, this relationship needs to be confirmed through further testing. In future research, scholars should develop a reliable and valid measure of meanings of rest in order to understand whether rest predicts salient variables including burnout, wellbeing, and communicative resilience (Hinkin, 1998). Future scholarship should attempt to answer whether caregivers' meanings of rest can be influenced via training interventions and whether those interventions have measurable effects on communicative resilience and wellbeing indicators.

Fifth, this study contributes methodologically to the POS (Cameron & Dutton, 2003; Spreitzer & Sonenshein, 2004) and POCS (Bisel et al., 2020) literatures a novel example of atypical case selection design and the kinds of insights it can produce. Experts have already established three strategies for conducting positive deviance case selection investigations: atypical case selection, inclusion criteria, and historical reconstruction (Bisel et al., 2020). This study is the first to use atypical case selection. Future research should utilize atypical case

selection at the individual, group, and organizational levels to identify and explore cases of positive deviance in effort to extend positive organizational communication scholarship.

Furthermore, this study is an example of how organizational communication can continue to be multi-perspectival while benefiting from the strengths of both post-positivism and interpretivism simultaneously (Cheney, 2000; Miller, 2000). The sequential explanatory mixed method design, utilizing first quantitative methods and then qualitative methods, enabled the researcher to leverage quantitative data collection *and* interpretive, inductive methods. By explaining these interpretive roots of the communication variable of interest, this method represents a paradigmatic hybrid and answers the call for multimethod, multi-paradigmatic approaches (Corman & Poole, 2000). In future research, scholars should continue utilizing these kinds of mixed methods designs to discover rich insights into quantitatively observable data. Additionally, scholars should continue to examine and document cases of positive deviance to add to the growing body of research highlighting exemplary communication practices.

Sixth, this dissertation contributes to the ideal worker norm (IWN) literature by identifying a sample of excellent workers who, ironically, resist the IWN through alternative values and practices of rest. Highly communicatively resilient caregivers' resistance and opposition to the IWN challenge the assumption that ideal workers abide by a Discourse of work primacy. Organizations want to hire "ideal workers:" employees who produce high-quality work and stay in their jobs long-term. However, the IWN promotes the idea that these ideal workers normatively engage in behaviors such as prioritizing work over personal commitments, working long hours, and maintaining constant accessibility to the organization (Kramer & Bisel, 2021; Dumas Sanchez-Burks, 2015; Williams, 1989; 2001; Zerubavel, 1993). Findings revealed that PD caregivers represented ideal workers but resisted widely accepted ideal worker norms,

alternatively normalizing practices including rest primacy, strict boundaries, and limited accessibility to work. PD caregivers had a wide range of work experiences and related expertise. Some held leadership roles. These caregivers resisted burnout and intended to remain in caregiving professions. Their work experience and the physical consequences of their work and rest practices strongly suggest a long-term ability to sustain their continued participation in caregiving professions, acquire greater case expertise, and be valuable team members who can avoid the deleterious effects of burnout (Agarwal & Buzzanell, 2015). In sum, these caregivers are highly skilled in managing emotionally draining roles, yet they resist and even attack ideal worker norm. Future studies should examine how employees attack the ideal worker norm and defend discourses of rest. Additionally, scholars should explore how PD caregivers socialize others, both organizationally and professionally, into their perspectives.

Seventh, this dissertation contributes to the organizational communication literature by being one of the first to explore meanings and practices of rest in the workplace. This study broke new ground in casting scholarly attention on the meaning of rest and established a theoretical companion to the meaning of work (MOW) literature (Rosso et al., 2010). Additionally, findings offer a first exploration of a communication perspective of rest, as the scholarly work on rest to date is primarily in health, philosophical, and religious disciplines (e.g., Bernhofer, 2016; Nurit & Michal, 2003; Ridenour, 2021). Though communication scholarship has begun to explore the importance of rest norms in caregiving work (Rush et al., 2022), this study examined rest specifically in the context of a positive deviance sample of resilient caregivers. As such, it demonstrated that rest influences caregivers and their work positively. As questions about burnout and retention become increasingly salient in a post-COVID world, communication scholars should continue to explore meanings, practices, and outcomes of rest

from a communication perspective. For example, interview studies and ethnographies would allow researchers to explore how potentially helpful and unhelpful discourses of rest are discursively constructed through talk over time. Additionally, scholars should examine what kinds of messages leaders disseminate about rest, and how they model rest to employees.

Limitations, Challenges, and Advice

This study is not without limitations and challenges. First, this study was exploratory in nature and cannot demonstrate causality or control for other influences on rest and communicative resilience. However, given that communication scholarship is just beginning to consider meanings of rest as an important facet of personal and organizational life, qualitative exploration was a fitting methodology for the study. Second, it is uncertain whether these findings transfer to work and professions outside of caregiving contexts. Future research should explore this question, examining the transferability of concepts such as bounded physicality and the multiple meanings of rest. Third, this study does not confirm whether rest and CTR are reciprocally related; however, this relationship would be consistent with the preponderance of qualitative evidence in this study. Experimental and longitudinal designs could confirm this relationship in future work. Fourth, admittedly, the findings from this sample are likely influenced by US national culture, and it is to be expected that meanings of rest would differ from culture to culture. Future inquiry should explore how meanings and practices of rest may vary cross-culturally. Finally, this study is limited in that all PD caregivers interviewed were female. Caregiving work tends to be gendered and these jobs are often occupied by women, but further work should explore the important question of how men construct the meaning of rest and enact communicative resilience in caregiving and non-caregiving work. Additionally, future

studies should consider the transferability of bounded physicality to traditionally masculinely-gendered work, such as skilled trades (e.g., construction, plumbing).

One challenge of the study was identifying enough PD participants who were both (a) responsive and (b) willing to participate in follow-up interviews. Caregivers carry immense responsibilities and manage constant demands, and highly communicatively resilient ones likely guard their time—a point that is apparent throughout their interview responses. Given these trends, getting enough interview participants was a time-intensive task. Interestingly, negative deviant caregivers expressed willingness to interview much more quickly. For these reasons, I recommend that researchers utilizing this method prioritize the collection of large sample sizes to ensure enough PD participants are gathered.

Practical Implications

This research has practical implications for both professional caregivers and caregiving organizations. First, these findings suggest that professional caregivers should resist norms of work that call for expectations, such as constant availability, overwork, and blurred boundaries between work and life. Caregiving work is rife with challenges and demands from clients and patients who have physical, emotional, mental, material, and spiritual needs (Miller et al., 1988). Furthermore, in a post-COVID world, caregivers' exhaustion, burnout, and turnover rates are at all-time highs (Nishimura et al., 2021). Given the constant needs of this field, caregivers will likely always face the opportunity to keep working. However, professional caregivers should not succumb to feeling that they must meet every need and work all the time. Instead, they should pursue restoration proactively, viewing rest as normal rather than strange, indispensable rather than unnecessary, and a joy rather than a burden not worth seeking. Caregivers should rest in multifaceted ways, seeking refreshment physically, emotionally, mentally, spiritually, and

relationally. Ultimately, caregivers should embrace their bounded physicality, realizing that they themselves have limits and need care so that they can provide higher-quality care to others in need as well. Professional caregivers may need to have hard conversations with leaders in their organizations, advocating for more rest where it is insufficiently provided. Professional caregivers can become change agents or institutional resistance leaders (Bisel et al., 2017) in their field by modeling and enjoying norms of rest themselves.

Second, these findings imply that caregiving organizations and their leadership play a critical role in enabling rest for their employees. Leaders are key in developing a culture of rest in the workplace through both injunctive and descriptive norms. Communicatively, organizational leaders should encourage rest, praise rest, and help their employees brainstorm ways they can rest. Through everyday discourse, leaders can normalize rest as an expected, accepted, and praised practice, dismantling norms of thinking about rest as laziness, unnecessary, or shameful. Leaders can also provide cautionary tales of employees' burnout and exhaustion resulting from a lack of rest, and extol "prototypes" of ideal workers as those in the organization who prioritize both work and rest. These communication practices would foster norms of rest that employees can strive to emulate. Personally, organizational leaders should model rest themselves, demonstrating that they believe in the importance and power of rest. Systemically, organizational leaders should advocate for policies that enable employees' rest, such as offering generous paid time off (PTO) or separating sick and PTO days to encourage employees to take intentional personal days and rest when they are sick. When employees have sufficient annual PTO, even policies like minimizing rollover of time off can motivates employees to use their time off rather than pile it for the next year. Additionally, organizational leaders in caregiving should creatively envision what extended time off could look like for themselves and their

employees, such as periodic sabbaticals. By communicating and role modeling rest, as well as advocating for policies and systems that actually enable and reward rest, caregiving organizations can develop injunctive and descriptive norms around rest to support the development of rested and communicatively resilient caregivers for the long-term.

Conclusion

This dissertation proposed that acknowledgement of *bounded physicality* is a critical aspect of both healthy meanings of rest and communicative resilience. Highly resilient professional caregivers humbly embraced their boundedness, constructing rest to mean the proactive pursuit of holistic restoration. They pursued this restoration holistically and multimodally, viewing rest as a normal indispensable joy. These caregivers discursively resisted widely-accepted norms of work that inhibited rest-–namely, the ideal worker norm—through protecting boundaries, pursuing rest, and prioritizing rest. PD caregivers' meanings and practices of rest resulted in an abundance of positive consequences related to their wellbeing personally, relationally, and professionally.

Appendix A:CRPS (Wilson et al., 2021)

6-point scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*)

The following is a series of statements regarding communicative resilience. Please respond to each statement thinking about the past 2 years as a professional caregiver.

Maintaining Routines

1. I tried to keep life as normal as possible.
2. I continued to do the things I normally would.
3. I made an effort to keep up with my daily routines.
4. I tried to keep busy doing what I normally do.

Adapting and Creating New Routines

5. I started to build new routines.
6. I started to do new things that over time became ordinary.
7. I adjusted my daily habits to the new circumstances.
8. I adjusted my routines in light of what happened.

Affirming Identity Anchors

9. I maintained key aspects of my identity amidst everything that was going on.
10. I kept in mind who I wanted to be throughout the situation.
11. I held onto the most important parts of myself despite everything that went on.
12. I dug deep into what I value the most as the situation unfolded.
13. I tried to act like the person I ideally wanted to be.
14. I focused on my most important roles during this time.

Maintaining and Using Communication Networks

15. I turned to family and close friends for support.
16. I turned to other people in my network for what I needed.
17. I sought guidance from people I know.
18. I reached out to other people for help.
19. I relied on my connections with others during the situation.

Constructing Alternative Logics

20. I found a different way to make sense of the difficult situation.
21. I tried to see the difficult situation in a new light.
22. I found a way to reimagine what was happening in the difficult situation.
23. I thought about the situation in ways that I had not considered before.
24. I found ways of thinking outside of the box in the situation.

Humor

25. I tried to find humor in the situation even though it was difficult to do so.
26. I relied on humor to get through the challenging times.
27. Despite the seriousness of the situation, I found myself using humor to lighten things up.
28. Even though I didn't expect to, I found myself laughing at something funny that happened in the situation.

Foregrounding Productive Action While Backgrounding Negative Feelings

29. I focused on actions that would help me move forward even though it was difficult.
30. Despite how I was feeling, I chose to focus on things that were productive.
31. I focused on what would help me carry on even though it was challenging.
32. Despite how I was feeling, I focused on taking constructive actions.

Appendix B:
Interview Guide for Positive Deviance Cases, Negative Deviance Cases, and Average Cases

Context

1. Please describe your job (how long, role, ordinary day over the last two years)?
2. Could you please compare an ordinary day in your job life prior to the pandemic and during?
3. Please describe some common stressors or challenges of your job.
4. What, if at all, is something that you do which helps you keep going in your job even when it's tough?

Rest

5. What are some things that you do to rest from your work?
6. Could you tell the story of a time when you rested from your job over the last 2 years?
7. What advice, if at all, do you give to others in your profession about rest?
8. If I were to ask your parent, friend, or significant other about your work and rest habits, what would they say about you?
9. Tell me about a time when rest became important.
10. Tell me about a time when you worked to make rest a priority/when you didn't make rest enough of a priority.
    a. Have you ever advocated for more or better rest from your job? To whom were you speaking and what did you say?

Personal, Relational, Professional Wellbeing

11. Tell me about a time that illustrates how rest or lack thereof influenced your personal wellbeing.
12. Tell me about a time that illustrates how rest or lack thereof influenced your personal relationships.
13. Tell me about a time that illustrates how rest or lack thereof influenced your health.
14. Tell me about a time that illustrates how rest or lack thereof influenced your ability to do your job well.

Appendix C: Interview Guide for Corroborators

1. Can you describe your relationship with X and how long you've known each other?
2. Can you describe something you might observe X doing which illustrates their approach to rest?
3. Can you describe something X might say in their advice to themselves and others about rest?
4. What are the physical/emotional/relational things they do to rest?
5. Please describe the outcomes of their rest?
6. What does their orientation toward rest mean for your (home/personal/work) life with them?
7. What does their orientation toward rest mean for their career and potential for upward mobility?

Table 1: RQ1: Positive Deviance Meanings and Practices of Rest

	Label	Definition	Excerpt
Meanings of Rest	Strategic Defense	Rest as proactive, intentional strategy to protect wellbeing and guard against burnout	*I waited strategically for a year when our budget was tight and said, 'Hey, I think that there isn't a lot of money to give people raises this year, including me. I would be happy with this little tiny raise if I could have an increase in my vacation time that was permanent'…This was 10 years ago and got a permanent increase in my vacation time.*
	Normal	Rest as accepted and expected	*I try to go somewhere at least every year for three weeks.*
	Indispensable	Rest as critical	*I don't think there's a path to people being in this field long term that does not involve them taking an enormous amount of time off. (Lydia)*
	Joy	Rest as beautiful, desirable, beneficial treasure.	*For her…it's [rest] just bliss.*
Practices of Rest	Multimodal	Rest habits that pursue restoration holistically (physical, mental, emotional, etc.) through a variety of practices.	*It takes an entire toolkit to manage it…Everything from…debriefing hard shifts to…doing the activities that feed you, spending time…people…Not talking about it, sometimes talking about it…Sometimes you'll have to lean more on one or the other.*
	Care	Rest habits to provide care for self rather than only providing care for others.	*When a plane's crashing…they tell you to put your own oxygen mask on before helping others. You are not in a position to provide care for anybody if you're not doing that for yourself first…If you don't take care of yourself…you're just gonna feel burnt out, exhausted and, and jaded.*

Table 2: RQ2: Positive Deviance Sample Resistance to the Ideal Worker Norm Compared with Negative Deviance Sample

Positive Deviance Sample	Ideal Worker Norm	Negative Deviance Sample
Protecting Rest	Protecting Availability for Work Blur boundaries between personal and professional domains (Dumas Sanchez-Burks, 2015) Constant accessibility (Zerubavel, 1993) Available to meet business needs regardless of the work hours (SHRM Online Staff, 2011)	Protecting Availability for Work
Prioritizing Rest	Prioritizing Work Privilege work over other roles, showing full devotion to organization (Correll et al., 2007; Ely & Meyerson, 2000) Readily available to work (Carney, 2009, p. 117)	Prioritizing Work
Pursuing Rest	Pursuing Productivity at the Expense of Rest Uncumbered by non-work responsibilities (Williams, 1989, 2001; Dumas Sanchez-Burks, 2015) No personal commitments (Dumas Sanchez-Burks, 2015) Use flexibility policies because of desire for productivity, not personal needs (Leslie et al., 2012)	Pursuing Productivity at the Expense of Rest

Table 3: Participant Demographics Organized by CRPS Score with Corroborators Noted

CRPS Score Mean Z-Score	Name	Age	Caregiving Role	Work Experience
5.81 2.33	Bella	37	ICU Nurse	14 years 5 months
	Corroborator Ford		*Husband*	
5.47 1.63	Avery	33	Child life specialist	9 years 9 months
	Corroborator Asher		*Husband*	
5.44 1.57	Lydia	42	Executive Director, mediation nonprofit	16 years (14 years supervisory)
	Corroborator Winston		*Husband*	
5.41 1.51	Sophie	28	Licensed medical assistant	8 years 2 months (2 year supervisory)
5.41 1.51	Tonya	29	Home Healthcare Provider	4 years
5.38 1.44	Sadie	28	Marriage Therapist MS, LMFT	~7 years
	Corroborator John		*Husband*	
5.28 1.25	Christi	31	Congregate living shelter lead	12 years 2 months (10 years 2 months supervisory)
5.25 1.19	Naomi	31	Child life specialist	10 years 1 month
	Corroborator Kinsley		*Friend/coworker*	
5.22 1.13	Kathryn	23	Nursing assistant/nurse	4 years

5.19 1.06	Summer	37	Respiratory therapist	17 years 11 months
5.16 1.00	Jane	27	Respiratory therapist	7 years
4.97 0.62	Gracie	30	Child life specialist	5 years 7 months
4.94 0.56	Stella	24	ICU nurse	~3 years
4.59 -0.14	Camila	31	Full-time caregiver for adult with special needs	12 years
4.25 -0.84	Harper	28	Child life specialist	5 years 2 months
3.78 -1.79	Henry	36	Surgeon, urology	8 years 1 month (supervisory 3 years 1 month)
3.69 -1.98	Charlotte	38	Respiratory therapist	17 years 1 month
3.69 -1.98	Madeline	32	Health technician, elementary school	15 years 6 months
3.53 -2.29	Talia	40	Program manager, psychiatric unit	~14 years
3.50 -2.36	Mackenzie	37	Full-time caregiver for brother with special needs	~3 years

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