Becoming an Emergency Physician: From Dream to Nightmare?
A Marketing Approach to Human Resources

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Abstract:

This article explores the transition of healthcare professionals from a sense of calling to resignation, exacerbated by challenges within the hospital environment. The situation of emergency room doctors highlights a gap between high engagement and reality. Drawing on the works of Allen and Meyer, the study examines employees' experiences based on the Employee Lifecycle (ELC). A qualitative study involving 12 emergency room doctors reveals the evolution of experiential balance, from overengagement to resignation, influenced by complex motivations. The article introduces the concept of the Employee Experience Balance (EXEB) and suggests a transdisciplinary approach between marketing and HR, emphasizing the necessary adjustment of actions based on different phases of the ELC to enhance the overall experience.

Keywords: Engagement, Motivation, Experience, Employee Lifecycle, Emergency

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INTRODUCTION

Influx of patients, stress, lack of beds, violence, or even the third-worldization of the hospital (Kierzek, 2022) are causing healthcare professionals to transition from a sense of vocation to resignation. Hospitals are witnessing their emergency care staff absenting themselves and/or resigning at an unprecedented rate, leaving decision-makers with limited options. Traditionally, Human Resources (HR) focus on engagement to analyze the performance of roles within an organization (Welch, 2011). However, some studies challenge this measure. Indeed, the EE indicator may show a high level, yet absenteeism and turnover continue to impact the daily lives of HR or field managers. The literature refers to this as ambivalent disengagement, now termed "quiet quitting," where individuals display positive expression and investment towards specific components of their work while developing negative predispositions towards other dimensions (Vandenberghe et al., 2011; Galanis et al., 2023). It is evident that engagement does not provide an in-depth understanding of this phenomenon. Firstly, the meaning of engagement is not taken into account. However, the creation of meaning should deepen the concept of engagement (Johnston, 2014). Secondly, engagement does not seem stable over time. engagement must, therefore, be situated within a temporal process that gradually incorporates various Employee Experiences (XEM) throughout the employee's Career Life Cycle (CVC). Based on these observations, this study aims to emphasize the complexity, variability, or inconsistencies of the engagement concept. It focuses on the dynamics of EE through the lens of motivation and meaning, which guide interpretations and ultimately influence decisions regarding HR paths. It poses the following question: How does the creation of meaning over a Career Life Cycle impact engagement? To answer this question, this study employs a qualitative exploratory method conducted with 12 emergency care professionals. The first section provides a brief literature review. Subsequently, the methodology is explained, followed by the presentation of results. This is followed by a discussion and conclusion, highlighting the contributions and perspectives of this paper.

State of Art

These are the famous works of Allen and Meyer (Allen and Meyer, 1990, 1996; Meyer and Allen, 1991, 1997) that provide a conceptual framework for organizational engagement. Organizational engagement (OC) is then a psychological state that characterizes the relationship between an employee and an organization, influencing their intention to maintain the relationship (Meyer and Allen, 1991). The construct is three-dimensional, and affective engagement (EE) (feeling of emotional attachment), continuance engagement (CE) (perceptions of the costs and sacrifices of resignation), and normative engagement (NE) (obligation or moral duty) define OE. The sources of OE are diverse. Thus, EE is fueled by positive experiences, support and consideration from the hierarchy and teams, equity, the feeling of being important, or self-fulfillment (Meyer and Allen, 1997, Dunham et al., 1994; Allen and Meyer, 1990; Folger and Konovsky, 1989; Eisenberger et al., 1986, Mowday et al., 1982). CC comes to life with the perception of possible alternatives to employment or the evaluation of activity costs and investments made (Allen and Meyer, 1990). NC is built on socialization, the norm of reciprocity, and the psychological contract (Gouldner, 1960, Rousseau, 1989, Wiener, 1982, Gouldner, 1960). The literature also explains the consequences of CE and NE. Thus, these two dimensions are positively related to attendance (versus absenteeism), performance, voluntary contributions, or the sense of well-being (Seligman, 2011, Meyer et al., 1988; Meyer et al., 199, Allen and Meyer, 1996; Ashforth and

Saks, 1996; Lee and Ashforth, 1996, Organ and Ryan, 1995, Reilly and Orsak, 1991; Mathieu and Zajac, 1990).

One of the concepts related to engagement is motivation. A causal link is established from engagement to motivation (Meyer et al., 2004) and vice versa (Gagné et al., 2008; Gagné and Deci, 2005). Theories of motivation emerge with Taylor's work (1911), where employees are concerned with the economic nature of work. Mayo (1933) adds psychological factors (such as autonomy, social factors, group cohesion, etc.). Maslow (1943) explains motivation based on the satisfaction of needs. Herzberg et al. (1959) define two job motivation factors: hygiene (related to satisfaction) and motivator factors (linked to motivation). Not limited to these, we can mention McGregor's X and Y theory (1960) and Vroom's expectancy theory (1964), which indirectly reinforce the idea of extrinsic and intrinsic motivation at work. These concepts are further explored in the self-determination theory (Deci and Ryan, 1985), which proposes a continuum of self-determination. Intrinsic motivation involves an affective component, while extrinsic motivation falls under identified, integrated, external, or introjected regulation. Amotivation is characterized by a lack of intention to act (Ryan and Deci, 2000). If motivation is a source or consequence of engagement, the creation of meaning should allow for a deeper understanding of this concept (Johnston, 2014) and the comprehension of motivational systems.

Employee Experience (XEM) is gaining renewed attention (Batat, 2022), drawing on the work of Holbrook and Hirschman (1982). In marketing, value can take on a traditional and cognitivist nature when individuals weigh the benefits against the sacrifices (Zeithaml, 1988). It can also be multidimensional and interactionist when it involves the ratio between affective preference and the meaning of consumption (Holt, 1995; Lai, 1995; Holbrook, 1994; Richins, 1994; Sheth et al., 1991), or integrative in nature when the experience of sacrifice is aggregated with affective preference (Aurier et al., 2004). The dimensions of value exert influence on perceived value, satisfaction, and engagement. Simultaneously, various studies address the creation of value that manifests in interactions (Grönroos, 2011; Vargo and Lusch, 2004). However, while value can be created, it can also be destroyed (Wu and Cavusgil, 2006). Over time, relationships may deteriorate, interests decline, objectivity is lost, and rising expectations begin (Woodruff and Flint, 2014; Fang et al., 2011). The destruction of value is then a failure in the process of resource integration (Smith, 2013) and is manifested by indifference to the context (Makkonen and Olkkonen, 2017). Extensively studied for its positive outcomes (attractiveness, loyalty, engagement) (Batat, 2022; Han and Lee, 2020; Lemon, 2019; Maylett and Wride, 2017), XEM has not been explored in its negative valence or in its evolution over time.

In 1964, Beer et al. introduced the concept of the Employee Life Cycle (ELC). Human Resources (HR) are viewed through the lens of three flows (incoming, internal, outgoing). The ELC becomes a method that supports the value proposition and the employment relationship while enabling the management of jobs and career paths (Lavelle, 2007). Without reaching a consensus, various authors propose an ELC consisting of 4 to 8 stages through which an employee transitions. Smither (2003) and App et al. (2012) align with the "product life cycle" and consider the employee's characteristics, the evolution of their needs, and expectations. They identify pre-hire, introduction, growth, maturity, decline, and post-employment phases. This model supports the idea that an employee progresses through different stages. Advancement through these stages results from adaptive activities (Costello, 2006; Smither, 2003) where decision-making can be framed in terms of cost/benefit ratios and reasoning with the interactive and evolving nature of the experience.

Derived from the decision-making model, the Decisional Balance (Janis and Mann, 1977) prompts reflection on the perception of benefits versus sacrifices. This model explains how an individual adopts a behavior based on an assessment of factors favoring the status quo and

factors encouraging change. The Decisional Balance is an evaluative tool for change strategies, defined as declared or secret activities in which individuals engage to modify their thoughts, behaviors, or relationships associated with a problem (Prochaska, 1995). It raises the question of the "approach-avoidance" orientation, based on the postulate that individuals seek a pleasant state of activation (approach) versus a rejection of an unpleasant state (avoidance) (Elliot and Friedman, 2007; Elliot, 2008). These two strategies are at the core of the Regulatory Focus Theory (Higgins, 2002), where an individual striving to achieve a goal mobilizes a promotion strategy (approach) or a prevention strategy (avoidance). Orientation is then associated with achievement needs and the pursuit of gains. Prevention is linked to the need for security and the avoidance of losses (Higgins, 2002). This theory allows for an understanding of decision-making through cognitive and motivational aspects, explaining how unconscious motivations shape more elaborate reasoning (Boesen-Mariani et al., 2010).

METHOD

A qualitative study using semi-structured interviews was conducted with 12 emergency physicians. The sample is presented in Appendix 1. The interviews were guided by a framework organized around the five phases of ELC (proposed by App et al. (2012). The duration of the interviews ranged from 45 minutes to 1 hour. The objective was to identify dimensions of work experience perceived by emergency physicians based on the ELC phases. Thematic analysis was performed on the data, involving coding of information (Braun and Clarke, 2006). Therefore, interviews were coded separately and sequentially using a hierarchical thematic and sub-thematic classification technique, employing an inductive coding approach (Miles et al., 2014). This method allows categories to emerge from the participants' verbatim, rather than using predefined categories (Ezzy, 2002). Emerging themes from each interview were then compared, highlighting essential categories. This inferential process helps define the dimensions of the XEM across the entire ELC.

RESULTATS

The content analysis reveals the evolution of the employee's experiential balance (EXB) (in this case, the emergency physician) across the various phases of their professional career.

In the **pre-employment stage**, experiential projective evaluation is positive. The emotional dimension is felt, with the pride of pursuing one's "*dreams" and "having a fulfilling profession*." Additionally, there is a sensory dimension to the work environment, where emergencies are perceived as a stimulating setting: "*I chose this healthcare unit for the adrenaline, the quest for sensations*." Expectations regarding support are high (cognitive dimension): "*I wanted to have knowledge of techniques and understand the variety of pathologies*." At this stage, the emergency physician is solely focused on investing deeply in their work mission (behavioral/implicative dimension): "*I wanted to serve the population*" and "be useful to others." Motivation is intrinsic as it derives from achievement, knowledge, and stimulation. The motivational system is based on a promotion strategy (approach), emphasizing the pursuit of accomplishment and gains. Engagement is built on affect through the search for positive experiences and the feeling of being able to fulfill oneself. The initial signs of EN are identified.

In the **stages of integration and growth**, the evaluation of experiential balance is ambivalent for emergency physicians, as they perceive both benefits and costs. On one hand, they assess the affective dimension associated with their career choice. The cognitive dimension and support from colleagues (social dimension) are crucial as they start, and having reliable colleagues is essential: "*We learn on the field, guided by emergency physicians, and so gradually.*" Regardless of the integration or growth phase, emergency physicians declare

overinvestment, reinforced by the psychological contract (behavioral/implicative dimension): "*I want to fully experience all the knowledge I can acquire during this period.*" In the growth stage, the relational dimension strengthens, and the intellectual dimension is emphasized: "*We felt really useful as we treated people with a good team atmosphere*." On the other hand, sensory evaluation deteriorates. Emergency physicians discover an unfavorable environment and a practice location lacking resources: "*The equipment at our disposal is not always top-notch.*" The intellectual dimension is affected by the misuse of emergency services: "*What really surprised me is patients coming for nothing, having to take care of them when they have nothing is very frustrating*." EE remains, and NE is driven by the relational dimension. Emergency physicians maintain a promotion strategy (approach), primarily fueled by intrinsic motivation. Extrinsic motivations are formed by a perceived locus of causality that tends to be external: team benevolence, reciprocity, but also the "*bobology*" aspect.

At the **maturity stage**, the assessment of the experiential balance is negative and unfavorable because the emergency physician perceives more costs than benefits. They begin to experience the emotional dimension negatively due to the high level of stress, which can lead to a risk of burnout. "*Night shifts are very challenging; we can't ask the staff to work all the time, 40 hours at night, because it's exhausting*." Additionally, the emergency physician feels a sense of stagnation and lack of progression (cognitive dimension). "*I was stagnating because every day I worked, I came, I did the same job*." The affective evaluation of the hospital further deteriorates with an attribution of responsibility (external locus of control) attributed to the hospital management. "*If the lack of staff and resources continues to be felt without seeing efforts to remedy it in the long term, yes, it's something that would push me to leave.*" The relational and intellectual dimensions with the patient deteriorate. "*It's becoming increasingly difficult with the demands of patients and families, physical and verbal violence*"; "but now I'm really getting tired of people coming for nothing at all." The only positive element lies in the cognitive dimension, where the emergency physician becomes competent and autonomous. "*What makes me happy is doing my job, not making mistakes, helping patients well, guiding them properly to avoid worsening their condition." Also, social support is more reinforced than ever. "They even told me, 'If you leave... the clinic will fall apart, everyone will leave.*" However, this result contradicts the premises of the self-determination theory (Deci and Ryan, 1985), which suggests that when the three psychological needs (competence, autonomy, and social connection) are satisfied, a person reaches a higher level of well-being. This result can be explained by the constant need for growth and learning new skills at work. Intrinsic motivation diminishes, extrinsic motivation strengthens in relation to the healthcare community but deteriorates concerning patients with minor issues. Nevertheless, the motivational system remains on the approach orientation, largely supported by the NE and EE.

At the **stage of decline and post-employment**, the assessment of experiential balance is extremely negative, meaning that the emergency physician perceives only costs and no longer sees any benefits in their actions. Career dissatisfaction often culminates in the resignation of the employee. Ultimately, Herzberg's (1959) dissatisfaction factors outweigh motivation. Anxiety, fatigue, hardship, lack of personal time, and a lack of prospects for career advancement are emphasized. The emergency physician transitions from a dream to a nightmare, as illustrated by the statement, "In my nightmares, I see the waiting room full that I can't seem to empty." At this stage, the emergency physician may consider a career change or a shift in the organizational context, such as changing hospitals. However, they become an influencer, sharing a realistic perspective of their experience (BXEM), and influencing potential and existing employees positively or negatively (Moroko and Uncles, 2008).

CONTRIBUTIONS, LIMITES ET FUTURES VOIES DE RECHERCHE

This research deals with the assessment of the Employee Experience Balance (BXEM) throughout the Employee Life Cycle (ELC). It takes a transdisciplinary approach, combining marketing and human resource management disciplines, offering a conceptualization of the employee experience in a holistic and dynamic framework.

The first contribution focuses on developing the concept of Employee Experience Balance (BXEM). The goal is to consider both the positive and negative aspects of each dimension of the work experience: sensory, emotional, intellectual, cognitive, relational, and behavioral/implicative. We employed the metaphorical conceptualization of the decisional conflict model (Janis and Mann, 1977). Identifying multiple dimensions with positive and negative valences enriches the work of Batat (2022) and contributes to understanding engagement and motivation over time.

The second contribution provides both marketing and HR disciplines with an analysis of Employee Experience (XEM) in a holistic and dynamic approach. The marketing literature on brand experience has not, to our knowledge, been measured according to the stages of the purchase journey: pre-purchase, purchase, and post-purchase. Similarly, HR literature proposes a conceptual model of the employee experience without considering the stages of the Employee Life Cycle. This research highlights the importance of considering the evolution of the experience, engagement, and motivation of the employee over time, demonstrating that their evaluation in the BXEM varies across the stages of the Employee Life Cycle.

On a managerial level, this research suggests that HR implement tailored marketing actions for each stage of the Employee Life Cycle to enhance the XEM. For instance, during the pre-hiring phase to attract young talents, the job offer could emphasize the aspiration towards the vocation, such as "*Your dream is to become an emergency physician*," the values of the profession, like "*You want to save patients' lives*," or the sense of pride, such as "Proud to become an emergency physician at Hospital X." For employees in the integration and growth phase, the organization could demonstrate its involvement and commitment through responsible communication on the proper use of emergency services. This approach will help employees feel supported in the face of resource shortages and may contextualize the evaluation of their BXEM. In the decline or post-employment phase, HR should strive to control and reduce dissatisfaction, which could have a negative impact on potential and existing employees.

Although this research contributes significantly to XEM literature, it has some limitations. A quantitative study is needed to test and measure the proposed model, and testing it in other industries would verify its external validity. Finally, a cross-cultural analysis could be implemented to compare BXEM and its dimensions across different cultures (Hofstede, 2003).

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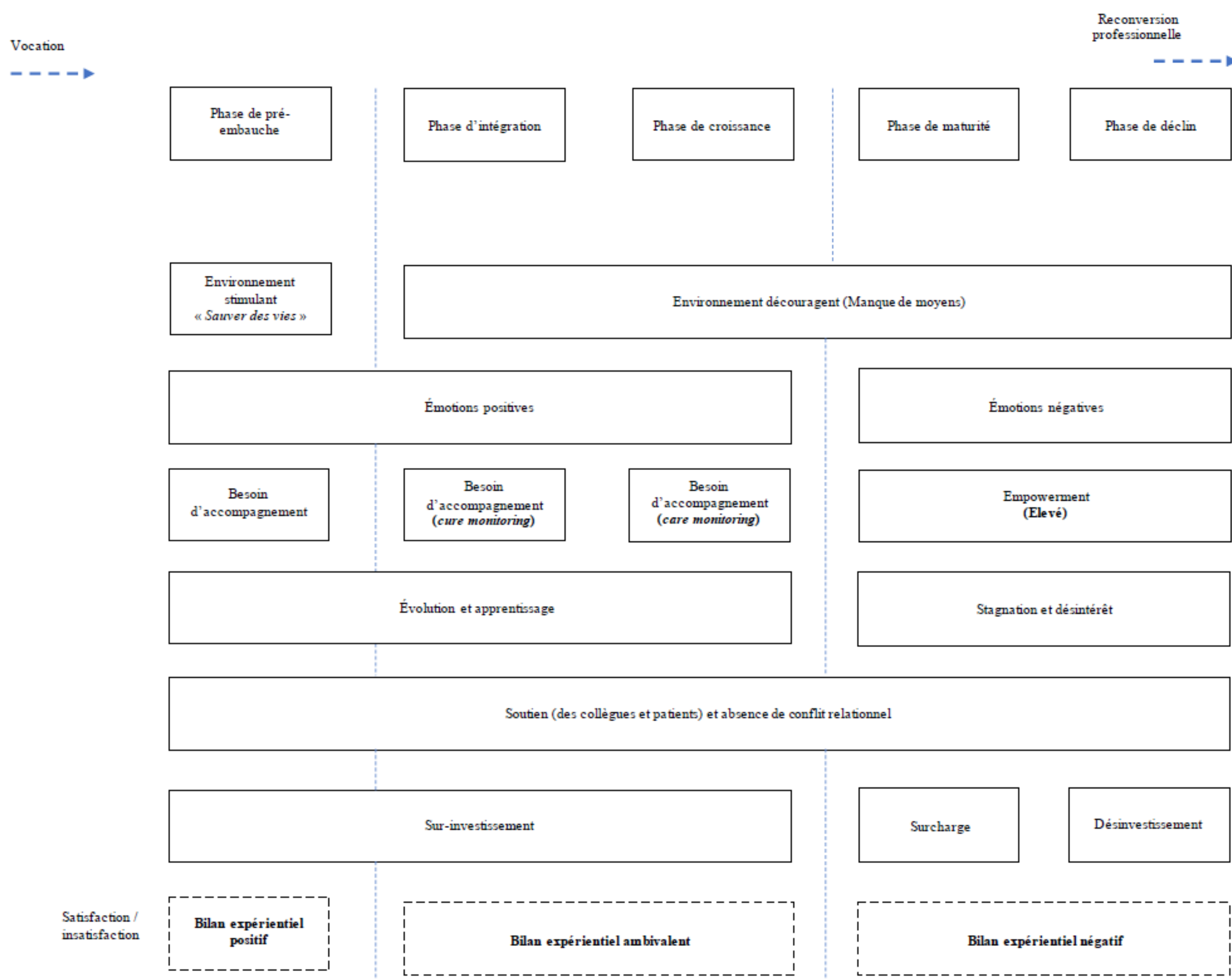
ANNEXES

Annexe 1. Modèle conceptuel : Évaluation du bilan expérientiel d'employé (BXEM) selon les cycles de vie d'une carrière professionnelle



Annexe 2. Description de l'échantillon

Répondants	Genre	Age	Profession de santé	CVC
R01	Femme	64 ans	Médecin	Maturité
R02	Femme	39 ans	IDE (infirmier)	Déclin
R03	Homme	64 ans	Médecin	Maturité
R04	Femme	24 ans	IDE	Intégration
R05	Femme	34 ans	Médecin	Croissance
R06	Homme	33 ans	Médecin	Croissance
R07	Femme	23 ans	Médecin	Intégration
R08	Femme	27 ans	IDE	Intégration
R09	Femme	29 ans	IDE	Croissance
R10	Femme	24 ans	Médecin	Pré-embauche
R11	Homme	40 ans	IDE	Maturité
R12	Homme	52 ans	IDE	Maturité

Annexe 3. Analyse de contenu de l'étude qualitative exploratoire

Thèmes	Sous-thèmes	Exemple de verbatim	Fréquences
Dimension émotionnelle	Émotions positives	*J'étais heureuse dans mon travail quand je rentrais le soir j'étais fatiguée et c'était de la bonne fatigue.* *Clairement, les urgences pendant 11 ans c'était ma maison. En fait, ce n'était pas ma maison, c'était notre maison.* *L'envie d'adrénaline j'imagine ! La recherche de sensations.* *De bien faire mon travail, d'aider les gens. Que quand j'ai terminé que les gens soient contents de mon travail, juste « un merci » est très gratifiant.* *C'est tellement passionnant les urgences, parce qu'il y a toutes les spécialités et que ce soit de la traumato ou de la neuro c'est passionnant. C'est vraiment une passion. J'adorais autant aller bosser aux urgences que d'aller monter à cheval.* *On se forme sur le terrain, encadré par les urgentistes et donc au fur et à mesure, plus on avance dans les années de formation, on est beaucoup plus à l'aise et on a moins peur des gardes aux urgences.* *C'est un beau métier.* *Faire un beau métier et être utile aux autres.*	**15%**
	Émotions négatives	*C'est beaucoup de stress car quand tu as un patient qui arrive tu ne sais pas où le mettre tellement qu'il y a déjà beaucoup de monde.* *Il est parfois frustrant de ne pas pouvoir appliquer les règles que l'on voit à l'école.* *Les infirmiers ont besoin de se sentir considérés.* *Nous ne sommes pas du tout dans du relationnel dans certaines situations et cela est très frustrant.* *Nous rencontrons des situations dramatiques et compliquées qui peuvent nous toucher personnellement.* *Je me sens frustrée, et pas satisfaite de la qualité de ce que je*	**15%**

		dispense à mes patients. *Ce qui m'a vraiment étonné c'est les patients qui ne viennent pour rien, je savais que c'était comme ça mais le fait de le voir, de devoir les prendre en charge alors qu'ils n'ont rien est très frustrant.* *Ils peuvent nous orienter vers des cas compliqués* [..] *des patients toxicomanes* [..] *ça nous fait toujours un peu peur.*	
Dimension sensorielle	Environnement stimulant	*Les raisons du début étaient toujours là : rendre service. Soigner, parfois sauver des vies. Ça, c'est génial dans la vie d'un homme, sauver la vie d'un autre.* *Aux urgences tout peut aller très vite, c'est un environnement très stimulant.* *L'ambiance est très importante aux urgences.* *Pour le travail, j'ai l'impression de passer d'une maison à l'autre, c'est comme si je passais d'une chambre à l'autre et j'ai l'impression que en fait, le libéral, c'est un hôpital gigantesque.*	**8%**
	Environnement défavorable	*On ne peut pas faire des soins dans les règles de bonnes pratiques si on est constamment pressés par le temps, si on manque de matériel.* *C'est pareil le matériel qui est à notre disposition il n'est pas toujours au top, on fait nos transmissions en ligne, mais le réseau est horriblement lent.* *Si le manque de personnel, de moyens se fait toujours sentir, sans voir d'effort pour y remédier à long terme, oui c'est quelque chose qui me pousserait à partir.* *Il faudrait améliorer l'hôpital en général, car le gros problème on a beaucoup de personnes qui ne viennent pour rien, sauf que on n'a pas assez de personnels, ils sont donc obligés d'attendre des heures aux urgences prennent des lits donc quand t'as une urgence tu ne sais pas où les mettre donc tout cela n'est qu'une perte de temps pour les urgentistes.*	**8%**
Dimension cognitive	Évolution et apprentissage	*Je suis très heureuse et j'apprends beaucoup tous les jours.* *On apprenait toujours des choses nouvelles très intéressantes.* *Je suis jeune, j'ai encore beaucoup à apprendre, et puis malgré tout ce que je peux dire j'aime mon métier.* *Et au fur et à mesure du temps, j'ai appris et là, j'ai compris que je ne savais rien. J'ai compris qu'il y avait énormément de choses que j'avais encore à apprendre, que ce soit technique où médical.* *J'ai pris à peu près deux mois à être à l'aise dans le service mais j'apprends encore de nouvelles choses chaque jour. Les nouveaux diplômés sont désormais doublés un mois pour se sentir plus intégrés et surtout d'apprendre la majorité des techniques de soins et protocoles et de pouvoir faire seul par la suite.* *C'est un poste très enrichissant, j'en suis encore à un stade où j'apprends et découvre tous les jours.*	**11.5%**
	Stagnation et désintérêt	*Je stagnais parce que tous les jours où je travaillais, je venais, je faisais le même travail, alors on dit que les urgences ce n'est pas routinier, mais en fait au bout d'un moment c'est ultra routinier parce que c'est toujours la même prise en charge.* *C'était vraiment ma vie, et voilà ça a été dur pour moi de partir parce que j'ai tiré un trait sur tout ça en fait. J'ai l'impression d'avoir changé de vie.* *C'était le peu de perspective d'évolution qui m'ont fait partir.* *C'était principalement la relation avec les patients qui me maintenait à mon poste. Par la suite c'est l'absence de développement de compétences nouvelles qui m'a décidé à partir.* *Justement je n'ai pas eu l'impression d'avoir la possibilité d'évoluer, c'est bien ce qui m'a fait partir à terme. C'était une impression partagée par les collègues.*	**8%**
Dimension intellective	Besoin d'accompagnement	*Mais c'est grâce aux explications de l'équipe, surtout les infirmières, qu'on connaît mieux le patient. Voilà, ça nous facilite beaucoup cette prise en charge.*	**8%**

		Et être bien encadré, quel que soit notre ancienneté, c'est toujours bien, en fait. Pour y arriver… C'est plutôt mon encadrement avec les autres médecins. *Alors moi j'avais rencontré des remplaçants, qui viennent que pendant quelques jours aux urgences, c'est très difficile pour eux de s'intégrer dans l'équipe donc ils se sentent seuls.* *Il faut que quelqu'un, une infirmière ou une aide-soignante expérimentée, accompagne ces personnes pour que ce remplaçant ne se sente pas seul et n'ait pas peur de revenir aux urgences en fait.*	
	Empowerment	*Moi je connais le service par cœur et je savais ce que l'équipe avait besoin.* *C'est parce que moi, à force, je connais les parcours et je sais ce qu'il y a à faire dans les prises en charge.*	**4%**
Dimension relationnelle	Soutien et absence de conflit	*Par contre l'intensité physique et émotionnelle du métier d'infirmier urgentiste m'a surprise au départ mais la cohésion du groupe (solidarité) permet de pallier à ces difficultés.* *Mes collègues seront toujours là parce qu'on garde le lien car on se donne des nouvelles régulièrement. Notre séparation n'empêche pas des fois d'aller boire des verres, de faire des restos.* *On m'a même dit, mais toi si tu t'en vas la clinique va tomber, tout le monde va partir. Et clairement là tout le monde est en train de démissionner. Alors moi j'avais prévenu quand même le directeur. Parce que j'ai été convoquée, tout de même pour savoir pourquoi et ce qu'il pouvait faire car il ne voulait pas que je parte à la base. Et je lui dis, bougez-vous parce que si vous ne réagissez pas, là il y a pas mal de gens qui vont me suivre.*	**6%**
Dimension comportementale	Sur-investissement	*Pour moi, c'est en continu, c'est un travail de tous les jours, c'est du travail de groupe, des missions.* *J'ai un engagement à 100% car tout ce que je vais faire va avoir un impact sur des gens. Donc je me donne à fond.* *Mais je me donne encore à 100%, pour mes patients.* *Oui je donne tout ce que j'ai, je suis perfectionniste et c'est la vie des gens !!!* *On peut avoir des moments de doute mais on reste engagé pour les autres.*	**10%**
	Désinvestissement	*Il y a des jours ou la situation est vraiment désespérante et où on se décourage.* *Je me suis dit mince je ne fais que ça en fait, je n'ai rien d'autre. Je n'ai vraiment pas de vie. Là, j'ai presque 40 ans, je suis toute seule…j'en ai vraiment marre en fait, et là j'ai envie de profiter et je ne vis pas juste pour travailler.* *Quand j'ai donné ma démission, je l'ai donné en main propre.*	**6%**
Bilan expérientielle		*J'ai une copine qui m'a dit tu prends un papier, un crayon, tu fais les points positifs et les points négatifs à rester et à partir. Et en fait, il n'y a plus eu de points positifs à rester.*	**2%**