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PREAMBLE

Individuals and society have a fundamental interest in working towards and attaining a good Work-life Balance (WLB). Activities to this end in various health domains including clinical practice, education, research, institutional management, and policy formulation and execution should be guided by a person- and people centred ethic and implemented optimally according to evidence-based procedures.

Benefits of a WLB have been well recognized concerning the wellbeing and flourishing of individuals and communities. These benefits may be referred to the individual physician, health professional, patient and relative, in each case understood and formulated taking into consideration the personal and professional goals of each individual. The benefits may also be formulated and evaluated concerning the shared values of institutions, health services, and employers who pursue goals related to health services quality and productivity as well as the promotion of the employees' human rights and well-being.

Person-Centred Medicine (PCM), as programmatic movement understands, investigates and advocates for WLB within the principles and strategies of a person-centered approach. This implies that an individual's personhood is more important than (although consubstantial with) his/her work roles as employee, student or homemaker. It should be further noted that a person whose WLB is being considered may occupy various roles such as patient, physician, other health professional, family member, employee, employer, parent, student, citizen, a representative of his or her profession, an agent of his or her institution, a researcher, and clinical pedagogue. To be also taken into account, a person may occupy several roles simultaneously or at various times. Roles should also be considered with due regard to relationships with other people. Such relationships need to be nurtured as they are constitutive of person-centred processes in working towards and attaining a good WLB.

What counts as a good WLB for a specific person is not necessarily the same for everyone in that each person is constituted in part by his or her particular circumstances, expressed by the philosopher Jose Ortega y Gasset's dictum "I am I and my circumstance". Cross-sectional and longitudinal experiences of persons are crucial in what counts as a good WLB. Taking the personal experience of a specific person is crucial in working towards and attaining a good WLB that means that his or her values, interests and preferences feature not merely as an add-on but at the core of healthcare and shared decision making.

The pursuit of a good WLB as guided by PCM should account for both the positive and the negative aspects of a person's WLB. The positive aspects relate to the person's well-being, strengths and resilience, as well as propitious circumstances. The negative aspects relate to limitations and impediments to a good WLB, and may be attributes of the person or his or her circumstances.

Furthermore, although ascribed to an individual person, a good WLB is affected by the social climate and culture of a given healthcare setting. The importance of a broader context also implies that labor and social legislation should be guided by government responsibilities in promoting the well-being of all citizens.

RECOMMENDATIONS

- 1) The importance of a good WLB should be recognised in the collective practice of a particular setting as the responsibility of various stakeholders as to ensure the wellbeing and flourishing of individuals as well as the community, institution, healthcare system and society at large.
- 2) A good WLB should be recognised as part of personal well-being, serving to counter burn-out and erosion of human flourishing.
- 3) Good WLB in PCM requires a continuous commitment by the various stakeholders in the WLB of individual physicians, other health professionals, patients, employees, and individuals in their various other capacities and roles.
- 4) If person- and people-centred, the crucial interest of, and benefits for, various stakeholders in WLB should be recognised.
- 5) True to a person-centred approach, individual preferences and values in context should be accommodated in considerations of what counts as a good WLB, thus without presuming that common standards would fit all.
- 6) Health students and professionals should be educated and trained in the benefits of and ways to achieve a good WLB both for themselves and for patients and relatives within a person-centred approach.
- 7) Health students and professionals should be educated and trained in how a good WLB may be fostered among patients in a person-centred approach.
- 8) Employers and institutions should commit to a good WLB of their employees and associates, guided towards a person-centred development of human flourishing.
- 9) Governance institutions and structures should adopt person-centred policies and programmes to foster a good WLB among patients in healthcare settings as well as among physicians and other health professionals.
- 10) Formal programmes and efforts to attain a good WLB should recognise that interpersonal relationships are crucial to this end and incorporate the nurturing and development of these.
- 11) A good WLB should be pursued in equitable ways without exploitation of individuals or disregard of stakeholders' concerns.
- 12) Ways of optimally achieving WLB in a person-centred approach should be a matter of continuous evaluation and research and consideration of the Sustainable Development Goals.