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Changing Realities for Women and Work

The Impact of COVID-19 and Prospects for the Post-Pandemic Work World

Edited by
Randal Joy Thompson, Chrys Egan and Tina Wu

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About the Editors

Randal Joy Thompson

Randal Joy Thompson, Ph.D., MBA, MA, is a Fellow at the Institute for Social Innovation, Fielding Graduate University. She is also an international development professional and former US Commissioned Foreign Service Officer. She is currently the co-editor of the book series Transformative Women Leaders, published by Emerald. Her books include Embodied Somatic Leadership for Peacebuilding and Protest: Women's Counteroffensive to Violence and Injustice, co-edited with Lazarina Topuzova (2024, forthcoming); Reimagining Leadership on the Commons: Shifting the Paradigm for a more Ethical, Equitable, and Just World, co-edited with Devin Singh and Kathleen Curran (2021); Proleptic Leadership on the Commons: Ushering in a New Global Order (2020); and Leadership and Power in International Development: Navigating the Intersections of Gender, Culture, Context, and Sustainability, co-edited with Julia Storberg-Walker (2018), which won the Human Resource Development R. Wayne Pace HRD Book of the Year Award. Her book chapters cover female leaders in Afghanistan, post-war Bosnia-Herzegovina, Myanmar, and Morocco. She conceived a theory of leadership in international development based on women's way of knowing and recently published two articles on violence against women and LGBTQI+ individuals in El Salvador. She holds a Ph.D. in Human and Organizational Behavior from Fielding Graduate University, an MA in Philosophy and an MBA from the University of Chicago, an MA in Biblical Exposition from Capitol Seminary and Graduate School, and a BA in Philosophy from the University of California, Berkeley. She was President of the International Leadership Association's Women and Leadership Community in 2021.

Chrys Egan

Dr. Chrys Egan is the Associate Dean of the Fulton School of Liberal Arts and a Professor of Communication at Salisbury University. Her SU leadership positions have included Director of the Youth Innovation Academy, Co-Director of the Office of Undergraduate Research and Creative Activity, Faculty Senate President, Civic Engagement Across the Curriculum Teaching Fellow, and Business Economic and Community Outreach Network (BEACON) Scholar-in-Residence. Off-campus, she was previously the President of the International Leadership Association's (ILA) Women and Leadership Community, the former President of the Popular Culture Association in the South, and currently serves as the President of the Maryland Communication Association. She has written 40 academic publications and 50 popular press articles on communication, leadership, and culture. Her most recent co-edited book is Pathways into the Political Arena: The Perspectives of Global Women Leaders. Currently, she is the co-editor of this Special Issue of Merits, the international journal on women, work, and COVID, and the co-editor of a book series on Transformative Women Leaders. She has taught over 40 different university subjects, mentored more than 100 research students, and delivered over 100 conference presentations. She has earned SU awards for President's Diversity for Faculty, Student Government Association Outstanding Faculty, Alumni Faculty Appreciation, Outstanding Research Mentor, President's Faculty Award, and Distinguished Faculty. Throughout the state, she has been honored with the University System of Maryland Board of Regents Excellence in Mentoring, Maryland Top 100 Women, and Leadership Maryland. Internationally, she has earned the ILA Women and Leadership Award for Outstanding Practice with Local Impact. In addition to her academic achievements, she has two wonderful sons.

Tina Wu

Tina Wu, Ph.D., is an Associate Professor for the Master of Arts in Leadership at Trinity Western University in Vancouver, BC, Canada. Her research interests include cross-cultural perspectives of healthcare utilization of Asian immigrants; Asian women's mental health status during COVID-19; similarities and differences in healthy aging cross-culturally; diversity and inclusion in healthcare utilization; the use of transformational and servant leadership in healthcare; cross-cultural patient-centered care approaches and leadership development internationally; assessment and evaluation in healthcare cross-culturally; leadership and gender; and the use of assessment tools (e.g., VR-12, MDS-HC, Hogan, TJTA, Birkman, and GMI) and outcome evaluation. Dr. Wu has traveled around the world to speak to professionals in her areas of expertise including India, China, Japan, and Europe. She has completed several internationally funded research projects, for example, "Cross-cultural validation methods for generic PROMs" (Canada); "Cross-Cultural Perceptions of Communication by Caregivers of Persons with Dementia" (Canada); "Program Evaluation on Community Services for Minority Children" (Asia); and "Developing an Integration Care Model for the Elderly and Mentally disabled Community Residents" (Asia). In addition, Dr. Wu is a registered clinical counsellor and registered social worker in BC. She has been awarded the titles of "Best Trainer", "Best Supervisor", "Excellence in Leadership", and "Type A Outstanding Research Project".

Preface

This Merits Special Issue "Changing Realities for Women and Work: The Impact of COVID-19 and Prospects for the Post-Pandemic Work World" provides a multi-perspectival view of the impact of the pandemic on women and highlights some of the areas that workplaces need to improve in order to attract women back to the workplace. The COVID-19 pandemic and in particular its resultant lockdown had a devastating impact on female professionals and workers in all sectors of the economy and all countries of the world. Despite their struggles and setbacks, women emerged from the pandemic with a new resolve to reform their workplaces by considering their emotional and physical needs. Author Karen Perham-Lipman highlights mental health issues exacerbated by the pandemic and the need for employers to address them. Patricia A Clary and Patricia Vezina Rose discuss how burnout manifested during this time, especially in not-for-profit organizations. In their articles, authors Heejung Ching, Hyolin Sen, Holly Birkett, Sarah Forbes, and Randal Joy Thompson study the impact of the requirement for women to care for and educate their children in addition to working at home during lockdown. Carrie Spell-Hansson emphasizes the importance of resilience in a workplace characterized by disrespect and the importance of employers requiring respect in the post-pandemic workplace. The career challenges women faced as the result of the pandemic are summarized in the article by authors Sara McPhee Lafkas, Marin Christensen, and Susan Madsen. Tingting Zhang and Chloe Rodrigue explore the impact of maternity leave on quiet quitting, which was identified during the pandemic. Successful caring leadership approaches manifested by government and organizational leaders during the pandemic are examined by Merike Kolga. Finally, how women employed connective leadership to manage the pandemic crisis and the four characteristics of crisis leadership, authenticity, alignment, awareness, and adaptability are investigated by authors Chris T. Cartwright, Maura Harrington, Sarah Smith Orr, and Tessa Sutton. All of the Special Issue authors are experts in their fields and have employed a variety of methodologies to conduct their studies which substantiate their findings, conclusions, and recommendations. Together, they provide the reader with a well-documented and well-argued understanding of how the pandemic impacted women and their workplaces.

We, the editors, would like to wholeheartedly thank all of the authors for the exceptionally important issues they have dissected in this Special Issue. We would also like to thank all of the editors at Merits for their tireless work in supporting this Special Issue. We would especially like to thank Ms. Aria Hou, Managing Editor of Merits, who shepherded our Special Issue and provided highly professional leadership throughout the process. We would not have been successful in producing this Special Issue without her dedication and hard work.

Randal Joy Thompson, Chrys Egan, and Tina Wu
Editors

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Editorial

Changing Realities for Women and Work: The Impact of COVID-19 and Prospects for the Post-Pandemic Workplace

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COVID-19 plunged the globe into a multi-year pandemic that still continues to this day, meting out devastating repercussions on the international economy and the wellbeing of people everywhere. Women in particular were harmed by the virus, because many risked their lives and the lives of their families by working on the medical front lines, while others lost jobs in service-oriented professions and the non-formal sector hit hardest by the lockdowns. The pandemic has served as a time for reflection, as many women began to dream and debate what a post-pandemic world would look like both politically and economically. How the working world should change became a topic of critical importance as the pandemic revealed the lack of adequate consideration for social safety nets and childcare and the need for a healthy work–life balance. The impact of the pandemic on women in the workplace and the emerging novel vision of the post-pandemic work environment have created a backdrop, highlighting the importance of this *Merits* journal Special Issue.

COVID-19 put a damper on key gender equality goals, and even reversed some key gains women had achieved to expand the rights of women worldwide [1–3]. The women in work index fell for the first time in history during the pandemic [4]. Women suffered dis-proportionate job and income losses compared to men because of their over-representation in the hardest-hit sectors, and many continued to work on the front lines, maintaining care systems, economies, and societies, while often also performing the majority of care work, which remained unpaid [5–8]. Approximately 4.2 percent of women's employment declined, representing 54 million jobs, compared to 3 percent of men's employment or 60 million jobs [8,9]. The jobs that were the most vulnerable to furloughs or layoffs, from the most vulnerable to least vulnerable, included: (1) accommodations and food services; (2) wholesale, retail, and repair of autos; (3) arts, entertainment, and recreation; (4) admin-istrative and support services; (5) other service activities; (6) real estate; (7) water supply, sewage, and waste; (8) manufacturing; (9) professional scientific and technical informa-tion and communication; (10) energy production and supply; (11) mining and quarrying; (12) health and social work; (13) education; and (14) agriculture, forestry, and fishing [9]. Women working in the informal sector lost their livelihoods in many cases when they were forced to temporarily or permanently close, resulting in a dramatic loss of income and risk of falling into poverty [10]. Domestic workers, who globally earn only 56.4 percent of the average monthly wage, were especially harmed by the pandemic, as many lost their jobs or worked less hours [9].

The groups that were the most severely disadvantaged by the lockdown were less educated childless women and unmarried mothers. Less-educated mothers of school-aged children also experienced relative disadvantages [10,11]. The loss of employment of women with young children due to the burden of additional childcare is estimated to account for 45 percent of the increase in the employment gender gap, which reduced the total output by 0.36 percent between April and November 2020 [12].

Different regions of the world suffered different pandemic impacts. The Americas suffered the greatest reduction in women's employment, which declined by 9.4 percent

compared to 7.0 percent for men [9]. The Arab States suffered the second-highest drop in the number of women employed at 4.1 percent compared to 1.8 percent for men. Women's employment in Asia and the Pacific declined by 3.8 percent compared to 2.9 percent for men. Women's employment in Africa suffered less than in other regions [9].

The pandemic catalyzed a "shecession" rather than a "mancession", which generally occurs during economic crises, such as in 2008, when men suffered the greatest job loss [13]. More than one in four women in the corporate world globally downsized their careers or departed from the workforce [14]. In total, 1.8 million women dropped out of the labor force in the United States because of the pandemic [15]. The KFF Women's Health Survey showed that (1) one in ten women quit their jobs due to a pandemic-related reason, with almost half reporting that they felt unsafe in the workplace; (2) one in ten working mothers with children quit because of COVID-19, with half of them citing school closures as one of the reasons and three of ten reporting they quit because school or daycare was closed; and (3) 47 percent of working mothers overall took sick leave because school or daycare was closed. This included 65 percent of low-income women and 70 percent of those working part-time jobs [16].

Telework, or working via electronic devices, and working from home proliferated globally during the pandemic lockdown commencing in early 2020. The ILO [17] estimated that prior to the pandemic, approximately 7.9 percent of the world's workforce, or 260 million workers, worked from home on a permanent basis, although most of these were not teleworkers, but rather were self-employed or outworkers rather than employees, who accounted for approximately one out of five home-based workers. Most home-based workers lived in low–middle-income countries. During the second quarter of 2020, 557 million workers, or 17.4 percent of the world's employment, worked from home, according to the [17]. During the pandemic lockdown, the number of home-based workers worldwide increased to almost 19 percent, although the number reached over 50 percent in higher-income countries.

Some studies have shown that telework has benefited men more than women. The Boston College Center for Work and Family [18] surveyed parents who worked from home, and men reported far higher benefits of teleworking than women, including pay raises (26% men/13% women), promotions (34% men/9% women), additional leadership roles (29%men/10% women), responsibility for important projects (28% men/10% women), recognition inside company (19% men/10% women), and positive formal reviews (15% men/7% women). Although many women may prefer to telework so that they can balance work and family life and catch up with work responsibilities, telework can have negative consequences for women's advancement [19].

The pandemic lockdown and the need for some professional women to work from home created a "third shift" for many women globally, who were required to work, care for their families, and educated their children when schools were closed [20,21]. Research sponsored by UN Women found that, during the pandemic, women in the 16 countries surveyed spent on average 36.4 h per week on childcare during the pandemic, as opposed to 26 h per week prior to the pandemic, while men spent on average 24.5 h per week as opposed to 20 h per week pre-pandemic [22]. Surveys regarding the distribution of childcare between women and men during the pandemic found that women in Mexico spent 44.2 h per week on childcare compared to men who spent 34.4 h per week. Women in the United States spent 27.6 h per week compared to 22.4 h per week for men. In the UK, women spent 26.4 h compared to 20.1 h for men. In all the other countries surveyed, women spent considerably more time caring for children than men, and men did not increase their care time during the pandemic, although they did slightly increase the time they spent doing housework during this period [23].

Mothers often worked more h than they did during the pre-pandemic years and combined professional work with care work [24]. Their work-life balance became merged and women reported increased stress and guilt about not being able to complete work or complete it carefully enough to meet their own standards. Deloitte surveyed 385 women

working at all levels in the corporate world in Australia, Brazil, Canada, China, France, India, Japan, the United Kingdom, and the United States. Respondents confirmed findings from other studies, including the excessive pressure placed on them by family, childcare, and housekeeping responsibilities while attempting to perform their jobs at home [25].

As a serious consequence of families required to quarantine together, domestic violence increased during the early days of the pandemic [3,26]. In total, 243 million women and girls reported physical and/or sexual abuse in 2020 [27]. In some cases, such violence led to homelessness. Barua [1] reported that homelessness due to domestic violence in England increased by 12 percent between April and June 2021, compared to the same period in 2020, and 30 percent higher than the same period in 2019.

The 2021 McKinsey and Company Report [28] on women in the global corporate sector found that women in this sector had performed well since 2020, despite the continuation of the COVID-19 pandemic. However, certain barriers that existed prior to the pandemic continued to persist. The "broken rung" that keeps women from obtaining the first-line promotion and, hence, entering the pathway to the C-Suite continued to block women from career advancements. Furthermore, women reported that since they had to bear the emotional impact of the pandemic on their teams, they were more burnt out than previously. Women were more active than men in promoting diversity, equity, and inclusion (DEI), which has a positive impact on corporate success, yet the survey found that women were still not receiving credit for their work in this critical area. In addition, "onlys", people who are the only one of a particular ethnic or racial group, only woman with children, or only woman from an LGBTQI+ group, etc., still faced discrimination. Because of these challenges, women continued to question their work lives [28].

Despite the continuation of COVID-19 variants around the world, people have been returning to "normal" or to a "new normal" in 2022. Global data show that, in some countries, women are regaining employment at a faster rate than men, while in other countries, the opposite trend is occurring. The United Nations [29] reported that fewer women than men would regain employment in the post-pandemic era. The ILO [30] estimated that global female employment in 2021 was still approximately 13 million lower compared to 2019, while male employment surpassed pre-pandemic levels. Men filled 875,000 new jobs, while women filled 62,000 [1]. Most of the gains for women were in lower-paying jobs that were the hardest hit during the pandemic, such as retail and restaurants. Women were seriously outstripped by men in terms of job gains. While 1,322,000 jobs for women still have not been recovered, 435,000 jobs for men remain to be regained [1,31]. The ILO [32] estimated that increases in women's employment globally in 2021 would not be sufficient for a post-pandemic recovery.

In the Americas, the regional employment-to-population ratio is estimated to be 46.8 percent compared to 66.2 percent for men. The employment-to-population ratio for women in the Middle East is likely to be 14.3 percent compared to 70.8 percent for men. In Asia and the Pacific, men's employment is estimated to supersede pre-pandemic levels, while women's employment losses are likely to not be regained. The pandemic halted employment gains for women in Europe and Central Asia, with the employment-to-population rate for women presenting at 46.0 percent compared to 60.8 percent for men. The employment-to-population rate of women in sub-Saharan Africa is the highest in the world at 57.1 percent, although the quality of women's work is among the poorest in the world. This rate is estimated to continue to catalyze post-pandemic recovery [32].

According to the Deloitte 2022 survey of 5000 women from ten countries, 55 percent of women felt greater stress than last year, and 46 percent reported that they were burnt out. Women also feared that if they were not available 24/7 that their jobs were at risk. In total, 47 percent of respondents stated that their work–life balance was poor or extremely poor. The great resignation is continuing, according to Deloitte (2022) [33], with 40 percent of respondents actively looking for a new employer. Because of their perceived lack of opportunity, unsatisfactory work–life balance, poor pay, and burn out, 64 percent of middle management will be seeking new employment in the next two years because of their

perceived lack of opportunity, unpleasant work–life balance, lower-than-deserved pay, and burn out. In total, 59 percent of women in non-managerial positions will also seek new employment. Only 10 percent of respondents reported that they planned to stay with their current employer for more than five years [33].

A 2021 personnel survey conducted by Perceptyx found that 48 percent of women respondents had become much less or somewhat less likely to want to return to the physical workplace full-time. Approximately 24 percent of both women and men reported that they would prefer a hybrid working arrangement after COVID-19, although men would spend 3 to 4 days in the physical workplace, whereas women would spend 2 to 3 days there [34].

Recommendations for a post-pandemic workplace that offers more flexibility, the opportunity to telework or work from home, and jobs that provide more emotional support and material resources to have a healthy work-life balance have proliferated. Although there is considerable support for telework being relied upon more, there are also concerns about health, safety, isolation, and the demand to always "be on" that are risks inherent in such a work arrangement [35].

Specific recommendations for a post-pandemic workplace include: (1) promote gender-responsive employment policies for an inclusive and job-rich recovery at the macro level through macro-economic policies, investments to increase demand, income support, and public employment projects; (2) invest in care economies such as health, education, and social work that provide employment for women and more social support for the care working women perform for their families; (3) invest in social protection so that all women have a social safety net, even those working in the informal sector; (4) promote equal pay for equal work; (5) prevent, address, and eliminate sexual harassment and violence; (5) promote more women in decision-making positions; (6) develop flexible work options, including teleworking, reduced working hours, part-time schedules, flexible working hours, compressed work weeks, and role sharing, among others, in the new "build back better" norm; (7) provide re-entry or "returnship" programs, mentorships, and training for women who have been out of the workforce for a long period of time; (8) encourage men through awareness-raising campaigns to perform their share of unpaid care work by providing paid paternity and care leave; (9) support survivors of domestic violence access services and support, including paid leave, relocation, and information about local services; (10) take an intersectional approach when designing policies and programs; (11) design a gender-responsive recovery that includes the most vulnerable, such as the 190 million women around the world who work in the global supply chain; (12) confront gender-based violence at work and beyond; and (13) mobilize union agency through gender equality bargaining [36–43].

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Article

The Impact of COVID-19 on Working Women with Caring Responsibilities: An Interpretive Phenomenological Analysis

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Abstract: Working women forced to quarantine during the COVID-19 pandemic lockdown often faced additional unpaid care responsibilities, requiring a "second or even a third shift", such as educating their children in addition to caring for them while working. The purpose of this study was to gain a deeper understanding of the experiences of a sample of working women with care responsibilities in order to derive recommendations for post-COVID working structures and arrangements. The study explored the unique experiences of four women from the United States, Latin America, and Africa, across a range of personal and organizational contexts. The study employed Interpretative Phenomenological Analysis (IPA) to understand and interpret the lived experiences and meaning-making of these women during the pandemic lockdown. The IPA was supplemented by the visual data gathering techniques of "a special object" and "the River of Experience" to give voice to participants' more metaphoric thinking. The study concluded that participants' experiences reflected the superordinate themes of: (1) a deep sense of loss of "the normal"; (2) psychological reboot and seeing the world with new eyes; (3) emerging women's community and connection; and (4) redefining the world of work for women. Each superordinate theme was supported by several subthemes. Recognizing that the 9-to-5 work world has been remodeled to a certain extent, the participants recommended more flexible work arrangements and more support for human needs by employers and society as essential elements of the postpandemic workplace.

Keywords: interpretive phenomenological analysis (IPA); work–life balance; COVID-19; postpandemic workplace; flexible work; self-leadership; gender; telework; second shift; third shift; river of experience; metaphors

1. Introduction

The requirement to fulfill both professional responsibilities combined with unpaid care obligations has complexified the situation of working women and has negatively influenced their ability to achieve equity with men [1,2]. The COVID-19 pandemic intensified the challenges working women face because, due to the lockdown, many women were required to work from home. Their children also stayed at home and needed to be cared for and educated remotely. Working women suddenly had "second" or "third shift" responsibilities of educating their children alongside their working and caring roles. These additional at-home demands, along with the closure of schools and daycare, meant that working women with care responsibilities experienced a major shift in their work–life balance [3,4]. Domestic workers were also quarantined, placing the burden of housekeeping and dependent care on families who normally paid for these services. In the European Union, the burden for childcare increased from 31 to 37 h per week for women and from 16 to 23 h per week for men. In Italy, 44 percent of working women kept their jobs by working from home, compared to 30 percent of men. Further, 33 percent of women and 37 percent of men stopped working because of the lockdown. The burden of prepandemic housekeeping and childcare fell predominantly on women, and this burden continued during the pandemic, with men increasing their childcare somewhat but not their housekeeping [5]. The pandemic

consequently made it more difficult for women working at home to achieve a healthy work–life balance. The lack of a work–life balance is associated with the increased depression experienced by women during the pandemic and may have led to a significant setback to women's long search for equality in the workplace [3].

The work–life balance of women has been a concern since women started entering the professions in the 1970s. Work–life balance has been variously defined, and the term has been criticized for implying that there should be separation between work and life and equal weight given to work and life [6,7]. Greenhaus and Allen [8] defined work–life balance as individuals' satisfaction with both their work and family roles and their ability to exercise them effectively in accordance with their values. Grzywacz and Carlson [9] described work–life balance as achieving expectations about work and life within a particular social context. Work–life balance in these two definitions is hence used metaphorically to refer to subjective valuation rather than to equal time devoted to each or separation of the two. Guest [7] attempted to reconcile the various meanings of work–life balance by developing a model of analysis that includes the nature, causes, and consequences of work–life balance. He characterized the nature of work–life balance in terms of objective and subjective indicators; the determinants of work–life balance in terms of individual and organizational factors; and the consequences of work–life balance in terms of work and life satisfaction, health and wellbeing, stress, behavior and performance at work and home, and impact of one's behavior on others at work and in the home. As the above mentioned authors have emphasized [7–9], work–life balance is typically viewed as being related to health and wellbeing, especially psychological health. The lack of balance is associated with increased stress and even burnout. The lack of work–life balance has been characterized either as work–life conflict, where work interferes with the enjoyment of family and life outside of work, and life–work conflict, where family interferes with work and career success [7–9]. These two forms of conflict derive from the interaction between work and life, leading many scholars to replace the term "work-life balance" with "work-life interaction", "work-life interface", or other terms [6]. Recognizing the controversy over the term, "work-life balance" will be employed in this article subjectively in terms of the study participants' satisfaction with both work and family roles, more objectively by their perceived performance of these roles, and the conflicts they identify between work and family.

Solutions to a healthier work–life balance generally focus on increased flexibility at work, more childcare resources, and setting boundaries on work availability such as not working in the evenings or on the weekend. The phenomenon and women's struggle to achieve this balance have been widely researched, as summarized by Brown and Yates [10]. In the 1970s, women went to work and worked at home and hence had two full-time jobs, women's discontent and burn-out led women to demand more flexible schedules and "work-life balance", which became a topic of considerable study by academics. By the mid 2000s, work–life balance "has become an ethical imperative, as an aspiration that strongly influences how they think about and manage their lives" [11].

Terms such as 'shecession' and 'the great resignation' were used to reflect the unequal impact of the pandemic on women and, in many cases, forced their exodus from the workplace due to the incompatibility of working alongside managing the shift in their caring responsibilities [12,13]. A 2020 McKinsey & Company report found that during the pandemic, more than one in four women surveyed globally in the corporate world downsized their careers or departed from the workforce, something that the report points out that many would have considered unthinkable before the pandemic [14]. The KFF Women's Health Survey showed that (1) one in ten women quit their jobs due to a pandemic-related reason, with almost half reporting that they felt unsafe in the workplace; (2) one in ten women who were working mothers with children quit because of COVID-19, with half of them citing school closures as one of the reasons, and three of ten reporting they quit because school or daycare was closed; and (3) 47 percent of working mothers overall took sick leave because school or daycare was closed. This included 65 percent of low-income

women and 70 percent of those working part-time jobs [15]. Because of the disruption caused by the pandemic, women, more than men, have experienced depression, and a 2021 McKinsey & Company report found that almost one-half of all respondents experienced more burnout than even in 2020 [16].

The purpose of this study was to gain a deeper understanding of the experiences of a sample of working women with care responsibilities in order to derive recommendations for postpandemic working structures and arrangements. The study looked at the unique experiences of four women living in the USA, Latin America, and Africa, across a range of personal and organizational contexts. The study employed Interpretative Phenomenological Analysis (IPA) to understand and interpret the lived experiences and meaning-making of these women [17]. IPA was selected as a methodology because it allows the generation of an understanding of particiipnts' subjective experiences along with the complexities and sensitivities of living through lockdown during the pandemic. IPA "enables the researcher to move beyond predefined abstract categories and allow individuals to explore experiences in their own terms . . . within a particular social or cultural context" [17].

By providing a range of individual women's stories, this study supplements the many surveys that were carried out during the pandemic and illuminates how women themselves made sense of navigating their work and care responsibilities during the pandemic. It adds a much richer volume of information that can be employed to redesign the workplace as women return to work and children return to school.

2. Materials and Methods

An Interpretive Phenomenological Analysis (IPA) was employed to explore how women in different situations and countries constructed their life stories during the pandemic and the personal meanings they created through the interpretation of their experience.

IPA is derived from phenomenology, hermeneutics, and ideography and is based on the writing of Husserl, Heidegger, and Merleau-Ponty [17–25]. Phenomenology approaches the object of attention, so it has the opportunity to reveal itself as itself and on its own terms [18]. The primary focus of phenomenological studies is "to understand the lifeworld through space of meaning" [18]. IPA is hermeneutic in that it is an interpretive process in which the researcher attempts to understand how individuals make sense of their world. It is idiographic in that the researcher is concerned with understanding each of the participants in the study [18]. The intention of IPA is "to investigate and develop a deeper understanding of the meanings particular experiences hold for participants through the collection of their rich and detailed accounts that consider their involvement in their context" [21].

IPA studies involve a detailed analysis of the accounts of a relatively small group of from four to ten participants generally captured by semistructured interviews, focus groups, or sometimes diaries [17]. Patterns of meaning are then culled from the transcripts and developed into subthemes which are then organized into superordinate themes [18–26]. The researcher attempts to produce a "coherent, third-person, and psychologically informed description, which tries to get as 'close' to the participant's view as is possible" [17–25]. The researcher then attempts to develop an interpretive analysis that contextualizes the participants' descriptions in relation to "a wider, social, cultural, and perhaps even theoretical context" [17]. The researcher, in other words, expresses what she thinks participants mean by the statements they make.

The small group of participants in an IPA is selected by purposive sampling so that participants have an experience in common and share a particular perspective. IPA does not collect data to test hypotheses. Researchers attempt to suspend or bracket their own preconceptions about the data in order to grasp the experiential world of the participants. They code the transcripts in detail and shift back and forth between the claims of the participants and their own researchers' interpretation of the meaning of those claims in a hermeneutic stance of inquiry and meaning-making [17–25] in an attempt to make sense

of the participants' attempts to make sense of their own experiences, creating a double hermeneutic [17–25].

In the study described in this article, participants were purposively recruited via social media and personal networks based upon their "second" or "third shift" responsibilities. All the women were employed for more than 22 h a week and had primary (sole or shared) caring responsibilities for at least one school-aged child.

The IPA included open semistructured interviews consisting of prompts but no closed questions. The IPA was accompanied by two visual techniques, "a special object" and "The River of Experience", aimed at capturing metaphors that explained what was important to the women participants as well as what represented their journey during the pandemic [24,25].

The unstructured interviews included prompts to describe participants' work and care responsibilities. Participants were asked to bring the special object to the interview and explain its meaning. The object served as a sort of metaphor for the participants [24,25]. As Kim and Denicola pointed out, even if we are not aware of this fact, metaphors impact how we reason, think, frame, and solve problems we face in the world and subsequently take action to solve [25]. "Metaphors help create realities for us, especially social realities and are the structures of our lived world. Uncovering the metaphors people live by and exploring how they are used by them in discourse enables us to uncover patterns that shape thoughts, feelings and actions at both an individual and collective level" [24]. By describing the object during the interview, participants could articulate how they perceive themselves and "the constructs that they impose on themselves" [24] in a more visual and anecdotal expression.

Participants were also requested to draw a "River of Experience" that described their journey during the pandemic prior to the interview and to guide the researcher along the river during the interview. Their River of Experience [24,25] visually represented the journey of their life through the pandemic, and each bend, waterfall, lifeboat, or log in their river signified a meaningful event or experience that influenced the direction they took or decisions they made. The River serves as a powerful metaphor for exploring lived experiences meant to surface unconsciously held beliefs among professionals [24,25].

The River is based on the observation that people intrinsically seek connecting threads in the history of their lives, and it helps people put their previously unreflected flow of experiences into words that meaningfully connect them to the present. Additionally, pictorial methods help participants explore their deeper meanings as they engage in a creative process of describing aspects of their lives in a reflective way [24,25].

After transcribing the interview, a summary of the lifeworld the participants described was drafted. Then, the text of the interviews were coded for insights into the participants' experiences and perspectives on their world during the pandemic. The codes that emerged were subsequently cataloged from patterns that represented themes derived from recurring ideas, thoughts, and feelings the participants expressed. The themes expressed what seemed to matter to the participants. These subthemes were then grouped under broader superordinate themes. Finally, recommendations identified by participants for the postpandemic workplace were identified from the transcripts.

3. Results

As indicated above, summaries of the interviews of the four participants are presented below, followed by an elaboration of the subthemes and superordinate themes that emerged from coding the interview transcripts.

3.1. Tammy

Tammy is a mother with three young children who, at the time of the interview in December 2021, included a girl aged 3, a boy aged 8, and another boy aged 9. Her husband works for the US government. She currently has a job and works from home three days during the week and two days in her office, which is several miles away. When lockdown started in March 2020, Tammy's 8-year-old son was in first grade. He

subsequently completed second grade remotely, and he is now back to in-person school in third grade. Her 9-year old son was in second grade at the time of the lockdown, completed third grade remotely, and is now in fourth grade. Her daughter was an infant at the beginning of lockdown and started preschool two days per week in March 2021. Tammy and her children were locked down at home for 18 months during the pandemic, from March 2020 to September 2021, when children were allowed to return physically to school. Still, even after returning to school, children were sent home again for virtual schooling every time there was a COVID case at school. This, of course, happened randomly.

In March 2020, in the wake of lockdown, Tammy lost her two jobs, one as a preschool teacher and the other as a sales associate in a retail store, because both establishments were forced to close down. Her three children were suddenly at home because both preschool and public school were closed. The school system had not yet figured out how to educate children virtually, so Tammy immediately began to collect homeschooling resources so that she could homeschool her sons and keep them on track. After one month of the lockdown, the school district provided two hours of online instruction on two days of the week for her older son's grade and two hours of instruction three days a week for her younger son. Tammy filled in the gaps with homeschooling materials, some of which she was familiar with because she had been a preschool teacher. A friend of a friend who worked as a substitute teacher came every Friday to help her younger son with reading. Tammy also hired a babysitter who had been homeschooled, and she helped teach her younger son also. Tammy continued homeschooling over the summer and joined a pod of parents who were also homeschooling their children. The pod employed nature as a learning environment and explored things and places in the environment. Meanwhile, Tammy was interviewing for jobs in the fall of 2020 and took a job for an international development company, the profession her education prepared her for. She kept delaying her start date and finally began work in November 2020.

In the fall of 2020, the school district finally developed a virtual learning routine, providing online instruction four days a week and designating Wednesday as an independent learning day. Her older son could handle the routine, but her younger son could not adjust and was extremely emotionally distressed, screaming violently every morning. "He wasn't like this before the lockdown", Tammy explained. "This transition in life has really impacted him and I have to work with him daily to help him feel better about school".

Tammy finally decided to pull her younger son out of school, and she had to find an alternative. She sent messages to mother groups on Facebook asking if anyone knew of a mother who was teaching her children at home who would be willing to take her son as a student. A Montessori teacher who was teaching her children at home responded and agreed to teach Tammy's younger son in her home three days a week for a half day. Her son thrived in this environment, which lasted from January to June 2021. Unfortunately, her homeschooled babysitter left in January 2021 to return to college, so Tammy was left again with full responsibility to help her older son's online learning, to support her younger son's learning journey, and to care for her infant daughter, who had tight muscles. Tammy hopped off and on the computer all day to fulfill her work responsibilities and her mom responsibilities. Her husband worked from home, but she did not let him share in childcare or cooking or housework. She "let him do his thing" and took it all on herself because, as she said, "He is our breadwinner".

Tammy explained her river of experience, which started on New Year's Day in 2019 prior to the pandemic. She started the river at this point because this is the day her 70-year-old mother fell down the stairs and broke her neck, represented by a waterfall on Tammy's river. Tammy represented each crisis point during this time as a waterfall and each time someone "saved" her as a life raft. At the time of her mother's near-death accident, Tammy was spending considerable time providing physical therapy to her infant daughter, who was born with muscle tightness. After her mother's recovery, her mother moved in with Tammy and her family in March 2019. In May 2019, Tammy started a new job with an international development company. After moving in, her mother had three strokes and

Tammy had to fight the medical system in order to save her mother, causing her to quit her job in June 2019, represented by another waterfall in her river. In August, her mother moved to Tammy's sister's house across the country. Tammy depicts her sister in a life raft in her river. Tammy began a new job as a preschool teacher. In November 2019, Tammy's mother became septic and almost died, and Tammy had to fly out to be with her at her sister's house. While there, Tammy bought "her special object", a framed print of the following phrase: "You can't go back and change the beginning but you can start where you are and finish the ending". Tammy explained that she keeps the print near her bed and reminds herself of this every night.

When COVID hit right after her mother experienced one death-defying accident and health crisis after another, Tammy said she cried out "Oh my God, now what?" Tammy depicted the loss of her two jobs in March 2020 as a waterfall. The waterfalls continued as she homeschooled, and her homeschooled babysitter showed up in a life raft in November 2020. Tammy experienced another waterfall in January 2021, when her babysitter left, but then the Montesorri teacher showed up in a life raft in April 2021. From then on, Tammy depicted her life as a waterfall when her sons returned to school in September 2021, when she started a new job, and when her toddler got COVID while her younger son was forced to stay home because there was COVID in his class.

Tammy related that she is in therapy with two therapists, one to help her cope psychologically and the other to help with nutrition and exercise, since during the pandemic she had become very sedentary, she chagrined. Looking back, she said, "I don't even know how I did it I juggled it all . . . Everything was on me and I had to do it . . . ".

3.2. Amira Ipek

Amira Ipek is a mother of two children, a boy aged 11 and a girl aged 6. Amira lives overseas in a Latin American country with her husband and children, and both she and her husband work in international development. Amira is originally from a country in the Balkans but lived and worked in the United States for over 15 years. Amira is a linguist by training and speaks several languages fluently and without an accent. She is the daughter of a diplomat and hence grew up in many countries of the world. She has worked in international development for 20 years, as a translator, in judicial reform, in knowledge management, and in business development. She is an active trainer in the country in which she lives, training teams in monitoring, evaluation, and learning, and she also consults with several companies. Much of her work can be completed virtually, so the switch to working exclusively from home was not very "challenging" or "an upward battle". What was challenging was her family living together in one space.

The country in which Amira currently lives with her family had very strict lockdown regulations. Only one family member could leave home once per week to go to the grocery store or the pharmacy. If people were caught out more than this, or caught driving, they could be sent away to detention centers where people were in quarantine from COVID. Hence, during lockdown, they were virtually under house arrest.

Amira said her children were uprooted and disrupted in their day-to-day routine. In their minds, they had trouble differentiating school and family. They did not have a break between two routines.

Amira recounted that lockdown was challenging for all of them because they were under one roof. Her children would study while she and her husband worked. She and her husband had to be supportive and supervise what their children were doing online.

Fortunately, her children are computer-literate. As Amira said, "they were born with a chip already and so it was natural for them to manipulate technology. But they needed to gain a new skill in sitting in front of a computer screen all day and get used to seeing their teachers online and talking to their teacher in a very impersonal way". This situation represented "a deluge of new information for everyone, new routines, new expectations and they adapted, they adapted well. There was no room for error, they were thrown into it just like all of us were thrown into it. And they swam".

Amira reported that she and her husband had to help her young daughter learn how to learn online and to understand that every 45 min there would be a change in class and teacher. It took about one month for her daughter to understand and be comfortable with the radically new routine. It was challenging for both children to sit in front of a screen for three to four hours per day.

Amira's family's routine was very different, she said, with everyone under one roof trying to work while making sure that kids were plugged in. The situation was very challenging. The pressure was psychological, and how they felt emotionally and socially being in their apartment days on end weighed on them. There was no precedent, and they had to learn "as they were going".

Amira drew her river of experience by depicting that she and her family were on a boat when the pandemic hit. Suddenly, the river widened extensively, and they could no longer see the shore or any people or even houses. Huge logs floated toward them, many of them, and they had to dodge the logs as they floated down this wide river. As the pandemic began to get more under control, the river narrowed again, the logs disappeared, and they could see shore and people and houses again. As Amira said, "with the pandemic the river widened and was just like the Amazon and there were logs coming our way that I did not know how to handle. I tried to swerve around them but some of them hit me and I had to learn how to get past them without being hurt. As the pandemic worsened, we were in that boat in the middle of the river and could not see people or even the shore since we could not see any where to land or anyone to save us. We were on our own".

Amira's special object was the Yugoslavian flag. "I always carry it with me, it is part of who I am . . . a little passport . . . that reminds me of change, change like in the COVID context. This flag was part of me and always is a reflection of where I came from of who I am. It is my flag". Amira explained that change is inevitable, but even through changes, there are some things that are indelible and stick with us, such as the Yugoslavian flag. The flag, Amira recounted, "reminds me of potential, of how change can help you grow . . . and get you out of your comfort zone sometimes too abruptly, uncomfortably . . . get out of our safe zone. Seizing those opportunities, working through that, having those moments of introspection is important for growth, for health. . . . The past, present, and future is like a river and this flag is where the river started with me . . . The flag is a symbol that change is inevitable and that things will exist and will perish . . . Although this change was monumental, it provided me a lot of opportunities and made me the person I am today. The flag is always a reminder of where I came from".

Amira reflected that the pandemic is the second time she was in lockdown, the first time being when NATO bombed the Balkans. "This shouldn't happen", she exclaimed.

> *"It caused and incited a level of awareness I didn't have prior to pandemic—the pandemic as a 'mental psychological reboot' . . . The pandemic taught us to live our lives more self-aware, to be more introspective and more aware of our environment and of the fundamentals".*

Amira's work did not change during the pandemic. She continued training. However, the mode of training differed in that she could only train virtually, a change that she did not like. She missed the interaction with training participants where she could "read the room" and obtain a clearer sense of where participants "were at". As Amira explained, "the screen is a barrier in terms of training . . . I need to feel the dynamic of the room—like kids with school—need interplay—need the group—to feel them, where they are going, support one another, working groups, and so on".

3.3. Ebere

Ebere is an international development professional from an African country. She worked as a monitoring, evaluation, and learning specialist for approximately five years and was working for a US company at the time of the pandemic. In her country, people started isolating at home in January 2020, and this meant that Ebere could not even go to the hospital for fear of becoming infected. Ebere had recently given birth to her daughter in

November 2019, and she was very excited about her baby's birth because she had waited five years after having her firstborn, a son, to have her daughter. She was planning to resume work in April of 2020. Her son was five years old at the time of lockdown. Her husband is a businessman who works late nights.

Since her son was out of school because of the pandemic, Ebere had to take charge of her son's online learning. She had to pay for online tutoring for him and help him learn how to learn online and to listen to his teacher on a computer. She did this while caring for and nursing her new baby daughter. Ebere found it challenging to be glued to the computer and TV all day while also feeding her daughter every other hour.

In April 2020, her first work assignment was to travel to a distant state in order to complete a data quality assessment. This assignment caused her a great deal of chagrin because her baby was still very young, and the thought of leaving her five-month-old-baby, who was still nursing, for several days with someone else was extremely disturbing. She thought of bringing her daughter with her, but her husband thought that was not a good idea given the conditions in their country at the time. She thought about appealing to her supervisor that she could not travel at that time but was afraid to do this because she had been away for four months and could not make a legitimate case for not going. She did not want to step back and look like she could not do the work. She needed to get back to her position and reaffirm her position, especially as a woman and especially in a country where employment was at a premium and many others were ready to leap onto one's job. She finally had to make a decision to leave and do something that she clearly did not want to do and leave her children for four days.

Fortunately, in April, her company decided to institute a work-at-home policy because of the pandemic, so thankfully Ebere was relieved of the agonizing decision to leave her children to go on a business trip. Ebere subsequently worked from home from April until October 2020. During that time, Ebere conducted her assignments online and interviewed people virtually. She said that "this was the best period of my life. I will always remember it. I interviewed people while holding or even nursing my baby". Once she was speaking via the computer to a large group of colleagues while nursing her baby. She did not know that her video was on and that everyone could see her. She had put her phone on silent during the call so only after the meeting did she see all the calls and messages that her colleagues were sending telling her to turn off her video. She was obviously embarrassed and asked her colleagues if "they saw anything!"

During this period, the burden of working and caring for her family fell solely on her shoulders. She completed her work tasks while feeding her baby and helping her son in online learning. She would not allow her nanny to come to her home during lockdown, so housework, cooking, educating, feeding, and working fell on her alone. Her husband, Ebere reported, helped ensure that she had necessary resources, such as a generator that always worked during the common electricity outages and fuel in her car, but he did not participate directly in housework or childcare. He once did place the baby in a wrapper on his back when Ebere left the house for an errand, but she quickly grabbed her baby when she returned because she did not think he had the physique to hold a baby this way!

She said African women are sometimes envious when they hear about husbands in the West who help with care responsibilities, but that practice was not common in her country. She also did not want her mother-in-law saying that she loved her job more than her family and was not a dutiful wife. Ebere emphasized that her family meant everything to her, and she would never "give them up for anything". She said she worked to help support her family and also because she did not receive her education only to stay home.

At times, she felt like a bad mother and wife, especially during the times she had to write reports for her job while holding her baby in one hand and type on the keyboard with the other, which she described as a nightmare. She said she developed severe pain in her right hand from holding her baby and keyboarding at the same time. That pain is now less but has not completely subsided even today. She said she had to smile and look happy when speaking with colleagues and clients via video even when she was not feeling happy

because of the stress she was under. "That was my life during this period, she said. My son and I shared the laptop and even my baby played with it".

Ebere's special object is her smartphone, which helped her through the pandemic and provided a hotspot for her computer, communication, and everything necessary to help her ensure that she could complete her responsibilities during lockdown and support her son's online education. Her phone was a symbol of what provided her the means to accomplish all she had to. "It served as a facilitator of everything I had to achieve during COVID".

Ebere reflected on the time she worked from home during lockdown and concluded that despite the stress of blending work and life, she considered the time with her family as precious and valuable. "It was not so bad because I had a year at home with my family which was very special and my family did not have to suffer from lack of care".

In October 2020, Ebere had to physically return to work, and she had to turn over the daily care of her children to her nanny, who was an older, more experienced woman who could handle the household. Since her project was ending, Ebere had to begin to look for new jobs in addition to working. She had to spend a lot of time reworking her CV, attending interviews, and looking for job opportunities in addition to working and caring for her family.

During one interview for an international job held at 11 p.m., her baby started crying loudly and would not stop. Ebere texted her husband to come home to quiet the baby, but he could not come, so Ebere had to excuse herself and put her baby in a wrapper on her back so that her baby would stop crying and she could continue the interview. Although the interviewer, who also had a baby, was understanding, Ebere did not receive the job. Realistically, however, she was not in a position to work overseas at that time.

Ebere's project ended at the end of 2020, so from January to March 2021, Ebere stayed home again and looked for a job. She was happy to have more time with her family. She worked on a United Nations assessment in April 2021, and by September she was working for her current project.

Ebere bemoaned the lack of flexibility in work and the inadequate maternity leave that organizations offer women. "Mothers need time to bond time with their kids", Ebere explained. "Maternity leave is grossly insufficient especially if the job requires travel . . . . If a women who has just had a baby after three months needs to travel, this is very stressful. A woman is forced to choose between job and her family and should not have to".

"Jobs should offer more flexibility and maternity leave for six months at least. Women are constantly challenged to go beyond their responsibilities because there are many others ready to take our jobs . . . Some international organizations factor in maternity leave for one year. This is something I recommend". Ebere is lucky because when she travels, her younger sister or nanny can sometimes stay overnight at her home to care for her children, who are now older.

Ebere explained that COVID "taught us a lot". People worked much longer hours. "Because I was working from home, I needed to take care of my family as well as do my work. I had to complete assignments by deadlines without knowing what my colleagues were doing so . . . . If there were more flexibility in the workplace, people would give their best. If you get the right people, they will deliver even from home".

"COVID changed the way we look at things. When we were all stuck in our homes, we had more collaborative relationships with our donor clients who were also working from home. For example, they gave us all the documents for desk review before we went to the field. COVID allowed the review of documents and our donors were also part of those virtual reviews. Now we have to review them after we go to the field. Things were more participatory when everyone was locked up".

3.4. Murphy

Murphy is a university professor at an American university who has two teenage sons, one in middle school and one in high school, and a longtime partner who is a business owner.

Murphy accepted a position as Associate Dean in the largest academic unit in her university right before the COVID lockdown began. She only isolated at home from March to July 2020, after which she assumed her new position in person at the university. During lockdown, her sons undertook digital document studies because the school district had not yet learned how to host classes online. Students were given independent assignments to submit for grading. This continued until the next school year began in the fall of 2020, when the school system had organized online classes. "There was a lot of lost learning", Murphy reflected. Murphy worked out a lockdown schedule for her sons to include at least 30 min outside for exercise, schoolwork, housework, family time, and free time. Luckily, her boys are very technologically savvy and self-reliant. By December 2021, the time of the interview, her sons were physically back in school.

Murphy was thankful that her family was independent and very supportive of each other and of her. "They are all low maintenance. I am probably the highest maintenance of the four of us", she smiled. They had to be especially careful not to get infected with COVID-19, because Murphy's partner's mother was soon to turn 100 years old, and he took care of her once per week and obviously had to protect her from becoming infected.

She described the challenges of the four family members being on zoom at the same time for school and for teaching. "The Internet is not meant for that", she explained. She and her partner had to place each other strategically apart in order to teach or host meetings simultaneously. This was one of the greatest challenges of lockdown.

Murphy reported to work as the Dean on 1 July 2020, and she and her three colleagues were some of the very few university staff who worked in the office during lockdown. Although Murphy said that she did not have a lot of care responsibilities for her sons, in her new position as Associate Dean, she had enormous care responsibilities for students and parents during the lockdown and the early days of the pandemic. Students were obviously concerned about their health, and parents were worried about their children and how they would be able to continue their education. Murphy reflected on what it must be like for students who now had no idea what their future may bring. Murphy and her colleagues had to answer an enormous number of emails in order to keep everyone apprised. Murphy's university is student-oriented and hence focused on transparent communication. However, there are only 300 staff for 1500 students, and hence, the workload was enormous.

Murphy stressed that "stepping up to something new and challenging proved to be interesting" and helped her cope with the pandemic because "I had so much to learn and do and had such a clear direction". Murphy emphasized the benefit of using work and problem-solving as a refuge. While many of her colleagues and friends "were falling apart", Murphy felt good because her brain was so active, and her university had to be ready to teach by fall of 2020, only a few short months after lockdown began. She said that she was "blessed" because she, unlike most of her colleagues and friends during lockdown, still got dressed and went to work as usual. However, Murphy noted that COVID ramped up her learning curve and made it steeper because of the challenges the university and she, as Dean, faced when confronted with this paradigm-shifting pandemic. Murphy also jumped over being a Department Chair to serve as Dean, and hence, she skirted the normal process of moving from teaching to administration. She was also made Acting Chair of the Conflict Analysis and Dispute Resolution Department, ironically because of conflict between the previous chair and professors.

Murphy's university was ahead of the curve and prepared well for the pandemic because the university president is a chemist who understood what the pandemic would mean for the university. The university sent students home during spring break and began to prepare professors to teach online long before the local school districts had taught their grade and high school teachers to do so. University opened back up for fall 2020, and students were required to be tested for COVID once a week. The university hired 14 nurses and provided 20 home test kits per week for everyone. As a consequence, the university only had a one percent COVID infection rate. Students were very verbal about their mental health challenges and their struggles, and their parents were open about their worry and

concern. Murphy spoke about "empathy burnout". Everyone was concerned about helping the students and professors, and Murphy wondered about the caretakers, such as her and her staff, and their mental health.

Murphy brought her office keys to the interview as her special object, which she qualified by saying that they were not really special. The keys were all different because it took different keys to open different doors since the locks were not standardized. She reported that the keys represented an interdisciplinary course the university had recently given. She said her keys were a metaphor for the reality that "one key will not open everything" and she lifted up a book by David Epstein, *Range: Why Generalists Triumph in a Specialized World.* Epstein argued that being in one discipline may have been appropriate for a stable, less complex world, but in a volatile, uncertain, complex, and ambiguous world, that is, a "VUCA world", being a generalist may prove to be more functional. She said she may have been a generalist but was always told in graduate school that "those who dabble babble".

Murphy began her river of experience in March in a boat excited about the prospect of her new position. Then, the pandemic and lockdown hit, and Murphy drew herself falling down a waterfall into self-isolation, during which she hated the term "social distancing", a term that, according to her, should have been "physical distancing". She said she googled to find out what was at the bottom of a waterfall and found out that it was a pool of calm water. So, she drew the pool in her river.

Murphy was confronted with the challenge of how to teach fellow professors to teach, with a mask on, to a camera. As Murphy said, "sometimes we need a plan in a crisis", and their plan was preparing professors to teach virtually. Murphy discovered her own leadership during the crisis since there was no heroic leader to tell her and her team what to do. She drew a knight on a white horse in her river as she reflected that she and her team kept asking each other whether they were allowed to do things, and they recognized that they needed to get over the fear of "doing it wrong" and, rather, to do it themselves and survive. As she pointed out, "we all needed to save ourselves".

Murphy's boys exclaimed that lockdown and no physical school was the "summer that never ended". For her birthday, her younger son placed 752 candles on her cake, because time was goofy during lockdown and people's brains became confused about time.

Murphy was teaching a course on political communication during these tumultuous times. Ironically, she was teaching about civility in politics when there was no civility in the political United States.

Murphy drew a party boat in her river at the time she said people were starting to become distressed and depressed during lockdown and needed a lot of support. She organized a virtual party of the women and leadership community of the International Leadership Association, of which Murphy was President, at which women wore funny hats and tried to forget the stress of lockdown. Murphy had become terrified by the news. Her partner was a news junkie, and she could no longer bear to hear what the death toll was and "needed to go to the mailbox" when the news was on.

Murphy kept extremely busy as her pandemic coping technique. She participated in a state leadership program in which she and 50 other participants began to meet virtually and eventually met in person to learn about leading in a number of different industries, including in prisons. They traveled all over the state, and that began to wear on Murphy, she said. She led a group of PhD students during the International Leadership Association Women and Leadership Community Research Colloquium in June, and her group published a case study in a Sage publication, the first publication for the students as well as the first group of the colloquium to publish. Murphy was also involved in the organization of a national folk festival that included 90,000 attendees. Meanwhile, her father's health took a turn for the worse, putting more pressure on her mother as caregiver. Her older son received his driver's license but soon after crashed his car going only eight miles per hour. She went to a conference in Geneva and, soon after, another conference in Seattle. Then,

her older son was accepted into university, a huge accomplishment for him and Murphy. Soon after, COVID Christmas 2021 arrived.

3.5. Superordinate and Subthemes

As is clear from participant descriptions, each of the participants projected unique images of their journey during lockdown and the pandemic. Tammy represented each challenge as a waterfall and being saved as a life raft. Amira's image of the challenges was being hit over the head with a log or being stopped and having to steer past the log and press on. Murphy's image included one waterfall at the beginning of the pandemic, followed by a river full of activities and symbols as her boat floated on. Ebere included herself and her children swimming in the river, sometimes in a boat and sometimes next to a computer screen, their constant companion during lockdown.

Tammy's psychological metaphor, expressed in the painting of the words about "changing the ending", included having the burden, responsibility, and the power to change serious challenges into positive endings. Amira's metaphor, manifested by the Yugoslavian flag, included maintaining one's core identity in the face of enormous change while allowing that change to open new opportunities and ways of seeing the world. Murphy's metaphor of the keys included the revelation of a multitude of new ways of identifying herself and of acting and doing in the world. Ebere's metaphor of her smartphone included having and being the power source to do what was necessary to deal with the challenges posed by the pandemic.

Despite their unique ways of depicting the pandemic and their unique concepts of themselves during the pandemic, the participants described many of the same themes. Four superordinate themes emerged from coding their statements. Each superordinate theme had subthemes that supported one of these superordinate themes. These superordinate and subthemes are described below.

3.6. Superordinate Theme 1: Deep Sense of Loss of the Normal

Participants recognized that their reality and their emotional responses to that reality were no longer reflective of what they had long considered "normal". As Tammy said, "I just want the return of some sense of normal". They experienced a deep sense of loss in their feelings and psychological state, in fearing the infection and the unknown, in what they were used to doing, and in the passing away of some routines and some of what had been considered normal in their work and family lives. Tammy expressed her sense of loss when she pronounced, with a sense of sadness: "This is America, this is current day, this is society, this is COVID".

3.6.1. Subtheme 1.1: Fear of Infection

Participants expressed chagrin and loss at the shift of emotion from the normal emotional ups and downs of life to suddenly living while constantly in fear because of the unknown impact of becoming infected with COVID themselves or their loved ones and of not knowing how long the infection would last. As Murphy said, "My boys stayed in during lockdown. They were worried about COVID so I didn't have to warn them. They felt anxiety". The fear of infection impacted their behavior as Murphy related that her family had to be very careful not to get COVID because they especially did not want to infect Murphy's partner's soon-to-be-100-year-old mother. Murphy also said that at one moment, she experienced a feeling of terror when she imagined that the pandemic and lockdown might never end. She also admitted that she had become overwhelmed by the news of the deaths caused by COVID.

Tammy's mother-in-law could not help take care of the kids because she and her husband were very worried about getting COVID. Tammy was worried about her entire family getting COVID after her toddler caught COVID at daycare. Amira was living in an environment that cultivated fear not only of COVID but also of being arrested and put in a detention center with COVID-infected people. "You couldn't go out, you couldn't drive

because if they caught you they could send you to one of those centers. It was petrifying", she explained. Ebere expressed that she could not even go to the hospital, despite having a newborn, because of her fear of infection.

3.6.2. Subtheme 1.2: Loss of the Distinction between Work and Life (Family)

The participants recognized that there was a merging of work and life, and it became very difficult to carve out separate lives for themselves as well as for their children. As Amira reflected, "There was a merging of work and life. Because of the physical space, there was no more demarcation zone. There was nostalgia for lost times and normal times. Our life was compartmentalized. Now, everyone is under one roof. You are trying to do your work to the best of your ability but you had to ensure that the kids were plugged in and doing what they were supposed to do. It was challenging. Before I had a demarcation zone between work and life".

Murphy reflected that even in "normal" times, she had trouble carving out a life separate from work and creating work–life balance. She had to schedule it on a calendar. She recognized she needed physical exercise and meditation, and she has been a yoga teacher from 2006 to 2016, which helped her remember "that my head was connected to a body". As an intellectual, she said she could sit under a tree and think all day. The pandemic made it more difficult for Murphy to maintain her work–life balance. On the other hand, Murphy said that some of her colleagues absolutely hated having to be at home with their families, but that she certainly did not hate this because her partner and sons "are very chill" and she felt totally supported. Tammy discussed, in detail, having to homeschool her children while working and jumping from work calls to care and back all day. Ebere described the stress of being glued to the computer or television all day in order to work and educate her son while trying to take care of her household responsibilities.

3.6.3. Subtheme 1.3: Loss of Previous Activities and Life at Work

The participants expressed the loss of and deeply missed activities that they previously enjoyed and that formed part of their sense of wellbeing. Murphy missed going to the gym and her massages. Tammy mentioned that she had become sedentary and missed being active and eating healthy food. Ebere missed being able to go to places like the hospital.

Amira mentioned missing in-person training, being able to interact with participants, and getting a feel for the room. She missed having the rapport of being with people in the office. "People don't get as much from virtual training as from in-person training", she explained.

Tammy experienced the loss of several jobs prior to and during the pandemic, caused by lockdown or the necessity to choose between work and life. She quit her job when her mother was living with her and having strokes in order to ensure that her mother received the medical care necessary to save her life. She lost two jobs because of lockdown and then quit a job during lockdown because she could not fully perform it and take care of her children and home life simultaneously.

3.7. Superordinate Theme 2: Psychological Stress and Reboot and Seeing the World with New Eyes

The pandemic had a tremendous impact on the psychology of the study participants and also changed the way they viewed themselves and even aspects of the world. Impacted by intense stress and even burnout, the participants got to know themselves and their strengths more deeply and discovered that they were perfectly capable of self-leadership.

3.7.1. Subtheme 2.1: Intense Stress and Burnout

All four participants mentioned the increased stress that lockdown and the pandemic caused them. Tammy said, "It was really hard and I feel like I had it easy because I had help . . . We are so tired, exhausted, done . . . " Ebere spoke about the physical manifestation of stress during the lockdown as the pain in her right hand. Murphy recognized at a certain point in the pandemic, that everyone "was tanking" and organized an online fun party. She

also spoke about "empathy burnout". Everyone was concerned about helping the students and professors, and Murphy wondered about the caretakers, such as her and her staff, and their mental health. "Who is caring for those who are caring?" Since she was one of the caretakers, responsible for the well-being of thousands of students, one may deduce she may have been referring to herself also.

> *"There was a lot of psychological pressure", Amira explained, "emotional, social, just being in a bubble, not seeing anyone, being in our apartment days on end. It was really very challenging because there was no precedence. We were learning as we were going and learning to adapt as we were going. This is the first time it ever happened in our lifetime that we were locked in for days on end, not being able to get out of the house".*

3.7.2. Subtheme 2.2: Life–Work Conflict and Work–Life Conflict

The additional care responsibilities placed on study participants led them to identify the fact that life interfered with their work to various degrees, and in some cases, work interfered with their lives. For Tammy, the caretaking and educating responsibilities of her children and her mother led her to quit her job, indicating that she experienced intense life–work conflict and was not able to continue to work during periods of intense caretaking. Ebere mentioned that having to care for her children and help educate her son was extremely stressful and was manifested in chronic pain in one of her hands. Ebere also experienced work–life confict when she was asked to travel when her daughter was a newborn. Murphy experienced life–work conflict in her position as Associate Dean since, because of the pandemic, she took on an enormous care burden for students and their parents, which was not a normal role she would play, and which led her to identify "empathy burnout" as a result. Amira commented that there was no work–life balance because there was no demarcation zone between the two. She concluded that she experienced work–life conflict and life–work conflict because of the loss of the distinction.

3.7.3. Subtheme 2.3: An Opportunity to Know Ourselves and Understand Our Own Strength

Amira pointed out that "how we handle the journey makes me who I am, this person who I am today, who has the strength to confront adversity and change". The pandemic, Amira emphasized, offered the opportunity "to know ourselves and grow to get comfortable with who we are and to continue our growth trajectory. Change is inevitable and things will exist and will perish. It is a cycle and how I handle that journey makes me the person that I am today. Change needs to happen in order for us to grow as individuals".

Tammy emphasized that the pandemic offered the opportunity for self-discovery and increased confidence. As she said, "Trust yourself, trust your instincts, have self-confidence that you can do it . . . it is difficult but you can do it . . . . The pandemic has served as a testing ground". She added, "Resilience! . . . just have to adapt . . . I credit my mom . . . I never would have been able to adapt if she hadn't raised me the way she did".

3.7.4. Subtheme 2.4: Women's Self-Leadership

Murphy was thrown into a new and extremely demanding leadership position at the beginning of the pandemic and was left on her own to learn her role because the previous heroic leaders at the university were in lockdown. She discovered her own self-leadership, as did her three colleagues, and recognized that they no longer needed the heroic leader to tell them what to do. She said that she became much more conscious of leadership through COVID, and, in fact, that the pandemic served as a master class that provided her a "PhD in leadership".

Murphy learned that communication is very critical during crises. She helped to set up a site on which her office staff posted information weekly for all employees and students about the situation. They learned from their mistakes and how important key information is to help quell fear and insecurity. This experience made everyone a believer in communication and the importance of sharing what you know. "Anything short of

misinformation needed to be shared because we were all trying to move step by step", Murphy explained.

3.7.5. Subtheme 2.5: A Renewed Focus on What Is Important in Life, Seeing the World with New Eyes

As Amira said, "the pandemic renewed my connection with fundamental values about what is important in life. It has been a life lesson that has taught valuing family more. It has been a "pause and reflect" and a serious reboot . . . can be a good reboot to look at life differently, to have different priorities . . . invest more in the family, in nature, be more tolerant, respect the collective and recognize that we have immediate effects on our fellow men".

> *"I view the future differently and view society's responsibilities differently with a different mindset and different values", she continued explaining. Why are we here? To love one another, to nurture nature. This has been an opportunity for all of us to learn how to live our lives . . . more self-aware, more introspective, to understand the fundamentals . . . My family's support helped. Without their support, I couldn't have done it".*

Tammy reported that "I'm not willing anymore to put my family on hold". She learned how her kids learned and what they do and do not know about computers. Amira also said that "the pandemic really allowed us to get to know our kids".

Ebere said that she was "surprised" that her five-year-old son was capable of concentrating on learning independently and on manipulating the computer. She also said that she cherished the time she could spend with her family during the pandemic, and that it was, in many ways, the best experience of her life. Murphy explained that she was happy to be home with her partner and two sons, unlike many of her colleagues.

3.8. Superordinate Theme 3: Evolving Women's Community and Collaboration

All four participants discussed particular challenges women faced during the pandemic, in the workplace, and in themselves. They also discussed women's self-discoveries, women's role in solving challenges posed by the pandemic, and the discovery of their place in a women's community.

3.8.1. Subtheme 3.1: Women Take Action

Tammy spoke a lot about the other mothers who joined together via social media to help each other cope and survive during the pandemic. She heard of several groups of mothers who had gotten together in pods to educate their kids. There was an umbrella group comprised of 160 mothers that oversaw everyone and made educational reports to the state which she joined. "Mothers started trading curriculums, and knowledge and forming small groups . . . Women have done a phenomenal job caring for each other".

As Tammy added, "Thank God for other mothers. We helped each other . . . There was a lot of help going on between mothers . . . . I feel like I had it easy because I had help . . . Mothers put together small groups and got support from each other. This was the only way we made it . . . We become each other's villages. It takes a village".

Amira explained that "The 24/7 setting was challenging but my friends supported me. We are all in this together . . . Without friends talking to them on the phone and sharing what we are going through together, we would have had more trouble making it . . . Talking to friends helped me realize that I'm not the only one feeling this".

Amira referred to women's resilience. "Every woman can do it—we are resilient and we figure it out no matter the circumstances. Trust yourself, be open to the experience".

3.8.2. Subtheme 3.2: Women's Community Consolidated

Murphy spoke about women who had taken the initiative to solve the challenges of the pandemic in the community because of a lack of support from the government. She spoke of a colleague who was providing Spanish language translation services at hospitals and churches for the community free of charge to help Spanish speakers access community

services during the pandemic. She mentioned women leading grassroots efforts such as teaching people how to use computers to sign up for the vaccine.

3.9. Superordinate Theme 4: Emergence of New Vision for Women's Workplace

All four of the participants emphasized the need for flexibility in the postpandemic workplace. "The myth of inflexibility between work and home has been disproven", Tammy said. "It is amazing what we can do when we have no choice . . . Not everybody has to be in the office 8 to 5", she added. "Women need to demand more flexibility . . . Our empowered self-leadership has shown our meddle and we have blazed our own trails".

> *"The stigma of not being able to work from home has been shattered", Amira explained. "Companies are going to be more tolerant and more receptive that you can do work from home and go to the office a couple of times a week because there are some things that you really need to do ensemble with the rest of your colleagues. And again, depending upon the nature of the work. In international development, I think the hybrid modality of working from home and the office will continue. This is a shift of paradigm. "Tammy emphasized that "Women are demanding a new narrative for their future work, one that sees the complexities of their diverse needs". "I have lived in Europe", she continued and we are so backward in the United States in terms of family support".*

4. Discussion

It is clear from this study that the lockdown and the pandemic had a tremendous impact on the study participants and that it served as a time not only of great stress but also of reflection and opportunity to reconsider what is important in life and at work. Three of the participants experienced a merging to work and life, and hence, the notion of work–life balance lost its meaning. These three participants expressed dissatisfaction with their performance both in work and life. Although Murphy was able to keep work and life separate unlike the other three, she expressed a loss of work–life balance because she could no longer go to the gym or have massages and because she had to play an enormous care role on her job, which added to her stress. The study findings are similar to the findings of other studies related to the impact of the pandemic on women and their work–life balance. Pettigrew [26] found that women's satisfaction with their work–life balance declined during the pandemic while their hours of work and care increased. She found that women's fears increased, a finding similar to that of this study, and that what she called "mental load" and "emotional labor" increased as a result. Women suffered increased stress and even burnout, leading Pettigrew to conclude that "never have the worlds of work and life collided so violently" [26]. Ruzungunde and Shou [27] found, by analyzing images of work–life balance for men and women on the Internet, that the traditional role of women as responsible for caretaking was still prevalent during the pandemic, reinforcing the finding that women's work–life balance worsened during this period. Woodbridge et al. [28] found that increased childcare responsibilities during the pandemic contributed to both increased work–life conflict and life–work conflict, and that social support mitigated life–work conflict and contributed to career success. On the other hand, Riaz, Begum, and Khan [29] found that the pandemic had a positive impact on family life for many. This finding supports the assertion by the study participants that they enjoyed having time to spend with their families and got to know their children better because of lockdown during the pandemic.

The stories of the four participants in this study also support several of the findings of the 2022 McKinsey & Company Report [30]. First of all, the report calls the exodus of women leaders from their companies the "Great Breakup". Women are leaving because they do not experience conditions conducive to their health and wellbeing and because work is not providing the flexibility women need to maintain work and life and a healthy work–life balance. This finding is in tune with what the four participants in the current study indicated when they asserted that flexibility is key in a post-COVID workplace. The McKinsey report illustrated that women now demand a hybrid workplace and the

opportunity to increasingly work from home, something that participants in this study also indicated. The McKinsey report also noted the still high level of burnout women have experienced during the pandemic, an experience highlighted by all four of the study participants. Women are demanding that companies ensure their wellbeing in the postpandemic workplace, according to the McKinsey 2022 report, something participants in this study also highlighted [30]. Respondents to the survey want to be able to take leave for mental healthcare, want support for emergency childcare, the ability to take off extended leave and return to their same positions, and other benefits. Overall, women do not want to return to a workplace characterized as prepandemic business as usual, a fact emphasized by all four of the participants in this study.

Demers [31] reported on an MIT colloquium that discussed the possibility of achieving a better work–life balance in the postpandemic workplace. One recommendation included searching for a subgroup within one's organization with shared values to solve work–life challenges together. For women, this is a similar recommendation to that of the study participants, who found a community of like-minded women to solve their lockdown challenges.

5. Limitations

IPA focuses on a small number of individuals because the purpose of this methodology is to understand the lifeworld of and meaning-making processes of these individuals vis-à-vis a particular experience or phenomenon. This study is thus limited in that it sought the perspective of only four participants. The limitation was mitigated by the fact that participants came from different countries and cultures. More interviews of women in different countries around the world employing IPA would enhance even further the findings of this study.

6. Conclusions and Implications

The study concluded that the experiences of the four women study participants during the pandemic reflected the superordinate themes of: (1) a deep sense of loss of "the normal"; (2) psychological stress and reboot and seeing the world with new eyes; (3) emerging women's community and connection; and (4) redefining the world of work for women. Recognizing that the 9 to 5 work world has been remodeled to a certain extent, the participants recommended more flexible work arrangements and more support by employers and society for life realities as essential elements of the postpandemic workplace.

Overall, it can be concluded from this study, as well as other studies and surveys conducted of women during the pandemic, that women experienced increased care responsibilities, increased stress, and even burnout during the pandemic, but that they also discovered their resilience and ability to navigate the challenges they faced, how to increasingly rely on a community of women with similar challenges, and their own leadership abilities. The implications of the findings are that employers need to provide more flexible workplaces, more health-promoting services, and increased recognition of the leadership abilities of women. More research should be conducted on the role of women's community and on women's self-leadership.

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Article

Gender Disparity in the Wake of the Pandemic: Examining the Increased Mental Health Risks of Substance Use Disorder and Interpersonal Violence for Women

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Abstract: The global COVID-19 pandemic has profoundly impacted women compared to men in the workplace, creating gender disparity associated with mental health. In occupational fields where women comprise nearly three quarters of the workforce, outcomes of increased depression and psychological distress have resulted, creating even greater gender disparity in terms of mental health risks. These include an exponential increase in substance use associated with mental health issues for which continued stigma and negative perceptions of mental health conditions and substance use have prevented the pursuit of treatment. Further, the increased occurrence of interpersonal violence experienced by women during COVID-19 also presents considerable comorbidity with mental health issues. Research also shows a significant relationship for women between severe intimate partner violence and substance use. It is imperative that gender disparity associated with mental health risks be addressed within the current crisis and that we better prepare for the future to ensure inclusive and accessible resources within workplaces and improved behavioral health outcomes.

Keywords: mental health; substance use disorder; risk factors; intimate partner violence; women; gender differences; female; self-concept clarity; COVID-19; inclusive leadership

1. Introduction

Fifty years ago, in 1972, feminist icon Phyllis Chesler published Women and Madness, a definitive work on women's psychology that addressed critical questions around women's mental health. Chesler's foundational work cited studies highlighting a predominantly male psychiatric population, or 90% male compared to 10% female counterparts, who had been diagnosing, hospitalizing, and researching a predominantly female population of patients [1]. Furthermore, Chesler argued that research at that time showed that female clinicians, having studied under male teachers and professionals, were echoing the professional biases of their male colleagues when diagnosing women with mental health issues [1].

During the 1990s and early 2000s, Chesler (2005) pointed out that gender-biased diagnosis within psychiatry persisted, with many textbooks failing to include mention of sex or gender bias or the feminist critique [2]. In 1999, Brady and Randall's summary of research on mental health issues such as substance use disorder (SUD) highlighted gender differences related to psychological and biological factors, indicating that men had a statistically higher rate of dependence on, and use of substances compared to women [3]. However, it is critical to note that research focused on addiction during the 1980s and 1990s particularly about alcohol use disorder (Blume, 1986) and treatment (Weisner and Schmidt, 1992), shows that women were almost entirely excluded [4]. Certainly, we must consider the significance gender biases have had on diagnoses, treatment, and research related to SUD, which have contributed in part to associated gender disparity. Brady and Randall (1999) proposed that

the increase in women entering traditionally male dominated professions and workplaces might also impact these gender differences through changes in the drinking culture and societal influence that would potentially increase women's participation in drinking and drug use in the future [3].

Despite Chesler signaling the urgent need for gender discrimination to be addressed in the field of mental health, over the decade's most mental health and addiction research continued to be skewed in terms of gender. Within the United States, however, female psychologists in education, as well as females in professional roles in the field of psychology and within the American Psychiatric Association are currently experiencing greater representation compared to males [5]. This has undoubtedly created the potential for increased focus on gender differences in diagnosis and treatment related to mental health. However, despite these advances, for the past two decades there have still been broad inequities in salary, training, and job opportunities related to gender in the field of psychiatry. According to Clay (2017), there are even greater disparities for women with disabilities as well as women of color [5].

Notwithstanding, there are examples that have provided valuable insights regarding the relationship between gender differences and mental health disorders. For instance, a longitudinal study of more than three decades (Fillmore et al., 1979) found that predictors for future alcohol dependencies were significantly differentiated by gender [6]. Furthermore, Jones' (1968, 1971) research showed that coping difficulties and reduced self-concept clarity serve as predictors for future alcohol dependencies. Additionally, Walitzer and Sher (1996) found that sense of self played a more significant role in the etiology of alcohol use disorder in women than it does in men [7]. Also, a 1997 study of more than 1000 women found that those with sexual experiences before age 18, specifically sexual abuse, were at risk for later substance use, as they reported significantly more symptoms associated with alcohol dependence and misuse of drugs [6]. We are, therefore, seeing the prior gender gap associated with mental health illnesses like SUD narrowing worldwide. This is especially true given the rise of prescription drug abuse, which is creating gender parity among adolescents engaged in misuse [8]. In 2013, the CDC reported a 400% increase in prescription opioid overdoses in women compared to the 265% in men [8]. Efforts by the National Institutes of Health (2015) requiring that sex be considered as a biological variable within research has helped to advance understanding regarding how gender plays a role in disease processes and to inform development of interventions [9]. However, there is still more progress needed, particularly in terms of intersectional identities. In 2022, the National Institutes of Health reported that intentional prescription drug overdose deaths occur more consistently among women than men with an even greater increase among non-Hispanic Black women [10]. Furthermore, recent research on gender convergence for prevalence of substance use suggests an increase in vulnerability to alcohol and prescription drugs due to the biological and social challenges women face at different stages in life, including changes in mobility, menopause, osteoporosis, empty nest, and career [6].

Given these inequities, there is a long way to go in terms of female-gendered power and status that can impact institutions, governance, and organizations in terms of addressing gender-differentiated mental health needs. Now, three years into a global pandemic, the need to focus on mental health issues and experiences of women as well as gender-diverse individuals in workplaces across all industries and sectors around the world is inescapable. The prevalence of COVID-19 and its global impact seems to have subsided with the elimination of restrictions like mandatory masking, quarantining and social distancing in most public and communal spaces. However, while the collective perception may be that the pandemic has ended, Shmerling (2022) points out that we are merely shifting from the panic we experienced in the pandemic to "endemic acceptance" [11]. This is extraordinarily true as there is still a significant number of deaths and daily cases being recorded worldwide.

2. The COVID-19 Pandemic Exacerbated Mental Health Issues for Women

The global pandemic has had a profound impact on women compared to men in the workplace, and principally negative impacts include increased workload and mental health issues. Women were more likely to be exposed to the virus as frontline healthcare workers where they represented more than 70% of the workforce, increasing the severity of occupationally associated depression and anxiety [12,13]. Research during the pandemic found that healthcare workers, especially women, experienced a greater risk of developing mental health symptoms such as depression, insomnia, and psychological distress [12]. Huang et al.'s (2020) survey of medical staff in a tertiary infectious disease hospital in China found that female medical staff working on the frontlines of the pandemic early in the outbreak experienced a higher incidence of symptoms associated with anxiety and post-traumatic stress disorder comparative to their male counterparts [14].

The worsening mental health effects for women related to the COVID-19 pandemic were not limited to the frontlines of healthcare. For example, women in academic STEM fields experienced burnout or chronic workplace stress, extreme disruptions to work-life boundaries, and the exacerbation of existing gender-based inequalities in role advancement and workload compared to male counterparts [15]. Borrescio-Higa & Valenzuela (2021) found that across sectors with higher female employment, the pandemic profoundly affected gender inequality [16]. Women experienced disconcerting rates of mental health problems and an increase in health-related socioeconomic vulnerabilities such as interpersonal and intimate partner violence and increase in substance use [17,18]. The relationship of health-related socioeconomic risk factors and mental health disorders must be considered concomitant risk factors for developing substance use disorder, shifting to an increase or relapse if already recovered, especially given the high comorbidity of SUD and other psychiatric illnesses [14,18,19]. Furthermore, women have been found to have "a significantly higher prevalence of comorbid psychiatric disorders, such as depression and anxiety than men, which typically predate the onset of substance-abuse problems" [16] (p. 249). Women are also more likely to report the existence of trauma prior to the onset of SUD as well as more frequent use of substances to manage associated negative effects [8]. Lindau et al. (2021) found in their U.S. based cross-sectional study of 3200 women aged 18–90, those with pre-existing mental health symptoms and health-related socioeconomic risk factors were subject to two- and three-times greater risk for worsening circumstances during the pandemic, many of which are addressable with mitigation strategies [18].

2.1. Substance Use Disorder (SUD)

The COVID-19 pandemic profoundly disrupted humanity. No one has been immune to some level of stress induced by the myriad of economic and societal effects. Moreover, it has elicited a global mental health crisis; individuals with pre-existing mental disorders are experiencing a worsening of their conditions, and new mental health issues are surfacing as well [12,17]. Amid the pandemic, there was an exponential rise in substance use associated with mental health issues. In the first year of the pandemic, alcohol sales rose nationally in the U.S. by 262% compared to the prior year [20]. In 2020, the American Medical Association (AMA) reported that nearly 75,000 deaths were caused by drug-related overdoses, with increased concerns for individuals with mental health issues and SUD across 40 U.S. states [21]. Despite these alarming statistics, the pandemic overburdened both health care and social services, such that in many cases addressing the economic impact included diversion of resources for SUD-related resources [22]. The combination of reduced support and resources and the stigma and discrimination experienced by people with mental health challenges created serious implications at a time when interventions for SUD were needed most. Pfeffer and Williams' (2020) study of more than 36,000 respondents found that 81% of those with SUD did not receive treatment due to the continued stigma and negative perceptions of mental health conditions and substance abuse. More recent data found that nearly 110,000 drug overdose deaths occurred in 2021,

with the AMA urging action for increased "access to evidence-based care for substance use disorders" [23]. Women in treatment for SUD consistently report increased barriers associated with perceived stigma and greater negative outcomes associated with employment, social, family, medical, and psychiatric functioning, which may be related to the disproportionate percentage of women who seek treatment [8].

Stigmatizing views of people with SUD are commonly associated with perceptions of questionable personal responsibility and an inaccurate belief that addiction is a moral failing rather than a persistent treatable disease. Descriptive terminology often associated with such discriminatory beliefs about addiction and substance use has included user, junkie, drug abuser, addict, drunk, and substance abuser. Our earliest understanding of the word addiction is the Latin compound, addicere from the 5th to mid-3rd century BCE, a verb that translated as 'to speak to', assent or agree, whereas the noun addictio described someone indebted or enslaved by a judge or creditor [24]. In the first century BCE, the use of the verb addicere transitioned from a legal or technical term into a term to represent self-destructive behavior, particularly in descriptions of women who gave themselves to their ruinous desires, whereas in contrast it was often perceived as positive or honorable when applied to a male [24]. In the 16th and 17th centuries, the word addict represented attachment, commitment, or devotion to king, religion, or God. Many Protestant Evangelical reformers (e.g., Calvinists, Anglicans and Catholics) utilized the term to describe attachments to objects of sin [24]. In this context, the word was depicted positively if the attachment was considered appropriate, and negatively if it was connected to something identified as sinful. Rosenthal and Faris (2019) point out that throughout the historical evolution of addiction terminology there is "tension between the active and passive meanings, suggesting that both obligation/compulsion and active choice may be built into the original meaning of the word" [24] (p. 14).

Notably, advances in both the clinical and psychiatric study of addiction have helped to reduce attitudes of blame that foster discrimination and the misconception of choice in relation to compulsion which has aided in providing deeper understanding of its characteristics as a disease. Discernment of various facets of substance use disorder—"reinforcement and reward, tolerance, withdrawal, negative affect, craving, and stress sensitization"—have expanded our knowledge [25] (p. 1015). Prior criteria and classifications associated with substance use disorder found in the DSM-IV defined substance abuse as "continued use despite physical or psychological problems caused or exacerbated by the substance" with a focus on negative consequences, but still "limited to physical or psychological problems and not extended to social or interpersonal problems" [26] (p. 60). Since 2007, a Substance-Related Disorders Work Group has worked with a DSM-5 Task Force to formulate new criteria for diagnosing substance use and dependence, removing the earlier distinction between excessive use and dependence as separate disorders, and making recommendations for analysis to examine potential biases related to gender, age, and ethnicity in diagnostic criteria [26].

As a result, when the DSM-5 was published in 2013, substance abuse, addiction, and alcoholism were changed to encompass both drugs and alcohol with new definitions: Substance Use Disorder (SUD), which includes both, and Alcohol Use Disorder (AUD), which includes only alcohol [27]. In 2017, the Office of National Drug Control Policy issued a federal memorandum addressing the stigma of terminology associated with substance use disorder. This aligned with the updated DSM-5 which required the use of person-first language like "person with a substance use disorder," removing negative connotations and distinguishing the person from their diagnosis [28]. Despite the more inclusive language, expanded research, advances in diagnostics, and increase in therapeutic treatments and pharmacological agents, substance use disorders remain vastly undertreated [29]. Inequities in healthcare largely contribute to many of the existing barriers that prevent treatment, including "the lack of resources at the individual level, a dearth of trained providers and appropriate treatment facilities, racial biases, and the marked stigmatization that is focused on individuals with addictions" [19] (p. 1015). In addition to studies highlighting

the disparity of negative impacts related to mental health and increased risk factors for substance use during the COVID-19 pandemic for women, research has also shown an increase in intimate partner violence and sexual abuse.

2.2. Sexual Assault and Intimate Partner Violence (IPV)

In Women and Madness, Chesler raised the necessity of bearing witness as a mechanism for providing support to the victims of violence. Problematic perceptions and stereotypes about sexual violence can impact recognition and confidence that the survivor's experience is to be believed. The harm engendered through bystander apathy can be even more traumatizing for the survivor through its cacophonous silence. Chesler proposed more education, transformation and enforcement of victim centered laws, increased research on associated psychological trauma, and a political movement focused on human rights and self-esteem. When her book was reprinted in 2005, the introduction demanded change, reminding us that all too often the "active process of bearing witness inevitably gives way to the active process of forgetting" [2] (p. 37). A little over a decade ago, research estimated that between 50% to 80% of sexual assaults were committed by someone known to the victim, with a meager average of 15% of cases reported ever being prosecuted; at that point sexual assault within workplaces had been recognized as a public health crisis for more than 40 years with no industry or occupation immune to its occurrence [30].

Despite sounding the alarm decades ago, there is still much work to be done to address sexual violence and while it is not an issue that only affects women, the greater percentage of victims are women and groups that are marginalized. In 2018, a national representative study on sexual harassment and assault in the U.S. reported that within their lifetime, 81% of women had experienced some form of sexual harassment or assault, whereas only 43% of men had [31]. In terms of location, 38% of women had reported sexual harassment within the workplace and 35% of women reported interpersonal violence such as sexual assault within their residence [31]. Additionally, data showed greater percentages of sexual harassment and assault incidence based on disability status, sexual orientation, and racial/ethnic group [31]. These alarming statistics highlighted the imperative to, once again, acknowledge the prevalence of sexual assault and to engage in more action to prevent sexual violence in workplaces and in the home. Worldwide statistics are even more alarming. A 2018 analysis by the World Health Organization of data from more than 160 countries covering a timespan of nearly a decade found that 30% of women had experienced sexual or physical violence and nearly one in three women aged 15–49 reported having been subjected to either sexual or physical intimate partner violence [32].

As the world braced for the COVID-19 pandemic, quarantine policies and stay-at-home orders were implemented, and as a serious consequence, the incidence of intimate partner violence (IPV) increased. During the pandemic and due to quarantining, victims of IPV, physical, psychological and sexual violence in the form of abuse or aggression within a current or former romantic relationship, were left trapped with their abusers. Reporting in the U.S. showed a 20% increase in calls related to IPV across 20 metropolitan cities, and global data showed an increase across several countries as well [26]. However, the economic impact and unemployment catalyzed by the pandemic created financial and psychological stressors that simultaneously increased the risk of occurrence of IPV while also reducing the potential for victims to seek help [33]. IPV rates still rose exponentially. Statistics indicate that IPV is found across all "races, cultures, genders, sexual orientations, socioeconomic classes and religions with one in four women and one in ten men experiencing IPV; however, such violence has a disproportionate effect on communities of color and other marginalized groups" [34] (p. 2302).

IPV has profoundly negative societal impacts as well as chronic health outcomes for the victims. Negative physical health outcomes may be associated with neurological, gastrointestinal and reproductive problems, and there is considerable comorbidity with mental health issues such as depression and post-traumatic stress disorder (PTSD) [33]. Furthermore, while there are complex mental health consequences associated with intimate

partner violence, PTSD is the most common [35]. Significant connections have also been found for women with SUD and profiles of comorbid PTSD caused by sexual or physical abuse trauma, compared to males with SUD [36]. Additionally, women with severe sexual abuse and emotional abuse profiles were found to significantly predict initiation of substance use. Childhood trauma exposure was also found to be associated with earlier use of substances [36]. The trauma profile of severe sexual abuse and emotional abuse is related to "more severe sociophobic symptoms, i.e., aspects of low self-confidence" and "a negative self-concept, including low self-confidence as typically seen in individuals with complex PTSD" [36] (p. 10). Within the U.S., close to three out of four women who experience severe forms of IPV are diagnosed with one or more mental health disorders, and those in substance use treatment programs also report increased occurrences of IPV [25]. Mason and O'Rinn's (2014) systematic review of research on the relationship between IPV and substance use disorder showed that the occurrence of sexual violence led to an increase in susceptivity to SUD through self-medication and psychological vulnerabilities, such as low self-esteem, depression, and anxiety [25].

2.3. Self-Concept Clarity

As part of our biography, our identities form, evolve, and change in concert with our learning through experiences. These experiences are influenced by both internal and external factors: family, friends, geographic location, religious faith, culture, race, ethnicity, socioeconomic status, perceptions of stress and opportunity, and society. Being is the embodiment of our living existence. As such, it changes throughout our lives such that our biography, our being, is formed through learning acquired from the collective sum of our life's experiences [37]. Our biography is an "unfinished product constantly undergoing change and development—either through experiences that we self-initiate or else through experiences which are initiated by others" [37] (p. 25). Self-concept clarity reflects an individual's internal self-beliefs and is characterized by consistency and temporal stability [38]; however, it may also fluctuate contingent upon the influence of environmental factors [39]. Self-concept has been found to be correlated with psychological well-being and resiliency in adapting to stressors [40,41]. Furthermore, the evaluative self-analysis component of self-concept clarity is correlated with self-esteem, or individual discernment of value [42]. For those that experience IPV, there is a clear association with the self-doubt and loss of agency that negatively affects women's identities [43]. The "certainty about one's beliefs regarding his or her personal attributes" is knowledge integrant of self-esteem and can be influenced by individual perceptions of stress, psychological resiliency, and excogitative behaviors [42] (p. 486). Psychological stresses such as those associated with IPV elicit self-discontinuity or individual perceptions of past and present discontinuity, which necessarily compromise the clarity of self-views. Given that self-concept clarity was found to mediate the relationship between stress and perceptions of well-being, it is paramount that the effects of IPV on identity and concept of self be integral to addressing complex mental health issues [43,44]. This is especially critical given the previously discussed increased prevalence of comorbid mental health factors associated with women.

3. Implications

It has been suggested that women with poor self-esteem may be at greater risk for developing drug use disorders compared with men; however, research has shown mixed results related to self-esteem enhancing measures as they influence effective treatment outcomes. For example, Trucco et al.'s (2007) alcohol dependence research showed no correlation between self-esteem and the occurrence of relapse or successful treatment outcomes [45]. As such they suggested that while self-esteem may have a role in the development of substance use disorder, increased levels of self-esteem do not necessarily lead to treatment success [45]. Future research focused on "aspects of self-perception" rather than self-esteem as a general construct when looking to develop effective prevention and relapse measures may elucidate mitigation measures [45]. Prior research on self-

concept clarity has focused on distinctions within self-analysis, particularly between the two aspects of self-consciousness: private (attention to one's own thoughts and feelings) and public (awareness of oneself as a social object [46,47]. Women have an increased occurrence of self-reflection upon their own personality characteristics, suggesting higher private self-consciousness and validating prior hypotheses regarding gender differentiation of the self-consciousness trait [47]. Furthermore, women tend to be more open to the experiences of self and others through self-reflection, whereas "individuals higher in masculinity (agency) represented their own and others' emotions in less complex ways" [47] (p. 479). Yet, increased private self-consciousness or self-reflection may exacerbate potential negative self-perception in women. Rumination, the act of engaging in repetitive negative thoughts, "enhances the effects of depressed mood on thinking, impairs effective problem solving, interferes with instrumental behavior, and erodes social support", so that "the initial symptoms of depression among people who chronically ruminate are likely to become more severe and evolve into episodes of major depression" [48] (p. 367). Gender differentiation research in rumination found increased rates of rumination and reflection in women compared to men, with greater statistical significance for those in childhood and adolescence [48].

It is imperative that we gain a clearer understanding of women's lived experiences and values as they relate to the complex nature of mental health, including both IPV and SUD associated outcomes. Individualized interventions that recognize the role that gender, and intersecting identities have on women's experiences will help to potentially reduce stigma and treat trauma. Notably, research on mice has shown epigenetic inheritance of perpetuated trauma through the transformation of genomic changes found in subsequent generations [49] (p. 20). While there is a clear gap in the literature regarding human studies focused on the effect of traumatic stress on inheritance, several studies have shown increased inheritance susceptibility for PTSD [49,50]. Additional research on genetic epidemiology and environmental interactivity associated with SUD is also needed [51]. With the potential for inherited trauma and associated negative biological and psychological outcomes for future generations, we must acknowledge and address symptoms at inception.

The pervasive and expensive nature of complex mental health conditions has created a behavioral health crisis with exorbitant costs for organizations due to employee turnover, and reduced productivity and healthcare. However, companies that ensure that mental health resources and services are accessible improve employee outcomes, thereby increasing organizational performance. In a McKinsey study of more than 1000 employers, greater than 90% reported that the COVID-19 crisis has affected employee productivity and behavioral health [52]. Shortly before the pandemic spread across the globe and ensuing quarantine measures were implemented, published research illustrated the profound need for organizations to focus on mental health. At that time, 91% of respondents believed companies should be concerned about mental health, while 85% who were considering a new job were evaluating associated mental health benefits [53]. Estimates of behavioral health impacts of COVID-19 on the healthcare system in the U.S. alone may reach $200 billion annually; this does not even factor in vulnerable or at-risk populations [52].

4. Recommendations

The COVID-19 pandemic has taken a tremendous toll on the status of both individual and collective mental health. To better address our current reality, while also preparing for future crises, we must expand research, implement policies and interventions, and provide inclusive and accessible resources that include awareness and representation of marginalized groups. With the extreme negative mental health outcomes associated with the pandemic, employers will need to expand their focus on mental health and well-being beyond traditional employee assistance program referrals. Nelson (2020) prescribes fostering a workplace culture of health with strategies to address both short-term treatment and long-term sustainable well-being goals for employees [54].

4.1. Destigmatizing Mental Health Conditions in the Workplace

To address the mental health needs of employees, organizational members and leaders must work to destigmatize workplaces by focusing on eliminating the perception that utilizing mental health services through employers might be detrimental to job security. Stigma directed towards people with mental health conditions and substance use disorder can manifest as discrimination, shaming and prejudice [55]. These negative behaviors perpetuate barriers with profoundly harmful outcomes for those in crisis, typically preventing them from asking for help. A recent survey of nearly 1000 employees and more than 500 U.S. benefit program decision-makers during the pandemic found that 37% of employees avoided treatment for mental illness and 52% for substance use disorder because they were fearful of others becoming aware of their condition [55]. Toth and Dewa (2014) report that stigma associated with disclosure of mental disorders in the workplace severely limits employees from seeking assistance [56]. "Individuals who possess a stigmatizing attribute that is concealable often live in constant fear of being discovered, and significant stress results from seeking to keep the attribute hidden and making decisions about disclosure" [56] (p. 733). According to Nelson (2020), 68% of employees are afraid to ask for help and yet NAMI, the National Alliance on Mental Health reports that eight out of ten people experience mental health conditions [54]. Workplace culture is critical in terms of ensuring an environment that supports disclosure decisions by employees. Moreover, Toth and Dewa (2014) point out that organizational goals should not be focused on the act of disclosure itself; "rather, the organization should strive to create an environment in which employees feel safe to disclose should they wish to do so" [56] (p. 743).

The pandemic has catalyzed employee demand for workplace environments focused on mental health inclusivity. More than 90% of employees want their employers to provide personalized benefits that accommodate their unique individual needs, age and life circumstances [57]. With five generations currently represented in the workforce, meeting distinctive behavioral health needs is paramount. The greatest percentage of healthcare users in the workplace are the traditionalist generation or those born between 1925 to 1945 who make up 2% of the current workforce, while Baby Boomers born between 1946 to 1964 comprise only 25% of the workforce but are the second highest user of healthcare at 60% [57]. Over 53% of workers from Generation X, born from 1965 to 1980 and representing 33% of the workforce, are looking for all encompassing wellness programs [57]. Comprising 35% of the workforce, approximately 85% of Millennials or those born between 1981 to 1996 report that their healthcare insurance has contributed to their decision to remain with their existing employer, when services focused on both holistic physical and mental health were included [54,57]. Finally, 65% of Generation Z, or those born between 1997 and 2012 report that they pursue employment opportunities based on benefits, specifically companies with Employee Assistance Programs (EAPs) and benefits that include mental health [57]. Therefore, organizational culture that communicates well-being across all levels of the organization combined with whole-person healthcare strategies that are adaptable to employees' changing mental health needs will contribute to successful attraction, hiring and retention goals.

4.2. Strategies for Addressing Discriminatory Behavior and Misperceptions

Organizational leaders need to confront structural stigmas such as cultural norms and institutional practices that limit resources and negatively impact employee well-being. There are several strategies that can be implemented within the workplace to promote inclusion and to address misperceptions and discriminatory behavior towards people with mental health conditions.

Integrate person-first language within all communications. Ensure this inclusionary practice is incorporated into all workplace internal and external communications. Placing the emphasis on people rather a particular condition or diagnosis "frames the disease of substance use disorder as a negative characteristic of the individual and brings moral judgment. By utilizing person-first language, an individual is no longer defined by their

condition. The person is placed first with the condition being secondary, which helps to eliminate stereotypes and biases" [58] (pp. 3, 5). Furthermore, communicating the treatable nature of mental health conditions and substance use disorders through recovery programs helps to mitigate discrimination that propagates the shame that people with behavioral health needs often experience.

Implement mental health literacy education programs. Ensuring educational awareness programs are accessible to all employees helps to address stigma and concepts of moral failing that many associate with mental health conditions. For example, the Mental Health First Aid (MHFA) standardized training program, developed in Australia in 2001, has proven to be a globally effective program for improving "participants' knowledge, attitudes and behaviours related to mental ill-health" [59] (p. 467). This evidence-based approach to increasing confidence in one's ability to recognize the signs of mental health and substance use disorders empowers organization-wide support by employees for those in distress.

Review workplace mental health policies and practices. Creating an environment in which employees feel comfortable discussing mental health issues enables the development of policies that meet legal requirements while also incorporating aspects that truly fulfill employee needs.

4.3. Creating a Psychologically Safe Environment

The more generalized actions previously discussed can facilitate changes within the workplace to reduce stigma. However additional measures should be taken to implement destigmatizing strategies that acknowledge and address the needs of marginalized groups that have been more profoundly impacted.

Promote a psychologically safe culture. A workplace environment that includes a psychologically safe climate empowers employees to feel comfortable being themselves. Organizational culture represents a group identity constructed through a process of learning that evokes purpose within all organizational activities. The phenomenon of cultural DNA becomes integrated within organizations to the degree that beliefs become accepted assumptions which provide structural stability regardless of transitions in workforce membership [60]. Recognizing and addressing organizational disparities in the distribution of influence, authority and power that negatively affect marginalized groups is paramount to developing a psychologically safe culture. When a supportive and trusting organizational culture is the norm, employees "feel able to show and employ one's self without fear of negative consequences to self-image, status, or career" [61] (p. 708). Marginalized social identity groups such as women, people with mental or physical disabilities, racial and ethnic groups, immigrants, native and Indigenous communities, and LGBTQ+ people encounter exclusion and stigma. Therefore, it is even more critical that leaders "display behaviors that promote an employee's perceptions of belongingness while also experiencing that they are valued for their uniqueness" [62] (p. 11). Shore and Chung (2021) point out that for stigmatized social identities, inclusionary treatment that values uniqueness in concert with fostering belongingness creates a foundation for psychological safety [62]. Below are several recommended actions adapted from Schein and Schein (2017) and Shore and Chung (2021) that can be implemented to create workplace psychological safety [60,62].

Acknowledge limits of leadership knowledge, including past mistakes and establish accountability, ensuring that leaders clearly articulate these demanding inclusive practices within performance management at all levels of the organization. *Remove* literal and figurative barriers, systems and structures that promote exclusionary and discriminatory behaviors. Create or fix systems and structures, providing equal access to tools and opportunities, thereby recognizing that marginalized employees do not have the same advantages, opportunities, or experiences. *Promote* inclusive leadership practices by valuing the unique perspectives contributed by a diverse workforce. Diversity and inclusion are not interchangeable concepts. Where legislation and policy can specifically mandate diversity, inclusion is a voluntary action that must be taught, promoted, and integrated. *Ensure* that diversity, equity, and inclusion agendas include neurodiversity that also en-

compasses behavioral-health conditions, thereby creating a supportive workplace that removes barriers for people with mental health issues, whether disclosed or undisclosed. *Provide* resources, support groups, and diverse ways for employees to openly share ideas, experiences, and feedback. Organizations that promote a psychologically safe culture and integrate inclusivity practices as a desirable environment increase organizational capacity to adapt, especially in times of extreme crisis like that caused by the COVID-19 pandemic.

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Article

Working from Home and the Division of Childcare and Housework among Dual-Earner Parents during the Pandemic in the UK

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Abstract: This paper examines whether the expansion of working from home led to a more equal division of domestic work during the pandemic. We use unique data of dual-earner heterosexual couples gathered during the first lockdown in the UK when workers were required to work from home by law. Results reveal that mothers were likely to be carrying out a larger share of domestic work both before and during the lockdown. When fathers worked from home, compared to those going into work, a more equitable division was found for cleaning and routine childcare. Furthermore, homeworking fathers were up to 3.5 times more likely to report that they increased the time they spent on childcare during the lockdown compared to before. However, we also found evidence of homeworking mothers having increased their time spent on domestic work, and doing a larger share of routine childcare, compared to mothers going into work. Overall, the study shows that when working from home is normalised through law and practice, it may better enable men to engage more in domestic work, which can in turn better support women's labour market participation. However, without significant changes to our work cultures and gender norms, homeworking still has the potential to enable or maintain a traditional division of labour, further exacerbating gender inequality patterns both at home and in the labour market.

Keywords: COVID-19 pandemic; working from home; division of housework; childcare; gender inequality

1. Introduction

With the sudden rise of homeworking during the pandemic [1,2], many scholars ask whether the expansion of homeworking can encourage a more equitable division of domestic tasks among heterosexual couples, and increase men's involvement in housework and childcare [3–7]. In fact, one key goal of the expansion of flexible working rights was to enable more gender egalitarian outcomes both at home and in the labour market [8]. Some scholars argue that there is a danger of further traditionalisation of gender roles through the expansion of flexible working [9]. This is because while women increase their time spent on housework and childcare when working flexibly [10,11], men rarely do [12,13] and end up working longer overtime instead [14–16], which can exacerbate gender inequality patterns in the labour market. Of the different types of flexible working arrangements (FWAs), working from home (in this paper working from home and homeworking is used synonymously) seems to be more problematic compared to flexitime [12,13,17,18]. This is because working from home allows more boundary blurring between work and non-work lives, and more permeability between the two spheres [19].

One reason why men do not use the flexibility and permeability in their work to engage more in domestic work is because of the dual stigma they can potentially face [20].

Workers using FWAs for family purposes may face a 'flexibility stigma' [21]. This is when employers and co-workers believe that flexible workers (including those who work from home) are less productive and less committed to the workplace compared to those who do not work flexibly (work in the office). Due to such beliefs, flexible workers can consequently experience negative career outcomes [22–25]. Scholars argue that men using FWAs for care purposes further face a 'femininity stigma' [20] because such practices also go against the masculine breadwinner image that is prevalent in our societies. However, these associations are not inevitable. The context in which FWAs are used can drastically shift how they impact gender equality outcomes [13,17,26,27].

The COVID-19 pandemic and the lockdown that followed provide us with a unique real-life quasi-experimental setting to test how the changes in contexts can shift the gendered outcomes of homeworking. In the UK, as a part of the lockdown measures to contain the virus, working from home was enforced by the government and subsequently employers. This led to a surge in homeworking, with up to half of the total workforce working from home during the first lockdown [1]. Workers working from home were less likely to be singled out and penalised, and negative connotations towards homeworking reduced drastically [28–30]. In this paper, we use unique data gathered during the peak of the first lockdown in the UK to explore the association between homeworking and the division of domestic work among dual-earner heterosexual couples with children. We focus on homeworking in this paper, as evidence shows that it can be more problematic with regard to the potential traditionalization of gendered division of labour compared to other types of FWAs. What is more, homeworking has expanded significantly during the pandemic and this pattern is likely to remain even as the pandemic winds down, leaving many to ask how such rise in homeworking will relate to gender relations in the future [3,4,31]. More specifically, we examine how father's homeworking relates to the increased involvement in routine and non-routine housework and childcare during the pandemic, and how it relates to the division of housework and childcare. We look at both measures as previous studies [5,6,32] have shown that even when fathers have increased their time spent on childcare and housework during the pandemic, this did not necessarily lead to an equal division, as mothers have equally increased their time.

Results of this paper show that the increased prevalence and normalisation of homeworking may have enabled fathers to use homeworking to engage more in childcare and housework and carry out a more equal share. However, we still see evidence of the gendered outcomes of homeworking. Homeworking mothers also increased their time spent on housework and childcare, and carried out a larger share during the lockdown. We also find evidence that only when both parents were working from home, fathers engaged more in/carried out more of an equal share of home-schooling than when fathers were at home on their own. The paper contributes to the on-going debates around homeworking by evidencing that although the expansion and normalisation of homeworking helps, that alone is insufficient in addressing issues around the unequal division of domestic work, enhancing women's labour market participation, and improving gender equality at work [33]. Through this, the results of this paper provide implications for better understanding the potential gender inequality patterns in the post-pandemic labour markets.

1.1. Definition and Determinants of Division of Housework

Housework is defined as the work needed to maintain a household, and can be distinguished into different activities [34]. Routine housework entails work that needs to be done on a day-to-day basis—such as cooking, washing dishes, cleaning, laundry [35]. Non-routine housework includes house repairs, garden work, and paying bills. There is a relative flexibility in terms of when these tasks need to be done and they are more discretionary [34]. Childcare can also be distinguished into routine versus non-routine care [36,37]. Routine childcare entails the physical aspects of generally looking after children, such as feeding, cleaning, regular bedtime activities. Non-routine childcare includes enrichment activities, such as, reading to, educating, and playing with children.

Mothers usually carry out and are expected to carry out more housework and childcare, especially routine/physical housework and childcare. On the other hand, fathers do less and mostly carry out non-routine housework and childcare [37–41]. Needing to carry out routine housework and childcare can act as a greater hindrance to one's labour market participation as it represents a larger part of domestic work, with less flexibility about when it can be done. Thus, only when fathers take on more routine care and housework activities, can mothers be relieved of some of the pressures arising from balancing family and work [34,38]. Finally, one particular element of non-routine childcare that is important to examine during the lockdown period was home-schooling. As schools shut, parents had to home-school their children, with many parents spending two or more hours on these activities per day [42] adding extra childcare demands onto parents [43].

Several theories help explain how couples divide domestic work [44]. Time availability theory argues that the division of housework is rationally distributed depending on the amount of available time each member of the household has outside of their paid work. Relative resources theory argues that the division of housework is determined by the relative resources each partner brings to the relationship—i.e., those with higher education/income/wealth do less housework compared to those with lower education/income/wealth [45]. The 'doing gender' [46] perspective argues that it is the socially expected gender roles that determine the way couples divide domestic work. Namely, women do more domestic work because they are seen to be responsible for these tasks, while men focus on bread-winning because that is what is expected of them [39]. Thus, even when women earn more money, or work longer hours, they still end up carrying out more domestic work than their male partners [45,47].

1.2. Homeworking and the Division of Housework and Childcare

In this paper, of the various FWAs, we focus specifically on homeworking. Workers' control over when and where they work can shape the amount of domestic work they carry out [37,48] by providing workers more control over the physical or temporal boundaries between their work and home domains [19,49]. Working from home allows for the blending of work and home demands, where work and housework/childcare can be done at the same time [32,50]. Working from home can also help workers save commuting time, which can be spent on doing more domestic work and/or paid work [51]. Studies prior to the pandemic have shown that homeworking is associated with higher levels of engagement in domestic work for women, yet not for men [10,11,13]. Instead, men have been shown to increase their paid working (overtime) hours when working from home [12,14]. This can be partly explained through the border theory, which argues that the flexibility and permeability in the work-family boundary will result in the expansion of the sphere that the individual identifies with or expected to identify more with [19].

The UK has a rather traditional division of labour with women in heterosexual couples carrying out a larger bulk (68%) of housework and care, in comparison to other countries [52]. This is echoed in the social norms in the UK, where men are expected to be the breadwinner and women are expected to be largely responsible for housework and childcare [53]. This explains why mothers use and are expected to use homeworking arrangements to meet family demands, while such expectations do not exist for fathers [11]. Homeworking does not change the gender normative assumptions or the power dynamics around who should carry out domestic work. However, it can remove some work-related restrictions that might have prevented mothers from carrying out both paid and domestic work [11,54,55]. Similarly, gender norms may also prevent men from using homeworking arrangements to assume more childcare responsibilities and housework. Studies have shown that there is negative stigma surrounding homeworking which pressures workers to work harder and longer to compensate against such perceptions [25,56,57]. Although both women and men may feel the same level of pressure to work longer when working from home, women, especially mothers, may lack the capacity to extend their working hours further due to their commitments at home [16]. As men are still considered the main breadwinners of the family

in heterosexual relationships, they may feel more pressured to ensure to (over-)compensate for any negative stigma coming from homeworking to maintain the financial security of the household. Moreover, men's prior bargaining power within the household (as breadwinners) can explain why men tend to keep stricter boundaries between work and family or expand their work spheres when boundaries are blurred [11]. This results in men working longer paid working hours rather than engaging more in domestic work when working from home [12,13,15], although some scholars [55,58] refute this. In this sense, homeworking enables couples to enact a more contemporary form of traditional gender roles (see also, [59]), enabling mothers to work while maintaining their central roles in housework and childcare, and maintaining men's central roles as breadwinners [9,11,17,18]. However, the context during the COVID-19 lockdown may have altered this relationship, which is what we examine next.

1.3. Homeworking and COVID-19 in the UK

Compared to the rest of Europe, the UK generally has more workers working flexibly. For example, according to the 2015 European Working Conditions Survey, 30% of workers in the UK have access to flexible schedules (flexitime + working time autonomy), and 17% have worked from home on a regular basis (several times a month in the past 12 months). This is much higher compared to the EU 28 average of 25% and 12%, respectively, [17]. This may be owed to the fact that the UK introduced the right to request flexible working, including working from home, in 2003. Although this right was originally for parents of young and disabled children, it was extended to cover all workers by 2014.

However, despite the expansion of flexible working rights in the legislation, there has not been a large increase in the number of workers working from home in the UK over the past two decades [60]. One reason for this can be due to the prevalence of flexibility stigma in the UK. According to the 2018 Eurobarometer Survey, 29% of respondents in the UK said, "flexible working is badly perceived by colleagues", which was higher than the European average, 26% [17]. This prevalence of flexibility stigma is not surprising given the long-hours, ideal worker culture in the UK [61,62]. In such cultures, an 'ideal' or productive worker is considered to be someone who does not have any other responsibilities outside of work and prioritises work above all else [63,64]. Here, workers are expected to work long hours in the office to signal their motivation and commitment to the workplace, and are remunerated on that basis. Flexibility stigma is more prevalent in such cultures since flexible working, especially for care purposes, makes workers deviate away from this 'ideal' worker image [21,65].

The UK had one of the highest numbers of positive COVID-19 cases (10 million -based on 21 October 2021 data) and deaths (over 144 thousand) amongst the large, industrialised countries [66]. The UK government announced its first full-scale lockdown measure on 23 March 2020, requiring workers to work from home and the public was instructed to stay at home except for essential travel for food and medical issues. All non-essential retail shops and hospitality outlets (e.g., pubs, restaurants) were shut during this period. Although on 11 May 2020 the Prime Minister announced that those who cannot work from home (e.g., factory workers) can go into work, others were expected to work from home. Schools and other childcare facilities were closed from 20 March 2020, apart from childcare for key workers, such as those working in the health and social care sectors, retail and transport, and essential government workers. From 1 June 2020, schools were reopened but limited to three year groups: Reception, Year 1 and Year 6, and with limited capacity. Nurseries and other childcare facilities for preschool children were allowed to open from this time.

We expect several contextual factors to have changed the gendered outcomes of homeworking, especially changing the behaviours of fathers. First and foremost, working from home was a government enforced decision. During the first lockdown, employers had no other choice but to let workers work from home due to legal restrictions. Thus, although half of the total workforce was working from home during the first lockdown, in professional and managerial occupations, the number was close to two-thirds [1]. When

homeworking becomes more widespread, and more regulated as it was in this case, it is less likely to be stigmatised and more likely to result in better outcomes for workers' work–life balance [23,27,67]. This is because in such cases, homeworkers are less likely to be singled out, and workers are more likely to be themselves or in close contact with someone who works from home. What is more, many managers experienced positive (performance) outcomes during the lockdown. In fact, we saw a significant reduction in the flexibility stigma and increase in positive perception towards homeworking from both managers and workers during the pandemic [29,30,68].

Flexibility stigma may influence father's decision in using homeworking for care purposes more than that of mothers. As the main breadwinner, fathers are more likely to fear the negative career consequence coming from such stigmatised ideas [22,69–71]. Therefore, we can expect that the normalisation of homeworking and the decline in flexibility stigma may have especially enabled homeworking fathers to engage more in childcare and housework, compared to pre-pandemic times. This may especially be the case as formal childcare facilities were closed during the lockdown period resulting in a steep increase in both childcare and housework demands for parents. In these scenarios, fathers may have had no other choice but to engage in domestic work especially in dual-earner families. In fact, surveys show that during the pandemic, more parents, including fathers, have reported having discussions with managers around the increased care demands they were facing [30,72]. Working from home exclusively during the lockdown also meant that workers had more time available for them by cutting out commuting times. Due to the gender gap in commuting times, with fathers' commuting times much longer than that of mothers [73], it is likely that fathers saved more time by not having to commute. In sum, these changes may have enabled homeworking fathers to be more engaged in housework and childcare. However, as gender and work norms have not significantly altered during the pandemic, and as there were more childcare and housework to be carried out in general, we can also expect that parents' homeworking patterns may not have altered the division of domestic work significantly.

In sum, we come to the following hypotheses.

Hypothesis 1 (H1): Mothers are likely to carry out the bulk of the housework and childcare activities in heterosexual coupled relationships with children, both before and during the COVID-19 lockdown.

Hypothesis 2 (H2): In households where fathers were working from home during the COVID-19 lockdown, the division of housework and childcare is likely to be more equal/fathers are likely to do a larger share of housework and childcare compared to households where fathers were going into work.

Hypothesis 3 (H3): In households where fathers were working from home during the COVID-19 lockdown, they are likely to have increased the amount of time spent on housework and childcare compared to pre-pandemic times.

2. Materials and Methods

2.1. Data

During the first lockdown in the UK (between May and June 2020), we collected a dataset aimed to capture the paid and unpaid working practices of dual-earning heterosexual co-habiting parents in paid employment with children under 18. We focus on this population because the nature of flexible working and the question of division of domestic work is significantly different for this group compared to others—such as those with stay-at-home partners. We first gathered our data using an online survey panel (Prolific academic) to gain access to 560 respondents, which was the maximum number of respondents in this panel who met our selection criteria. To supplement this, we collected additional 324 cases through social media channels such as Twitter, Facebook, and targeted

partner organisations that distributed the survey through their internal links/mailing lists. Due to the nature of the research question and sample sizes, we were unable to examine same sex couples or couples where one or more partners does not identify as either male or female. Limiting the sample to heterosexual co-habiting parents of children under 18, where both partners were in employment before the pandemic with no missing data for key variables resulted in a total of 692 cases. Since the data includes detailed information about the respondents and their partners, alongside information about the household—such as the division of housework, childcare and income between the couple, we are able to look at how 692 couples divided domestic work during the first lockdown period.

Given the lack of knowledge we have about dual-earner co-resident parent population in the UK, we cannot guarantee the representativeness of this data set. Examining some of the key demographics of the data (see Appendix A, Table A1), our respondents are slightly higher educated than the general population (55% of men and 66% of women in our sample have tertiary education compared to 45% of men and 49% of women of the general population aged between 25–64). Accordingly, our sample has a higher average household income (median/mode household income is between £50,000 to £60,000) compared to median household income in the UK (of £30,000). However, these discrepancies could also be explained by the fact that we only examine dual-earning couples who generally have higher household incomes. Further indicators such as the number of hours worked by male (13% worked part time before the pandemic) and female partners (50% worked part-time before the pandemic), as well as the number of children (1.7 on average) and others are representative of UK households. We have more female respondents (76%) than male respondents. The main reason for this is because we did not restrict the respondent's gender when we were recruiting participants. This was largely due to the fact that we wanted to maximise the number of cases that met our criteria (dual earning employed cohabiting couples with children), and only few did. What is more, in our convenient sample of respondents drawn from social media, and selection of partner organisations, more women responded to our request. We use gender as a control variable to take into account the different perceptions men and women have of how housework and childcare is divided [74].

2.2. Dependent Variables

The dependent variable used for this paper is the division of housework and childcare between couples, and the additional involvement of fathers in housework and childcare during the lockdown compared to before. In the survey, we asked participants how they are/have been dividing housework and childcare tasks with their partners before and since the lockdown (see also for studies using similar approaches, [75,76]). Based on the literature, we distinguished between six categories of housework/childcare, namely, two routine housework including "cooking", "house cleaning/laundry", one non-routine housework, namely, "DIY (home, garden, car) maintenance, transport". We also include routine childcare noted in the survey as "generally looking after child(ren)", and two non-routine childcare activities, including "playing or entertaining child(ren)", and particularly of interest during the pandemic, "educating your child(ren)/supporting with homework (including home learning)". Respondents could answer "I do (did) it all", "I do (did) more of it", "we share(d) it equally", "my partner does (did) more of it", and "my partner does(did) it all". From this, we derived a variable indicating the division of housework– where the values indicate (1) male partner does all of it, (2) male partner does more of it, (3) shared equally, (4) female partner does more of it, and (5) female partner does all of it, derived for each of the six areas. The "total amount" variable refers to the mean of the six categories considered. We also asked respondents "SINCE the Coronavirus lockdown, has your time on the following tasks changed?". The same was asked about their partners' time, distinguished between the six different areas. Due to the skewness of the distribution, we recoded this 5-scale response category dichotomously: 1 indicates that the respondent (or their spouse) is spending more time on the task than before the lockdown, 0 indicates

that the respondent (or their spouse) is spending less time or the same amount of time. As a robustness check, we also examined it as a continuous variable (see Appendix B, Table A2).

2.3. Independent Variables

Our key independent variable is whether the respondent and their partner has worked from home during the lockdown. Given our theoretical set up, we distinguish between (i) those who have worked (almost) exclusively at home, from (ii) those who were mostly going into work during this period, and (iii) those who were not working during the period of the data collection due to furlough, leave or for other reasons albeit still being employed. This is done by using two dummy variables indicating that the female or male partner is "working from home sc (since COVID-19 outbreak)" and "not working sc", where the reference group is "going into work sc". Although not at the focus of our paper, we also examine the use of flexitime by the respondent and their partner to see how this relates to the division of housework and childcare, as flexitime and working from home are two distinct yet widely used FWAs in the UK and across the world [17,62]. The is captured by the variable "female/male working flexitime sc", with those who did not use flexitime as the reference group.

2.4. Control Variables

In addition, based on previous studies on the division of housework and childcare (e.g., [36,38,77]), we include the following control variables. We include actual working hours since the COVID-19 lockdown. This is an ordinal variable yet treated as a continuous variable where 1 refers to "less than 15 h", 2 "15–23 h", 3 "24–29 h", 4 "30–34 h", 5 "35–39 h", 6 "40–44 h", 7 "45–49 h", 8 "50 h or more" and 0 "not working". The relative income between the couples since the COVID-19 lockdown is included coded as 1 being "female earns all", 2 "female earns much more", 3 "female earns somewhat more", 4 "both earn about the same", 5 "male earns somewhat more", 6 "male earns much more" and 7 "male earns all". Education of both partners are included as dummy variables "high education" indicating the person's education level being tertiary or above—namely, Undergraduate degree (or equivalent) or above. Here, the reference category is those with upper secondary level of education or below. Gender role attitude is constructed as a mean of six variables based on previous studies (e.g., [78]), including questions such as "preschool children suffer when mothers work", "man's job is to earn money while women's job is to look after home and family", "both husband and wife should contribute to the household income", "if a husband and a wife both work full-time, they should share household tasks equally", "women and men should share equally in the raising of their children", and "men are just as suited to take care of children as women." Each variable is constructed on a 1–5 scale, with higher numbers indicating more egalitarian attitudes towards gender roles. The Cronbach alpha is 0.69 entailing internal consistency. Number of children refers to the total number of children that lives with the respondent (and their partner) that is under 18. We also include the age of the youngest child in age categories—namely having at least one child under the age of 5, or at least one child between the ages 5–11. Here, the reference group are those whose youngest child is over 11 (under 18). We include the ethnicity of the respondent—namely anyone who identify as non-white as defined as "ethnic minority" with white as the reference group. Finally, we include information on whether there are other adult(s) living in the household, with the reference group being not having any other adults other than the couple living in the household.

2.5. Models

We first examine how working from home is associated with the division of housework and childcare during the COVID-19 lockdown, having controlled for several factors. We explore the six categories separately as in our theoretical framework we argue that the division of routine versus non-routine tasks are substantively different not only in terms of how it is usually divided among couples, but also its impact on gender equality outcomes—

such as women's employment capacity. Through this we are able to empirically examine the hypotheses 1 and 2 presented in the previous section. We focus specifically on the impact of fathers' working from home in changing the dynamics in the division of household labour between the partners. Next, we examine the association between working from home and increased time spent on housework and childcare among fathers during the lockdown compared to before. This set of models are used to examine hypothesis 3 of this study. This is examined in two ways—by looking at how fathers felt about their own time increase, and how mothers felt about fathers' time.

Multivariate regressions are used in this paper, as it allows us to examine the impact of working from home on the division of household labour, and on father's increase in the involvement in housework/childcare whilst controlling for a number of different factors that may influence these associations. Linear regression analyses are used when examining the division of housework carried out by couples (H1&2), as the dependent variable used is an ordinal variable which we use in a linear continuous term for simplicity. Logistic regression analyses are carried out when examining father's (additional) involvement in housework and childcare during the pandemic compared to pre-pandemic times (H3), as our dependent variable is dichotomous. We used STATA 15.1 to run all models.

3. Results

3.1. Descriptive

As Figure 1 shows, 50% of the fathers in our survey worked from home (almost) exclusively during the lockdown, while only 27% worked from home regularly (once a week or more) before. Only 24% of mothers worked from home regularly before the lockdown, but this number almost tripled to 62% during the lockdown. These proportions are slightly higher than official statistics (e.g., [1]), where it was noted approximately half of all workers were working from home during the pandemic. This again indicates our survey may be skewed slightly towards higher-skilled office workers who were more likely to have worked from home both before and during the pandemic.
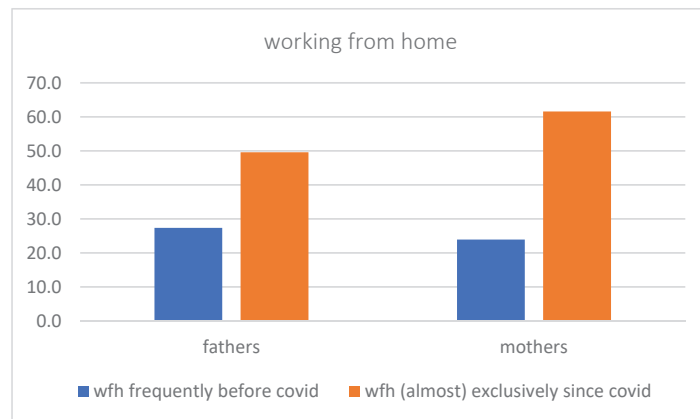
Figure 1. Men and Women working from home before and during the COVID-19 lockdown in percentages. WHF frequently refers to working from home at least once a week; WFH (almost) exclusively refers to working from home at least 3 days a week.

As we can see in Figure 2, mothers generally carried out more and often all of the domestic work examined in our survey both before and during the lockdown. The exception to this is DIY (here including household repair and gardening), which is considered a more masculine or gender-neutral task [34]. In all six categories, we see a general decline in the proportion of respondents who responded that the female partner was mainly carrying out the tasks. For example, while 70% of respondents said that mothers did more/all of the

cooking before the lockdown, 62% said this was the case during the lockdown. Similarly, 74% said mothers were doing more/all of the cleaning and laundry before the lockdown, while only 64% of respondents said this was the case during the lockdown. Just over half of respondents said that mothers were doing more/all of the routine (generally looking after children) and non-routine (playing entertaining) childcare during the lockdown (56% and 54% respectively), a reduction from 64% and 58% before the lockdown respectively. This change is not as clear in the case of education/home-schooling. 62% of respondents said mothers were largely responsible for home-schooling/educating children during the lockdown, a similar rate to 63% before the lockdown. The data revealed a slight increase in the number of respondents who said that women are solely responsible for home-schooling during the lockdown (22% compared to 17% before the lockdown). This mirrors results from larger-scale studies in the UK which shows that home-schooling during the lockdown was largely considered a mother's responsibility [42].
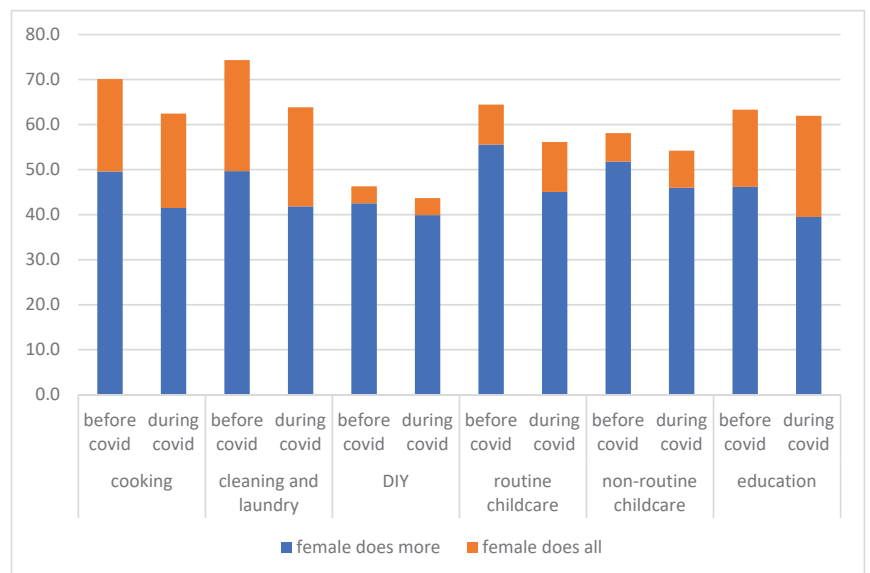
Figure 2. The division of housework and childcare among couples before and during the COVID-19 lockdown.

The amount of housework and childcare parents carried out increased significantly during the lockdown. Thus, despite many respondents feeling that housework and childcare were shared more equally during the lockdown, this does not mean that women did less than before. As Figure 3 shows, a large proportion of mothers report spending 'more' or 'much more' time on housework and childcare during the lockdown compared to before. This was especially the case for childcare, namely, routine childcare and home-schooling/education activities, as more than 2/3 of the women in our survey report having spent (much) more time on these tasks during the lockdown. However, we also see a considerable number of fathers who report spending more time on housework and childcare during the lockdown. This was especially true for childcare, where more than 60% of the fathers in our survey responded that they do more or much more routine, non-routine childcare and home-schooling/educational activities than they did before the lockdown.
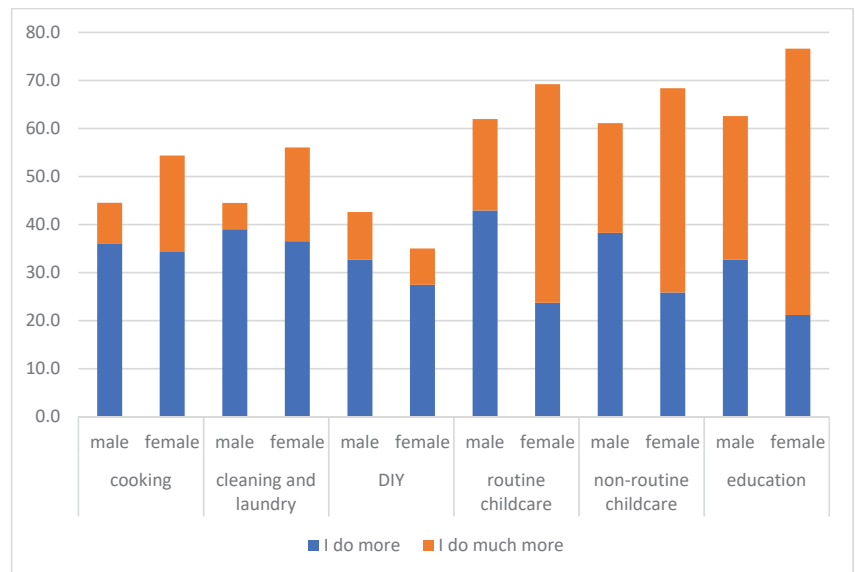
Figure 3. The proportion or participants noting that they do more or much more housework and childcare during the COVID-19 lockdown compared to before by gender.

3.2. Multivariate Analysis

3.2.1. Division of Housework and Childcare during the Lockdown

Table 1 presents the multivariate analysis results examining how homeworking is associated with the division of housework and childcare among dual-earner heterosexual couples during the first lockdown. Except for non-routine housework, on average (examining the constant, which are above 3, meaning equally shared), women were more likely to be the ones responsible for housework and childcare, even when controlling for other relevant factors. This is especially when we look at women's responses, as we see a significant positive coefficient (b) for female (0.5 or above for all models).

Compared to households where fathers were going into work, homeworking fathers were dividing housework and childcare tasks more equally with their female partners. This association was statistically significant for routine childcare (b = −0.191, $p < 0.01$), and cleaning and laundry (b = −0.176, $p < 0.05$). Although not at the traditional significance level of $p < 0.05$, we see some signs of this for home-schooling (b = −0.148, $p = 0.093$). When mothers worked from home, compared to households where they went into work, mothers were also more likely to be doing more if not all of the routine childcare (b = 0.169, $p < 0.05$) but were significantly less likely to be responsible for non-routine housework—namely DIY, gardening (b = −0.253, $p < 0.05$). Again, although it does not meet the significance level of 0.05, mothers' working from home was also associated with mothers doing more cleaning and laundry (b = 0.149, $p = 0.094$) and home-schooling (b = 0.161, $p = 0.091$).

Table 1. Model explaining the division of housework and childcare during the COVID-19 lockdown for heterosexual dual earning couples with children under 18.

	Cooking	Cleaning/ Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education	Total Amount
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
(Ref: Male) Female	0.891 *** (0.092)	0.746 *** (0.079)	1.299 *** (0.106)	0.622 *** (0.069)	0.584 *** (0.068)	0.758 *** (0.086)	0.813 *** (0.480)
(Ref: Female going into work)							
Female working from home sc	0.092 (0.104)	0.149 † (0.089)	−0.254 * (0.119)	0.169 * (0.078)	0.123 (0.077)	0.161 † (0.095)	0.071 (0.054)
Female not working sc	0.211 (0.150)	0.099 (0.128)	−0.0001 (0.171)	0.203 † (0.113)	0.078 (0.111)	0.140 (0.137)	0.122 (0.078)
(Ref: Male going into work)							
Male working from home sc	−0.051 (0.096)	−0.176 * (0.081)	0.097 (0.109)	−0.191 ** (0.071)	−0.091 (0.071)	−0.148 † (0.088)	−0.088 † (0.050)
Male not working sc	−0.609 ** (0.177)	0.035 (0.151)	0.059 (0.201)	−0.065 (0.133)	−0.035 (0.130)	0.062 (0.163)	−0.093 (0.092)
(Ref: Female not using flexitime)							
Female working flexitime sc	−0.041 (0.095)	0.135 † (0.081)	0.127 (0.108)	−0.041 (0.071)	−0.016 (0.070)	0.020 (0.087)	0.030 (0.049)
(Ref: Male not using flexitime)							
Male working flexitime sc	−0.243 ** (0.089)	−0.050 (0.076)	−0.027 (0.102)	−0.150* (0.067)	−0.188 ** (0.066)	−0.143 † (0.082)	−0.137 ** (0.046)
Controls							
Female working hours sc	−0.023 (0.023)	−0.058 ** (0.020)	0.007 (0.027)	−0.024 (0.017)	−0.031 † (0.017)	−0.057 ** (0.021)	−0.030 * (0.012)
Male working hours sc	0.028 (0.025)	0.088 *** (0.021)	0.022 (0.028)	0.086 *** (0.019)	0.063 ** (0.018)	0.098 *** (0.023)	0.063 *** (0.013)
Partner relative income sc	0.021 (0.030)	0.029 (0.026)	0.004 (0.034)	0.011 (0.023)	−0.001 (0.022)	−0.006 (0.028)	0.010 (0.016)
Male high education	0.044 (0.086)	−0.084 (0.074)	0.130 (0.098)	−0.114 † (0.065)	−0.070 (0.064)	−0.277 *** (0.079)	−0.058 (0.045)
Female high education	−0.097 (0.088)	−0.013 (0.075)	−0.084 (0.100)	−0.040 (0.065)	−0.014 (0.065)	0.039 (0.080)	−0.054 (0.045)
Gender role attitude	−0.199 ** (0.072)	−0.095 (0.062)	0.128 (0.082)	−0.012 (0.054)	−0.057 (0.053)	−0.067 (0.066)	−0.050 (0.037)
Number of children	−0.060 (0.062)	−0.079 (0.053)	0.110 (0.071)	−0.074 (0.047)	−0.052 (0.046)	−0.432 (0.057)	−0.035 (0.032)
Child under 5	0.071 (0.082)	0.015 (0.070)	−0.152 (0.094)	0.143 * (0.062)	0.127 * (0.061)	0.037 (0.074)	0.038 (0.043)
Child 5–11	0.062 (0.089)	−0.043 (0.076)	0.013 (0.102)	0.147 * (0.067)	0.117 † (0.066)	0.136 † (0.080)	0.072 (0.046)
Female ethnic minority	0.256 (0.182)	0.197 (0.155)	−0.278 (0.211)	−0.052 (0.136)	−0.043 (0.134)	−0.033 (0.168)	0.018 (0.095)
Male ethnic minority	0.083 (0.182)	−0.196 (0.155)	0.242 (0.208)	0.039 (0.135)	0.066 (0.133)	−0.040 (0.163)	0.027 (0.094)
Other adults at home	0.101 (0.162)	−0.196 (0.155)	−0.044 (0.185)	−0.036 (0.122)	0.048 (0.124)	−0.135 (0.146)	−0.010 (0.084)
Constant	3.937 *** (0.395)	3.449 *** (0.337)	1.263 ** (0.449)	3.004 *** (0.296)	3.323 *** (0.291)	3.377 *** (0.362)	3.066 *** (0.205)
N	624	623	620	620	617	570	624
R²	20.6%	23.6%	24.4%	25.8%	21.0%	26.0%	43.1%

Note. (5 = female partner does all, 4 = female partner does more, 3 = equally shared, 2 = male partner does more, 1 = male partner does all). Standard Errors in parentheses. "sc" stands for "since COVID-19 lockdown". *** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$, † = $p < 0.1$.

In sum, our results show that in households where mothers were going into work and fathers are working from home, there was a general tendency for a more equal division of housework. However, mothers working from home resulted in women taking on a larger role in domestic work, especially routine childcare, compared to those who were going into the office. Taken together, this meant that there may be no significant difference in the division of housework/childcare among couples who were both working from home compared to couples where both went into work. To test whether or not there is an added effect when both parents work from home together, we have added an interaction term (father work from home*mother work from home) in the model (full estimates can be provided upon request). The interaction term was significant in the case of home-schooling (b = −0.381, $p < 0.01$), entailing that it is especially when both parents work from home we see a more equitable division of home-schooling children, rather than when fathers are at home on their own. However, this was not the case with regard to the other types of housework and childcare.

3.2.2. Increased Engagement in Childcare/Housework during the Lockdown

In the previous section, we found that when fathers worked from home, they were more likely to do carry out an equal share of the housework and childcare, yet when mothers worked from home some of this effect may have been cancelled out. The difference, however, lies in how much time couples spent carrying out domestic work, especially childcare. Looking at fathers' own perception of their time (Table 2), we can see a clear pattern. Compared to those who were going into work, homeworking fathers were about three and a half times more likely to say that they are spending more or much more time on routine childcare (odds ratio = 3.466, $p < 0.05$) and home-schooling (odds ratio = 3.613, $p < 0.05$) during the lockdown. Homeworking dads were also more likely to say that they are spending more time on some routine housework such as, cooking (odds ratio = 2.369, $p = 0.089$) and non-routine childcare (odds ratio = 2.737, $p = 0.062$). Although these associations were only significant at the 10% level, the effect sizes were large. However, compared to men who were going into work, fathers working from home were less likely to say they are spending more time on non-routine housework—i.e., DIY (odds ratio = 0.389, $p = 0.061$), albeit only significant at the 10% level. The low significance levels may be due to the smaller sample sizes for these models. Mothers' homeworking did not influence fathers' perception of whether or not they spent more time on housework and childcare.

Homeworking fathers' increased time spent on childcare can also be observed in our mother's data (Appendix B, Tables A3 and A4). In households where fathers were working from home, mothers were twice as likely to say their partners are spending more time on routine childcare compared to before the lockdown. Having said that, no clear patterns are observed for other types of housework and childcare tasks. The interaction term (available upon request) showed that it was especially when both parents were working from home, did mothers feel that fathers were engaging more in the home-schooling activities. This confirms what was found in our previous models exploring the division of home-schooling. This could be, on one hand, mothers being able to see the time fathers put into these activities, but on the other hand, that mothers may have been able to better organise home-schooling [79] to ensure that fathers are also taking part in home-schooling children when they both work from home. Again, mothers working from home did not impact women's own perception of father's increased engagement in housework and childcare with the exception of non-routine childcare—playing, entertaining children. When mothers were working from home, they noted that fathers were doing more non-routine childcare.

Table 2. Model explaining the changes in the amount of housework and childcare men carried out during the COVID-19 lockdown compared to before the lockdown for heterosexual dual earning couples with children under 18 (male respondents' perception of their own time)—dichotomous (more or much more).

	Cooking	Cleaning/ Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
(Ref: Females goes into work sc)						
Female working from home sc	0.705 (0.262, 1.902)	0.749 (0.281, 1.995)	1.093 (0.422, 2.833)	0.492 (0.162, 1.496)	0.819 (0.274, 2.448)	0.947 (0.258, 3.478)
Female not working sc	2.082 (0.480, 9.028)	1.271 (0.292, 5.533)	0.689 (0.157, 3.029)	1.093 (0.237, 5.043)	2.118 (0.449, 9.993)	0.308 (0.049, 1.940)
(Ref: Males goes into work sc)						
Male working from home sc	2.369 † (0.876, 6.404)	1.851 (0.689, 4.974)	0.389 † (0.145, 1.045)	3.466 * (1.180, 10.183)	2.737 † (0.952, 7.869)	3.613 * (1.045, 12.488)
Male not working sc	5.432 (0.592, 49.802)	3.962 (0.422, 37.232)	0.446 (0.050, 3.999)	12.873 * (1.114, 148.786)	4.234 (0.396, 45.309)	0.660 (0.038, 11.552)
(Ref: Female does not work flexitime sc)						
Female working flexitime sc	1162 (0.482, 2.804)	0.829 (0.347, 1.979)	1.166 (0.497, 2.735)	3.453 * (1.268, 9.405)	3.018 * (1.119, 8.140)	3.721* (1.236, 11.205)
(Ref: Male does not work flexitime sc)						
Male working flexitime sc	2.434 † (0.954, 6.209)	1.913 (0.750, 4.876)	2.738* (1.050, 7.138)	1.963 (0.753, 5.118)	1.845 (0.698, 4.878)	0.949 (0.304, 2.960)
Controls						
Female working hours sc	1.277 † (0.993, 1.642)	1.269 † (0.993, 1.623)	0.967 (0.758, 1.234)	1.211 (0.919, 1.595)	1.151 (0.879, 1.512)	0.976 (0.704, 1.352)
Male working hours sc	0.914 (0.723, 1.156)	0.849 (0.668, 1.080)	0.972 (0.767, 1.230)	1.050 (0.804, 1.371)	1.113 (0.852, 1.454)	0.864 (0.633, 1.177)
Partner relative income sc	1.323 (0.928, 1.887)	1.414 † (0.983, 2.033)	0.915 (0.640, 1.307)	1.010 (0.682, 1.497)	0.858 (0.573, 1.286)	0.848 (0.517, 1.393)
Male high education	0.709 (0.262, 1.920)	0.870 (0.323, 2.348)	0.445 (0.165, 1.199)	0.357 † (0.118, 1.081)	0.335 † (0.109, 1.030)	0.670 (0.195, 2.298)
Female high education	1.362 (0.547, 3.391)	0.971 (0.391, 2.411)	1.866 (0.749, 4.649)	3.074 * (1.154, 8.186)	2.714 * (1.010, 7.292)	1.750 (0.536, 5.717)
Gender role attitude	1.751 (0.832, 3.686)	1.479 (0.701, 3.119)	1.017 (0.483, 2.141)	1.175 (0.518, 2.663)	1.335 (0.587, 3.037)	2.909 * (1.065, 7.947)
Number of children	1.767 † (0.923, 3.383)	1.462 (0.763, 2.799)	0.799 (0.408, 1.564)	2.060 † (0.997, 4.255)	2.640 * (1.244, 5.600)	4.963 ** (1.900, 12.969)
Child under 5	1.346 (0.588, 3.083)	2.296 † (0.983, 5.365)	0.929 (0.411, 2.100)	1.190 (0.463, 3.061)	1.304 (0.500, 3.400)	0.218 * (0.068, 0.701)
Child 5–11	0.542 (0.211, 1.389)	1.689 (0.661, 4.318)	1.088 (0.423, 2.797)	0.646 (0.232, 1.802)	0.716 (0.248, 2.062)	0.890 (0.278, 2.848)
Female ethnic minority	0.570 (0.115, 2.833)	1.042 (0.214, 5.068)	0.327 (0.056, 1.890)	0.149 * (0.025, 0.879)	0.234 (0.039, 1.405)	0.554 (0.055, 5.564)
Male ethnic minority	1.529 (0.308, 7.594)	0.960 (0.178, 4.345)	1.777 (0.327, 9.655)	3.191 (0.494, 20.610)	4.742 (0.667, 33.718)	2.218 (0.211, 23.286)
Other adults at home	0.832 (0.156, 4.444)	2.063 (0.410, 10.380)	1.369 (0.275, 6.802)	0.105 * (0.016, 0.703)	0.125 * (0.018, 0.848)	0.343 (0.046, 2.544)
Constant	0.002 ** (0.000, 0.155)	0.004 * (0.000, 0.322)	2.604 (0.038, 180.380)	0.032 (0.000, 3.518)	0.021 (0.000, 2.413)	0.007 (0.000, 2.684)
N	150	150	148	149	148	133
Pseudo R^2	9.7%	9.7%	8.8%	19.1%	19.4%	32.0%

Note. 1 = I do more or much more, 0= about the same or I do less/much less. Odds Ratio provided, and the 95% confidence interval in the parentheses. "sc" stands for "since COVID-19 lockdown". Odds Ratio is provided. ** = $p < 0.01$, * = $p < 0.05$, † = $p < 0.1$.

3.2.3. Flexitime and Working Hours

Although it is not the focus of this paper, we also explored how flexitime influenced parental division of housework and childcare during the lockdown, as well as how much (more) housework and childcare men carried out during the lockdown period compared to pre-pandemic times. Firstly, 51% of fathers used flexitime during the lockdown, which is a slight increase from 45% before. 59% of mothers used flexitime during the lockdown—an increase from 45% before the lockdown. When fathers used flexitime during the lockdown, couples were more likely to have shared the household/childcare tasks equally (Table 1).

Similar to what was found for working from home, the association was statistically significant for cooking (b = −0.243, *p* < 0.01), routine (b = −0.150, *p* < 0.05) and non-routine childcare (b = −0.188, *p* < 0.01). Some effect was found for home-schooling although not meeting the traditional significance level cut-off (b = −0.143, *p* < 0.1).

What is more, fathers working flexitime were about three times more likely to say that they have spent more time carrying out non-routine housework (odds ratio = 2.738, *p* < 0.05) compared to before the lockdown (Table 2). Although not significant at the 0.05 level, we find some evidence of this for time spent on cooking (odds ratio = 2.434, *p* < 0.10). Interestingly, when mothers were working flexitime, fathers were more likely to say that fathers spent more time doing routine (odds ratio = 3.453, *p* < 0.05) and non-routine childcare (odds ratio = 3.018, *p* < 0.05), and home-schooling children (odds ratio = 3.721, *p* < 0.05) compared to before the lockdown (Table 2). Previous literature has shown that flexitime, unlike working from home, may enable a more egalitarian division of labour [12,18,80] by enabling parents to expand parenting-time whilst maintaining maximum amount of household working hours and household income [81]. The evidence we see here also suggests that mothers' flexitime use may have enabled parents to adapt to the demands of the lockdown by using shift schedules to better divide parenting tasks.

Finally, we explore the impact parental working hours have on the division of housework and childcare (Table 1). As we expected, based on the time availability thesis, when men worked longer hours, they were less likely to equally share housework and childcare tasks with their female partners. When women worked longer hours, couples were more likely to share household and childcare tasks equally. Working hours of partners did not matter when it came to cooking and non-routine housework. What is more, the female partners' working hours mattered less compared to the male partner's working hours. This indicates that above and beyond hours of work, women do a certain share/level of housework and childcare largely conforming to gender norms, which confirms other previous studies [40]. We also examine how working hours influenced the likelihood of fathers doing a larger share during the lockdown compared to before. We find that when mothers were working longer hours, men were likely to say they did more routine housework—namely cooking, cleaning and laundry—compared to pre-pandemic time. However, this association was only significant at the 0.10 level.

4. Discussion and Conclusions

Previous studies have argued that homeworking can exacerbate rather than alleviate the existing gender inequality structures in the division of labour among heterosexual couples, and consequently increase the gender inequality patterns in the labour market [9]. It is because while women do more housework and childcare when working from home, men do not, and rather increase their working hours [11,14,18]. Using data gathered during the first lockdown in the UK, this study examined whether the changed context of homeworking during the pandemic altered these associations. More specifically, we wanted to see whether or not fathers' homeworking resulted in more engagement of fathers in domestic tasks and a more equitable division of housework and childcare during the first lockdown period. We expected such changes as homeworking was enforced by the government, widespread, and stigmatised views against homeworking were significantly reduced during this period. We expected that this may have enabled fathers to use homeworking practices for care purposes without fearing the stigmatised views from managers and co-workers, and without worrying about any potential negative career consequences.

We found evidence to show that when fathers worked from home during the lockdown, couples were more likely to divide housework and childcare more equally, similar to what was found in other studies across the world [4–6,55]. For example, homeworking fathers, compared to fathers going into the office/workplace, were more likely to have increased their time in, and more likely to be equally sharing routine childcare (that is generally looking after children), and cleaning/laundry. This was mirrored by the responses from the mothers in our survey, who noted that homeworking fathers were

doing more routine childcare during the lockdown. These domestic tasks are those that have increased significantly during the lockdown periods due to school and childcare facilities closures [32,42]. What is more, these activities were those that fathers generally did not take part in pre-pandemic times [40,41], yet are crucial in ensuring women's labour market participation [36,38]. Thus, the result of the study provides us with the evidence of how the normalisation and potentially stronger state regulation of homeworking can potentially result in a more egalitarian gender role division in the future post-pandemic labour markets, by enabling fathers' greater engagement in housework and childcare, which then enables better labour market participation for mothers.

However, we also found that homeworking mothers were more likely to have spent more time on housework and childcare during the lockdown periods, and consequently were also more likely to have carried out a larger share of domestic work. Thus, when both parents worked from home, which many dual-earner couples did (about 35% of our sample), although fathers took on more than before the pandemic, there was not a significant shift in the division of domestic tasks. The exception to this was home-schooling. Only when both parents worked from home, were fathers more likely to equally share home-schooling of children. Thus, even during the lockdown, we cannot completely rule out the argument that homeworking can lead to, or in this case maintain, the traditional division of labour among heterosexual couples [9,11–13]. Having said that, homeworking allowed parents to address the increased childcare demands during the lockdown period enabling both parents to be involved. This was preferable to the scenario where the whole load landed solely on mothers, which could have had, and in many cases had, severe consequences for their mental and physical well-being [82] and career/labour market outcomes [83,84].

There are some limitations to this study. Firstly, due to our sampling procedures, we cannot guarantee that the data represents all dual-earning couples in the UK, with somewhat overrepresentation of white-collar workers. However, given that we do account for many controls in our model (e.g., education), our analysis does provide us with a good indication of the impact homeworking had on dual-earning heterosexual coupled families in the UK. What is more, we were unable to survey both couples and match the data to gain insights into the true dynamics within the household. It is known that there are discrepancies between heterosexual couples' perception of the amount of domestic work each partner carries out but how it is distributed [39,74]. This combined with the fact that we have more women in our sample may mean that there may be an underestimation of not only the share of housework and childcare men took on (division skewed more towards the perception that women are doing more), but also on how much more they did during the pandemic compared to pre-pandemic times. In this regard, despite having controlled for gender of the respondent in the analysis, our estimation of men's share, and amount of domestic work carried out may be underestimated. Related to this, our findings on homeworking fathers doing more and a larger share may also be influenced by the fact that homeworking father's engagement in domestic work was more visible to mothers, especially for mothers who were also working from home. However, as we have shown, the influence of homeworking fathers doing more and a larger share was not limited to those where both couples were working from home, indicating that there is an association above and beyond this. There is also an issue of self-selection, of where fathers who wanted to be more involved in childcare were the ones who intentionally chose to work from home, see also [55]. However, as our data was collected during a period where workers had limited choice in whether or not to work from home, this is less likely to be the case. Finally, our survey asked individuals to provide retrospective data of their situation (3 months) prior to the lockdown, which may not be entirely accurate. However, the survey was designed to ask respondents broad measures of the division and levels of housework and childcare during the lockdown compared to before, with a specified time frame. Studies have shown that in such cases, response bias issues may be minimal [85]. To overcome these limitations, a survey capturing the perceptions of both parents separately exploring their working patterns and the division of housework across time longitudinally would be useful.

Regardless of these limitations, this paper has provided some key contributions for policy and theory, especially with regard to looking forward at the prospects of gender equality post-pandemic. Theoretically, this study provides us with the evidence of the importance of examining the normalisation of, potential regulation of flexible working [27,86], and (the removal of) flexibility stigma [21] when examining homeworking and other flexible working arrangements in how they relate to worker's work-family integration, gender equality, and well-being. In more practical terms, the study shows us that the normalisation (and state regulation) of homeworking—and with it the removal of stigma—helped fathers to use homeworking practices to engage more in housework and childcare, see also [55,58]. This was especially visible for routine housework and childcare, which are crucial in supporting women's (increased) participation in the labour market. However, the paper also shows that the normalisation of homeworking alone may not be enough to encourage a more equal division of housework and childcare, evidencing again how the use and outcomes of homeworking and other flexible working arrangements are bounded by social norms and structures—e.g., work and gender norms [17]. Largely due to the gender norms that assume that domestic work is a woman's responsibility, homeworking mothers also spent more time on housework and childcare and did a larger share of these tasks compared to those who went into work. In policy terms, this result, on one hand, shows the importance of ensuring that both parents can work from home post-pandemic if we are to aim to achieve gender parity in the labour markets. If only mothers were to use homeworking, especially for care purposes, the gender gap in the division of domestic work is likely to widen with mothers carrying out more housework and childcare than before. What is more, if homeworking was largely attributed as arrangements for mothers (or other workers with care demands), stigmatised views around homeworking is likely to increase and accordingly homeworkers are likely to experience negative career outcomes and pay penalties [22–24,87]. This will result in increasing rather than decreasing the gender inequality patterns within the labour market. If the expansion of homeworking is to result in a more equitable division of domestic work, and subsequently reduce the gender inequality patterns at work, we need to further encourage the disruption of gender norms around whose role it is to care. Policies such as ear-marked well-paid paternity leaves, where fathers are encouraged to take leave without mothers, can help to change these views [88]. Making fathers the main carer of children in the early days of a child life can shift the ideas around whose role it is to care, not only in the first years of a child's life but also in the later years [89,90]. Similarly, campaigns to promote fathers' homeworking for care purposes, especially with role models from senior management, can help remove flexibility stigma and help both men and women to use homeworking to better engage in domestic work [23,91]. Campaigns to spread the productivity outcomes of homeworking patterns can also help to shift ideas around flexibility stigma, as will ensuring stronger rights against discrimination against flexible workers.

The COVID-19 pandemic has brought about many changes in the world of work, including changing the context of home working, normalising it with large scale home and hybrid-working likely to continue into the future [92]. Increased use of homeworking can help tackle gender inequality at work, by enabling women, especially mothers, better access to work [54,55]. However, as this paper shows, the expansion of homeworking can also result in exacerbating gender inequality in the post-pandemic world of work, without a serious reflection and changes to our work cultures and gender norms [17]. The pandemic has provided us with a great opportunity to address gender inequality patterns both at home and in the labour market. This paper provides us with the evidence of how best to ensure that this opportunity is not lost.

Appendix A. Descriptive Table

Table A1. Descriptive tables for all independent variables (sc = since COVID, bc = before COVID).

Variable	Obs	Mean	Std.Dev.	Min.	Max
Female	692	0.763	0.426	0	1
Female (almost exclusively) working from home sc	692	0.616	0.487	0	1
Male (almost exclusively) working from home sc	692	0.496	0.500	0	1
Female working flexitime sc	663	0.588	0.493	0	1
Male working flexitime sc	668	0.506	0.500	0	1
Female not working sc	692	0.156	0.363	0	1
Male not working sc	692	0.158	0.365	0	1
Female working hours sc	669	3.327	2.287	0	8
Male working hours sc	677	4.208	2.415	0	8
Partners relative income sc (female earns all =1, male earns all = 7)	692	4.506	1.489	1	7
Male high education (tertiary or above)	692	0.549	0.498	0	1
Female high education (tertiary or above)	692	0.656	0.475	0	1
Gender role attitude	692	4.231	0.525	2.333	5
Number of children (under 18)	692	1.744	0.667	1	3
Child under 5	692	0.510	0.500	0	1
Child 5–11	692	0.551	0.498	0	1
Child 12–17	692	0.298	0.458	0	1
Female ethnic minority	692	0.069	0.254	0	1
Male ethnic minority	692	0.065	0.248	0	1
Other adults at home	692	0.059	0.236	0	1

Appendix B. Full Tables

Table A2. Model explaining the changes in the amount of housework and childcare men carried out during the COVID-19 lockdown compared to before the lockdown for heterosexual dual earning couples with children under 18 (male respondents' perception of their own time)—continuous.

	Cooking	Cleaning /Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
(Ref: Female goes into work sc)						
Female working from home sc	−0.074 (0.187)	−0.092 (0.180)	−0.017 (0.197)	−0.099 (0.188)	0.009 (0.197)	−0.044 (0.218)
Female not working sc	0.386 (0.279)	0.212 (0.269)	−0.060 (0.296)	−0.007 (0.280)	0.215 (0.295)	−0.065 (0.325)
(Ref: Male goes into work sc)						
Male working from home sc	0.442 * (0.186)	0.442* (0.179)	−0.222 (0.196)	0.440 * (0.190)	0.380 † (0.198)	0.453 * (0.221)
Male not working sc	0.730 † (0.413)	0.641 (0.397)	−0.162 (0.435)	0.378 (0.421)	0.040 (0.441)	−0.600 (0.497)
(Ref: Female does not work flexitime sc)						
Female working flexitime sc	0.083 (0.168)	−0.022 (0.162)	−0.042 (0.177)	0.262 (0.169)	0.291 (0.177)	0.413 * (0.195)
(Ref: Male does not work flexitime sc)						
Male working flexitime sc	0.341 † (0.176)	0.216 (0.169)	0.438 * (0.185)	0.092 (0.177)	0.114 (0.186)	−0.074 (0.208)
Controls						
Female working hours sc	0.108 * (0.047)	0.090 * (0.045)	0.011 (0.051)	0.067 (0.047)	0.068 (0.049)	0.059 (0.055)
Male working hours sc	−0.020 (0.045)	−0.046 (0.043)	−0.036 (0.048)	−0.030 (0.046)	−0.026 (0.049)	−0.100 † (0.053)
Partner relative income sc	0.086 (0.068)	0.088 (0.066)	0.002 (0.072)	−0.067 (0.069)	−0.090 (0.072)	−0.051 (0.082)
Male high education	−0.367 † (0.188)	−0.206 (0.181)	−0.275 (0.198)	−0.417 * (0.189)	−0.280 (0.197)	−0.119 (0.209)
Female high education	0.066 (0.174)	0.047 (0.167)	0.242 (0.183)	0.252 (0.174)	0.169 (0.183)	0.039 (0.202)
Gender role attitude	0.234 (0.142)	0.129 (0.137)	0.075 (0.150)	0.172 (0.143)	0.121 (0.151)	0.511 ** (0.164)
Number of children	0.170 (0.126)	0.156 (0.121)	−0.097 (0.133)	0.270 * (0.126)	0.356 ** (0.133)	0.429 ** (0.148)
Child under 5	0.147 (0.159)	0.207 (0.153)	−0.079 (0.167)	0.145 (0.161)	−0.013 (0.170)	−0.384 * (0.181)
Child 5–11	−0.136 (0.180)	0.115 (0.173)	0.122 (0.190)	−0.264 (0.181)	−0.382 * (0.192)	−0.203 (0.203)
Female ethnic minority	−0.017 (0.314)	−0.174 (0.302)	−0.246 (0.347)	−0.374 (0.314)	−0.091 (0.328)	0.081 (0.371)
Male ethnic minority	0.119 (0.316)	0.020 (0.304)	0.155 (0.341)	0.073 (0.316)	0.054 (0.331)	0.088 (0.364)
Other adults at home	−0.001 (0.316)	0.265 (0.304)	0.446 (0.332)	−0.646 * (0.317)	−0.621 † (0.332)	−0.417 (0.367)
Constant	1.036 (0.811)	1.560 * (0.779)	3.369 *** (0.860)	2.665 ** (0.812)	2.867 ** (0.854)	1.585 (0.995)
N	150	150	148	149	148	133
R²	16.1%	14.7%	11.2%	23.8%	21.8%	32.8%

Note. 1 = I do much less, 2 = I do less, 3 = about the same, 4 = I do more, 5 = I do much more. Standard Errors in parentheses. "sc" stands for "since COVID-19 lockdown". *** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$, † = $p<0.1$.

Table A3. Model explaining the changes in the amount of housework and childcare men carried out during the COVID-19 lockdown compared to before the lockdown for heterosexual dual earning couples with children under 18 (female respondents' perception of their partners' time)—continuous.

	Cooking	Cleaning /Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
(Ref: Females goes into work sc)						
Female working from home sc	0.044 (0.119)	0.092 (0.104)	−0.004 (0.113)	0.042 (0.118)	0.230 * (0.111)	0.131 (0.124)
Female not working sc	−0.096 (0.169)	−0.130 (0.147)	−0.046 (0.160)	−0.489 (0.167)	−0.212 (0.157)	−0.265 (0.175)
(Ref: Males goes into work sc)						
Male working from home sc	0.205 † (0.105)	0.162 † (0.091)	0.087 (0.100)	0.182 (0.104)	0.108 (0.098)	0.060 (0.111))
Male not working sc	0.286 (0.191)	0.472 ** (0.166)	0.463 * (0.180)	0.369 (0.189)	0.437 * (0.177)	0.023 (0.200)
(Ref: Females goes into work sc)						
Female working flexitime sc	−0.018 (0.108)	−0.030 (0.094)	0.026 (0.103)	−0.149 (0.107)	−0.081 (0.100)	−0.085 (0.114)
(Ref: Males goes into work sc)						
Male working flexitime sc	0.075 (0.098)	0.108 (0.086)	0.084 (0.093)	0.0387 (0.097)	0.405 *** (0.091)	0.342 ** (0.103)
Controls						
Female working hours sc	0.012 (0.026)	−0.005 (0.022)	−0.003 (0.024)	0.042 (0.025)	0.033 (0.024)	0.059 * (0.027)

Table A3. *Cont.*

	Cooking	Cleaning /Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Male working hours sc	−0.080 ** (0.028)	−0.036 (0.024)	−0.021 (0.027)	−0.091 (0.028)	−0.079 ** (0.026)	−0.090 ** (0.030)
Partner relative income sc	0.101 ** (0.032)	0.079 ** (0.028)	0.010 (0.031)	0.104 (0.032)	0.100 ** (0.030)	0.096 ** (0.034)
Male high education	−0.147 (0.092)	−0.010 (0.080)	−0.198 * (0.088)	0.014 (0.094)	−0.035 (0.086)	0.156 (0.097)
Female high education	0.155 (0.096)	0.140 † (0.083)	0.279 ** (0.090)	0.224 (0.094)	0.315 *** (0.089)	0.201 * (0.099)
Gender role attitude	0.012 (0.079)	0.012 (0.069)	0.106 (0.076)	−0.007 (0.078)	0.026 (0.073)	−0.056 (0.083)
Number of children	0.054 (0.067)	0.118 * (0.058)	0.100 (0.064)	0.053 (0.066)	−0.004 (0.062)	0.064 (0.070)
Child under 5	−0.072 (0.091)	−0.060 (0.079)	0.058 (0.086)	0.231 (0.089)	0.225 ** (0.084)	0.140 (0.094)
Child 5–11	−0.091 (0.097)	−0.068 (0.084)	−0.043 (0.092)	0.061 (0.095)	0.152 † (0.090)	0.229 * (0.100)
Female ethnic minority	0.034 (0.213)	−0.003 (0.184)	−0.120 (0.120)	−0.230 (0.207)	−0.173 (0.195)	−0.339 (0.220)
Male ethnic minority	−0.156 (0.210)	0.058 (0.182)	0.017 (0.197)	−0.241 (0.205)	−0.233 (0.192)	−0.240 (0.213)
Other adults at home	−0.223 (0.183)	−0.046 (0.159)	0.051 (0.169)	−0.241 (0.178)	−0.212 (0.171)	0.0003 (0.184)
Constant	2.729 *** (0.435)	2.446 *** (0.378)	2.573 *** (0.412)	2.836 (0.429)	2.550 *** (0.404)	2.743 *** (0.450)
N	472	470	471	471	470	441
R^2	9.7%	10.7%	9.5%	22.5%	23.9%	19.2%

Note. 1 = He does much less, 2 = He does less, 3 = about the same, 4 = He does more, 5 = He does much more. Standard Errors in parentheses. "sc" stands for "since COVID-19 lockdown". *** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$, † = $p < 0.1$.

Table A4. Model explaining the changes in the amount of housework and childcare men carried out during the COVID-19 lockdown compared to before the lockdown for heterosexual dual earning couples with children under 18 (female respondents' perception of their partners' time)—dichotomous (more or much more).

	Cooking	Cleaning/ Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
(Ref: Females goes into work sc)						
Female working from home sc	1.004 (0.526, 1.915)	1.163 (0.600, 2.252)	0.900 (0.500, 1.621)	1.142 (0.600, 2.173)	1.923 * (1.013, 3.648)	1.289 (0.690, 2.409)
Female not working sc	1.008 (0.408, 2.489)	0.511 (0.196, 1.329)	0.806 (0.350, 1.855)	0.249 ** (0.099, 0.625)	0.607 (0.247, 1.493)	0.620 (0.252, 1.522)
(Ref: Males goes into work sc)						
Male working from home sc	1.617 (0.911, 2.871)	1.591 (0.872, 2.901)	1.077 (0.642, 1.806)	1.927 * (1.119, 3.318)	1.476 (0.854, 2.553)	1.163 (0.668, 2.026)
Male not working sc	1.231 (0.458, 3.310)	4.016 ** (1.430, 11.283)	3.267 * (1.285, 8.307)	4.378 ** (1.547, 12.391)	4.040 ** (1.414, 11.540)	1.348 (0.494, 3.675)
(Ref: Females goes into work sc)						
Female working flexitime sc	0.771 (0.442, 1.345)	0.739 (0.420, 1.298)	1.031 (0.606, 1.754)	0.845 (0.475, 1.501)	0.846 (0.473, 1.513)	0.828 (0.472, 1.453)
(Ref: Males goes into work sc)						
Male working flexitime sc	1.340 (0.778, 2.309)	1.583 (0.895, 2.800)	1.378 (0.844, 2.249)	3.073 *** (1.841, 5.129)	3.225 *** (1.929, 5.391)	2.519 ** (1.494, 4.248)
Controls						
Female working hours sc	1.137 † (0.993, 1.302)	1.050 (0.918, 1.201)	1.008 (0.890, 1.141)	1.038 (0.904, 1.188)	1.058 (0.922, 1.213)	1.119 † (0.980, 1.277)
Male working hours sc	0.747 *** (0.641, 0.870)	0.888 (0.760, 1.037)	0.923 (0.804, 1.058)	0.840 * (0.719, 0.980)	0.840 * (0.720, 0.980)	0.797 ** (0.683, 0.930)
Partner relative income sc	1.307 ** (1.095, 1.561)	1.243 * (1.039, 1.487)	1.102 (0.939, 1.293)	1.291 ** (1.082, 1.541)	1.328 ** (1.111, 1.587)	1.216 * (1.022, 1.446)
Male high education	0.693 (0.423, 1.136)	1.109 (0.670, 1.836)	0.578 * (0.366, 0.913)	0.871 (0.531, 1.430)	0.638 † (0.386, 1.057)	1.383 (0.856, 2.233)
Female high education	2.051 ** (1.205, 3.492)	1.647 † (0.963, 2.815)	2.216 ** (1.363, 3.600)	2.201 ** (1.322, 3.666)	2.933 *** (1.762, 4.882)	1.835 * (1.119, 3.009)
Gender role attitude	1.125 (0.733, 1.727)	1.199 (0.773, 1.860)	1.094 (0.737, 1.624)	0.822 (0.535, 1.263)	0.946 (0.617, 1.452)	0.850 (0.561, 1.286)
Number of children	1.396 † (0.978, 1.991)	1.432 † (0.998, 2.056)	1.149 (0.822, 1.605)	1.224 (0.857, 1.750)	1.072 (0.751, 1.531)	1.088 (0.767, 1.543)

Table A4. *Cont.*

	Cooking	Cleaning/ Laundry	Non-Routine Housework	Routine Childcare	Non-Routine Childcare	Education
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Child under 5	0.839	0.866	1.126	2.068 **	2.145 **	1.744 *
	(0.519, 1.357)	(0.528, 1.418)	(0.723, 1.756)	(1.266, 3.378)	(1.314, 3.503)	(1.081, 2.814)
Child 5–11	0.862	0.726	0.861	1.643 †	1.987 *	2.342 **
	(0.513, 1.447)	(0.430, 1.227)	(0.534, 1.389)	(0.974, 2.769)	(1.178, 3.351)	(1.406, 3.900)
Female ethnic minority	0.970	0.649	0.712	0.613	0.600	0.417
	(0.308, 3.049)	(0.199, 2.116)	(0.248, 2.045)	(0.211, 1.777)	(0.204, 1.769)	(0.136, 1.278)
Male ethnic minority	0.465	1.278	0.821	0.359 †	0.374 †	0.526
	(0.137, 1.575)	(0.425, 3.844)	(0.286, 2.350)	(0.120, 1.071)	(0.123, 1.142)	(0.177, 1.561)
Other adults at home	0.452	1.001	1.067	0.252 *	0.413 †	0.936
	(0.153, 1.341)	(0.366, 2.738)	(0.436, 2.610)	(0.088, 0.726)	(0.152, 1.124)	(0.357, 2.456)
Constant	0.063 *	0.024 **	0.181	0.198	0.076 *	0.156
	(0.006, 0.678)	(0.002, 0.272)	(0.021, 1.600)	(0.019, 2.078)	(0.007, 0.808)	(0.017, 1.470)
N	472	470	471	471	470	441
Pseudo R^2	9.8%	9.5%	7.3%	20.5%	19.5%	14.3%

Note. 1 = He does more or much more, 0= He does about the same or less/much less. Odds Ratio provided, and the 95% confidence interval in the parentheses. "sc" stands for "since COVID-19 lockdown". *** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$, † = $p < 0.1$.

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Article

The Impact of COVID-19: The Phenomenological Effect of Burnout on Women in the Nonprofit Sector and Implications for the Post-Pandemic Work World

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Abstract: Research shows that 67% of the nonprofit sector workforce in the United States are women and worldwide, women account for the majority of employees in the nonprofit sector. Identified as service provider professionals, these women provide the care and nurture of countless people and yet often neglect themselves as they serve others out of passion or a strong work ethic. At the height of the COVID-19 pandemic, service provider professionals responded to an increased demand for programs and services with fewer resources. The increase in the demand for programs and services with a decrease in resources contributed to stress for these workers, leading to the phenomenon of burnout. To address the phenomenon of burnout, we propose that nonprofit organizations need to be systems thinking organizations and consider implications at the organization's micro, mezzo, and macro levels. Three themes emerged from this study, self-care at the micro level, psychological safety at the mezzo level, and reviewed and revised policies and procedures that address the unique needs of women at the macro level. The article considers the nonprofit sector, burnout, and women in the nonprofit sector and its implications for organizations at the micro, mezzo, and macro levels.

Keywords: nonprofit; burnout; self-care; well-being; systems-thinking; micro-level; mezzo-level; macro-level; COVID-19

1. Introduction

Amidst the ongoing challenges the coronavirus pandemic, COVID-19, brought to the nonprofit sector, nonprofit organizations remain resilient. Staffed by passionate, dedicated professionals, nonprofit organizations seek to reinvent, reorganize, and or reimagine themselves as they emerge from the disruption COVID-19 created globally. A concentrated focus on addressing the phenomenon of burnout for service provider professionals at the three levels of organizational life better positions an organization to remain resilient. However, to do so requires a systems thinking design approach in operationalizing nonprofit organizations. Systems thinking has been gaining momentum in organizational development and change management models. System thinking considers the interconnectedness and interdependence of each component within an organization. Therefore, as the nonprofit community considers how to rebound and rebuild from the rubble of the COVID-19 pandemic, it must consider the micro, mezzo, and macro systems within its organizations. The micro level operates with the individual, the mezzo level occurs at the group or team level, and the macro level happens at the organizational level. Each level is interconnected, whether top-down with policies and procedures that affect the individual and group levels or bottom-up, whereby the individual's intrinsic and extrinsic motivation influences the outcome of group work or the organization's strategic objectives.

In the fast-paced, ever-changing environment of the continued COVID-19 pandemic, the nonprofit sector must consider the price the nonprofit staff and volunteers have paid to fulfill the missional directive of the organization and provide services to meet the needs of those it serves. During COVID-19 and today, the nonprofit sector assisted in helping more

people with fewer resources. Consequently, women in the nonprofit sector were on the frontlines of the pandemic and experienced burnout from stress and a rapidly changing environment. The research for this article led to the phenomenology of burnout experienced by nonprofit service provider professionals. Burnout is defined as a syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment in the work of Maslach and Jackson in 1981 [1]. Researchers contributed further to understanding burnout as a response to emotional stress [2], exhaustion, and decreased motivation [3]. The World Health Organization (WHO) defined burnout as "a syndrome resulting from chronic workplace stress that has not been successfully managed" [4]. According to WHO, burnout is an internationally recognized syndrome in which unmanageable workplace stress leads to feelings of exhaustion, cynicism, and negativity about one's job and reduced ability to do that job well [4]. Therefore, this article considers the nonprofit sector, burnout, and women in the nonprofit sector and its implications for organizations at the micro, mezzo, and macro levels.

2. Materials and Methods

The researchers wanted to explore the phenomenon of burnout in women in the nonprofit sector and, specifically, how COVID-19 contributed to the phenomenon. The present study sought to answer the following research questions: (1) What does burnout look like in women in the nonprofit sector, and (2) what are the implications for organizational leaders in a post-pandemic work world? Additionally, the researchers have a strong background in theories of organizational leadership, and their understanding of burnout at the organizations' micro, mezzo, and macro levels was essential to provide implications for organizational leaders. The literature review for the article consisted of a systematic search using the keywords burnout, burnout in women in the nonprofit sector, COVID-19 and women in the nonprofit sector, burnout in women, results of burnout in helping professions, the phenomenon of burnout, implications of burnout in women in the nonprofit sector, and burnout in the nonprofit sector. Google Scholar, Emerald Publishing, Steelman Library, Google, and ProQuest were used to identify peer-reviewed articles, reports, blogs, and dissertations addressing keyword searches. The results produced 74 peer-reviewed papers, four dissertations, five nonprofit and business association reports, and 86 articles and blogs from 169 sources. A selective process addressing keyword searches resulted in 42 sources used for the article. The challenge in writing this article was the limited number of sources addressing only women in the nonprofit sector. Therefore, the researchers extrapolated data sets where percentages of the results accounted for 50 percent or more of women. When referenced, the study's results, and the percentage of women are stated in the article. The article presents existing research to make recommendations for the post-pandemic nonprofit world to reduce the burnout that was intensified by all the burden this sector had to endure to meet the needs of the people during the pandemic and based those recommendations upon published data.

2.1. The Nonprofit Sector

Through civic engagement, the nonprofit sector furthers social causes to solve complex local and global issues in collaboration with the public, private, and business sectors. A formidable sector, nonprofit organizations play an intricate role in economic and social services delivery systems as they work toward the common good of those they serve [5]. Nonprofit organizations are frequently called upon and play vital roles during times of crisis [6]. During the COVID-19 pandemic, many nonprofit organizations struggled to help their communities while trying to endure the situation themselves. The nonprofit sector is expected to react to social, political, and organizational forces in addition to responding to environmental crises like hurricanes, tsunamis, or other natural disasters. They also react during disruption, for instance, when disruption or displacement occurs due to war or famine. However, COVID-19 was and continues to be unprecedented in the breadth and magnitude of these forces, and the impact on the nonprofit sector remains

unknown. Narrowing to the organizational level, nonprofits across the United States reported operational fallout from the pandemic, including weakened revenue streams and heightened demand for services and support. Early evidence also indicates that not all mission sub-sectors have fared the same, with variations existing according to the subsector's programming, populations served, and even revenue sources [7,8].

A resilient sector, the nonprofit sector is vast, encompassing global concerns like healthcare, the environment, water, humanitarian aid, human rights, human suffering, freedom and democracy, inequity and inclusion, disparity of resources, and sustainability [9]. According to the United Nations, "a civil society organization (CSO) or non-governmental organization (NGO) is any nonprofit, voluntary citizens' group which is organized on a local, national or international level" [10]. GuideStar by Candid registered 14,380 international nonprofit organizations focused on international development and relief services and an additional 8773 focused on international human rights, peace and security, international understanding, and service [11]. There are 185,241 charities in England and Wales as of 10 May 2021. Regarding the gender of volunteers, 66% of the population in England that participated in voluntary activities in 2020 were female [12].

According to a report by the Council on Foundations, non-governmental entities, known collectively as social organizations, reported 810,000 social organizations in The People's Republic of China (PRC) in 2018 [13]. The formal nonprofit organizations, informal nonprofit organizations, and government-organized nonprofit organizations (GONGOs), except for the Red Cross Society of China, which operates as an independent system within The People's Republic of China, are registered at the Ministry/Bureau of Civil Affairs [14]. The nonprofit social organizations and grassroots organizations that have neither official government ties nor the backing of wealthy individuals and or large corporations, deliver the primary care for marginalized groups like people with rare and chronic diseases, pregnant women, the economically disadvantaged, the elderly, and people with disabilities [15]. An extensive search for the number of global nonprofit organizations led to a precursory number of 10 million. However, this number is unsubstantiated, with limited databases to support the cumulative total.

In the United States, nonprofits are non-governmental entities organized to provide services or pursue a mission without earning a profit [16]. Incorporated as tax-exempt entities under section 501(c)3 of the Internal Revenue Code, these organizations represent charitable foundations, private educational institutions, hospitals, healthcare service organizations, social assistance, or service organizations. In addition, child or animal welfare organizations and some types of advocacy organizations are included in the classification. Names synonymous with the nonprofit sector are human service organizations, the third sector, civil society, community-based organizations, nonprofit organizations, non-governmental organizations (NGOs), and voluntary action associations [5].

On 11 July 2022, the United States Internal Revenue Service (IRS) recorded 1,831,723 exempt organizations in the United States. Additionally, 2042 nonprofit organizations were registered in Puerto Rico, with 2197 international nonprofit organizations and 14,003 exempt organizations recorded in the District of Columbia, Washington, D.C., for a total of 1,849,965 exempt organizations registered with the IRS [17]. In the United States, the nonprofit sector received $449.64 billion in charitable contributions in 2019 [18]. Furthermore, the industry contributed $1.4 trillion to the economic base of the United States in the first quarter of 2022 and accounted for more than 12 million jobs in 2016 [19,20]. At the center of the nonprofit sector are women, who comprise 75 percent of the workers in education, healthcare, and social assistance, the industries that encompass most U.S. nonprofits [16].

The nonprofit delivery system is essential in the United States to meet the growing needs of people exacerbated by the global COVID-19 pandemic of 2020. Coming out of the pandemic in 2021, current President Biden reestablished the White House Office of Faith-Based and Neighborhood Partnerships within the President's Executive Office, strengthening the nonprofit sector and its partnership with the federal government [21]. The executive order cited "the global pandemic, a severe economic downturn, systematic racism,

climate crisis, and polarization as reasons to seek civil society partnership to meet such challenges [5]. Abramson (2020) and Feiock and Andrew (2006) contended that nonprofit organizations are valuable partners and conduits in the federal government's delivery of programs and services to meet the growing needs of people in the United States [22,23]. However, new data provide further evidence that the public served by nonprofits continues to be at risk. In the face of the ongoing public health and economic crises, too many nonprofits are still struggling to meet increased service demands, confronting a combination of decreased revenue and expenses that are higher than pre-pandemic contributing to stress and the phenomenon of burnout [24].

Post-COVID-19 research pertinent to the impact of the coronavirus on women in the nonprofit sector associated with social service organizations or direct delivery providers is almost non-existent or limited. While research is conducted in the education, healthcare, and mental health sectors, all of which fall under the umbrella of the nonprofit sector, there remains limited research on the impact on women as service provider professionals. However, in a 2021 report conducted by the Center for Nonprofit Philanthropy and research partners, in a sample size of 2306 direct service providers and community building advocacy, the research showed:

- On average, half of the board members identify as women;
- Sixty-two percent of executive directors are female;
- Forty-nine percent of board chairs are female;
- More than half of the average organization's staff are women;
- Twenty-two percent reported their staff is all women [25].

More research is needed to understand the impact of COVID-19 on service provider professionals, specifically women. For this article, however, what is available to explore and learn from is extractable evidence-based research, results, and implications based on empirical data where more than 50% of the research responses were from women in nonprofit organizations.

The research for this article led to the phenomenology of burnout experienced by nonprofit service provider professionals. The phenomenon of burnout was evident in a systematic literature review that extended across all classifications of nonprofit organizations registered with accrediting agencies. Furthermore, burnout was a phenomenon worldwide as women responded to the COVID-19 global pandemic. Therefore, this paper examines how burnout impacted women in the nonprofit sector during the pandemic and what changes need to take place to address burnout now and in a post-pandemic workplace. The implications will provide nonprofit and business leaders with the knowledge necessary to support women in the nonprofit sector, strengthening civil society. Additionally, the research will help the nonprofit sector understand how COVID-19 reshaped the nonprofit sector's workforce and what is needed to engender the commitment of the nonprofit workforce beyond the pandemic [6].

2.2. Burnout and Women in the Nonprofit Sector

The U.S. Bureau of Labor Statistics reported in September 2020 that the COVID-19 recession has been tougher on women, with a disproportionately negative effect on women and their employment opportunities [26]. According to The Independent Sector 30 June 2022, Health of the U.S. Nonprofit Sector, a reported 67.9 percent of the nonprofit workforce in the United States were women [19]. Additionally, this figure jumped to almost 70% in the healthcare industry [19]. In 2020, The Organization for Economic Co-operation and Development (OECD) reported that women were at the center of the global pandemic shouldering much of the burden associated with COVID-19 [27]. In the OECD community, just over 60% of public sector workers are women, and roughly 70% are in Denmark, Finland, Norway, and Sweden (OECD, 2019) [27]. A study of the motivation of volunteers in Bahrain and Bangladesh found that in collectivist Islamic societies, women made up a large percentage of volunteers during the COVID-19 crisis. "The motivations behind the young women volunteering in Bahrain also appear to be associated with a sense of

obligation, a desire to place the interests and benefits of the community and nation before their own, and a willingness to sacrifice self-interest for the greater common good" [28] (p. 14). Additional research showed that omen in the nonprofit sector were also susceptible to a heightened risk of job and income loss, inequities at work, increased violence and abuse, and additional caregiving responsibilities at home [27], all of which contribute to the phenomenon of burnout. As we know today, COVID-19 harmed the health, social, and economic well-being of people worldwide, and at the center of the fight against COVID-19 were women in the nonprofit sector.

During the COVID-19 crisis, most schools worldwide were closed indefinitely. One study showed that 73.5 million children in the United States are under 18. Of these, 30 percent live in single-parent households. The current crisis affects single mothers more significantly. If all schools in the U.S. are closed for an extended period and single mothers cannot work, these children are at risk of living in poverty. There is little room for alternative arrangements in the COVID-19 crisis [29].

Bandali (2020) posited gender stereotypes in NGOs depicted women in the nonprofit sector as self-sacrificing, caring, and nurturing. These perceptions of women impact their emotional and physical health as they take on overwork leading to burnout. In the study of Malaysian women in the nonprofit sector, Bandali found that they worked with little remuneration, were often exhausted, received little accolades, and rarely thought about their care. Furthermore, Bandali found that the working culture mantra, *the work is good-the work always comes first*, leads to women exiting the sector contributed to the phenomenon of burnout [30]. A study of aid workers, where over three-quarters of those that took the survey were female, found that 79% of the 754 respondents stated they had experienced mental health issues. The research results showed little gender differentiation, with half of the contributors reporting they experienced panic attacks, post-traumatic stress disorder, and depression.

Young's (2015) study submitted that staff welfare often took a backseat to taking care of clients [31]. Severe stress and high ideals in helping professionals who sacrifice themselves for others often experience burnout, exhaustion, and inability to cope [31]. A study of 3542 Utah women, of which 65.3 percent of the population worked in classified IRS tax-exempt nonprofit organizations, reported mental decline, burnout, and exhaustion from additional responsibilities in the home [32]. In a study by Kannampallil et al., (2020) on how exposure to frontline healthcare workers contributed to physician trainee stress and burnout, 66% of the resident respondents were female. Kannampallil's study showed that the exposed group experienced perceived stress regarding childcare, reported lower work-family balance, interference with family life, and more difficulty taking time off to attend to personal or family matters. Additionally, stress, burnout, anxiety, depression, and low professional fulfillment from clinical work activities were prevalent, with women trainees more likely to have higher stress levels [33].

In a qualitative study of healthcare workers in Iran, burnout emerged as one of the three main themes [34]. The study showed that increased workload, reduced family relationships, and a lack of motivational factors contributed to burnout. Moreover, in a survey of physicians, law enforcement, and clergy located in two southwestern states in the United States, of which 105 participants were women, results showed emotional exhaustion, depersonalization, and personal accomplishment, and factors of burnout were predictors of low career commitment during the COVID-19 pandemic [35]. The research in this article contributes to a better understanding of how the phenomenon of burnout affects women at the organization's micro, mezzo, and macro levels.

3. Results and Recommendations

As researchers interested in organizational leadership, we wanted to understand the phenomenon of burnout in women in nonprofit organizations, report the results, and make recommendations on the research findings. The results and recommendations are presented at an organization's micro, mezzo, and macro levels.

3.1. Micro-Level: The Individual

The implication at the micro level is for the organization to consider a woman's emotional, mental, and physical needs in establishing a work–life balance. A work–life balance reduces the stress and burnout experienced by women on the frontline who are vulnerable to a lack of self-care driven by a passion for helping others [30]. These frontline women are known as "helping" professionals [30]. The passion "helping" professionals bring to the workplace is characterized as a self-sacrificing, caring, and nurturing persona that impacts a woman's emotional and physical health. The characteristics of "helping" professionals are often found in service provider professionals, where being passionate reinforces the idea of being selfless and where the wake-up call for self-care is often a serious illness [30]. Self-care can be as simple as providing time for walks during breaks at work or reorganizing office space conducive to relaxation, meditation, or yoga. Women's self-care in the nonprofit sector can begin with designing a personalized self-care regime based on the needs and the work–life balance they seek [30].

A part of self-care is access to free psychological counseling services with regular mental health assessments to benchmark a woman's progress toward a work–life balance that reduces stress and burnout. Self-care can also occur in women-to-women mentoring or nurturing groups where women contribute to the emotional well-being of other women in the organization. Organizations can adopt similar policies like the Accreditation Council for Graduate Medical Education (ACGME). ACGME guidelines provide time off to attend medical appointments, access to mental health services, and flexible work schedules [33]. A micro-level analysis of women's self-care in the nonprofit sector provides an organization with a deeper understanding of how to help the women in their organizations manage every detail of their self-care.

3.2. Mezzo-Level: Managers and Leaders

The mezzo level of the organization considers the employees' group life. At this level, research shows that the line manager, mid-level leadership, or group leaders are critical to promoting a healthy work environment for women in the nonprofit sector. To promote a healthy workplace environment at the mezzo level, policies that address the well-care of employees should be reviewed and adopted by managers and leaders. As the stress and growing burnout phenomenon continue post-COVID-19, managers, and leaders who emphasize the importance of an employee's good mental health and create psychologically safe workplaces will help reduce stress and burnout [36]. There is a need for managers and group and team leaders to make time at work for the processing of emotions caused by stress and burnout. Research shows that leaders who role-model their emotional debriefing and are open about their experiences help create an environment for shared experiences that contributes to the well-care of employees [37].

Manager decisions and management styles are critical factors in promoting healthy emotions and psychological safety [36]. A psychological safety net is the beginning of addressing burnout at the mezzo level. Additionally, trust, empathy, and autonomy reflect positively on employees, while management styles of micromanagement and control reflect negatively on employees, especially during a crisis [36]. Moreover, empowerment of workplace decisions, open communications, assurance, and trust in shared goals is crucial to employee psychological safety [38].

3.3. Macro-Level: The Organization

At the organization's macro level, the internal and external environmental factors contributing to an employee's well-being and job satisfaction should be well-thought-out. For example, a fallout leading up to the pandemic, coined by Klotz (2021) as The Great Resignation, is a movement cutting across all industries where significant numbers of employees voluntarily resigned from their positions, leaving employers short-staffed [38]. Especially hard hit was the education sector. The National Education Association released a statement in January 2022 that stress and burnout contributed to the great resignation of educators,

with a reported 55% of educators likely to resign or retire earlier than planned. For organizations to remain viable and sustainable, they must address the phenomenon of burnout and environmental influences like The Great Resignation at each level within the organization.

Work-from-home options at the micro level would allow flexibility for women, especially single-parent mothers with increased demands on their time who require work–life balance and psychological well-being to reduce stress and burnout [32]. At the mezzo level, managers and leaders must be empowered to enact processes like rotating work schedules, altering work hours, and revising work expectations [6]. At the macro level, the leadership team of the nonprofit organization can review and change workplace policies and procedures to address the unique needs of women. Critical services for the self-care and well-being of its employees are essential. As is providing opportunities for personal and professional development like lunch and learn programs, online homework resources, support benefits like gym memberships, or programs designed to increase employee attendance and retention [36].

While nonprofit organizations struggle to compete with wages in the for-profit sector, they can offer alternatives to help women protect their pay. At the macro level, organizations can revisit policies to align job descriptions and employee wages, return employee pay to pre-COVID-19 rates, and increase employee pay. Companies can show fairness and consideration during crises by readjusting workload instead of cutting pay [36]. Moreover, companies can focus on organizational policies by investing in training for upskilling and family-friendly workplace initiatives with more childcare support. [32,36]. Organizations offering family-friendly policies have a positive impact on the entire community increasing employee diversity, productivity, and job satisfaction [32]. In addition, organizations can provide awareness to all parents on work–life family programs like The Family Security Act 2.0, which accentuates support for working families and resources available in raising and educating their children [39]. Fundamentally, all policy responses to the crisis must embed a gender lens and account for women's unique needs, responsibilities, and perspectives [27].

An organizational climate survey is another approach to help nonprofit leadership reevaluate their workforce. For example, validated instruments such as the model for job role conflict and ambiguity (Netemeyer et al., 1995) can help organizations understand the needs of the employees in developing policies and procedures that contribute to the self-care and well-being of women in the nonprofit sector [40]. Furthermore, documenting the changes that nonprofit workers have experienced is an essential first step toward understanding COVID-19's impact on the sector's workforce for job role conflict and ambiguity [41]. In addition, organizations should consider recruiting women who have left the workplace during the pandemic and implement longer-term strategies for recruiting women returning to the workplace after career breaks. In another arena, the nonprofit community relies heavily on donor support, and allocating resources to help women is critical. "As women remain highly represented in care professions, it is time that nonprofit/NGO working environments, donors, and larger infrastructures look within organizations and help those who have for so long helped others" [30]. Recognizing women in these organizations and discussing implications for self-care at the micro level, psychological safety at the mezzo level, and revised policies and procedures that address the unique needs of women at the macro level is essential to overcome stress and burnout. The following section offers a discussion and implications for post-pandemic work.

4. Discussion and Implications for Post-Pandemic Work

The purpose of this study was to explore answers to two research questions (1) what does burnout look like in women in the nonprofit sector, and (2) what are the implications for organizational leaders in a post-pandemic work world? Research showed burnout is at epidemic proportions in the nonprofit sector. Until the phenomenon is addressed at the micro, mezzo, and macro levels within an organization, it is likely the sector will experience continued burnout coupled with the quiet resignation of many service provider professionals. Moreover, burnout is a global phenomenon across all classifications of

nonprofit organizations registered with accrediting agencies. Furthermore, research showed burnout was more prevalent among women, who comprise a large percentage of the workers in the nonprofit sector. Mothers were more significantly affected as they took on added work with little or no additional remuneration and experienced exhaustion with little accolades and careless abandonment of self-care. Additionally, women reported mental decline, stress, interference with personal lives, family care, anxiety, and depression.

The effects of the COVID-19 epidemic have outlasted the initial waves of the pandemic and have had a significantly negative impact on women in the nonprofit sector. According to UNESCO, at the height of the pandemic worldwide, it was estimated that more than 1.5 billion children were out of school, dramatically increasing the need for childcare. Intensifying the situation was limited care support from grandparents, neighbors, and friends due to the increased risk of contracting COVID-19. In addition, the increased need to care for people with fewer resources contributed to the stress and burnout of employees in the field. In response to COVID-19, nonprofit organizations modified work hours, reduced pay, and changed the delivery of services [41].

According to Maslach & Leiter (2005), two paths to focusing on employee burnout centers on the individual in the organization and the organization itself. We present that addressing factors contributing to the stress and burnout of employees is paramount to the ongoing success and sustainability of the nonprofit sector [42]. Therefore, we argue that a systems thinking design model for managing stress at the organization's micro, mezzo, and macro levels is critical in the post-pandemic environment. As pertinent to this article, systems thinking at the micro level represents the employee. The mezzo level is the leadership, the group or team leaders, and the macro level considers the organization's culture, policies, and procedures. System thinking considers the interconnectedness and interdependence of each component within an organization. Therefore, as the nonprofit community considers how to rebound and rebuild from the disruption of the COVID-19 pandemic, it must consider the micro, mezzo, and macro systems within its organization. The micro level considers the individual, the mezzo level is the group level, and the macro level is the organizational level. Each level is interconnected, whether top-down with policies and procedures that affect the individual and group levels or bottom-up, whereby the individual's intrinsic and extrinsic motivation influences the outcome of group work or the organization's strategic objectives.

A concentrated focus on burnout at the three levels of organizational life better positions an organization to remain resilient as they reinvent, reorganize, or reimagine themselves with a team of dedicated service provider professionals responding to the needs of those they serve. The implications are far-reaching for post-pandemic work as the nonprofit sector considers how to rebuild and rebound from the COVID-19 pandemic.

5. Conclusions

The nonprofit sector rose above challenges encountered during the global COVID-19 pandemic. The mission-driven organizations staffed by service provider professionals delivered programs and services essential to the well-being of people around the globe with limited resources and increased demands. However, it was not without cost. Not all nonprofit organizations came through the pandemic unscathed, recognizing that such a response to increased demands and limited resources contributed significantly to the burnout of their employees. In addition, the care and nurturing of people during the COVID-19 pandemic fell primarily to women in the nonprofit sector.

Today, the impact of COVID-19 continues to leave its imprint within the nonprofit sector at the organization's micro, mezzo, and macro levels. The self-care and well-being of women in nonprofit organizations led to the further realization that nonprofit organizations must look at how they provide opportunities to the women within their organizations for self-care. At the mezzo level, organizations must ask themselves how they provide a psychologically safe environment for employees to receive mental health opportunities that address the stress and burnout they are experiencing and how such opportunities contribute

to the well-being of women. Furthermore, at the mezzo level, managers and group and team leaders must have the authority to provide workplace flexibility to women with increased responsibilities. Most critical at the macro level is the review and revision of policies and procedures that are not conducive to reducing stress and burnout in consideration of the unique needs of women in the nonprofit sector. The global pandemic taught us that it is equally vital for the care and nurturing of the women within the organization—as it is—to have a mission-driven organization staffed by service provider professionals.

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Article

Key Factors That Contribute to the Development of Resilience in Successful Women Leaders Who Experience Disrespect and the Importance of Respect in the Post-Pandemic Workplace

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Abstract: Extrinsic structural inequities, such as historical biases against women in certain professions, their delegation to lower-paying jobs, gender, racial, and other discrimination, and additional systemic factors have been extensively studied as barriers to women entering and advancing in leadership positions in the workplace. Yet, the intrinsic individual characteristics of successful women leaders, including self-awareness, self-respect, self-esteem, self-confidence, self-acceptance, and resilience, that have facilitated their success in obtaining and retaining leadership positions despite these barriers have received far less attention in the literature. Resilience, in particular, is an important intrinsic characteristic that facilitates women's ability to navigate the often-difficult terrain of organizations, including facing disrespect by supervisors and colleagues. This study investigated the critical factors that contributed to the development of resilience among 24 successful women leaders in the United States which allowed them to be effective when experiencing disrespect in the workplace. Participants identified four categories of disrespect commonly experienced in the workplace, including: (1) not being listened to; (2) not being respected; (3) not being acknowledged; and (4) condescension. Factors that helped them develop the resilience to succeed despite these experiences included early developmental influences, circumstances they successfully overcame in life, and experiences in their youth that shaped how they responded as adults to disrespect or a lack of respect from their supervisors and colleagues. Participants also highlighted the importance of respect, the flip side of disrespect, in motivating them and enhancing their engagement in their work. The reported study is significant in that it identified factors that can be inculcated in women to help them develop resilience, and it highlighted the critical importance of creating a post-pandemic workplace that fosters mutual respect and does not tolerate disrespect.

Keywords: respect; disrespect; resilience; women leaders; COVID-19 pandemic

1. Introduction

Extrinsic structural inequities, such as historical biases against women in certain professions, their delegation to lower-paying jobs, gender, racial, and other discrimination, and additional systemic factors, have been extensively studied as barriers to women entering and advancing in leadership positions in the workplace. Yet, the intrinsic, individual characteristics of successful women leaders, including self-awareness, self-respect, self-esteem, self-confidence, self-acceptance, and resilience, that have facilitated their success in obtaining and retaining leadership positions despite these barriers have received far less attention in the literature. Resilience, in particular, is an important intrinsic characteristic that facilitates women's ability to navigate the often-difficult terrain of organizations, including facing disrespect by supervisors and colleagues [1]. The negative impact of disrespect and its flip side, respect, have been highlighted as important interpersonal factors that either work against or nurture employee commitment and job satisfaction and contribute to either a toxic or healthy work environment [1–6].

1.1. Resilience

Resilience has become an increasingly important ability to enable employees to survive and succeed in the turbulent and volatile work world characterized by complexity, rapidly changing local and global conditions, rapidly changing job configurations and downsizing, and external shocks such as the pandemic which displaced millions of workers and forced millions of others to work from home. Resilience is also an important ability for employees to overcome negative interpersonal interactions at work, especially those that derive from gender, racial, and other forms of discrimination. While most researchers agree that resilience is the ability to grow and move forward in the face of misfortune, there is still ambiguity surrounding the underlying process that comprises resilience [1].

For purposes of this study, resilience is defined as the individual's ability to adjust to adversity, maintain equilibrium, and retain or regain some sense of control over their environment and continue to move positively [1,2]. Luthar et al. [3] and Tugade and Fredrickson [4] defined adversity as the state of hardship or suffering associated with misfortune, trauma, distress, difficulty, or a tragic event. Workplace adversity can be defined as any negative, stressful, traumatic, or difficult situation or an episode of hardship encountered at work that creates barriers to role success or thriving in the organization [1].

Discussions on resilience being innate or learned are ongoing among researchers [1], including whether or not it requires positive growth or successful adaptation [2]. Resilience is not static. It is an active process, a balance between vulnerability and elasticity [2–4]. If equilibrium is maintained, an individual can theoretically manage any situation that comes along. Developing personal resilience can reduce vulnerability [5]. Individuals can develop and strengthen personal resilience by developing strategies for reducing their vulnerability and the personal impact of adversity in the workplace. Everyone has the potential to be resilient. One's resilience level is determined by factors such as individual experiences, the environment, and a balance of risk and protective factors [4].

London [6] asserted that the individual characteristics related to career motivation and success include career identity, career insight, and career resilience—"a person's resistance to career disruption in a less than optimal environment" (p. 621). Career resilience includes the ability to satisfactorily handle poor working conditions while one is aware of them. This ability includes self-efficacy, self-esteem, adaptability, and internal control, as well as risk-taking, low fear of failure, and a high tolerance for uncertainty [6].

Pincott [7] conducted in-depth interviews of 20 executive women leaders in nine industries in the United States to understand their conceptions of and strategies for developing and applying resilience. She found that these leaders conceived of resilience as the ability to bounce back, self-awareness, mind and body wellness, an optimistic outlook, adaptability, and the determination to succeed. Interviewed leaders identified the manifestations of resilience in the workplace as strategic thinking, social awareness, relationship management, building influential networks, credibility, and courage.

Ijames [8] gathered stories of resilience from ten African American women school principals in North Carolina who described how they exercised resilience in the face of the diminishment they experienced from gender and racial stereotypes and the challenges of leadership in general. They attributed their resilience to being armored by faith, family, community, and culture; being armored yet vulnerable; being undeterred and self-agentic; and fighting the good fight for purposeful leadership.

The six African American women superintendents of schools in the United States interviewed by Johnson [9] credited a number of factors to account for their resiliency in the face of enormous challenges and even adversity typical in their positions. They cited being raised in supportive families and communities, having supportive parents and key mentors in their early adulthood and early careers, being strengthened by faith and optimism, nurturing a healthy mind, body, and work–life balance, and treating everyone with respect and integrity.

Research indicates that while women workers are more likely to experience burnout than their male counterparts [10], women leaders have demonstrated more resilience

despite additional stress and exhaustion. Many have become stronger leaders who take on additional work associated with the new work environment [10].

1.2. Disrespect

Disrespect is experienced as a type of adversity in the workplace. Data resulting from a poll of 800 participants, managers, and employees revealed that 80% of participants lost work time worrying about a disrespectful incident and 78% said that their commitment to the organization declined [11]. Further, 48% of employees surveyed claimed they were treated uncivilly at work at least once a week; three out of four employees were dissatisfied with the way their company handled incivility [11]. Examples of how employees defined workplace disrespect included: (1) taking credit for others' efforts, (2) passing blame for one's own mistakes, (3) talking down to others, (4) not listening, (5) spreading rumors about colleagues, (6) making demeaning or derogatory remarks to someone, (7) withholding information, (8) belittling others' efforts, and (9) not saying please or thank you.

The 2019 research study entitled *Women in the Workplace* conducted by LeanIn.Org and McKinsey & Company [12] indicated that women experienced disrespect more often than their male counterparts in the workplace. The percentage was even higher for Black women, women with disabilities, lesbians, and bisexual women, as shown in Table 1. This systemic inequity plays out in workplaces all the way up to women leaders in the C-Suite [12]. This perceived lack of respect is an underlying cause of worker disengagement and discontent [12] which impedes the efforts of individuals and organizations to be resilient in adapting to the post-pandemic world.

Table 1. Disrespect Experienced by Women versus Men.

	All Men	All Women	Lesbian Women	Bisexual Women	Women with Disabilities	White Women	Asian Women	Latinas	Black Women
Being mistaken for someone at a much lower level	9%	18%	15%	27%	21%	17%	18%	16%	20%
Hearing demeaning remarks about you or people like you	11%	16%	24%	25%	27%	15%	12%	16%	18%
Hearing others' surprise at your language skills or other abilities	8%	14%	16%	24%	21%	11%	16%	18%	26%
Feeling like you can't talk about yourself or your life outside work	7%	10%	23%	26%	21%	10%	8%	9%	12%

Reprinted with permission from LeanIn.Org. [12]. Women in the Workplace. https://womenintheworkplace.com/2019 (accessed on 9 September 2022).

Disrespect occurs when an individual perceives that another does not acknowledge and show appreciation and value for their contribution and presence. Such disrespect, coupled with increased pandemic-related pressures, has caused approximately 2 million women to consider leaving the workforce completely or taking a step back from their careers [13]. Women are 1.3 times more likely than men to consider leaving the workforce, particularly senior women, Black women, and mothers [13]. These real and potential losses represent over 100,000 women in senior leadership positions. Unfortunately, Burns et al. [10] found that because the critical work women working are doing is not respected, their work is unacknowledged and unrewarded, many organizations risk losing capable women in their leadership ranks. The *Women in the Workplace* research indicated that only 32% of women and 50% of men believe disrespectful behavior toward women is often quickly addressed in their organization [12].

1.3. Respect

While disrespect has a negative impact on women leaders in the workplace, leaders and workers, in general, are more engaged, happier, and more likely to remain with an

organization when they feel respected [12]. Respect is often conceived of as "the state of being treated politely or being properly recognized for behavior" [14]. A culture of respect is essential for an organization to thrive and employees who feel respected feel valued and "thus often invested in developing their professional identity within their organization and cooperating with their teams, thus fostering organizational commitment" [14]. Individual respect translates into an enhanced collaborative process that strengthens not only personal identity and self-efficacy, but also the identity and efficacy of everyone in the group, team, or organization.

Huo and Binning [15] implied that there are two aspects to respect: one that supports the functioning of the collective (the organization) and another that supports the well-being of the individual (personal). Receiving respect at work supports the individual's ability to develop or strengthen positive self-identity that can result in positive personal and work-related outcomes [16]. Organizations that make creating a respectful environment a priority have found that respect contributes to job satisfaction and employee engagement [15]. Respect is one behavior that could lead to greater employee engagement and commitment [17].

Being treated with respect was the top contributor to overall job satisfaction based on a survey conducted by the Society of Human Resources Management [18]. Seventy-two percent of employees at all levels rated being treated with respect as very important. Organizations that make creating a respectful environment a priority have found that respect contributes to job satisfaction and employee engagement [19]. Showing respect can lead to greater employee engagement and commitment [19]. Furthermore, respect contributes to an inclusive environment. When managers and leaders respect all employees, they will treat all employees with equal value, build relationships with them, and create an environment free of discrimination and harassment. Research indicates that being valued and treated with respect can help create a positive work environment where employees feel fulfilled, loyal, engaged, and motivated to perform at their very best [16]. According to a survey of 20,000 employees conducted by Porath [20] for the Harvard Business Review, respect was the leading behavior that encouraged greater commitment and engagement. Pearson and Porath found that respectful behavior in the workplace was declining [11]. On the contrary, as Pearson and Porath [11] found, disrespect has increased in organizations. What was lacking in their analysis concerns why.

LaGree et al. [14] found that respectful communication had a positive impact on building resiliency, engagement, and job satisfaction by surveying 1,036 young workers in the United States from ages 21–34. The authors divided respect into respectful engagement and autonomous respect. They defined respectful engagement as occurring through "the relationship among team members, being interpersonally accepted, valued, and affirmed as part of a team" and autonomous respect as being personally accepted and respected by the organization in a way that coincides with "an individual's internal standards," similar to particularized respect as defined by Rogers et al. [21].

In other words, autonomous respect would manifest when organizational members would communicate with individuals in a manner that matched the individual's values of respectful communication, such as, for example, commending an individual for their ideas, contributions, and achievements. Autonomous respect would also manifest when members communicate with team members with words, such as "please" and "thank-you," using last names in greeting until requested to use first names, and other communication styles consistent with individual team members internal values of respect. They concluded that autonomous respect was an even stronger generator of resilience than respectful engagement. Their study highlights the importance of respect not only to strengthen engagement and job satisfaction but also to help build employees' ability to effectively navigate turbulence and external shocks such as the pandemic, as well as incidences of disrespect and other adversity in the workplace.

1.4. Purpose of the Study

The importance of resilience, the identification of disrespect as an impediment to employee engagement, and the important role of respect in fostering job satisfaction have been illustrated in the above literature review. Given these findings, this study examined the question, What factors impact and account for the resilience of women leaders who experience disrespect in the workplace?

The study was conducted to contribute to the literature regarding how women leaders can develop resilience. It provides information to enable coaching for women so that they are aware of the type of disrespect they may experience and how they can develop resilience in the face of such disrespect. The study also provides convincing evidence for the types and importance of respect in the workplace and prioritizes respectful workplaces for women in the post-pandemic world.

2. Materials and Methods

This study employed the qualitative methodology of narrative inquiry and thematic analysis. Narrative analysis has been used in many disciplines to learn more about the narrator's culture, historical experiences, identity, and lifestyle [22]. There are many analytic methods or forms of narrative analysis, including inquiry directed at narratives of the human experience or inquiry that produces data in narrative form [22]. Research is a mutually constructed story, a collaborative effort between the researcher and the participant, and narrative inquiry is a view of the phenomena of people's experiences [23]. It is a methodology that allows for the intimate study of the subject's experiences over time and in context.

Narrative thematic analysis in which the content within the text is the primary focus is the most common approach employed in narrative analysis and is the approach employed in this study. This approach generally follows five stages, and these stages were followed in this study: (1) organization and preparation of the data, (2) obtaining a general sense of the information, (3) the coding process, (4) categories or themes, and (5) interpretation of the data [22]. Thematic analysis is often selected because "it offers a toolkit for researchers who want to do robust and even sophisticated analysis of qualitative data, but yet focus and present them in a way that is readily accessible to those who are not part of academic communities" [24]. One of the intentions of this study was to be able to apply the results to the development of a model of resilience in order to be able to train and mentor women leaders on how to respond to disrespect, practice respect, and cultivate increased resilience in their work.

Purposeful sampling was employed in the study to identify women 18 years or older who had been in senior leadership positions above middle management for at least one year. Findings were obtained from semi-structured, one-on-one interviews with the 24 participants selected that lasted, on average, 60 min. All interviews took place over Zoom and were transcribed. The interviews included 18 open-ended questions. The first six questions explored who served as role models and mentors in childhood and youth and the circumstances (including their first jobs) in early life that contributed to their later success. Seven questions probed participants' work experience as a leader in their current industry. These questions examined participants' experiences of being disrespected on the job and how they responded. One question addressed participants' experience when they were forced to shift to working remotely during the pandemic. Probes covered the extent of their virtual work, how working virtually affected the range and types of disrespect they experienced, and whether and how working virtually changed the way they responded to disrespectful behavior.

These interviews allowed each participant to share incidents, stories, memories, and lessons learned from disrespectful experiences that helped shape their approach to their leadership roles. Their experiences met the test of types of disrespectful experiences such as verbal abuse, theft of intellectual property, ridicule, dethroning, racism, or sexism. Their resilience was demonstrated by the fact that these negative experiences did not cause signif-

icant setbacks, nor did they deter them from reaching their goals and succeeding as leaders. Some of the participants' relevant influences were more apparent in the circumstances and experiences they shared. For others, extra examples and probing were needed to reveal the more subtle influences. Nevertheless, all participants acknowledged a confluence of circumstances and experiences that influenced and supported their successes.

Participant Profiles

The 24 women in the study were previously or are currently highly successful in a variety of industries. Many of them have attained the highest positions possible in the corporate and non-profit arenas. Some of them have held critical roles for their organizations throughout the Americas, Europe, and Asia. They have all led interesting and multifaceted lives. Twenty-one (86%) combined their careers with families and three (13%) were the primary providers of the family while their partners were the caretakers of the children. Two of the participants were supported by their partners when they relocated their families overseas for career opportunities. One traveled abroad extensively, and her partner was the primary stay-at-home parent.

Fourteen (58%) of the women in the study are currently married, and all but three have children. Five (21%) are divorced, four (17%) are single, and one is a widower. The typical participant had 6–10 years of experience and an advanced degree. Seventeen (71%) women hold advanced degrees, including three with PhD degrees, two with the JD, and 12 have master's degrees. Figure 1 shows participant education levels. Eleven (46%) of the participants are in the Mid-Atlantic region of the United States, four (17%) are in the Southeast, four (17%) are on the West Coast, two (8%) are in the Northwest, and two (8.3%) are in the Northeast.
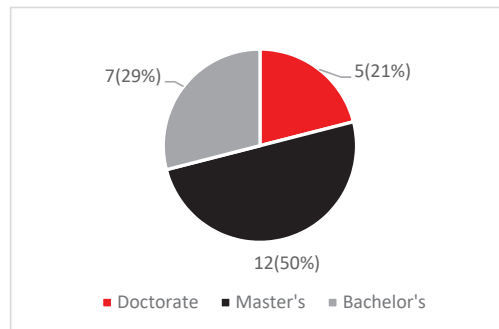

Figure 1. Participant Education Levels.

The women are diverse ethnically and culturally and range widely in age. Two-thirds of the women, 15 (63%), are White; five (21%) are Black: and the remaining women included two (8%) Latinx and two (8%) of Asian descent. While not planned, the race/ethnicity of the women closely reflected the current general population of women in senior leadership positions in the United States. Two (8%) women are ages 35–42, four (17%) are ages 43–50, seven (29%) are 51–58, with the balance of 11 (46%) at 59–70+. The age distribution is reasonable for a group where one-third (33%) of the women have 21+ years of senior management experience. Two (8%) have 11–14 years, seven (29%) have 6–10, and the remaining seven (29%) have 1–5 years of experience. Figure 2 presents the participant years of senior management experience.
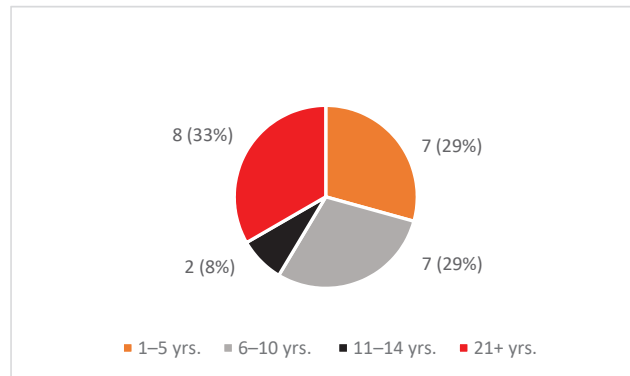
Figure 2. Participant Years of Senior Management Experience.

During the interviews, participants were asked to define their experience of disrespect on a continuum from low levels of disrespect (high respect) to high levels of disrespect (low respect) and give examples of each level. The interviews produced narratives containing rich descriptions of how these participants' lived experiences led to their professional success. They shared childhood experiences and described the significant people or support groups who influenced their resilience and desire to thrive. They shared their perspectives on the barriers that they experienced in the workplace and how the support (e. g., work-life balance) they created helped them to maintain their mental and physical well-being.

3. Findings and Discussion

Exploring the factors that impact the resilience of women leaders was accomplished by examining how ongoing experiences of disrespect in the workplace influenced their behaviors and actions over time. The participants dealt with disrespectful situations in various ways during different periods in their lives. For example, one participant began the interview with a low level of self-confidence because she had recently been unexpectedly laid off from a senior vice president position of 20+ years. Toward the end of the interview she said, "As a woman raising children, you forget who you are and how you've bounced back from many professional situations earlier in your career. This process has reminded me of who I am and what I am capable of achieving."

Findings from the interviews were designed to elicit descriptors of the participants' experiences of disrespect. The findings were identified from themes that emerged from the patterns in the data. The data were coded to indicate the participants' descriptions of their experiences in senior leadership positions in their respective workplaces.

The themes and descriptors are presented below in Table 2. Both themes and descriptors are presented in the order of their significance to the research question. The data suggested that specific descriptors within the resilience theme were more predominant than others. For example, the motivation to succeed, both extrinsic (the support systems from earlier in their lives and presently) and intrinsic (the internal fortitude that they have the tools to succeed), appeared to be the most prominent descriptors.

3.1. Varying Definitions of Disrespect

All participants in the study provided their own definitions of disrespect. Seven participants (29%) said that defining disrespect was difficult to articulate. That is, it is something that you know when it happens to you. One participant said it was actually harder than she thought it would be to define. Their definitions fell primarily into four main categories.

1.   Not being listened to: which could be in the form of being ignored, not being heard, unwillingness to hear what you are saying (while making eye contact)

I would state my point and they would just look at me and then continue talking. I called it "invisible woman syndrome."

2. Not being respected at the table: being excluded, diminished, overlooked, or blind-sided (agreeing with you initially and doing the opposite of what was agreed upon)

I think it is either an overt or covert demonstration of a lack of appreciation for, the gifts or qualities that another person has to contribute.

3. Not being acknowledged: purposely being ignored, being talked over, being inter-rupted, being downplayed, questioning everything you say, backstabbing, passive-aggressive type behavior

The organizations I've been a part of disrespect is something that most people feel that they are being respectful because they are being polite. But then you are left with disregard, which is not having an awareness for someone's presence, not being thoughtful about your word choice, not being curious about someone's perspective.

4. Condescension: assuming that, because you are a woman, you will take notes, order lunch, clean up after the meeting, while you are at the same level and sometimes at a higher level

Someone that violates, explicitly violates your values, your sense of well-being so that they can be seen or, in a manner that is oppressive, in a manner that is overbearing. I would say that would be disrespectful. Intentionally trying to undermine the person for their well-being, their betterment.

Table 2. Major Themes with Descriptors in Order of Significance to Research Question.

Major Themes	Descriptors
Disrespect	- Participants had varying definitions - Experiences with disrespect ranged widely - Types of disrespect emerged - Did the experience or feeling of being disrespected impact job performance negatively
Respect	- Definitions and types of respect emerged - Experiences with respect ranged widely - The experience or feeling of being respected impacted job performance positively
Resilience	- Participants had varying definitions–meaning of resilience - Significant people or events influenced their resilience (extrinsic) - Intrinsic motivators to succeed - Intrinsic forces influencing success - Resilience as surviving or leaving the situation
Disrespect in a virtual and network-enabled world	- Changes in the dynamics of feeling Level 3-5 disrespect - The manner in how it is handled by the participants changed - The manner in how others are disrespectful to the participants changed

3.2. Handling Disrespect in a Virtual and Networked-Enabled World

The participants acknowledged that disrespect also exists in a virtual environment such as experienced during the pandemic lockdown and as would be experienced in a more flexible, post-pandemic hybrid workplace. While most felt that there was no difference regarding disrespect in a virtual and network-enabled world, some felt that they had more control over how they dealt with it there. For example, if someone disrespected them, once the meeting ended, they did not have to continue seeing the individual and could disconnect from the situation sooner. One participant of African American descent said that the feeling of being invisible was exacerbated, often requiring her to insert herself

into the meeting dialogue. Here are examples of how participants handle disrespect when working virtually and how the experience of disrespect may differ.

> I write out exactly what I feel. And then I'll go back, and I'll cross out everything that looks emotional. And then I'm left with some bullet points. And then I'll move those bullet points over, and I'll think through, what is it that I want to say? What is at the essence? What's the root of what's going on here? Then it allows me to have a conversation [about] where's the impact of what happened; I'm sure that wasn't your intent. But let's talk about it. And for some people they appreciate that; for other people, it definitely changes the relationship dynamics.

> I think that the disrespect can come in when male colleagues or male leaders do not recognize how much these individuals are balancing in addition to everything you are asking them to work in a virtual world, where it is not as easy to get it done.

> I think that there is a greater sense of safety working from home and the comforts and the safety of someone's home. But I also feel that could be a double-edged sword where someone might feel more vulnerable also.

> I think in some ways it's similar where you don't take the extra steps to hear people's perspective. I think you just see people that are better—want to make sure that we're not criticizing people [who] maybe aren't the cleverest communicators for being disrespectful, right? Everybody is not comfortable getting on Zoom calls and, you know, doing everything that we're trying to do to keep people motivated during COVID. So, I think, you know, it's a very hard place to claim somebody might be disrespecting you because they just may not be comfortable in this situation, they're in.

3.3. Did the Experience or Feeling of Being Disrespected Impact Job Performance Negatively?

It is telling about the resilience of the participants that none of them described negative impacts on their job performance from experiences of being disrespected. For example,

> I remember one time he asked me to do something. And I was so upset, and I went back to my desk and he walked by, and he said, "I know you're not pouting." He was like we do not pout in the workplace. He was like you're going to shake it off and get it together and we're going to walk down the hall, and so it was very hard. Yet when I left working with him, I didn't realize how much I knew. How much I had learned. And he would give me books to read, and then quiz me on it. And then he would say you know, what did we say about the seven habits? First things first. So, you know, just . . .

Some participants noted that they had a strong network outside of work, or other means of dealing with the experience of being disrespected in the workplace. One participant indicated that having a glass of wine during those tough experiences was enough to release any negative feelings or thoughts. This finding differs from the surveys previously referenced that found a connection between disrespect and job performance. The difference could be explained by the fact that participants are already successful women leaders who apparently have developed the resilience required to advance despite incidences of disrespect.

3.4. Definitions and Types of Respect Emerged

Participants were encouraged to give examples of the types of respect that they experienced. A content analysis of participants' definitions of respect revealed several words used consistently by them. These responses were classified into three types by frequency: (1) self-awareness ($N = 86$), (2) other-awareness ($N = 79$), and (3) allyship ($N = 54$). These are depicted in Table 3. Using pseudonyms where needed, Table 3 shows

the words that participants used and provides examples. In some examples, more than one type of respect was demonstrated.

Table 3. Types of Respect and Participant Examples.

Types of Respect	Participant Examples
Self-Awareness–Curious, open to different viewpoints, eye contact, attentive, introspective, body language, listening	Acknowledge the fact that you are in the room or something like just acknowledging. Truly listening and engaging in the conversation, and respect doesn't mean you agree. It means you listen to the perspective. Someone that is introspective, that acknowledges when they may have said or done anything that devalued someone's time, space, energy, skill set. I'm not saying that perfectly flawless interactions, but introspection to be able to hold themselves accountable and of course, correct as necessary.
Other-Awareness–Recognizing my skills, talents, personality; acknowledgement, speak to me as a peer, supporting, open to different ideas, open to different viewpoints	Acknowledging the experiences that I bring, and asking me to, to support or share and sometimes lead because of what I bring to the table. I think it's truly listening, right? Truly listening and engaging in the conversation, and respect doesn't mean you agree. Right? It means you listen; you listen to the perspective. And I'm trying to think–there is a time where you're listening and engaging and acknowledging. You are the kind of leader I want to follow. You're doing a great job. Saying that in front of other leaders in our organization. I mean becoming the first female managing director in the organization.
Allyship–Confirmation from peers, accepting my recommendations, reinforcing, making commitments to advancing my career and doing it	There was another gentleman, who was present at the earlier meeting but had nothing to do with the incident. He approached me at the party saying that he was horrified that he didn't do the right thing by saying no we can't do that [exploit women]. He said, "I am so sorry." I said, "You didn't do it." He [replied] "Yes, I did because I didn't speak up and say that it's not okay to do." [His genuine remorse] made me feel very respected. I guess he went back to this person and told them that I was insulted. The next day I got a phone call saying, "I really did not intend to insult you." This other gentleman who had been interrupting me started speaking again. The CEO said, "Hang on a second, Tim. I want to hear what Genevieve has to say. I think she may have an interesting point."

3.5. Being Respected Impacted Job Performance Positively

In response to the question about how they reacted to being respected, participants responded that they felt more committed to the organization. Because they felt safer in their workplaces, they could be more creative and productive.

Our COO, Becky, at the time, said, "I got a great role for you. It's a VP role. It's in sales operations. I know it's not sales, but it's operations. It's something different." And she says, "It's going to be a risk for you because you don't know operations. You've done sales. You've done strategy. This is going to round you out as a general manager or COO candidate because now you're going to understand systems tools, supply chain, you know, whatever. I think you can do it."

I think for most of my career I've been in the level one and two, [high respect/low levels of disrespect] which is nice. I was put on the leadership team at my first foray into running a department at a company in the Finance Industry. It was in direct relationship to something I had done. I had redone the compensation plans and saved the company just roughly a quarter of a million dollars annually. And the president of the organization recognized that my decision and my foresight and my work had an impact that went straight to the bottom line. Shortly after that, that he made the recommendation that I be put on the executive committee, I was at 28 years old. I've been in leadership for a long time.

I was reporting to a senior VP, and I had a conversation about how we could restructure the work that we were doing so that it could probably earn higher income and he loved the idea. He called a meeting of the executive team and asked me if I "would write a proposal explaining what it would look like." And I did. When it was time to present it at the meeting he said, "Come with me because I'm not going to be able to talk about it the way that you can." So, I got invited to this executive meeting with all executives at the table and I got to pitch this idea for a new revenue stream for the organization.

And after I was finished, I remember the Chief Financial Officer saying, "I really appreciate the way your brain went into thinking about this." I felt like what I said mattered, I was valued, and my input valued. I think that's being respectful. They were respecting my years of experience, but also my mindset in terms of being able to be creative and at the same time to think about growth for the organization.

3.6. Development of Resilience

Participants had realistic perspectives about their industries and the lack of women in senior leadership positions in general. They had the self-esteem and self-respect that allowed them to have the self-control they needed to be effective in difficult situations. For some participants, there appeared to be a consciously deliberate, planned process consistent with some of the words they used during the interview, such as "I was very competitive" and "I have a strong desire to win."

There were major areas of influence in each woman's process in learning to be resilient when faced with a perceived lack of respect. In the participants' reflections on the development of their own resilience, they identified extrinsic influencers and intrinsic motivators that helped them retain a sense of resilience and control. They also discussed resilience as the choice to survive or leave a disrespectful situation.

3.7. External Influencers of Resilience

External influencers of resilience refer to the individuals who influenced them growing up and, in adult situations, those who nurtured their self-respect and the strength to confront disrespectful situations without allowing such situations to harm their professional advancement. More than half (58%) of the participants stated that the significant people who influenced them were women. These included their mothers, grandmothers, aunts, and/or women in the workplace. The remaining women (42%) indicated that the significant people in their life who influenced them were male. These included fathers, grandfathers, other male relatives, and men in the workplace.

3.8. Internal Forces Influencing Success

Internal forces refer to motivational forces that are inherent to the self or the task. For the participants whose motivators were less conscious, the analysis suggested that they were primarily related to people they knew and circumstances that occurred early in their lives. These associations served as an unseen force that kept the participants motivated to persist in pursuit of their goals when faced with disrespect.

These early influences in their personal lives informed their perception of gender roles and gender expectations. For example, one participant's father was a strong influence

because he essentially believed that women should not be molded to be a certain type, even though she grew up in a country where women were expected to play the role of homemaker. Another participant grew up in a small town in the South, and her grandfather taught her how to drive when she was six years old and not tall enough to see over the steering wheel. That experience became a reminder later in life when she found herself in difficult circumstances and was unable to see how a successful outcome was possible. For example, she married at a young age, divorced, and was left to raise a child as a single parent by the time she was 18 years old.

One participant did not remember consciously setting goals, yet she recalled two circumstances that stood out in her memory as an adult. The first was when she was a young girl. The women in her family either worked as grocery store clerks or as housekeepers cleaning other people's homes, except for one aunt who made a big impression on her. Growing up in the Midwest she remembers her aunt's company flying her to the East Coast for meetings during a time when few women worked in organizations beyond clerical workers. She had opportunities to visit her aunt and admired the lifestyle that she attained professionally.

The second circumstance was learning how to challenge herself and take risks, a skill that proved valuable as an adult. Because both of her parents worked, she and her brother were without adult supervision when they returned home from school, often referred to as latchkey kids. She was the oldest and therefore in charge. Her brother and his friends did not allow her to play with them. The boys would mainly play softball and girls could not play. Jeanie said this was her earliest remembrance of disrespect. She found ways to entertain and challenge herself by taking risks without any awareness of putting herself in danger. These experiences helped her develop characteristics and take risks that helped her succeed professionally.

3.9. Resilience as Surviving or Leaving the Situation

Some of the participants were exposed to resilient women, giving them permission to expand their visions for themselves and pursue their professional goals and aspirations. One participant shared that her mother is an activist, and she still gets the opportunity to hear her speak about inequities and injustice and continue to do something about it. With admiration she stated, "She's not a person that gives lip service." This participant went on to say that her mother gave her the tools and strategies to deal with the world that in most cases "is not built for people [African American] like me."

Participants highlighted that they had the ability to recognize that they had choices in every situation and had the option to stay or leave.

> I remember thinking, well I don't know what to do about that. I'm not leaving my job, so you just get over it. Well, that's a sassier reply than I would have had then, [even though that is what I did].

> But there is always that choice you have to make when you are confronted with certain situations where whatever you try will not work with a person, and it is enabling them to continue to be abusive in some way or disrespectful in some way, and then you make a different choice.

> I just really felt like if I cannot be in my own truth in this role and in this organization, then this is not the place for me. And I think being solid in that belief is what helped me recover from that.

> When I took the job, I had a boss that could not have been better for me. He was hands off. He gave me a project and let me go. I knew instinctively that once his successor took over, it was not going to work. His successor was completely the opposite. He was micromanaging. He was misogynistic. He was very much a narcissist and a tyrant. An interesting example was one of the first meetings I had with him, he was prepping me to go into a meeting. Which is great guidance from a CEO. But at one point he looked at me and said now here's what I want you to

say. Been managing to talk since I was about two. Haven't really needed anyone to instruct me. And I left. Actually, it was at that instant I made my decision to leave.

3.10. Personal Resilience as a Skill Set

The resilient behaviors that the participants exhibited to attain and retain their successes are skills that can be developed through coaching, mentoring, and training. The study revealed six mindsets and strategies underlying their successes as illustrated in Table 4 below.

Table 4. Resilience Skills: Mindsets and Strategies.

Mindsets and Strategies	Resilient Behavior
Presence: In myself, and I nurture it in others	-Self-Awareness-I am mindful of the importance of communicating and interacting respectfully with others. -Other-Awareness-I pay attention to the cues from others to let me know if they feel respected or disrespected. -Allyship-I am willing to take a stand on behalf of others when I see that they are being disrespected regardless of whether or not they are present.
Commanding Respect	-I no longer see myself as powerless. -I am giving myself permission to step into my power.
Follow the Secret Sauce Recipe	Internalize and exhibit the resilient characteristics I identify with: -Perseverance and faith -Act like a Level 1 leader -Courage -Find common ground -Don't take a lot of crap
Gratitude	-I am grateful to all the positive role models and influences in my life. -I tap into my deepest emotional roots.
Self Before Service	-I know I always have choices, even if they are difficult ones.
Respect and Protect My Well-Being	-I pay attention to my mind, body and emotional cues and take action when I feel out of balance. -I have practices that help me maintain my purpose and connection to that which is greater than myself.

4. Summary and Implications

The goal of this study was to explore the factors that impact the resilience of successful women leaders who experience disrespect in the workplace. Factors that emerged included early developmental influences, circumstances they faced in their youth and young adulthood, and experiences that shaped how they responded as adults to disrespect or a lack of respect from their organization's stakeholders (e.g., board members, leaders, peers, subordinates, and clients). The study showed that there are five factors that help women leaders develop resilience, including experiences, beliefs, values, people, and events shaping their lives. This study revealed the complexity and variation in the experiences, beliefs, values, people, and events shaping the lives of women in senior leadership positions who are resilient when faced with disrespect in the workplace, including in a virtual environment. Despite these complexities, the study helped to formulate a clearer understanding of how disrespect and respect in the workplace are experienced and whether they impact performance. The women leaders in the study indicated that they did not allow disrespect to impede their performance and that respect did serve to improve their performance.

Although the study revealed that one's upbringing, caretakers, and the influence of certain individuals in one's life contribute to preparing women leaders to being resilient, the study implies that women leaders can still learn certain strategies and work to master particular mindsets to help them become more resilient in the face of disrespect in

the workplace. The implication of these findings is that resilience can be learned to a large extent.

In addition, the pandemic has led to the withdrawal of millions of women from the workplace and their reinsertion into the workplace is moving slowly [25]. There is recognition that changes will need to be made in the post-pandemic workplace for women to be more engaged and satisfied with their work [26]. The implications of this study for the post-pandemic workplace includes the recognition of the importance of respect and the need for organizations to ensure a respectful work environment.

4.1. Study Significance and Limitations

The study adds to the growing body of literature regarding the characteristics and importance of resilience to the success of women leaders in senior leadership positions. The study also reinforced the importance of respect in the workplace and the potentially negative impact of disrespect on job engagement and satisfaction.

The study was limited in that study participants were already senior women leadership who had successfully exercised resilience against disrespect in the workplace. In addition, the study sample was relatively small and being a purposeful sample, the findings may be limited to the selected group of participants. Because the study was conducted during the COVID-19 pandemic and all interviews were conducted virtually, narratives may have been somewhat different than they would have been if elaborated in face-to-face interview situations where the relationship between researcher and participant could be more personal.

4.2. Recommendations for Future Research

Future research should be carried out on the experience, attributes, and importance of resilience among professionals and workers at all levels in order to understand all the nuances of how one develops and exercises resilience in the face of workplace disrespect. Further, research on the development and impact of self-respect on resilience and success in the workplace should be studied more. Research should include a focus on the role self-respect plays in the organizational context and whether self-respect can be cultivated in adults. Researchers can clarify the difference between self-esteem and self-respect. Self-respecting individuals are motivated by a fundamental belief that, despite their circumstances, they and others are equally unique contributors to the greater whole [27]. This has implications for understanding, developing, and enhancing resilience, independence, and strength in individuals from marginalized groups in the workplace and should form the basis of future research [28].

4.3. A Suggested Potential Model of Disrespect, Respect, and Resilience

Based on the findings of the study combined with findings in the literature, a more comprehensive model of disrespect, respect, and resilience is proposed to form the basis of training, mentoring, and coaching. This model is presented in Figure 3 below:
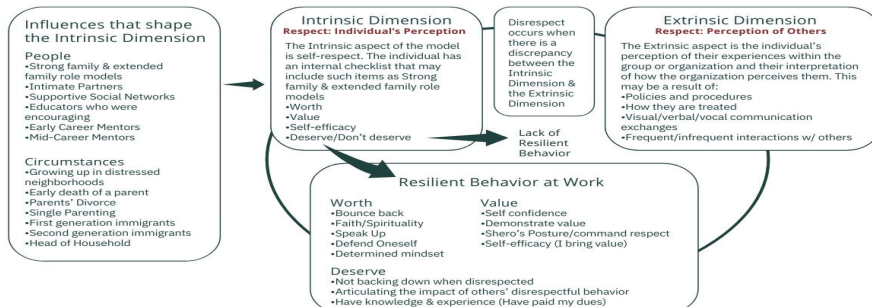

Figure 3. Disrespect/Respect/Resilience Model.

The intrinsic dimensions are developed by the influences that the individual experienced in various aspects of their lives and may include such items as family and extended family role models.

When those influences are strong and positive, the individual believes that she deserves respect and displays resilient behavior in the workplace because she has a sense of self-worth. She can bounce back quickly from adversity, speak-up, defend herself, and maintain a determined mindset to succeed. She sees her own value. She is self-confident, recognizes and demonstrates her value to others in the workplace, and commands respect by her verbal and nonverbal communication. She feels that she deserves to be respected, she does not back down when disrespected, and she is willing to assertively articulate the impact of others' disrespectful behavior.

When those influences are strong and negative, the individual believes that they are unable to display resilient behavior. She operates instead from a place of not deserving respect and relies on the extrinsic dimensions, the perception of others, to determine her self-worth and lacks resilient behavior

This Respect/Disrespect/Resilience model can help identify areas for improvement or strengths as it relates to feelings of being respected from the perspective of women leaders. The model can be used to develop leadership programs for high-potential women leaders from diverse populations to increase their level of self-respect and self-esteem. The model can be used to describe the dimensions of self-worth, or how women leaders can overcome lifelong experiences of disrespect by strengthening and holding on to their self-worth.

5. Interview Protocol

Personal Resilience in Women Leaders who Experience a Lack of Respect in the Workplace

(a) Research Question

What factors impact and account for the resilience of women leaders that experience disrespect in the workplace?

(b) Introductions

Hi (research participant). How are you today? Thanks for agreeing to talk with me and to participate in my study. This conversation is going to take about an hour. I know how valuable your time is. I appreciate the time you are taking out of your busy schedule to talk with me today about your experiences in dealing with situations where you felt a lack of respect (or disrespect) from the leaders, your managers, peers, or direct reports at work. I'll do my best to make good use of your time.

I am looking for your personal perspectives on your experiences in your leadership position. I encourage you to feel free to share with me your personal thoughts, feelings, and beliefs.

All your answers will be held in the strictest of confidence. I am committed to maintaining your individual confidentiality and will address how I will do that shortly.

Let's start by introducing ourselves. I'll go first. I have a personal and professional interest in women's leadership development. I received the doctorate in Human Development from Fielding Graduate University in April 2022. I have a master's in Human Development and a master's Organizational Behavior.

Professionally, I have worked in higher education, and for non-profit organizations and corporations in such areas as employee development, social equity, organizational development, and culture change. I've held positions as Vice President of Finance and Administration, Dean of Intercultural Development, and Vice President of Organizational Development and Culture Change prior to launching my company, The Folke Institute for Transformative Learning in 2004.

Now it's your turn. Please tell me a little about yourself. (Research participants introduce themselves.)

Thank you.

(c) The Research Study

Let's talk a little bit about the research study you are participating in. Through your participation, you are helping to expand the research regarding the factors that may support or hinder women from advancing to senior level positions within their respective organizations, such as resilience. There is a great deal of emphasis on the extrinsic factors that hinder women from advancing into leadership positions in the workplace, but I'm interested in your experience.

(d) Interview Agenda

Here's how I've structured our meeting together. First, we'll take about five minutes to get a few procedural things out of the way. Then, we'll shift into the questions about your experiences of lack of respect (disrespect) and how you have dealt with barriers to your progressing within the agency. That will take up to 45 minutes. When we're done with the questions, I'll let you know what will happen next and how you will be able to stay in touch, to the extent that you want to, with my research as it progresses. You can also share anything with me that did not come up in the interview about your experiences.

(e) Informed Consent and Procedural Information

Let's get the procedural things out of the way.

- First, I need to review the Informed Consent form with you that you have signed and returned to me. I want you to understand that everything you share with me is completely confidential.
- I will be recording our discussion in order to capture your full response and will also take some handwritten notes as a back-up. I want you to know that you have the option to pass on any question for any reason and you can end your participation in the interview at any time and ask that your information not be included in the study.
- The digital of this discussion will be stored in a protected format and then transcribed. I will send you a copy of the transcript from this interview and you will then have an opportunity to review the transcript and make any corrections or clarifications. Within the transcripts you will be identified by a different name, a pseudonym, to protect your identity. I will ask you to select a pseudonym at the end of our discussion.
- Do you have any questions about what I've just explained or any other aspects of the study? (Answer questions get signatures and give copy to participant). Well, that's it for the procedural stuff. Let's get into the interview itself. I'm going to start recording now. Ok?

Before we get into talking about your experience in your current role, I'd just like to learn a little bit more about you.

1. Was there a person or circumstance in your early life that helped you to succeed professionally?
2. How would you describe yourself in terms of setting goals and achieving them growing up?
3. What there a person or circumstance when you were just starting out that helped professionally?
4. Tell be about your first job?
5. Can you think of a time when you set a goal and did not achieve it because you were rejected due to no fault of your own? If so, how did that make you feel? How did it impact your confidence? Self-esteem? Etc.
6. What contributed to your decision to pursue your current profession? (Pre-retirement profession?)

Now let's talk about your experience as a professional in your current industry.

7. How long have you worked for your current organization?
8. How long have you been in your current or previous leadership position?

Thinking of respect on a continuum from high to low levels of respect (Level 1= I experience this person or situation as demonstrating no respect. Level 3 = some respect; Level 5 is demonstrating high levels of respect:

9. How do you define a lack of respect or the absence of respect? What behaviors do you equate with a Level 1 Respect? What about a Level 5?
10. Describe a time when you felt you were treated at a Level 1 at work.
11. Describe a time when you felt you were treated at a Level 5.
12. When faced with high levels of disrespect, what helps you be resilient?
13. Tell me about a time when you felt respected at a Levels 1–3.
14. Give an example of a time that stands out for you when you felt Levels 4–5 disrespect in front of your peers, direct reports? Senior management?
15. Have you ever taken any legal actions in response to your feelings of Levels 4–5 disrespect?
16. In a virtual and network-enabled world, work gets done in a variety of places, often outside of the workplace.

    a. What percentage of your work gets done in the workplace office?
    b. What percentage of your work gets done out of the office (including working from home/virtual versus face-to-face meetings in other places with people?
    c. Does the variety of workplaces change the dynamics of feeling Levels 3–5 respect by your direct reports, peers, manager? Senior managers?
    d. How does the virtual environment change how you handle disrespect? Have you found anything that really works well?

17. Tell me about a time that you are most proud of in your ability to successfully respond to disrespect in the last 18 months.
18. Additional thoughts/comments?

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Article

The Impact of COVID-19 on Women and Work: Career Advancement Challenges

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Abstract: The COVID-19 pandemic upended countless lives all over the world. Considerable research has shown that women's career progression has been more negatively impacted by the pandemic than men's, especially in the wake of school closures and increased childcare responsibilities. In order to understand more deeply the impact of the pandemic on women's careers, a large mixed-method survey was conducted in Utah, a western state in the United States. This article reports on the responses of 2564 respondents to one of three open-ended questions taken from the overall survey, namely: "How has the pandemic impacted your career advancement experiences and opportunities over the short term and longer term?" The article frames the findings of this question by outlining workplace conditions and structures that contributed to women not advancing prior to the pandemic and applies the lenses of identity theory and systems psychodynamic theory to illustrate tendencies for workers and organizations to maintain the gendered dynamics that impede women's career advancement. Findings included 59.1 percent of respondents who described a negative effect on their career advancement caused by the pandemic. Overarching themes and sub-themes were identified from these negative effects. Overarching themes included: (1) "Everything is on hold"; (2) "Lost or relinquished opportunity"; (3) "Reevaluation of Career"; and (4) "Experiences by Characteristics." The latter theme highlighted unique experiences women faced versus men and manifested the gendered dynamics identified by identity and psychodynamic theories. Findings highlighted the importance of making workplace changes such as more flexible work and/or hybrid work arrangements, improved leave policies, the provision of childcare and other support services, and government policies that eliminate gendered barriers to women's career advancement.

Keywords: gender roles; identity theory; systems psychodynamic theory

1. Introduction

The COVID-19 pandemic has impacted the global community in significant ways since its inception in 2020. The United Nations [1] asserted that the COVID-19 pandemic has deepened preexisting inequalities across every sphere, including the global economy. Research has also found that the pandemic has more negatively impacted women than men. For example, Cerullo [2] stated that nearly three million American women left the labor force during the first year of the pandemic, and many have not returned [3]. While a number of pre-pandemic studies discussed pervasive gender inequality in the division of household labor and childcare when both partners were employed full-time [4–6], more recent studies have reported that during the pandemic the burden of household labor and childcare has fallen even more disproportionally on women [7–9]. More specific to women's management of work–life balance during the pandemic, The Institute for Women's Policy Research reported that women, and particularly women of color, have experienced even greater struggles with managing paid work, caregiving responsibilities, and other types of

unpaid obligations during the pandemic than prior to it [10]. Rogers [11] found early in the pandemic that working remotely, which many workers were forced to do during the lockdown, benefited men's careers but halted women's advancement [11]. Even though the long-term repercussions of the pandemic on women's careers remain to be seen, many findings thus far published support the notion that the pandemic could make women's professional advancement more challenging than it was prior to 2020.

To facilitate a more equitable recovery in the aftermath of the full-scale pandemic—which persists at some level in nearly all parts of the world—it is important to more deeply understand the negative effects of the pandemic on women's careers. Understanding women's experience is foundational to creating environments where women can thrive. To meet this need, this article shares the results of one open-ended question that was included in a large mixed-method research study designed to explore the impact of COVID-19 on women at work. The open-ended question, responded to by 2564 survey participants, was: "How has the pandemic impacted your career advancement experiences and opportunities over the short term and longer term?" [12]. The objective of the overall mixed-method survey was to understand the impact of the pandemic on women from different demographics in Utah, identified by age, education, race/ethnicity, marital status, socioeconomic status, county/region, job type, sector/industry, hours worked per week, employment status, and workplace situation. The survey results were provided to Utah leaders and state residents so that they could better develop and design related public policies, organizational procedures, training and development programs, and other responsive interventions to help entities better support women's work and professional advancement in a post-COVID-19 environment.

2. Literature Review

To better understand the impacts that the COVID-19 pandemic has had on women's career trajectories, it is important to examine the conditions and structures that shaped their careers before the pandemic. Even though women have made strides from generations past, they still face many obstacles in developing careers, and especially in moving into career roles with increased compensation and prominence. It is not true that no woman can ever be granted a top position in an organization. Rather, it is more the case that women generally experience more barriers to advancement than men. Eagly and Carli [13] likened this scenario to navigating a labyrinth: women are trying to advance, but they constantly run into blockages along the way. Thus, while women are not overtly blocked from career advancement, not many women surmount the barriers and advance to higher positions [14–16].

Research has shown that women have made career strides in recent generations and that more women are in positions of leadership than in previous generations. There is also evidence that women make effective leaders [17,18] and that their leadership approaches tend to be more transformational in nature than men's. Yet, despite the gains that women have made in career development and their occupation of more leadership positions, there has been consistent discussion of the barriers they face in career advancement [19,20]. In fact, many authors [21] have written about how professional cultures often do not support women at the level that they need in order to rise in responsibility and leadership. Women face many barriers to their career development [13,22,23]. One key barrier is women's socialization to traditional gender roles, which encourages them to focus more on family caretaking—and encourages others to expect that of them—than on career and professional development outside the home. In addition to gender role socialization into family caretaking, women also face a potential bias against them in that they are often viewed as less competent than men. Years of theoretical development and research have supported the notion of gendered status value beliefs, where in mixed-sex interactions, women are often perceived and treated, albeit often unconsciously, as less competent than men [24–26]. Thus, not only are women more socialized to see themselves in the home and family sphere, but they also may be perceived to be generally less competent than men.

These perceptions and practices may somewhat explain why women are not often seen as leaders by decision makers in organizations—most often by men—which leads to women being overlooked for promotions and increased compensation opportunities in the workplace [27,28]. The literature on gender roles and leadership has consistently argued that leadership is often seen as a gendered concept [13,16,22,29,30] and that leadership roles have been normatively filled by men [31,32]. Biases against seeing women in leadership roles may explain why many women face challenges as they attempt to progress in their careers [22,33].

Among other evidence supporting the notion of gendered leadership is the lack of programs targeted towards helping women advance to higher ranks and greater leadership responsibilities [27,34]. Some of the literature has also argued that leadership training is often targeted and designed to cater to men, and not as helpful in helping women advance [35]. Other researchers cited shortages of networks and sponsorship opportunities for women [21–23,36]. These barriers, along with bias in hiring, compensation, and promotion opportunities, may stymie women's advances towards greater levels of career success.

A related challenge that women face in advancing their careers is the difficulty of balancing the expectations of their professional lives with family responsibilities, particularly with the continued lack of family-friendly policies and practices in organizations today. Some of the literature has discussed the incompatibility of work expectations with family life [37–40]. Further, Deming [37] found that women often face a penalty for having families because they feel a need to cut back on hours to meet family obligations, which prevents them from career progression. There is also a perceived "flexibility stigma" against workers who need flexible or part-time work arrangements to balance family obligations, which has been demonstrated to hold such workers back from promotion and advancement opportunities [41–43]. Thus, the conscious and unconscious notion of what an "ideal worker" looks like continues to permeate organizational cultures around the world, and caretakers, who are more often women, cannot easily fulfill this preferred workplace role expectation [44].

Barriers have been well documented in the literature for years, indicating that the norms of organizations that employ women have been slow to shift. It is important to consider deeply the potential reasons for continued impediments. While some organizations have made changes in order to help advance women, the question remains as to why such barriers remain pervasive. Two psychological theories may help illuminate the answer.

Identity theory, especially as Stryker conceptualizes it, addresses the question regarding systemic inequalities for women in the workplace [38,45,46]. Identity theory suggests that people have complex identities and that a single person can often identify with multiple roles. For example, a person may maintain the roles of a friend, a parent, a spouse, and a worker. Stryker's identity theory suggests that the social expectations and social networks surrounding individuals may make some identity roles more salient [38,45,46]. In considering systemic gender inequality in the workplace, one could infer that many working mothers might be drawn to identify more closely with the parent role over the worker role, both because of how they have been socialized and because of the present expectations of their social networks. Men, as a whole, due to similar reasons, may be more drawn to the worker role than the parent role. Thus, without large-scale changes to these social expectations and reinforcement of those changes, men may tend to focus singularly on work roles more than women do, which can translate into greater advancement and compensation opportunities for men in the longer term. In contrast, women who have children may feel less inclined to focus on the worker role because of the social expectations and networks that reinforce their connection to parenting roles [38].

Another relevant psychological theory is the systems psychodynamic approach [47–49]. While traditional psychodynamic theory focuses on the unconscious desires and motivations that shape the behavior of individuals, systems psychodynamic theory brings this conceptualization from the microsphere into the mesosphere, where unconscious desires and motivations shape the behaviors of people within organizations. Systems psychodynamic theory has offered explanations of how and why gender inequality might persist in the

workplace [48]. For example, it has long been a norm in many professional organizations to value workers who are willing to place a singular focus on work tasks and devote themselves to their professional lives, putting in long hours without interference from family or other outside issues. This model of a desirable 'ideal worker' [44] fits with men's general socialization into a traditional gender role of provider, which, as noted in the discussion of identity theory above, might be a more salient role for them than other roles. Thus, men may generally feel more comfortable in the worker role and have unconscious desires to maintain the system as is, with organizational structures that favor men's success as the status quo [48].

Organizations that have been more traditionally developed and led by men socialized into a traditional gender role and 'ideal worker model' often recognize the need to retain women and may institute some family-friendly work-life balance policies, such as flexible schedules, job sharing, and/or reduced hours to help women succeed, but yet maintain norms, such as the previously mentioned 'flexibility stigma' [41–43], that prevent this from happening. Indeed, systems psychodynamic theory suggests that because of potential unconscious fear of disrupting the status quo, bias exists against such flexible policies, meaning that those who do not use them (i.e., mostly men) would more likely be rewarded over those who do [48,50], which helps explain the persistence of a 'flexibility stigma'. For example, an organization could offer flexible schedules as a family-friendly policy, but their utilization is dependent on a gender's socialized role. Women use flexible scheduling to fulfil their socialized parent role while men choose not to utilize flexible scheduling to fulfil their socialized worker role. An unconscious bias that values the singular focus toward work (which more men fulfil by opting out of a flexible scheduling policy) means less promotion of women who choose to take advantage of the flexible scheduling policy, thus promoting the continuation of a 'flexibility stigma', and further enshrining inequality [15,38,48].

Even when men take advantage of flexible work policies, they may be more inclined to use them towards fitting into the optimal worker role rather than truly moving towards work–life balance. Indeed, a study from the United Kingdom [51] found that when schedule control was given as an option, men and unmarried women used the schedule control option to work more, while women with families used it more for work–life balance. Even though these biases may exist at an individual level, the collection of individuals that make up organizations can shape the policies and practices that continue them. Thus, without individuals recognizing these biases and collectively working to push for an overall change in the culture and expectation of what it means to be an optimal worker, flexible policies may continue to exacerbate workplace gender inequalities.

Overall, though policies may be in place ostensibly to help women succeed and balance work–family life, factors such as entrenched social identities and potential unconscious dynamics may urge actors to maintain the status quo, and result in persisting gender inequality in the workplace [42,48]. Despite efforts to facilitate women's success, an overarching system endures—informed by a collection of biases on the individual level—in which discrimination against women may not be overt in professional settings, yet barriers remain that prevent too many women from advancing in their careers. Some have suggested that the larger culture, again made up collectively of individuals, that reinforces socialization tendencies is the element that needs to change [33]. Unfortunately, not enough traction has been made thus far to make significant inroads in this endeavor.

The aforementioned barriers and dynamics informed existing workplace structures when the COVID-19 pandemic hit in 2020. Suddenly, workers were being asked to stay home. Schools were closed, and there was an extensive blurring of lines between work and home responsibilities. Multiple studies have indicated that women have, by and large, borne more of the brunt of this sudden shift than men [11,37,40,52]. Women covered more of the childcare and attended to more of the parenting roles during the pandemic, which pulled their focus and attention from work responsibilities. In contrast, men's careers were not as strongly impacted by remote work. The implication was that remote work actually enabled men to see greater success [11].

One explanation for the gendered pattern of professional workplace experience during the pandemic could be that women, consistent with identity theory, prioritized the parenting role over the work role, consistent with what their socialization and social networks expected of them [38,45,46] and what they expect of themselves. In contrast, men may have utilized remote work to prioritize the worker role. Thus, as was described previously, even with flexible policies that may have been in place, unconscious motivations to maintain the status quo and current identity socialization practices may have reinforced men and women in prioritizing worker and parenting roles, respectively, which may have exacerbated conditions of workplace gender inequality during the pandemic [47–49]. The study described in this report will dig deeper into the phenomena highlighted in this literature review with a goal of investigating and illuminating how the pandemic affected women's career advancement experiences and opportunities during the pandemic.

3. Research Methods

To deepen the understanding of women's experiences and to explore the possibility that the pandemic conditions may have reinforced and possibly widened systemic social inequalities and biases as explained by identity and psychodynamic theories, researchers conducted an extensive, in-depth mixed-method survey focusing on the impacts of COVID-19 on women and work [12]. The online survey was opened for data collection between January and February 2021 to all Utah women aged 20 or older who were either currently employed or unemployed due to the pandemic. During this timeframe, vaccines for COVID-19 were still not widely available, school closures were still common, older people (such as grandparents) were more at-risk for more serious illness and thus more likely to be cautious, and it was still the norm that jobs were performed at home if applicable [53]. Women (or those who identify as women) in the state of Utah were chosen as the sample due to interest by Utah stakeholders in understanding their experiences amid school closures and work-from-home mandates. Selection criteria included individuals of any education level, race/ethnicity, marital status, household income, or position or former position and level within their place of employment. Criteria included women in any sector or industry who worked for pay for any number of hours, and women who were not currently working for pay for a variety of reasons related to the pandemic, but who worked for pay as the pandemic began in March 2020.

The aim was to include a wide variety of perspectives to understand the experiences of women as they navigated paid work during the pandemic or previously employed women who were unemployed because of the pandemic. The aim was also to explore the possibility that the pandemic added extreme—and sometimes untenable—stress to the already difficult experiences that many women have had while balancing their paid work with other aspects of their lives that feel the press of overt and implicit systemic barriers. This comprehensive study included the collection of data on a wide variety of topic areas, including homelife, work life, school, and mental and physical health. The mixed-method survey utilized both quantitative and open-ended qualitative questions to capture participants' perceptions and experiences. This article highlights the qualitative analysis results of the open-ended question from the survey related to the impacts of COVID-19 specifically related to career advancement. A qualitative approach to this study helps best understand how participants experience events, situations, and the context in which they live, aligning with Maxwell's [54] interactive model of research design. In that design, qualitative research includes the development of research questions while considering how those questions relate to goals, theoretical frameworks, analysis methods, and concerns with validity [54].

The online survey instrument was pre-tested among the research team, adopting all possible identities to ensure accurate survey flow and clarity. The survey was then administered to a non-probability sample of Utah women representing different settings, backgrounds, and situations (i.e., age, education, race/ethnicity, marital status, socioeconomic status, county/region, job type, sector/industry, hours worked per week, em-

ployment status, and workplace situation). A call for participants was announced in Utah through newsletters, social media platforms, nonprofit organizations, chambers of commerce, government agencies, municipalities and counties, women's networks and associations, multicultural groups, businesses, universities, churches, and volunteers who assisted in disseminating the survey to their employees and contacts. Although targeted recruitment efforts were made to improve statewide representation from women of diverse demographics, there were still limitations in the sample with most participants being White, middle to upper class, and educated. The survey was distributed in both English and Spanish [12].

Overall, 3542 women completed the survey, with 2744 responding to at least one of the four open-ended questions. A total of 2564 survey participants responded to the open-ended question that is the focus of this article, "How has the pandemic impacted your career advancement experiences and opportunities over the short term and longer term?" A modified reflective thematic analysis influenced by Braun's and Clarke's reflexive thematic analysis framework [55,56] was utilized to analyze the 2564 open-ended responses, which were coded and analyzed in the qualitative analysis software Dedoose (v 9.0.17) to reveal major themes and subthemes. These 2564 open-ended comments were read by three researchers; the first researcher established and applied codes. The second researcher validated code creation and code application. The third researcher was a final check that all applicable codes were considered when evaluating comments for sentiment. The code creation and application process was documented and regularly discussed and evaluated among researchers to ensure no sentiment duplication and correct application. Altogether, codes were organized under three categories: COVID Experience, COVID Career Advancement, and COVID Benefits. Under those categories, codes were separated by positive or negative sentiment, where the final major themes and subthemes reported in the next section emerged. Codes were then quantified into percentages among those who answered the question, and analyzed by parental status, age, and race/ethnicity. Because more than one code could be applied to the same comment, percentages reported to not add up to 100. Select comments are included that exemplify themes [12]. The demographics of the study participants are included in Table 1 below:

Table 1. Qualitative Participant Demographics.

Demographic	Details
Age	20–29 (16.8%) 30–39 (28.7%) 40–49 (27.6%) 50–59 (18.6%) 60–69 (7.4%) 70+ (0.9%)
Marital Status	Married (69.5%) Single (15.4%) Separated/Divorced (8.9%) Domestic partner (5.1%) Widowed (1.0%)
Education	Some high school or less (0.2%) High school diploma (2.8%) Some college (14.5%) Associate degree (6.1%) Bachelor's degree (35.8%) Graduate degree (40.6%)

Table 1. *Cont.*

Demographic	Details
Race/Ethnicity	White (87.5%) Hispanic/Latina (4.3%) More than One Race (4.3%) Asian (1.2%) American Indian (0.8%) Other (0.8%) Black (0.7%) Pacific Islander (0.4%)
Industry	Education (33.6%) Nonprofit (11.6%) Government (10.8%) Healthcare (10.2%) Other (7.1%) Professional Services (6.8%) Information Technology (6.7%) Financial Services (4.3%) Sales (2.8%) Construction (1.5%) Food Services (1.2%) Hospitality and Tourism (1.2%) Manufacturing (1.2%) Transportation (1.0%)
Job Type	Front Line (31.6%) Team Lead/Supervisor (14.9%) Professional (27.7%) Manager/Director (20.0%) Executive (5.8%)

Note: Percentages in some categories do not equal 100% due to decimal rounding or individuals indicating more than one ethnic or race identity.

Validity and reliability are fundamental to successful research designs [54]. Researchers utilized four established criteria for validity and reliability in qualitative research [57–59] to address validity and reliability in this study: credibility, confirmability, transferability, and dependability.

Credibility in qualitative research pertains to a community's confidence in the accuracy of the research findings and relevancy of the research to both the research community and the community being studied [57–60] A commonly used method to ensure credibility is triangulation [57,59] where multiple data analysts with varied perspectives review the findings; in this case, this related to reviewing the development of codes, and whether established codes were adequately applied to each open-ended comment, and to the development of overall study themes and subthemes. This inter-rater reliability means possible biases are checked and addressed.

Similarly, confirmability refers to reliability in qualitative research, particularly the level of neutrality, where the study participant's perceptions shape the results rather than the researchers' motivations or biases [57,60]. While data analysts were Utah women themselves possibly experiencing similar issues as study participants, they also had varying lived experiences and perspectives. Additionally, triangulation was utilized to ensure each of these different perspectives checked the same comments, codes, and resulting themes. Sophisticated coding software allows for comprehensive record keeping, where each code is attributable to the parent comment, and vice versa. The development of codes was regularly discussed and documented among researchers to avoid oversaturation but allow for nuance.

Transferability is another term for external validity. External validity seeks to ensure research findings can be applied to other contexts [57,59]. During COVID-19 lockdowns

and school closings, Utah women were experiencing similar issues to women around the world, but similarly to women in the United States with similar policy contexts. The method of thick description [57,59] ensures transferability wherein both the individual micro and broader macro contexts were considered when analyzing the data and reporting the findings.

4. Results

For some respondents (13.4%), the pandemic afforded opportunities for advancement that otherwise would not have existed, and others (27.5%) said the pandemic did not affect their career advancement at all. Yet, that did not necessarily mean the pandemic had been easy to endure. The data shared in this report cover the 59.1% of respondents who described a negative effect on their career advancement. The effects ranged from mild to severe, and they may yet have long-term implications on women's career advancement. The women described missing out on pay raises, declining promotions, being fearful of looking for a better fitting job, and reevaluating their current career, mostly due to unsupportive employers and being employed in strongly affected industries. Other women faced more severe effects, such as enduring job loss and having to restart from the ground up because of minimal opportunity in their various fields. Although some of these effects were likely not gender specific and could have been experienced by anyone, national research [61] found that women were more likely to be in industries negatively affected by the pandemic and more likely to have made career sacrifices to focus on caregiving responsibilities. The analysis of the data yielded four primary themes: Everything Is on Hold, Lost or Relinquished Opportunity, Reevaluation of Career, and Experiences by Various Characteristics. When reading this section, keep in mind that the data were collected in January of 2021 [12].

4.1. Theme #1: "Everything Is on Hold"

For the women who experienced a negative effect on their career advancement, the most oft-cited negative sentiment (61.4%) was that any opportunity to advance their career was put on hold because of the pandemic. In fact, 21.9% of these respondents specifically mentioned that the pandemic felt like a "wasted year" with less opportunity for career advancement. Another 7.6% cited the uncertainty having everything on hold brings. As one woman stated, "It feels as though the pandemic has been a large 'HOLD' button on career advancement. Until it is over, it feels like survival". Another participant reflected, "I'm so focused on dealing with the daily upheaval that I can't even comprehend what career advancement experiences would look like. Everything seems to be on hold". The corresponding implications mentioned by respondents revealed four subthemes: the impact of lack of face-to-face time, increased work responsibility without increased pay, no raises or opportunity for advancement, and that women want change, but feel it is too risky.

4.1.1. Impact of Lack of Face-to-Face Time

First, for 9.9% of the respondents, in-person interactions were critical to advancement opportunities, whether they consisted of networking, brainstorming, learning from or cultivating relationships with supervisors and colleagues, fostering mentorships, being seen as available and willing to take on projects, or having the opportunity to impress with current work. Women respondents believed their career advancement had suffered because of these missing opportunities, as working from home meant an inability to "shine" and impress. They lacked the networking opportunities that come with more in-person interaction. For example, one participant stated, "I can't get the one-on-one mentoring that would speed advancement up". Another explained, "The lack of informal connection with colleagues across the organization has hampered my ability to network, explore new areas of the company, and facilitate growth". In addition, one woman indicated, "I felt that out of sight, out of mind was very evident. I feel that I am very behind now in positioning myself for any sort of advancement". A fourth clarified, "Being remote full time, it feels like I am

not seen or heard, leading me to feel less valued and less likely to be considered for any other opportunities". A final respondent concluded, "I have to jump at every opportunity to prove my worth and value, which is making me feel burned out".

4.1.2. Increased Work Responsibility without Increased Pay

Many respondents (8.4%) noted increased responsibility and expectations without increased compensation to match their output. This was especially true for teachers, who often had to prepare both in-person and online lesson plans, engage in more one-on-one oversight of their students, and foster closer relationships with parents. Some of the most telling quotations include the following. One woman stated, "A few employees had quit at my company, and, due to financial concerns, my company chose not to rehire for those positions and instead asked me to absorb their jobs without an increase in pay". Another said, "I feel as though when the pandemic hit, the school district I work for decided to use that as an excuse to 'assign' more duties without asking and just expecting that 'people need a job' so much they'll do anything. If anything, it has made me want to quit and change career paths beyond anything I can explain". One respondent noted that "it has essentially tripled my workload by having to have in-person classes, curate an online course for the same classes that can be done at home and hybridize my classes to make them possible to do regardless of situation, with no pay increase". A final participant exclaimed, "Honestly, it's been awful! I probably work twice as much as I did before. My entire job has changed. I now have to take care of all COVID-related issues first before I can complete my typical work tasks. I have been working late hours and all weekends just to do the bare minimum. I'm barely surviving". Additionally, some respondents mentioned being able to secure a promised improved title change at their company but without the usual expected increased compensation. Hence, they were working harder without additional compensation to match output.

4.1.3. No Raises or Opportunities for Advancement

According to 6.7% of the respondents, many employers paused planned raises and promotions because of the economic uncertainty of the pandemic. Instead, employers focused on navigating the changing market and economy. Some women described opportunities for advancement that vanished though they were up for a promotion or role switch. Women described the long-term effects this will have on their career paths and even their retirement plans. For instance, one woman said, "Due to the pandemic and remote work, expected promotions were postponed indefinitely along with the pay increase that was expected with it. I have experienced a disconnect with my employer on many levels". A second stated, "Advancement opportunities for both short and long term in my current job are no longer an option because of expected budget cuts, hiring freezes, and freezes on new job creations. I was a very good candidate for a job that would be created in the next year that will not be created any time soon". Another simply responded, "No wage increases will impact my long-term retirement benefits", while another reflected that she had "worked very hard producing new things the year before and would have received a merit raise. Due to the pandemic, [I] was told you're lucky you have a job." Finally, one participant exclaimed, "My request for a raise was rejected. I get paid $1700 a month with a master's degree, and every time I try to advocate for myself, I hear 'be happy you have a job these days'".

4.1.4. Want Change, but Too Risky

Finally, 4.3% of the respondents were unhappy in their position but felt stuck because of the uncertainty of the economy and the potential risk of leaving solid employment. This means women were delaying the pursuit of beneficial career changes. Some wanted to change jobs because they were disappointed in how their employer had approached the pandemic, they felt overworked, or they had a plan pre-pandemic that was delayed. For example, one participant stated, "I had started thinking about looking for other career

opportunities, but since the pandemic started, I have felt a need to be 'safe' and keep my current job instead of 'risking' losing what I have and not finding anything". Another simply stated, "I feel I am trying to get through the uncertainties of the pandemic before I try exploring new professional endeavors". A third responded, "I feel very stuck right now. Because of my increased childcare and schooling responsibilities, I feel lucky to just keep up with my increased workload. I don't feel like it's safe to pursue new opportunities right now". Another woman explained, "I'm so burned out with trying to care for my baby and work from home that I'm considering quitting entirely, which was not the plan before. I would like to find a better job at some point, but I feel stuck where I am thanks to the uncertain economy."

A sense of fear also emerged from this respondent: "I want to look for a job that will help me advance my career. I am afraid to make any moves and not being able to pay my bills. This impacts my long-term career goals." Finally, a study participant concluded, "I have been contemplating moving on to a higher-paying job for a while, but the pandemic has put all those ideas on hold".

4.2. Theme #2: "Lost or Relinquished Opportunity"

The second major theme that emerged focused on women who had lost work, pay, or their business, or who had sacrificed opportunities to advance their career (29.7% of those who experienced a negative effect to career advancement). In some cases, this was because of the precarious economy. For others, increased responsibility at home meant less time and bandwidth for new responsibilities, opportunities, and expectations. Some women described a decline in mental health as the barrier to advancement, while others said these losses left them starting from scratch. As one participant noted, "I have had to give up advancement opportunities because I can barely manage what I am doing already". In all, the following six subthemes emerged: losing work, sacrificing advancement for family, forgoing planned education, being able to perform only the bare minimum, experiencing mental health barriers to advancement, and moving backwards.

4.2.1. Losing Work

Overall, 10.8% of respondents saw their businesses suffer or close, lost their jobs, or lost work or pay. For those who felt fortunate enough to find another means of income, doing so sometimes meant finding a potentially irrelevant or lower-paying job and thus constituted a definite career disruption. In terms of business impacts, one woman simply stated, "I had to shut down my business completely and find a full-time job". Another said, "I own my own business. I now work at least twice as hard for half or less of the previous yield. I often work without pay to ensure I can pay others who help with our business and keep our program running". A third woman noted, "I had to lay off half the company. I asked employees to take pay cuts as well, including myself. We had to change how we do business to survive". One respondent explained that "the salon industry has lost at least 50% of their business, and we are low on labor hours because so many women left the industry". A childcare provider shared, "I do in-home childcare, and I lost almost all of my kids. Parents are working from home and keeping their kids home. I cannot work outside the home because I am raising three grandchildren and can't afford outside care".

Other participants discussed their transitions. One stated, "In the job I lost because of the pandemic, I was about to be promoted and moved to a new position, but never got the chance". Another said, "I lost contracts with clients and went back to a full-time job working for someone else". A third shared, "My long-term goal had been to move my preschool out of my home and into a commercial building. The pandemic stopped my preschool and made us more financially unstable, decreasing my chances of starting my own business. It's made me wary of starting my own business and inheriting those risks".

Finally, another woman stated, "I won't be able to last another year in my consulting, event, and speaking business if COVID-19 closures remain throughout the year".

4.2.2. Sacrificing Advancement for Family

Many women who responded to our survey mentioned the challenge of working while having children at home and/or having the additional responsibility of homeschooling while also keeping up with work responsibilities. One participant noted that the additional burden could "stunt my career growth for a few years". Another mother stated, "COVID has not changed [career advancement] for me. Caregiving has".

In terms of participants who experienced a negative effect on their career advancement specifically, 7.5% gave up promotions, raises, and other opportunities that would have furthered their careers. As one woman stated, "I'm more focused on the flexibility offered by my employer than opportunities for advancement. I was a director but took a manager position because I needed to be available more to my children". Another shared, "I am hesitant to accept opportunities for advancement due to concern that I won't be able to manage increased responsibilities at work in addition to family responsibilities". Another explained, "I believe it has greatly impacted my career goals. I find myself taking on less technically complex projects as my coworkers because I hesitate to pile on too much work given the uncertainty of our daycare situation. I also can't be as available as my coworkers, which makes me feel like I will be passed over when promotions are available".

Finally, one mother reflected, "I was planning on leaving my current employer to pursue a career change as an analyst. That is no longer an option because I need more flexibility in my work schedule with all the changes to school schedules for my children".

Other participants discussed how they believe their opportunities for advancement have been impacted. For example, one respondent explained, "I think that [the pandemic] puts me into a vulnerable position to be overlooked as childcare needs are always a concern for management". Another stated, "I have had to work part time instead of full time to avoid putting my kids in childcare, which means I don't have another option for health insurance, tuition benefits, retirement, insurance, or other benefits. It's hard to be promoted when you can only work part time".

Another woman shared that "decreasing my work hours to care for my children meant sacrificing the eligibility I was working toward for health and dental insurance and the company 401 k program". A final respondent summed up her experience in this way: "I have put career goals entirely on hold. My focus right now is one day at a time, making sure my kids pass their current grade".

4.2.3. Forgoing Planned Education

Some 7.3% of respondents reported delaying their education for reasons ranging from economic uncertainty, mental health concerns, increased responsibility at home, and costs related to acquiring further education. For many, continuing their education was key to future career advancement. For example, one woman stated, "I was thinking of going back to school for a graduate degree, but with the increased stress and uncertainty of the pandemic, I placed this goal on the back burner". Another explained, "I cannot attend classes to start my career, and I estimate I will be 2–4 years behind my planned start date because of the pandemic". A third said, "The pandemic has made it impossible for me to be able to do night classes due to the fact I have to stay home with my children. We used to have grandparents watch them after school, but it is now too risky".

One simply stated, "I decided to take spring semester off because I was burnt out and won't be able to finish school until later". Another participant noted, "I was planning on applying for graduate school this fall but have put that on hold indefinitely".

4.2.4. Being Able to Perform Only the Bare Minimum

In our overall sample of respondents who participated in all open-ended questions, more than one in three women felt that COVID-19 caused a mental health toll or increased stress, with about one in five saying it was harder to do their job during the pandemic and about one in nine specifically mentioning fatigue, exhaustion, and burnout. In terms of those who experienced a negative effect to career advancement specifically, 4.2% mentioned

being able to meet only the bare minimum standards of their position because of additional stress and responsibility at home. For instance, one woman said, "This has been probably the year of my life where I've had the least energetic output of all time". Another stated, "Most of 2020 was spent in survival mode. I feel like I'm starting to recover, but it will take time before I'm fully thriving again". A third mentioned that "working from home is very difficult with small children, so the quality of my work has suffered a lot. It has affected my self-image as a mother and worker. I feel like I'm not doing a sufficient job in either area, and that has impacted my mental health".

Another respondent shared, "Honestly, I don't have the mental space to think beyond the present. I find myself uninterested in trying to advance or come up with the next step". A final woman exclaimed, "Advancement? Ha. I'm lucky to have the motivation to make it to work in the morning. I don't have the energy to think about change".

4.2.5. Experiencing Mental Health Barriers to Advancement

The next subtheme in the "Lost or Forgone Opportunity" category focused on declining mental health as a barrier to advancement. Although we saw this theme emerge in other areas, we felt it was important to highlight as it indicates the impact increased stress may have on women's career advancement. For example, one stated, "I felt that I had to choose between my career or my mental/physical health during the pandemic", while another questioned whether the money was worth the emotional stress she dealt with every day: "I was not thinking of opportunities. I was only thinking of surviving every day". Another example from one participant included this statement,

> "Before March 2020 I was feeling energetic about my work and eagerly looking forward to future projects. I have completely changed to the opposite: when this project is done, I am going to take a long break from working, as long as we can afford it."

Hopelessness was also a concern, as one woman stated, "Due to stress and uncertainty in general, I stopped considering any career advancement, and now no longer care about long-term advancement either. It'd have been an uphill battle at the best of times, and I don't have the strength to fight what I perceive as a lost cause".

4.2.6. Moving Backwards

Some respondents described the barriers to career advancement in extreme terms, feeling as if they were moving backwards or had even been forced to start their careers over. As one stated, "I had to completely start over at an entry-level job". Another participant explained, "I had to start over at the bottom of a new company. My trajectory to office manager was completely cut off". One woman simply stated, "Advancement came to a dead stop and in fact I have gone 10 steps backwards". This theme showed up in another statement: "Due to homeschooling demands and childcare issues, I had to postpone my plans to pursue a full-time position. I now work at the same position I held before starting my studies and work on weekends so that I can support my family both financially and academically". Finally, one survey respondent proclaimed, "The pandemic has halted any progress or sense of fulfillment from my role. Many roles I believed to have 'moved past' have now become my responsibility again due to decreased staffing".

4.3. Theme #3: "Reevaluation of Career"

According to 18% of the respondents who experienced a negative effect to career advancement, the COVID-19 pandemic caused them to reevaluate their current position and career path, which they may not have without the pandemic experience. No matter the reason, reevaluation may result in career disruptions and have financial implications. One respondent stated simply, "Significant burnout has led me to consider changing careers". The analysis of the data showed that 10.4% of respondents indicated the pandemic had prompted them to reevaluate their current situation, while 9.4% said either they had already or have now planned to switch industries or careers. For some, the reasons

were because of how their specific industry had fared in the pandemic; others wanted to find more supportive employers. Some participants realized they wanted to go back to school, while others decided to leave the workforce altogether. Overall, the three subthemes presented here included changes that were industry-specific, changes that were sparked by unsupportive employers, and changes that resulted from general reflection and reevaluation.

4.3.1. Industry-Specific Concerns

Of those reevaluating respondents, 19.8% did or wanted to switch industries because of how their industry fared or handled the pandemic. For instance, one woman stated, "I had to change my career path completely. The hospitality world will not recover from the pandemic for a long time, and I could not wait for it to bounce back to start working again". Another participant explained, "The unpredictability of the public from low to extreme this past year has made me think about moving out of retail due to burnout even though I've been doing it for 30 years". A few simply stated, "I'm not sure if I want to continue being in education with all this stress", and "It just makes me want to get out of healthcare faster". Finally, one educator shared, "Honestly, it has made me want to quit. My local school board has not prioritized the safety of teachers at all. I feel like I'm part of an experiment, being thrown back into a classroom with little precautions".

4.3.2. Unsupportive Employers

Reevaluating respondents (16.1%) also mentioned they had decided to make a change because they did not feel supported by their employers, either resulting from a lack of family-friendly policies or unrealistic expectations during a challenging year. For example, one woman said, "I don't expect to advance within my company because I intend to find an arrangement that will allow me to work the large majority of the time from home. I don't see my current leadership being on board with this plan, so I will likely have to change companies to get the position that allows for this arrangement".

A second explained, "I am considering taking a step back at this time to better support my child's education and emotional needs. This has been a very difficult decision. when I am on a great path, but unfortunately my employer does not provide support for me as a mother to grow in my career and support the needs of my family".

Finally, one participant stated, "Because of the pandemic and my employer's response, I am actively seeking new work in a less demanding environment. I anticipate taking a significant pay cut, immediately and over the course of my career as a result".

4.3.3. General Reevaluation

Additional reasons for career reevaluation varied. Some respondents realized they should pursue additional education, others saw a holistic shift of priorities in their lives, while additional participants realized they no longer wanted to work. One woman plainly stated, "I realize I need to get higher education". Another explained, "I find myself questioning if my short- and long-term goals are even an option anymore. I don't know what to expect in the coming year, let alone the next five". A third said that "it has encouraged me to think outside the box and try to pursue other opportunities in order to advance my career", while another participant explained, "I felt often that the pandemic made me question priorities when it came to work, finances, and family". A final example included, "I'm thinking of quitting and just staying home in the future if that becomes a viable option".

4.4. Theme #4: "Experiences by Characteristics"

The final primary theme that emerged from the analysis related to unique experiences women faced. The subthemes revolved around the following areas: women facing different challenges at work from those of their male counterparts, women of color facing different

challenges from their white female or male colleagues, and the differences in challenges between women starting out in their careers and women in later career stages.

4.4.1. Women Face Different Challenges

Although it may be obvious from previous sections, many women specifically noted that they faced different challenges from those of their male counterparts at work. For example, one respondent stated, "If you're a female you have to do your job 10,000%, plus figure out who is going to teach your kids and do all the things at home". Another explained, "I watched as a coworker with less experience and seniority was promoted over me because he is married and can devote "more time" to his job, even though I work more hours and have taken on extra responsibilities, and he has not".

In terms of remote working, one woman said, "Children at home default to asking Mom for everything even though Dad is also working from home and able (and willing!) to help. I feel guilty most of the day telling my child that "Mom needs to work right now".

Three additional participants shared insights that represent many women's experiences. First, one said, "The worry that male peers can take on more while I am barely sustaining creates concern about future growth opportunities. I worry about short- and long-term opportunities being lost, and it impacts how I feel about my current role". Second, one woman noted, "If it becomes safe to have childcare for our son, then I may be able to carve out more time for meetings, networking opportunities, conferences and symposia. It is already evident that my male counterparts are much better able to manage their time and submit proposals at a faster rate than I am able to".

Yet another respondent shared her experience at length: "My work anxiety with regard to being "seen" and included as a female has risen significantly since the pandemic. I have always felt marginalized, but now this feeling is compacted with a physical distance from leadership as well as the immense need to juggle homeschooling, chores, and the mental health needs of my children with work. I have rarely felt understood by my male bosses, but this gap in empathy is huge right now".

4.4.2. Women of Color

Research has clearly found that women of color have been disproportionally impacted in many ways by the pandemic. For example, one participant stated, "Women of color continue to have to work 10 times harder in the workplace to be considered for promotion. I am hopeful that one day the playing field will be more leveled, and I am committed to be a role model for change especially in a white male- dominated workforce".

Another simply said, "The pandemic continues to impact the lack of opportunities that my company offers for women of color", while a third plans to move from the state altogether: "Due to the pandemic and the resulting schism caused by the election, I have made the choice to move out of Utah. I do not feel safe living in Utah, nor do I feel that the state or the community in which I live can support me or anyone that identifies as "other." I know leaving Utah and its tech-hub industry can and will negatively impact the trajectory of my career".

Two additional quotations also described the specific impacts for women of color. One woman explained, "I found that my supervisor was less supportive of me, as a woman of color, compared to my peers. I was being overworked, under-valued, and minimized. I was repeatedly told that I should be more positive and optimistic regarding the pandemic and gaslighted when I brought up concerns over my safety and the safety of [my team]. After 6 months of struggling to stand my ground, I chose to resign from my position and switched to a temporary position working from home".

The second woman described her situation as follows: "Since some of my family members are undocumented, they were left without work, and I had to step in to support them financially. I took care of my father and brother with disabilities through a great portion of the year. Since both are in high-risk, vulnerable populations, the challenges presented to me at work were made to be even more significant. This financial stress,

concern over my family's health, mixed in with the poor work environment, led me to make the difficult decision to leave my professional field for temporary work in an adjacent field. I worry that this could have significant impact on my career goals".

4.4.3. Emerging-Versus Later-Career Differences

Finally, there were some differences in the impact of COVID-19 on women's early- versus later-career advancement challenges. In terms of early-career observations, three statements were instructive: First, one woman stated, "I'm very worried about my chances at finding an internship this summer, which could impact my future career. I also think I'm getting less information about organizations/events/career fairs I should be attending because I spend less time on campus". Another said, "Unfortunately, I was hoping to gain experience in my chosen field through internships, but the opportunities I applied for were cancelled". A final individual entering the job market with a Ph.D. explained, "I graduated with a Ph.D. in STEM in 2019 and took a temporary job substitute teaching K–12 while applying for something more long term. Since then, hiring has severely slowed in an already over-crowded field. I'm now pursuing employment in an area outside the field I have spent the last decade training in".

In terms of later-stage career challenges, one woman replied, "Industries are even more hesitant to hire workers over 50 now". Another said, "I had been with my employer over 10 years and planned to retire from there [but was laid off]. I now am struggling to be hired as an 'older' woman in the workforce". A third stated, "I don't ever expect to move forward in my career after this. I am 58. I see no opportunities to recover the lost time. I have been passed over repeatedly for jobs I was qualified for because of my age and gender".

Yet another participant shared her situation as follows: "At 58, my options for finding new suitable employment are slim when unemployment is high because of the pandemic. For me, the pandemic has impacted my income for the rest of my life, not just the duration of the pandemic. It has effectively ended my employment status for the future".

A final participant added this view, "I am 64 years old, loved my job, and wanted to work 1–2 more years. But with the pandemic, I wanted to minimize my risks and felt I needed to retire. I will now pay for my health insurance until I am 65 and my income has decreased. I will get by but am sad to have left a job I had for over 20 years."

5. Discussion

The findings of this study support the large body of literature that highlights structural barriers and systemic gender inequality in professional workplaces [13,15,21,23,33,36]. The findings further support the assertion that known barriers that have been in place for many years were exacerbated by the conditions of the COVID-19 pandemic [11,37,40,52]. The major themes identified in the study—Everything Is on Hold, Lost or Relinquished Opportunity, Reevaluation of Career, and Experiences by Various Characteristics—confirm a system that is already precarious, but the added stressors of the pandemic made many women's circumstances untenable. While ostensibly there are paths for women to advance in the workplace, and many women do reach the pinnacles of leadership roles in their careers, there are also many barriers, and the path for many women is quite narrow.

The COVID-19 pandemic revealed dynamics that lay just below the surface. It highlighted an overall professional system that is barely functional in terms of gender equality and one that is not set up to truly facilitate women's advancement. The findings are analogous to a power grid that is old and dilapidated: it seems functional until it is faced with a stressor, such as a series of very hot days, then it goes awry and malfunctions spectacularly. During the COVID-19 pandemic, basic supports (such as childcare) that had allowed women with families to succeed in the workplace were stripped away. Women shouldered the professional setbacks that happened when children suddenly needed full-time care at home [62–64]. The pandemic laid bare the dynamics of a culture that is still not set up to help women as a whole succeed in the workplace. As the literature reviewed earlier in this

paper suggests, some of the processes in professional organizations may be entrenched due to the pervasive and hegemonic traditional gender socialization of individuals [27,30,37]. It may also result from the unconscious desires on the part of actors in systems to maintain the status quo [48].

6. Limitations

The most prominent limitation of the study is that it did not use a randomized sample of Utah women, but instead a non-probability sample relying on the outreach of extensive networks. While this method exceeded the initial goal for responses, the final sample underrepresents non-white women and women in lower income categories. The implication of this underrepresentation is that the experiences of those who worked low-wage "essential" jobs (not able to work from home) during the pre-vaccine COVID-19 pandemic, jobs more likely to be held by Utah women of color, are underrepresented in the data. The study could have also been designed to obtain more elaboration from the women on their life circumstances, including the work circumstances of their partners. Overall, while the findings from the study are useful as a starting point from which to consider the experiences of women, and particularly women from Utah in the COVID-19 pandemic, these limitations should be addressed when designing future studies on this topic.

7. Conclusions and Implications

Overall, the study findings indicate that many of the women who responded emphasized that, for numerous reasons, they believe their career advancement trajectories were negatively impacted by the COVID-19 pandemic. For some, the setbacks were employer-related, such as paused raises and promotions because of economic uncertainty. For others, the stall was related to limitations imposed by remote work, such as the lack of networking and inability to impress. Others felt they could not pursue opportunities such as a promotion, a better job elsewhere, or furthering their education because of increased responsibility at home or declining mental health. Still others lost work, hours, and many reported that their businesses suffered. Clearly, the pandemic has had a profound impact on women at work, the effects of which may be felt for years to come. Yet there are many actions that can happen now to mitigate unequal outcomes moving forward.

First, there is ample room for improvement in the support that organizations offer their employees. For example, flexible work arrangements, leave policies, and childcare support could be especially useful to many employees experiencing increased family responsibilities. The need for these policies did not start with the pandemic, but COVID-19 has heightened their utility, especially moving forward, to ensure women can effectively rebound and thrive. Research shows that offering family-friendly policies has a positive economic impact for the entire community, and it increases diversity, productivity, and job satisfaction for employees [65,66]. Organizations can also actively recruit women who left the workplace during the pandemic and implement long-term strategies for recruiting women who are returning to the workplace after career breaks.

Second, federal, state, and local governments can implement policies that can continue to benefit women's recovery from the negative impacts of COVID-19 and positively affect women (and men) in the future. These include implementing public policies that focus on narrowing the gender pay gap; increasing investment in training and upskilling opportunities that support women, including return-to-work initiatives; offering incentives that encourage businesses to implement family-friendly and inclusive policies; and providing more support for childcare offices and programs.

The aforementioned practical supports would be very important for women, as there should be systems and contingencies in place to help them succeed when unexpected events such as a worldwide pandemic happen. However, implementing these supports is essential regardless of potential global catastrophes; the need for cultural and systemic shifts persists. As long as women are primarily socialized to see themselves as needing to prioritize parenting roles, and men are socialized to eschew the parenting role, women

will likely continue to bear the brunt of the professional penalties when unexpected events happen, and systems go awry. In the course of individual lives, many unexpected needs arise, most often related to health or family obligations. It is important that organizational leaders recognize the need to put supportive policies in place. These leaders should also incentivize all workers to take advantage of these policies that allow them to participate equally in the multiple roles that they are engaged in. This problem of systemic gender inequality, exacerbated by identity socialization and unconscious bias, can be solved through education and active training to increase awareness. Creating additional supports will allow workers to succeed in the unexpected individual and collective circumstances that they may encounter throughout their professional lives.

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Article

What If Moms Quiet Quit? The Role of Maternity Leave Policy in Working Mothers' Quiet Quitting Behaviors

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Abstract: This study aims to examine the effects of various maternity leave support on the quiet quitting behaviors and mental health conditions of working mothers across industries during the post-pandemic period. Through an empirical survey method of 310 valid responses from a panel data, the study results indicated that working mothers who took maternity leave were less likely to adopt quiet quitting behaviors when they returned to work after childbirth and showed better mental health at work compared to their peers who did not take maternity leave because of childbirth and/or childcare. Additionally, paid maternity leave was not found to have a significant effect on quiet quitting behaviors and mental health of working mothers across industries, but the duration of maternity leave was found as a significant factor in impacting working mothers' quiet quitting behaviors and their mental health conditions. Moreover, peer workers' quiet quitting behaviors and supervisors' support for childcare (e.g., flexible work schedule) were found significantly to improve working mothers' quiet quitting tendencies at work. Lastly, there exist significant differences in age and race in the working mothers' quiet quitting behaviors at work.

1. Introduction

Working mothers often find themselves in difficult situations when trying to juggle the prevailing cultural ideals of being a "good mother" and a "good worker" simultaneously. Efforts have been made to address this issue by introducing family-friendly policies, such as maternity leave. Some countries around the world, such as the Czech Republic, Hungary, Canada, and Italy, require organizations to provide mandatory paid maternity leave [1]. However, the United States has not followed suit in this regard, and only 14% of civilian workers have access to paid family leave [2]. The research is still unclear as to what benefits and significant effects maternity leave could have on this particularly vulnerable working population.

Recently, a new trend known as "quiet quitting" has gone viral on social media. Quiet quitting does not involve the actual quitting of a job to seek higher wages or better benefits elsewhere but is defined as quitting the idea of going "above and beyond" [3]. Quiet quitting appears to be a way to treat burnout and can take several forms, such as not answering emails or phone calls outside of work hours, saying no to new projects not part of a worker's job description or not considered desirable by the worker, and leaving work on time every day [4]. Those who quiet quit lose the motivation to meet expectations in the workplace or "give it their all" and have a tendency to avoid working on additional projects without the incentive of reward [5]. Quiet quitting is also similar to an older phenomenon known as job neglect, which includes reducing participation in workplace tasks and "withholding effort" [5]. Gallup's article "Is Quiet Quitting Real?"

details that many workers who quiet quit meet their definition of employees who are "not engaged" meaning that they are psychologically detached from their job and accomplish the bare minimum of work to get by [6]. A common underlying idea of the quiet quitting trend is that work–life balance is very important and that being overworked is overrated and unhealthy [7]. Many people may view quiet quitting as a way of reclaiming their physical and mental health and as a way of putting themselves, not their work, first. However, quiet quitting can have negative impacts; employees who are disengaged cost the economy 7.8 trillion in lost productivity [8]. Additionally, quit quitting can be hazardous in certain fields of work, one of those being healthcare. Employee engagement in the US dropped two percent from 2021 to 2022 with the largest decline being in healthcare workers [9]. Healthcare workers who are disengaged will directly affect patient care, safety, and quality [10]. Engagement and participation of healthcare workers are crucial to patients well-being especially with the short staffing issues brought on by the COVID-19 pandemic. Many healthcare workers suffering from burnout and psychological distress chose to quit their jobs due to the hazardous working environment and the fear of either becoming infected or infecting their family members [11] while others were lost to suicide [12]. This short staffing issue, combined with lack of engagement and participation from those healthcare workers that choose to stay in the field, can lead to medical errors and a decline in patient quality care.

New mothers who are not offered paid or unpaid leave or who feel as if their career opportunities have been impacted by their decision to take maternity leave may feel underappreciated, which can lead to resentment toward their employers or their companies' policies. This, in turn, may cause them to stop putting effort into their work (i.e., quiet quitting). Perinatal mental illness (PMI) is known to affect up to 20% of new or expecting mothers and can significantly impact both the mother and the child. However, PMI tends to go unrecognized and thus undiagnosed and untreated [13]. Stigma surrounding both pregnancy and mental illness also has a tendency to influence attitudes in the workplace and is viewed as disruptive and unpredictable [13]. If a working mother feels unsupported or as though she cannot perform her job well on top of the stress associated with infant care, she may decide to adopt quiet quitting behaviors or quit the workforce entirely.

Quiet quitting is harmful to workplace climate and organizational sustainability in the long run. Reasons include the following: (a) individual work engagement could be severely reduced, which leads to low productivity and negative impacts on the overall organization operational efficiency; (b) other employees may be negatively impacted by their coworkers' quiet quitting behaviors, which could result in underperforming teamwork and even contagious workplace laziness [14]; (c) at the individual level, quieting quitting might lead to the eventual loss of employment due to unsatisfactory work performance over time, and these workers are unlikely to receive good recommendations for another job [15]; and (d) from a society perspective, the whole social system might suffer from low productivity and unhealthy work climates.

Because this field of research, which aims to connect maternal support for working mothers and their quiet quitting behaviors, is nascent, our study is one of the pioneering projects to analyze the complexity of quiet quitting behaviors of working mothers as a result of various workplace maternal leave policies. Our research objective is to understand the underlying effects of various maternity leave support policies on the quiet quitting behaviors and mental health conditions of working mothers across industries. Furthermore, we examine working mothers' overall career experiences (e.g., peer workers' quiet quitting influence and supervisors' support for childcare) to gain insights into effective resources that can be provided to create positive work experiences for working mothers. To enrich the findings, we also examined the race and age differences affecting working mothers' quiet quitting behaviors.

This research contributes to the under-researched area of the effects of maternity leave on quiet quitting in workplaces. Additionally, the study findings provide valuable suggestions for employers who struggle with labor shortages and prevalent quiet quitting

problems in their organizations and sectors. This study also has practical implications for policymakers working to promote the mental health of the working population and create a sustainable and healthy workforce.

2. Literature Review and Hypothesis Development

2.1. Maternity Leave Policies across Industries

Maternity leave policies remain under-researched. According to U.S. labor laws, maternity leave is not mandatory as a supportive policy for working mothers. Only a few states, specifically California, Hawaii, New Jersey, New York, and Rhode Island, have established paid leave legislature for family members, allowing up to 6 weeks under the temporary disability insurance (TBI) system [16]. Maternity leave policies usually have two important components: income replacement during leave for those who plan to return to work and the option to return to the same position once their leave is over [17]. In 2000, the International Labor Organization (ILO) set a standard maternity leave duration of 14 weeks, and of 185 countries with available data, 98 met or exceeded these standards, and 87 fell below these standards [16].

A study conducted by the Maven Clinic in the United States compared several policies and assessed the satisfaction of employees who worked at Great Places to Work's best workplaces versus other places to work. The findings revealed that working mothers received 80 days of paid maternity leave at the best places to work versus 70 days at other workplaces) [18]. The Great Places to Work best workplaces of 2022 include companies such as Hilton, Salesforce, Stryker, and Deloitte [19]. Furthermore, 92% of employees at the best places to work reported that they were willing to give extra to complete the job, while the rate was 83% for other workplaces [18].

Providing paid maternity leave may have led to a decrease in quiet quitting behaviors, as they may have felt more supported by their employers and their company. The ILO also recommends that women receive monetary benefits during maternity leave, and only two countries—the United States and Papa New Guinea—have no legal provisions for monetary benefits during maternity leave [16]. The policies regarding payment during leave vary from country to country. Most commonly, pay is calculated based on a person's previous salary, and this pay is consistent throughout the leave; however, benefits may also only be present or are higher during the first part of the leave and lower during the second part of the leave [16]. According to the ILO, employers should not discriminate against employees before, during, or after they take maternity leave and should guarantee their return to their pre-leave position. However, of the 146 countries on which data were available, 82 did not guarantee job protection [16].

A study that investigated trends in maternity leave over two decades found that maternity leave did not increase over the last 22 years, and even with the implementation of state laws that mandated paid leave, there was no national impact on the utilization of paid leave [20]. There is speculation that this lack of usage of paid maternity leave is due to a lack of awareness of the policies in place [16]. Additionally, a 2020 study that investigated disparities in maternity leave reported that 32% of working mothers did not take leave because they were not offered paid leave; 27% reported they did not take leave because they did not have financial stability; and 12% did not take leave because they were afraid of losing their jobs [21]. Other reasons mothers did not take maternity leave included that they had not built up enough leave time or that their workplaces did not have flexible policies [21]. Furthermore, women who are more likely to take maternity leave are those who have a higher education and are more likely to be older, married, and non-Hispanic White [20].

Many women, especially those working in low-income and direct care industries, may not have access to paid maternity leave, which can negatively impact maternal health and the quality of care received by children [21]. Maternity leave positively impacts working mothers' psychological well-being, with those who took maternity leave demonstrating lower levels of psychological distress [22]. These positive impacts may carry on later in

life [23]. In addition to direct effects (i.e., reduce in postpartum depressive symptoms), maternity leave policies have been linked to depression in older age indicating that maternity leave may also have indirect effects by allowing time for the mother to bond with her child, reducing the likelihood for childhood disorders later in life and thus improving maternal well-being in old age [23]. Furthermore, maternity leave reduces premature birth and infant mortality rates in infants born to college-educated and married mothers [24]. The length of maternity leave also seems to be an important factor; a study in 2018 demonstrated that longer maternity leave, defined as >12 weeks, as well as paid leaves improves the negative effects of returning to work and is associated with better mental health outcomes [25]. while another study investigating the differences in maternity leave policies found that longer lengths of maternity leave are associated with a decrease in depressive symptoms up to 6 months after birth [23]. Maternity leave of less than 12 weeks (or absence of maternity leave) was associated with negative effects on mothers' mental health and their rate of return to work, as many have to quit their jobs to take care of their children [26] or may begin to suffer from burnout if they continue to work. Women in certain occupations seem to be more likely to take maternity leave than others; women in business occupations reported the highest use of paid maternity leave, followed by women in healthcare support. Building and grounds cleaning and maintenance workers reported the lowest usage of maternity leave, followed by women in personal care and service positions [20].

Furthermore, many mothers of color have less access to paid maternity leave than their White counterparts. A study that looked at the impacts of systematic racism on maternity leave revealed that Asian, Hispanic, and African American women received 0.9, 2.0, and 3.6 fewer weeks of pay equivalent to their full pay during parental leave than White women, and Hispanic and African American women had less access to paid maternity leave than White women [27]. Supporting these findings, the U.S. Bureau of Labor Statistics (2019) reported that only a little over 50% of women took paid leave in general before or after giving birth, and Hispanic and African American women were 5% less likely than their White counterparts to take paid maternity leave [28].

Thus, we propose the following hypotheses.

Hypothesis 1. *Working mothers who take maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who do not take maternity leave after childbirth.*

Hypothesis 2. *Working mothers who take paid maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who take non-paid maternity leave after childbirth.*

Hypothesis 3. *Working mothers who take longer maternity leave are less likely to adopt quiet quitting behaviors in the workplace compared to their peers who take shorter maternity leave after childbirth.*

2.2. Mental Health Problems of Working Mothers and Quiet Quitting Behaviors

In the United States alone, a third of all workers suffer from workplace burnout [6]. Burnout is defined by the World Health Organization (WHO) as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed based on three criteria: (1) reduced professional efficiency, (2) increased mental distance from one's job and feelings of negativity or cynicism toward one's job, and (3) feelings of energy depletion or exhaustion [29]. Burnout has been able to significantly predict both physical and psychological consequences. [30] The physical consequences include, but are not limited to, type 2 diabetes, prolonged fatigue, headaches, and mortality below the age of 45 years [30]. The psychological consequences include, but are not limited to, depressive symptoms, insomnia, hospitalization for medical disorders, and the use of psychotropic and antidepressant medications [30]. Lack of paid maternity leave across the United States may contribute to burnout among new mothers who are not only working

long hours but are also taking care of a newborn baby. Furthermore, some may be dealing with postpartum physical recovery and medical complexities. Working mothers are 28% more likely to experience burnout than fathers because of the combined demands of both their work and home lives [31]. African American, Asian, and Latino women were found to be more likely to experience burnout than their White counterparts [31].

While many workplaces moved online during the COVID-19 pandemic, a vast number of people ended up losing their jobs and facing the challenges of unemployment. Surprisingly, however, many businesses simultaneously reported experiencing labor shortages due to difficulty hiring new workers. The SHRM Advocacy team investigated the reasons behind the labor shortages, despite many people being unemployed, and found that 70% of businesses believed that the labor shortages were due to the unemployment benefits available to people during the pandemic and not because of a lack of childcare or other support policies [32]. However, 42% of those who were unemployed or searching for a job reported that they had not heard back or received any offers from businesses. This was supported by findings from a study in Canada that reported that workers who were laid off before the pandemic had more difficulty finding a job than workers who were laid off during the pandemic [33].

The SHRM Advocacy team additionally found that 32% were afraid of being exposed to COVID-19 upon returning to work, and 22% reported that they quit because their previous jobs did not offer childcare benefits [32]. Despite these findings, only 23% of businesses implemented employee benefits, discounts, or incentives to attract potential new workers during the pandemic [32]. Many new mothers and younger women who are planning to have children will most likely place emphasis on childcare benefits when searching for a new job. To compensate for this labor shortage, 18% of businesses mentioned that they had to make their employees work overtime, and 6% reported that their employees had to take on extra work [32]. These policies can easily lead to burnout.

Other mental health challenges that may burden working mothers include anxiety and postpartum depression, which are the most common PMIs, but additional ones include postpartum psychosis, obsessive-compulsive disorders, and eating disorders [13]. Some mothers may also suffer from post-traumatic stress disorder (PTSD) due to a traumatic birth, miscarriage, or infertility issues or due to an NICU stay [13]. These mental illnesses can lead to additional complications, such as suicidal ideation, substance abuse, and the misattribution of symptoms of dangerous medical conditions to the mental illness rather than the actual condition [34]. These conditions can also lead to pre-term births and fetal growth impairments, which will add additional stress on a new mother [34].

Poor mental health is one of the most burdensome health concerns in the United States [35]. Nearly 1 in 5 adults suffer from a mental illness [36]. The prevalence of mental illness is higher in women, young adults aged 18–25, and those who identify with more than one race [36]. Those who suffer from mental illness also experience higher rates of disability and unemployment [35]. Several consequences can arise from mental illness, especially in the workplace. Those who suffer from mental illness may have more trouble completing tasks, communicating with coworkers, and engaging in their work [35]. However, access to paid maternity leave was found to decrease the rate of postpartum depression and intimate partner violence, positively impacting the mental health of mothers and children and improving child development [37]. Additionally, paid maternity leave has beneficial effects on the physical health of mothers and children, as it has been shown to decrease the number of mother and infant rehospitalizations, lower infant mortality rates, increase the number of pediatric visit attendance, ensure the timely administration of infant immunizations, and create positive impacts on breastfeeding, with an increase in its initiation and duration [37]. Despite these findings, a majority of U.S. states still do not have mandatory paid maternity leave policies, with only 16% of all employed American workers having access to paid maternity or paternity leave through their place of employment. As many as 23% of employed mothers return to work within 10 days of giving birth, spurred by their inability to afford their living expenses without income [37]. Those who are forced to return to work

early due to financial instability may not reap the benefits of the full maternity leave policy rather than if employers provided paid maternity leave. Paid maternity leave may be able to further reduce stress by providing a sense of job and financial security allowing mothers to better provide for their children; they may be able to buy better food and will have more time for doctors' appointments to obtain the proper immunizations or if the child falls ill [38].

The notion of quiet quitting has gained popularity online as a way of combating mental health challenges and promoting self-care. Those who participate in quiet quitting no longer go above and beyond in their work and simply accomplish the bare minimum to complete the job [39]. Some believe that quiet quitting is not about slacking off but more about setting healthy boundaries and not completing extra work without fair compensation [40].

Regardless of the potential consequences of quiet quitting, people continue to engage in related behaviors. Part of this is due to an increasing rate of burnout, which is a big risk for Gen Z employees, with 54% thinking about quitting [41]. During the pandemic, many younger workers were prone to depression and anxiety [41]. Thus, psychologists have argued that quiet quitting can help employees set professional boundaries, allow employees to feel as if they have a sense of control, help avoid burnout, and allow employees to prioritize what really matters [42]. Quiet quitting has become one of the trends that employees engage in when they want to eliminate the negative consequences of work, re-establish the work-life balance, and maintain well-being [5]. Those who engage in quiet quitting may be attempting to mediate the effects of burnout and the psychological consequences previously mentioned that may result from it. New mothers are already prone to postpartum depression, and burnout in the workplace will increase the risk of compounding mental illnesses, especially with the lack of paid maternity leave policies. Furthermore, this increased risk of burnout among new mothers may be a deciding factor in their decision to adopt quiet quitting behaviors.

Currently, more than 50% of the U.S. workforce is engaging in quiet quitting, which is a problem because the majority of workplaces require collaborative efforts from coworkers [6]. Furthermore, workplace disengagement increased further in 2022, with actively disengaged employees reaching 18%. This rate increased as a result of employees feeling that they were not cared about, a lack of clarity regarding expectations, few opportunities to learn and grow, and a lack of connection to the organization's mission or purpose [6]. Thus, dissatisfaction among U.S. employees has revolved around needs, purpose, and values [43].

Furthermore, U.S. employee engagement in jobs is falling across generations, with the lowest levels of engagement reported by Gen Z and Millennials (those born in 1989 and after) [44]. Gen Z and Millennials comprise 20.3% and 22% of the total workforce of the United States, respectively [45]. During the pandemic, younger workers reported feeling uncared about and as though they had few opportunities to advance and learn at their workplaces [6]. In fact, employees over the age of 35 were 10% more likely to be provided with opportunities for personal development and support than those under the age of 35, reducing Gen Z and Millennial commitment to the workforce [46]. Less than 40% of young workers in online or hybrid programs clearly understand what is expected of them at work [6]. All of these factors contribute to the lack of engagement and quiet quitting behaviors among younger generations.

Many new mothers are considered Millennials or Gen Z, and given that younger mothers are less likely to take maternity leave for several reasons, such as fear of employment termination and insufficient time off, this may contribute to their decision to adopt quiet quitting behaviors [18]. Compounded with a lack of appropriate maternity leave policies and career advancement opportunities, working mothers could be led to believe that their employers do not care about them and that they have few opportunities to work and grow. Additionally, if they cannot connect with the organization's purpose, they may wonder why they became involved with the organization in the first place, leading to disengagement [43]. Thus, they may become detached from their jobs and accomplish the minimum amount of work possible to get by.

Taking paid maternity leave, however, may also have undesired consequences. An experimental study conducted in Canada showed that female job candidates who reported taking longer maternity leave were viewed as less desirable. This is because maternity leave length is viewed as a direct measurement of workers' agency and commitment to the job [47]. Motherhood leads to a definite bias against the employment of women seeking jobs in traditionally male settings [48]. In general, parenthood changes the way in which both men and women are viewed in terms of their expected work focus, especially regarding expectations of dependability [48]. Among women who reported not taking paid leave, approximately 32% reported that their reason for doing so was because their jobs did not offer paid leave [18]. However, other reasons included not being able to financially afford to take leave, having not built up enough leave time, an inflexible work environment, and fear of losing their job [18].

Thus, given this context, this study proposes the following hypotheses:

Hypothesis 4. *Working mothers who take maternity leave show better emotional well-being than their peers who don't take maternity leave after childbirth.*

Hypothesis 5. *Working mothers who take paid maternity leave show better emotional well-being than their peers who take unpaid maternity leave after childbirth.*

Hypothesis 6. *Working mothers who take longer maternity leave show better emotional well-being than their peers who take shorter maternity leave after childbirth.*

2.3. Peer Workers' Quiet Quitting Behaviors and Support for Childcare

The United States has a reputation for its lack of "family-friendly and supportive policies at work, which impact low-income families most significantly, as they face greater challenges, have the least flexibility, and their hours are often limited so they do not have to be provided benefits by the company" [49]. Most parents only have access to sick days or paid time off (PTO), and supervisors can deny these benefits, as they need to be requested ahead of time [49]. Multiple studies have shown that benefits, such as paid maternity leave and flexible work policies, positively impact mothers' mental health and thus have been popular topics of discussion during the pandemic [50]. A more recent study conducted during the COVID-19 pandemic reported that the three most helpful policies offered to working mothers were additional time off, flexible work scheduling, and flexible work location [50]. Furthermore, a greater number of childcare policies was associated with decreased depression symptoms upon returning to work, and these policies reduced the number of employee resignations [50].

Supervisor support and peer support were also found to have a positive influence on an employee's attitude at work [51]. Support from supervisors and coworkers may take one of three forms: material support, informational support, and emotional support [51]. Employees who understand their role in the workplace are less likely to suffer from dissatisfaction or job tension, which may reduce quiet quitting behaviors, especially in the younger generation who are working in online and hybrid positions. Work engagement and job satisfaction are positively affected by supervisory support [51], which supports the idea that quiet quitting is influenced by employees' feelings of lack of clarity around their jobs, lack of supervisory support, and lack of empathy [6].

A social network support study demonstrated that when people have similar positions at their place of work, they also have similar ways of exhibiting behavior [52]. This suggests that employee behaviors at work can be influenced by their coworkers even if they do not work with them directly [52]. This is important when considering the implications of quiet quitting behaviors because it may mean that if a coworker quiet quits, then another employee may be more likely to exhibit quiet quitting behaviors as well. Additionally, coworker support and coworker exchange are positively associated with "psychological flourishing", which makes individuals more active and more productive [53]. Additionally,

it has been found that coworker support and coworker exchanges more strongly impact the performance of minorities [53]. This may mean that those who are minorities, especially those in low-income workplaces that may not offer benefits, may be more likely to quiet quit if they observe their coworkers quiet quitting.

Hypothesis 7. *Peer workers' quiet quitting behaviors will significantly influence working mothers' likelihood of adopting quiet quitting behaviors at work.*

Hypothesis 8. *Supervisors' support for childcare will significantly reduce working mothers' likelihood of adopting quiet quitting behaviors at work.*

3. Methods

3.1. Data Collection

To investigate the effects of maternity leave policies on working mothers' quiet quitting behaviors in the workplaces, we developed a survey to collect primary data from a panel of working mothers across industries to which a professional research company provided access. The data collection took place during November 2022. The sampling process began by posting a brief description of the study outlining the research question and eligibility criteria for participation. Eligibility criteria included being 18 years of age and a current working mother in the US. We specifically posted an announcement that we do not discriminate any age or race groups in the survey participation. Before launching the survey, Institutional Research Board (IRB) approval was obtained to ensure the protection of human subject rights during the data collection process. Incentives (USD 1) were used to motivate participation, and brief descriptions of the research background and key terms (e.g., maternity leave and quiet quitting) were introduced before the main portion of the survey to facilitate the participants' understanding of the survey questions. An estimate of 15 min was calculated for each respondent to complete the survey online. No identifiable information was collected to reduce response bias. We have to admit that the survey excluded the cases where hospitality staff worked during the maternity periods and moved to other organizations (i.e., actual quitting behaviors), which limited the sample scope of the research. Therefore, our sample only consisted of those working mothers who have continued working at the same organization during and after maternity periods.

The structure of the survey included (a) screening questions about work experiences and respondents' pregnancy and motherhood experiences; (b) main questions regarding maternity leave and quiet quitting tendencies; and (c) demographic questions. To improve the data quality, two attention-check questions were inserted into the survey. After data cleaning (i.e., removal of missing responses, removal of responses that failed to pass attention check questions, and removal of invariant responses), the final dataset for analysis consisted of 310 cases. Among the respondents, the majority were between 25 and 38 years of age (72.7%), followed by those who were between 39 and 51 years of age (19.6%). Only 7.7% of respondents were either 18–24 years old or 51 years old or above. The ethnicity distribution among respondents was severely skewed: more than 70% identified as White, followed by 22.2% who identified as Asian. About 75% of respondents reported that they had a bachelor's degree. More than 80% of the respondents had one or two children in their households. The majority (92.9%) were married (and not separated). In terms of income, most (about 60%) had an annual income between USD 40,000 and USD 80,000. In terms of working industries, about 45% reported that they worked in personal care and service positions, food preparation and services, or healthcare support. Only about 20% reported sales positions or business operations roles.

3.2. Measures

Given the nascent nature of the research, the scale used to measure maternity leave policies and quiet quitting behaviors in the survey was self-developed with consideration of prior references. Information relevant to maternity leave policies was measured using

nine questions, such as "Did you take maternity leave when you had your child/children? (Yes, No, Other, If you had multiple children, you took maternity leave for one child but not others due to changing work policies or other circumstances)". Questions about paid or unpaid maternity leave and the duration of maternity leave (1–4 weeks, 4–8 weeks, 8–12 weeks, 12–16 weeks, 16+ weeks) were also included in the survey. Reasons for not taking maternity leave were also asked, with a list of possible answers including "financial instability, fears of loss of employment, place of employment does not offer maternity leave policies, did not have enough time off to take leave, and other". To further explore the topic of maternity leave policy effects on quiet quitting behaviors in the workplace, we also included several counterfactual questions:

1. "If your company offered a paid maternity leave policy but you did not have an opportunity to receive the benefits from the policy, do you believe you would have more motivation to 'go above and beyond' in your job performance"?
2. "If your company offered a paid maternity leave policy and you received benefits from the policy, do you believe you would have more motivation to 'go above and beyond' in your job performance"?
3. "If your company offered a paid maternity leave policy and you believed you would benefit from it in the future, do you believe you would have more motivation to 'go above and beyond' in your job performance"?

The quiet quitting behaviors were measured using the following questions:

1. "Please read the following statements about the latest trend known as 'quiet quitting:' 'Quiet quitting' does not involve actually quitting the job to seek higher wages or better benefits elsewhere but is **defined as quitting the idea of going 'above and beyond'** [3]. Those who participate in quiet quitting no longer go 'above and beyond' in their work and simply do the **bare minimum to get the job done** [39]. Quiet quitting may seem like a way to treat burnout and can take several forms, such as **not answering emails or phone calls outside of work hours, saying no to new projects that aren't in the job description or that one may not want to do, and leaving work on time every day** [4].

   Please answer the following questions:
   Are you aware of the latest trend known as 'quiet quitting'"?
2. "Have you chosen to participate in quiet quitting? (Yes, No)".
3. "How motivated would you say you are to 'go above and beyond' at your job? (5-point Likert scale; 1 = extremely motivated, 5 = definitely not motivated)".

Peer influence on quiet quitting behaviors was measured by one question: "Have you seen your workplace colleagues participate in 'quiet quitting?'" Supportive/flexible work for childcare needs was measured with the question, "Do you feel as if your supervisors are supportive/flexible when it comes to childcare? (5-point Likert scale; 1 = definitely not; 5 = definitely yes)." Emotional well-being (Cronbach's alpha = 0.92) was measured with nine questions adapted from [49]. Examples of emotional well-being measurements asked respondents about how they felt and how things had been for them over the past 4 weeks, including "Did you feel full of pep?" and "Have you been a very nervous person"?

4. Results

To test the proposed hypotheses regarding the connection between *maternity leave* and quiet quitting behaviors in the workplace among working mothers, multiple analyses of variances were performed on the dataset. Before hypothesis testing, a normality check was performed to ensure that the dataset qualified for further analysis. Table 1 shows the F scores and *p*-values for the hypothesis test results.

Dependent Variable	Independent Variables	F Score	Hypothesis Test Results
Quiet quitting behaviors	Maternity leave	5.71 *	H1 supported
	Paid maternity leave	0.87 ns	H2 failed
	Duration of maternity leave	1.21 ns	H3 failed
Emotional wellbeing	Maternity leave	5.76 **	H4 supported
	Paid maternity leave	0.27 ns	H5 failed
	Duration of maternity leave	27.93 ***	H6 partially supported
Quiet quitting behaviors	Supportive/flexible work policy for childcare needs	8.37 ***	H7 supported
	Peer workers' quiet quitting impacts	9.57 ***	H8 supported

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Regarding Hypothesis 1 on the direct effect of maternity leave on quiet quitting behaviors, significant differences (F = 5.71, $p < 0.05$) were observed between working mothers who took maternity leave (Mean$_a$ = 1.97) and their peers who did not (Mean$_b$ = 2.51) in their quiet quitting behaviors in the workplace, thus supporting Hypothesis 1. However, there was not a significant difference (F = 0.87, $p > 0.05$) between paid maternity leave and non-paid maternity leave in terms of working mothers' quiet quitting behaviors. Therefore, Hypothesis 2 was rejected. For Hypothesis 3 regarding the effects of maternity leave duration on quiet quitting behaviors, the ANOVA results did not show significant differences (F = 1.21, $p > 0.05$). However, when examining the relationships between maternity leave and emotional well-being, the test results showed significant differences in both the hypothesized relationships (took maternity leave vs. did not take; duration of maternity leave) with significance levels of $p < 0.01$ and $p < 0.001$, respectively. We further examined the effects of the duration of maternity leave by categorizing them based on weeks (1–4 weeks, 4–8 weeks, 8–12 weeks, 12–16 weeks, and more than 16 weeks). Table 2 depicts the means and significance. We found that working mothers who took 8–12 weeks of leave showed the most optimal emotional well-being compared to their peers who took leaves of other durations. The paid vs. unpaid maternity leave effect on emotional well-being showed an insignificant difference ($p > 0.05$).

In terms of social factors impacting working mothers' quiet quitting behaviors, results showed significant differences ($p < 0.001$) between working mothers who worked under supportive/flexible policies for childcare needs and observed peers' quiet quitting behaviors and their counterparts who did not work under supportive/flexible policies for childcare needs and did not identify their work colleagues' quiet quitting behaviors in the workplace. Therefore, Hypotheses 7 and 8 were supported.

To gain a deeper understanding of the research topic, we performed a multi-group analysis according to race (see Table 3) and age (see Table 4). The results showed a significant difference ($p < 0.05$) between White working mothers and other races, where White mothers were more likely ($p < 0.001$) to adopt quiet quitting behaviors than their counterparts in the workplace. The test results also showed that working mothers aged between 18 and 24 years old were more likely ($p < 0.001$) to adopt quite quitting behaviors than their older peers.

Table 2. Effects of duration of maternity leave on working mothers' emotional wellbeing.

Multiple Comparisons							
Dependent Variable: EmotionalWell							
LSD							
(I) Weeks	**(J) Weeks**	**Mean Difference (I–J)**		**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
4-January	8-April	−1.1846 *		0.13015	<0.001	−1.4407	−0.9285
	12-August	−1.2375 *		0.15381	<0.001	−1.5402	−0.9349
	16-December		−0.2269	0.20579	0.271	−0.6319	0.178
	16+	−0.5087 *		0.25204	0.044	−1.0046	−0.0127
8-April	4-January	1.1846 *		0.13015	<0.001	0.9285	1.4407
	12-August		−0.0529	0.15381	0.731	−0.3556	0.2497
	16-December	0.9577 *		0.20579	<0.001	0.5527	1.3626
	16+	0.6760 *		0.25204	0.008	0.18	1.1719
12-August	4-January	1.2375 *		0.15381	<0.001	0.9349	1.5402
	8-April		0.0529	0.15381	0.731	−0.2497	0.3556
	16-December	1.0106 *		0.22151	<0.001	0.5747	1.4465
	16+	0.7289 *		0.26503	0.006	0.2073	1.2504
16-December	4-January		0.2269	0.20579	0.271	−0.178	0.6319
	8-April	−0.9577 *		0.20579	<0.001	−1.3626	−0.5527
	12-August	−1.0106 *		0.22151	<0.001	−1.4465	−0.5747
	16+		−0.2817	0.29821	0.346	−0.8686	0.3051
16+	4-January	0.5087 *		0.25204	0.044	0.0127	1.0046
	8-April	−0.6760 *		0.25204	0.008	−1.1719	−0.18
	12-August	−0.7289 *		0.26503	0.006	−1.2504	−0.2073
	16-December		0.2817	0.29821	0.346	−0.3051	0.8686

Based on observed means. The error term is Mean Square(Error) = 0.869. * The mean difference is significant at the 0.05 level.

Table 3. Race differences in quiet quitting behaviors.

Multiple Comparisons						
Dependent Variable: SelfQuietQuitting						
LSD						
(I) Race	**(J) Race**	**Mean Difference (I–J)**		**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
White	Black or African American	0.19 *		0.086	0.032	0.02	0.36
	American Indian or Alaska Native		0.19	0.155	0.231	−0.12	0.49
	Asian	0.14 *		0.047	0.003	0.05	0.24
Black or African American	White	−0.19 *		0.086	0.032	−0.36	−0.02
	American Indian or Alaska Native		0	0.175	1	−0.34	0.34
	Asian		−0.04	0.093	0.641	−0.23	0.14
American Indian or Alaska Native	White		−0.19	0.155	0.231	−0.49	0.12
	Black or African American		0	0.175	1	−0.34	0.34
	Asian		−0.04	0.159	0.785	−0.36	0.27
Asian	White	−0.14 *		0.047	0.003	−0.24	−0.05
	Black or African American		0.04	0.093	0.641	−0.14	0.23
	American Indian or Alaska Native		0.04	0.159	0.785	−0.27	0.36

Based on observed means. The error term is Mean Square(Error) = 0.106. * The mean difference is significant at the 0.05 level.

Table 4. Age differences in quiet quitting behaviors.

Multiple Comparisons						
Dependent Variable: SelfQuietQuitting						
LSD						
(I) Age	**(J) Age**	**Mean Difference (I–J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
					Lower Bound	**Upper Bound**
18–24	25–31	0.55 *		0.142	<0.001	0.27	0.83
	32–38	0.50 *		0.146	<0.001	0.22	0.79
	39–45	0.55 *		0.149	<0.001	0.25	0.84
	45–51	0.46 *		0.16	0.005	0.14	0.77
	51+	0.61 *		0.161	<0.001	0.29	0.93
25–31	18–24	−0.55 *		0.142	<0.001	−0.83	−0.27
	32–38		−0.04	0.05	0.404	−0.14	0.06
	39–45		0	0.059	0.984	−0.12	0.12
	45–51		−0.09	0.083	0.279	−0.25	0.07
	51+		0.06	0.085	0.448	−0.1	0.23
32–38	18–24	−0.50 *		0.146	<0.001	−0.79	−0.22
	25–31		0.04	0.05	0.404	−0.06	0.14
	39–45		0.04	0.067	0.526	−0.09	0.17
	45–51		−0.05	0.089	0.584	−0.22	0.13
	51+		0.11	0.091	0.243	−0.07	0.28
39–45	18–24	−0.55 *		0.149	<0.001	−0.84	−0.25
	25–31		0	0.059	0.984	−0.12	0.12
	32–38		−0.04	0.067	0.526	−0.17	0.09
	45–51		−0.09	0.095	0.335	−0.28	0.09
	51+		0.06	0.096	0.511	−0.13	0.25
45–51	18–24	−0.46 *		0.16	0.005	−0.77	−0.14
	25–31		0.09	0.083	0.279	−0.07	0.25
	32–38		0.05	0.089	0.584	−0.13	0.22
	39–45		0.09	0.095	0.335	−0.09	0.28
	51+		0.15	0.113	0.17	−0.07	0.38
51+	18–24	−0.61 *		0.161	<0.001	−0.93	−0.29
	25–31		−0.06	0.085	0.448	−0.23	0.1
	32–38		−0.11	0.091	0.243	−0.28	0.07
	39–45		−0.06	0.096	0.511	−0.25	0.13
	45–51		−0.15	0.113	0.17	−0.38	0.07

Based on observed means. The error term is Mean Square(Error) = 0.123. * The mean difference is significant at the 0.05 level.

Among the working mothers who did not take maternity leave, the top reasons (see Figure 1) for this decision included financial instability (54.7%), fears over loss of employment (49.8%), place of employment did not offer maternity leave (25.7%), did not have enough time off to take leaves (4.5%), and others (3.2%). We also included several counterfactual questions to further examine the effects of paid maternity leave policy on working mothers' quiet quitting behaviors (see Figures 2–4). First, 62% of working mothers who worked somewhere that offered a paid maternity leave policy indicated a greater willingness to go above and beyond in their job. Second, if they knew about the paid maternity leave policy but did not go on leave, about 48% of these working mothers expressed "not sure" or "no intention to go above and beyond in their job performance," meaning that this group has the potential to adopt quiet quitting behaviors at work. Finally, for those who knew about the paid leave policies and could see themselves benefiting from them in the future, 59% of these working mothers expressed their willingness to go above and beyond in their job performance, meaning that this group is likely to avoid adopting quiet quitting behaviors at work.
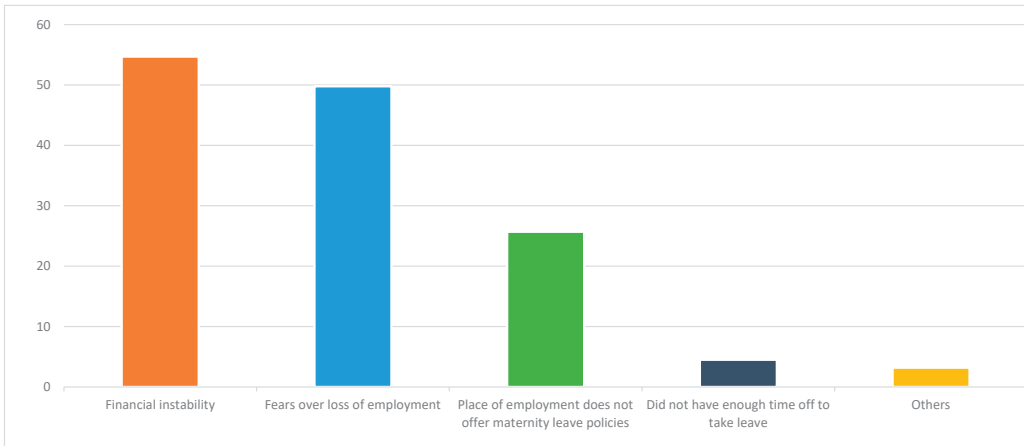
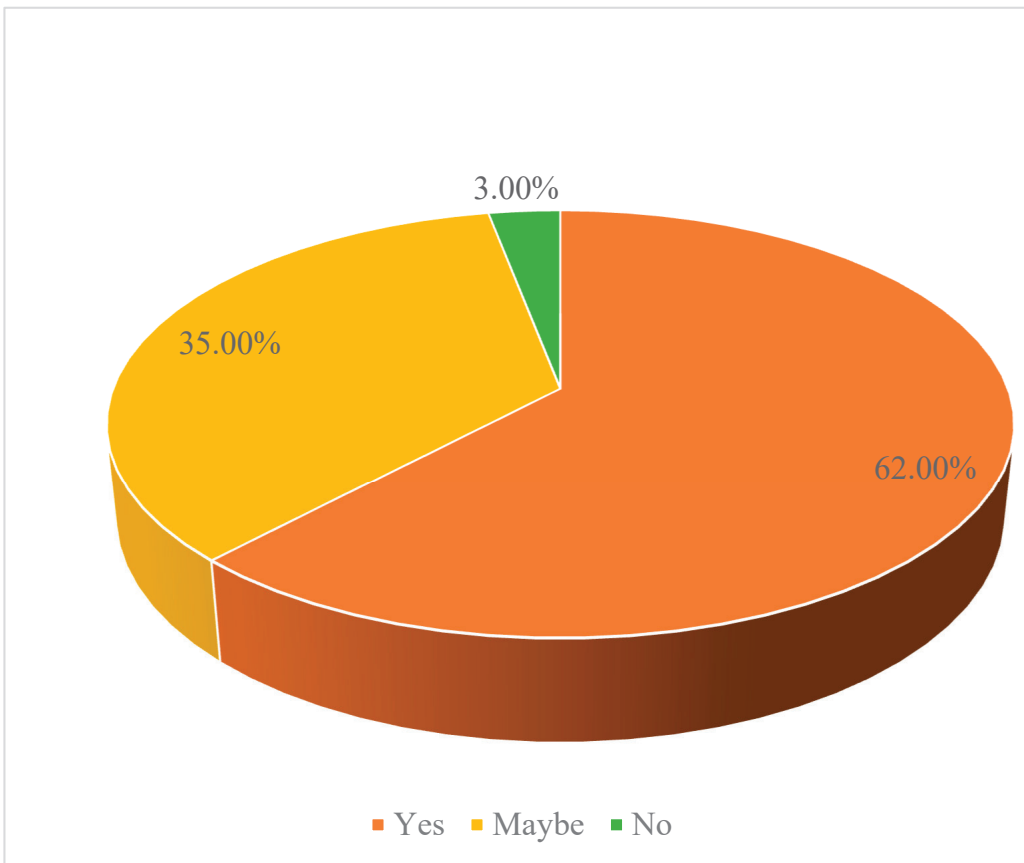**Figure 1.** Reasons for working mothers not to take maternity leave.

Figure 2. If your company offered a paid maternity leave policy and you received benefits from the policy, do you believe you would have more motivation to "go above and beyond" in your job performance?
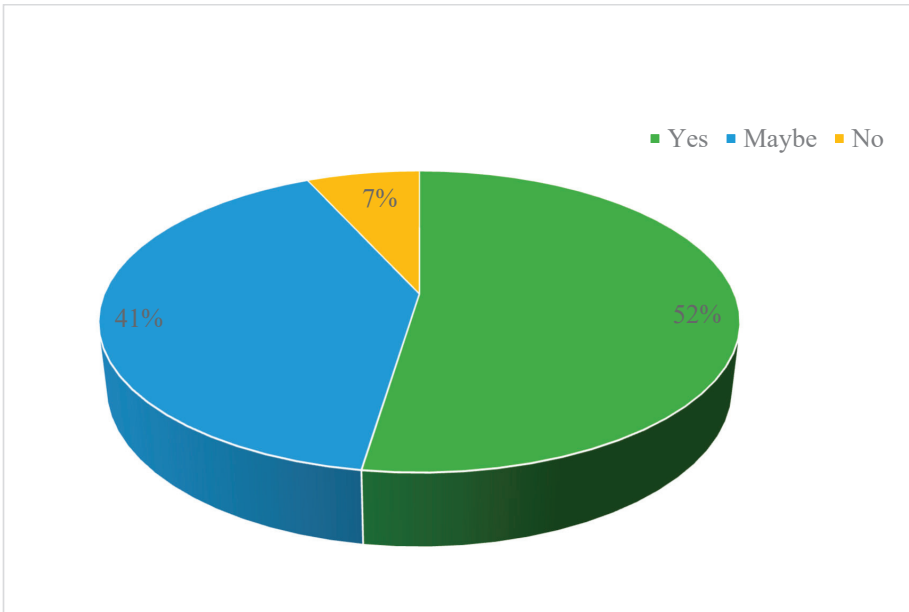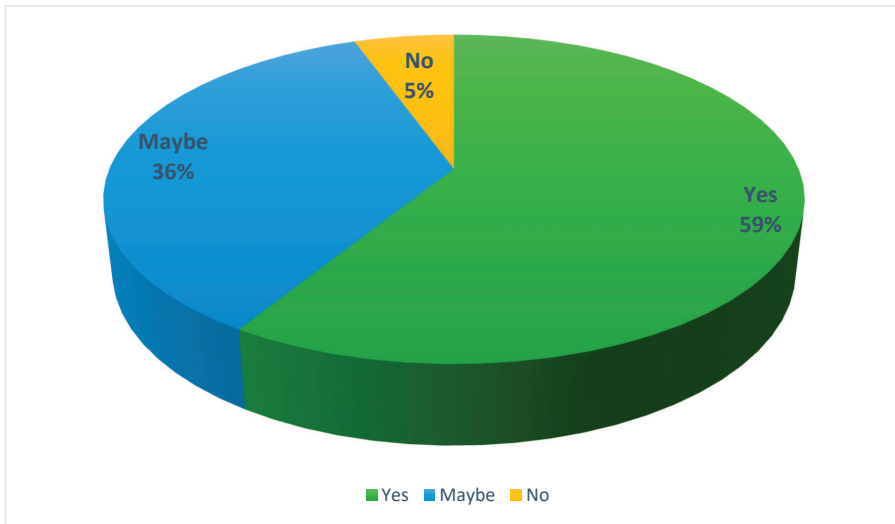
Figure 3. If your company offered a paid maternity leave policy but you did not have an opportunity to receive the benefits from the policy, do you believe you would have more motivation to "go above and beyond" in your job performance?

Figure 4. If your company offered a paid maternity leave policy and you believed you would benefit from it in the future, do you believe you would have more motivation to "go above and beyond" in your job performance?

5. Conclusions

5.1. Discussion of Study Findings

Our research objective was to understand the underlying effects of various maternity leave support policies on the quiet quitting behaviors and mental health conditions of

working mothers across industries. Furthermore, we examined working mothers' overall career experiences (e.g., peer workers' quiet quitting influence and supervisors' support for childcare) to gain insights into effective resources that can be provided to support a positive work experience for working mothers. To enrich the findings, we also examined the race and age differences that could affect working mothers' quiet quitting behaviors. To achieve the study goals, we conducted multiple ANOVAs on panel data (310 valid responses) provided by a national survey company. The study results indicated that working mothers who took maternity leave were less likely to adopt quiet quitting behaviors when they returned to work after childbirth and showed better mental health at work compared to their peers who did not take maternity leave. Mothers who received maternity leave benefits also had more positive mental health outcomes and lower rates of rehospitalization and infant mortality [54]. Mothers who were not provided maternity leave were more likely to participate in quiet quitting behaviors due to the challenges they may have faced of postpartum illness while trying to work at the same time. Our findings show that the top reasons why working mothers did not take maternity leave included financial instability and fears over loss of employment. Many new mothers who did not take maternity leave did so because the leave offered was unpaid, and they could not afford to live without their wages [55]. Paid leave, such as sick days and PTO, could be used; however, most parents choose not to, as they worry that they will not have the ability to use that time if their children fall ill [56].

Paid maternity leave was not found to have a significant effect on quiet quitting behaviors and the mental health of working mothers across industries, failing to support Hypothesis 2 which predicted that working mothers who took paid maternity leave were less likely to adopt quiet quitting behaviors in the workplace compared to their peers who took non-paid maternity leave and Hypothesis 5 which predicted that mothers who take paid maternity leave show better emotional well-being than their peers who take non-paid maternity leave. Rather, our results show a significant difference in the emotional well-being of mothers who took maternity leave (paid or unpaid) and those who did not take any leave. The reasons behind the insignificant result of hypotheses 2 may include: (1) paid maternity leave may not address the underlying structural and cultural barriers that working mothers face in the workplace. Even with paid maternity leave, working mothers may still encounter discrimination, inflexible work arrangements, and a lack of support for balancing work and family responsibilities, which can lead to quiet quitting behaviors. (2) Paid maternity leave may not address the financial and career consequences that working mothers face when they take time off for caregiving responsibilities. Even with paid maternity leave, working mothers may still face a gender pay gap, a lack of opportunities for career advancement, and a stigma against working mothers, which can discourage them from returning to work or pursing career goals. The reasons behind the insignificant result of Hypothesis 5 may include: (1) paid maternity leave may not address the mental and emotional challenges that working mothers face when they return to work after giving birth. The transition back to work can be stressful, as working mothers must balance the demands of work and family responsibilities, while also coping with sleep deprivation, postpartum depression, and other mental and emotional health issues. (2) Paid maternity leave may not address the societal and cultural factors that contribute to the emotional wellbeing of working mothers. These factors may include gender inequality, a lack of affordable childcare, and a culture that prioritizes work over family and caregiving responsibilities. However, the duration of maternity leave was found to be a significant factor impacting working mothers' quiet quitting behaviors and mental health conditions. Fewer than 12 weeks of leave, paid or unpaid, was correlated with higher rates of depression in new mothers [37]. At 11 weeks postpartum, the benefits of paid maternity leave are not yet evident, suggesting that longer paid leaves are needed to manifest the beneficial effects associated with paid maternity leave [56]. The average length of leave (paid or unpaid) among new mothers in Perry-Jenkins et al.'s (2016) sample was 11.4 weeks, with only 15% paid partially or in full [49]. Additionally, the average length of paid maternity

leave among women who received it was 3.3 weeks [55]. On average, most mothers took 10 weeks of total maternity leave, taking into account both paid leave and unpaid leave; 17% took more than 12 weeks; 43% took 5 to 8 weeks; and 12% took 4 weeks or less [55]. These findings provided a basis for Hypotheses 3 and 6 as mothers who took longer maternity leave would have better mental health outcomes than those that do not and may be less likely to participate in quiet quitting behaviors if they are not suffering from burnout. However, Hypothesis 3 was rejected, and Hypothesis 6 was only partially supported as our study found that mothers who took 8–12 weeks of maternity leave showed better mental health outcomes than their peers who took leaves longer than 12 weeks, suggesting that there may be an ideal length of maternity leave to promote better mental health in new mothers. Possible assumptions for explaining the insignificant results may include that taking longer maternity leave may result in financial and career-related stressors, which can negatively impact emotional wellbeing. For example, longer absences from work may lead to lower earnings or missed opportunities for career advancement, which can cause stress and anxiety for working mothers. Additionally, returning to work after a longer maternity leave may also be challenging for some working mothers, which may pose negative impacts on working mothers' emotional wellbeing and work performances.

Moreover, peer workers' quiet quitting behaviors and supervisors' support for child-care (e.g., flexible work schedules) were found to significantly improve working mothers' quiet quitting tendencies at work. Fewer depressive symptoms and less anxiety in new mothers was correlated with scheduling benefits provided by "family-friendly" managers once they returned to work [49]. The implementation of "family-friendly" policies has been shown to decrease chronic stress and improve mental health among working parents, while those who did not have access to benefits showed increased emotional distress [50]. There also exists significant differences in age and race in working mothers' quiet quitting behaviors at work. Black and Asian working mothers showed less tendency to quiet quit compared to their White counterparts. Younger generations in the workplaces showed a greater likelihood of adopting quiet quitting behaviors than older generations when they were faced with the challenges of balancing work and family tasks.

5.2. Implications for Theory and Practice

This research contributes to the under-researched area of the effects of maternity leave on quiet quitting in the workplace. Additionally, the study findings provide valuable suggestions for employers who struggle with labor shortages and prevalent quiet quitting problems in their organizations and sectors. This study also has practical implications for policymakers aiming to promote the mental health of the working population and create a sustainable and healthy workforce. Our findings suggest that mothers who do not have access to maternity leave will be more likely to exhibit quiet quitting behaviors in the workplace and suffer from worse mental health than mothers who do take maternity leave or are provided childcare benefits at work. Mothers working at companies that do not provide maternity leave or benefits are more likely to resign or begin participating in quiet quitting behaviors. Since quiet quitting is a trend that emphasizes prioritizing oneself and not their work, mothers who feel underappreciated and unsupported at work are more likely to quiet quit than those who do not. This idea is supported by the social exchange theory proposed by Bau in 1964 which states that employees who receive benefits from their workplace are more likely to approach their work with a positive attitude, and if this is the case, employees who have negative or stressful working conditions will have negative attitudes in regards to their work [57]. Given that quiet quitting is a fairly new trend brought on by younger workers feeling burnt out at their place of employment, our study provides valuable information that suggests a potential relationship between social exchange theory and quiet quitting behaviors. Furthermore, the social influence theory implies that an individual's quiet quitting behaviors may influence other employees to quiet quit as well. Social influence theory proposes an explanation as to how an individual is influenced by others in their social network to follow the normal behaviors in that

community. Normative influence, one of the two types of influences mentioned in the social influence theory is defined as "the influence to conform to the expectations of another person to group." [58]. This supports Hypothesis 7 which predicted that working mothers who are exposed to quiet quitting behaviors within their workplace may feel as if they should do so as well.

While the FMLA offers job protection during the 12 weeks of paid or unpaid maternity leave, many working mothers who return to their positions after childbirth are viewed differently by their employers and will not be offered career advancement opportunities. Employers who offer job advancement opportunities and are clear about their expectations for working mothers may be able to decrease the job dissatisfaction that leads to quiet quitting behaviors. Further studies should investigate the impact maternity leave has on career advancement opportunities and job dissatisfaction, which are both factors that lead to quiet quitting, as well as peer influence between working mothers at the same job. If one working mother decides to quiet quit, will her coworker, who is also a working mother, be more likely to quiet quit than another coworker in general?

6. Limitations

While the findings of this study present theoretical contributions, it is important to consider several limitations. The sample size was not incredibly large (310 people), and when asking participants to disclose their ethnicities, we neglected to put "Non-White Hispanic" as one of the options. This may have deterred Hispanic mothers from completing the survey. It is important to identify minorities when investigating a topic such as maternity leave, as ethnic minorities are more likely to work low-income jobs and thus have less access to maternity leave. We must also consider that quiet quitting is a new trend brought about by employee burnout during the pandemic, and as life continues to go back to normal and labor shortages are relieved, many employees who had to work overtime and take over projects to compensate for the lack of additional workers may be less likely to suffer from burnout and less likely to quiet quit. It would have been beneficial to add an additional question asking mothers which types of childcare benefits would be most helpful for them, and if their company offered these types of benefits, would they be more likely to continue going above and beyond at their jobs. There is still a lack of research on quiet quitting in general, as the trend became popular only over the past year. These limitations kept us from confirming our theories about coworker/peer interactions and how they could influence working mothers to engage in quiet quitting, as we had to rely mostly on news articles on quiet quitting and a few academic papers. It may also have been beneficial to ask mothers to disclose if they had a PMI during or after their pregnancy, such as postpartum depression or PTSD, and if they believed an extended maternity leave would have helped them handle the challenges of this illness or not, as our study focused mainly on burnout and mental health in general. Lastly, due to the observational data acquired in the study, the findings only present the correlational relationships in the model, rather than causal effects. It is suggested for future scholars to test the causal effects in the conceptual model to provide more in-depth investigations.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data are not available due to privacy and ethical restrictions.

Conflicts of Interest: The authors declare no conflict of interest.

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Engaging "Care" Behaviors in Support of Employee and Organizational Wellbeing through Complexity Leadership Theory

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Abstract: During the COVID-19 pandemic, the attributes of nurturing, empathy, and relating rather than directing moved into the spotlight as important skills for leadership. These skills are representative of the concept of "care" that is often associated with women's or feminine leadership. The importance of care as a component of leadership had not received significant attention in the leadership literature until the pandemic brought the need for care onto center stage. This article argues that care will continue to be an important attribute of leadership and an essential attribute of an androgynous leadership style—that includes behaviors typically classified as male and those behaviors typically classed as female—that is needed to navigate the increasing complexity of the world most effectively. The article further argues that complexity leadership theory provides the most appropriate leadership approach through which complex adaptive organizations can initiate and foster the development of "care" behaviors as part of an androgynous approach to leadership which produces system-wide benefits in complex systems more capable of addressing the global challenges of the climate crisis and increased environmental disasters, future pandemics, local wars, terrorist attacks, and other phenomena.

Keywords: care; complexity leadership theory; leadership in COVID-19; women's leadership

1. Introduction

The COVID-19 pandemic posed a major global adaptive challenge [1] and created an imbalance in the familiar socio-emotional dynamic between employees and their leaders. As navigation of the pandemic continued, the changes and challenges became more significant. Employee wellbeing needed to be fostered. At the same time, leaders needed to deliver messages about public safety, issue cautions, provide updates on the science and progression of the virus, and keep their organizations functioning under challenging circumstances. Leaders also had to navigate organizational as well as personal challenges. Leaders who communicated messages that expressed empathy as well as strategies to deal with the pandemic were observed to connect effectively with their constituents, followers, and employees. The behaviors that were leveraged represented a blend of task and relational skills. The key behaviors that supported the successful communication and relation building achieved by leaders included nurturing, empathy, cooperation, sensitivity, and warmth, behaviors often attributed to women's or feminine leadership. These behaviors can be categorized as "care". I argue that the importance of care behaviors during the pandemic illustrated the importance and value of these behaviors for leadership in general and for navigating the increased uncertainty and complexity the world faces because of phenomena such as the climate crisis and increased disasters, future possible pandemics, global financial meltdowns, local wars, terrorism, and others. Such care behaviors have also been proven to be necessary because the workforce has increasingly demanded more humane and flexible work environments, better work–life balance, and more inclusive organizations as part of the post-pandemic workplace. I also argue that care behaviors should not replace

leadership behaviors commonly identified as masculine but rather should complement such behaviors in a blended masculine–feminine "androgynous leadership approach".

Finally, I argue that complexity leadership theory provides the most appropriate leadership approach through which complex adaptive organizations can initiate and foster the development of "care" behaviors as part of an androgynous approach to leadership which produces system-wide benefits in complex systems including the ability to generate more inclusive outcomes among followers.

This leadership theory, which is relational, recognizes the dynamic interactions between people and processes that take place within organizations as they change, create innovation, and evolve with a focus on complex relationships and network interaction rather than controlling, standardizing, and autocratic behavior [1,2]. Leadership in complex systems needs to operate at all levels in a process-oriented, contextual, and interactive fashion [1,2]. In such a complex environment, both so-called masculine and feminine leadership behaviors are required depending upon the leadership challenge and where in the system leadership is operating.

I base my argument on information gathered from studies regarding the impact of the pandemic on mental health, stress, and burnout, examples of successful leadership approaches that included care communication highlighted during the pandemic and needed afterwards, experiences in my own organization, and an analysis of complexity leadership theory in complex adaptive systems. My argument is grounded in the academic literature, while some examples of care communication during the pandemic are taken from the media.

2. Impact of the Pandemic on Wellbeing and the Challenges Leaders Faced

The onset of the coronavirus COVID-19 pandemic [3] introduced an exceptional and unique adaptive challenge for leaders around the world beginning in early 2020. Faced with an unprecedented event of a severe, acute respiratory disease that spread through contact with respiratory droplets produced by an infected person (refs. [4,5]) leaders across all levels of organizations, communities, regions, and governing bodies were abruptly called upon to navigate an adaptive challenge that encompassed managing the safety of their employees, constituents, communities, and followers. As the pandemic spread, wide-scale health orders at the governmental level encouraged physical restrictions including social distancing. World leaders, together with health authorities, needed to rapidly determine best practices for enforcing public safety, managing organizational adjustments, and the wellbeing of their employees. The pandemic response introduced new ways of working where physical distancing, wearing personal protective gear, and working remotely as much as possible became the new norm [6].

At the organizational level, the combination of remote working and prolonged periods of necessary social distancing from friends, often augmented by a need to be in quarantine due to being infected with COVID, the requisite 'bubbles' of isolation for infected individuals [7], caused high levels of stress among employees and employers. The physical landscape of many organizations across the world shifted to an online platform. Operating at a distance created unique challenges including developing new ways of working within which the balance of home life and organizational priorities became challenging. In addition to the blend of work and home living spaces, the pandemic introduced augmented challenges for employee wellbeing. Overall, wellbeing represents wellness. The Global Wellness Institute defines wellness as "the active pursuit of activities, choices and lifestyles that lead to a state of holistic health" [8].

Organizationally, higher levels of stress among employees and leaders resulted from their efforts to stay connected and engaged in a largely virtual and highly stressful environment caused by the disruption of their previously familiar working arrangements and the loss of the resources and activities previously enjoyed to nurture their wellness and wellbeing [9]. These challenges were especially visible among employees of various organizations working in direct contact with the general public. Within the healthcare systems,

the burnout and feelings of being overwhelmed of front-line workers increased as a result of limited access to personal protective equipment [10,11]. Increased sources of stress negatively impacted the emotional, psychological, and mental wellness of employees [12,13]. Along with this, the factors of wellbeing that had contributed to pre-pandemic employee health, happiness, job satisfaction, and work–life balance [14] were fully distressed and imbalanced by the onset of the coronavirus.

3. Leadership Communications

Another, perhaps more subtle, adaptation that began to take place with the onset and evolution of the coronavirus was the change in leadership communications. Within the messages issued from governments and local-level leaders and organizations, a concept of "care" emerged and led to recognizable results among constituents, followers, and employees. Leaders who communicated care were responding to the recognition that their constituents and followers were undergoing stress and reduced wellbeing.

Leaders increased their efforts to offer relief from stress as the pandemic continued [15]. While organizational activities included developing safe working policies and procedures for enabling employees to work as safely as possible with one another, leadership communications began to regularly include actionable steps for staying safe and facilitating modifications to traditional in-person working spaces by offering virtual work and flexible hours. Effective leadership communications in which a balance of shared personal experience along with supportive verbiage and pragmatism for collectively responsible health-oriented behaviors articulated by the leader seemed to nurture an affinity among stakeholders. In this time of crisis, this unique messaging seemed to encourage a regeneration of follower socio-emotional wellbeing among those whom they led. This was also visible in the communications offered by leaders in areas where more individuals engaged in shared activities of survival [16]. Their messages also advocated the importance of engaging in physical activity including online or live options in modified spaces and conditions [17]. This extended to the encouragement of socializing and going outdoors for walks in support of enabling wellness with guidelines for added safety. Leaders who expressed concern for the wellbeing of others established higher levels of relatability [18]. Similarly, while responses from leaders at global levels varied, in countries where communication was consistent and culturally informed, this created an affinity representing mutual trust between leadership and constituents [19].

Empathetic and relational leadership communications were observed at global and local levels. International examples included New Zealand Prime Minister Jacintha Arden and Irish Prime Minister Leo Varadkar among others. Arden was often described as caring and trustworthy, while exemplifying a rational approach with agility alongside of maintaining an empathetic communication style [20]. Irish Prime Minister Leo Varadkar was characterized as building connectivity with his people through being 'human and personable' [21]. In Denmark, Prime Minister Mette Frederickson was observed as having taken decisive action which carried over to local level descriptions of political leaders expressing empathy and confidence in their constituents [22]. Altogether, leadership behaviors that promoted affinity and relatability, together with taking smart and rapid decisions to slow the spread of COVID, became widely shared as public examples of success. Kerrissey and Edmonson applauded the leadership of Arden and Adam Silver, the commissioner of the National Basketball Association (NBA), for their proactive decisions in response to the pandemic along with their empathy. As they wrote [23]:

> Leadership in an uncertain, fast-moving crisis means making oneself available to feel what it is like to be in another's shoes—to lead with empathy . . . . It will be incumbent on leaders to put themselves in another's suffering, to feel with empathy and think with intelligence, and then to use their position of authority to make a path forward for us all.

Within each of these examples where leaders were observed to have expressed a combination of empathy, nurturing, and relationship building in their leadership com-

munications, their governance remained strong. Constituents and followers alike were provided direction in support of forward momentum and the rebalancing of individual and collective socio-emotional and organizational equilibriums. These efforts supported an expressed combination of personal experience, open communication about the crisis event, its progression, and necessary actions that offered realistic hope amidst ambiguity [24]. The result of this approach highlighted how care and action can be paired in a human-centric approach that is available to all leaders across all levels of organizations. Through a purposeful, blended approach, leaders demonstrated an ethic of care toward the wellbeing of others [25]. Leaders "acknowledged the personal and professional challenges that their employees and loved ones experience during a crisis" [26]. In doing so, their ability to engage and connect with their stakeholders increased. Empathetic communication from the space of care resulted in closer relations between leaders and their constituents and/or employees, and the perception that these leaders were managing the pandemic effectively. Both men and women leaders who were applauded employed care communication. Employing care communication has not been shown to have had a direct relationship with reduced COVID mortality but rather with the increased perception by constituents that leaders were on top of the pandemic.

Since care is typically associated with women's leadership, some studies attempted to measure whether women's care communications in fact did result in fewer COVID deaths. Sergent and Stajkovic found that states in the United States that were led by female governors did experience less COVID deaths [25]. The authors quoted a number of public statements of these female governors that illustrated their care for their citizens, such as "You do not have to go through this alone. Don't hesitate to reach out to me personally, to reach out to my family because they are in the same boat and experience the same situation" "You are our warriors, and we can't win this fight without you. Thank you . . . for being the best self". On the other hand, based on a complex analysis of a number of variables, including cultural and political differences and number of women in Parliament, Windsor et al. concluded that there was no correlation between women leaders at the helm and reduced deaths [26]. They concluded that the presence of a woman head of state did not make a country fare better in reducing mortality during the pandemic unless the country also had the cultural values that supported female leadership. Both articles pointed out that the literature related to women's leadership predicted that women would manage disasters better than men because they typically institute better preparatory systems and build resilience to endure such disasters as part of their leadership mandates. However, both articles were written early in the pandemic so that their conclusions were preliminary. Further, these studies do not negate the importance of care communication in the leadership of both male and female leaders during the pandemic.

4. The Significance of Care and Relations

Although care has not been systematically included as a key behavior in all leadership theories and approaches, the ethics of care has become an increasingly highlighted concept in social, political, and economic discussions and theories. Care is considered as ontologically foundational and the core of all moral reasoning and action with its value deriving from being in an "active relationship and caring for concrete others in ways that result in enhancing the others' wellbeing" [27]. Held argued that the care of a child serves as an appropriate paradigm to think about the ethics of care [28]. Caring for a child emphasizes vulnerability, affective bonds, relations of mutual dependence, and obligation that underlie the ethics of care. Singh contended that care is not only relegated to the familial but underlies the economy and polity, which are relational systems [29]. Brazilian philosopher and theologian Leonardo Boff took the concept of care to the global level as he argued that:

> Care is a way of being, that is, it is the key way through which the human-being structures itself and through which it interacts with others in the world. In other words, it is a way of being-in-the-world in which the relations that are established with all things are founded [30].

Noddings defined care as "a set of relational practices that foster mutual recognition and realization, growth, development, protection, empowerment, and human community, culture, and possibility" [31]. Care includes mutuality and obligation toward each other. It is a relational concept based on responsibility. Ciulla contended that "the job of a leader includes caring for others or taking responsibility for them . . . especially in times of crisis." [32].

The crisis of the pandemic laid bare the necessity for leadership that includes care as an essential component. This necessity led some authors to reflect on the essential role of care in leadership in the post-pandemic world. Schultz, for one, structured a case study to investigate whether educators would continue their care-based leadership perfected during the pandemic into the future [33]. Basing her case on Noddings' definition of care quoted above, as well as Tronto's definition of care as "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible," Schultz [34] made it clear that care should be fundamental to the way people interact and should comprise the ethical foundation of all leadership.

5. The Importance of Both Male and Female Leadership Behaviors

When the contributing elements of actions that are embedded within the "care" message by leaders are unpacked, a significant contribution from recognized female or women's leadership skills become visible. Care has been a fundamental concept in feminist research and is considered a key behavior in women's or feminine leadership. Other behaviors typically associated with women's or feminine leadership that were displayed during the pandemic included collaboration, self-determination, interpersonal orientation, and engagement toward others [35,36]. Unlike the gender-oriented leadership behaviors associated with masculinity through which leadership has traditionally been characterized, these skills have not previously received significant attention as being essential elements of all successful leadership [11,37]. The inclusion and emerging reliance of engaging the behaviors contributed by women's leadership now serve to broaden the scope of leadership behaviors that leaders need to develop and demonstrate if they are to be successful when navigating adaptive challenges such as the pandemic and complex environments.

Examples of successful leadership demonstrate a combination of stereotypical masculine and women's leadership behaviors. They personify a unique blend of the "care" approach that connects them to their stakeholders. The ability of a leader to combine specific, care-inducing behaviors invites leaders to focus on the socio-emotional needs of stakeholders, identify what leadership needs to provide, and craft the degree to which each selected behavior can be applied in support of establishing relatability while providing strategic direction to the constituents, followers, and employees. Having a blended construct can also support lessening future gender stereotyping in management where perceptions of how men and women 'should' act characterize how leaders 'should' lead as imparted by implicit leadership practices [38] (p. 113). Further, emphasizing the value of engaging a blend of leadership behaviors from both masculine and women's leadership can embrace leadership as an androgynous concept. Instead of leadership skills being identified or viewed from a biased, or stereotyped perspective, they represent a broad collection of behaviors that can be strategically combined to communicate and connect from a non-gendered, androgynous frame.

A blended, so-called androgynous approach can increase the perception of skills originating in women's leadership such as empathy, vulnerability, and self-awareness [39,40] to be indicators of strength. Another advantage is the relatability that the blend of skills embodies—supporting the activities of problem solving, being result-oriented, and being supportive of others, which are symbolic of effective modern leadership [41]. A sample of "care" behaviors that can support leader and leadership development to develop the relational–strategic competency is identified in Table 1.

Table 1. Sample of male and female leadership behaviors.

Stereotypical Male or Masculine (m), and Female or Feminine Leadership Behaviors (w)			
Independent (m)	Certain (m)	Sensitive (w)	Cooperative (w)
Self-confident (m)	Goal-oriented(m)	Expressive (w)	Intuitive (w)
Objective (m)	Bias for action (m)	Tactful (w)	Sympathetic (w)
Logical–rational (m)	Business-oriented (m)	Nurturing (w)	Warm (w)
Active (m)	Achievement-	Understanding (w)	Receptive (w)
Energetic(m)	oriented (m)	Helpful (w)	Bias for flow (w)
Self-reliant (m)	Competitive (m)	Relationship-oriented (w)	Socio-expressive (w)
Risk-taker (m)	Self-promotional (m)	Holistic (w)	Other-oriented (w)
Context-independent (m)	Individual (m)	Context-dependent (w)	Interdependent (w)

Table 1 has been developed from an aggregation of research identifying gendered traits in role theory and descriptive indices [34,42–46]. The behaviors have been listed with their gendered orientations. The blend of behaviors that can foster the appropriate blend of "care" behaviors is not prescriptive. The approach of determining which behaviors to draw on is also flexible. Even when the gendered origins are not identified, leaders can find they will combine behaviors that originate in masculine as well as women's leadership. A blended concept is supported by studies showing success in the blended application of leadership skills as the strength of a balanced skills portfolio for leaders in today's complex environment [11].

Bertram argued that androgynous leadership is the leadership of the future. She emphasized that "androgynous managers are courageous and willing to take risks as well as warm-hearted, understanding and supportive", and that "it has been shown that an androgynous mix of hard and soft skills contributes significantly to employee satisfaction and productivity" [47].

6. The Impact of Care Behaviors on Relations within Organizations

When leaders in organizations can establish psychological or socio-emotional connections with their followers through care communication, they are perceived by their followers to be fostering relatedness [48–51]. From this perspective, when the "care" behaviors are part of the competencies that organizations seek from their leaders, leadership development can support building the knowledge, skills, and experiences leaders need in business and social literacies among leaders [52]. Moreover, relationship building is among the top-ranking skills leaders need today [53,54]. Person-centered leadership approaches are also found to have the greatest psychological impact on employees [15]. Therefore, in response to leadership approaches that foster autonomy, control, and a sense of being cared for among stakeholders, the employees among them find they can work better with others around them. This is further supported by the engagement and relatability the blend of "care" behaviors represents for leaders as they focus on developing a human connection with the sense of self in their stakeholders. Lastly, in connecting with their person and their heart and mind, leaders who develop the heightened ability to engage self-awareness and self-belief empower themselves to engage a balance of energies that entrusts them to their followers [55]. When the experience between the leaders and followers include emotional engagement, the ability to evolve existing meaning into new meaning can occur [56,57]. This, in turn, supports the regeneration of employee wellbeing.

7. Complexity Leadership Theory in Complex Adaptive Organizations

Complexity science has provided a useful approach to explaining the functioning of complex organizations, especially as complex global challenges such as the climate crisis and environmental disasters, future pandemics, local wars, terrorist attacks, and other potential calamities are on the increase. Such challenges are adaptive in the sense that they require more than technical solutions but rather rapid and agile changes in the way organizations function and the underlying values that guide them [1,2]. Complexity

leadership theory in particular recognizes organizations as complex adaptive systems with interdependent parts. In complexity leadership theory, leadership is seen as a relational process that occurs throughout different system functions performed by both organizational staff as well as organizational processes. Given the complexity of global challenges, an androgynous leadership approach that includes both stereotypical masculine and feminine leadership approaches is required [1,2]. Care and people orientation are required by leaders throughout the system to establish and strengthen the required relationships, and task orientation is required in order to implement solutions.

One of the founders of complexity leadership theory, Uhl-Bien [1,2], recognized that complexity leadership theory is also a relational leadership theory [57]. Relational leadership emphasizes interpersonal experiences and personalized exchanges [58–60]. The engagement of relational leadership within complexity leadership theory as a framework offers flexibility to leaders as they are responsible for choosing how they engage with their followers in leader–follower exchanges. Within complex adaptive systems, administrative–procedural, operational, and human elements of the organization are in constant engagement with themselves as part of its operations. Complexity leadership theory offers leaders a frame within which to recognize the interdependencies of their system and how the system is highly influenced by its internal and external environment. Accordingly, leaders need to be able to adapt to changing conditions and enable solutions in response to these changes. Leaders engaging the "care" behaviors need to be able to communicate effectively with stakeholders and enable adaptive change. Collectively, enabling adaptive responses as well as the adaptive space within which these responses can be cultivated is key to leadership in complex adaptive systems [1]. Adaptive space and responses can be enabled through leadership activity which is influenced by the relationship leaders have with their followers. It is through the willingness to innovate and be creative and entrepreneurial in their thinking and actions that adaptive spaces are enabled. Moreover, engaging approaches that have adaptability and relatability built into them can further enhance the leader's ability to navigate, communicate, and lead through complex adaptive challenges.

Complexity leadership theory also recognizes how administrative, adaptive, and enabling powers in the organization work together [57–59]. Innovating leadership approaches through the lens of complexity leadership theory encourages the expansion of perspective as well as the broadening of the familiar scope of leadership competencies. The adaptivity and constant negotiation of interdependencies with complex adaptive systems organically provides an environment in which leaders who develop the "care" behaviors can thrive through successful relationships with their employees. Subsequently, the development of "care" behaviors and the wellbeing they can enable can increase co-creation, which in turn can enable adaptive solutions and adaptive spaces [1]. When communicating with each other, leaders in these areas can be guided to apply a blend of "care" behaviors especially when navigating complexities or projects, processes and organizational needs. Once familiar with how to combine "care" behaviors, leaders can learn to harness the tension between the novelty and stability of their environment and apply their blend of strategic relatedness to encourage innovation and continuous growth through the exchange of feedback [1].

In addition to the potential for influencing relationships throughout the organization, leaders can enhance their leadership approaches to blend the "care" behaviors in support of working with unexpected and non-linear challenges. Leaders need to be skilled to enable flexible options as part of their "fitness landscape" [60,61]. Subsequently, their ability to engage and influence their stakeholders is paramount. Leaders can benefit from the inclusive dynamic represented in complexity leadership theory to exemplify their engagement.

8. Conclusions and Future Study

I have argued that the care communication of certain leaders during the pandemic helped to build relationships with their constituents and followers and contributed to

the perception that these leaders were implementing effective strategies to manage the pandemic. I further argued that the care manifested during the pandemic illustrated the importance of care to leadership in general and that care will be essential to include in leadership approaches to solve future global challenges. I pointed out that care is typically conceived of as feminine leadership and argued that feminine and masculine leadership are both important and should complement each other in androgynous leadership. I further contended that complexity theory and the concept of complex adaptive systems provides a conceptual framework within which to understand the challenges facing the global world. Within complex adaptive systems, complexity leadership theory illustrates that leadership occurs at all levels of the system and through all system processes, and that an androgynous leadership approach that highlights care and the importance of relationships is necessary to address these challenges.

Further, employee wellbeing can be fostered through enhanced leadership communications in which relationship building is demonstrated. Engaging a combination of behaviors originating in androgynous masculine and feminine leadership represents a strategic–relational blend of "care" behaviors that leaders can develop and apply toward stakeholders inclusive of constituents, followers, and employees in support of their wellbeing. These blended, accessible, and non-gendered behaviors available for leaders support the balanced skills portfolio essential for modern-day leaders in complex environments. The development of care awareness can further the understanding of the situation a leader has along with recognizing what their followers need from them and how they can build relatability. As a result, the "care" behaviors are essential to supporting the socio-emotional gap that can occur as a result of an imbalance in the wellbeing of employees.

Future studies can include, firstly, discussions and research into questions about which combinations of "care" behaviors are perceived to be most beneficial to different organizations or operating systems, and, secondly, research into the effects that the continuous development of "care" behaviors being leveraged over time in complex adaptive systems can have on influencing and sustaining employee as well as organizational wellbeing from an individual and collective perspective.

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MDPI

Article

Women's Leadership and COVID-19 Pandemic: Navigating Crises through the Application of Connective Leadership

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Abstract: International and national crises often highlight behavioral patterns in the labor market that illustrate women's courage and adaptability in challenging times. The COVID-19 pandemic and resulting changes in the workplace due to social distancing, remote work, and tele-communications protocols showcased women's power of authenticity and accessibility (interpersonal and personalized experiences) to engage with their constituents effectively. The catalyzed this research was our desire to underscore the importance of studying the impact of COVID-19 on women leaders. The COVID-19 pandemic brought to light specific challenges and disparities women faced in the workplace. It has been asserted that women leaders substantially benefit businesses and organizations and we wanted to test this out through the practices of our research participants. Decades of research reveal that women leaders enhance productivity, foster collaboration, inspire dedication, and promote fairness in the workplace. This article introduces the feminist Connective Leadership Model (CL) an integrative leadership model and one informed by early feminist theory for understanding women's leadership during the COVID-19 pandemic. A mixed-method study of select US women leaders before and during the COVID-19 pandemic revealed the CL model and its efficacy for adaptive, inclusive leadership in various contexts. First, this article highlights the impact of the COVID-19 pandemic on women's leadership and behavioral response to the crisis through the lens of the CL model. Second, this article delves into challenges the women leaders faced, including adaptive challenges, isolation, team management, increased caregiving responsibilities, and gender-related disparities. Third, this article reframes women's voices articulated through a crisis management leadership framework coupled with an understanding and application of the behaviors defined through complexity theory which are aligned with the CL model. Finally, the article discusses the four 'As' of crisis leadership: authenticity, alignment, awareness, and adaptability. The application of the CL model provides an effective framework for determining the most appropriate leadership behaviors within the complex challenges of a crisis; it enables the leader to focus on personal, employee, and organizational well-being.

Keywords: women's leadership; crisis leadership; connective leadership; COVID-19 pandemic; adaptive leadership; complexity leadership; followership

1. Introduction

We are currently experiencing continuous and complex crises impacting every sector worldwide. In this article, we explore the many ways in which women leaders were

challenged by internal and external forces brought on by the COVID-19 pandemic, and who have pivoted, adapted, and ultimately transformed their leadership practice to best serve their constituencies [1]. The authors acknowledge the persistent pursuit of understanding the distinctions between women and men concerning biologically influenced and socially constructed factors, particularly leadership styles. The participants in this study identify as women, and the writers embrace hybrid neologisms like "gender/sex" [2] and use these terms interchangeably. The interest in studying COVID-19's impact on women arises from the recognition that the pandemic has highlighted specific challenges and disparities faced by women, emphasizing the need for behavior frameworks to promote fluidity in leadership roles [3].

The authors have conducted a mixed-method analysis of women's leadership from before and during the COVID-19 pandemic. Through our own experiences in our respective fields of work, we were acutely aware that COVID-19 dramatically impacted women in multiple areas of their lives. We specifically wanted to understand better how women's leadership behavioral profiles have been reinvented during this difficult period. By examining the challenges and experiences of women across sectors through the lens of the Connective Leadership Model [1], we can shed light on the dynamic circumstances they faced during the crisis and how those circumstances influenced their personal and work relationships.

We employed the Meta-Leadership Model for crisis leadership [4] as a basis to better understand how leaders and their organizations can manage a crisis and become stronger, as well as how the dynamics of change can lead to the timely and adaptive modification of leadership behaviors. The impact of the COVID-19 pandemic on the leadership and work life of women in this study who serve on the front lines in various sectors such as education, health, government, and nonprofit organizations was profound and worthy of study.

In this article, we explore how these women mustered the courage to look deeply within themselves, understand the people they serve, and the context in which they serve to determine adaptations that were authentic to who they are and what they bring to their constituents. They chose to be more accessible and accountable to those who needed them and in new ways, previously outside their arenas of work and life. The crisis became a force to better understand that we live in times where "inclusion is critical and connection is inevitable" [1] (p. xiii).

International and national crises often highlight behavioral patterns in the labor market that illustrate women's courage and adaptability in challenging times. The COVID-19 pandemic and resulting changes in the workplace due to social distancing, remote work, and tele-communications protocols showcased women's power of authenticity and accessibility (interpersonal and personalized experiences) to engage with their constituents effectively [5–10]. Novotney [3] underscores the importance of studying the impact of COVID-19 on women, which catalyzed this research [3,11]. The COVID-19 pandemic brought to light specific challenges and disparities women faced in the workplace [8]. Eagly asserts that women leaders substantially benefit businesses and organizations [12–14]. Decades of research reveal that women leaders enhance productivity, foster collaboration, inspire dedication, and promote fairness in the workplace [12–14]. Moreover, Eagly's [12] research has significantly contributed to understanding the challenges women leaders face due to the cultural incongruity between societal expectations of women as communal and leaders as agentic [13,14].

Even with the best of plans for how to routinely address problems, crisis moments will happen, which call for complex problem-solving skills—ones that require the leader to move well beyond their customary sphere of authority and influence—to evaluate impact, determine how to handle a variety of situations effectively, facilitate adaptive responses, and be resilient [3,9,10]. How a leader thinks, behaves, and acts will determine the outcome. A crisis like the COVID-19 pandemic demands that the leader have at their disposal a

repertoire of leadership behaviors to engage and deploy resources and connections critical to how the crisis will be defused and managed.

The emotional impact of the pandemic on women and their work is another crucial area to study. Exploring the psychological and emotional toll the pandemic has taken on women in the workplace will help us to understand the long-term effects and the importance of supporting their mental well-being [11]. This emotional toll can include discussing the challenges of balancing personal and professional responsibilities, coping with increased workloads, increased caregiving responsibilities, and managing stress, such as "Zoom fatigue" and burnout [12,13].

Kolga discussed how the change from physical locations to a virtual "online platform" required creating "new ways of working within which the balance of home life and organizational priorities became challenging" [15] (p. 406). Carli was prescient in her sense that rather than a temporary solution, telecommuting "may place an even greater burden on women who have more domestic responsibilities than men and may face more difficulties balancing paid work and family obligations while telecommuting" [14] (p. 647).

Conversely, there are also new levels of balance and resiliency that can only be realized after emerging from a crucible experience, like the COVID-19 pandemic. Our women leaders describe how they transformed themselves and their leadership model despite the extraordinary challenges they faced. "Fulfilling your potential as a leader requires a keen awareness and understanding of how your personal experiences—your decisions, stumbles, and triumphs—got you to where you are now. Each prepares you for the moment when 'you're it'" [8] (p. 3).

In our mixed-method analysis of women's leadership from before and during the pandemic, we describe how women leaders have used the power of acknowledgement and humility in their communications both within and outside of their immediate team or community of people—communications of consequence that are all important in turbulent times [16].

Periods of crisis often lead to women being called upon to serve our communities in roles formerly reserved for men. Wars, pandemics, and environmental and natural disasters have all caused women to step up and step into leadership roles that they were frequently forced to surrender as peace and order were reestablished [17]. The COVID-19 pandemic had a similar impact on our women leaders.

We launch our article with a brief description of connective leadership [1], followed by tenets of crisis leadership, and then share our findings. This study was presented at the International Leadership Association's 6th Women and Leadership Conference in Portsmouth, UK, in June 2022. We were encouraged to publish our findings and offer this article to meet that expectation.

1.1. Connective Leadership

The genesis of the Connective Leadership Model [1] was the appointment by the Carter administration of Dr. Jean Lipman-Blumen to a federal government role to study the reasons why women were not being promoted to leadership roles in the U.S. government. Through this initial investigation, Dr. Lipman-Blumen discovered that women often led by mentoring others, and she called this the vicarious leadership style [18]. From this first discovery, a broader, more comprehensive set of leadership behavioral styles emerged [19], along with the realization that women differed from men in how they prioritized their leadership styles. This work has continued to support scholars and practitioners in understanding the behaviors that leaders use and provided access to the broadest set of leadership profiles over the past 45 years. What emerges in this study is that the agility needed to adapt to new leadership challenges brought on by the COVID pandemic is essential to our participants' resiliency through the crisis.

To understand the foundation of our study, we will offer a brief overview of the Connective Leadership Model [1] (CL) and the leadership behaviors that are measured through the Achieving Styles Inventory (ASI) that have been developed from this model.

A "connective leader" is any individual who uses the appropriate knowledge, skills, and temperament to lead other individuals who differ according to various dimensions (e.g., gender, age, race, nationality, religion, political persuasion, as well as educational and/or occupational background) to work together effectively. Connective leaders understand the complex, broad-based diversity, and technology-enhanced interconnections of their constituents. In a world where interconnectivity has rapidly become global, connective leaders are adept at guiding groups of individuals who differ significantly in myriad ways. The authors of this study felt that the CL model as ideal for research on ways in which women leaders respond to crises, such as the COVID-19 pandemic.

The Connective Leadership/Achieving Styles Model is based on the premise that these leadership styles are learned behaviors which can be used in various combinations. Moreover, training helps individuals to understand which behaviors are most appropriate for any given situation. Both training and practice also enable individuals to improve their skills in using these best-suited styles. The participants in this study were all educated in the CL model prior to the COVID-19 pandemic and had taken the ASI at that time.

To enable groups of diverse individuals to work together effectively, connective leaders call upon a nine-fold repertoire of behavioral strategies ("achieving styles") to achieve their tasks and accomplish their goals. These achieving styles were studied and described in the 1980s [19] and have been studied across international boundaries, with cultural influences affecting the frequency, strength, and circumstances under which these nine behaviors are implemented [20].

Connective leaders draw upon the entire nine-fold repertoire of achieving styles, in each case depending upon their interpretation of situational cues and their expectation that certain styles will increase their odds of success. By contrast, most other leaders, as well as individuals generally, rely primarily upon their past successes, calling mostly upon a relatively limited subset of previously effective achieving styles.

1.2. The Achieving Styles Model

The nine styles are grouped into three sets of domains: direct, instrumental, and relational. Each of these three domains subsumes three styles, resulting in the nine-fold achieving styles repertoire (see Figure 1).
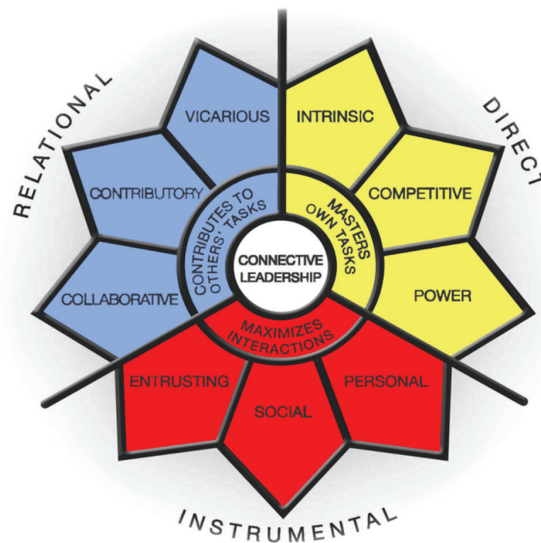

Figure 1. Connective Leadership Model (Reprinted with permission from reference [1], Copyright Year: 1996, Copyright Owner's Name: Jean Lipman-Blumen, Ph.D.).

A brief overview of the domains and dimensions of the Connective Leadership/Achieving Styles Model [1] is offered in Table 1 below. For a more thorough explanation of these elements, please consult Appendix A.

Table 1. The Connective Leadership Model domains and dimensions.

DOMAIN/*Dimension*	Description
DIRECT SET	Acts directly on the situation. Controls both the inputs and the outputs of the endeavor.
Intrinsic	Self-motivated, incorporates a high standard of excellence for self.
Competitive	Derives satisfaction from performing tasks better than others.
Power	Prefers to organize, be in control, and manage people, resources, and processes.
INSTRUMENTAL SET	Uses self and others as instruments for achievement. Controls the inputs and begins to share the outputs of the endeavor.
Personal	Uses their personality, charisma, appearance, intelligence, and background, to attract others and further their goals.
Social	Engages other people with relevant training, skills, and/or experience in achieving their goals.
Entrusting	Empowers others, even those with no specifically relevant training or experience.
RELATIONAL SET	Achieves through relationships. Often sharing both the inputs and the outcomes of the endeavor.
Collaborative	Joins others (singularly or as part of a multi-person team) to increase the odds of success.
Contributory	Works behind the scenes to help others achieve their goals.
Vicarious	Derives a genuine sense of accomplishment for the success of others with whom they identify.

In sum, these nine achieving styles that constitute the Connective Leadership Model [1] represent the available repertoire used effectively by connective leaders. The styles may be utilized in various combinations. While no individual style is intrinsically better than any other, the purpose of the Achieving Styles Model is to identify leadership strategies appropriate for each specific situation. Moreover, the Connective Leadership Model [1], based upon the nine achieving styles, describes the wide range of behaviors for promoting effectiveness in a world pulled in multiple directions by broad-based diversity and increasing interdependence.

The Connective Leadership Model [1] has wide applicability and flexibility in helping to assess and direct individuals, teams, and organizations to achieve greater and more fulfilling success through its emphasis on diversity and interdependence. This model of leadership is useful in understanding all individuals' profiles, whether they are in management/leadership positions or not, since it assumes that all individuals accomplish their tasks and achieve their goals through their Achieving Styles Profile. The authors of this study leveraged the fact that the participants had been educated in this model and had taken the ASI previously to explain how they had adapted to the COVID-19 pandemic. This also ties in well with the crisis model employed in this study.

1.3. Crisis Leadership

Convinced that the Connective Leadership Model [1] is a highly effective model for leaders during good times and difficult times, especially the COVID-19 pandemic, we identified a crisis leadership model to support our research project. We believed that this additional lens would bring focus to our study of the competencies and skills necessary for leaders as they navigate a crisis.

Sriharan et al. [21] conducted a meta-analysis of 35 crisis leadership and pandemic-related articles drawn from business and medical sources published between 2003 (since SARS) and December 2020. The purpose of this study was to identify the leadership skills and competencies deemed critical during a pandemic. The analysis resulted in the creation of a model that organized crisis leadership into three thematic categories, task, people, and adaptive competencies, while recognizing the relationship with and importance of identifying politics, structure, and culture as contextual enablers and/or barriers [21], p. 482. The three overlapping competency groupings were illustrated and described as follows:

1. Tasks: preparing, planning, communication, and collaboration
2. People: inspiring and influencing, leadership presence, empathy, and awareness
3. Adaptive: decision making, systems thinking/sensemaking, and tacit skills

Sriharan et al.'s [21] meta-analysis reinforced that of Marcus [4]. This earlier work evolved through the founding and research work of the National Preparedness Leadership Initiative (NPLI). The formation of NPLI emerged from a gathering of government leaders and faculty from across Harvard University post-9/11, who met to gain an understanding of and plan for a more effective national response to crises [4] (p. ix). This work has been applied to the Boston Marathon bombings as well as the COVID-19 pandemic [4].

Through their extensive studies, Marcus [4] created a transformational crisis leadership model, Meta-Leadership [14], that consists of three dimensions of leadership (see Table 2) used to describe the various leadership behaviors and means (or tools) in a crisis to "seize the opportunity" as leaders to "find and achieve a complex equilibrium that extends [beyond a single leader or organization] to the broader community" [4] (p. 19). Circling back to the Connective Leadership Model [1] and linking these two models, the leader must understand the complexity and dynamic nature of a situation and modify their leadership style accordingly to see the opportunity and challenges ahead. We believe that this reciprocal relation validates the Connective Leadership Model [1] as one that can be used in a crisis and beyond; one that embodies the competencies, skills, and behaviors included in other studies, especially compared to the Meta-Leadership Model [4]. Table 2 below compares the two models.

Table 2. Comparison of the Meta-Leadership [4] and Connective Leadership Model [1] and their dimensions.

Crisis Leadership Meta-Leadership Model Key Elements	Connective Leadership Model Key Elements
The Concept: "Meta-leadership is the idea that in complex systems, a big part of leadership is the capacity to work well with and help steer organizations beyond one's immediate circle …" [2] (Foreword). "Forging the connectivity enabled them to *lead down* to reports, *lead up* to their bosses, *lead across* to colleagues within their organization, and *lead beyond* to the people outside their organization's chain of command … they were together" [4] (p. 20).	**The Concept:** "Connective Leadership™ is a method that leaders can consciously and systematically use in several ways. The model allows leaders to assess not only their own leadership styles and those of others but also the leadership behaviors most needed in any particular situation and the leadership styles most valued in each organization …" [1] (p. 13).
Meta-Leadership's Dimensions:	**Connective Leadership Domains:**
The Person: Embodying emotional intelligence and a capacity to engage, bonding work with unity of purpose.	**Direct Set**: Behaviors that confront their own tasks individually and directly.
The Situation: Ready for what could come next with little notion of what it might be.	**Relational Set**: Behaviors that work on group tasks or to help others attain their goals.
The Connectivity of Effort: Learning to finesse connections in order to better coordinate and be responsive and adaptive.	**Instrumental Set:** Behaviors that use personal strengths to attract supporters, create social networks, and entrust others.

The Connective Leadership Model [1] and the additional lens of the Meta-Leadership Model [4] provide leaders with tools and processes to achieve high levels of authenticity, accountability, accessibility, and adaptability as they lead in a crisis.

Their behaviors "represented a blend of task and relational skills" described as elements of complexity leadership theory and their capacity to "initiate the development of 'care' behaviors as part of an androgynous approach to leadership" [15] (pp. 406–407). Through their understanding of the complexities or context of their situation, they were able to facilitate adaptive responses individually and through their teams, allowing for innovation, learning, and growth—"adaptive space"—giving them the opportunity to achieve a variety of system changes [10] (p. 403).

As in Kolga's 2023 study, our women leaders demonstrated indispensable behaviors during the COVID-19 pandemic for effective communication and relationships that included "nurturing, empathy, cooperation, sensitivity, and warmth, behaviors often attributed to women's or feminine leadership" [15] (p. 405); behaviors consistent with Eagly's [14] gender social role theory that "women are communal and men are agentic" [22]. However, our women leaders, as noted above, utilized a "blend" of leadership behaviors embodying a "blended androgynous approach" [15] (p. 409). They are leaders who employed the broadest and most flexible leadership repertoire to meet the complex challenges manifested through a variety of contexts, meeting the demands of leadership in the Connective Era.

The participants in our study were able to "seize the opportunity" as leaders to "find and achieve a complex equilibrium that extends [beyond a single leader or organization] to the broader community" [4] (p. 19), employing the broadest and most flexible leadership repertoire to meet the complex challenges of the Connective Era.

2. Materials and Methods

We performed a mixed-method study employing the Achieving Styles Inventory (ASI) and an interview protocol with the 15 women participants; it was primarily a qualitative study with the psychometric inventory being used as a framing tool (see Appendix B to see a sampling of ASI items and Appendix C to see the interview protocol). Each participant completed the ASI prior to the onset of COVID-19, within 10 years prior to spring 2022 and again during that same spring before the interviews were conducted. The interviews were all conducted over a two-month period in the spring of 2022. The ASI results from the pre- and post-tests were shared at the time of the interview as a heuristic and a catalyst for the dialogues that ensued. The interviews were conducted via Zoom, and were either transcribed or recorded in typed notes.

2.1. Data Collection

As researchers involved in this mixed-methods research project, we acknowledge the potential for power differentials and biases that may arise from our active roles as instructors or trainers when administering the Achieving Styles Inventory (ASI) to participants. We rigorously adhered to ethical guidelines [23] (p. 2) throughout the study to address these concerns. We employed an "assessment as learning" [24] approach during the feedback interviews, prioritizing the educational value for participants over solely gathering data for research purposes, thus minimizing potential power dynamics. Furthermore, to mitigate any biases, different researchers led discussions with different participants, and we cross-checked each other's consultation transcripts during the coding process to ensure consistency and reduce individual perspectives or biases. We did not seek full IRB approval given the nature of the study design; however, we committed to ethical conduct, including safeguarding participant well-being, ensuring confidentiality, and obtaining informed consent throughout the research process. These measures contributed to the validity and reliability of our study, and we remained fully transparent about our roles as researchers and instructors to address any potential researcher influence on the study's outcomes. (See Appendix D for a more thorough discussion for not seeking Ethical Review; Appendix E to view a copy of the Connective Leadership Institute's Participant Privacy documentation; Appendix F to review the research team's Consent to Participate in Research script.).

In early 2022, identified participants (who had completed the ASI prior to 2020) were asked to participate in an hour-long interview. Prior to the interview, the researchers requested that the participants complete the ASI, based on their current position and situation. The researcher/interviewer reviewed and compared the ASI taken pre-COVID-19 and the recently completed post ASI. The interviewer led the participant through several reflective questions about how COVID-19 impacted their work and personal life situations and how they responded, pivoted, or adjusted their leadership behaviors in response. Then, the interviewer presented the two ASI profile graphs and facilitated a dialogue on the observations of the shapes and sizes of the two graphs and the relationship with the reported situations and pivots.

2.2. Analysis Approach

2.2.1. Qualitative Analysis

Interviews were transcribed and summarized by the interviewer and then the research team reviewed all the interview data, with each member coding independently and then convening as a team to review. The scores from both the pre and post tests were compiled and descriptive analyses were performed. The two ASI profiles across the sample were reviewed for alignment with the emergent themes of the qualitative analysis.

2.2.2. Quantitative Data

The quantitative data were analyzed using simple descriptive statistics and are outlined below. Since the 'N' of 15 is so small and the participants had so little in common, we saw no value in attempting to calculate any form of statistical significance. We were simply looking for patterns of shifts in ASI scores as a result of the pandemic that would be explicated through the interviews. Again, the ASI pre- and post-test results were used as a framing or organizing fulcrum around the construct of adapting leadership as a result of the pandemic.

2.3. Participants

Women leader participants ranged in age from their 20s to their mid-50s, and represented a variety of ethnic backgrounds. Participants worked in all sectors: most (10) were from the private sector, four were from the education sector, and two were from the nonprofit sector. All held positions in various leadership and management roles. Three were business owners; five had been promoted and five had changed jobs/companies since the onset of the pandemic. Given inherent time constraints, we identified a pool of past students and trainees from which to draw and used a sampling of convenience to recruit participants, as the researchers have all employed the CL model and the ASI measure in their teaching and training.

3. Results

The results were framed in the context of the achieving styles of the Connective Leadership Model [1], as this model is based on a broad repertoire of behaviors or behavioral strategies. This content analysis revealed several interesting trends across the small sample. Most participants indicated that the pandemic, coupled with increased stress at work and often exacerbated by increased stress and the load induced by working at home while balancing family care, led to extreme levels of stress and risk of, if not actual, burnout. This apex of stress typically led to a set of forced shifts—many external and others that were internal. The rapid shift to remote work manifested in a wide array of implications. New technology challenges included developing new home office setups and new ways of interacting and working with colleagues and clients. Furthermore, the new reality called for a different type of collaboration.

3.1. Pre-Pandemic Achieving Style Leadership Profiles

A review of leadership profiles indicated that achieving styles prior to the pandemic indicated a tendency to rely on one or two styles in their behaviors, with a clear pattern and preference for the direct and relational domains over the instrumental domain. More specifically, the power direct (top style for 54%) and contributory relational styles (top style for 62%) were most predominant. This substantiated the interview trends in which the women noted leaning towards being in charge or "doing things the right way" or wanting to help others succeed. Several mentioned that while they felt they were effective in their use of various leadership styles, they often leaned on the styles with which they were most comfortable.

3.2. The Reality of COVID-19 and Societal Stressors Facing Leaders

Participants often spoke about the emotional burden personally and professionally of the various external stresses due to the pandemic, political, economic, and social discord, and the chaotic and stressful situation of remote work. Furthermore, they mentioned the difficulty in cultivating relationships, providing clear communication, building teams, and supporting staff in striving for a healthy work–life balance amid the added burdens of working at home and caring for children and family members. Most mentioned that Zoom fatigue and a lack of boundaries between work and home led to overworking, burnout, and other mental health and physical health fatigue. These were coupled with descriptions of varying prior toxic work environments, exacerbated by the disruption of COVID-19 that restricted innovation, did not engender feelings of support, or foster creativity.

3.3. Disruption Led to Reflection, Shifts in Perspective and New and Broader Ranges of Strategies

These women leaders varied in their initial responses to the chaotic environment. Some reportedly pushed harder and faster in the same manner as pre-COVID-19, while others quickly pivoted to new leadership behaviors. The 2022 Achieving Styles Profiles of these leaders reflect these shifts. One critical change observed is a move from mostly relying on one to two preferred styles to more of the leaders relying on three or more styles, reflecting both adaptability and authenticity when engaging in leadership behaviors aligned with the situation at hand. More participants relied on one or two styles pre-pandemic than in 2022 (77% and 62%, respectively). Furthermore, in 2022, more participants relied on three or more styles (38%) than pre-pandemic (23%).

In addition to the broadened or wider profile, increased scores are seen most consistently across the instrumental achieving styles. Whereas pre-pandemic preferences skewed towards the direct domain (particularly power direct for 54%) and relational domain (contributory relational for 62%), 2022 scores skewed towards contributory relational (for 69%), social instrumental (for 23%), and entrusting instrumental (for 15%), in addition to power direct (23%). These preferences were noted through a ranking of scores (aka preference) for the styles and represent the highest score for an individual, and when rankings below the top-ranked preference fall within a 0.5 score, they are also considered a top score. In addition to the ranked scores of individual participants, the increases in the scores across participants in the scores for the styles are also of interest. The average scores on the instrumental styles increased by 0.34 for social instrument, 0.22 for personal instrumental, and 0.11 for entrusting instrumental. Notably, no increases were observed in direct styles, with an average decrease of 0.1 for intrinsic direct and competitive direct and no average change in power direct. This indicates that while participants can still access the style, given their greater range of styles, they do not tend to rely upon it solely. Instrumental leaders focus on themselves, their relationships and others in order to succeed. They serve as maximizers, deftly leveraging their own and everyone else's strengths.

However, as the pandemic carried on, nearly all participants paused, perhaps only briefly, and pivoted personally and professionally. Several were compelled to change their context, such as by changing jobs; others re-envisioned how their work environments needed to be. The participants often mentioned that setting boundaries or taking action for

themselves or on behalf of their teams led to a greater focus and new perspectives on the role of leadership. What is consistently observed across this sample of women leaders is that their leadership behaviors were modified in response to their environments and with whom they interacted or led.

Interestingly, some referred to the intentionality of their pivot, whereas some were able to pinpoint their "aha" moment in identifying that they had adapted their leadership approach after reflection through the dialogue. One leader's description highlights a blend of the direct domain, with a focus on oneself as related to an awareness of and response to the external environment:

> "I think that the pandemic really opened my eyes and helped me be a better leader. I was able to take feedback in a better manner once I overcame the shock of what the new job and responsibilities were. I began to ask more questions and be more aware of what I needed to do to be more successful."

Part of being a better leader meant not only reflecting on one's own responsibilities but also promoting and ensuring accountability for results. One participant describes this:

> "At work, holding up everybody accountable for what they do and to work as a team, because you need everyone to work as a team if everything is to work smoothly and have a good workday."

3.4. Better Sense of Self, Increased Confidence, and Greater Empathy

A common thread and connection to the shifts in behavior was the leaders' perspective of themselves as leaders in terms of purpose and confidence, which translated to authenticity and empathy. Participants noted that once they were able to assess and take action, their confidence was boosted, and despite on-going challenges thrown in their leadership path, at the time of the interviews, they reported having great trust in themselves and their leadership abilities. One leader reported:

> "I definitely adapted for the better. I came into the pandemic not very sure of myself and not confident. But all in all, I gained a lot of confidence. I found a new respect for the people around me, because I was more content with myself."

This comment aligns with the achieving styles' direct domain, particularly the intrinsic direct style. Furthermore, it reflects the Meta-Leadership Model's [4] focus on the person as a leader who embodies emotional intelligence and the capacity to engage, bonding their work to purpose. Relatedly, some reported that they had to re-envision the workplace and how to build a new culture based on a whole-person concept to build support systems that address a burgeoning need to provide safe (less threatening) spaces and psychological safety, given the turmoil in the external world due to the pandemic, social reckoning, and economic pressures.

The participating women leaders reported that the confines of the remote workplace compelled them to consider new ways of empowering their teams as well as focus on accountability. One reported:

> "I had to teach people that we could get a lot done with me not being there; that we could pretty much do all remotely. I would establish the process and rules with them for our zoom meetings. We had a lot of interpersonal communications, continuing to make effective contact with people so that we could actually support one another and have productive meetings and goals met."

This somewhat newer way of leading relates to the need to empower, direct, and collaborate simultaneously to propel and maintain a group's efforts. This is reflected by increased scores in the instrumental and direct domains. The social instrumental domain, in particular, increased for two-thirds of the leaders, and the entrusting instrumental domain increased for just over a third. It also corroborates the consistent reliance on the collaborative relational domain across the time span.

Many specifically noted that they knew that their staff and colleagues needed different types of support and guidance at various points in the pandemic, and they, as leaders, needed to be vigilant to adapt their styles to the current needs. They recognized that while many needed encouragement and support, others needed direction and structure to maneuver through the balance of work and family responsibilities in this time of crisis and uncertainty. Frequently mentioned was the need for psychological safety, particularly in the remote work context, which was chaotic, without norms, and constantly changing.

As instrumental leaders, empathy was consistently mentioned by the women leaders as being key to their strategies in addressing the complexities of the many challenges confronted by themselves and their colleagues at home and in the workplace. The multi-faceted crisis was seen as equalizing, with everyone struggling with anxiety and/or depression. Yet through instrumental leadership behaviors, they did identify ways to maximize their own and everyone else's strengths, seeing the untapped possibilities in people and the situation. An example of a leader recognizing the need for empathy as a means for growth, not only for those she was leading but also for herself as a leader, is as follows:

> "We had some cancer diagnoses in my family, depression, a lot of social anxiety. With all of those trials it sped up the learning curve. We talked about empathy and adaptability being key, pinnacle pieces of the workplace right now coming out of the pandemic. All of those trials helped me become more adaptable and more empathetic, which has made me a better leader."

Moreover, several mentioned that their newer perspective extended in numerous ways. Staff and colleagues were key, but also their families became a consideration. Also cited was an expanded perspective of the larger community within and beyond their organization.

> "When the pandemic erupted, I was with a university where people are very community oriented. I started to think more about my community, recognizing that community is part of campus culture. I got involved just before, and continued my involvement in, the BLM movement. It made me feel greater dedication to those around me and empowered to participate in ways to make life better for others."

This reflects the spirit of an instrumental leader, who knows how to facilitate and orchestrate discussion and action at all levels. With the skill of being able to identify and activate untapped possibilities in people and situations, they assist groups in navigating challenges to reach communal goals. By maximizing everything about themselves, their relationships, and other peoples' talents, they easily bring people together to reach joint objectives.

3.5. Upon Reflection, Managing Self and Others Differently with Agility and Style

Reflection indicated that these leaders learned, often the hard way, that they had to manage and lead themselves in order to provide effective leadership for others. In demonstrating a greater accessibility, they were more open to receiving and incorporating feedback. Overall, these women leaders shifted in response to their situations, both personally and professionally in order to support their teams, reflecting the Meta-Leadership skill of situational awareness as well as exhibiting adaptability. The need to be more attuned to the needs of others, particularly their teams, emerged as a dominant theme, as reflected by one participant:

> "I have also been reminded of how we have to work with and beside others in new ways that we did not before. I think that the crisis made me better because it made me grow and adapt very quickly and pivot when the situation called for it."

This agility or adaptability was referred to as a greater flexibility in leadership across teams and the organization as whole, with an intentional focus on organizational culture.

This adaptability mirrors the connectivity of the effort principle of Meta-Leadership [25] in crises, as seen in one leader's experience:

> "When the pandemic first hit the impact of a pandemic on education was significant; how we had to come together as a community and as leaders and staff. We focused on all families, but especially on the very vulnerable. We were managing ambiguity, fear and anxiety. The teachers were pushed to instruct online overnight, which engaged the union and the teachers' needs. We pooled our resources and engaged our partners to meet the students' academic and their socio-emotional needs."

These reported shifts in how this group of women leaders reflect important facets of the Connective Leadership Model [1] Leadership profiles in 2022. Nearly all of the leaders expanded their repertoire, indicating a greater range of styles that could be employed in accordance with the situation at hand. Additionally, for many, some of the previously preferred leadership behaviors were relied on less often, with a focus on newer, previously less frequently used styles. Shifts were also observed towards working more with and through people (instrumental styles) as related to the aforementioned discussion on empathy and teamwork, but in some cases, direct and relational styles also grew in use.

4. Discussion

The COVID-19 pandemic has presented unprecedented challenges for women leaders across various sectors. In this article, we delve into the multifaceted experiences of women leaders during the pandemic, examining the internal and external forces that have shaped their leadership practices and how they have adapted and transformed in response.

The Connective Leadership Model [1] is a foundational framework for understanding how women leaders respond to a crisis. This model recognizes the importance of interconnectivity and diverse leadership styles in guiding groups of individuals with different backgrounds and perspectives. It offers nine achieving styles that connective leaders can draw upon to lead diverse teams effectively. Our mixed-method analysis sought a comprehensive understanding of women's leadership behaviors before and during the pandemic. By combining quantitative data and qualitative insights, we gained valuable insights into the unique circumstances faced by women leaders during the crisis and how it influenced their work dynamics.

One crucial aspect we explored was the emotional impact of the COVID-19 pandemic on women and their work. The pandemic placed significant psychological and emotional burdens on women in the workplace. Balancing personal and professional responsibilities, coping with increased workloads, and managing stress and burnout became significant challenges for women leaders. Our study aimed to delve into these aspects to understand the long-term effects of the pandemic better and emphasize the importance of supporting women's mental well-being. We analyzed the findings of our study in detail, uncovering several nuanced aspects that merit further consideration [7,8].

Firstly, we observed a significant reciprocal relation between participants' adaptive prowess and the Connective Leadership Model [1], suggesting applicability and flexibility in helping to assess and direct individuals, teams, and organizations to achieve greater and more fulfilling success through its emphasis on diversity and interdependence. However, it is important to note that our study design was exploratory, limiting our ability to establish a definitive cause-and-effect relationship. Future research employing more participants and experimental methods could help to illuminate the Connective Leadership Model [1] more robustly as a mechanism that validates its applicability across cultures and other diverse demographics. Additionally, we identified the Crisis Leadership Meta-Leadership Model [4] as a valuable lens for observing the relationship between adaptability and access to a repertoire of leadership behaviors. These observations warrant further investigation into the roles and implications for the women's leadership profiles in this study and how they unified large and small groups of people to work together for a common purpose [4,7,9,11]. Furthermore, while our sample size was adequate for our analysis, it is crucial to acknowl-

edge that it may not fully represent the diversity of the population, which could affect the generalizability of our findings.

Our analysis revealed that the agility and adaptability required to navigate new leadership challenges brought on by the COVID-19 pandemic were essential for the resiliency of our participants [1]. Women leaders demonstrated the ability to pivot and adjust their leadership approaches to meet the evolving needs of their constituents. They showed remarkable flexibility in adopting new technologies, implementing remote work structures, and reimagining traditional leadership practices. Furthermore, our study integrated a crisis leadership model, specifically the Meta-Leadership Model [14], to examine the competencies and skills necessary for leaders during a crisis. Sriharan [21] identified three thematic categories of crisis leadership: task, people, and adaptive competencies. These categories encompass skills such as preparing and planning, communication, and collaboration, inspiring and influencing, leadership presence, empathy and awareness, decision making, systems thinking/sensemaking, and tacit skills. By aligning the Connective Leadership Model [1] with the Meta-Leadership Model [4], we aimed to explore the overlap and identify key areas of convergence between the two frameworks [20].

Our analysis found substantial alignment between the Connective Leadership Model [1] and the Meta-Leadership Model [4]. Both models emphasize the importance of understanding the complexity and dynamics of a crisis, modifying leadership styles accordingly, and fostering collaboration and coordination among diverse stakeholders. The Connective Leadership Model [1] provides a comprehensive framework for leaders to navigate crises and achieve success through interdependence and diversity. The experiences of women leaders during the COVID-19 pandemic highlighted the need for adaptive leadership approaches that consider the well-being of individuals and the broader community. Our findings contribute to the growing body of knowledge on women's crisis leadership, shedding light on the transformative processes women leaders undergo during challenging times [6,8,10,21].

It is worth noting that the challenges women leaders faced in this study during the pandemic were different across industry sectors and regions. Intersectionality plays a crucial role in shaping the experiences of women leaders, with factors such as race, ethnicity, socioeconomic status, gender identity, and geographic location influencing the magnitude of the challenges they encounter. Future research should explore these nuances and develop targeted strategies to support women leaders from diverse backgrounds, as well as the unique experiences of women leaders and develop strategies to promote their success and well-being in times of crisis [2,7,11,12].

This study was conducted as a pilot, with acknowledgement of the limitations of the small sample size which impedes generalizability and validity as well as the inability to conduct a double-blind study. As researchers, we employed strategies to address issues related to bias and reliability in data collection and analysis. Future studies might further address such limitations with a larger sample, observation of additional components of the dialogues and characteristics of the participants, and the use of an added quantitative survey.

In conclusion, this article explored the challenges faced by women leaders during the COVID-19 pandemic and how they adapted their leadership practices to serve their constituents effectively. By utilizing the Connective Leadership Model [1] and integrating the perspective from the Meta-Leadership Model [4], we gained valuable insights into the behavioral profiles of women leaders during crises. The emotional impact of the pandemic on women in the workplace was also examined, emphasizing the importance of supporting their mental well-being. Our study validates the efficacy of the Connective Leadership Model [1] in crisis contexts and highlights its alignment with the Meta-Leadership Model [4]. By understanding and embracing diverse leadership styles, women leaders can navigate crises and foster collaboration to achieve positive outcomes when they recognize and access the broadest leadership behaviors available. We believe that our participant pool of women leaders demonstrated the four 'As' of connective leadership: authenticity, accountability,

adaptability, and accessibility. These findings can serve as a guideline for other women facing crisis situations at present and in the future [1,7,8,10,12].

Appendix A

A DIRECT SET: acts directly on the situation; controlling both the inputs and outcomes of the endeavor

A1 Intrinsic Direct:

Within the direct domain, the first style is intrinsic. Individuals who use the intrinsic direct style are self-motivated, do not wait for others to help them, and incorporate a high standard of excellence. They have within themselves the resources to perform the task, and a perfectly executed task is the reward they seek. Their challenge is to outdo their own previous performance, without comparing themselves to others.

A2 Competitive Direct:

People who use competitive, the second style in the direct set, derive great satisfaction from performing a task better than anybody else. Competing against others compels them to do their best, which may mean creating a contest where it otherwise may not have existed.

A3 Power Direct:

People who use power, the third style within the direct set, prefer to organize, be in control of, and manage people, resources, and processes. They often seek leadership roles, which ordinarily provide the necessary authority to coordinate and organize people and events, as well as commandeer resources, and keep control of the end result.

B INSTRUMENTAL SET: uses self and others as instruments for achievement; controlling the inputs but sharing the outcomes of the endeavor with their constituents.

B1 Personal Instrumental:

Personal is the first style in the instrumental set. Individuals who prefer this style use everything about themselves, including their personality, wit, charisma, personal appearance, intelligence, background, and/or previous achievements to attract others and

further their goals. They often excel at public speaking, dramatic gestures, symbolism, humor, timing, and costume. They frequently engage in unexpected actions, which take both their supporters and opponents by surprise, often making their targets more receptive, excited, and even vulnerable to their directions.

B2 Social Instrumental:

The second style in the instrumental domain is social. People who call upon this style engage and involve other people with relevant training, skills, and/or experience in achieving their goals. By recognizing the connections between training, experience, and goal achievement, individuals who call upon this style use their contacts, as well as their strong political and networking skills, to achieve their goals. Additionally, this style requires maintaining a network of people, who feel remembered, liked, and poised to help.

B3 Entrusting Instrumental:

The third style in the instrumental set is entrusting. People use this style to empower others, even though those individuals have no specifically relevant training or experience. This requires, therefore, a situation where the individual can or must entrust their goals to others and believe that those others can accomplish the task with minimal supervision. This "leadership by expectation" motivates others to rise to the occasion and live up to the high and often flattering expectations placed upon them by the leader. This style is commonly called upon in crises, when other individuals with proven credentials for the task are unavailable.

C RELATIONAL SET: achieves through relationships; sharing or even deferring both the inputs and the outcomes of the endeavor with their constituents.

C1 Collaborative Relational:

In the relational set, the first style is collaborative. When the situation calls for others to join (this may mean a single collaborator or a multi-person team), this style may increase the odds of success. Often, when using this style, individuals experience a sense of camaraderie from working with others, as well as a devotion to the group and its goals. Tasks, as well as the rewards and disappointments of the challenge, are expected to be shared equally.

C2 Contributory Relational:

The second style in the relational set is the contributory style. People who favor this style prefer to work behind the scenes to help others achieve their goals. A sense of accomplishment and success exists when the "front" person or group accomplishes "his"/"her"/"their" task. The contributory relational achieving style involves "partnering" in the other person's or group's goal, with the understanding that the major and/or public accomplishment belongs to the "front" person or group. Mentoring in the family, school, and workplace are examples of this style.

C3 Vicarious Relational:

Third in the relational domain is the vicarious style. People who prefer this style derive a genuine sense of accomplishment from the success of others with whom they identify. Individuals who call upon the vicarious style do not "get into the act" themselves. As spectators or supporters, rather than direct participants, their sense of pride in the success of others with whom they identify is sufficient reward.

Appendix B

This is a sampling of The Achieving Styles Inventory™ Items, used in this study in a pre–post-test format:

A Direct Items

A1 Intrinsic:
For me, the most gratifying thing is to have solved a tough problem.
More than anything else, I like to take on a challenging task.
For me, the greatest satisfaction comes from breaking through to the solution of a new problem.
A2 Competitive:
For me, winning is the most important thing.
I am not happy if I don't come out on top of a competitive situation.
I select competitive situations because I do better when I compete.
A3 Power:
I want to be the leader.
I want to take charge when working with others.
Being the person in charge is exciting to me.

B Instrumental Items

B1 Personal:
I work hard to achieve so people with think well of me.
I strive to achieve so that I will be well liked.
I try to be successful at what I do so that I will be respected.
B2 Social:
I get to know important people in order to succeed.
I use my relationships with others to get things done.
I establish a relationship with one person to get to know others.
B3 Entrusting:
When I want to achieve something, I look for assistance.
I look for reassurance from others when making decisions.
When I encounter a difficult problem, I go for help.

C Relational Items

C1 Collaborative:
Faced with a task, I prefer a team approach to an individual one.
Real team effort is the best way for me to get a job done.
For me, group effort is the most effective means of accomplishment
C2 Contributory:
I achieve by guiding others toward their goals.
I have a sense of failure when those I care about do poorly.
My way of achieving is by coaching others to their own success.
C3 Vicarious:
I achieve my goals through contributing to the success of others.
For me, the greatest accomplishment is when people I love achieve their goals.
The accomplishments of others give me a feeling of accomplishment as well.

Appendix C

The Qualitative Interview protocol employed in this research is below.
Women and Leadership Research Project.
Hypothesis: Women's leadership becomes stronger and better in a time of crisis and conflict.
The purpose of this study, a mixed-methods research project, is focused on women leaders and how they led through crisis, particularly during the past two to three years of the global COVID-19 pandemic. The research is grounded in the Connective Leadership

Model/Achieving Styles, the results of which we expect will demonstrate critical leadership behaviors in times of crisis.

As a reminder, these styles are characteristic behaviors individuals use to achieve their goals and connective leadership emphasizes connecting individuals to their own, as well as others', tasks, and ego drives. The Achieving Styles Model includes three sets of achieving styles (direct, instrumental, and relational), each subsuming three individual styles, resulting in a full complement of nine distinct achieving styles. Source: www.achievingstyles.com (accessed on 6 June 2023).

Interviews are scheduled with women in leadership roles pre- and post-pandemic. The research team is focusing specifically on the achieving styles as defined in the Connective Leadership Model. The interviews will involve a researcher certified through the Connective Leadership Institute and selected women leaders who have participated in programs or activities pre-pandemic during which the Achieving Styles Inventory (ASI) was administered. Interviewees will retake the ASI, after which an interview will be held using the following interview protocol.

Interview Questions

The questions below will be used by each researcher/interviewer during scheduled interviews. Additional clarifying inquiries may be posed, prompted by the responses to the questions below.

1. Reflect upon your pre-pandemic leadership style—describe your role and your primary "under normal circumstances or routine" leadership model.
2. As the pandemic evolved, what shifts in context occurred? How did your preferred leadership model shift from your pre-pandemic model to a "pandemic model" and what it is now?
3. Relating to the contextual shifts, how did you go about achieving critical goals for the team or organization you were leading; what leadership behaviors did/do you use most frequently to implement those goals? What obstacles did you encounter and how did/do you respond?
4. How did your identity and the culture of the team/organization within which you are working influence, if at all, how you went about addressing the various/critically important issues which arose during the pandemic?
5. From what did you derive the greatest satisfaction as you provided leadership through the crisis?
5.1. Breaking through to the solutions of a new problem(s) and/or taking charge when working with others, and/or coming out on top and receiving accolades from others? Any or all?
6. What were key leadership/operational practices which proved most beneficial?
6.1. Developing relationships with others to get what we needed to succeed; reaching out for help when necessary—beyond my defined sphere of influence/authority.
6.2. Team efforts to responds to changing needs and to achieve critical goals.
6.3. Relying on others to step up to new, potentially temporary roles and activities which were not part of their defined job spec; taking an active part in helping others achieve success.
7. All things considered, what have been your takeaways as you reflect upon the crisis period and your growth as a leader?

Appendix D

Reasons for not seeking full Ethics Review
The authors consider a full ethics (IRB) review to be not warranted given the study design. There are several reasons for our decision that we wish to expand upon here:

- *Informed Consent*: The research participants were offered and agreed to provide informed consent three times in our data collection process—twice when completing

      the ASI online, as consent is built into the inventory, and then verbally in the Zoom interviews (see Appendices D and E).

- *Risk*: Having used the ASI and interviews about leadership styles in previous research, we were assured by various campus IRB boards at different US campuses that full IRB review was not necessary.
- *Assessment As Learning*: All four of the researchers on this project are highly trained in the practice of assessment as learning (William, 2011). In so doing, we offer the ASI results to our learners with transparency and without judgement.
- *Cybersecurity*: All assessment and interview transcripts were maintained on password-protected and secure servers.
- *Anonymity*: All data were stripped of personal identifiers and were reported in ways that cannot be traced back to the participants.

Appendix E

Participant Privacy Policy

As a part of this group, you have been assigned to a Group Leader who may wish to view your results. Your group leader is _____.

By default, the Group Leader is given the permission to view your results. Nevertheless, the Connective Leadership Institute (CLI) protects the right of all users to keep their results private from their Group Leader, if desired.

Your individual privacy will be maintained in all publications or presentations resulting from our research. In the demographic section of the Assessments, you are required to fill in the first and last name boxes in order for you to access your data at a later time. In order to preserve the confidentiality of your responses, only those staff people with administrative status at the Connective Leadership Institute will have access to the records in the Achieving Styles Database.

Consent Form

By completing an Assessment on the Connective Leadership Institute website, you are contributing to the accumulating database used by the Connective Leadership Institute to conduct research. The research undertaken by the Institute focuses on Achieving Styles and their relationship to numerous other individual and organizational concepts.

There are no foreseeable risks associated with the Assessments. We do, however, expect that the detailed analysis of your results and your Connective Leadership/Achieving Styles Profile, based on the Achieving Styles Model, will benefit you by providing new information about how you go about accomplishing your tasks and leading others.

Please understand that participation is completely voluntary. Your decision to complete the Assessment(s) in no way will affect your current or future relationship with the Connective Leadership Institute. You have the right to withdraw from the research at any time without penalty.

Your individual privacy will be maintained in all publications or presentations resulting from our research. In the demographic section of the Assessments, you are required to fill in the first and last name boxes in order for you to access your data at a later time. In order to preserve the confidentiality of your responses, only those staff people with administrative status at the Connective Leadership Institute will have access to the records in the Achieving Styles Database.

Appendix F

Consent to Participate in Research (*No Signature*)

Project Title: Women's Leadership and the COVID-19 Pandemic

Population: Women Leaders who have participated in Training or Courses where the Connective Leadership Model and the Achieving Styles Inventory (ASI) were employed between 2012->2022)
Researchers:

1.
2.
3.
4.

Researcher Contact:

1.
2.
3.
4.

You were asked to take part in a research study. The box below shows the main facts you need to know about this research for you to think about when making a decision about if you wanted to join in. Carefully look over the information in this form and ask questions about anything you do not understand before you make your decision.

Key Information for You to Consider

- Voluntary Consent. You are being asked to volunteer for a research study. It is up to you whether you choose to involve yourself or not. There is no penalty if you choose not to join in or decide to stop.
- Purpose. The reasons for doing this research are:
    1. What are the Impacts of the COVID-19 Pandemic on the Leadership practices of women leaders?
    2. How can the Connective Leadership Model explicate the shifts in these leadership practices?
    3. How can the Crisis Management Leadership Framework explain on any observable shift in leadership practices?
- Duration. It is expected that your part will last approximately 20 min to complete the ASI inventory & approximately 1 h to conduct the interview.
- Procedures and Activities. You will be asked to take a second ASI (*you took it earlier in a course or training with one of the 4 researchers*) & participate in an interview.
- Risks. Some of the possible risks or discomforts of taking part in this study include, a feeling of disappointment on how your ASI results have shifted since you first took it. The conversation about the crisis of the COVID-19 Pandemic may be triggering of discomfort.
- Benefits. Some of the benefits that you may expect include a clearer perspective on how your leadership has shifted as a result of the COVID-19 Pandemic. You also will receive a second ASI report at no cost to yourself. An opportunity to reflect on changes in leadership practices that have occurred during this time of crisis and how you have adapted.
- Options. Instead of taking part in this study, you could chose not to.

What happens to the information collected?

Information collected from you for this research will be used to present at an International Leadership Association conference on Women's Leadership (June 2022 in South Hampton, UK) and for publication in a scholarly journal.

How will I and my information be protected?

We will take measures to protect your privacy including making all reports of the data anonymous. Despite taking steps to protect your privacy, we can never fully guarantee that your privacy will be protected.

To protect all your personal information, we will keep your data on a secure cloud server that is password protected. Despite these precautions, we can never fully guarantee that all your study information will not be revealed.

What if I want to stop being in this research?

You do not have to take part in this study, but if you do, you may stop at any time. You have the right to choose not to join in any study activity or completely stop your participation at any point without penalty or loss of benefits you would otherwise get. Your decision whether or not to take part in research will not affect your relationship with the researchers.

Will it cost me money to take part in this research?

There is no cost to taking part in this research, beyond your time.

Will I be paid for taking part in this research?

No.

Who can answer my questions about this research?

If you have questions or concerns, contact the research team at:
Researcher #1

Consent Statement

I have had the chance to read and think about the information in this form. I have asked any questions I have, and I can decide about my participation. I understand that I can ask additional questions anytime while I take part in the research.

☐ I agree to take part in this study.
☐ I do not agree to take part in this study.

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