

Understanding Women Middle Managers' Realities in Québec's
Health and Social Services System

Helen Walling

A Thesis

in

The School of Graduate Studies

Presented in the Partial Fulfillment of the Requirements

For the Degree of

Doctor of Philosophy (Individualized Program) at

Concordia University

Montreal, Quebec, Canada

April 2023

© Helen Walling, 2023

CONCORDIA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared

By: Helen Walling

Entitled: Understanding Women Middle Managers' Realities in Québec's Health and Social Services System

and submitted in partial fulfilment of the requirements for the degree of

DOCTOR OF PHILOSOPHY (Individualized Program)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

_____ Chair
Dr. Adel Jebali

_____ External Examiner
Dr. Ola Tjornbo

_____ Examiner
Dr. Linda Dyer

_____ Examiner
Dr. Warren Linds

_____ Examiner
Dr. Varda R. Mann-Feder

_____ Thesis Supervisor
Dr. Rosemary Reilly

Approved by _____
Dr. Felice Yuen, Graduate Program Director

February 17, 2023 _____
Dr. Effrosyni Diamantoudi, Dean, Graduate Studies

ABSTRACT

Understanding Women Middle Managers' Realities in Québec's Health and Social Services System

Helen Walling, Ph.D.

Concordia University, 2023

This research captures the lived experiences of eight women middle managers in Québec's Health and Social Service System (HSSS) and makes recommendations for changes that will support them in their multiple roles, while fostering their psychological well-being. A qualitative inquiry research approach was used to study how women middle managers navigate their professional and private roles, in a public organization where women comprise the majority of the employees and middle managers. Additionally, it explores the opportunities and barriers that these women face in a context where family-friendly policies such as parental leave, affordable daycare, and pay equity have existed for over two decades.

All study participants were white French-Canadian mothers, except one who was a mother-to-be. The research revealed that they felt overextended and that the superwoman syndrome is still alive and well, reinforced by unrealistic organizational and societal expectations grounded in the gendered segregation of both paid and unpaid work. Although these women were highly educated, they still followed the societal norms concerning their domestic, caregiver, and emotional roles, trying to adapt and “do it all” at the expense of their own health and psychological well-being.

The implications of this study show that persistent gender segregation in paid and unpaid work spheres leaves women and mothers squeezed for time which negatively impacts their well-being. This study calls for changes in the organizational culture and a move away from a work-

centric focus to a focus on human capital. It also has important implications for governments as their policies and practices contribute to work environments which are maladapted to women's and especially mothers' realities. If true progress is to be made, society must value caregiving and develop policies and practices which allow people to thrive in all spheres of their lives: self, family, and work. We have to stop trying to fix women and rather focus on system change and transformation.

Acknowledgements

This journey could not have been possible without the amazing support of my key team for which I am so grateful. However, this journey would probably never have begun if I had not been inspired by Mary Robertson, my sociology teacher, when I was in college in 1980. She planted a seed in me that developed a need for continual learning in the area of women's issues.

Although it took me numerous years to complete this journey, I clearly recall that day when my wonderful husband Richard, our amazing son Eric, and our beautiful dog Pal all came with me to Montreal so that I could meet Dr. Rosemary Reilly to discuss the possibility of her becoming my thesis supervisor. The conversation we had was so inspiring and her support so palpable that I decided then to commit to this experience. I then met Dr. Warren Linds at a café and talked about what I wanted to do and asked if he would join my committee. He also agreed and has been supportive from the start. The third member of my committee (until I decided to refocus part of my work) was Dr. Jim Gavin. At the start of the process, I wanted to focus on coaching and Jim had that expertise. In 2019, I decided to move my focus away from coaching and had Dr. Varda Mann-Feder join my team.

My journey did not go as planned. I had wanted to start my PhD in 2010 and complete it in 2015. We all know that life happens, and for me, unexpected significant health issues played an enormous role in needing to adapt my objectives as of 2011. I unfortunately had to deal with tremendous physical pain and mobility loss that required a double knee operation in 2013, causing my educational plan to go haywire. During these challenging times, Richard, Eric, and Rosemary were always such a great support and understood that my health impacted my school and work. I will always be grateful for their support and understanding through this journey. Richard and Eric have been constant in their support through the good and difficult days and

weeks. When I started my PhD, Eric was 15 years old. In 2018, at the age of 23, he embarked on his own educational journey. Amazingly, he finished his PhD in chemical engineering in January 2022. At one point, when we were both working on our PhDs, friends would joke as to who would finish first, although he started 7 years after me!

I must admit that although I never expected to face such challenging health issues when I decided to start this process, there is not a day that I did not think I would complete my PhD, and that is because of all the support I have received from my family, close friends, Rosemary, and my committee. I extend a special thanks to my family and friends who supported me during the good and more challenging times: my two sisters, Dorothy and Ann, their partners, and my brother Alex. My dear friend Jennifer Hobbs Robert, my coffee mate who would listen and support me, as well as her husband Jean, who shared some of his own experiences as he went through his PhD, always made me feel positive. Nectaria Skokos, who would keep asking me “how’s it going at school?”, at times was the little push I needed to keep moving forward. I was fortunate to have friends who had gone through a PhD process and were able to guide me in many ways: Dr. Lorraine O’Donnell, Dr. Lisa Birch, and at the end of my journey, Dr. Aurelia Roman. I cannot forget my wonderful physiotherapist, Brenda Rogers, who I needed to visit three times a week in some periods due to my health issues. She was always interested in my work and helped me adapt to my physical challenges to ensure that I could complete my journey. Once, I needed a special cast for my right arm and hand (I am right-handed) for months. Brenda helped me manoeuvre through these health issues so I could continue my studies. I, also, thank Dr. Christine Kerr for her editing work that ensured the quality of my English expression in this thesis.

I could not finish this part without acknowledging the unconditional love of our dogs. Pal, a beautiful Portuguese water dog, was my constant companion for the first six years in this process. When he passed at the age of 15, we adopted a beautiful Labradoodle, Sirona, who took over Pal's role and sat beside me for hours as I read, pondered, and wrote.

A special thanks must go to the Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, who during challenging times due to COVID-19 still allowed me access to the system and helped me to find participants. Finally, I offer a heartfelt thank you to all the participants who permitted me to listen to their experiences and delve into their stories. These were such rich moments for me to try and understand what they were living.

I am grateful to have had the support of so many wonderful people guiding and encouraging me.

Table of Contents

| | |
|---|------|
| List of Figures | xiii |
| List of Tables | xiv |
| List of Abbreviations | xv |
| Chapter 1: Introduction and Context..... | 1 |
| Interest in Research..... | 1 |
| Context..... | 5 |
| <i>Provincial Context</i> | 5 |
| <i>Organizational Context</i> | 6 |
| <i>Québec’s HSSS and the Impacts of Bill 10</i> | 7 |
| <i>The 2020–2022 COVID-19 Pandemic</i> | 9 |
| Chapter 2: Literature Review..... | 12 |
| Societal Factors | 12 |
| <i>Women’s Participation in the Workforce</i> | 13 |
| <i>Historical Perspective</i> | 14 |
| <i>Stereotypes</i> | 16 |
| <i>Multiple Roles and the Second Shift</i> | 18 |
| <i>The Feminist Movement</i> | 19 |
| Personal Factors | 22 |
| <i>Upbringing: Family Transmission of Roles</i> | 22 |
| <i>Other Personal Factors</i> | 23 |
| Organizational Factors | 25 |
| <i>Implications of Socialization and Psychological Development at an Organizational Level</i> | 26 |
| <i>Being in the Middle</i> | 28 |
| Impact of Multiple Roles on Women Middle Managers (Work-Life Balance) | 31 |
| <i>Challenges in Fostering Work-Life Balance</i> | 31 |
| <i>Organizational Factors Affecting Challenges</i> | 34 |
| Chapter 3: Methodology | 41 |
| The Context of the Current Research..... | 41 |
| Researcher’s Experience and Stance..... | 41 |

| | |
|--|-----|
| My Positionality..... | 42 |
| Theoretical Frameworks | 45 |
| Focus of the Research..... | 47 |
| Specific Context..... | 47 |
| Ethics Clearance..... | 47 |
| Recruitment | 49 |
| Participants | 50 |
| Qualitative Research Methodology | 54 |
| Methods | 56 |
| Sources of Data | 57 |
| Data Analysis..... | 58 |
| Chapter 4: Findings..... | 62 |
| Introduction to findings | 62 |
| Pathways to Becoming a Middle Manager | 62 |
| Describing Their Role as Middle Manager..... | 62 |
| <i>Communications Agents</i> | 63 |
| <i>Change Agents</i> | 64 |
| <i>Human Resources Managers</i> | 66 |
| <i>Strategist and Political Strategist</i> | 67 |
| Factors that Influence Psychological Well-Being | 68 |
| <i>Societal Norms</i> | 70 |
| <i>Personal Factors</i> | 73 |
| <i>Organizational Factors</i> | 82 |
| <i>The Impact of External Factors</i> | 117 |
| <i>Work-Life</i> | 120 |
| <i>Time</i> | 127 |
| <i>Health</i> | 128 |
| Strategies Women Use to Help with Their Psychological Well-Being | 130 |
| <i>Individual Strategies</i> | 130 |
| <i>Organizational Support</i> | 134 |
| Participants' Recommendations to the CIUSSS-CN..... | 137 |

| | |
|--|-----|
| <i>Living the Espoused Values</i> | 139 |
| <i>Leadership Styles and Appropriate Training</i> | 139 |
| <i>Realistic Working Conditions</i> | 140 |
| <i>Promote Work-Life Strategies</i> | 140 |
| <i>Onboarding</i> | 140 |
| Chapter 5: Discussion | 142 |
| Societal Norms | 145 |
| Personal | 150 |
| <i>Relational Needs</i> | 150 |
| <i>Individual Traits</i> | 151 |
| Organizational Factors | 152 |
| <i>Organizational Values</i> | 153 |
| <i>Perceived Culture Surrounding Work Expectations and Workload</i> | 154 |
| <i>Relationship with Team, Superior, and the Effect of Being in the Middle</i> | 158 |
| <i>Relationship with Superior</i> | 161 |
| <i>Leadership Style (not Gender) is Important</i> | 162 |
| <i>Access to Support</i> | 163 |
| <i>Burnout</i> | 164 |
| Work-Life | 165 |
| <i>The Second Shift</i> | 166 |
| <i>Familial Support</i> | 167 |
| Self | 168 |
| <i>Boundaries</i> | 168 |
| Lack of Time | 169 |
| Interdependence of Multiple Factors | 170 |
| Chapter 6: Recommendations and Implications | 172 |
| Recommendation #1: Concerning Organizational Culture | 173 |
| Recommendation #2: Change Processes Using System Thinking | 173 |
| <i>Barrier 1 – Government’s Approach to Change</i> | 175 |
| <i>Barrier 2 - Neoliberalist Philosophy</i> | 175 |
| <i>Barrier 3 - Competing Commitments</i> | 176 |

| | |
|---|-----|
| <i>Barrier 4 - Societal Expectations and Assumptions</i> | 177 |
| Recommendation #4: Participative Processes that Give Voice to Middle Managers’ Perspectives and Priorities | 179 |
| <i>Living the Espoused Values at All Levels of the Organization</i> | 181 |
| <i>Realistic Working Conditions</i> | 183 |
| <i>Developing Appropriate Leadership Styles and Training</i> | 183 |
| <i>Promotion of Work-Life Strategies</i> | 184 |
| <i>Onboarding</i> | 185 |
| Recommendation #5: Action Research as a Means to Inform and Assess Change Processes | 186 |
| Maintaining the Changes | 186 |
| Chapter 7: Limitations and Implications of the Study | 188 |
| Limitations | 188 |
| <i>Sample Size and the Lack of Diversity</i> | 188 |
| <i>Participants From One Region</i> | 189 |
| <i>COVID-19</i> | 190 |
| <i>Participant’s Motivation</i> | 190 |
| Wider Implications | 191 |
| <i>Comparison to the Private Sector</i> | 191 |
| <i>The Role of the Educational System</i> | 192 |
| <i>Progress for Mothers has Stalled</i> | 192 |
| Implications for Future Research | 193 |
| <i>The Impact of Parenthood and Work on Employees in Health and Social Services Systems</i> | 195 |
| <i>The Impact of Work-Centric Management Approaches</i> | 195 |
| <i>Comparing Government Reforms and the Health Systems</i> | 196 |
| <i>Evaluate an Action Research Approach to Change in Health Systems</i> | 196 |
| <i>The Glass Ceiling</i> | 197 |
| <i>Shifting Gender Stereotypes Regarding Caregiving</i> | 198 |
| <i>A Third Sphere</i> | 198 |
| Conclusion | 199 |
| References | 201 |

| | |
|-----------------|-----|
| Appendix A..... | 236 |
| Appendix B..... | 247 |
| Appendix C..... | 249 |
| Appendix D..... | 252 |

List of Figures

| | |
|---|----|
| Figure 1: Organizational chart of the upper management structure of the CIUSSS-CN..... | 8 |
| Figure 2: Conceptualization of Factors Influencing the Well-Being of Women Middle Managers | 69 |

List of Tables

| | |
|---|-----|
| Table 1: Coding Process | 51 |
| Table 2: Profile of Participants | 58 |
| Table 3: Women Manager’s Coping Strategies for Psychological Well-Being | 130 |
| Table 4: Organizational Support for Well-Being..... | 135 |
| Table 5: Factors that Positively and Negatively Impacted Well-Being..... | 142 |
| Table 6: Recommendations for Health and Social Services Systems..... | 172 |

List of Abbreviations

| | |
|-----------|--|
| CISSS | Le Centre intégré de santé et de services sociaux (English translation: Integrated Health and Social Services Centre). |
| CIUSSS-CN | Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale (English translation: Integrated University Health and Social Services Centre). |
| HSSS | Health and social services system |
| PhD | Doctor of Philosophy |

Chapter 1: Introduction and Context

This research captures the lived experiences of eight women middle managers in Québec's Health and Social Service System (HSSS). Seven of the eight were mothers with children ranging from preschool age to their late twenties. The eighth participant was expecting her first child. The research aims to make recommendations for changes that will support them in their multiple roles, while fostering their psychological well-being. A qualitative research approach was used to explore the opportunities and barriers that women middle managers encounter regarding their multiple roles and work-life balance.

There is limited research on women middle managers in Québec's HSSS and even less research on the factors that contribute to their psychological well-being, in an organization that is predominantly women. At a scholarly level, this research adds to a sparse body of knowledge about women middle managers' realities in a public health and social services system in a legislative context which is purported to be favourable to work-family reconciliation. It is of interest to explore if women middle managers fair better in such an organizational and legislative context, as compared to the literature.

Interest in Research

Why study women middle managers in Québec's HSSS? As a certified Executive and Life Coach since 2006, I have had the opportunity of working with numerous women managers in the HSSS. These women, aged between 35 and 55, were at varying stages in their careers. I have heard their challenges firsthand. I worked with some of them just prior to them leaving due to burnout and upon their return from their sick leave. In our one-hour weekly meetings, they provided me with a glimpse of their realities, and I wanted to understand them more. This motivated me in 2010 to embark on this PhD journey with the objective of understanding if

coaching can help women middle managers. I decided to further explore the realities of women middle managers and the factors impacting their psychological well-being. Much of the research on women managers and leaders in the workforce addresses the glass ceiling, pay equity, and the blocks facing women getting to the top in their organization. Although these are important factors, my interest was in studying women middle managers to gain a deeper understanding of their lived experiences, especially regarding how they navigate the inherent structural challenges arising from their middle-management status as they seek to juggle their public and private lives.

I was still interested in researching leadership issues faced by women. I read numerous articles on the impact of gender on leadership, including the effect of leadership traits, such as being agentic, which are seen as competitive, task oriented, and directive, compared to communal traits such as being nurturing, caring, and gentle (Eagly, 2018). I wanted to better understand the impact of confidence (Einarsdottir et al., 2018), the use of their voice (Beckman, 2014), and the way they handled conflicts. I delved into relational cultural theory (Jordan, 2017) to get a better understanding of the impact of how women are socialized, which in turn deepened my knowledge of stereotypes, especially gender stereotypes, and their consequences for individuals in their social relations.

Living in Québec City and working with women in the local HSSS gave me the inspiration to do my research at *Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale* (CIUSSS-CN) (2022a) (English translation: Integrated Health and Social Services Centre). I anticipated from the start that this group of women would be very homogenous, given the demographics of the region and the organization I chose. According to Statistics Canada (2016a), in the greater Québec City region, 93.6% of its population are non-immigrants, 5.7% immigrants, and 0.7% non-permanent residents. As well, 97% use French as

the language most often spoken at home, 1.7% use English, 1% use both French and English, and .3% use neither French nor English (Statistics Canada, 2016b). These regional demographics seem to mirror the reality of the organization and the workforce chosen for the research, especially at the level of middle managers. While there is no specific profile of middle managers, my review of the organigram of the CIUSSS-CN showed that 30% of the upper-middle managers are men with 70% being women, and 97% had French-Canadian names (Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, 2022b). I wanted to understand the realities of women middle managers in a system that is also predominantly comprised of women. In Québec's HSSS, women make up 82% of the workforce (Ministère de la santé et services sociaux Québec, 2011). I had three main areas of interest when I started the research, all of which are rarely studied in the literature since it tends to frame research questions in terms of the glass ceiling, gender wage gaps, or upward mobility.

My research fills a knowledge gap by examining the current lived experiences of women middle managers, since there is a void on understanding women middle managers. The research seeks to reveal what women middle managers liked the most (and why) and what they liked the least (and why) in their current public and private realities. I wanted to contribute by discovering how they dealt with their role in the middle, where they have someone that they themselves report to who gives them their mandate as well as having employees who report to them. This was an important part of my research contribution since I focused on how they managed being sandwiched between the top and the bottom in their professional lives. Indeed, there is a dearth of research on middle managers, particularly women middle manager, from the perspective of their lived experiences in their daily roles. I believed that understanding the daily realities of women middle managers would shed light on the complex mechanisms that hover below the

glass ceilings for these women. I had questions about the support system, if any, that these women middle managers had. The research shows that being a middle manager is not easy (Oshry, 2018). Consequently, I wanted to comprehend how they managed their role and whether they took care of themselves and, if so, how they did this. Lastly, I wanted to know what their recommendations would be to improve their professional and personal well-being.

This work is situated in a broader context of the advancement of women in general in western society. An extensive review of the literature was conducted in framing the question for the research and in surfacing the various areas to be explored. There is a large body of data on women's increased involvement in the workplace and their rise to leadership positions. However, the information is limited when looking at the impact on women middle managers and the challenges they face, including the impact of their multiple roles.

An area of focus that is central to this work is an understanding of the meaning of psychological well-being. Psychological well-being refers to "living life in a complete and satisfying way and to the development and self-realization of the individual" (Matud et al., 2019, p. 1). It has been framed within a multidimensional model which includes six components: "Self-Acceptance, Environmental Mastery, Purpose in Life, Positive Relations with Others, Personal Growth, and Autonomy" (Ryff & Keyes, 1995, p. 723). Psychological well-being is seen to play a protective role against illness (Matud et al., 2019). Specific to women, Matud et.al. (2019) found that "women's personality growth and positive relations with others" (p. 1) is an important factor in their psychological well-being, which is linked to positive relations with others in Ryff and Keyes' (1995) multidimensional model.

In many ways, this research is exploring new ground by concentrating on the experiences of women middle managers and how they broker their sandwich roles: between superiors and

subordinates and between the workplace and home. Since I wanted to illuminate the experiences and interpretations of their complex work lives, giving voice to women middle managers whose views are rarely heard, I opted to use qualitative inquiry to study them in a context of which I already have considerable knowledge from my professional work as an Executive and Life Coach in Québec City. Note that the terms “superior” and “supervisor” will be used interchangeably throughout the thesis.

Context

Gaining an overview of the broader context in which the research took place is important as it lays the foundation for greater insight regarding the scope of the data, the findings, and recommendations presented in relation to the literature review which will follow. This context includes the following: (1) a brief review of the provincial context and the government’s social policies; (2) the organizational context which includes the introduction of Bill 10 (2015) that affected the working conditions of managers in Québec’s HSSS and brought about important organizational changes; and (3) the COVID-19 global pandemic, which was predominant from March 2020 onwards, during the time of the research.

Provincial Context

Québec, a province in Canada, provides a good opportunity to compare the advancements and challenges facing women middle managers with the existing literature, as it is a province with socially progressive policies. For instance, the Québec government offers a public parental leave insurance plan (Gouvernement du Québec, 2020), which has been in place since 2006. A goal of this program is to help workers better reconcile work and family responsibilities. Affordable daycare services starting at \$8.70 per day (Ministère des Finances Québec, 2022) are available. However, as of 2019, there were only enough subsidized spaces for 57.4% of children

between the ages of 0 and 12 (Parent Quality Information Project, n.d.). Québec already has pay equity laws, which have reduced the gap between men and women's earnings, but it still does not apply to all women as it does not apply to organizations with fewer than 10 employees nor to upper management positions (Commission des normes, de l'équité, de la santé et de la sécurité du travail, 2021). In Québec, 73.4% of employers have fewer than 10 employees (Innovation, Science and Economic Development Canada, 2019). For the purposes of this research, though, women are working in a system (HSSS) where they are close to but not yet at parity with men in terms of earnings, because they still earn 1.14% less than men (Mongeau, 2019). This is important as, on average across multiple sectors, women managers in Québec earn 87.6% of what their male counterparts do (Mongeau, 2019).

Despite the advancement of women in Quebec, one cannot underestimate the historical and continued impact of patriarchy and religion as a barrier to women's full equality. They are still responsible for caregiving role, as societal norms place a greater burden on women in terms of domestic and caregiving roles (Eagly & Koenig, 2021; Schultheiss, 2021).

Organizational Context

Understanding the organizational context of Québec's public HSSS is important as it is the system in which this research took place. Québec's HSSS is of interest, because women make up the majority of its employees (82%) (Ministère de la santé et services sociaux Québec, 2011), as well as 75.6 % of managers (Mongeau, 2019). The mandate of the Québec HSSS is to improve the health of the population of its territory by providing them with local, integrated, and accessible health and social services (Gouvernement du Québec, 2021). One could expect that in an organization where women make up the majority of the workers and managers, within a society that has progressive policies as described above, women would have conditions that

would positively affect their psychological well-being. Given the high percentage of women working in the field, one could presume that the work environment and culture would be conducive and adapted to their needs in ways that enhance psychological well-being. This study is also pertinent in that there is limited work on women middle manager's realities in Québec's HSSS, which is a female-dominated system (Ministère de la santé et services sociaux Québec, 2011).

Figure 1 on page 8 presents the organizational chart of the upper management structure on the CIUSSS-CN and appendix A provides an example of a typical job posting for a middle manager in the CIUSSS-CN, providing a sense of their roles and responsibilities. Below is an excerpt from this job posting:

Under the authority of the Assistant Director, the person in this position ensures the organization, planning, control, evaluation, quality, and harmonization of the activities under his/her responsibility. He/she manages the human, material, financial and informational resources under his/her responsibility in collaboration with the unit managers. He/She ensures the cohesion of activities for his/her sector. Ensures that conditions are in place to promote the use of the best clinical and administrative practices. Integrates the continuous quality process within its sectors. Ensures that the quality and performance objectives defined by the organization are achieved. The patient (client) experience and population or client responsibility will also be at the heart of all processes to improve access, continuity, and fluidity of services.

Québec's HSSS and the Impacts of Bill 10

Over the years, there have been many changes made to Québec's HSSS with the last major reform occurring in 2015 as a result of the adoption of Bill 10 (An Act to modify the organization and governance of the health and social

services network, in particular by abolishing the regional agencies, 2015). This bill reorganized over 200 public institutions in the province. These changes added a layer of complexity to the tasks of middle managers in the health and social services sectors, especially because of the uncertainty regarding who the superior would be and who the subordinates would be once the reorganization was completed. These institutions are distributed throughout the province's 18 administrative regions. Through these institutions, the government provides a range of services from front line, community-based health and social services to very specialized third-tier medical services, such as youth protection services and specialized hospitals. In addition to changing the legal status of over 200 institutions, Bill 10 (2015) also reorganized the system's management structure. The government hoped to eliminate 1300 management positions across the province (Gentile, 2016) through departures and the merging of positions. It changed the system from three levels of governance to two and centralized decision-making at the top (Wankah et al., 2018). This has meant that managers in the HSSS have seen significant changes since the implementation of the bill in 2015, namely in the organizational structures, the reporting hierarchy, their teams' composition, and in their individual roles and responsibilities. This reporting hierarchy was presented in Figure 1 (See page 8). For many managers, they had to reapply to new positions, move from one institution to another, manage new teams, or manage multiple teams in different locations. This meant increased workloads and being obliged to work in much more complex structures.

The 2020–2022 COVID-19 Pandemic

This research was conducted eight months after the start of the global COVID-19 pandemic (World Health Organization, 2020). Originally, the research was planned to start in March 2020, but was delayed as the system in which the research was to take place was experiencing the first

wave of the pandemic. During this first wave, which lasted from March 2020 to the summer of 2020 (Institut national de santé publique du Québec, 2022), 13,581 health-care workers in Québec were infected with COVID-19 (De Serres et al., 2020). This represents a quarter of all the cases reported in Québec during that period. During the first wave, Québec health-care workers were ten times more likely to be infected with COVID-19 compared to the general population (De Serres et al., 2020). The research started in September 2020 and was completed in November 2020. This coincided with the second wave of the pandemic, which began in Québec in late September 2020 and was even more intense than the province's first wave (Institut national de santé publique du Québec, 2022). This wave had important effects on Québec's population in general and Québec's HSSS: "The rapid transmission of COVID-19, lack of therapeutic treatments and vaccinations, the uncertainty of the epidemic situation of COVID-19, and the implementation of a series of public health measures has significantly affected both physical and mental health" (Schmitz et al., 2020, p. 733). For middle managers in the health-care system, the pandemic added another layer of complexity and challenges, such as having to adapt their work daily, change how they did their work, and cope with new problems. For example, some of them had additional stress because employees did not have the proper protective equipment. Another challenge was that there were procedures and protocols that had to be modified constantly and communicated to their respective staff. Information was shared using a directive and top-down approach, with no opportunity to question or make suggestions, and often information was minimal. Three participants, who worked closely with seniors' homes, faced numerous daily changes including lack of material, staff getting sick from COVID-19, and increased resident deaths in the nursing homes. During the period of the research, the HSSS was a system under tremendous pressure; however, I was fortunate to be able to interview the participants between the first and second waves. At the time of the interviews,

no one knew that we would be having numerous waves of COVID-19. At the time of writing this thesis in the Spring of 2022, we are now facing our 6th wave (Institut national de santé publique du Québec, 2022).

This research is not on the impacts of COVID-19 on women middle managers and the health system. This was made very clear to all participants when I shared the purpose of the study. It just happened that the timing of the research was after the first wave of COVID-19. When I asked them to tell me stories regarding their experiences, I suggested that these stories should not be related to their experiences regarding COVID-19. However, if the impacts of COVID-19 helped solidify a message, they could use that story. There are a few cases where they shared examples under COVID-19, but the subject discussed was relevant regardless of COVID-19, the pandemic simply amplifying the issue.

Chapter 2: Literature Review

To understand women middle managers' well-being, this literature review provides some important areas that are explored and that set the stage for the current research. The four areas are:

- Societal factors: This includes a historical perspective and the presence and evolution of gender norms and stereotypes.
- Personal factors: This builds on the societal factors, explores how women are raised, and examines many of the individual factors at play.
- Organizational factors: This explores the policies of organizations, the impact of organizational culture around work expectations and leadership, and the role of middle managers and how they are affected by societal norms and gender.
- Factors associated with multiple roles: This explores how women deal with the multiple roles they face.

Understanding how all these variables interact with one another is essential in guiding the development of this research, its focus, and methodology.

Gender is a constant focus throughout this literature review since gender is embedded in social structures and organizations (Nkomo & Rodriguez, 2019). The research used in the literature review came mainly from Western countries; however, little research exists on the lived experiences of women middle managers in Québec.

Societal Factors

There are numerous factors that affect women in the workforce. Some are intrapersonal factors such as their personal character traits, their strengths and challenges, their values and beliefs, their self-efficacy and confidence, etc. Other factors are systemic ones. They arise from

societal, historical, cultural, and religious realities that give rise to gender bias and stereotypes. Some issues have been present historically and remain subtle but have an important influence on how women's roles at work and outside work are performed. Care responsibility, which historically fell on women, especially women with children, is still very present today (Carli & Eagly, 2016; Eagly, 2018; Eagly et al., 2020; Eagly & Koenig, 2021; Feeney & Stritch, 2019; Gaudet et al., 2022; Jyrkinen et al., 2017; Matthaei, 2018; Power, 2020; Pullen & Vachhani, 2020; Starmer et al., 2019) and especially with COVID-19 (Berkhout & Richardson, 2020; Hopkins et al., 2021; Minello et al., 2021; Zamarro & Prados, 2021). Consequently, care responsibility remains a critical factor when analysing women middle managers' psychological well-being.

Women's Participation in the Workforce

The literature regarding women working in Québec shows that women have progressively increased their participation in the workforce since the 1950s and have participated at nearly the same rate as men since the early 2000s (Moyser, 2017). In Québec, women now participate in the workforce at a rate of 80.1%, as compared to 84% for men. Women in Québec occupy 43.9% of managerial positions in companies with more than 200 employees and 58% of managerial positions in the public service, including the education and health sectors; most of them are middle managers (Mongeau, 2019). Despite the near parity between men and women in the workplace, Moyser (2017) revealed important differences in the realities experienced by women in Canada compared to their male counterparts, such as more frequent and longer interruptions in their careers, more part-time work, and greater responsibility for childcare. Women and especially mothers frequently need to take various leaves from work, often for familial matters such as parenting and caregiving (Eagly & Koenig, 2021; Gaudet et al., 2022; Matthaei, 2018;

Pullen & Vachhani, 2020), while men tend to have a more linear career path (Duberley et al., 2013; Holton & Dent, 2016; Lewis et al., 2017). There is still a double standard for women who fulfill domestic roles and familial tasks (Duberley et al., 2013; Kalaitzi et al., 2017; Robertson et al., 2019); they are the ones responsible for the family's social needs and care work (Feeney & Stritch, 2019; Jyrkinen et al., 2017; Minello et al., 2021) and for providing any needed emotional support (Acker, 2012; Kalaitzi, et al., 2017). Despite these additional responsibilities, women managers often find themselves faced with a work-centric philosophy, defined as a view (which still prevails) that to be a leader, one needs to work full and long days (Acker, 2012; Allen & Finkelstein, 2014; Chung & van der Lippe, 2020; Robertson et al., 2019; Sharabi, 2017). This can be an ongoing struggle for women with multiple roles (O'Neil et al., 2015) since they need to juggle many functions to achieve work-life balance.

Historical Perspective

The way we are raised, the beliefs we hold, and the roles we play at any given moment are imbued with our past as well as our present. Giuliano (2017) found that “ancestral characteristics which led to different economic roles for women determine cultural attitudes that persist even today, when the initial conditions which generated them have evolved or disappeared” (p. 16). In reviewing the evolution of women's roles in Québec society, there have been important advancements in the rights of women (Baillargeon, 2014), which is especially remarkable given that Québec society was dominated by the patriarchal culture and beliefs of the Roman Catholic Church until the 1960s. Historically, it was patriarchal culture that defined the role of women as being in the private realm of the home, while reserving the public realms of business and politics for men. As Baillargeon (2014) points out, the church influenced public policy for years, helping to delay women's right to vote by twenty years compared to the rest of Canada. Women in

Québec fought hard to break free of the dictates of the church and to promote gender equality. While women have accessed the public realm of business, they still have not achieved full equality with men as they still assume the majority of responsibilities in the home (Eagly, 2018; Eagly et al., 2020; Eagly & Koenig, 2021; Feeney & Stritch, 2019; Gaudet et al., 2022; Jyrkinen et al., 2017; Matthaei, 2018; Power, 2020; Pullen & Vachhani, 2020).

The evolution of women's roles in Québec society is not completely unique to Québec. In other Western countries, the literature points to similar historical realities concerning women's role as homemakers (Moghadam, 2018). Understanding the historical norms of women's roles helps explain the persistent differences in gender roles observed still today (Giuliano, 2017). Although women have taken on more roles formerly attributed to men, they continue to do their traditional domestic and caring-giving roles. Despite the advancement of women in terms of legal and political equality, gender remains embedded in the social structure and organizations within society (Acker, 2006; Alvarez & Lazzari, 2016; Hentschel et al., 2019; Maheshwari & Joseph, 2018; O'Neil et al., 2018) such that social inequalities in the distribution of private domain tasks persist for women.

Even today, one cannot underestimate the historical impact of patriarchy and religion (Moghadam, 2018). For example, "the term motherhood refers to the patriarchal institution of motherhood, which is male defined and controlled and is deeply oppressive to women, ... however, mothering refers to women's experiences of mothering and is female defined and potentially empowering to women" (O'Reilly, 2019, p. 22). Religious beliefs can have a particular impact on attitudes toward gender roles. Catholics, Orthodox Christians, and Muslims are more prone to embrace the traditional male breadwinner concept than Protestants and atheists (Algan & Cahuc, 2006). Societal attitudes towards women vary across different countries and

within countries. As such, understanding the historical perspective on gender and societal norms is important when reviewing the literature. Comprehending the impact of progressive policies, such as parental leave and affordable daycare, on societal attitudes concerning gender roles is of interest in this study; however, it remains only part of the story of women middle managers in Québec City's health and social services sector.

Stereotypes

Societal factors have an impact on how the roles of men and women are experienced. Where one is brought up and lives, as well as the beliefs of one's family, influence the roles that boys and girls adopt throughout their life (Hentschel et al., 2019). Societal factors are evident through the presence of gender stereotypes. Stereotypes are general expectations attributed to members of different social groups (Ellemers, 2018). Gender stereotypes refer to general expectations attributed to men and women. A stereotype makes itself known at a conscious or unconscious level in our interactions with others (Holton & Dent, 2016; Kalaitzi et al., 2017). Stereotypes affect the way we "attend to, interpret, and remember information" (Ellemers, 2018, p. 275) about both men and women and are reinforced through the media and peers (Eagly & Carli, 2007) and through speech (Chai, 2022). Gender stereotypes can be a powerful force in individuals' lives. For instance, a gender stereotype related to behaviour is that women should behave in a feminine manner that is consistent with presumed feminine attributes and communal traits, such as being nurturing, caring, gentle (Acker, 2012; Eagly, 2018; Rucker et al., 2018), docile, collaborative, and people-oriented (Agut et al., 2022; Eagly et al., 2020; Hoyt & Murphy, 2016; Webb Farley et al., 2021). While women are seen as passive and dependent, men should behave in a masculine manner, consistent with presumed male attributes such as being more dominant, aggressive, ambitious, assertive, and competitive (Eagly, 2018; Eagly et al., 2020).

These societal perspectives continue to affect women's professional and private lives, despite progress toward workplace equality. There are important workplace implications since, in 2020, these stereotypes were named by the participants and still had a dominant force in how they acted, often trying to emulate the stereotypes, and if they stepped out of that mold, women being soft and caring and tried to be more directive and take on a more masculine role, they have been 'called on' for doing so by employees and supervisor and were seen as not playing their leadership roles adequately.

Gender stereotypes have been ingrained by a patriarchal society (Gilligan, 1993; Gilligan & Richards, 2018) that promoted stereotypical roles in which men were the sole earners and women stayed at home and took care of the children and the household (Acker, 2012; Baillargeon, 2014; Jyrkinen et al., 2017; Power, 2020). Many stereotypes are unconscious and passed on from one generation to the next, in the way that children are raised and socialized (Agut et al., 2022; Eagly, 2018; Eagly & Wood, 2017; Ellemers, 2018). Gender roles and gender gap differences are conveyed from parents to children and therefore endure today (Giuliano, 2017). Even today, women continue to be socialized to assume these traditional roles, even though they are more active in the workforce. Consequently, working women face more competing pressures from their dual work and family roles than men.

Gender stereotypes can be a powerful force in individuals' professional and family lives. The ways women and men are raised are part of societal influences which lead to and reinforce stereotypes that impact them in the workplace and at home. Patterns of inequitable household responsibilities may start as early as childhood and then may become the norm (Starmer et al., 2019). This can be seen today in the ongoing care responsibilities of women, a function which

remains highly gendered (Chung & van der Lippe, 2020; Jyrkinen et al., 2017; Starmer et al., 2019).

Multiple Roles and the Second Shift

Women face additional challenges due to their multiple roles outside of the work environment, such as being a partner, mother, daughter, etc. (Duberley et al., 2013). The so-called second shift is still prominent today. The second shift, according to Hochschild (1983), refers to the household and care duties outside the home that follow (and may even overlap) the day's work for pay. Women tend to shoulder most of this second shift responsibility. In Québec, which is considered a leader in Canada for parental leave programs, 76.1% of fathers took a parental leave of 5.6 weeks on average; meanwhile, 99.2% of mothers took a leave for an average of 48.4 weeks (Findlay & Kohen, 2012). Moyser and Burlock (2018) found that women do more domestic chores, spending 5.4 hours per day on average on all unpaid work activities, compared to 2.9 hours for men. Besides household chores, women also care for the emotional well-being of their families. This care is not limited to children. It includes caring for the well-being of their aging parents and other family members such as siblings (Jyrkinen et al., 2017). Women are the ones who worry about the family (Chung & van der Lippe, 2020; Power, 2020) and who are socialized to have affective responsibility for the affairs and well-being of their families in the private domain.

Bianchi et al. (2012) point out the difference between housework and childcare, noting that couples with no children share housework duties better than in the past (Dotti Sani & Treas, 2016). However, when they have children, women are the ones with greater care responsibility. These authors argue that gendered caregiving is a greater barrier to gender equality in the labour market than gender differences in housework. These findings are consistent with Power (2020)

who also found that care work is done more often by women than men, in part due to the persistence of traditional gender roles despite the increase in women's economic participation in the workforce. As O'Reilly (2019) states, "Although women have made significant gains over the last three decades, mothers have not" (p. 14). Not only is the second shift still present for women who are mothers (Bianchi, 2012), feminist economists have now introduced the notion of a 'third shift' referring to the undervalued and unpaid emotional labour assumed mainly by women (Power, 2020). Care responsibilities do not end after the first few years of having a child. As children grow up, the type of care they need evolves. Special situations, such as illness or a crisis of some kind, can happen at any time both for young children and older ones (Jyrkinen et al., 2017). This was seen during COVID-19 where mothers were the ones who tended to take on the added responsibilities of caring for children who were at home more often (Zamarro & Prados, 2021).

With the help of the women's movement and feminism, the woman's role as solely a housewife slowly started to change in the 1950s when women pursued higher education and joined the workforce in higher numbers (Moyser, 2017). However, as seen above, many of these women continued to assume their domestic roles as well as their new professional roles, and women today still shoulder the main burden of domestic and caretaking roles (Carvalho & Diogo, 2018; Eagly & Koenig, 2021; Feeney & Stritch, 2019; Gaudet et al., 2022; Jyrkinen et al., 2017; Matthaei, 2018; Power, 2020; Pullen & Vachhani, 2020). Recent research has shown that with COVID-19 women's caregiving roles have increased (Berkhout & Richardson, 2020).

The Feminist Movement

The feminist movement played a part in bringing to the forefront the injustice to women caused by a patriarchal belief that men are stronger and superior to women and that women's

place was at home taking care of the children and other familial responsibilities (Eagly, 2018; Matthaei, 2018; Moghadam, 2018). The feminist movement has evolved over time, starting with the first wave in the 1920s where the focus was on voting rights (Aune & Holyoak, 2018; Eagly, 2018; Matthaei, 2018; McLaughlin & Carter, 2014) and creating a new identity for women (McNay, 2003). The second wave, which emerged between the 1960s and 1970s, strived to achieve gender equality in the workplace (Eagly, 2018; Matthaei, 2018). Liberal feminism espoused equal treatment for men and women in all spheres of life (Rottenberg, 2014).

The feminist movement continues to evolve as it tries to deal with the imbalances that persist for women (Eagly, 2018; Eagly & Wood, 2017). The third wave of feminism starting in the 1990s focused on individualism, choice, self-improvement, and empowerment (Lewis et al., 2017). An example is popular feminism, which increased the visibility of feminism and put the emphasis on professional and economic success, but not at the expense of the family (Banet-Weiser et al., 2020). Neoliberal feminism purported that a woman could have it all: work, money, success, and family (Lewis et al., 2017). It also put the emphasis on women taking full responsibility for their own well-being (Aune & Holyoak, 2018; Banet-Weiser et al., 2020; Eagly, 2018). This theory seems simplistic as a view because it assumes that a woman has the power, control of her schedule, and resources at home to make it work. It is based on an individualistic approach where someone is able to make choices and is empowered to do so (Lewis et al., 2017). Slaughter (2013) describes “having it all” as a myth. The emphasis here is again on women needing to adapt through such supports as training and mentoring (Lewis et al., 2017). Fundamentally, it is telling women to just act like men, be vocal, lean in (Sandberg, 2013), and take their place; however, it does not address all the burdens that women face at work, with the imposed organizational structures and policies (Eagly, 2018) and with the

exploitation and subordination of the unpaid work of caring for a family member (Matthaei, 2018).

The fourth wave of feminism beginning in the 2010s strives to be more inclusive. It rejects inequality of any type (Matthaei, 2018). For example, it fights against racism and social class inequality and recognizes the struggle for sexual diversity and sustainability (Romano, 2021). The fourth wave is a global movement due to the increased connectivity of the internet, social media, and movements such as #metoo, which become recognizable to many and create a sense of solidarity (Peroni & Rodak, 2020).

Despite the evolution of feminism, O'Reilly (2019) argues that although women have made significant gains over the last three decades, mothers have not: a "maternal wall" continues to exist. When women become mothers, this has a negative impact on their progress in the workplace. She talks about the need for a matricentric feminism, which is a feminism specific to mothers. "Matricentric feminism seeks to make motherhood the business of feminism by positioning mothers' needs and concerns as the starting point for theory and politics and for women's empowerment" (O'Reilly, 2019, p. 14). For O'Reilly, women are never going to enjoy full gender equality unless society values the work of care as much as paid work.

While women and men can move up in an organization, when women have children, the balance changes and women are at a disadvantage (Power, 2020). For many women, the pressure remains to change, adapt, and adjust so that they are able to be economically independent. This conventional approach to women's integration in the workplace does not address the greater societal issues impacting women's lives: the imbalance in the caring role and domestic responsibilities between men and women.

Individuals, whether in a work or home environment, bring traits that have been moulded and developed through their psychological development as well as their associated gender roles, such as partner, parent, or caregiver. The societal issues reviewed above permeate all aspects of women's lives and are in play when seeking to understand what helps or hinders psychological well-being.

Personal Factors

Individuals, whether in a work or home environment, bring traits that have been forged through their psychological development as well as their associated gender roles such as partner, parent, caregiver, colleague, or supervisor. Who they are as individuals lays the foundation of how they will integrate into their workplace and react to any challenges and barriers.

Upbringing: Family Transmission of Roles

The literature points to differences women experience compared to men. The way one is raised and the societal stereotypes involving gender may or may not fit with certain roles that a man or woman will play or want to play in their home and work lives. For instance, one theory that highlights these differences is Relational Cultural Theory (RCT) (Jordan, 2017). According to RCT, men and women are generally raised and socialized differently. The more traditional view of male development stipulates that, to be a healthy individual, it is essential to break interpersonal ties, assert independence, and adopt other so-called "manly" traits such as exerting power and dominance (Comstock et al., 2008). In contrast, relational cultural theorists argue that people generally grow through mutually empathetic and empowering relationships and connections (Jordan, 1997; Miller et al., 1997). They use the concept of "self-in-relation" to describe the fundamental need to be connected, to care for, and to be attentive to others and self. As such, the self is in movement towards mutuality, rather than separation (Jordan et al., 2004).

RCT is a theory that has existed for over 30 years. Originally focused on white women, it was inadequate in addressing aspects of race, culture, and identity and needed to address racism and its consequences, as well as take into consideration the unique choices, preferences, and experiences of each individual (Quinn & Grumbach, 2015). In the mid-1990s, RCT was expanded to embrace and respond to African-American women, and it has since evolved to focus on all individuals (Jordan, 2017). RCT postulates that individuals grow through connections with others, instead of trying to separate from others as one matures. Positive connections, where people grow in mutuality, are essential for the growth of individuals and provide them help and support, especially in difficult times. RCT specifies that relationships, and specifically healthy relationships, can be healing and beneficial for individuals. In this theory, individuals who can connect can be helped and supported by others, as well as help and support others. When in connection, people can feel encouraged, listened to, and supported; they become stronger, gain courage and confidence, and develop a sense of strength. Although RCT was developed over 30 years ago, recent research still points to its pertinence today. Matud et al. (2019) found that an important factor in women's well-being is their personality growth and positive relations with others, which is consistent with RCT.

Other Personal Factors

Other personal factors that may influence women middle managers in their roles include a sense of self, self-esteem (Kuster et al., 2013; Li et al., 2011; O'Neil et al., 2015; Orth, 2017; Orth & Robins, 2014), self-efficacy (Bandura, 1997), self-worth (Herbst, 2020; Karelaia & Guillén, 2012), and confidence (Devillard et al., 2014; Guillén et al., 2015; Ingols & Shapiro, 2015; Kay & Shipman, 2014; Leyboldt, 2020; Webb Farley et al., 2021).

Confidence. Confidence is defined as belief in one's own merit and effects how people face their challenges and meet their goals (Einarsdottir et al., 2018). Relational confidence takes into consideration the dynamic, the context, and the interactive nature of confidence and how it is built through interactions between self and others (Suzanne et al., 2020). Women with low confidence will rarely use their voice to share their ideas, comments, and suggestions or argue a key point (Carlin et al., 2018; Holton & Dent, 2016; Kay & Shipman, 2014; Kennedy et al., 2013; Leyboldt, 2020; Webb Farley et al., 2021). Gilligan (1993) says that a woman is successful in her psychological development when she can maintain her voice and say what she wants and needs to say and be heard, while having healthy relationships and mutual connections. This is consistent with the view of relational confidence (Suzanne et al., 2020).

Self-Esteem. Global self-esteem is “the individual's positive or negative attitude toward the self as a totality” (Rosenberg et al., 1995, p. 141). It is essential for healthy psychological development, as are confidence and self-worth (Jordan, 2017). Furthermore, the presence of high self-esteem is considered as a predictor of better work conditions and outcomes, while also being “linked to better professional functioning, less uncivil and deviant behaviour, higher job satisfaction and more job success” (Kuster et al., 2013, p. 647). Indeed, self-esteem affects women managers' ability to maintain their sense of self and their needs as women, a situation compounded by the finding that women typically grapple with lower self-esteem than men (Herbst, 2020; Kennedy et al., 2013), and low self-esteem has been found to contribute to the development of depression (Orth et al., 2016). Women still find it challenging to see themselves as senior managers and have a lower opinion of themselves than men (Herbst, 2020), even when others have a high opinion of them (Paustian-Underdahl et al., 2014). Women do not consider themselves as ready for promotions as men do (Carlin et al., 2018; Hartman & Barber, 2020);

they apply for promotions only when they meet 100% of the qualifications, while men apply when they meet 50% of the qualifications (Kay & Shipman, 2014).

Self-Efficacy. Self-efficacy is another personal factor and is defined as “beliefs in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (Bandura, 1995, p. 2). Efficacy beliefs influence how people think, feel motivated, and act. They are key in personal and career development (Hartman & Barber, 2020). When someone has self-efficacy, that person is willing and able to take on assignments and tasks with an attitude that lays the groundwork for success (Ladegard & Gjerde, 2014). High self-efficacy is a key to women’s career success (Hartman & Barber, 2020; Kuster et al., 2013).

Women often have conflicted feelings about who they should be, based on gender stereotypes, and who they may want to be, which may involve following a path that does not fit gender stereotypes (Karelaia 2011, 2012). This is consistent with Gilligan’s (1993) assertion that achieving healthy psychological development for many women remains difficult due to gender stereotypes and the socialization process. The way a person is raised, their psychological development, the presence of gender and societal stereotypes, their sense of self-esteem, self-efficacy, confidence, and voice are an integral part of what a person brings into their relationships, both at work and at home.

Organizational Factors

To delve deeper into the underlying factors contributing to the multiple challenges faced by women middle managers, one must understand the complex interaction of multi-leveled societal, personal, and organizational factors.

Implications of Socialization and Psychological Development at an Organizational Level

The differences in socialization and psychological development between women and men have an impact in organizations where, in general, the traditional societal view of good leadership is more in line with the stereotypical traits associated with men. The stereotypes concerning effective leadership focus on being competitive, task-oriented, and directive, which are traits normally associated with men and are referred to as agentic traits (Agut et al, 2022; Eagly & Karau, 2002; Eagly et al., 2020; Hentschel et al., 2019; Kay & Shipman, 2014; Rucker et al., 2018). If a woman leads in an agentic manner, she is typically perceived negatively compared to her male counterparts (Schock et al., 2019), because her behaviour contradicts her gender stereotype; thus, she may find herself in the double bind (Eagly & Carli, 2007; Madaan & Pradhan, 2017) of not being able to win either way. Many women managers face gender stereotypes. Their socially-induced caring nature or communal traits are not perceived as useful or desirable in a leadership role (Badura et al., 2018; Hopkins et al., 2021; Lewis et al., 2017; Pafford & Schaefer, 2017; Pullen & Vachhani, 2020; Vial & Napier, 2018), especially in a context where a stereotypical “think manager – think male” paradigm still prevails (Pafford & Schaefer, 2017; Schein, 2001). Whether the woman is a good leader or not, even nowadays, the underlying assumption is that women are too communal to be good leaders and that the agentic traits traditionally associated with leadership are still valid (Agut et al., 2022; Eagly & Keonig, 2021). The perspective that male traits are best for leadership is diminishing, especially in some work contexts and in certain fields such as education and social services (Cheung & Halpern, 2010). Interestingly, Elliot and Stead (2008) state that leadership is evolving and is more about leading ideas, communities, and the representation of issues; these correlate with women’s relational and communal roles.

Gender stereotypes were found to influence the value attributed to work performed by men and women, as well as the perceived potential of men and women in future career selection, with women being rated lower in both cases (Ellemer, 2018). Women displaying communal characteristics may be perceived as ineffective, even if objectively those skills and traits could benefit the organization (Eagly & Carli, 2007; Guillén et al., 2015). Conversely, women who display behaviour associated with the male leadership paradigm may be criticized for being “too aggressive” and “unfeminine” (Ellemer, 2018; Slaughter, 2012). Either way, women are in a double bind that tends to reinforce feelings of inadequacy.

Research has found that men use a more transactional style of leadership, which is more directive and involves defining responsibilities of subordinates and then ensuring that they are carried out (Bass & Riggio, 2006). Transactional leadership is an exchange relationship between leaders and followers based on contingent reinforcement where the follower is rewarded, if they do what is expected or corrective action is taken if not (Bass, 1999). Women have a more transformational leadership style, where they call upon their own charisma to motivate and stimulate co-workers (Agut et al., 2022; Cuadrado et al., 2015; Carli & Eagly, 2016; Eagly et al., 2020). Transformational leader move those they lead beyond their own immediate self-interests “through idealized influence (charisma), inspiration, intellectual stimulation, or individualized consideration. It elevates the follower’s level of maturity and ideals as well as concerns for achievement, self-actualization, and the well-being of others, the organization, and society” (Bass, 1999, p. 11). Transformational leaders work with their teams towards a common purpose and vision (Bass & Riggio, 2006). Women are also more concerned about the individuals that they lead. The ability to enter and maintain positive relationships is a critical tenet of RCT and central to a woman’s sense of self and well-being (Miller et al., 1997). Transformational

leadership is consistent with a feminist RCT perspective as it assists in developing positive relationship through connecting, listening, supporting, and growing in mutuality (Alvarez & Lazzari, 2016; Gilligan, 1993; Harding 2014; Jordan, 2017).

Despite the increase in the number of women in management roles, these stereotypes of women and men are still present today (Agut et al., 2022; Badura et al., 2018; Eagly & Keonig, 2021; Haines et al., 2016; Paustian-Underdahl et al., 2014). However, they have become subtler, below the surface, and consequently, more difficult to observe (Kaiser & Wallace, 2016; Moor et al., 2015). This represents the second generation of sexism and gender bias (Ely et al., 2011; Ibarra et al., 2013; Karelaia & Guillén, 2011; O’Neil et al., 2015; Pearse, 2017; Soklaridis et al., 2017). These gender biases manifest themselves in day-to-day communications, the way people interact, and the organizational culture, structures, and procedures, which combine to generate and maintain inequality (Acker, 2006). In certain cases, depending on the workplace and organizational culture, women managers feel the need to change themselves to become more like men (Derks et al., 2016; Einarsdottir et al., 2018). This can be very difficult for women because it goes against their gender identity.

Being in the Middle

Middle managers in general face additional complexities and challenges related to their roles since they are in the “middle,” with people both on “top” and below them (“bottom”) (Oshry, 2018). They are “stuck” in the middle since they feel pressure from both the top and the bottom. Their role and responsibilities are to assist their superiors (top) in achieving their goals and objectives while they (middle) are responsible for ensuring that their employees (bottom) do their work so that the objectives of those at the top are reached (Gjerde & Alvesson, 2020). Balancing the needs and interests of those above, below, their peers, and their client base, while

achieving their specific responsibilities, can have a negative impact on middle managers. Einarsdottir et al. (2018) found that women middle managers assume a great deal of responsibility for their work and employees. Oshry (2018) claims that this position causes “tearing” which refers to the manager’s feelings of being torn between the demands and commands of the top and the needs and challenges of those below who they manage. Middle managers are pulled in numerous directions. They reported heightened feelings of insecurity, ambiguity, and confusion (Linstead & Thomas, 2002). To complexify this situation, women middle managers often have another layer of responsibility to deal with outside their work, which includes their additional multiple roles in the private sphere of their lives.

Besides tearing and feeling pulled in all directions, women middle managers can also experience increased emotional labour related to work. Emotional labour is defined by Hochschild (1983) as hiding one’s real emotions when dealing with people to be supportive and to show one cares, particularly in the workplace. Hochschild described three types of emotional labour: genuine emotions, surface acting, and deep acting. Genuine emotions occur when one’s actions and feeling are genuine, surface acting occurs when one expresses an emotion without feeling it, while deep acting occurs when the individuals feeling do not fit the situation (Hochschild, 1983). Surface acting predisposes workers to stress and burnout (Liu et al., 2020; Pandey & Singh, 2016). Boucher (2016), who studied women middle managers in the health system in Australia, found an example of this. She found that women middle managers who were exposed to their superiors’ negative behaviour, such as bad temperament, venting, and anger, used surface acting to manage the emotional displays of their superiors. Boucher found that women middle managers spent more time than their male colleagues in dealing with superiors who had emotional issues. Their male colleagues were more directive, made more suggestions,

or referred the individuals to other people like those responsible for human resources. By doing so, their male colleagues' conversations and time spent with the individuals were much shorter, while women listened for longer periods, supported the individuals, and used surface acting. This study found that the long-term impact of surface acting resulted in decreased affective well-being, less job satisfaction, and greater emotional exhaustion for the women (Liu et al., 2020). This extra energy given to others can lead to decreased energy for themselves, while leading to the exhaustion that women middle managers may feel (Gunnarsdóttir, 2016).

Being a woman middle manager who manages other women has an added complexity. Hurst et al. (2018) found that women expected a higher degree of emotional understanding and support from a woman manager compared to a male manager. They had gender-based expectations, whereby they expected a woman manager to be communal, caring, and supportive. The women being managed expected their woman manager to see them as equal, to take a holistic view of them as people, to be in tune with the complexities of their lives and home responsibilities, and to provide flexibility to accommodate these complexities (Hurst et al., 2017). Trying to keep up with women's expectations can be very difficult since women managers, like any manager, also have goals to achieve and pressure coming from above. The expectations from their women employees may not necessarily be realistic (O'Neil et al., 2018). It is important to point out that not all women have a communal managerial approach; some have a more agentic leadership style, which is more directive and less focused on connections. Being in the middle meant that women managers had increased emotional labour related to the expectations of those they manage (Hurst et al., 2017). These factors can increase the tearing and tension that women middle managers may feel in their role, since they still remain responsible for achieving their objectives while trying to provide support for those they manage.

Impact of Multiple Roles on Women Middle Managers (Work-Life Balance)

Women middle managers not only face multiple roles and challenges at work, but also at home. As discussed earlier, they not only do more household chores at home, but they also shoulder the burden of care. The reality that women tend to be the ones who care for other family members, including those of their partner, adds additional workloads and stressors to women managers, as they have an added burden of care responsibilities due to trying to balance care and career, which can have negative effects for them, both physically and psychologically (Jyrkinen et al., 2017).

The care responsibilities women assume in their family lives are also present in organizational life (Chen et al., 2019). The literature points to the added burden placed on mother managers. Managers who are mothers are increasingly pressed for time and experience stress, not only because of the hours they must put in both at work and at home but also due to the intensity of their roles with little down time available (Juliusdottir et al., 2018). Juliusdottir et al. argue that the social role shaping both women's and men's roles leads to inequity between the genders. "In general, men in powerful positions have partners that take responsibility for the home and family responsibility, while women in powerful positions usually take the responsibility for family and home" (p. 616). These authors point out that women more often than men are the ones to criticize working cultures that put the company first and promote availability 24/7, leading to a perception that they are not as committed as men to their work. Societal values and norms should be questioned and not the women's commitment.

Challenges in Fostering Work-Life Balance

As a result of their multiple roles, women look for work environments where they feel that they can develop a work-life balance (Feeney & Stritch, 2019). Work-life balance is defined by

Sirgy and Lee (2018) as “a high level of engagement in work life as well as nonwork life with minimal conflict between social roles in work and nonwork life” (p. 232). Women, more than men, generally consider the impacts of their work decisions on their family (Lapierre et al., 2018; Powell et al., 2017). Engagement and involvement are important for work-life balance (Sirgy & Lee, 2018). Work-life balance must be understood in relation to the individual’s life values (Robertson et al., 2019). Some individuals are work-centric, with work being the priority, versus life-centric, where life outside of work is the priority, and others want both, thus being dual centric. Some cultures see being work-centric as very honourable and positive, while other cultures promote a more balanced approach, whereby both spheres can be achieved (Spector et al., 2007). Work-life balance is a personal issue since individuals have various needs and life values (Robertson et al., 2019). For some, working long hours and being fully dedicated or work-centric can be what they want. It depends often on where someone is in their life span. For example, some young workers trying to make a name for themselves may want to work long hours and on weekends, whereas later in life, if they have children or other caregiving roles, priorities may shift. There is no formula for work-life balance, as it is very individual in nature. However, “work/life fit” may be a better way to represent the complexities around the interaction between work and life (Tower et al., 2015). One strategy to assist with work-life balance is the importance of negotiating with those in the work environment, such as clients, colleagues, and supervisors, as well as those personally close, such as a spouse and family (Robertson et al., 2019; Starmer et al., 2019).

The concept of work-life balance is often presented as a choice, but for many women this is not the case due to societal and organizational expectations and constraints (Chung & van der Lippe, 2020). Work-life balance is perceived often as a tidy concept in which women can simply

segment their lives, which again is not the case (Lewis & Beauregard, 2018). Women's responsibility both at work and at home can result in a conflict between work and family (Feeney & Stritch, 2019), and thus the women feel guilty on both fronts (Einarsdottir et al., 2018). At home, this manifests itself as guilt for not being the perfect mother (Holton & Dent, 2016). Women strive to succeed in both their work and private lives, with no real dividing line between the two, yet organizational structures assume there is (O'Neil et al., 2015).

These additional responsibilities coupled with a work-centric philosophy in many organizations (Acker, 2012; Hartman & Barber, 2020; Robertson et al., 2019) create important challenges to the work-life balance for women (Alonso-Almeida, 2014; Institut National de Santé Publique du Québec, 2014; Moor et al., 2015; O'Neil et al., 2015). This added burden of caretaking can increase the difficulty faced by women seeking to be managers (Allen & Finkelstein, 2014; Holton & Dent, 2016) and organizational leaders (O'Neil et al., 2015), since women may be less available or may be perceived by their employers as not being as available and committed (Robertson et al., 2019) as their male counterparts.

Women managers can find themselves once again torn when they cannot integrate family and work roles effectively (Cuadrado et al., 2015; Haines et al., 2016). They may feel depleted and inadequate in their various roles as a woman, mother, spouse, caregiver, and leader, which can negatively impact their sense of identity and psychological well-being (Grawitch & Barber, 2010; Karelaia & Guillén, 2012). This sense of incompetence or general feeling of not being good enough, or not being the "super women" society seems to call for, can have a serious impact on their sense of self-worth and their decision on whether to remain in leadership positions (Karelaia & Guillén, 2012). For some, depending on their personality, it may also lead to burnout, which is characterized by emotional exhaustion, feelings of cynicism, and reduced

personal accomplishment (Koutsimani et al., 2019; Maslach & Goldberg, 1998; Maslach & Leiter, 2016, 2017).

Despite these challenges, studies have shown that women's ability to integrate all aspects of their lives together—work, family, and self—in a healthy and complementary way is beneficial to their psychological well-being. Women who tend to do better in achieving a healthy balance between work and life are those who have support from partners who share family responsibilities, family, friends, colleagues (Haider et al., 2018; Holton & Dent, 2016), their boss (Holton & Dent, 2016; Rofcanin et al., 2017) and their organization (Holton & Dent, 2016). Talukder (2019) observed that the support of supervisors has a positive impact on lessening the employees' work-family conflict. This is the case when the supervisor understands the multiple roles women managers play and assist them in fulfilling their roles well. Cheung and Halpern (2010) note that women who achieved high levels of professional success did so by deciding to be congruent and authentic in their roles, which is an important part of maintaining good mental health. Women aim for success in both the personal and professional areas of life (O'Neil et al., 2015). Depending on the context and the support a woman has, she may excel in certain situations or be overwhelmed and experience psychological distress. The sources of this context and support include not only her home life, but also organizational factors.

Organizational Factors Affecting Challenges

Organizational factors may contribute to, or mitigate, the challenges women middle managers face. These organizational factors include the following elements: the context and culture of the workplace (O'Neil et al., 2015; O'Neil et al., 2018); personnel policies and practices (Sirgy & Lee, 2018; Institut National de Santé Publique du Québec, 2014); and the

types of support that the organization provides for women to develop their management skills (Arvate et al., 2018; Ladegard & Gjerde, 2014; Moor et al., 2015, O'Neil et al., 2018).

Organizational Culture. Organizational culture “is the sum of particular, often time and place specific, images, attitudes, beliefs, behaviors and values” (Acker, 2012, p. 216). The stereotypes that are still prevalent in society are imbued in the organizational culture (Bridges & Messerschmidt, 2019). Acker (2012) points out that when one looks at an organization’s culture, one must explore the gendered structure of the organization, examining whether the organization considers the real difference between the roles and responsibilities associated with gender. Acker argues that many organizational structures and expectations contribute to ongoing gender inequalities. She stated that gendered inequality in organizations is assumed to be an individual-level problem even when it is a structural one.

Organizational Processes. Organizational processes within many organizations tend to be developed around the “ideal worker,” who is male, available full time (sometimes all the time), capitalistic, and mobile, which disadvantages women, especially mothers (Nkomo & Rodriguez, 2019). Juliusdottir et al. (2018) found that organizational expectations for leaders around long working hours and networking produce a power imbalance between men and women, with men able to meet these expectations as they have more time for networking and can put in the long hours. This creates inequities because the organizations’ leaders do not consider the lived reality of women. These processes are often invisible, where gendered beliefs are entrenched and reproduced. When an organization adopts a work-centric approach, this can impact women managers, since they are expected to follow the male leadership style, working conditions, and work-centric beliefs. Women are not gender neutral; they have multiple roles and responsibilities outside work. Juggling all these roles is more difficult in a work-centric organizational culture.

Organizations which recognize the differences between men's and women's realities and added responsibilities can provide opportunities for women to develop and grow with support, but the change in organizational structures must come from the top to be effective (Ely et al., 2011; Holton & Dent, 2016). Organizational strategies aimed to help women balance their multiple roles are successful only if they are part of an organizational culture that supports these policies (Feeney & Stritch, 2019; Holton & Dent, 2016; Sirgy & Lee, 2018). CEOs, male or female, must believe in women's competencies and capabilities and make space for them (Cheung & Halpern, 2010). Once this change happens, other important structural processes must follow, such as policies and procedures, which support women leaders' multiple identities (Slaughter, 2012). Family-friendly policies and culture are important in creating a healthy work environment and are related positively to work outcomes for public employees and organizations (Feeney & Stritch, 2019).

Family-friendly policies may include flexible working, childcare provisions, and reduced hours (Shreeve-Fawkes et al., 2016). Flexible working, which offers control to workers over when or where they work (Chung & van der Lippe, 2020), while appearing beneficial, may not be so for women. Chung and van der Lippe found that gender matters when flexible working is available. While it may contribute to the well-being of men, it can have a negative impact on women because each gender uses it differently. The use of flexible working for women can further entrench the traditional home roles of women, where they take on even more responsibilities within the family (Lewis & Beauregard, 2018) and can lead to increased multitasking and boundary blurring between work and family life (Chung & van der Lippe, 2020; Jyrkinen et al., 2017; Pluut & Wonder, 2020). If women avail themselves of flexible working, they are also more likely to be stigmatized compared to men (Munsch, 2016). Flexible

working is seen more as a way to help people achieve their workloads rather than reducing work hours (Donnelly, 2015). This example of flexible working is consistent with Feeney and Stritch (2019) who argue that while work cultures and policies are important, what really matters is the expected practice.

Organizational Support. Apart from flexible work policies, the literature points to organizational support that can be helpful to women managers by providing opportunities for mentoring (Holton & Dent, 2016; O'Neil et al., 2018; Webb Farley et al., 2021), networking (Holton & Dent, 2016; O'Neil et al., 2018; Webb Farley et al., 2021), coaching, and training that is focused on negotiating the organizational environment (Arvate et al., 2018; Jones & Jones, 2017; Ladegard & Gjerde, 2014; Moor et al., 2015).

Networking. Concerning networking, Holton and Dent (2016) state that women do not have equal access to social capital because they are often excluded from the social networks most important for acquiring power and career success. The authors explain that networks in an organizational setting usually involve contacts with a variety of colleagues for the purpose of mutual work benefits. They can include formal and informal networks. Networks are important for accomplishing tasks, gaining upward mobility, and personal or professional development. Holton and Dent conclude that, unfortunately, the networking capacity for women is limited. According to Juliusdottir et al. (2018), reasons for not participating in networking activities or events include, for many women, a lack of time due to professional demands as well as the second shift. Organizations should be aware of the importance of networking and help create networks where women are appreciated and respected as equal members (Webb Farley et al., 2021).

Mentoring. Another strategy that was seen as important for women's development and possibly assisting in creating healthy work environments includes an environment that supports mentoring programs. Several authors (Holton & Dent, 2016; O'Neil et al., 2018; Webb Farley et al., 2021) state that mentoring programs, whether formal or informal, may be beneficial for women. Mentoring is similar to networking in that they both involve developing relationships. Mentoring serves several practical functions such as career development and psychological functions such as encouragement, feedback, and advice.

Training Specific to Women. Another way that organizations can support women is to design leadership development and executive educational programs that are specific to women and their needs (Karelaia & Guillén, 2011). Women who receive the appropriate professional development support are more likely to find their voice and express their point of view, which is beneficial to both themselves and the organization (Wang et al., 2014).

Measuring Success Differently. Ibarra et al. (2020) suggest that organizations should measure success differently. They need to stop measuring women using the traditional male-oriented standards of career success such as long hours and start including female-oriented values such as focusing on objectives achieved. Chugh and Sahgal (2007) claim that women lead differently, and many studies assert that their styles are more suited for the organizations of the future which use a flatter, open, flexible, team-based approach. Female-friendly measurements of success would recognize women's competencies, qualifications, and strengths.

A reason these family-friendly policies and tools are beneficial is that they support the relational aspect that is often important to women, as documented in the literature. Where the culture did not support such policies, studies found that even if superiors saw women as having

good abilities, they tended to perceive those women who made use of flexible work schedules as being less suitable for career advancement (Chung & van der Lippe, 2020).

The societal, personal, and organizational factors explored earlier provide insights into understanding how organizations could help nurture healthy work environments for women middle managers. These include: the organization's culture concerning women and leadership, how the organization allows for and encourages different leadership styles, the need for senior managers to understand the complexities and challenges faced by middle managers and particularly women middle managers with familial responsibilities, and an awareness of the effect of gender stereotypes concerning leadership on women. In exploring these issues, one will get a good sense of whether organizational factors contribute to the challenges faced by women middle managers or help mitigate them. The goal is for women middle managers to be able to balance their work and life roles in a way that fosters their well-being rather than impact it negatively.

The literature reviewed showed that women have entered the workforce in greater numbers and have reached close to parity with men. However, many women have added roles and responsibilities and have not experienced a reorganization of the distribution of traditional homemaker and caregiver roles in the private domain, nor an adaptation of roles in the public domain to accommodate the complex, multifaceted roles women face in both domains. The literature indicates that women generally may face additional challenges compared to their male counterparts, owing to the personal and/or organizational factors explored above. The accumulation of these challenges can influence women's well-being negatively. The issues become even more complex for women middle managers. Finding the right balance of work and

life in a way that is congruent with their different public and private roles (woman, partner, mother, sister, caregiver, leader, etc.) is key to their positive psychological well-being.

Chapter 3: Methodology

The Context of the Current Research

This research captures the lived experiences of women middle managers in Québec's Health and Social Service System (HSSS) and makes recommendations for changes that will support them in their multiple roles, while fostering their psychological well-being. A qualitative inquiry approach was used to explore the opportunities and barriers that the women middle managers encounter regarding their multiple roles and work-life balance.

Québec can provide strong insight as to the advancements and challenges facing women middle managers, compared to the literature reviewed for this study, as it is a province with socially-progressive policies, such as a public parental leave insurance plan (Gouvernement du Québec, 2020), affordable daycare services starting at \$8.50 per day (Ministère des Finances Québec, 2020), and pay equity laws (Commission des normes, de l'équité, de la santé et de la sécurité du travail, 2021).

A women middle manager in my research is referred to as anyone who has a supervisor above them and the responsibility of managing individuals below them. However, in the HSSS, they have different hierarchical categories of managers. Figure 1 (See page 8) is an organizational chart of the upper management structure of the CIUSSS-CN (Ministère de la santé et services sociaux Québec, 2021). The participants in this study, with the exception of one, were at the lower hierarchical level, one below what is shown on the organizational chart. They are close to the staff who provide the direct services; they are placed in the middle between their employees and their supervisor.

Researcher's Experience and Stance

In conducting this research, I worked diligently to be in tune with my own experiences and stance as much as possible to get a balanced and realistic new perspective regarding the

participant women managers' own stories about their lived experiences. Wertz et al. (2011) state that to do this adequately, the researcher needs to be reflective about their own personal and political background that shapes how the “restory” is told. As such, in a spirit of transparency and proactive disclosure, I believe it is important to share some information concerning where my interest in women middle managers comes from.

My Positionality

I am aware that as I do my research my positionality impacts it, given the personal lens used to interpret the data. I think it is essential to share where I come from, due to how it influences this research, even if I have practiced reflexivity throughout this PhD process.

I am a white, heterosexual, 60-year-old woman, who has been married for 32 years to my husband. We both come from a middle-class background. I was also raised by two workaholic parents who valued work, had a strong work ethic, and both worked excessively hard and long hours, traits which I have mirrored.

My political views are in line with center left, and I have never adhered to the capitalist philosophy, particularly the focus that the bottom line is what is important. My philosophy is one that focuses on the importance of the human being, placing importance on fair treatment of humans and respect.

I have lived in Quebec City for the majority of my life, except for 7 years when I was in Fredericton New Brunswick for my undergraduate degree. This degree was in political science and social services. I remained in Fredericton for 4 years after completing my degree, after which I moved back to Quebec City.

Upon my return to Quebec City, I became a middle manager for 10 years, experiencing what it is to be stuck in the middle and trying to please everyone, while not succeeding in

pleasing anyone. Afterwards, I moved on and became the Executive director of a non-profit organization for 10 years, managing a team of 10 employees and 21 Board members, which brings its own challenges. Since 2008, I have had my own consulting and coaching company and I predominantly worked with women middle managers in the health and social services, as well as non-profit community organizations, mainly ran by women, in the province of Quebec.

My interest in women's issues started in CÉGEP (Collège d'enseignement général et professionnel), which are public colleges in Québec where students go as a prerequisite for university after completing grade 11 of high school. I had an inspiring sociology teacher who enlightened me on women's issues. It was a spark igniting my love of learning, which has brought me to the present day, doing my PhD on women middle managers in the HSSS.

I was introduced to the second wave of feminism, which emerged in the 1960s and 1970s, when I started university in 1982. I worked for four years as a volunteer at a rape crisis centre in Fredericton. We operated this centre as a feminist collective and focused on equality, power, and control issues that are prominent when dealing with sexual assault and incest. These issues were very similar to the themes developed by Gilligan (1993) and the Stone Center writers (Jordan et al., 1991). We believed in the power of a woman's voice and regaining it after it has been lost, especially after trauma.

Since that time, I have been a very strong advocate of using one's voice to advance change, whether at a societal, personal, or organizational level. Another reason the present research is important to me is that it relates to my belief that when individuals use their voice, in an appropriate manner, it can increase their confidence and help them deal with important issues and challenges.

My interest in change led me to do my master's degree in Human Systems Intervention. Here, I learned skills such as working with teams, conflict, and culture. Following my master's, I pursued my education and became a certified executive and life coach. I have worked in this capacity with both male and female managers and directors for the last 15 years in the corporate, non-profit, and public sectors. My practice has included several middle managers in Québec's HSSS. This experience exposed me to the greater multilayered challenges for women compared to their male counterparts. I became aware of difficulties that women managers encounter. I realized that there was limited research being done to understand the realities of these specific managers. I have gained insights into their realities and empathy toward them since they are usually "sandwiched" between their employees and their supervisor, always needing to find solutions that meet both parties' needs, which is not easy. In my coaching practice, I have heard a lot about their challenges. Many have shared how exhausted they were in combining their multiple roles at work and home and how inadequate they felt in both spheres. As a feminist who wants to improve the plight of women middle managers, I felt I wanted to better understand their stories and realities from an empirical research perspective in order to build on my own lived experience acquired as a coach.

My experience as a coach was also a factor in my approach to this research. In my role as a coach, I work hard to honor the current positioning of a coachee so as not to bring in my own biases or perspective but rather to work from where they are. Consequently, much of my time is spent listening and then helping them reflect on their own experience so that they can move forward on an objective they have identified. This stance is consistent with the role I played in conducting the interviews by giving participants the space to reflect and share their own experiences and identify what was meaningful to them.

Theoretical Frameworks

Understanding my own experience and interest in feminism and middle managers, I turned to a number of theoretical frameworks to guide me in my research. These frameworks were used throughout the various phases of the research, from exploring the literature to determining the purpose, methodology, analysis, and interpretation of the data. From the outset, I used a feminist theoretical perspective because I wanted to hear the participants' voice and give them a safe space to contribute freely and share their experiences. This was critical for me because these women are often excluded in research projects. This is a tenant of feminist methodologies (World YWCA, 2022). To do so, I used a liberal feminist theory. Liberal feminism's focus "is to secure equal opportunities for the sexes" (Kim, 2016, p. 49). Acker (1987) identifies its "three major themes: (1) equal opportunities; (2) socialization of gender identity and sex stereotyping; and (3) sex discrimination" (p. 423). This theory considers factors such as reproduction, income, sexual harassment, gender discrimination, work, health care, and childcare (Kim, 2016). I was interested in matricentric feminism, which is a feminism specific to mothers (O'Reilly, 2019). Its theory positions mothers' needs and concerns at the centre of women's empowerment. For O'Reilly, women are never going to get gender equality unless society values the work of care as much as paid work. The feminist lens is pertinent to the research, since I wanted to understand the impact of such factors on women middle managers who tend to take on additional family responsibilities such as childcare, housework, and caregiving. I chose these perspectives as they align with my own perspectives and positions described above, particularly the concept of giving participants their own voice rather than my voice over theirs. I did not use an intersectional perspective since most middle managers in the Québec City region follow the demographics of the region. The vast majority of Québec City residents are white, native French-speakers.

According to Statistics Canada (2016a), in the greater Québec City region, 93.4% of its population are non-immigrants, 5.9% immigrants, and 0.7% non-permanent residents. As well, 93.7% have French as their mother tongue, 1.4% have English, and 3.9% have a nonofficial language.

Using a liberal feminism perspective, I was specifically interested in observing work-related issues, what type of leadership style was used in an organization where women are the majority, as well as if the organization had concerns with work-life balance, notably women's additional domestic and familial responsibilities. I wanted to observe if they believed the myth that women can have it all, as described by Slaughter, 2012. As part of this feminist theoretical perspective, I was particularly interested in Relational Cultural Theory (Jordan et al., 1991). How women are raised and particularly how they grow in relation was a key lens through which to look at the societal, personal, and organizational factors that are central to this research.

The research was conducted using social constructivism as its theoretical framework (world view). Social constructivism states that people construct their own meaning based on their interactions with the world (Bhattacharya, 2017). I collected women middle managers' personal accounts and insights to give them space to explain how they experience their world as women middle managers and mothers. This is consistent with a qualitative inquiry approach where, when interviewing the women, I asked that they share stories around a series of questions (see Appendix A). I also relied on interpretivism as a theoretical framework. This framework seeks to identify issues, meanings, and interpretations from the perspective of the participants (Hennink et al., 2011). This framework considers the cultural and historical interpretations of the participant's social world when conducting an inquiry. It is a way to understand their stories' phenomenon rather than develop causal explanations (Bhattacharya, 2017).

Focus of the Research

The research captured the lived experiences of women middle managers in Québec's HSSS to understand what helped and what hindered their professional and personal life, with the aim of making recommendations for changes that will support them in their multiple roles while fostering their psychological well-being.

Specific Context

The research took place in Québec's HSSS, but more specifically in the greater Québec City region in the province of Québec. I interviewed eight women middle managers who worked for the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale (CIUSSS-CN, 2021). (English translation: Integrated Health and Social Services Centre).

The CIUSSS-CN operates over 200 sites in the region. These include Local Community Services Centres (CLSC's), which provide frontline services such as prenatal and perinatal services, nursing and social services to youth and families, mental health services, and assessment and homecare services to seniors. Other sites include long-term care centres for seniors, youth protection services, as well as general community hospital services. At the time of the study, it had over 18,000 employees and 607 managers, spread across 21 departments (CIUSSS-CN, 2021).

Ethics Clearance

Prior to starting the research, the approval of two ethics review committees was required: that of Concordia University and the CIUSSS-CN (See Appendix C). All participants signed a consent form that clearly defined the purpose of the research and stated that participation throughout all phases of the research would remain voluntary, with participants retaining the option to remove themselves from the research project at any time. The consent form included a

request to record the interview. Each participant was assured confidentiality. Participants were provided with referrals to employee support resources if any psychological issues arose as a result of the interviews. The members of the CIUSSS-CN Ethics Committee, along with the PDGA and the HR manager, strongly suggested that I should try and limit the interviews to a maximum of 1.5 hours if I wanted to recruit participants, given the time constraints most managers face.

I received ethics approval from Concordia University in March 2020 and approval from the CIUSSS-CN Ethics Committee in May 2020. Unfortunately, even before I could start the recruitment process for participants, the CIUSSS-CN Ethics Committee informed me that all research had been put on hold due to the impacts on the health system of the first wave of COVID-19. In August 2020, I was able to start the recruiting process for participants.

One of the CIUSSS-CN's ethics requirements was that the participants had to reach out to me. As I prepared to start my interviews, I emailed the Human Resources Director, whom I had met in October 2019, to see if she was still available to assist with the promotion of my research. She informed me that due to the COVID-19 situation, where numbers in the region were starting to increase again, she was unable to do what she had originally hoped but would refer me to another manager who could help with the recruitment of participants. This was done, and this manager circulated the recruitment material through the CIUSSS-CN network. During the same period, I circulated my participant recruitment material through several managers in the CIUSSS-CN that I knew and asked that they circulate it through their networks. Active recruitment took place from mid-August to the end of October.

Recruitment

I solicited my sample of women middle managers from this pool of 607 managers. Entry into the system was facilitated by meeting the Assistant President-Director General (PDGA) of the CIUSSS-CN. He is the second in command in the hierarchy of the CIUSSS-CN. The purpose of the meeting was to find out if the system would be favourable to having me do my research there. Our meeting lasted over one hour, and he showed great interest in my topic. He would like to receive an executive summary with the recommendations once my thesis is completed.

Through him, I was referred to the Director of Human Resources who I met in October 2019 to discuss my project. The Human Resources department and the PDGA agreed to be the conduit to share the information to all managers. A one-page summary of the project soliciting participants was prepared using a template provided by the CIUSSS-CN, which was then circulated to all the middle managers by the Human Resources department (see Appendix D). I also circulated the document to middle managers I knew in the system. The selection criteria required at least three years' experience as middle managers. The range of roles and responsibilities of middle managers was diverse depending on the various sectors. The participants were from six different sectors and four of the five different territories, excluding Portneuf, within the greater Québec City region. Three were from the same sector but three different territories in the region. For the purposes of this research, in order to be eligible, the woman middle manager had to report to someone who is above her in a hierarchy and also have responsibilities for employees below them. The employees below them included clinical staff such as nurses and social workers, attendant care providers, janitorial staff, kitchen staff, and administrative assistants.

Participants

Through this process, I was able to recruit 11 potential participants who met the criteria of being a middle manager with at least three years' experience in that role, as well as having a supervisor above them and being responsible for employees below them. There was diversity in terms of their professional experience and background (nurse, occupational therapist, dietician, social worker), their age (ranging from early 30s to early 50s), their sectors or field of work and responsibilities, the territory in which they worked which included a broad section of the Québec City region, and their family situations.

When the participants reached out via email, I quickly replied by email and verified that they met the criteria presented in the methodology section and understood the purpose of the research and how the data would be used. I replied to any questions or concerns they had, which were mainly related to my timeline and scheduling of the interview.

The first three participants were interviewed face to face. One interview was done in a participant's office, and the two others came to my office. On October 5th, 2020. I was told by a participant who I was supposed to interview in her office that week that she was no longer permitted to have individuals come into the building due to the new COVID-19 restrictions. I followed up with the CIUSSS-CN Ethics Committee support person, and she informed me that it was no longer permitted to meet participants face to face, but researchers were permitted to continue their work via the Microsoft Teams platform. However, to do so, I had to go back to the CIUSSS-CN Ethics Committee and modify the Informed Consent Form to take this into consideration. This approval was received quickly, and I was able to shift five interviews to the Microsoft Teams platform.

Unfortunately, due to the increasing impacts of COVID-19 in the Québec City region and specifically on the CIUSSS-CN, three participants were no longer able to participate and recruiting new participants was not successful under the worsening conditions. As of November 2020, the CIUSSS-CN was dealing with the full effects of a second wave of COVID-19, which was monopolizing all its resources as many managers were now doing extra shifts, given the number of employees who were sick with COVID-19. By November 19, 2020, I completed interviews with eight participants (as listed in Table 1) and decided to work with the data from these women middle managers, understanding that the effects of COVID-19 would last at least several more months, if not more, and would continue to represent a barrier to recruiting more participants. Andrade (2020) points to the ethics of sample sizes in the context of health care research, when the researcher must make a choice as to the inconvenience a larger sample have on the individuals involved. Although Andrade's (2020) perspective was for patients during COVID-19, the same ethical questions could be raised for the middle managers and the added pressures they were facing at the time. The health system was greatly impacted by COVID-19, and I was fortunate to have 8 of the 11 participants accept to take part in the process. These women were already overworked prior to the pandemic, their situation just got worst, and, on average, they worked 70 + hours during the pandemic. It was my priority to ensure that I did not contribute to or increase the stress these participants were going through, which had been greatly exacerbated by COVID-19. The three other participants were very interested in participating but shared that unfortunately they had no time to give.

Table 1

Profile of Participants

| Participant | Age | Position | Profession | Years as Manager | Family | Education | Burn Out |
|-------------|-----|----------|------------|---------------------|--------|-----------|-------------|
|-------------|-----|----------|------------|---------------------|--------|-----------|-------------|

| | | | | | | | |
|-----------|--------------|---|---------------------------|---|--|---------------------------|----|
| Joanne | Mid 40s | Upper management 600-700+ employees | Nurse | 13 years | 2 children aged between 15 and 20. In relationship for 25 years | Nursing Masters | no |
| Catherine | Mid 30s | Chief of unit 150 employees 1 site | Nurse | 7 years | 3 young children aged under 10. Partner away a lot for work | Nursing Masters MBA | no |
| Julia | Early 30s | Chief of unit 75 employees 1 site | Occupational Therapist | 3 years | Pregnant 1 st child. Partner | Masters | no |
| Lucie | Late 40s | Chief of psychosocial services 12-15 employees 2 sites | Dietician | Over 20 years | 2 children aged between 20 and 25. Separated from boyfriend | BA nutrition | 2 |
| Diane | Late 40s | Chief of psychosocial services 27 employees 2 territories 3 service points | Social Worker | 13 years | 2 children aged between 20 and 25. Separated and single | Masters ENAP | 2 |
| Sandra | Early 50s | Chief of general services 40-50+ employees | Nurse | 5 years | 3 children aged between 14 and 28. Separated and single | Masters | 1 |
| Lise | Late 40s | Chief of general services 50 employees 3 sites | Nurse | 20 years+ and since 2016 at CIUSS | 3 children aged between 15 and 25. | BA Nursing | no |

| | | | | | | | |
|------|--------------|---|---------------------------|----------|--|---------|----|
| | | | | | 25+ years with partner | | |
| Anne | Early 40s | Chief of unit 55 employees 2 sites | Occupational Therapist | 13 years | 2 children aged between 10 and 20. Partner | Masters | no |

Note. Names presented throughout this thesis are pseudonyms to protect the identity of the participants.

The eight participants are white, heterosexual and of French-Canadian origin, with the majority being in their 40s. All, except Julia who is the youngest and pregnant with her first child, have two or three children. Two stated that they were taking care of aging parents and playing various roles supporting their children or siblings who are dealing with a variety of issues. They all started their careers as professionals in the health-care field. The majority have a master's degree except Lucie and Lise. Joanne, Catherine, Julia, and Anne did their master's when they were in their 30s, and Diane and Sandra did theirs when they were in their mid-40s and working full-time.

At the time of their interviews, all participants worked for the CIUSSS-CN. They ranged in experience as middle managers from three to twenty plus years. Joanne was at a higher hierarchical level than the others and was responsible for eight managers and approximately 700 employees. Her responsibility was to ensure that the managers did their work. For the other seven participants, they managed teams ranging from 15 to 150 people, with the average being 50–55. The majority had responsibilities for employees who were usually in more than one site, all within a 30-kilometre radius. All except Joanne were at a level where their employees are involved with frontline services (dealing with clients).

Despite the fact that eight participants were involved in this project, by the fifth participant, while the examples and experiences were different, a thematic redundancy emerged, pointing to saturation (Kim, 2016). As such the data provided by the eight participants provides depth and breath of information in relation to the theme of the research, and is trustworthy within the limits of white, heterosexual, and French-Canadian middle managers in the CIUSSS-CN.

Qualitative Research Methodology

I chose to use a qualitative research methodology for my research. The reason I did so was to understand and explore the women middle managers' lived experiences, at an in-depth level rather than a general one. "We can't know stories of human experience unless we ask for them, listen to them, and reflect on them" (Ford, 2020, p. 13), and this notion was central to my approach.

Participants can share their experiences and make sense of them through storytelling (Brown et al., 2009; Nash, 2012). According to several authors (Adams, 2008; Bhattacharya, 2016; East et al., 2010), storytelling can also help participants make sense of their experience and help them regain control. Sensemaking happens through language and in relation to others (Weick, 1995). Weick says that "sensemaking is the process by which people generate what they interpret when telling stories" (p. 13). Storytelling is also a process by which people may legitimize their behaviors by reframing their story (Brown et al., 2009; East et al., 2010) in a way that projects themselves in a positive light (Maclean et al., 2012).

While this research was not conducted using phenomenology as the research methodology, qualitative research draws from the philosophy of phenomenology, in that the focus is on human experience and interpretation (Merriam & Tisdell, 2015). A phenomenological stance enables those involved in the research to speak for themselves on their own terms (Ratcliffe, 2011). Elias

and Piccorelli (2020) argue that in public services professions, it is important to capture the lived experience by listening to those involved, especially in systems that tend to focus principally on factors that can be measured, as is the case of the health and social services system.

The fundamental methodological principle that informed this research was to create the space to give voice to the participants. It was informed by a feminist dimension of honoring the multiple roles they play as women and mothers. A critical stance for me as a researcher was to give voice to the participants over my own voice by using humility. This meant using a stance based on curiosity and an interest in the other person (Schein & Schein, 2021), which is consistent with one of humbleness towards the experiences the participants shared and valuing their contribution.

Given the knowledge gap regarding women middle managers' experiences, I found a qualitative approach to be an appropriate method as it provided the opportunity to hear the stories of eight women middle managers and learn what they had experienced in their role. In the case of this research, I wanted to know how work affected home life and how home life affected work. I asked the participants to tell me about their most memorable experiences as a woman middle manager. I asked them to share a story that illustrates what they like the most and what they liked the least about being woman middle managers. I asked them to tell me about a time when they faced a difficult challenge with someone they reported to. I asked them to tell me a story that illustrated a collision between work and family responsibilities. Additionally, I asked them how they manage their multiple roles, the strategies they use to help themselves, and the recommendations they would make for changes that would support them in their multiple roles, while fostering their psychological well-being. See Appendix B for complete list of questions.

Methods

I used semi-structured interviews with open-ended questions, allowing for probing questions to delve deeper into each participant's experiences (see Appendix B). The questions were designed to solicit participants' stories around societal, individual, and organizational factors as reviewed in the literature. Before closing each interview, I asked participants whether they had any questions or additional comments they wanted to share. All the interviews were in French, audio recorded, and digitally transcribed verbatim.

As I prepared for the interviews, I wanted to ensure that I gave each participant the opportunity to express herself as she answered the questions. As a coach for 15 years, I was not nervous about the interview process; rather, I was excited to hear their lived experiences. However, I was concerned that perhaps they would not go into enough depth for me to be able to gather data that could be useful for my thesis. Fortunately, this was not the case, since all participants went deeper than I had expected, as they shared in detail what assisted and hindered their psychological well-being, at times sharing painful stories. This depth in the stories was possible because I created a safe space and built trust with the participants (Bergmark et al., 2007; Clandinin & Huber, 2010; Maclean et al., 2012). I did so by starting the interview process by sincerely thanking them for the time they were giving me. I stated that, although this was a research project, they were the experts. I explained that I wanted to hear them and asked that they share examples of what they had experienced. I purposely gave them the necessary space and time they required to share their information. I did this by attentively and actively listening, not interrupting them, or finishing their sentences, and by waiting when they had long silences as they tried to find the words to express their thoughts and experiences. As a coach, I have learned to be comfortable with silence, which proved beneficial since gems were shared when additional

time was given to express themselves. I believe that I successfully created a safe space because they shared deep and painful situations. Also, many of the participants went over the allocated 90 minutes suggested by the Human Resource Director, with a few exceeding 2 hours. When I asked if they had anything to add, they all added extra information which was related to my study. I believe they were able to do this because they felt heard and safe.

Sources of Data

The data used in the research came from the interviews as I analyzed the audio recordings, transcripts, and my observational notes. From the audio recordings, I transcribed the data and then validated each transcript for accuracy. For most participants, I took observational notes during and immediately after the interviews, which included my observations on body language, tone of voice, and non-verbal communications. I noted my own feelings and perceptions to help check for presence of blind spots and negative emotions. These observations were easier when the interviews were face to face versus using Microsoft Teams. Face to face, I was able to really see their entire body language and observe their non-verbal behaviour in more detail. It was more difficult to do so on Teams, and one participant had such a bad internet connection that she had to close her video, so I was not able to see her after the first five minutes. Fortunately, the four other participants interviewed via Teams had good internet connections, and I could gain data by observing them and listening to their voice, words, tone, and the pauses used when telling their stories. My training and professional experience as a certified executive and life coach, providing services by phone and through virtual means, were assets in this context as I already had experience observing and interpreting non-verbal cues, such as body language and tone. I felt I could still comprehend what was being said by the participants using the Teams platform.

Data Analysis

The way data is interpreted is very important (Bhattacharya, 2016). The participants were aware that I would choose and adapt certain passages from the interviews. It was critical that I understand that the language and the experiences the participants shared were their own, imbued with their own biases (Maclean et al., 2012), values (Boylan, 2000), beliefs (Robertson et al., 2002), gender (Bhattacharya, 2016), and culture (Adams, 2008), all of which impacted how they perceived and shared their experiences, whether they are factual or not (Bhattacharya, 2016).

Bhattacharya (2016) and Reeves (2007) observe that researchers must be mindful of their own subjectivities and be aware of how their personal experiences can influence their interpretation and the research process. I was very aware of the possible power differential between myself as researcher and the participant (Bhattacharya, 2016; Ellis, 2007; Kirk & Broussine, 2000; Nash, 2012) and potential tensions (Clandinin & Huber, 2010) where I could fall into the trap of positioning my own voice over theirs in how I interpreted the data. In sharing their experiences, I had to constantly check that I was not changing them or being selective based on my own biases and experiences (Bhattacharya, 2016).

Throughout the data analysis process, I paid special attention to ensure that it reflected the participants' voices and interpretations of their experiences. Table 2 provides the details of the coding process that was used to determine the findings and choose the quotes that I highlighted in the findings.

Table 2

Coding Process

- Participants were interviewed in person or using the Teams videoconference platform. All interviews were recorded.

- General notes were taken after each interview regarding my own perception of what was said, how it was said, and what I heard as their highlights and challenges. I tried to ensure my own biases and past experience did not limit the observations I was making.
 - Being auditory, I listened to each interview numerous times while I transcribed each interview.
 - I then validated the transcripts against the recording.
 - As I listened to the interview the first time, I took general notes, highlighting key words, concepts, and ideas, also in relation to information from the literature review.
 - I then read all transcripts making general notes usually per paragraph or page. I did not go word by word. I did not feel comfortable doing that since I wanted to see a bigger picture rather than breaking it down by words.
 - I listened and read what I saw as the essence of their sentence, message, or thought and placed a code when appropriate and organized them into a table.
 - After reviewing the entire transcripts, I listened to each interview again to see if I had missed anything and added any elements that I had missed.
 - I then organized material into codes and themes (see Figure 2, p. 69). In the first draft of Figure 2, they were not organized based on the four themes presented in the literature review.
 - I then further structured the codes and themes based on the themes reviewed in the literature review.
 - After doing the first draft of my findings chapter, I relistened to all the transcripts to validate that I had not missed important elements or if I might have misrepresented others, ensuring that my own biases were not clouding my analysis.
 - Once I developed the revised version of Figure 2 (p. 69), I went back to my table and transcripts to extract the quotations to share in the findings. I reviewed the findings again against the table and the participant transcripts to ensure they were reflective of the data that emerged and that my own biases did not compromise the trustworthiness of the data.
-

I organized the data by using participants' own words to surface what was meaningful to them. Being auditory, I listened to each interview twice during the coding process, the first time to get a sense of data and the second time, after transcribing each interview, to make sure I did not miss any elements. I then listened to them two more times in writing the thesis to once again ensure that it was their voice which was reflected in the thesis and not my biases. As stated in my positionality, I believe my experience as a coach helped in my role as a listener who then gives the participants the space for their voice to be heard. I remained open to new and unforeseen information, rather than imposing my own views, biases, and assumptions (Qu & Dumay, 2011). I tried to remain curious as to what was shared, and I paid special attention to ensure that it reflected the participants' voices and interpretations of their experiences (Rubin & Rubin, 2005), even when some statements created a strong reaction in me. This was done by stepping back from the interview and reflecting on how my experiences and biases may have influenced the interpretation of the data collected. An example of this, which will be shared in the findings, was that I did not expect that all participants would accept their natural caregiving roles and stereotypes so automatically, without questioning, especially in 2020. Although they stated that they were not subtle, as in the literature review, all participants accepted them without any consideration on how they could be changed or challenged. I was aware of the importance of being non-judgmental (Kim, 2016), and I was able to do so by realizing that, through the PhD process, I have become sensitized, and I would say hyper alert to these gender roles and stereotypes. I had to remind myself that not everyone has been studying the impact gender stereotypes have on women.

I needed to ensure to respect their stories and not try to change them to correlate with my beliefs. I did this by being aware of my reactions and reflect by journaling and questioning

myself as to how this tension could impact my research. I paid particular attention to ensure that I shared what they expressed and not my own beliefs (Ahrens & Dent, 1998). I was aware that I had to respond sensitively to differences in the way the participants understand the world.

Chapter 4: Findings

Introduction to findings

This section presents the findings of the interviews of the eight women who participated in this research project. The findings cover their experiences from their pathway to becoming a middle manager, how they see their role as middle managers, and the factors that influence their psychological well-being. The findings of this study have broad implications at a societal, organizational, and personal level, and their complex interplay.

Interviews were conducted in French, thus quotes from the interviews are presented first in French (*in italics*) followed by the English translation; however, three participants, at times, answered in English. In these cases, no French text is provided.

Pathways to Becoming a Middle Manager

The women had two different paths as to how they became middle managers. For five of them, it was circumstantial; often, they were in an interim position and then applied to the permanent position. They mentioned that they were in the right place, at the right time, with capacities and skills that their superiors or colleagues noticed, and peers suggested they apply for the position. However, Catherine, Julia, and Lucie knew from the start of their careers in the health system that they wanted to be managers and made a conscious decision early in their career to seek out opportunities.

Describing Their Role as Middle Manager

In sharing their experiences, the participants reflected on how they saw their role as middle managers. Although they were responsible for different sectors, territories, departments, and various professionals and employees, they all understood that their role was to lead their teams to achieve the objectives and mandates given to them by their superiors, who could also include the

President Director General and even the Premier, especially during the pandemic. Lise clearly summarized the responsibilities of middle managers in the following statement: *En premier, j'ai la responsabilité de l'équipe. Je dois m'assurer que dans ces équipes-là, le service est donné, et il est donné adéquatement, et que je ne me retrouve pas en bris de service.* “First of all, I am responsible for the team. I have to make sure that in these teams, the service is given, and it is given adequately, and that I don't find myself with a gap in services.”

Middle managers have the responsibility and are accountable for implementing the directives given from their superior by leading their teams to achieve the objectives and mandates based on these directives. They stated that their roles included being communication agents between the top and their teams and, reciprocally, between their teams and the top. For instance, Joanne stated: *J'aide à les mobiliser en leur traduisant adéquatement le pourquoi de ce que on fait.* “I help to mobilize them by translating adequately the why we have to do something.”

They also saw their role as change agents in helping their team reach their objectives, many of which involved changes that were dictated from above. Their role also included dealing with human resources as a daily occurrence of their work.

Communications Agents

They all see themselves as communications agents. This role encompasses presenting information to their teams such as sharing with them requests and mandates and, as importantly, bringing the information and realities from their employees back up to their superiors. In this role, they see themselves as not only having to relay the information from the top to the bottom but also having to act as interpreters at times, where they must reframe the information in a way that is accessible and acceptable to their respective teams, when possible. This role is not always

easy, especially when the information from the top is incomplete or may not even make sense to the middle manager. Joanne shared that in her role she receives information from the top and then “translates” the request into a form that she believes will be best received by her team. The information comes from the top, since the requests often not only come from her superior but also from above him, such as a government directive, with ministerial expectations, and usually with a short time frame in which to act. She then must share these requests with her team and ensure they understand what is requested of them and why.

Julia shared her experience during COVID-19 where the middle managers were called upon to communicate directives to their teams. They were responsible for applying orders that came from above, which sometimes were more directive than usual, particularly during the pandemic period when the orders did not come from the CIUSSS-CN managers but from the Minister. *Nous on a vraiment l'effet terrain, puis des fois, des choses qui sont vraiment contradictoires où dichotomiques et on doit constamment les faire.* “We must apply it ... we really are on the ground and then sometimes things are contradictory or dichotomous and we have to constantly do them.”

Change Agents

As middle managers, they described themselves as change agents, sometimes at a local level, such as changing a process or a way of doing something, but also at times being involved in significant changes. Lucie shared: *On est beaucoup appelées à être des personnes qui réalisent le changement... la direction nous donne des orientations. Ils disent vous devez faire a-b-c ... on met en œuvre les changements qui sont attendus par la direction.* “We are often those called upon to implement change ... management gives us directives. They say you have to do a-b-c- ... we implement the changes that are expected by the management.” For Anne, her middle

management role worked when: *On doit être en charge des changements pour les employés, tout en les supportant dans ces changements-là.* “We must be in charge of the changes for the employees, while supporting them in these changes.” As change agents, they play a pivotal role in the organization in implementing change.

This change can be positive, where the middle managers feel engaged and are part of shaping the change. An example is Diane’s description of her situation in her new role when she had to develop a new service with her new team and her director. It was also one of her highlights as a middle manager, an opportunity to work with people to grow and develop services. Diane received a new mandate during the restructuring of Bill 10; she was one of the fortunate ones who liked her new job. She had to develop a new service with her boss who was very collaborative, and they influenced each other, worked as a team, had exchanges, and co-constructed the vision. They had the necessary decisional powers, and the way this service is now provided is totally new. Diane stated:

Notre directrice et notre directrice adjointe, en termes de marge de manœuvre, en termes de zone d'influence ou de pouvoir on en avait. On est sollicité, on est contributif, on est participatif. C'est sûr qu'à un moment donné, on ne prend pas toujours les décisions, ce n'est pas nous autres qui tranchent, mais on a l'impression de participer à des échanges, moi je trouve ça très gagnant.

Our director and our deputy director had room to maneuver, influence, and power. We were asked to participate and contribute. It's true that at some point we don't always make the decisions, it's not us who decide, but we had the impression that we were participating in the discussion, and I found that very rewarding.

However, participants noted that being a change agent can be more challenging when their superiors ask them to implement directives or changes that do not make sense to their respective teams and sometimes even to themselves.

Human Resources Managers

All participants identified human resources management as a part of their role, and all except Lucie identified it as being a challenge. They differentiated the role of dealing with day-to-day human resources issues from working to build programs and projects with their team. For example, most found taking disciplinary action with employees difficult because it went against their relational needs. As mentioned, they do well when working collaboratively with people, while dealing with human resources situations is more difficult since they usually need to address some form of conflict. Julia found human resources challenging. She shared: *Les émotions des employés me restent dans la tête*. “The emotions of the employees stay in my head.” Lise also mentioned that conflict when managing human resources is hard: *La gestion de conflits pour moi est difficile. Malgré ça fait partie de mon travail, j’ai énormément de difficultés avec les conflits*. “Conflict management for me is difficult even though it is part of my job. I have a lot of difficulty with conflict.”

Another important role for middle managers is to ensure that their teams work well and that they themselves work well with their team. Sandra said that at times working with all her team members can be a challenge. She has over 50 employees and is someone who is hyperactive and moves fast, and she gave the example of a metaphor that her boss had shared with her:

J’avais eu une rencontre avec ma chef, elle m’a dit t’es une locomotive. Elle m’a dit maintenant quand on est une locomotive, il y a des trains, des wagons. Comme chef

d'équipe, ce qu'il faut que t'apprennes, c'est qu'il faut que tu prennes toute ton train, puis même celles qui sont dans le wagon de queue, faut que tu trouves le moyen de les amener à travailler avec toi.

I had a meeting with my boss, and she told me, you are a locomotive. She told me that when you are a locomotive, there are trains and wagons. As a team leader, what you have to learn is that you have to take your whole train, and even those in the back car, you have to find a way to get them to work with you.

This metaphor has remained an important reminder for what she sees as a main role for a middle manager, which is to ensure that the whole team is working together. Even though she knows it and understands it, she has to be careful:

Mon défi, c'est encore celui-là, tout le temps, Ça me demande une plus grande vigilance de m'assurer par exemple que le wagon de train, le dernier wagon, soit pris encore après mon train, pour moi le wagon arrière, des fois, c'est les gens qui sont très négatifs, résistent au changement. Ça me demande une énergie supplémentaire pour respirer, pour les accueillir comme elles ne sont comme personne, de dire, okay.

My challenge remains, all the time. It requires me to be more vigilant to make sure, for example, that the wagons, the last wagon is still attached to the train. For me, the last wagon, sometimes, contains those people who are very negative and resistant to change.

This requires extra energy from me, to breathe, to welcome them as they are, to say, okay.

Strategist and Political Strategist

Although only three participants explicitly identified the political and strategic aspects of their work, most participants' experiences included examples of situations where they act in a strategic, political way. These middle managers provided examples showing when they decide to

push an issue or not with their supervisors such as when they feel that their teams are being asked to do something that does not make sense or when they must advocate to get certain resources. For instance, Julia explained that during the pandemic certain employees were receiving an extra bonus. Her team also wanted these bonuses, she shared “I was told that my team, who was doing the same work as those getting the bonus, were not permitted to receive the bonus. I talked to my supervisor and presented her my case. This situation went up the channel, to the government and I did get the bonus for my team. *J’ai poussé, poussé, poussé, finalement ils ont eu la confirmation du bonus.* “I pushed and pushed and pushed and finally they got the conformation for their bonus.”

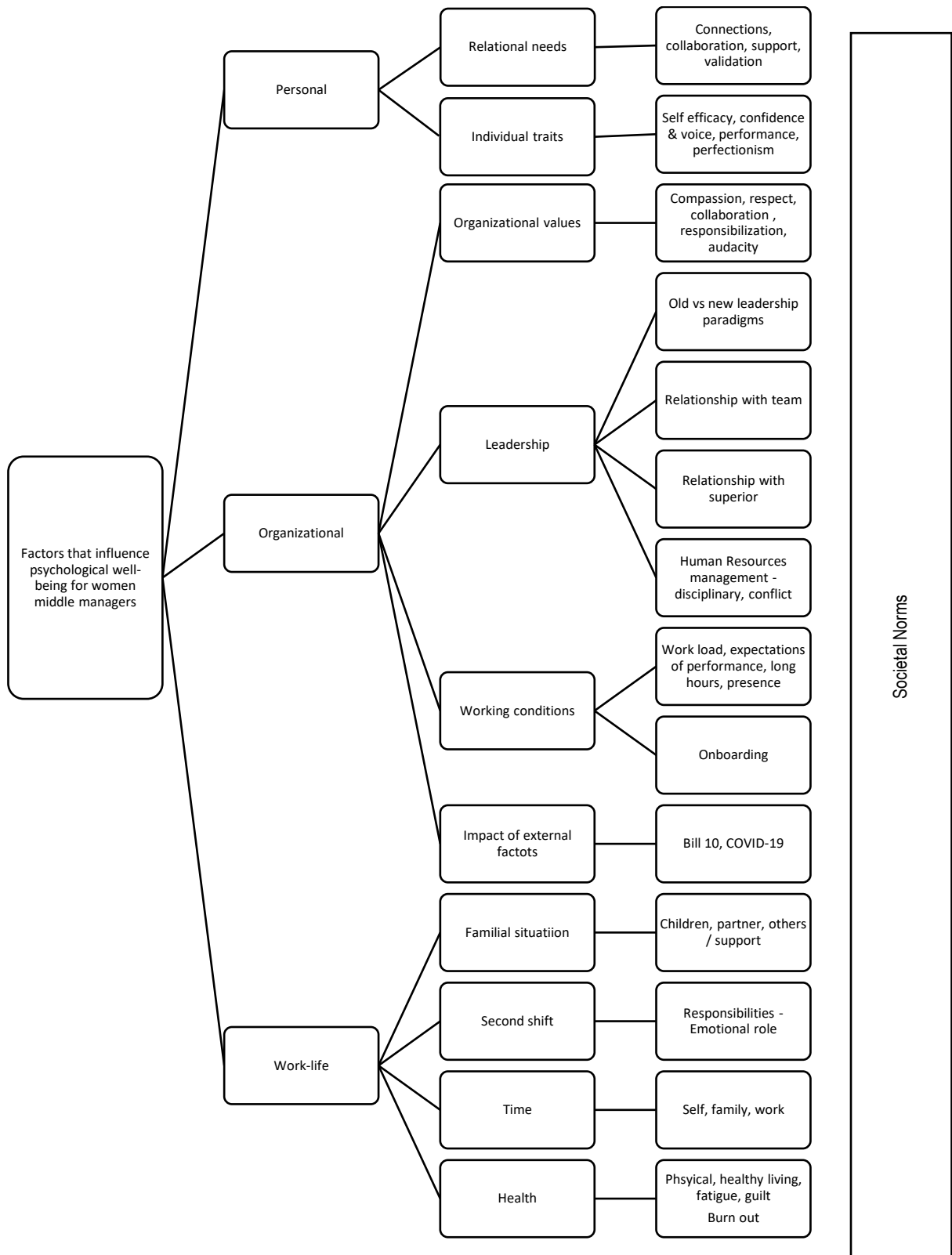
Most found this role to be difficult, particularly Julia, who felt it was difficult to navigate political situations. She did not want to push too much and be perceived as *un cadre recalcitrant*, an “uncooperative manager.”

Factors that Influence Psychological Well-Being

The following section showcases the main factors that the participants indicated that influenced their well-being. Figure 2 illustrates the factors that influenced the well-being of the participants. The factors are divided into four broad themes: societal, personal, organizational, and work-life. For each of these themes, there are categories and subcategories. Societal norms were evident and impacted the three other themes. For the personal, the categories include relational needs and individual traits. For the organizational, the categories include organizational values, leadership, working conditions, and the impact of external factors. For work-life, the categories include familial situations, second shift, health, and time. For each of these themes, categories, and subcategories, the interviews provided insight into what positively or negatively impacted the middle manager’s psychological well-being.

Figure 2

Conceptualization of Factors Influencing the Well-Being of Women Middle Managers



For example, under leadership paradigms, when middle managers perceived their superior as subscribing to traditional paradigms, such as having to work long hours and being present all the time, this had a negative impact. For work-life categories, their caregiving roles and home responsibilities and their ability to navigate them influenced their well-being. For example, Lise was a caregiver for both her children and aging parents, which left little time for taking care of herself, which negatively impacted her. The societal, personal, organizational, and work-life themes, categories, and subcategories will be explored in greater depth through the participants' reflections and stories.

Societal Norms

As the eight women shared their experiences, they all talked about the presence of societal norms and how prominent these still were in 2020. At some point in the interview exchanges, all interviewees spontaneously noted the presence of societal norms influencing the women's responsibility for domestic and familial issues and the additional caregiver role, which were identified by all the participants as important factors affecting their well-being. An example of the participants' knowledge of these norms is a statement by Catherine:

Ça reste que parfois il va y avoir une plus grande responsabilité, une attente plus grande, je crois socialement envers les femmes en regard de notre rôle parental. C'est comment on accompagne ça parce que je pense qu'il y a aussi du personnel, mais il y a aussi des attentes sociétales qui sont aussi là et qui influencent nos paradigmes par rapport à ce qu'on doit faire puis ne pas faire.

The fact remains that sometimes there is going to be a greater responsibility, a greater expectation, I believe, socially towards women in relation to our parenting role. How we integrate this, because I think there are personal, but there are also societal expectations

that are also there and that influences our paradigm in relation to what we must do or not do.

Catherine, Joanne, and Diane mentioned that while the role of women is changing a little, they still shoulder most of the responsibility for their family and care. This was illustrated by Catherine when she said: *On est vraiment dans une ère que pour la plupart des femmes souvent malgré tout ce qui a évolué ça reste que souvent les enfants c'est un peu plus comme notre responsabilité ... pour différentes raisons.* “We are really in an era that for most women, despite all that has evolved, it still is the case that children are often more our responsibility for different reasons.”

The role of women as caretakers persists. Although Joanne has been with her partner for 25 years, and they have developed a way of sharing responsibilities at home, she stated:

Je pense que les femmes vivent plus le défi d'être des aidants, d'avoir une certaine responsabilité de plus en plus... mais ça reste que parfois il va y avoir une plus grande responsabilité, une attente plus grande, je crois socialement envers les femmes en regard de leur rôle parental, par exemple.

I think that women experience more the challenge of being caregivers, of having a certain responsibility more and more ... but it remains that sometimes there will be a greater responsibility, a greater expectation, I think socially towards women with regard to their parental role, for example.

In a similar vein, Anne stated: *Je pense que malgré tout, la pression qui est sur la mère n'est pas pareille comme la pression qui est sur le père.* “I think that despite everything, the pressure that is on the mother is not the same as the pressure that is on the father.” For those who shared such comments, they said it more as a statement of fact as opposed to identifying a stereotype that

needs to be changed. An example was when Sandra acknowledged her multiple roles of taking care of the children, the housework, and the domestic chores:

J'ai comme l'impression que je l'ai tellement vécu ça (prendre soin de toute le monde et toutes les responsabilités familiales) toute ma vie que on dirait que, que on vient que on voit même plus ce qu'on fait... on vient on dirait qu'on est désensibilisé à la charge.

I feel like I've always lived that, (taking care of everyone and all the familial responsibilities) that it seems like we just don't even see what we're doing anymore ... we just seem to be desensitised to the load.

However, Julia (the mother-to-be) did not make any comments concerning women's caregiving roles. It is not yet her reality, but she did mention that since she became pregnant, she is seeing the impact of being pregnant even if it is just to manage her monthly medical appointments related to her pregnancy. Julia divulged that the fact that she was now pregnant made her question how she was going to reconcile work and family. She was already facing this challenge just with the medical appointments related to her pregnancy. Interestingly, when I asked that she answer my questions from a perspective of being a women middle manager, she said: *C'est quelque chose que je n'ai jamais questionné, le fait d'être une femme versus un homme, d'être une femme cadre intermédiaire ... faut vraiment que je réfléchisse.* "It's something I've never questioned, being a woman versus being a man, being a women middle manager ... I really have to think about that."

The literature review showcased the impact of societal norms in relation to gender roles and caregiving responsibilities and how the effects can be subtle. The findings demonstrate that societal norms are still present and not subtle for these women because they are a recognized,

substantive force affecting the well-being of women middle managers. However, none of them talked about how to change this; they more or less accepted that it is the way it is.

Personal Factors

Besides the societal norms explored above, the personal factors at play that affected the women middle managers in their roles as middle manager were highlighted through the interviews. A significant theme that emerged from the interviews was the importance of positive and collaborative relationships for psychological well-being.

Relational Needs. Relational needs emerged as a critical theme in the lives of the participants. This included their needs for connection, collaboration, support, and validation. *Connection, Collaboration, Support.* When asked what they like the most about being a woman middle manager, all eight women revealed that they enjoyed working with people and creating and developing a service, product, or program. They all spontaneously shared that it is the relational part that they like. They saw themselves as relational, being in connections with people, assisting and supporting them, and working towards their goals in a collaborative manner. This was shown in their leadership styles. They all described having a participatory, collaborative leadership style. For Catherine, this meant:

Être là pour les écouter, supporter, d'avoir des échanges avec les gens, le côté humain pour moi c'est quelque chose qui est très important. Je ne serais pas capable de travailler seul dans un laboratoire tout seul dans mon bureau. J'ai besoin de ce contact-là.... Je ne veux pas m'éloigner des équipes. C'est vraiment ce qui me nourrit tous les jours. C'est quand on voit comment ça va, voir les gens ; ils nous parlent un peu d'eux, on est là pour gérer les choses, mais on a des échanges. Je trouve que c'est ça qui est vraiment agréable, la proximité avec les gens.

Being there to listen to them, to support them, to have exchanges with people, the human side for me is something that is very important. I wouldn't be able to work alone in a laboratory in my office. I need this contact. ... I don't want to be apart from the teams. That's really what feeds me every day. It's when you see how things are going, see the people; they talk to you a bit about themselves, we're there to manage things, but we have conversations, I am close to the people, I think that's what's really nice.

Joanne, Diane, and Sandra talked about working together constructively with their teams. It was during these times that they felt the best in their roles as leaders. Joanne said:

Je dirais que pour moi, c'est quand comme gestionnaire on arrive à atteindre cette espèce de cohésion-là d'équipe, d'engagement de l'équipe, de sens pour tous et chacun ... Pour moi ce qui me mobilise, c'est de construire une vision d'avenir puis mobiliser les équipes en lien avec cette vision-là. La fin c'est on arrive à développer des services, un projet, développer avec l'équipe une amélioration, construire quelque chose, mais en équipe, puis la fierté d'avoir construit ça en équipe, moi je dirais que c'est ça que j'aime le plus.

I would say that for me it's when, as a manager, we successfully achieve this kind of team cohesion, this team commitment involving each and every one of us, it makes sense ...

What motivates me is for us to build a vision for the future and mobilise the teams that are aligned with that vision. At the end, we manage to develop services, to develop a project, to develop something with the team, to improve something, to build something, but as a team, and then the pride of having built it as a team. I would say that this is what I like the most.

For Sandra, the relational aspect of her work was also important. She stated: *Ce que j'aime le plus, c'est la relation à l'humain, l'accompagnement des humains. J'aime prendre*

chacune des personnes de mes équipes, puis quand ils vivent des difficultés, je dis toujours qu'est-ce que je peux faire pour qu'elle aille mieux. “What I like most is the relationship with people, to accompany people. I like to take each person in my teams and when they are experiencing difficulties, I always ask what I can do to help them.”

This sense of wanting to be there for their employees was shared by all participants; they cared for their employees and wanted to ensure their well-being. Their relational need was demonstrated by their enjoyment of working with others to form connections and help develop their employees to achieve their projects and objectives. Being relational within the organizational context and working in a collaborative manner are elements they saw as contributing to their well-being.

Validation. Another individual factor that impacted the women’s well-being was feeling validated. One way of feeling validated came when their superior saw their capacities and gave them exciting mandates that they could manage, along with the necessary resources. Lise disclosed that her most memorable experiences were when her superior gave her attainable mandates. The mandates need not be big, but something she can achieve. She shared:

Je vous dirais les moments mémorables, c’est plein de petits moments mais les moments où on signifie qu’on a confiance, que on me soumet des petits mandats sur lesquels c’est stimulant pour moi, et que je sais que je suis capable de réaliser, que j’ai réalisé et qu’on est satisfait du travail que j’ai fait ... Quand on me reconnaît mes qualités, puis que je puisse accomplir ou réaliser pas nécessairement des gros projets, des petits mandats qui font en sorte que j’ai un sentiment d’accomplissement personnel.

I would tell you the memorable moments are those small moments, but the moments when they mean that they trust me, that they give me small mandates which are stimulating for

me, and that I know that I am capable of achieving, that I do then achieve and that they are satisfied with the work I have done ...When they recognise my qualities, not necessarily through big projects but small mandates that I can achieve or accomplish, that gives me a sense of personal accomplishment.

She had a few small examples of this, but one that stood out was a bigger mandate where she received additional resources and the support of her superior to accomplish it. Her superior also reduced some of her responsibilities so she could focus on this initiative, which included managing a local community service center (CLSC) that had been disorganized and without a permanent manager for over a year. The employees were having numerous difficulties including strained relationships amongst themselves. With time and effort, Lise managed to work with the employees and create a team. She felt gratified that she had succeeded in helping the team achieve its goals. She took the time and energy required to build this team with them, and it turned out well. Although she also had challenging moments with the team that caused her anxiety, she shared this as a memorable experience:

L'exemple que je peux vous donner c'est qu'on m'a demandé d'assister à des cellules de travail avec des directions partenaires, avec lesquelles c'est plus problématique parfois les échanges, pis mon boss m'a dit 'écoute, c'est toi que je veux qu'il fasse ça parce que tu es stratégique, tu es politique, tu parles bien, t'es rassembleuse, t'es capable d'utiliser les bons mots, t'es capable de rallier les gens, puis là c'est ça qu'on a besoin dans cette cellule de travail- là, on n'a pas besoin de quelqu'un qui va donner le poing sur la table... tu vas être capable, tu sais qu'il faut que ça avance, pis tu vas arriver à ce que ça avance, de façon conciliante. Tu sais, il m'a reconnu mon type de gestion mais je pense que je suis la personne pour aller sur cette cellule de travail-là, et faire avancer les choses. Donc ça

quand on me reconnaît, on me reconnaît pour mes qualités professionnelles, puis on met aux bonnes places pour justement mettre à profit l'organisation.

The example I can give you is that I was asked to attend work groups with different partner sectors, with whom relationships are sometimes more problematic, and my boss told me, “Listen, I want you to do this because you are strategic, you're political, you speak well, you're able to use the right words, you're able to rally people, and that's what we need in this work group, we don't need someone who's going to dig in on their position ... You're going to be able to do this, you know it's got to move forward, so you're going to get it to move forward, in a conciliatory way.” You know, they recognised my type of management, but I think I'm the person to go to that work group and make things happen. So, when I'm recognised, I'm recognised for my professional qualities, and then I'm put in the right places for the good of the organisation.

Validation was seen differently by some participants. Some expected it from others, especially their superiors, while others felt it had to be internal, coming from themselves and not waiting for it from others. Besides Lise's example, other participants also shared their perspective on the importance of validation. Sandra feels validated by her employees. She was hoping for the same response from her superior, but in her case, she was not getting it. Julia and Anne both expressed that validation must come from themselves and gave two different examples. Anne shared that even if she does everything to support her employees, it is rare that they will notice and thank her. For her, it is as if they feel everything is owed to them. She gave the example of working to get her employees the special COVID-19 bonus. She worked hard, got it for them, but she received no thank you from her staff. Julia, the youngest participant, reflected on and explained her perspective on validation. She concluded that there are days she

may be seen as a great manager, but the moment the staff does not like what she needs them to do, she is no longer a great manager and their perception of her can change within a day. For instance, if she is asked to cut a position or make changes that they do not appreciate, her reputation as a good manager can alter instantly. Given this reality, Julia's sense of valorization has to come in another way, from herself. She explained it this way:

C'est de trouver des façons de se valoriser dans son travail, sans nécessairement compter sur la valorisation des équipes ou des supérieurs. Je me valorise beaucoup au quotidien dans les relations humaines, puis quand arrive une crise, il faut être capable de soutenir psychologiquement, pour oui, maintenir les relations humaines mais ne pas que se valoriser dans ça là.

It's about finding ways of valuing yourself in your work, without necessarily relying on this coming from your team or your superiors. I value myself a lot on a daily basis through my relations with others, and then when a crisis comes along, ... you have to be able to support yourself psychologically, to maintain your relations, and not only value yourself through this.

Individual Traits. Individual traits were another factor that emerged as important to the participants. They include, self-efficacy, confidence and voice, and perfectionism.

Self-Efficacy. Many personal factors could influence women middle managers in their roles. These can include a sense of self, self-esteem, self-efficacy, self-worth, and confidence.

Although the participants did not explicitly mention self-esteem or self-efficacy, Catherine expressed something that shows she has self-efficacy when she said: *Moi je pense que dans la vie, on peut toute faire, faut juste mettre le temps puis l'énergie et les efforts que on est prêt à y mettre.* "I think that in life you can do anything, you just have to put in the time, energy, and

effort that you are willing to put in.” All participants showed self-efficacy when they believed they could do their job, but only so long as they had the necessary resources to achieve the desired results.

Confidence and Voice. Another personal factor that emerged during the interviews was that of confidence. A specific question was asked regarding whether they felt confident at work. All participants identified themselves as confident. Julia stated:

Moi ma mère est en santé mentale et puis on a été élevés chez nous que peu importe ce que on fait, on est valorisés et j'aurais pu être caissière à côté de chez nous. L'important c'est qu'on s'épanouisse comme personne, comme individu...ça fait que chez nous, les enfants on n'a pas peur d'aller au bout de ce qu'on souhaite faire, puis on n'a pas peur de se planter un peu dans la vie, qui fait que la confiance en nous, on l'a comme force mais depuis toujours.

My mother works in mental health, and we were brought up to believe that no matter what we do, we are valued, and I could have been a cashier next door, the important thing is that we grow as a person, as an individual ... That's why for us in our family we are not afraid of pushing to the end of what we want to do and we're not afraid of making mistakes in life, which is why our self-confidence is a strength that we have always had.

Confidence for Joanne and Lise was their capacity to try new roles, roles they are not necessarily comfortable with but try anyway. When Joanne was asked if she had confidence, she stated that, for her, having confidence is going ahead and trying new approaches even if she is not comfortable: *J'ose quand même.* “I try it anyway.”

When Diane was asked if she had confidence, she said: *Oui je me sens confiante, je suis capable de partager mes expériences dans de nombreux domaines différents car je suis à l'aise*

pour exprimer mes opinions en utilisant ma voix pour mettre en valeur mes forces et mes talents.

“Yes, I feel I am confident. I am able to share my experiences in many different areas since I am comfortable stating my opinions by using my voice to showcase my strengths and talents.” An important part of how Diane perceived her role as middle manager was to express what was and was not working and stating it to her team, her colleagues, and her superior. She stated that having the strength to share her convictions, regardless of how her comments were received, positively impacted her well-being. Interestingly, confidence meant different things to different participants, but the majority related it to the capacity to try out new roles and use their voice to speak up, which were important in their roles.

Performance. The eight women all spontaneously identified themselves as high performers. They noted that their superiors and the organization also expected this of them, and they expected that from themselves. When they performed and succeeded in their work, they felt valued and proud, which positively contributed to their well-being. Anne stated: *Je veux toujours montrer que je suis à la hauteur de, je suis bonne, je suis compétente, je veux toujours en donner, ça fait partie aussi du problème.* “I always want to show that I'm up to it, that I'm good, I'm competent. I always want to give all of myself, but that's part of the problem too.” If they were not able to perform at the level they sought to achieve, this had a negative impact on their well-being and created self-doubt, which negatively impacted their feelings of self-worth. The majority of the interviewees shared that when things got difficult and they had a hard time performing as expected, this impacted them negatively. As described by Lise: *Ce que j'aime le moins, c'est lorsque je suis pas capable de faire le travail pour lequel je suis mandatée de faire.* “What I like least is when I am not able to do the job I am mandated to do.” This feeling can increase self-doubt and their capacity to do their job, even those with more experience like Lise.

She further stated that she has a hard time dealing with ambiguity, and the feeling of responsibility weighed heavy on her. Lise wanted assistance possibly from a coach or psychologist to help her deal with her need to perform: *de m'aider à être un petit peu moins dure envers moi-même* “to help me be a little less hard on myself.”

Perfectionism. In addition to being high performers, Catherine, Lucie, and Anne expressed how they were also perfectionists. Catherine said:

Je suis très perfectionniste, il faut toujours que je fasse attention, je suis très exigeante, c'est pas tout le monde qui a le même niveau de capacité peu importe qu'est-ce qu'on fait. Je m'en demande beaucoup c'est correct mais il ne faut pas que je demande ça à tout le monde. Il faut que je fasse attention à ça au quotidien.

I'm a perfectionist, I always have to be careful, I'm very demanding, not everyone has the same level of ability, no matter what they do. I ask a lot of myself, that's fine, but I shouldn't ask that of everyone, I have to be careful with that every day.

They noted that they were demanding of themselves and had to work hard not to ask this of others. Lucie was aware of her perfectionist behaviour as well as her need to perform effectively:

De mon petit côté de tout faire, il faut que ce soit beau, pour que ça soit bien fait, c'est que de répondre aux exigences, ça c'est mon gros défi et d'être capable d'arriver de faire face à ce qui a été demandé, ce sentiment-là d'être débordée, de pas y arriver ou tourner les coins ronds, ça je trouve ça difficile aussi.

I have a desire to do everything, it has to be great, so it must be well done, it must meet the requirements. In fact, that's certainly my big challenge. I would also say that being able to cope with what has been asked of me, that feeling of being overwhelmed, of not being able to do it, or cutting corners, that I find difficult too.

Not all the participants identified themselves as perfectionists and recognized that while at times they had to be high performers, at other times they had to take care of themselves. Joanne, who is higher in the hierarchy, stated:

Je me donne la chance de ne pas être à cent-dix pourcent. Je me parle, je me donne le droit de me mettre sur le modèle écono, pas nécessairement être à 110% de la prestation de travail, j'avoue que je me donne le droit de ça, surtout en période plus difficile. J'ai aussi la possibilité de le faire.

I allow myself not to always be at 110%. I talk to myself, and I give myself permission to be in an “econo-mode,” and not necessarily be at 110% for work performance. I admit that I give myself that right, especially in more difficult times. I also have the possibility to do so.

Organizational Factors

In understanding the realities and experiences of women middle managers within a chosen system, organizational factors are a central component. As was illustrated in Figure 1 (See page 8), they include the organizational values, leadership paradigms, relationships for middle managers with the staff they are responsible for and their own superiors, working conditions, the resources they either have access to or not, and the constant variable which is that they are working in a system that is constantly evolving and undergoing change.

Organizational Values. The organizational culture was a challenge for Sandra, and she described different aspects of this such as the contradiction she feels between the espoused values of compassion, respect, collaboration, accountability, and innovation and those to which the CIUSSS-CN adheres in practice. Diane also stated that she believes the organizational culture is one in which to succeed one needs to be a workaholic. Diane said: *On doit soutenir les*

gestionnaires, les cadres supérieure, ceux qui sont au-dessus des gestionnaires intermédiaires, leur donner des boîtes à outils ou des stratégies, on dirait que eu sont workaholic, eux ils s'attendent à la même chose de toi. “We need to support the supervisors, upper managers, those who are above the middle managers, give them the tools and strategies, it seems that they are workaholics, and expect the same from us.”

Sandra also said that the work culture is one where high performance is expected along with putting in long hours to achieve objectives. In her case, she felt this was expected of her with neither the necessary support from her superior nor the necessary resources to assist her in achieving her objectives. She was very cognizant of a disconnect between what she did for her employees and what her superior and department did for her. She referred to it numerous times as *un clash des valeurs* “a clash of values”: *Ce que je trouve le plus difficile, c'est de gérer avec le clash que je ressens entre ce que je suis comme personne, et ma direction.* “What I find the most difficult, is to reconcile what I feel as a person, and my supervisor.”

Sandra described herself as someone who is very organized, structured, and efficient. She saw herself as someone who is very relational, taking care of her people, supporting, and listening to them. She performed numerous small gestures such as returning emails quickly and responding to requests, and if she couldn't provide answers immediately, she let people know when she would. She also undertook thoughtful actions that went beyond her actual duties such as sending birthday wishes or retirement cards, thanking people for their services, etc. She did this because she felt it was important since she cares for her employees.

When asked what she found a challenge, she stated it was the lack of recognition from her superior, her department, and even the leadership of the organization. She was very upset at the fact that despite the organization's written espoused values, her experience is that they are just words and not lived by all levels of the organization. She said:

L'organisation prône des valeurs de respect, de bienveillance, mais j'ai l'impression que ce sont des mots. J'aimerais avoir cette bienveillance de mes patrons. Pour ma part je trouve qu'il y a un manque de considération. J'ai 40–50 personnes, puis, j'essaie de trouver du temps pour leur parler au téléphone, ou les voir en Teams, ou à aller les rencontrer, puis je me fais des blitz de rencontres. Je me dis qu'est-ce qui fait que moi, j'arrive à faire ça, malgré toute la charge de travail que j'ai à faire, puis que mon patron qui a 6 gestionnaires puisqu'on n'a même pas moyen d'avoir une demi-heure de façon régulière ? J'ai su qu'il y avait d'autres directions que les directeurs en font un petit peu plus.... Mais à mon niveau, ce que je trouve le plus difficile, c'est de gérer avec le clash que je ressens entre ce que je suis comme personne et ma direction. Pas parce que ce sont des mauvaises personnes, mais je me considère comme une gestionnaire très bienveillante, j'aimerais pouvoir avoir cette même bienveillance de mes pairs.

The organization promotes values of caring, but I feel that these are words. I wish I had that same care from my bosses. For my part, I find that there is a lack of consideration. I have 40–50 people, I try to find time to talk to them on the phone, or talk to them on Teams, or go meet them, and then I do meeting blitzes. I ask myself how am I able to do this, despite the workload I have, and then there is my boss who has six managers, and we can't even have half an hour on a regular basis? I know there were other sectors where the directors were doing a little bit more. ... But, at my level, what I find most difficult is to manage the clash I feel between who I am as a person and my superiors. Not because they are bad people, but I consider myself a very caring manager, and I wish I could have that same caring in return.

She expressed how she does not feel valued by her superior for what she does for her team, even though it is congruent with the stated organizational values. She does not feel respected nor does she have a voice. She believes her superior has a different leadership style, much more directive, with limited communication, and a more top-down approach. She feels he does not respect her collaborative leadership style, and therefore feels that she is in the wrong place. She did have to take sick leave. She hoped she could take an early retirement, which is not possible. She commented that she is tired.

Clashes of values were also expressed in other situations. For instance, for three participants, the pandemic also brought situations to the surface where they had to implement certain procedures that went against their own values, and they found this difficult. Julia shared that she struggled when, as a manager, she could not provide the protective gear to all her staff during the early days of the pandemic. She and other managers had to tell some staff that they could not have the protective equipment that they needed, even if they themselves felt the staff should get it. Julia stated: *Je voulais passer outre les directives, mais je ne l'ai pas fait, mais c'était difficile pour moi.* "I just wanted to override the directives, but I did not, but it was hard for me."

Conflicts of values do not only happen between the middle manager and superiors but can also happen when a middle manager agrees with what the superiors want but the team she manages does not. An example was offered by Diane, who said that, at times, she is in a conflict of values with her staff. She had worked previously in the profit and non-profit sectors, and she knows that sometimes what was requested by her superior was reasonable and agreed. But this was seen differently by her team who responded, "We can't do this. We can't do that." She felt irritated when this happened. She shared:

J'ai des conflits de valeurs parce qu'ils me répondent 'ben là c'est trop lourd, c'est fatiguant, on ne sera pas capable de faire tant de rencontres par jour, c'est pas possible, il y a trop de papier et puis tout ça. A la fin, j'avais le goût d'être moins fine parce que je me dis si tu t'en vas dans le privé tu vas pallier ça comment ?

I experience a conflict of values when they tell me, “Well, it’s too demanding, it’s tiring, we won’t be able to fit all the meetings in a day, it’s not possible, there’s too much paperwork,” and all that. In the end, I felt like being less polite, because I said to myself, if you go to the private sector, how are you going to make it?

Hence, a clash of values can happen at various levels. When this happens, it negatively impacts their psychological well-being. Regardless of at which level they experience a clash of values, the participants felt a disconnect between themselves and their supervisor or their teams, leading to frustration, discouragement, anger, and despair. In two cases, the impact of these clashes contributed to their going on sick leave.

Leadership: Old Versus New Paradigms. Another organizational factor mentioned by the participants is the presence of various leadership paradigms, which are also influenced by societal norms. Catherine, in her thirties, had hoped that the old societal norms about women with children being only suitable as homemakers and not in management positions, had disappeared. She is very involved in her three children’s daily lives. She knew early on in her career that she wanted to be a manager and continued her education to get her master’s degree to be in a position to apply to a management position. When she saw her opportunity to move from her professional role as a nurse into a management role, she excitedly applied. She was thrilled when she obtained the position. When she had applied for the job, she felt she had a good understanding of the commitment that she would need to make and that she would be able to

manage her new role as well as being a mother of three young children. Unfortunately, within three weeks of starting this new job, she realized that she was having a challenging time with her supervisor, and there was an important conflict of values. She quickly understood that her supervisor, who was a woman, did not believe Catherine could be a good manager because she had to take care of her three young children, who were between the ages of 4 and 8, and she had a partner who is often away for work. Through Catherine's experience, we see the old paradigms of leadership that require being present at work at all costs and where, if children are involved, that person may be perceived as not being as available and as committed to their work as someone without children. She mentioned:

Elle [ma supérieure] voyait le fait que j'ai des enfants comme une problématique. Elle pensait que je ne serais pas capable de gérer mon horaire, pour gérer ces choses-là. La relation avec elle c'était vraiment difficile. J'avais vraiment l'impression de ne pas être appréciée, elle me faisait sentir comme je n'avais pas d'affaire ici, puis je me réquisitionnais beaucoup, je me remettais en question, je venais d'arriver, ça faisait 3 semaines.

She [my upper manager] saw the fact that I have children as a problem. She told me she felt that I would not be able to manage my schedule and my busy homelife. I became very upset with her ... The relationship with her was really difficult. I really felt like I wasn't appreciated. I felt like I didn't have any business being here. I questioned my capacity to do this job, although I was prepared to do it.

Catherine felt that her boss held beliefs upholding old leadership paradigms, in relation to a manager, who is also a mother:

Elle ne me permettait pas d'avoir de la conciliation travail-famille, ce qui est pour moi, super important, et surtout que pour moi le côté humain c'est très important. C'est comme quand on ne veut même pas prendre ça en considération, je trouve c'est comme si on enlevait une grosse partie. Je pense que de plus en plus, que ce soit dans le MBA ou dans d'autres données probantes, qu'on démontre l'importance que les gens puissent consolider leur vie personnelle et que ce n'est plus comme la gestion il y a 25 ans... et ça m'insultait beaucoup. C'était très difficile. Je trouvais qu'elle se basait sur des idées plutôt que d'avoir vraiment validé l'information.

She did not allow me to have work-life balance, which for me is super important and especially that the human side of things is very important to me. It's like when you don't even want to take it into consideration, I think it's like removing a big part. I think more and more, whether it's in an MBA or in scientific evidence, the importance of people being able to reconcile their personal lives is being demonstrated and that it's no longer like the management culture of 25 years ago ... and it was insulting to me. It was very difficult. I thought it was based on her perceptions rather than validating the information.

Catherine felt that her superior was entrenched in an old paradigm that a manager had to be present at work five days a week, because her teams would fall apart if she were not there. This superior did not seem open to other ways of Catherine performing her work such as using alternative communication tools, notably her cell phone, email, or texts. Her superior did not believe that a manager could effectively work from home at times.

In Catherine's case, however, there was a change in her superior shortly after, which brought a positive change in leadership style and made all the difference:

J'ai su qu'il y avait un changement de supérieure qui allait arriver. La nouvelle supérieure avait aussi des enfants. Quand je la rencontrer elle m'a dit 'c'est correct de vouloir concilier travail- famille', pour elle ce n'était pas un enjeu d'avoir des enfants, au contraire, elle m'a dit 'ça démontre que tu es capable de t'organiser dans la vie'. C'était complètement un autre paradigme. Après qu'on a parlé je lui ai dit 'okay, c'est beau, je me sens à l'aise pour continuer'. Alors juste en changeant de supérieure qui avait une philosophie différente et plus récente sur le rôle des femmes, et qu'elle avait jumelé les deux rôles, on était complètement dans un autre contexte.

I knew there was a change of superior coming. The new superior also had children. She made me feel that it was okay to want to reconcile family and work. For her, it was not an issue to have children. On the contrary, it showed that I was able to organize myself. It was completely another paradigm. I was like okay, it's good. I felt comfortable to continue. So just by changing supervisor, I was completely in another reality.

With the new superior who had an openness to her reality, Catherine feels that she is doing well in her role as a middle manager. She stated that with the previous supervisor, she would not have been able to stay long in her role. With her new superior, they have found ways for her to get her work done while she continues to assume her multiple roles outside of work as a mother and partner. This experience highlights that, for some, the stereotypes still exist whereby being a manager and a mother are not compatible. It highlights the importance of the relationship with the supervisor. It shows the impact of old, gendered leadership paradigms with the work-centric beliefs that one must work in person and be available all the time, which does not leave much place for life outside work, especially for women with maternal duties. The old, gendered leadership paradigms emphasize the notion that women cannot have both a career and a family.

Relationship with Team. Central to the organizational factors which affected well-being were the relationships that the women middle managers maintained with those above them and those below them. They provided a range of experiences that highlighted those factors which contributed to them either feeling good in their role or challenged them in their role.

As middle managers, the women are accountable to someone above them and must achieve the objectives or directives given by their superior. When everything is aligned such that, the middle manager has the competencies and resources to achieve the mandate, has the support of their boss, and can mobilize their team to do the work, this constitutes a “win-win-win” situation. It is a “win” for the organization since the mandate gets done, while being a “win” for the middle manager who feels professional satisfaction, and a “win” for their team who achieve the desired outcome collaboratively. This does not mean that there are not issues along the way, but this winning situation is what the middle managers shared as examples of positive work experiences affecting their psychological well-being.

The following are examples of the role in the middle when the manager is supported by her team, and they succeed in their mandate. The examples also clearly showcase the middle manager’s role as a change agent.

When It All Works Out: The Team to the Rescue. Lucie is a middle manager in her late forties, who has 20 years of experience as a middle manager, 16 of those in the health system combined with four years in various management positions outside the health system. She is a lone parent of two children in their 20s and has a boyfriend.

When asked what she liked the most in her job, she quickly answered, “working with people.” She described how she sees a big part of her role as being a change agent, implementing the change that comes from above. She shared a story of when she had to implement an

important change, which was to move a service from one area to another. This move entailed numerous details, and she had to ensure that everything would be functional the following day, since it was an essential service to vulnerable individuals. A lot of planning went into preparing for the move.

The day of the move arrived, and all was set to go. The equipment was disconnected and ready for the movers. She and her team were ready and waiting for the movers but time passed, and they did not show up. She had no choice but to ensure that this move was done on this specific day. She went to her team and said: *Qu'est-ce qu'on fait gang? Tu sais on n'a pas de déménageur, faut déménager ?* "What do we do gang ? You know we don't have a mover; but we have to move?" She was touched with the extent of the support she received from her team:

C'est les employés qui ont déménagé l'équipement, ils ne m'ont pas laissée tomber. Ils ont dit, 'on s'en occupe inquiète-toi pas'. J'ai fait hein qu'est-ce que vous faites, on s'organise, ils sont partis avec leur petit chariot, puis on l'a fait ensemble. C'est des beaux événements que j'ai vécus dans ma carrière. C'est la capacité d'amener les gens à faire un changement. Les faire vivre et accepter le changement et les faire cheminer à l'intérieur de ça aussi pour qu'ils soient bien, soit dans les nouvelles fonctions ou dans le nouvel environnement de travail.

It was the employees who moved the equipment, they didn't let me down. They said, "we're taking care of it, don't worry." I said, "Oh, what are you going to do?" They left with their little carts, then we did it all together. These are the fantastic events that I have experienced in my career. It's the ability to get people to make a change. Make them live and accept change and make them grow within it, so that they feel good, either in new functions or in the new work environment.

This story depicts the use of a transformational leadership style used by Lucie. This style places importance on using a relational approach to leadership, which includes taking care of the employees. Additionally, working collaboratively with people at the top and the bottom is critical. Taking the time to engage her team in the change process, explaining what was being done and why, and being there for them was what she named as the keys to her success. She described the support of her superior as an important element, since she felt valued by her boss and reciprocated that feeling with her team and her boss. She always supported her team and tried to help them deal with all the changes that their department had to go through. They were there for her when she needed them. She found this very comforting. Lucie stated: *Ça me fait chaud au cœur parce que je me dis câline, c'est une grande marque de confiance de la part des employés à mon égard.* "It warms my heart because I say, wow, it's a great sign of trust on the part of the employees towards me." She expressed that for her to reach her objectives, she needs the support of her team. When her team feel' confident in her capacities, then they all work together to achieve the organizational objectives. She feels it is a "win-win" situation and is proud to have successfully implemented this important change with her team.

Stepping Up During COVID-19. Julia, who was greatly impacted by the COVID-19 pandemic, shared that when she arrived in her position, she was responsible for a team that was very dysfunctional for different reasons but mainly because employees still had a hard time with the imposed changes from Bill 10, and they were resisting those changes. She used her transformational leadership style, which included her collaborative style, to communicate and be present with her employees in an effort to build relationships. However, she saw that her efforts were not really working, and she wondered if she needed to adopt a different leadership style that was more directive. She had hoped not to have to use a directive style but rather one built on

team morale. However, she continued supporting them and being present. When COVID-19 hit and she needed extra help and support, team members from different sectors volunteered to help, as other members of her staff had to go on sick leave since they had tested positive for COVID-19. She felt that her team were there for her and the organization, and 90% of her team helped and worked together. She said:

Les gens ont été très solidaires, tous ceux qui étaient là, étaient là au complet. Quarante-vingt dix pourcent des employés ont répondu présents puis ils se sont battus jusqu'au bout, ils sont montés sur les étages pour nous aider sans que ce soit demandé officiellement.

People were very supportive, everyone who was there was all in. Ninety percent of the employees responded, and they fought to the end. They went up on the floors to help us no matter what was asked officially.

Julia felt that the fact that they mobilized, and her teams all worked together, was definitely a highlight during these difficult times. She stated:

Il y avait vraiment des actions que j'ai fait qui ont été au-delà je pense que ce qui est attendu dans mon rôle, mais ils me l'ont rendu à l'inverse du moment le jour où on était en éclosion. Toutes mes équipes ambulatoires sont montées en haut, les professionnels puis ils sont mis sur des tâches de préposé. C'était comme normal de venir mener le combat avec les équipes de soins. Ça démontre qu'il y avait une belle solidarité, ça a été un coup positif.

There were really things that I did that I think went beyond what is expected in my role, but they gave it back to me in return when we were in the midst of the outbreak, and all my ambulatory teams went upstairs. The professionals took on the tasks of personal attendants;

it was like normal to come and lead the fight with the care teams. It shows that there was a great solidarity, it was a positive move.

However, a challenge for middle managers is when the mandate is given by the top, but the team cannot achieve it. Even if the director is supportive and the manager supports the team, it is not a given “win-win-win” outcome. The organization does not obtain the necessary results, the middle manager has not achieved her objectives, and the team has not either. This is not encouraging, and it can undermine the middle manager’s psychological well-being, especially when the results harm their sense of self-worth.

In the Middle: Torn between Team and Organization. Diane described a time when she was able to combine her relational strengths with her logical traits, and she saw human resources management as positive for her:

Ça me permet moi de garder le sens, de me faire une logique. Je suis quand même assez cartésienne, autant que je suis relationnelle. J'aime ça être en relation mais, dans le type de suivi de dossier, tout ça, je suis plus systématique.

It allows me to keep a sense of structure. I’m quite Cartesian, as much as I’m relational. I like being relational but, in the follow-up on an issue, I’m more logical.

Diane also felt that her training as a social worker helped her manage office conflicts. She explained it this way :

C’est sûr qu’au niveau des agentes administratives, c’est plus des personnes, des exécutants qui ont un secondaire 5. Des fois c’est plus difficile d’amener la personne à réfléchir sur son fonctionnement, sur les impacts que ça l’a sur une équipe de travail. J’ai au moins 2 à 3 agentes administratives pour lequel il faut que j’accompagne un peu plus. Il fallait qu’elles m’appellent. J’avais souvent des commentaires ou des plaintes des

collègues ou des autres directions, pour dire que cette personne n'a pas été correcte avec telle clientèle, telle collègue. Quelquefois descendre et gérer des conflits, entre les dames, des chicanes de sacoche', j'avais l'impression que c'était une garderie pour certaines affaires. Je n'avais pas eu à gérer à ce niveau-là auparavant dans les expériences avant que j'arrive là. C'était vraiment les personnes qui partagent le même espace, puis là ils me disaient ne répond pas, elle ne se met pas disponible. Mais tu lui as-tu déjà dit, non mais c'est à elle de le comprendre. Heureusement j'étais travailleuse sociale de formation, je pense que ça m'a aidée, parce que je ne m'en serais pas sortie là vivante. C'est ça accompagner les équipes dans la résolution de problèmes, gestion de conflits, particulièrement au niveau des agents des fois. Oh boy!

It is certain that at the level of the administrative agents, there are more people carrying out tasks who only have a secondary 5 education, and sometimes it is more difficult to bring the person to reflect on their behaviour and the impact that it has on a work team. I have at least two to three administrative agents who I have to follow a little more, and they have to call me. I often had comments or complaints from colleagues, or from other sectors to say that this person was not proper with such and such a client or such and such a colleague. Sometimes I have to manage conflicts between the women over trivial things. I had the impression that it was like a daycare for certain matters. I hadn't had to deal with that before in my previous experiences. It was really people sharing the same space, and then it was like so-and-so doesn't answer, and she doesn't make herself available. But you've already told her, but it's up to her to understand that. Luckily, I was a social worker by training. I think that helped me because I wouldn't have made it out alive. It's been a great

help to the teams in problem solving and conflict management, especially at the agent level at times. Oh boy!

Another experience shared by Diane, illustrated the challenges a middle manager may face being in the middle while trying to maintain positive productive relationships with those above and those below. Diane identified how being in the middle between the demands of her superior and her department and not being able to achieve the necessary results with her team negatively influenced her well-being. Diane has been a manager for 13 years. She communicated that she has had two leaves because of burnout during that time and realized that, although she is very relational and has no problem connecting with her staff, being in the middle was hard for her. She explained that, at times, the demands came from the top and had to be executed but, being in the middle, she had a hard time reconciling the demands while also trying to support her team who resisted the demands when they felt they could not achieve what was asked of them. She shared: *Tu retournes auprès de tes équipes, tu leur dis 'il faut faire mieux', tu les vois pleurer quasiment parce que là on n'est pas capable, je vais dire ça comment ça à mes boss.* “You go back to your teams, you tell them they have to do better, you see them almost crying because we’re not able to do it. How am I going to tell my bosses?” Reflecting on this, she added:

Moi je suis comme à moitié centrée sur la tâche puis à moitié centrée sur les relations, puis des fois j'oublie la tâche et je me concentre sur les gens puis là je deviens trop sensible, trop perméable à tout ça. Je n'ai plus le recul pour prendre les décisions. Je sens la pression de ma direction dans ce temps-là. J'essaye de me mettre entre les deux, ce n'est pas bon pour moi, c'est trop fragilisant pour moi.

Sometimes, I forget about the task and concentrate on the people, and then I become too sensitive, too permeable to all that. I don't have the distance to make decisions. I feel the

pressure of my superior at that time. I try to put myself between the two, but it's not good for me. I am too fragile.

During her second work stoppage, Diane realized she was fragile in terms of personnel management, although not because she had difficulty establishing relationships with people. Her superior tried to help her out in this situation and was supportive, but she was still told she needed to be more productive. Diane's superior was accountable and had to deliver. This left Diane stuck in the middle between her superior's demands and her team. If she hadn't left on sick leave, she would probably have left soon after, because her superior would have put pressure on her with good reason. Diane liked being a manager, but she was too fragile to manage teams.

Diane blamed herself for her vulnerability and her inability to manage her teams. She felt that it was all her fault that her department was not performing. She could not achieve results, because the team was not working well, and she could not "fix" her team. She felt she was letting people down at the top and the bottom of the system, and this decreased her well-being to the point that she needed to take her second sick leave. Once she returned from her leave, she realized that relational problems such as dealing with the interpersonal conflict with some team members and the demands from the top and the inability to produce the work from her team were some of the issues that caused her negative psychological well-being. She had a challenging time dealing with the pressure of being in the middle, with the competing demands from the top and bottom causing her stress.

Others also reflected on situations where they found implementing directives difficult. Lucie stated that she finds it very challenging in her role as a middle manager when: *Les orientations de la direction ne sont pas claires, quand les attentes sont irréalistes, et que malgré*

toute la représentation qu'il faut que je peux faire auprès de ma direction, auprès de mon chef, il n'y a pas d'écoute. “Management orientations are not clear, when the expectations are unrealistic, and despite all the representations that I make to my boss, I am not heard.” She went on to explain : *C'est dans l'obligation d'exécuter quelque chose dans lequel, soit que moi je suis pas prête, l'équipe est pas prête, c'est quelque chose d'imposé. Ça je trouve ça difficile.* “It is when I am required to execute something for which I am not ready, the team is not ready, or it is something imposed. I find it difficult.”

Relationship with Superior. As middle managers in a huge system, the eight women not only build and maintain relationships with those they manage but also with colleagues, peers, and superiors. These relationships can be positive and helpful to the well-being of the manager or can contribute negatively to their well-being. An example of this was shared by Anne:

J'avais ma collègue qui était gestionnaire, on travaillait beaucoup ensemble, je suis allée voir mon patron souvent parce qu'elle ne filait pas, et à chaque fois il m'écoutait pas, ça marchait pas, j'étais allée le voir le mardi elle est partie en maladie mercredi. Je suis retournée le voir après pour lui dire 'voyons pourquoi tu me crois pas ? Il me disait 'mais j'ai l'impression que tu exagères tout le temps les choses'.

I had a colleague who was a manager, and we worked together a lot. I went to see my boss often because she wasn't doing well, and each time he didn't listen to me, it didn't work. I went to see him on Tuesday, and she went on sick leave Wednesday. I went back to see him afterwards to tell him, “Come on, why don't you believe me?” He said, “I have the impression that you exaggerate things all the time.”

Anne did not leave it there: she felt she had to have a difficult conversation with her superior to clear the air. This conversation was helpful for both of them to understand how she felt, and

afterwards she felt that they were able to make progress, although establishing and maintaining that relationship is still challenging.

Another example was shared by Lise who has 20 years' experience in management, but only a few years at the CIUSSS. Her boss treated her as if she was just starting out and did not respect all her years and experience in management:

J'avais eu une rencontre où il me dit écoute Lise, t'es novice, tu commences, toi t'es là (en bas) je vais te ramener là (en haut). Je me disais, OK qu'est-ce qui veut dire par là ? D'emblée souvent je pourrais avoir tendance à aller valider ma perception, mais là j'étais un peu stoïque comprenez-vous ? Je l'écoutais puis je me disais mon Dieu il n'a jamais dit ça dans la vie. Je l'écoutais, pis il me dit 'écoute 'moi il faut que ça fitte avec les gens, quand ça fitte pas, je ne les garde pas dans mon entourage de gestion'. J'ai eu toutes sortes de choses qui m'ont été dites dans cette rencontre-là. Quand il est parti, je pleurais dans mon bureau, je me disais mon Dieu seigneur, je n'ai plus le goût de travailler avec lui, j'ai pas le goût pantoute. Ça, ça veut dire qu'il faut que je pense comme lui, que je fasse comme lui, puis c'était vraiment du 'moi il faut que ça fitte avec la personne, il faut qu'elle pense comme moi, je m'entoure des gens comme moi'.

I had a meeting where he said to me, "Listen Lise, you're a novice, you're starting out, you're down here, and I'm going to bring you up here." I thought, OK, what does that mean? Normally, I would tend to validate my perception, but I was a bit in shock, you know? I listened to him and then I thought, my God, he could not have said that. I listened to him and then he said, "Listen, there has to be a fit with the people I work with, when it doesn't work, I don't keep them in my team." All sorts of things were said to me in that meeting. When he left, I went to my office and cried. I thought to myself, my God, I don't

want to work with him anymore, I don't want to. It means that I have to think like him and act like him. It was clear I have to fit in with this person, because he had said people have to think like him and that he surrounds himself with similar people.

Human Resources Management. Human resource management emerged as an important challenge for most of the participants. They described the issues they faced when dealing with disciplinary issues and conflict, being stuck in the middle. For a few, while difficult, when successful they felt rewarded.

Disciplinary Issues and Conflict. Over and above having to lead their teams to meet objectives or through a change process, another role they had was dealing with human resources issues, especially disciplinary problems. Managing human resources was the task category that, for most, took a lot of their energy and was challenging. They mentioned that they do not like being in conflictual situations with their superior, employees, or colleagues. Julia asserted: *Je dois travailler à gérer la gestion des conflits, et de développer ma tolérance au conflit.* "I need to work on dealing with conflict and my tolerance to conflict." Sandra found that human resources is difficult with certain employees and caused her insomnia. She shared: *J'ai trouvé ça très difficile de gérer cette personnalité-là. Toute ce qui est relation humaine génère chez moi une plus grande anxiété.* "I found it very difficult to deal with a certain individual. All that touches on human relations causes me more anxiety."

For all of them, the emotional labour they do requires a lot of energy. Joanne commented that being a receptor of her employees' emotional burdens and emotional labour and hearing their suffering, exhaustion, and distress was hard. She stated that it is difficult for her to accompany certain individuals who are very emotional and not necessarily rational. On the other hand, she describes herself as very rational but also caring. She stated that: *Il faut que je les*

accompagne dans cette charge émotive, c'est plus difficile pour moi car je suis sensible aux gens mais aussi très rationnelle. "I have to accompany them in this emotional load, which is more difficult for me because I am sensitive to people but also very rational."

Meanwhile, Catherine does not like feeling she is causing pain to her employees:

Le disciplinaire, je trouve toujours ça plate de rencontrer les gens pour leur dire qu'ils n'ont pas fait les affaires comme il faut, c'est pas le fun, j'aime pas ça faire de la peine aux gens, ou être méchante. C'est ce que je trouve le plus difficile.

I find disciplinary issues difficult. I don't like having to tell people they are not doing a good job, it's not fun. I do not like causing pain or being mean. This is what I find is the most difficult.

Anne had a different challenge regarding her staff since she feels they want her to be more maternal, and she professed that she is not maternal by nature. They come to her and share so many stories, but she is a private person who would never share these types of stories. She felt that nurses are seen as maternal, and she works mainly with nurses but that is not her professional background since she is an occupational therapist. Anne said: *Les conflits, les conflits, je les gère mais les enfantillages, c'est ça. Des fois j'ai l'impression de gérer une garderie, pis ça me tanne.* "Conflicts, conflicts, I handle them, but childishness, that's it. Sometimes, I feel like I'm running a daycare, which bothers me." Lise also mentioned that while managing conflict was part of her job, it was more difficult and remained a challenge since she is not comfortable with conflict.

Stuck in the Middle. Lise asserted that she likes to manage people but that maintaining those relationships can be challenging. She shared a situation where her boss was supportive, but the group she was asked to work with had numerous challenges since they had not had a

permanent manager for at least a year. Her experience talks to the complexities involved in being in the middle:

La gestion des ressources humaines c'est ce qui m'anime le plus mais ça me tire le plus de jus, parce que je suis très très sensible probablement par ma formation d'infirmière, là le côté humain très très sensible, puis c'est ce que je trouve difficile. J'ai trouvé difficile dans ce défi-là, d'aider cette équipe-là à se réorganiser, à se trouver une définition enfin, et j'ai dû faire appel à un moment donné tellement que ça venait me chercher à l'intérieur de moi aussi même si j'essaie de pas prendre les choses personnelles des équipes, des équipes qui avaient beaucoup de blessures ... donc cela m'a occasionné beaucoup de nuits blanches, parce que je prenais les choses très personnelles. Je m'en venais à dire que je suis pas capable, on dirait j'y arrive pas, comment ça, je suis déjà arrivée avec une autre équipe, pourquoi j'arrive pas avec celle -là? Donc avant de m'enfoncer, j'ai comme allumé, un signal d'alarme à mon supérieur, j'ai dit 'me semble que là je suis à bout de ressources, je sais que tu m'as donné ce mandat-là, j'ai fait le ménage que j'avais à faire proprement dit, mais il y a quand même quelque chose qui reste dans cette équipe là que je suis pas capable de toucher, et j'ai de la difficulté à savoir quoi.' C'est là que je me suis attachée une panoplie de collègues ou de directions partenaires, que ça soit les relations de travail, le service développement organisationnel, que ça soit la qualité de vie au travail, que ça soit alors je suis allée me chercher tout plein de ressources autour de moi, pour m'aider à déterminer une stratégie avec les ressources humaines, pour être capable d'aider cette équipe-là.... C'était pas tant sur ma gestion que ce qui se passe dans l'équipe, et je me sentais démunie vraiment vraiment démunie come gestionnaire, j'arrivais pas, je me disais

là, pour moi je vais m'enfoncer si je vais pas chercher l'aide que j'ai besoin, parce que je sais plus comment arriver à mes fins.

Human resources management is what I like the most, but it's also what takes the most energy out of me because I'm very, very sensitive, probably because of my nursing training, the human side, and that's what I find difficult. I found the mandate to help this team reorganize very challenging, to find a vision, and I had to call on them at one point because it was affecting me inside myself too, even though I try not to take things personally with the teams, the teams that had a lot of pain, so, it caused me many sleepless nights because I took things very personally. I was saying, I can't do it, I can't do it, what do you mean, I've already done it with another team, why can't I do it with this one? So, before I got too deep into it, I sounded the alarm to my supervisor. I said, 'I think I'm at the end of my rope, I know you gave me this mandate, I've done the housework I had to do so to say, but there's still something left in this team that I'm not capable of getting at, and I'm having trouble finding out what it is.' That's when I got myself a whole range of colleagues or management partners, whether it was labour relations, the organisational development department, the quality of life at work, or whatever, so I went and got all sorts of resources around me to help me determine a strategy with human resources, to be able to help this team. It wasn't really about my management as what was going on in the team, and I felt really really helpless as a manager. I could not manage, and I said to myself, 'I'm going to sink' if I don't go and get the help I need, because I don't know how to achieve my goals.

Lise went to get help from the Employee Assistance Program at work. It was suggested that she try and figure out the type of leadership style her boss has so she can work with him. She got information that helped her not change her behavior but focus on what was important for her

boss. In time, she did develop a working relationship with him, without losing who she was to accommodate his style, but it was difficult.

Difficult but Rewarding. Sandra and Anne had two similar experiences that they felt were memorable. In both cases, the employee was perceived as difficult, often requiring disciplinary action. Both managers took the approach to work with the employee. Sandra said:

J'avais une agente administrative qui avait souvent des dossiers, des plaintes sur son attitude. Moi quand je suis arrivée, je suis très focussée sur l'être humain, je me suis dit OK, cette personne-là a des souffrances intérieures. Il y a quelque chose qui fonctionne pas. Je me suis dit faut que j'aïlle chercher, faut que je lui fasse part de mes valeurs, ce que je m'attends d'elle, qu'est-ce qu'elle peut attendre de moi. C'était mon premier cas vraiment où j'ai investi ce que je suis comme personne, dans une personne qui avait des difficultés et depuis ce temps-là, elle n'a plus jamais de plaintes, puis on lui a même remis un certificat de reconnaissance, j'ai pris cette personne et je l'ai traitée pas comme une sous-alterne, mais comme un être humain, qui vient offrir un service. Ça je pense que c'est un moment fort de ma carrière de gestionnaire, parce que je trouve que j'ai bien accompagné cette personne-là, vers un meilleur mieux-être au travail en fait, parce qu'elle aujourd'hui quand je lui demande quelque chose, elle est toujours prête à collaborer, puis elle sent que j'ai d'estime pour elle. Ça fait toute la difference.

I had an administrative agent who often had notes in their file, complaints about attitude, and when I arrived, I was very focused on the person. I said to myself, OK, this person is suffering inside, there is something that is not working. I said to myself that I had to go and find out, I had to share my values, what I expected of her, and what she could expect of me. This was my first case where I really invested what I am as a person, in a person who

had difficulties and since then, there haven't been any complaints, and she was even given a certificate of recognition. I took this person and I treated them not as a subordinate, but as a human being. I think that this is a high point in my career as a manager, because I think that I have accompanied this person well, towards a better well-being at work, because today, when I ask her for something, she is always ready to collaborate, and she feels that I value her. That makes all the difference.

Anne shared a similar experience with a difficult employee, but who recognized his difficulties and wanted help. In Anne's case, when this employee left the organization, he thanked her for supporting him and he said: *Merci, je suis une meilleure personne*. "Thank you, I am a better person." He told her that he became who he was because of her. She felt she had done something difficult, but in a humane manner: *Je lui ai dit je suis contente parce que tu comprends que oui j'ai fait ma job, mais je peux le faire correctement d'une façon humaine quand même*. "I told him I'm happy, because you understand that, yes, I did my job, but I can still do it properly in a human way." Lise had a similar experience. For Sandra, Lise, and Anne, helping make a positive difference in their employees' life was a highlight in their role as a manager.

Working Conditions. Working conditions affected the well-being of the participant. These include workloads, expectations of performance, long hours, presence at work, the addition of special mandates or projects with or without support and resources, onboarding, and external factors such as Bill 10 and COVID-19.

Workload, Expectations of Performance, Long Hours, and Presence. The CIUSSS organizational culture is described by the participants as work-centric. The superiors and leaders seem to expect employees to put in more than a full day, in person, and thus were not very open

to telework in the pre-pandemic period. Participants did not feel they had any type of flexibility as to how and when to do their work.

Lucie and Diane explicitly stated that the need to be at work in person all the time is outdated. Lucie related the following:

Je dirais que c'est une mentalité, c'est une culture, une culture que le gestionnaire doit être présent au travail 5 jours sur 5 parce que ses équipes vont s'écrouler s'il n'est pas là, mais on a le téléphone, quand je dis d'être à la maison, ça veut pas dire de ne pas travailler. Tu sais tu peux être disponible par téléphone, ..., tu peux prendre tes courriels pareil... Il y a certains gestionnaires qu'on peut comprendre qu'il faut qu'ils soient là, mais tu sais on n'est plus à cette époque où les gens ne travaillent plus. J'ai de la difficulté avec ça dans le temps, je peux comprendre il y a 20 ans, peut-être des gens qui avaient tendance à prendre ça relax, les gestionnaires maintenant avec les nouvelles méthodes de gestion où on travaille beaucoup plus avec les employés pour qui deviennent responsables. Si c'est ça alors moi je n'ai pas besoin d'être toujours là, mon équipe ils savent quoi faire.

I would say that it's a mentality, it's a culture, a culture that the manager must be present at work 5 days out of 5, because her teams will collapse if she's not there, but we have the telephone. When I say I am at home, it doesn't mean I am not working. You know, you can be available by phone, ... you can check your email. ... There are some managers that you can understand have to be there, but you know, we're not in that era where people don't work anymore. I have difficulty with that, in the past I can understand, 20 years ago maybe, people who perhaps tended to take it easy. But the manager today, with the new management methods, you work much more with your employee so that they become

responsible. If that's the case, then I don't need to be there all the time, my team knows what to do.

Diane stated that an important challenge for her was the organizational work culture whereby the norm for managers is to be paid 35 hours a week, yet they are expected to work 45–50 hours. There is an organizational cultural expectation and assumption that they will work a lot more than 35 hours per week. Sandra shared:

On travaille déjà pas mal plus d'heures. On dit cela a été normalisé, nous on est payé 35h, mais on a fait bien plus que ça, on n'est même pas rémunéré pour les heures que on fait. Pourquoi on a des postes 35h, moi si je regarde mon taux horaire, et je le divise par le nombre d'heures que je fais, je gagne moins cher que je gagnai quand j'étais infirmière sur le terrain.

We already work a lot more hours. They say it's the norm. We're paid 35 hours, but we do much more than that, we're not even paid for the hours we work. Why do we have 35-hour shifts? If I look at my hourly rate, and I divide it by the number of hours I work, I earn less than I did when I was a nurse.

Sandra was told by her supervisor: *Si vous voulez travailler 35 heures par semaine en tant que gestionnaire, vous n'êtes pas au bon endroit.* “If you want to work 35 hours a week as a manager you are not in the right place.” Furthermore, when she talked about doing more than 35 hours and not being paid, her supervisor said, “You have 6 weeks off, that is how you are compensated for the extra time.” The expectation of needing to regularly work 40–50 hours, and the additional mandates often given with no additional resources was raised as a serious challenge by the majority of the women.

Lise shared a story of when she first became a manager:

Il m'a dit 'écoute Lise, moi du monde qui s'attend à travailler seulement 35-40 heures par semaine, penses-y pas, moi il va falloir que tu en fait plus, c'est comme ça, puis commence pas à me parler que t'es fatiguée' ...Il est un carriériste, un workaholic. C'est un gars qui travaille 70-80 heures par semaine, puis moi mes valeurs n'étaient pas là.

He said to me, "Listen Lise, if you are the kind of person who expects to work only 35–40 hours a week, don't think about it, you'll have to do more, that's how it is, and don't start talking to me about being tired." ... He's a careerist, a workaholic. He's a guy who works 70–80 hours a week. This did not align with my values.

Lise had difficulty with this approach. She was invested in her work but also invested in her family and her three children. She also commented that the supervisor's expectations were not healthy or realistic. In another conversation with her supervisor as she got to know him more, she questioned him on his approach and expectations:

J'ai dit ' toi les gens qui tombent en arrêt de travail parce qu'ils sont en burnout ou en épuisement professionnel, finalement et ce que je comprends que ces gens-là ont pas leur place en gestion ? Est-ce que c'est des gens faibles selon toi ? Il dit 'bien non c'est pas ça que je veux dire, sauf qu'un moment donné, on va en gestion pour travailler. J'ai dit oui mais tu sais que des fois quand on tombe en burnout ou en épuisement professionnel, j'ai dit ça m'est jamais arrivé mais j'ai dit j'ai travaillé en santé mentale avec les dépressions majeures, je peux dire que ces gens-là c'est pas nécessairement le travail qui les amène là, mais c'est l'ensemble de l'œuvre avec tout ce qu'ils peuvent vivre chez eux. Faque j'ai dit il faut faire attention parfois dans le jugement qu'on a sur les gens qui partent en burnout. J'ai dit je fais juste te partager ça!

I said, “For you, people who are on sick leave because of burnout or professional exhaustion, what I understand is that for you these people have no place in management? Do you think they are weak people? He said, “No, that's not what I mean, except that at some point you go into management to work.” I said, “Yes, but you know that sometimes when you fall into a work-related illness or burnout, I said that had never happened to me, but I said I had worked in mental health with major depressions, and I can say that these people do not necessarily get there because of their work but the combination of the work as a whole, with all that they can experience at home.” So, I said, “You have to be careful sometimes in the judgement you make about people who go on burnout. I'm just sharing this with you!”

Over time, Lise was able to build a constructive working relationship with her supervisor, but she had to use her voice and share her opinions. He saw that she was a good worker and very capable, but she also was able to set limits to honor her life outside of work.

The Impact of Additional Mandates Added to their Workload with No Support. Another organizational factor that was shared by a number of participants was the impact that additional mandates had on them, especially when there was a lack of support and resources, notably human resources, to help with the additional mandates. In these situations, these added tasks definitely strained their well-being negatively. Sandra shared an example:

Il m'a demandé de mettre un service en place, moi j'ai eu à faire ça. J'avais ça en plus de toute mes autres responsabilités. Bref, ça avait aucun sens, je devais avoir près de 60-70 personnes à gérer, sur 7-8 sites différents et fallait que je mette en place un nouveau projet majeur sans agente administrative. Un coordonnateur qui je dirais... il n'a pas été très à l'écoute, il a raté son coup cette fois-là, parce qu'un moment donné, je trouvais ça

excessivement difficile, puis je l'ai rencontré, je maigrissais à vue d'œil, j'étais aller le voir, je lui ai dit 'écoute, moi j'y arrive plus, je travaille la nuit pour arriver, j'écrivais des courriels des fois à 1h00, 2h, 3h00 du matin, je dormais 3h par nuit. Un moment donné j'ai dit 'j'ai besoin d'aide', puis je l'avais rencontré, puis moi, habituellement quand il y a quelque chose, c'est que je nomme mon irritant et mon besoin mais j'emmène la solution. J'ai dit 'écoute moi, j'aurais besoin d'une personne qui m'aide et qui m'appuie dans mon projet, qui travaille avec moi, est-ce qu'on pourrait libérer (nom) qui travaille avec moi, qu'on puisse construire ça ensemble', puis en 10 minutes, il m'a dit 'non y en est aucunement question !' Même pas, laisse-moi parler avec mettons notre directrice. C'était un non, sans discussion, je me suis sentie abandonnée, comme chef de service.

He asked me to set up a new service. I had to do that on top of all my other responsibilities. It didn't make any sense. I had to manage nearly 60–70 people on 7 to 8 different sites, and I had to implement a major new project without an administrative assistant. My supervisor, what could I say ... wasn't very attentive, he missed the mark that time. I found it excessively difficult, then I met him. I was visibly losing weight. I went to see him, and I said, “Listen, I can't do it anymore. I am working at night to meet this objective. I wrote emails sometimes at 1:00 a.m., 2:00 a.m., or 3:00 a.m.; I slept 3 hours a night.” At one point I said, “I need help.” Usually, when there is something, I name the problem and my needs, but I also bring the solution. I said, “Listen, I need someone to help me and support me in my project, to work with me. Could we free (name) to work with me, so that we could build it together? And in 10 minutes he said, “No, there's no way!” Not even “let me talk to our director.” It was a “no,” without any discussion. I felt abandoned, as head of the service.

As Sandra was leaving her superior's office, he made one final comment referring to her weight loss: *oui mais cela te va bien*. "Yes, but it suits you well." That afternoon, she had a planned appointment with her dermatologist and broke down in the doctor's office to the point that the dermatologist called her family doctor who promptly put her on sick leave for three months. One of Sandra's colleagues helped her as she left her doctor's appointment. Sandra shared: *J'ai pleuré ma vie, j'ai tombé au combat, j'ai trouvé ça humainement difficile*. "I cried my life away, I had fallen in the battle, I found it humanly difficult." It was a very hard period for her. She had been seeing a psychologist for nine years and continued working with her, but it took her a year to get over her need to perform at all costs. With all the work that Sandra has done on herself with the help of her psychologist, she now realizes that her mandate, workload, and objectives were unrealistic.

This experience is similar to the one that Lucie shared. Following the reorganization of the health system under Bill 10, Lucie found herself in a new role that did not match her strengths. In this new role, she was given an additional project to manage on top of her existing workload, which was already very full, without any additional resources to help her. Lucie said:

On avait un échéancier, pour produire un document avec recherche de littérature, et cetera avec très peu de temps, on avait une commande de la direction, donc on devait répondre à la commande. Il fallait tout faire, tout écrire et tout ça, pour telle date, c'était non discutable. N'ayant pas beaucoup de connaissances par rapport à ce sujet, et j'ai une expérience surtout en gestion, je me suis ramassée dans quelque chose qui était extrêmement clinique. Je disais mon Dieu, qui c'est que je suis moi pour écrire ça, je ne connais pas ça. Disons que j'ai passé plusieurs fins de semaine à étudier, et me remettre dans mes choses de clinique, pour réussir à écrire quelque chose, pour répondre au

mandat qui m'a été donné. Cela était de la lecture, de la recherche, mais je n'avais pas le temps de faire ça sur mon temps de travail comme déjà ma charge de travail était débordée. Je faisais déjà des journées de 10h, donc je faisais tout ça les fins de semaine. C'était inhumain, comme charge de travail. J'avais plus de vie vraiment, mon chum était dans tous ses états, il me disait 'ça n'a pas de bon sens, tu travailles beaucoup trop, relaxe un peu'. Je lui disais, je ne peux pas j'ai une date..., le niveau de stress était très, très, très élevé, et je me suis épuisée. J'ai fait des crises d'angoisse, j'ai des amis qui ont dû me ramasser à la petite cuillère.

We had a deadline to produce a document with a literature review and so on, with very little time. It was a directive from management, so we had to respond to it. We had to do everything, write it all down and all that, by such and such a date, and it was not debatable. Not having much knowledge of this subject, and my experience is mainly in management, I was plunged into something that was extremely clinical. I was saying, "My God, who am I to write this? I don't know this stuff." Let's just say that I spent several weekends studying and updating my clinical knowledge to manage to write something, to respond to the task that was given to me. This was reading and research, but I didn't have time to do that during my normal working time as I was already overloaded. I was already doing 10-hour days, so I was doing all this on the weekends. It was an inhuman workload. I had no life, really. My boyfriend was upset saying, "This makes no sense, you're working way too much, relax a bit." I said, "I can't, I've got a deadline." ... The stress level was very, very, very high, and I got exhausted. I had anxiety attacks. I had friends who had to help me.

Despite feeling she could not deliver on the mandate, Lucie pushed herself beyond her limits and did deliver, but at a cost. She explained:

J'ai livré, j'ai consulté des gens, mon Dieu ça a été toute une affaire, j'ai livré, j'ai livré ça je l'ai fait, ça, c'est sûr que j'ai livré, j'ai livré quelque chose de très bien, mais comment je pourrais dire ça, à grand coup, ça m'a épuisée, puis pour savoir que par la suite, ce document est resté sur les tablettes pendant 6 mois de temps. Ça m'a vraiment atteinte, je me disais, j'ai mis de côté ma vie personnelle, j'ai fait du stress, de l'angoisse, je m'étais jamais vue de même. Je ne suis pas une personne qui habituellement fait de l'anxiété, mais là j'avais tellement pas les compétences pour faire ça, mais il fallait que je livre pareil.

I delivered, I consulted with people. God, it was a big deal. I delivered, I delivered, that I did, for sure I delivered, I delivered something very good, but how can I say that? It was a big blow, it exhausted me, and then to know that afterwards, that the document sat on a shelf for 6 months, really got to me. I thought, I put my personal life on hold, I was stressed, had anxiety. I had never experienced myself like this. I'm not a person who usually has anxiety. I just didn't have the skills to do that, but I had to deliver all the same.

During this difficult time, Lucie reached out to her supervisor for help:

J'avais beau dire écoutez-moi, je vais aller me chercher quelqu'un dans un programme qui a de l'expérience, il m'a répondu il n'en est pas question, c'est ton mandat. Ça m'a causé énormément de stress, ma santé il y a passé, et mon chum est resté, quand même, mais il a trouvé ça très, très, très difficile, les enfants aussi. L'intensité s'est vécue sur une période de 3 mois. Je n'étais pas à ma place, je ne me sentais pas bien.

I said, 'Listen to me, I'm going to get someone from a programme who has experience,' and he said, "No way, that's your mandate." It caused me a lot of stress, my health was affected, my boyfriend stayed, but he found it very, very, very difficult, and so did my

children. I experienced this intensity over a period of 3 months. I felt out of place; I didn't feel good.

Once Lucie delivered on the mandate, she had to go out on sick leave and was out for three months. She would not have returned to the same position but was offered a new position which she found was a much better fit. She was able to come back and is now enjoying her new role.

The experiences of Sandra and Lucie highlight the real impact that unrealistic workloads, with inappropriate resources, can have on women middle managers. They also point out the impact of a non-supportive supervisor. The issue here was not so much getting new mandates but rather the lack of fit, support, or resources when given new mandates. Others shared examples of special mandates with proper resources as a highlight of their careers.

The Other Perspective: Resources and Control. Anne narrated an experience which was a highlight of her career to date. She was given a mandate to be involved in building a new service. This was a huge mandate, and she was responsible for the moving of a hospital and building a new unit:

Le plus gros trip de carrière que j'ai eu c'est vraiment tout ce qui concerne la construction du nouvel établissement, tous les plans tout tout tout c'est tout moi qui avais ça, j'avais le centre c'est moi, c'est vraiment moi qui a fait ça avec l'équipe j'avais toute la marge de manœuvre possible et tu sais j'avais tout le pouvoir décisionnel pour le faire, je pense que je ne vivrai plus jamais ça.

The biggest 'trip' I have had in my career is everything to do with building the new facility, all the plans, everything. I was the one who did that, I was at the centre of it all. I was the one who really did it with the team. I had all the leeway, and I had all the decision-making power to do that. I don't think I'll ever experience that again.

Onboarding. An important, challenging factor that was common to most of the women managers interviewed was a lack of onboarding or orientation for their new position as a manager. They were expected to figure it out for themselves. For Catherine, starting a new management position, in a new city, with a new baby was challenging enough. However, when she got to her new position, this is what she shared : *Quand j'ai commencé j'ai eu une journée de jumelage, puis après ça a été, okay let's go t'es chef d'unité, puis c'est ça, ok puis on dit bonne journée, voilà le bureau avec l'ordinateur arrangez-vous', c'est pas évident.* “When I started my new position, I was paired with another manager for a day, after that it was ok, you are chief of this unit, then ok have a good day, here is your desk and computer, figure it out, it was not obvious.” Catherine is someone who described herself as being quick and fairly adaptable but felt middle managers need more orientation. She elucidated that she learned as she worked but made beginner’s mistakes.

In her recommendations to the CIUSSS, she suggested that managers should be paired with a mentor at the start of their new position. Before becoming a manager, she was a nurse. She stated that the CIUSSS now has a program for new managers, but it is important to start the manager on this program early. When she was able to join this program and get training, she had been managing for over one and a half years; consequently, a lot of her learning was from trial and error.

A similar example was given by Lucie who stated that, in all her career (over 20 years), she has never received a good onboarding or orientation process:

Dans les endroits où j'ai travaillé, j'ai jamais eu d'intégration au travail, je suis arrivée en poste puis c'est comme organise-toi, débrouille-toi, t'es un gestionnaire. J'ai bien de la misère avec ça. Oui je suis gestionnaire, mais il y a quand même des limites. Je ne peux

pas tout savoir, je peux pas tout apprendre. Je vois que maintenant ils font des ateliers 90, ils font toutes sortes de choses où il y a la relève de gestion. Ça c'est essentiel, je trouve qu'on ne le dit pas assez.

In the places I've worked, I've never had an orientation. I've come into a job and then it's like organize yourself, sort yourself out, you're a manager. I have a hard time with that.

Yes, I am a manager, but there are limits. I can't know everything; I can't learn everything.

I see that now they do 90 workshops, where they do all sorts of things for new managers.

That's essential, I don't think it's said enough.

Diane raised another point on the need for orientation, which she also did not receive, stating she believed coaching is essential when one starts as a middle manager. She disclosed that often the managers come up through the ranks. In her case, she was a good social worker, and they saw her strengths as a clinical social worker. However, as a middle manager, she was no longer playing the role of a clinical social worker. In her new role, she was no longer helping clients; rather, she was managing the performance of others who were helping clients. This represented an important shift in her role. She felt it is important to reflect upon and be aware of this important change, as managers are known for the capacities they had in past roles, whereas the job is different as a manager. She said: *J'avais besoin d'aide pour être guidée afin de changer mon comportement, le comportement qui m'a amenée là. J'ai le sentiment que le coaching était essentiel pour m'aider à transférer ce que j'ai appris dans diverses formations au fil des ans.* "I needed help to be guided to change my behavior, the behaviour that brought me there." For Diane, coaching was essential when someone comes in as manager, for a certain time. With her experience, she now understands the importance of taking the time to get to know the environment and the people and to listen, hear, and understand the culture of the department.

The Impact of External Factors

The CIUSSS-CN and its managers not only had to deal with organizational issues, external factors, such as Bill 10 and COVID-19 had an important effect on them and their work.

Bill 10. Lucie and Anne mentioned the impact of Bill 10 and the reorganization of the health system as a major challenge. They both stated that they had really loved their job before the imposition of Bill 10. Lucie said she had envisioned herself in that position until her retirement. Unfortunately, her position was abolished with the reorganization, and she had to apply for another position. She got one, but it was very different from what she had enjoyed before. She is someone who really likes managing people, and she no longer managed people but had a very technical position creating policies. Although she tried to adapt to her new job for three years, at the end she went on sick leave due to the lack of fit between her work and her skills, competencies, and interests, and the lack of a supportive boss:

C'était un changement imposé plutôt qu'un changement souhaité.... J'avais une très belle équipe on avait des très beaux projets aussi... J'ai dû me replacer, refaire des entrevues, me retrouver un emploi à l'intérieur du CIUSSS, cela a été très très difficile pour moi.

C'est un gros deuil à faire, de ce que je faisais, puis aussi de réapprendre un autre travail. Cela a été très, très, très difficile. Cette adaptation-là inattendue de ce changement-là, qui nous était imposé, la façon que ça a été fait aussi, ça a été de tout de façon très cavalière.

Cela été un moment très difficile dans ma vie, est qui ont résulté à 2 burnout avec eux, 2 périodes d'épuisement professionnel parce que l'adaptation à mon nouveau poste était très, très, très difficile.

It was an imposed change rather than a desired change. I was part of a very good team. We had very nice projects too ... I had to relocate, reinterview, find a job inside CIUSSS. It

was very, very difficult for me. It's been a big mourning period, from what I was doing and then also to learn another job. That was very, very difficult. The unexpected adaptation to this change, which was imposed on us, the way it was done too, it was all very cavalier. It was a very difficult time in my life, which resulted in 2 burn outs, 2 periods of burnout because of the adaptation to my new position. It was very, very, very difficult.

Fortunately, her superiors worked with her to help her return to work and offered her a different position that fit her skills. She is now very happy in her position.

Anne also shared that Bill 10 had a negative impact on her, and she found the imposed change very difficult:

La loi 10 parce que je fais quelque chose que j'adorais ... j'ai vraiment vu tous les périodes de deuil, j'ai passé par la colère, puis je vous dirais qu'après ça c'est difficile de se remobiliser, de retrouver un sens à ce qu'on fait. On se retrouve dans une chaise qu'on ne veut pas vraiment, je ne m'étais pas vraiment vue là, ça l'a été plus difficile cette période-là.

Bill 10, because I was doing something I loved ... I really went through all the periods of mourning. I went through anger, and then I'd say that after that it's difficult to get motivated and find purpose in what one is doing. You find yourself in a position that you don't really want. I didn't really see myself there. That period was more difficult.

Like Lucie, Anne now has a position she enjoys. Staying motivated was hard when she was given a mandate she did not want. However, Bill 10 was experienced differently by others.

Diane, for example, was pleased with these changes, as described previously.

COVID-19. COVID-19 was a challenge for all participants, but some were affected more than others depending on the sector where they worked. Joanne and Julia shared how they were thrust right into the middle of the crisis and identified it as their major challenge. Both had responsibilities for staff and services in facilities which experienced significant COVID-19 outbreaks. The pandemic became very political with the government trying to manage the crisis. The world was facing a virus that they knew little about. Joanne and Julia both felt that they could not make any mistakes and, if they did, it would be their head on the chopping block.

Joanne said:

On est sous la loupe des médias, la place à l'erreur est plus ou moins là, même si on dit toujours que on est des humains et on peut faire face à des imperfections, la réalité c'est quand t'es sous la loupe des médias t'as pas de place à l'erreur.

We were under a magnifying glass in the media. The room for error is more or less there, even if we always say that we are human and we can handle imperfections. The reality is that when you are under the magnifying glass of the media you have no room for error.

This period was very intense for Joanne who was at a higher hierarchical level and responsible for hundreds of employees. She worked long hours, seven days a week, and her teams had limited equipment. Many of her employees were on leave due to COVID-19. She disclosed that a very difficult moment for her was when she needed her superior, who was not available due to the superior's other responsibilities during the pandemic. Joanne said:

J'ai senti que pour la première fois de ma vie, probablement, qu'est je me suis fait dire prend une position militaire, and if you are not able to do it, we will find someone who will do it... j'ai été très claire qu'une approche militaire au sein auprès des équipes dans l'organisation auxquelles on était, ça ne serait pas efficace. J'ai tenu compte du message,

de l'environnement, du message qui est politique, mais j'ai fait un retour sur ma perception d'efficacité de cette stratégie-là, au sein de l'équipe, j'ai ajusté dans une certaine mesure, c'est ce que j'ai dit que j'allais faire. J'ai trouvé une voie de passage qui nous permettrait des alliances, c'est nous même qui portons finalement le risque que les conséquences si on échoue, mais de toute façon, le risque on le porte toujours de toute façon.

I felt that for the first time in my life, probably, that I should take a military approach, and “if you are not able to do it, we will find someone who will do it.” ... I was very clear that a military approach with the team in our organization would not be effective. As a result, I took into account the message, the environment, the political message, but I reflected on my perception of the effectiveness of this strategy, within the team. I adjusted to a certain extent, that's what I said I was going to do. I found a way, a path that would allow us to build alliances. It is us who in the end take the risk and live with the consequences if we failed, but in any case, we always assume the risks.

Work-Life

The following findings illuminate how the participants experienced their work and life spheres. They were asked if work impacted their private life and if that life impacted their work. Interestingly, the majority shared that their personal life did not impact work as much as work impacted their life, and this was the case for all age groups. However, Catherine suggested: *Je pense qu'il y a toujours un impact, des fois plus positif des fois moins positif.* “There is always an impact, sometimes more positive, sometimes less positive.”

As stated earlier, the presence of societal norms, especially regarding woman's role as caregivers, was important when they answered questions regarding their work-life balance,

except for Julia (the mother-to-be), since she had not yet experienced having her own children, nor did she have responsibilities for her parents, family, and friends. The other seven women had different realities but shared similarities regarding being a woman middle manager and a woman with familial responsibilities. The complex interrelationship between work and home life was at the forefront in the interviews.

Familial Situation. The familial situation of the eight participants was an important factor that impacted their ability to manage the complexities of their work-life realities. For the seven mothers, their children ranged in ages from 4 to 25. Six were in long-term relationships with supportive partners, while two were lone parents. Two mentioned their role of also taking care of aging parents, and one mentioned the role she plays with her siblings and her aunt.

Second Shift: Taking Care of Family. Connected to the societal norms of caregiving and being supportive, all interviewees talked about the emotional role they play in listening to and supporting people at home and at work. Joanne said:

J'ai une période où je prenais beaucoup soin de ma mère, mon père est décédé, ou cela a été une expérience quand même extrêmement exigeante en termes de conciliation travail-famille, puis c'est dans ces moments-là où j'avoue que le risque d'épuisement est plus grand. Parce que comme gestionnaire on a à la fois notre rôle personnel qui est exigeant et à la fois notre rôle professionnel qui est très exigeant puis on reste parents c'est extrêmement exigeant en termes émotionnellement aussi, je pense, comme gestionnaire on vit aussi beaucoup de choses au niveau émotionnel dans l'accompagnement, dans le retour qu'il faut faire auprès des employés, et c'est avec cette charge-là émotive à la maison parfois ça l'amène moins de disponibilité peut être pour eux dans l'écoute en disponibilité de trouver des solutions avec les personnes.

I had a period when I was taking care of my mother, my father had died, it was an extremely demanding experience in terms of work-family balance, and it is at these moments that I admit that the risk of exhaustion is greater. Because as a manager we have both our personal role which is demanding and our professional role which is very demanding, and we remain parents, which is also extremely demanding in emotional terms. I think, as managers, we also have to deal with a lot of things at an emotional level in terms of the support, the feedback that we have to give to employees, and it's with this emotional load at home that sometimes it leads to less availability, perhaps for them, in terms of listening to people and being able to find solutions with them.

The second shift was prominent with all the women who have children regardless of the children's age. Lise is 46 years old, with three children between 17 and 23. She is in a stable relationship with her partner of 25 years. Her husband is very helpful, and they both have their strengths; however, she is the one that deals with the emotional aspect of their family:

La réalité des femmes avec des enfants plus vieux, mais à la maison, c'est que les enfants sont souvent encore leur responsabilité. Je joue plusieurs rôles. Par exemple mon fils qui a des problèmes de santé mentale. Il m'appelle au travail et il me dit 'J'ai besoin de te parler immédiatement'.

The reality for women with older children, who are still at home or close by, is that their children are often still their responsibility. I play several roles. For example, my son who has mental health issues. called me at work and told me he needed to talk to me immediately.

Lise's child was going through a difficult time due to mental health issues, and she is her child's main lifeline. She tries to be available and supportive even when she is at work. Besides the

responsibilities that she feels for her children, her parents are separated and live apart but in a one-kilometer radius from her. Her father feels very close to her and depends on her. He is starting to show signs of dementia, which requires her assistance, as he will call her and start crying on the phone, and she has to go and see him at lunch time. Her mother has reduced mobility and is reliant on her support to fulfill needs such as running errands and going to medical appointments. There is also her brother who depends on her for emotional support, because he also has a child with similar issues as her son. He also does not get along with their father, so she is the go-between. As a middle manager, Lise often finds herself in the middle at work but also at home when she helps mediate between her father and her brother while trying to support her own children. She also shared that she has an aunt who is in her 80s who treats her as the daughter she never had. She tries to see her or talk with her at least once a week.

Lise's situation exemplifies how added responsibilities, and their emotional cost can impact women managers' psychological well-being. The needs of their children change as they grow older, but their emotional needs can still be present. The additional caregiver duties for aging parents add complexities to the manager's family life and cause worry. Lise stated that she is exhausted both physically and emotionally. She tries strategies such as walking at 5 a.m. before going to work to help energize her. She revealed:

Je suis très consciente des responsabilités supplémentaires, et j'essaie de prendre soin de moi, mais c'est difficile. Toutes ces questions familiales supplémentaires sont lourdes sur le plan émotionnel et influencent mon bien-être, car j'essaie de gérer mon travail et, en même temps, je suis préoccupée et inquiète pour ma famille.

I am very aware of the added responsibilities, and I am trying to take care of myself, but it is difficult. All these extra familial issues are emotionally heavy and influence my well-

being because I am trying to manage my work and at the same time I am concerned and worried about my family.

Joanne stated it well when she said *on reste toujours parent* (“we always remain parents”), regardless of the age of the children. Catherine also talked about her role as a mother. She, too, is in a stable relationship but has three young children and a partner who is away a lot due to work. When asked about her role outside of work, she said:

Je suis occupée, j'arrive, je m'occupe des enfants, leur faire leur bouffe, les porter à leurs activités à gauche et à droite. Ma fille elle faisait 9h de gym par semaine, l'autre joue au hockey 2 fois semaine, l'autre fait une activité une fois semaine, les dodos et tout le kit, à 7h30 sont au lit, tout ça ensemble la semaine a passé vite. De l'autre côté quand les enfants sont malades, mon conjoint a eu une chirurgie, les rendez-vous à mon conjoint, chirurgie post chirurgie tout ça, c'est sûr que cela a un impact, moi-même j'ai eu une maladie et c'était dur.

I am busy. When I come in, I take care of the kids, prepare their meals, and take them to their activities left and right. My daughter was doing 9 hours of gymnastics a week, the other played hockey twice a week, the other does an activity once a week, then getting them to sleep, at 7:30 they are in bed, so the whole week goes by fast. Then, when the kids are sick ... my spouse had an operation, appointments for my spouse, post-surgery, and all that, sure it has an impact, myself I got sick, and it was hard.

Catherine is very conscious of the pivotal role she plays, both at home and at work. She is very careful and monitors herself to try and maintain her well-being.

Interestingly, both stories show the added familial responsibilities; however, the impact is different. The issues with which Lise is dealing are emotionally draining. These issues are added

to the emotional burden she also bears at work in her different roles. She finds the emotional responsibility at work and home drains her energy, which negatively affects her well-being. This is an example of the third shift (Power, 2020).

Catherine's children are still young, and her role is more centered on ensuring that their needs and interests, such as food, sports, activities, and homework are met. Once the children are sleeping, Catherine feels good about opening her computer and working for a few hours to catch up on the time she missed because she left work earlier to help her fulfill her home responsibilities. Catherine's story shows that flexibility and control in when she gets to do her work is a big factor in her well-being since she can be with her family at home and when they are sleeping, still do her work in an environment that suits her.

In contrast, Sandra who is the eldest interviewee and who has had two burnout leaves questions if we really help women if they pick up work once the children are sleeping. Sandra commented: *Tes enfants sont couchés à 7h00-7h30-8h, puis tu te remets à ton ordinateur, tu travailles jusqu'à minuit là, est-ce qu'on rend service à la femme ? Il faut se poser cette question-là aussi.* "Your kids are in bed at 7-7:30-8:00 p.m., then you open your computer, and work until midnight. Is this doing women a favour? We have to ask this question too." Obviously, this is an individual choice, and it is for Catherine a good solution at this time in her career with her three young children and a partner who is away.

Another perspective comes from Julia, the youngest middle manager that was interviewed. She has yet to experience the second shift, because she has no children and her parents do not require additional support. She is a middle manager with three years of experience in her role. When she was interviewed, she was in the early stages of pregnancy with her first child. She described her partner and herself as careerists. As a new manager, she has no problem regularly

putting in 45 hours a week at work. She felt this was normal for her to understand the job. When COVID-19 hit, it required even more hours, which did not faze her. I asked her if being pregnant had any impact on her, and she affirmed that it had since she did not apply for a job in which she was interested. She also stated that taking time for doctors' appointments was already starting to be challenging:

Je n'ai pas eu des situations même à la période COVID, où c'était un tiraillement interne. C'est que moi dans ma tête, la carrière était ma priorité. Mon conjoint et moi, c'est la carrière, puis la famille était loin. Je ne peux pas me rappeler des événements ou j'ai dit, la job va passer en 2^e. Par contre le fait d'être enceinte, me fait vraiment dire okay, comment, on va concilier travail- famille. Je me demande déjà comment que je ne tombe pas dans le panneau de travailler jusqu' à 8 - 9h le soir, pour accommoder les besoins de la haute direction qui sont criants.

I didn't have any situations, even in the COVID period, where it was an internal tug-of-war. My career was my priority. My partner and I are career-oriented; family was far away. I can't remember a time when I said the job will come in second. On the other hand, being pregnant, really makes me say, okay, how am I going to reconcile family and work? I'm already wondering how to avoid getting into the habit of working until 8-9 p.m. to accommodate the critical needs of senior management.

Julia's experience illustrates the luxury of time that she has as a young woman middle manager with no caregiving responsibilities. As a young career-oriented woman, she was able to commit fully to her work and was proud to do so. Julia's freedom to do what she wanted, without the added weight of the second shift and familial responsibilities, had a big impact on her well-being. She shared that her partner was away for months, and she would work and get home late,

then try and disconnect from work by preparing a nice meal, turning off her cellphone, and reflecting on how the day went. She mentioned that she had the luxury of time and was able to be there for her team early in the morning and even at 11 p.m. when there was a shift change. This was considered as normal behavior for her, and she felt good being able to do it.

Now that she is pregnant, she is questioning how she will achieve a work-life balance. She admitted that since she became pregnant, she did not feel she could give her all and therefore did not apply to a position that she would have wanted had she not been pregnant. This shows that in anticipation of future second-shift time constraints, women managers may opt out of career opportunities.

Time

Diane, who is in her late 40s, has been separated for years, and has two children in their early 20s, provides a good example of the impact that trying to balance work and life can have on women middle managers. She has a good relationship with her ex-partner. They each have custody of the children every other week. In her relationship with her partner, they have always shared responsibilities for the children when they needed to go to appointments or when they were sick. When she related her experience, she reflected on the time when the children were much younger. She has always shared custody of the children and, when it was her week, she would make sure to be with her children. This meant that the weeks she did not have the children, she would put in extra hours to be able to have more time with her children when they were with her. Through this arrangement, Diane found a way to be there for her children and be there for her work, but it has come at a personal cost:

Je pense que c'est un manque de vie personnelle. C'est dans le sens de me concentrer sur les enfants et la gestion de travail, a fait que j'ai manqué un moment donné d'équilibre

dans tout ça, faire encore d'autres compromis, dans le sens que les enfants font du sport fallait que je sois là. Le travail est exigeant. Il y avait la maison. Je me suis dit il n'y a pas de temps pour un chum. Je n'ai pas de temps. Je n'ai pas de place à faire rentrer ça. Mais moi je m'étais convaincue de ça. J'avais juste deux pôles et ça amène à un déséquilibre personnel, c'est de ne pas avoir laissé de place à la femme.

I think it's a lack of a personal life. It's the sense of focusing on the children and on my management role, which has meant that I am missing balance in all this. I am always making other compromises, in the sense that the children do sports, so I had to be there. The work is demanding. There was the house. I thought there is no time for a relationship. I have no time. I have no room to bring this into my life, and I was convinced of that. I just have two poles, and it leads to a personal imbalance: it does not leave room for me as a woman.

Diane mentioned that she had had two sick leaves over the past 10 years and that her focus on her work and children may have been a contributing factor. She said: *En général j'ai toujours priorisé le travail, plutôt que ma vie personnelle, mais c'est sûr que j'ai fait un épuisement professionnel.* "In general, I have always prioritized work, rather than my personal life, but I also had a professional burnout."

Health

All but Julia mentioned the lack of time for themselves, combined with an added sense of responsibility, both at work and outside the workplace. The added responsibilities of caregiving (children, parents, family, etc.) and work led to feelings of being overwhelmed, exhausted, and emotionally drained. When they felt that they were not able to meet what they and others expected of them in one sphere or the other, or worse in both spheres, it negatively influenced

their psychological well-being. While all stressed the impact of fatigue and emotional drain, four shared that this caused them to feel guilty. For example, they shared that they felt guilty when they came home late or had to continue working at home to accomplish their workload and were not able to spend time with their family. They were physically present, but not emotionally present for their family due to their fatigue and exhaustion.

Sandra, Diane, and Lucie, who all experienced burnouts in their 40s, mentioned how difficult the burnouts were for them but also their loved ones. Sandra explained:

J'ai fait mon burnout en 2018. Je vais avouer que c'était très difficile, parce qu'il y a mes enfants. Ils m'ont vue maigrir et m'ont vu cernée. Ils étaient inquiets pour moi. Moi je suis monoparentale depuis dès l'année donc j'ai une maison, je suis habituée de m'organiser mais mes enfants ont trouvé ça difficile. J'avais moins d'énergie et veux, veux pas, je suis une mère quand même très à l'écoute, mais là quand on est souffrant, mais naturellement on est un peu moins à l'écoute. Donc moi j'ai eu l'impression d'être une mère beaucoup moins présente et attentive aux besoins de mes enfants, donc pas être là ... Ils en ont pas souffert là, mais vous comprenez que moi je me sentais pas bien, Je me sentais pas l'énergie d'investir dans ma famille, comme je le faisais avant.

I had my burnout in 2018. I will admit that it was very difficult, because my children saw me lose weight and my eyes were dark. They were worried about me. I have been a single parent for years, so I have a house, and I am used to organizing myself, but my children found it difficult. I had less energy and without wanting to. I am a mother who normally listens a lot, but when you are suffering, you are naturally a little less attentive. So, I had the impression that I was much less present and less attentive to my children's needs. They didn't

suffer, but you understand that I felt bad. I didn't have the energy to invest in my family as I used to.

Lucie, Diane, and Sandra also expressed that the lack of time to take care of themselves was problematic and caused them to lack work-life balance. These three had experienced a work-related sick leave and said that they were striving to find some type of equilibrium between their multiple roles and the time available for their own self-care. They felt that it was difficult to achieve balance because of a lack of time and energy and multiple responsibilities at work and on the home front. However, Sandra laughingly stated that: *Mon sentiment de culpabilité diminue, à la hauteur de mon âge qui augmente.* “My guilt diminishes as my age increases.”

Strategies Women Use to Help with Their Psychological Well-Being

During the interviews, participants shared the strategies they use that help with their well-being. These include individual strategies, and organizational support.

Individual Strategies

The reflections and stories shared above illustrate the complex number of factors at play both at home and at work which affected the eight women middle managers and their well-being. They include societal norms, relationships with and support (or lack of support) from superiors, organizational values, and familial responsibilities. A pattern that emerged from the eight women is that work-life balance and well-being is a constant work in progress and can be very unstable.

Table 3 highlights the strategies they use.

Table 3

Women Manager's Coping Strategies for Psychological Well-Being

| Women Managers' Coping Strategies for Psychological Well-Being | |
|--|---------------|
| Healthy Habits | • Eating well |

| | |
|--------------------------------|--|
| | <ul style="list-style-type: none"> • Exercising and sports • Sleeping well • Walking • Meditation • Medication |
| Connections | <ul style="list-style-type: none"> • Meals with families • Meeting friends • Social activities • Pets |
| Hobbies & Interests | <ul style="list-style-type: none"> • Painting • Music • Writing • Knitting |
| Setting Limits (Boundaries) | <ul style="list-style-type: none"> • Reasonable work hours per day and week • Allowing time for self • Allowing time for family • Disconnecting from work during evenings and weekends |
| Flexibility | <ul style="list-style-type: none"> • Flexible work schedule • Working from home and making use of telework on occasion |

Despite knowing and using these strategies, the women often found it hard to find balance and time for themselves, as was illustrated previously. Most do take work home except those who have had a sick leave and have developed boundaries and, if they do bring work home, they are aware that it is not the norm anymore and is for a specific short-term situation. For instance, Lucie outlined her boundaries:

Je ne travaille jamais le soir chez nous, ça c'est quelque chose que je me suis donné, je m'oblige à faire, avec moi quand je pars du travail j'ai plus rien à faire quand j'arrive à la

maison c'est fini. Les fins de semaine je ne travaille pas, sauf exception c'est sûr une fois là-bas il y a des choses, mais de façon courante je ne travaille pas la fin de semaine, ça fait partie de de mon équilibre, c'est un petit peu les stratégies que je me suis données pour faire ça, C'est sûr que je travaille sur mon heure de dîner ce qui n'est pas nécessairement bon, mais ça me permet justement de libérer mes soirées et d'arriver le soir avoir la tête claire, pour moi c'est important. Il a fallu que je refasse un épuisement professionnel pour me remettre dans les bonnes habitudes. J'avais cette discipline-là avant l'épuisement, mais avec le CIUSSS, ça scrappé ma vie. C'est ça.

I never work in the evening at home, that's something I've given myself; I forced myself to do this. When I leave work, I have nothing to do when I get home. It's finished. I don't work on the weekends, except in exceptional cases of course, but I don't usually work at the weekends. It's part of my balance, it's a little bit of a strategy I've given myself to do that. It's true that I work during my lunch hour which isn't necessarily good, but it allows me to free up my evenings and to arrive in the evening with a clear head, and that's important for me. I had to go through a burnout to get back into good habits. I had this discipline before the burnout, but with the CIUSSS, it 'scrapped' my life. That's it.

Diane offered her perspective:

Des fois quand on arrive comme gestionnaires on est frais, on est disposé, disponible, on a tendance à n'en prendre plus parce qu'on dit nos collègues à côté, ils se plaignent, ils trouvent ça dur, c'est pas facile, puisque tu te dis, moi je suis capable, envoye lets go, on a tendance à en prendre pour pouvoir les aider, puis je pense que c'est ça la difficulté ou le défaut c'est c'est insidieux, on fait ça, pis un moment donné on se dit bien pourquoi je suis

pu capable d'un coup, là tu te dis 'voyons, je suis rendue comme l'autre, je compte mes dodos avant le vendredi, j'ai le goût de m'en aller'.

Sometimes, when we arrive as managers, we are fresh, willing, and available, and we tend to take on more because we say to our colleagues next to us, they complain, they find it hard, it's not easy, but you say to yourself, "I am capable, let's go," so we tend to take some (of the load) to be able to help them. I think that's the difficulty or the flaw; it's insidious, we do it, and at some point, we say to ourselves why am I not able to do it all of a sudden? You say to yourself, I've become like the others, I'm counting down the days till Friday. I feel like leaving.

A critical issue was a lack of time for themselves to do whatever they want or whatever they need, be it relaxing or re-energizing. Many do not even know their own needs very well, since they take care of other peoples' needs at work and, for seven participants, at home.

The ability to have a more flexible work schedule was seen by Lucie as something that could help. This has become more tolerated as a result of COVID-19 but is still not part of the organizational culture and may even come with a negative stigma attached, as is illustrated in what Lucie shared:

Avec la COVID ça l'a amené une possibilité de travailler à la maison. Pas tous les directeurs qui sont d'accord avec ça (laughter). Je parle pour les femmes, les femmes gestionnaires, la possibilité de travailler à la maison, C'est difficile quand tu as une famille, dans la conciliation travail-famille fait qu'il y a une certaine flexibilité au niveau des demandes de congé ou de permettre à une gestionnaire, temporairement par exemple, de travailler 4 jours semaine, on ne nous permet pas ça, c'est comme faut que tu travailles 5 jours. Moi je trouvais ça important parce que dans des périodes où j'étais beaucoup plus

fatiguée, ou la maison m'exigeait beaucoup, j'aurais aimé ça pouvoir travailler 4 jours semaine. J'aurais fait la job parce que je la fais, je travaille je travaille 50 heures semaine, faque que tu sais en 4 jours j'aurais fait mon 40 heures. Ce n'est pas pire quand je suis payée 35 heures. J'avais pas cette possibilité-là, d'être plus ouvert, par rapport à des horaires qui nous permettraient de concilier travail-famille, pour les gestionnaires, surtout les femmes. Pour moi ma gestionnaire m'avait dit, 'que je te vois toi, aller travailler à la maison ! Elle m'avait répondu ça devant tout le monde, devant les gestionnaires.

COVID brought the possibility to work from home. Not all managers agree with that (laughter). I'm talking about women, women managers, the possibility of working at home. It's difficult when you have a family, in finding the balance between work and family, so there is a certain flexibility in terms of requests for leave or allowing a manager, temporarily for example, to work 4 days a week. We are not allowed that, it's like you have to work 5 days. I thought it was important because at times when I was much more tired, when home was demanding, I would have liked to be able to work 4 days a week. I would have done the job because I do it, I work 50 hours a week, so you know in 4 days I would have done my 40 hours. I didn't have this possibility there, to be more open, in relation to schedules that would allow us to reconcile work and family, for the managers, especially women. My manager said to me, "I can see you going to work at home!" She said that to me in front of everyone, in front of the managers.

Organizational Support

When asked what helps them with their psychological well-being at an organizational level, the interviewees mentioned the importance of different forms of support as summarized in Table 4.

Table 4*Organizational Support for Well-Being*

| Source of Support | Nature of the Support |
|-------------------------------------|--|
| Superiors | <ul style="list-style-type: none"> • Having a supportive boss who understands their realities is extremely important. • Someone they can talk to, ask questions, share, be heard, feel appreciated, and who recognizes their work and capacities. • Someone who provides the necessary resources to do the work. • Being given realistic mandates. |
| Colleagues | <ul style="list-style-type: none"> • People with whom they can share, discuss, vent, and get support. • Taking the time to stop and reflecting together on certain issues. • They had a development group which was a close group to assist managers (co-development). |
| Mentors | <ul style="list-style-type: none"> • People they can discuss issues with and who will not judge them and will provide advice. |
| Coaching | <ul style="list-style-type: none"> • External coaches, to help with professional issues, especially at the start of a new position. • It was an opportunity to learn and develop new skills. • The coaching needs to not only focus on professional skills, but also on taking into consideration the entire person. |
| Human Resources Assistance | <ul style="list-style-type: none"> • Having help to deal with disciplinary issues. |
| Professional Help | <ul style="list-style-type: none"> • Seeking out professional help when they feel they need it, such as the Employee Assistance Program or a psychologist. |
| Co-development Education & Training | <ul style="list-style-type: none"> • Co-development together with other middle managers. • Being provided opportunities for education such as their master's or certificates as well as access to various training specific to their role such as time management and conflict management. |
| Onboarding & Orientation | <ul style="list-style-type: none"> • Effective onboarding and orientation in their new role as a middle manager. |

When looking at the nature of support required to assist these women middle managers, the support of their superior was mentioned by all, and they stated how important that relationship is to their psychological well-being. They also mentioned that colleagues were an important support system. Diane shared an important perspective on organizational support:

Malgré le message qu'on essaie d'aller vers, d'être plus humain, d'être plus compréhensif, et de travailler la conciliation travail-famille, malgré tout, on sent encore la pression ou le message, qui est pas clair, qui est pas nommé, mais moi je l'ai encore senti il n'y a pas longtemps. C'est okay, t'es parti en maladie là, autrement dit, ce n'est pas encore bien perçu. Je trouve que les gens ils disent oui, pauvre toi c'était pas facile, puis en même temps des fois j'ai l'impression que j'entends, qu'est-ce que tu aurais pu faire toi pour l'éviter, et non 'qu'est-ce que moi j'aurais pu faire pour t'accompagner.

Despite the message that we're trying to reach out, to be more human, to be more understanding, and to work on work-family reconciliation, despite everything, we still feel the pressure or the message, which is not clear, which is not named, but I felt it again not long ago. It's okay, you've gone off sick now. In other words, it's not yet well perceived. I find that people say, "yes, poor you, it wasn't easy," but at the same time, sometimes, I have the impression that I hear, "what could you have done to avoid it?" and not "what could I have done to support you?"

The line between individual strategies and organizational support is very porous as, through the women's experiences, the complexity and impact of work-life interplay is very present. The women have all struggled to manage these complexities in a large organization whose own organizational expectations in terms of time, responsibilities, and emotional toll can have negative impacts on their physical and psychological well-being.

Joanne's statement about the strategies she tries to put in place and the support she gets at an organizational level to be able to manage her multiple roles was revelatory. She has come to the conclusion that: *Réussir sa vie c'est pas nécessairement réussir sa carrière*. "To succeed in

life is not necessarily to succeed in your career.” Julia, the youngest participant, echoed this idea when she said: *La carrière c’est une sphère de la vie*. “Work is one sphere of life”.

Participants’ Recommendations to the CIUSSS-CN

At the end of the interviews, participants had the opportunity to propose three recommendations they would make to the CIUSSS-CN that would help women middle managers. This is a composite of what they suggested:

- Ensure a congruency between the espoused values of compassion, respect, collaboration with the lived experiences of managers at all levels of the organization.
- Review the leadership styles at all levels to reflect the new leadership paradigms (collaboration, support, communication style) as opposed to the old leadership paradigms that prioritize autocratic, top-down style, and workaholic behaviour. The leadership style needs to be congruent with the organizational values.
- Ensure all managers are trained in these new leadership styles, including the older, established managers and directors and offer the necessary coaching to help them adapt to the new leadership paradigms.
- Be specific on expectations, with clear messages on what is expected (paid for 35 hr a week but expected to work at least 40+).
- Assist managers to help employees be tolerant with ambiguity and deal with change.
- Ensure superiors can adjust their expectations regarding the performance of middle managers and not expect middle managers to constantly perform at 110–150%.
- Develop work-life balance policies that include flex time, telework, or four-day work weeks.

- The organizational culture has to change from placing all the burden on the woman to adapt to it. The organization should take responsibility for its part in negatively impacting the well-being of women and make the necessary changes.
- Review working conditions such as time expected at work in person, workload, flexibility, telework, four-day work weeks, and pre-retirement possibilities to make sure that they align with the realities of women and their multiple roles. This includes being aware of the multiple roles employees play and the need to focus on the newer generations' philosophy that there is life outside of work.
- Reflect on how the CIUSSS can become a learning organization that is open and able to support its managers adequately to allow them to contribute to the global mission and succeed in their multiple roles.
- Recognize an individual's experiences outside of the HSSS.
- Develop programs or initiatives that support managers such as what is done in the private sector (gyms, lunchtime activities such as yoga courses, leisure activities, so they can take a break from work at lunch time and connect with others in a social manner) which increases performance.
- Encourage the CIUSSS is to be more humane and understanding when one goes on sick leave. Presently the message is if someone goes on sick leave, they do not have what it takes to be a manager. Sick leaves are interpreted as weakness.
- Ensure all managers and directors understand the additional responsibilities and societal norms concerning women and how it impacts their well-being.
- Provide coaching that deals with personal and professional issues since both spheres influence each other. It is not just about being high performers professionally.

- Offer skills training for middle managers on HR that addresses disciplinary issues with actual practice and role-plays to assist them. Training and support in dealing with conflict at various levels would be useful.
- Provide management advisors to help managers look at what support can be offered and answer their questions.
- Develop comprehensive onboarding and orientation processes.

These recommendations can be further organized into the five themes below, their implications will be explored in greater detail in the Discussion Chapter.

Living the Espoused Values

These women appreciated the values of the CIUSSS-CN, namely compassion, respect, collaboration, accountability, and innovation. However, they felt that they were not lived by some of their immediate supervisors as well as the senior managers in the system. The incongruence between how they lived these values with their teams and colleagues and what they experienced with those above them negatively impacted their well-being. They believed this important factor should be addressed at an organizational level. They would want these values embraced and practiced at all levels of the organization.

Leadership Styles and Appropriate Training

The participants believed the CIUSSS-CN should provide support to managers at all levels through training and coaching with a focus on the latest leadership styles, including transformational leadership, effective communication, conflict resolution, collaboration, and support methods. These training and coaching approaches would be based on the recognition of the employees as human beings and not robots that should always produce at 100%. Rather, the managers would understand their employees as a whole and have a sensitivity to the professional

and personal factors impacting them. Their recommendations call for an awareness of the multiple roles individuals play in their professional and private lives, especially women middle managers and those who are mothers. They hoped this approach would foster an organizational culture focused on all employees' well-being.

Realistic Working Conditions

They all mentioned that the workload was unrealistic and that extra mandates were regularly added to their already full load, often without extra resources to do the work. As such, they made recommendations in the hope that these would be addressed by ensuring realistic mandates were given, taking into consideration the 35 hours a week they are paid for.

Promote Work-Life Strategies

They shared that they wished the organization's directors and others at the top would promote and encourage them to take actions to develop their work-life balance. They wanted their superior to encourage them to use the strategies and not make them feel guilty if they had to be absent themselves to deal with a non-work issue during work time. They said that the policies do permit for some flextime, but from the reactions of some of their supervisors, they felt uncomfortable doing so. It was not seen in a good light to use flextime.

Onboarding

Proper and thorough onboarding was expressed as a recommendation by many participants. Most experienced little to no onboarding. They arrived in a position, often as a professional such as nurse or social worker and took on a management position with few management skills. Several acquired these skills once they did a Master's degree in a specific management field but felt they lost time and energy trying to learn on the spot. For instance, they shared that they did not learn

how to deal with human resources issues related to conflict, and some had challenges with the financial aspect of preparing budgets.

Chapter 5: Discussion

The goal of the research was to understand the realities of women middle managers in Québec's Health and Social Service System (HSSS) in order to make recommendations for changes that will support them in their multiple roles, while fostering their psychological well-being. The results identified many key issues that provide insight into what positively and negatively affected the psychological well-being of the eight women interviewed; they will be explored under the broader themes of societal norms and personal, organizational, and work-life spheres. Table 5 presents an overview of the factors that positively and negatively impacted the women middle managers well-being.

Table 5

Factors that Positively and Negatively Impacted Well-Being

| Positively Affected | Negatively Affected |
|--|---|
| Societal Norms | |
| | <ul style="list-style-type: none"> • Gendered organization • Gender stereotypes • Leadership paradigms (transactional) • Business and performance • Acceptance of the societal norms |
| Personal | |
| Relational Needs <ul style="list-style-type: none"> • Connection • Support • Validation | Relational Needs <ul style="list-style-type: none"> • Conflict |
| Individual Traits <ul style="list-style-type: none"> • Self-efficacy • Confidence and voice • Resilience • Perseverance • Performance | Individual Traits <ul style="list-style-type: none"> • Perfectionism • Performance |
| Organizational | |
| Organizational Values <ul style="list-style-type: none"> • When actions are congruent with the values of compassion, respect, and collaboration | Organizational Values <ul style="list-style-type: none"> • When a manager feels organizational values are not reflected in practice |
| Leadership | Leadership |

| | |
|---|---|
| <ul style="list-style-type: none"> • New paradigms: collaborative • Changes in leadership paradigms (Using a transformational leadership style) | <ul style="list-style-type: none"> • Old paradigms: directive • Transactional leadership styles, autocratic top-down approach, limited communication |
| <p>Relationship with Team</p> <ul style="list-style-type: none"> • Working together to build and develop • Being able to achieve meaningful mandates | <p>Relationship with Team</p> <ul style="list-style-type: none"> • Having to carry out mandates that did not make sense to them or their teams • Failing to move team to achieve a mandate • Taking on the emotional burden of their staff and colleagues |
| <p>Relationship with Superior</p> <ul style="list-style-type: none"> • Feeling heard and understood • Being provided meaningful mandates with appropriate resources and control over decisions and process • Superior taking into consideration realities and needs of manager | <p>Relationship with Superior</p> <ul style="list-style-type: none"> • Not feeling heard or understood • Being assigned additional mandates with no added resources • Being assigned mandates that do not fit the capacity of the manager |
| <p>Human Resources Management</p> <ul style="list-style-type: none"> • Adequate training and support provided by organization • Being able to support and help staff address their challenges | <p>Human Resources Management</p> <ul style="list-style-type: none"> • Dealing with disciplinary issues and conflict • Managing interpersonal relationships among staff |
| <p>Working Conditions</p> <ul style="list-style-type: none"> • Realistic work expectations • Flexible work schedule • Not having to be in person all the time • Taking into consideration familial situation and responsibilities • Access to appropriate training • Access to coaching | <p>Working Conditions</p> <ul style="list-style-type: none"> • Culture of business and performance • Work-centric approach • Unrealistic workload • Expectation of 50+ hours per week • Presence at all time • Flexible working and working from home |
| <p>Onboarding</p> <ul style="list-style-type: none"> • Proper orientation • Access to training • Mentoring in their new role | <p>Onboarding</p> <ul style="list-style-type: none"> • No onboarding • Assume good professional good manager • 'You figure it out' attitude |
| Work-Life | |
| <p>Familial Situation</p> <ul style="list-style-type: none"> • Supportive partner • Children | <p>Familial Situation</p> <ul style="list-style-type: none"> • Physical and emotional needs of children, parents, siblings, relatives |
| <p>Second Shift</p> | <p>Second Shift</p> <ul style="list-style-type: none"> • Having to do it all • Emotional role |

| | |
|--|--|
| <ul style="list-style-type: none"> • Partner who does their share in taking care of the familial and domestic responsibilities • Access to outside help | |
| Health <ul style="list-style-type: none"> • Sleep • Healthy eating habits • Exercise • Hobbies • Recovery time | Health <ul style="list-style-type: none"> • Fatigue • Emotional drain • Guilt • Burnout |
| Time <ul style="list-style-type: none"> • Create boundaries for time for self • Time for family • Realistic time for mandates • Time for reflection | Time <ul style="list-style-type: none"> • No time for self • Lack of time both at work and with family |

The research captured the lived experiences of women middle managers in Québec's HSSS to understand what helped and what hindered their professional and personal life, with the aim of making recommendations for changes that will support them in their multiple roles while fostering their psychological well-being. The definition that was presented in the literature review on psychological well-being was "living life in a complete and satisfying way and to the development and self-realization of the individual" (Matud et al., 2019, p. 1). Ryff and Keyes (1995) developed a model which includes six components: "Self-Acceptance, Environmental Mastery, Purpose in Life, Positive Relations with Others, Personal Growth, and Autonomy" (p. 723). Specific to women, Matud et.al. (2019) found that "women's personality growth and positive relations with others" (p. 1) are important factors in their well-being.

The findings from the interviews of the eight women managers touched on a number of the components associated with psychological well-being. These included the importance of positive relations with others, whether with their teams, their superiors, or their family. They touched upon the question of environmental mastery, asking to what extent the women managers had control and mastery over their work and home environments and what was the interplay between

the two. We saw the reflective ability of the women managers, which impacted their personal growth. We also saw a range of factors negatively affecting such as unrealistic organizational and societal expectations. The discussion will explore the factors that emerged in the findings in relation to well-being, using the same themes that were presented in the findings chapter namely societal norms and personal, organizational, and work-life spheres.

Societal Norms

The presence of societal norms, including leadership norms, was very evident in the experiences that the women shared. These norms can be explored through various theoretical lens and a feminist perspective.

While the participants never stated they were feminist, their stance was consistent with various feminist theories. The two younger women seemed to embrace a neoliberal feminist perspective where they felt they could have it all: work, money, success, and family (Lewis et al., 2017). It also put the emphasis on women taking full responsibility for their own well-being (Aune & Holyoak, 2018; Banet-Weiser et al., 2020; Eagly, 2018). Given the homogeneous sample, it is not clear whether they also had feminist views aligned with fourth wave feminism, which strives to be more inclusive around racism, social class, and sexual diversity (Romano, 2021). The youngest participant's priority was her career. She was pregnant but did not mind working 70 hours during COVID-19 and doing what needed to be done. The two younger participants said that they exercised, took care of themselves, and were taking full responsibility to achieve what had to get done at home and work, without questioning if this made sense or not.

The older women were more aligned with matricentric feminism which seeks to make motherhood the business of feminism (O'Reilly, 2019), yet they were not advocating for a change in societal norms which would promote the needed change around caregiving and

mothering. The oldest participants seem to agree with O'Reilly that "Although women have made significant gains over the last three decades, mothers have not" (p. 14). This seems to be accurate especially for those who are lone parents. The two lone parents with older children suggested that mothers are not faring better. One even mentioned that she sees her employees with young children who state that they are tired. Some of their own employees are not accepting additional or new mandates due to being fatigued.

The contrast between the younger and older women middle managers is significant. Although they are faced with the same challenges from a work perspective, the adverse effect on their well-being is more prominent when they get into their mid-40s. These findings point to the negative impacts that embracing a neoliberal feminist approach can have over time. For the younger mothers, there was the illusion that they can have it all. These women took on the full responsibility to organize their lives, both at work and at home, to meet the expectations of neoliberalism. Despite being successful to some extent in fulfilling these expectations, when a family member needed added support, or work demands were even greater than normal, the women struggled to meet all the requirements of their multiple roles at the expense of their own physical and psychological well-being. From the perspective of three older women in the study, the cumulative effects of trying to live up to the expectations of neoliberalism contributed to burnout. These three women shared that they felt it was their responsibility and a performance issue that led to their burnout. However, a contributing cause was a structural one, which was related to unrealistic and unhealthy organizational and societal expectations. It was only in reflecting over time that the older women realized that neoliberalist ideals are a delusion and that they would have benefited from a feminist approach more in line with the objectives of matricentric feminism, where the realities of motherhood are truly considered and valued.

Matricentric feminism remains elusive as younger women still buy into the tenants and expectations of neoliberal feminism. To favor the well-being of mothers, it is important to foster a feminism which considers motherhood.

The presence of societal norms involving gender roles and work culture emerged as a key factor in the findings. More specifically, the participants' stories demonstrate the impact of the continued presence of traditional societal norms placing women as the main caregivers with familial responsibilities. Societal norms concerning productivity and a work-centric view of organizations, which value busyness and feeling productive, were also very present. This work-centric norm, a part of the organizational factors, is reinforced and fostered by the broader societal norms which still today place value on managers adopting a work-centric approach. A work-centric philosophy, a biased view which still prevails, claims that to be a leader, one needs to work full and long days (Acker, 2012; Allen & Finkelstein, 2014; Chung & van der Lippe, 2020; Robertson et al., 2019; Sharabi, 2017). The findings clearly highlighted that societal norms concerning the traditional roles of women as the main caregivers on the familial front, combined with the norms of productivity and a work-centric approach, create added burdens on women middle managers, especially mothers, who struggle to manage both the work and family demands. Trying to meet the societal expectations of the ideal worker and the demands of their other multiple roles affects their positive relations with others and environmental mastery, which are important components of psychological well-being.

Some authors have found that societal norms are subtle and hidden below the surface (Kalaitzi et al., 2017); however, this is not what was found in this study. Seven of the eight participants spontaneously talked about societal norms being present, especially those related to gender roles in regard to caregiving and leadership roles. The participants with children

identified the additional roles women play in taking care of their family, including their children of all ages, their parents, close relatives, and siblings. All except the mother-to-be gave examples of needing to try and balance their familial roles with their work, expressing how difficult it was. They recognized how “normal” it was for women to assume these domestic and familial roles and to try and perform at 100% in all their roles at all times. For the seven women with children, their self-perception of their own success included playing all roles exceedingly well. This is important as, from the women’s experiences and reflections, it was clear that the societal norms set the expectations against which they measure their own success both at work and at home.

The emotional burden the participants take on at work and at home can contribute to positive and negative psychological well-being. They all discussed how challenging this emotional labor can be. What was different from the literature review was that I did not perceive the women to be surface acting. The emotional labour they were feeling was genuine, and they cared for those they worked with.

In reviewing the findings, none of the participants spoke about the need to change the societal norms which they so readily identified. They seemed to have internalized them as what is expected, and they are trying to live up to these unrealistic societal norms and stereotypes. They mainly focussed the discussion on how to manage work and their other multiple roles, ideally performing effectively in all spheres. As long as these societal norms exist and women as well as society as a whole accept them without question, women will have to continue to deal with the second and third shift and everything this encompasses. It is easy to internalize what society communicates to us on gender roles and the definition of success through its various outlets such as the media, peers, family, and friends. Stereotypes are deeply imbued in our personality and way of being. We do not think about them; we just act on them.

Moving forward, two important meaningful shifts must be made: the first regarding the traditional division of labor within the family, including the caregiving role that falls on women, and the second regarding the way society promotes the idea of the perfect, i.e., male, worker. The shifts must include a division of emotional labor also. Caring and emotional labor should not be gendered. These should be traits that are developed in all, at a young age, by our families, educational system, and society. This is consistent with O'Reilly and matricentric feminism.

The shifts also have to happen in terms of societal norms concerning productivity and the value of work-centric approaches, as the two are interdependent. We must question this need to produce, even when the conditions are not favorable. Is this an individual need to prove that we can do it and that we are good at it? Does this have anything to do with our level of confidence and self-worth? These women expressed how they had confidence in themselves. Can confidence be at the core of this need to perform? Is our self-worth associated with performing extremely well? Is the need to perform a value we hold dear? If we continue to accept such unrealistic mandates, are we not enabling a system to continue imposing the same consequences on the family-work balances and overall well-being of women middle managers repeatedly? If, in most cases, the goal is strictly achieving organizational results, what is the cost for the individual, their families, the organizations and society? We saw examples of three participants who had a burnout trying to push themselves to perform and to succeed in their mandates for the organization. This was at an extensive cost to their physical and psychological well-being and had important spillover effects for the entire organization.

Understanding the importance of societal norms is critical, as they permeate all spheres of these women's lives. They must be taken into consideration in the organizational culture, if workplaces want to help women's psychological well-being.

Personal

The personal factors that emerge from the findings include relational needs and individual traits.

Relational Needs

Personal factors were a theme that was explored in the findings. One key finding in this study is that all participants identified themselves as relational. They define this as liking to connect, care, and be with people whether at work or at home. This correlates with the relational cultural theory discussed in the literature review that seems to be a need for women. As stated by Jordan (2017), growing in mutuality is important for these women. They embody the concept of self-in-relation, the fundamental need to be connected, to care, and to be attentive to others. Some participants in this study expressed this as one of the reasons they were drawn to the health and social services sector. They all entered the field of management by first being professionals in the health system and moving up to a management position. We saw this at work, especially with their teams and colleagues, and in their personal life. It seems to be an essential part of their human fabric. It is also consistent with RCT and the way women are raised, and it is one of the key components of psychological well-being mentioned earlier, specifically the ability to form positive relations with others. The relational need is a central component of their identity, is a reason why they got involved in this sector and provides their sense of purpose in life.

We saw how this need to be in relation with others could affect their well-being positively. At work, this was evident when they were developing and working in a collaborative manner. At home, this happened when they felt they were present and available to their family. When connections with others were going well, this was positive. However, we also saw the impact on their well-being when the relational aspect was not going well, whether at work with their

superior, with their teams, in disciplinary situations or disagreements, or at home in their personal life. When their relationships were difficult, it was due to conflict with others caused by a conflict of value or ideas. Such conflicts hit at their core and directly challenged their purpose in life. This was expressed when they shared that, often, difficult relationships caused them stress and anxiety because they do not like to displease others. Yet, at times, they had to stand up for themselves and others, which entailed going against their superior or team. As mentioned, they do well in a collaborative communal setting. This brings up the importance of supporting those who have difficulty with conflict since it is a part of life and certainly a part of their role, especially since they are placed in the middle and can be torn in many directions because of the loyalty they feel towards their supervisors and their teams.

Individual Traits

The eight women were relational, strategic, and organized, and they approached their work in a logical manner. They all indicated having self-efficacy, confidence, a voice, resiliency, and perseverance. Their ability to share their perspective and ideas was a key element in their role and, at times, increased their well-being. The eight were all high performers. This was seen as a positive trait, which also aligned with the organizational culture of a work-centric organization as well as the societal norms discussed above concerning productivity. The research results suggest that we must question how the need to be high performers in all spheres of their lives can add to the burden of women middle managers trying to juggle their multiple roles. As the findings demonstrate, for these women, meeting expectations at work often comes at the expense of their families and, in many situations, it also affected time for themselves.

The trait that was mentioned which negatively impacted well-being was being a perfectionist. Trying to be perfect in an imperfect system and imperfect world is draining and

takes a toll, especially in a system that constantly faces challenges and added demands. As was seen in the results, three participants identified themselves as perfectionist. While perfectionism may appear to be a good trait for an organization, Harari et al. (2018) found that perfectionism can push employees to allocate a disproportionate amount of time and resources to doing tasks at the expense of other work. Perfectionism can drain energy and requires additional time, which negatively affects their well-being, since a lack of time is an ongoing problem for them. When dealing with perfectionist employees and middle managers, Harari et al. (2018) suggest organizations be clear on expectations and show a tolerance for some mistakes. Brown (2018) posits that “perfectionism and fear are keeping people from learning and growing” (p. 7). Understanding the need of women middle managers to be perfect is something to be explored further.

Organizational Factors

A healthy workplace is “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety, and well-being of workers” (World Health Organization & Burton, 2010, p. 16). In determining a healthy workplace, these authors consider both the physical and the psychological work environment, which includes the organization of work and the workplace culture.

The participants shared numerous factors at an organizational level that have an impact on their psychological well-being. These included the lack of adherence to the organizational values, the perceived culture around work expectations and workloads, the challenges they face in their role in the middle, the importance of their relationships with their superiors, the difficulties related to outdated leadership paradigms, and the availability of support in their roles. Similar to the acceptance of the societal norms by the women mentioned above, there seemed to

be a disconnect between the advancements of women's position in Québec society as shown in the literature review and the realities experienced by the women in the CIUSSS. As stated in the literature review, over the past 50 years, Québec has adopted some of the most progressive public policies in North America concerning women and family issues, including pay equity laws, liberal family policies, and childcare options. Despite this, there remain considerable challenges for women managers in the CIUSSS in their ability to meet the expectations around productivity and the amount of time required to do the job. Their workload and mandates are not realistic from their point of view and seem to depend on their exploitation. This is also more evident since the Bill 10 reform where management positions were reduced, but the workload was then given to the remaining managers causing undue pressure on those who stayed.

Organizational Values

The stated organizational values of the CIUSSS-CN include compassion, respect, collaboration, accountability, and innovation (Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, 2022c). These were espoused by the middle managers interviewed and laid the foundations for the way they worked with their teams and colleagues. The middle managers themselves felt they embodied these values when dealing with those they manage. In contrast, not all middle managers felt the same congruence in the way they were treated by their superior(s). For those who experienced this incongruence, they did not feel respected or valued, which negatively influenced their well-being. According to Guérard (2008), it can be painful for an individual when there is a significant distance between what is stated, for example in the values statement of the CIUSSS-CN, and what is experienced. Although most of the participants talked about the importance of living these values and how difficult that could be at times, one participant mentioned this as an important "clash of values" between her and her

superior. She found it difficult to understand how she could adhere to the organizational values in her interactions with her team while her superior could not in his interactions with her.

Perceived Culture Surrounding Work Expectations and Workload

The organizational culture represents shared norms and policies that have profound effects on the way employees behave (Paustian-Underdahl et al., 2014). The participants stated that they felt the CIUSSS-CN has an ingrained culture of being a work-centric organization, where to succeed one needs to be a workaholic. This can also be related to Robertson (2019), who describes it as a more male-centric approach, with emphasis on availability and long work hours. From the experiences shared by the women, the CIUSSS-CN runs its organization as a business even though it has a mandate to provide public health and social services. The health system, with the introduction of Bill 10 in 2015, installed practices such as the Lean management model, which was borrowed from Toyota's model for building cars (Teich & Faddoul, 2013). In the first year of the reform, the CIUSSS-CN also introduced the Kaizen continuous improvement model, which is a continuous learning improvement model whose purpose is to assist the organization in becoming more efficient and reduce costs (Morell-Santandreu et al., 2021). One could question if the Lean model developed for producing cars is the right model to deploy when delivering public services to human beings. The employees providing the services at all levels of the CIUSSS-CN are not machines; they are humans and should be treated as such.

The CIUSSS-CN organizational culture has a particular impact on women with familial responsibilities, since they may be perceived as less available and committed, thus corroborating Robertson (2019). For women with multiple roles, achieving both work and life roles may be difficult in a work-centric organization. The participants gave examples of needing to be at work for long hours, in person, which they felt was not always necessary and was problematic for

them when it collided with other important family responsibilities, especially given that this was an expectation that surpassed the paid work hours of 35 hours a week. As middle managers, they have a lot of administrative duties that they can do from home and do not need to be in their office in person. For some of them, being able to do that type of administrative work from home would assist them in managing their other multiple roles. The need for flexibility was mentioned by all participants. The flexibility to decide where they do their work, when, and how is an important factor for their psychological well-being. They are all cognisant that not all positions can be flexible and that, in certain situations, work needs to be done in person. However, they know that some tasks can be done from home. Although some saw flexibility and the ability to bring work home as positive, the three older participants who had experienced a burnout felt this was not beneficial to them. All participants shared that they had a heavy workload, even though they worked hard to meet the demands. Besides regularly putting in 45 hours or more a week at work, some women dealt with the increased workload by bringing work home at night or doing it on weekends. This was a factor that contributed to negative well-being since they are not able to psychologically detach from work (Santuzzi & Barber, 2018). The managers felt the pressure to perform and do what was requested. Bringing work home influenced their family life since, although physically present at home at night, they were not necessarily emotionally available to their families, which is important to them. This caused them to feel torn between work and home. Pluut and Wonders (2020) found that those who experienced increases in blurring of work-life boundaries reported a deterioration in healthy lifestyle behaviours, which in turn was related to reduced happiness. In a society where women are still seen as shouldering the burden of most household responsibilities, the use of flexible working may simply lead to more expectations around their home-related responsibilities and thus be an added burden with a

negative impact on their well-being (Chung & van der Lippe, 2020). The three participants who had gone through a burnout stated that they are working hard to maintain better boundaries between work and life, to the point of not bringing work home unless it is critical.

Surprisingly, the organizational values and work culture were prominent elements that participants identified as factors negatively influencing their well-being. Given that the CIUSSS-CN is an organization where women comprise most of its workforce, one would have expected to find an organizational culture that takes into consideration women's multiple roles to help them be successful in their work and life spheres. Yet, participants talked about a lack of family-friendly policies. Catherine's experience was very telling in the attitude of her superior who felt she could not be a middle manager with young children. Was this issue about Catherine having multiple roles and needing to balance all of them or her superior's own experience as a woman manager who felt one could not reconcile both, at least not in this structure? Was her superior just being realistic? However, we saw that with the change in superior with a different philosophy regarding women managers and their multiple roles, Catherine was able to manage all her spheres and was happy at work and home. Was the first supervisor's comment rather an honest reflection of the pressures and expectations of the CIUSSS-CN system and the expectations placed on middle managers, embedded in a societal and organizational culture based on productivity and a work-centric philosophy?

When one looks at the CIUSSS-CN, it is the product of a major reform of Québec's HSSS that took place in 2015. As stated in the literature review, the purpose of the reform was to improve efficiency and productivity with the major impact of the reform being absorbed by the middle managers. By significantly reducing the number of middle managers as of 2015, greater demands for increased productivity and availability were placed on the remaining managers.

This perpetuates an environment which is not conducive to women who have familial responsibilities.

Brière (2019) states that, in the province of Quebec, women are underrepresented in male dominated professions as a result of organizational cultures built on a masculine model where stereotypes are still present. These stereotypes concern the nature of how work has to get done (for example, pressure, performance, dedication to the task above all, long hours, and atypical schedules), which makes it difficult for many women, especially mothers, to reconcile family and work, since it is women who still often assume the double shift. Is the CIUSSS-CN conforming to this masculine model or is it different? This system seems to count on the exploitation of its managers, requiring them to put in long hours. They are paid for 35 hours, but many more hours are expected on an ongoing basis to the detriment of the managers' physical and psychological well-being. Based on the experiences of the women in this study, the CIUSSS-CN (and one could infer Québec's public health and social services system overall) is not a system that embodies the spirit of matricentric feminism that was explored in the literature review. Although this system may promote equity between men and women, it does not take into account that, based on existing societal norms, women and men do not have an equitable starting point because women still assume a disproportionate amount of familial and emotional responsibilities. Research shows that implementing family-friendly policies is beneficial to women and can alleviate the pressure of their multiple roles (De Hauw & Greenhaus, 2015; Lapierre et al., 2018; Rofcanin et al., 2017). However, research has shown that it cannot be just the superior that supports family-friendly policies: the support must come from the top (Rofcanin et al., 2017). Those at the top need to create a culture that promotes and encourages the use of family-friendly policies that permeates the organization (Feeney & Stritch., 2019; Holton &

Dent, 2016). When organizations have family-friendly policies, it signals to the employee that they are valued in terms of their family life (Feeney & Stritch, 2019; Hammer et al., 2013). This is an important factor for professional and familial well-being, especially with women middle managers who need to navigate both their work and familial roles. According to Freeman et al. (2001), all organizations need people who can nurture employees; not only women should take on this role.

Women middle managers cannot be expected to fulfill their multiple roles at work and in their family if the organization does not give them achievable mandates without overburdening them. One observation from the participants was that it is critical to receive realistic mandates that come with the necessary resources to achieve the objectives and to ensure that the work can be completed within their 35-hour work week. Other important policies that can help include providing greater self-directed work flexibility such as the opportunity to do telework or the possibility of working a four-day work week for those who request it. However, a four-day week also has its issues related to productivity. There is a notion that many employees can work four days per week, but they must put in longer days to have the fifth day off. This is an attitude that is not helpful for employees and especially women middle managers. The organization should not need to push people so hard. Perhaps it is still linked to our capitalistic and consumer-driven Western society, where the latest gadget and goods must be purchased to demonstrate societal standards of status and success.

Relationship with Team, Superior, and the Effect of Being in the Middle

The literature review mentioned possible tearing (Oshry, 2018) when one is a middle manager. Tearing refers to the managers' feelings of being torn between the demands and commands of the top and the needs and challenges of those below who they manage. Being in

the middle means, at times, a manager may become 'stuck' between the top and the bottom, which may result in conflicting claims and require different outcomes. This sense of being torn between conflicting expectations was exemplified in the participants' experiences. As was highlighted in the findings, the relationships that the middle managers have to maintain with their teams and superior are important to their well-being. If expectations from the top were aligned with the ability and resources of the teams, middle managers felt positive. Similarly, when given challenging mandates but with the appropriate tools and resources, they were at ease. If the expectations of the top were not aligned with the team's capacity and resources, then this led to tearing and tension for the middle manager who is positioned in the middle. The participants were able to explain when and why the tearing happened and gave numerous examples. An example is when they had to frame a directive from the top to try to get the team to do something that they did not feel was possible or needed. Tearing arose when they felt the team would resist it. According to Harding et al. (2014), the middle managers are trying to support and, at times, shield their employees from what may be seen as excessive demands. Interestingly, the role in the middle was described by Gjerde and Alvesson (2020) as an umbrella carrier, who protects the bottom from the top and, at times, protects the top from the bottom. Gallos (2002) calls it a position of crossfire of pressures since the pressure does not just come from the top but also from the bottom. The issue of loyalty to the top and the bottom creates conflict for the middle managers.

Through the interviews, participants shared contrasting examples of situations where the superior, the manager, and the teams were aligned around a change. When aligned, these experiences were lived as high points that contributed to the positive well-being of the manager. However, when the superior, manager, and the teams were not aligned, this caused distress to the

manager. In such situations, the issues of conflict and power can be very much at play. The importance of the relationships (which were discussed earlier) but also the importance of the hierarchical power plays a big role in how one reacts to the conflict. Those at the top have power, but the middle managers only have power over their own team and perhaps are not even aware that they do hold some power. Further, if they realize that they have some power, they may not like the notion that they do. Women have not been educated and socialized to understand how to deal with conflict and how to wield power. These concepts are far removed from being the nice little girl that many women of a certain generation have been socialized to strive to be. Yet, developing skills to understand power and to manage conflicts is essential to the middle manager's professional and personal well-being.

The middle manager's role, as was shared by the participants, means that they must sometimes deal with conflict, whether it is a disagreement with the top or with their teams. This part of their role was difficult for the participants, as it goes against their relational needs. The examples that were mentioned the most involved disciplinary issues, where middle managers had difficulty with their teams. They stated that although they could handle these situations, they were difficult and took a lot of energy, often causing stress and anxiety. The stress and anxiety they experience may arise due to their relational needs. They could benefit from training on conflict resolution strategies. Some shared that despite taking a conflict training course, they felt that dealing with conflict continued to be difficult because it reaches them at their "core." They all know that dealing with conflict is a part of their role, but it is not something they relish. They are at their best and energized when working with people to create value in the workplace. This is congruent with Berkery et al. (2013), who found that women tend to focus on building

relationships, working cooperatively, and using emotional intelligence, with these behaviours serving as a supportive function for professional well-being.

Organizations should consider the importance of providing training on conflict resolution, negotiation, power dynamics, and various leadership styles. This could be beneficial for managers at all levels. The leadership style training could include an education on the possible various leadership styles that can be used in different circumstances.

Underlying the individual women managers' reaction to conflict and power and the organizational support offered to them are the power structures of the organization itself and how they may act as an added hurdle to women. Folbre (2020) states that organizational hierarchical structures, when depicted for example in an organigram, do not reflect the extra dimensions of the added hurdles that exist depending on gender, age, and sexuality. She argues that the image of the labyrinth is helpful as it adds a necessary dimension when exploring power dynamics that must be considered if women are to achieve more equity with men in organizations.

Relationship with Superior

An important finding that all participants noted is the significance of a positive relationship with their superior. This finding is consistent with other research (De Hauw & Greenhaus, 2015; Lapierre et al., 2018; Talukder, 2019) which found that work engagement is increased with a supportive superior and supportive organizational culture (Chen et al., 2019; Rofcanin et al., 2017). When individuals feel respected and valued, this can enhance their performance. Support is also shown by the superiors' awareness of managers' needs and multiple roles. Support from others such as a boss, family, colleagues, and friends are key (Chen et al., 2019). In the experiences shared by the participants, we saw the negative impact of superiors who did not take the time to support them by not listening to them or by not trying to understand their needs.

However, the participants stated that they had confidence in themselves and the ability to use their voice. Despite being able to communicate their needs, they faced challenges at work when they felt they were not heard by their superiors. This lack of understanding and support from the superior led to an added burden for the managers, which caused them to question their own capacities to perform their work, which negatively affected their self-worth and their well-being, corroborating again findings in previous research (Leiter & Maslach, 2005).

Given that superiors determine the managers' work, they play a pivotal role since they are the ones who can assist (or not) the manager in achieving their goals. Indeed, by providing a realistic workload and the necessary resources, which can be financial, material, and human, superiors are key to supporting the manager's well-being. Beyond these traditional resources, the interviewees highlighted the importance of individual support from their superior. This included a superior who is available to talk to them, to listen to their issues, to provide guidance when necessary, and to have an understanding of their personal life issues. These findings are consistent with those of Abdien (2019).

Leadership Style (not Gender) is Important

Another finding in this study is that the leadership style of the managers was not gender specific: women managers did not necessarily do better with female superiors. Indeed, some women in superior management positions did not seem to have a transformational leadership style despite being in a female-dominated work environment. The leadership style of the superior seemed to be more of an issue for the participants than the gender. This may be because they all reported being very relational (communal) and having a collaborative style of working with their teams, which may lead them to have the same expectation from their own superior. The approach of the eight women to leadership was much more in line with the notion of transformational

leadership. This is consistent with Braun and Peus (2018) who found that the leadership style either exacerbates or buffers the negative effects of organizational stressors on work-life balance. These women did well when the superior had an open, supportive, collaborative leadership style, whereby they tried to work together to achieve their shared objectives, regardless of whether their superior was male or female. Studies have shown that employees who interact with transformational leaders are more satisfied and motivated and perform better (Hoch, et al., 2018; Wang et al., 2014). In the case of the eight women middle managers, they shared that being able to lead in a way that is also aligned with their own relational needs and need for connection is necessary for success. When the leadership style of their superior was more transactional, focused on outcomes, non-collaborative, and agentic (directive), they experienced more difficulties. As was seen in the literature review, transformational leadership styles are aligned with the tenets of RCT and can contribute to a positive sense of self and well-being.

The adaptability of leadership styles is an important issue, since the clash of styles affected some women managers in the study negatively. Consequently, it may be that all managers, superiors, and top leaders should be able to use more than one leadership style, know the impact of a leadership style on professional and personal well-being, and understand when to use which style.

Access to Support

Beside the relationship and support (or lack thereof) that the participants received from their superiors, they shared their reflections on the variety of support in their roles as middle managers that they consider beneficial to their well-being. These were listed in the results and include speaking to colleagues or mentors for advice and receiving training, and networking among others. This is consistent with the findings of numerous studies (Holton & Dent, 2016;

O'Neil et al., 2018; Webb Farley et al., 2021). Participants found coaching possibilities provided by the organization to be an important resource. The five who have been coached expressed the importance of having external coaches, because they felt they would get an unbiased view, and the coach would be there to support their needs as opposed to telling them what the system wants from them. A coach was seen as an ally. A participant, who had a coach that helped her deal with work-life balance, felt that addressing both the work and home spheres was key to assisting her with her well-being. Her work with her external coach was not just about how to increase the manager's productivity but also to help her manage all areas of her life. Coaching that considers gender identity (Karelaia & Guillen, 2011) and that helps women develop their self-esteem, self-efficacy, and confidence can be especially beneficial for women leaders (Holton & Dent, 2016; Ladegard & Gjerde, 2014; O'Neil, et al., 2015). However, coaching with a systems lens is crucial as the coaching cannot be about changing the women, it has to be done taking into consideration the realities of the system. One must take into consideration all the factors which are impacting the women in their roles, at a societal, personal, and organizational level, in order to be able to help them navigate the challenges they are facing.

Burnout

Maslach et al. (1996) defined burnout as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (p. 4). A recent study by Membrive-Jiménez et al. (2020) on nursing managers found that women aged between 40–50 years, who work full time, are married, and have children are most vulnerable to burnout. These criteria are met, and this definition is consistent with the experiences shared by the three older women who had experienced a burnout. They also shared that, for the most part, there was a perception that the burnout was their fault.

The eldest stated she felt it was a way for the CIUSSS-CN to deflect its own responsibility and place it back on the women by telling them to take care of themselves. According to Koutsimani et al. (2019), most health-care systems put the onus on the health-care professionals to take better care of themselves as a means to prevent burnout, but they argue that these approaches ignore the true sources of burnout in health-care systems, which may include incivility, staff shortages, and austerity measures as well as dealing with conflict, heavy work demands, limited resources, and lack of support from superiors, colleagues, and co-workers. These factors were very much at play in the experiences shared by the three participants. Koutsimani et al. (2019) point out that strategies to help reduce burnout must touch on the six contributors to workplace burnout which include managing workload, control, reward, community, fairness, and values while assuring a congruence between the values that first attracted people to the health-care field and their work experience.

The CIUSSS-CN strives to be a supportive organization and provide the structural conditions of support, resources, information, and opportunity to its middle managers. These factors should help psychological empowerment and mitigate burnout in the middle manager (Ayala Calvo & Garcia, 2018; Membrive-Jiménez et al., 2020), yet from the participants' stories these positive factors are at times undermined by other factors such as the organizational culture, workloads, and leadership styles. If these issues could be addressed, the CIUSSS-CN could further its objectives to meet its espoused values of compassion, respect, collaboration, accountability, and innovation among its women middle managers.

Work-Life

In discussing the societal norms concerning women and their familial roles, combined with the organizational factors, the importance of familial factors emerged out of this study.

The Second Shift

The stories of the participants corroborate that the second shift is still very present in these working mothers' lives. The participants brought up the fact that it is still the role of women to take on additional familial domestic responsibilities and caregiving roles. This has an impact on them, as over and above their demanding work realities, they have the added second shift, which for some was a very busy shift, at times demanding as much energy as their job. Women middle managers struggle to balance their private and public worlds and to maintain their well-being in all spheres of their lives.

These women's familial roles, although time-consuming, are something they see as normal and mostly positive in their lives. There was no doubt in the testimonies of the seven participants with families that their families are a vital part of their life. Although the women middle managers in this study shared stories about times when their second shift was demanding on them, especially when their loved ones were not well physically or mentally, they indicated that their families bring them a sense of love, pride, and happiness. Having family responsibilities (be it for children, spouses, elderly parents, or extended family) is not the issue; rather, it is how to enable the women's ability to navigate their home and work responsibilities. While the women's commitment to their multiple roles is associated with life satisfaction, self-acceptance and well-being, this is hard to achieve given work demands which are insensitive to caregiving realities (Valerio, 2009). Women are constantly juggling numerous responsibilities at work and in their personal lives, which create tension, guilt and exhaustion negatively impacting their well-being. Through their own recommendations, they were seeking to reduce this tension.

As discussed in the literature review, women managers find themselves torn when they cannot integrate family and work effectively (Cuadrado et al., 2015). When they can do both,

meaning that they succeed in balancing the public and private realms of their lives, it positively affects their well-being (De Hauw & Greenhaus, 2015; Lapierre et al., 2018; Rofcanin et al., 2017).

Familial Support

For participants who had partners, they stated that they were very helpful and that this assisted them in being able to navigate their multiple roles with greater ease. However, as they discussed the support of their partner, the majority of the women still dealt with numerous responsibilities, especially the emotional issues of their own family or extended family members. Two participants were lone parents with two or three young adults. They shared that their reality was a difficult balancing act with no support at home. This added another level of complexity since they did not have the benefit of those middle managers with a partner who provided more flexibility with their time. They spoke about all the additional, recurrent, domestic responsibilities they needed to accomplish such as taking care of the house (the lawn, snow removal, etc.). All these tasks require time and energy.

The participants' stories also indicate that even as their children get older, this does not lessen the mother's involvement with her children. The participants who had older children still had numerous familial responsibilities, regardless of the age of the children. The women in their late 40s stated it was not the same sense of responsibility as when the children were younger when they had to get them from daycare or drive them to all their activities. As their children got older, these participants shared they had to deal more with their children's emotional needs. As one participant who has older children said, "We never outgrow our parental role, we are always parents, regardless of our children's age." We also had an example of women in their 40s and early 50s who, in addition to their children, felt responsible for taking care of their parents when

this was necessary. This included not only physical support, such as doing errands, going to medical appointments, etc. but also dealing with their emotional needs. None of the women interviewed were grandmothers yet, which could bring another set of responsibilities, such as baby-sitting.

Having family-friendly policies, as discussed above, would be beneficial to women who have familial responsibilities. These policies must be endorsed by all levels of management and become the espoused culture of the organization. Research has shown how family-friendly policies can backfire on those who use them if they are not ingrained in the culture (Feeney & Stritch, 2019). Those who use them can be judged as slacking off or being privileged (Chung & van der Lippe, 2020). It is critical that family-friendly policies are policies that benefit all employees and not just those with familial responsibilities. This should help create conditions that nurture all employees in the organization to excel in all spheres of their lives and not just their work sphere.

Self

In preparing to do this research, most of the work involved understanding the realities of women middle managers, with a focus on the two main spheres in their lives: work and familial. A third sphere that has emerged as central to understanding what contributes to the women's psychological well-being is the self. At the core of well-being is the self and one's own needs as an individual, such as time to disconnect, to recover, to reenergize, and to have pleasure. The self is unique to each person and is what they bring into their work and life spheres.

Boundaries

The concept of creating boundaries, which emerged in the interviews, was another factor central to the self that could assist with self-care. We saw three participants who had taken sick

leave, all of whom stated that when they returned, they tried hard to set boundaries between their public and private lives and between their personal needs and the needs of others. At times, these boundaries can be very porous but also too rigid. Boundaries may need to be flexible, to adapt to certain circumstances. For some, boundaries are used to create a wall to protect themselves from other people's demands on themselves and their time whilst recognizing the need to take care of the self. One participant mentioned that she permitted herself, at times, to be in “economy mode” at work and not have to perform at 150% all the time.

Asking clearly for the support one needs is an important part of setting boundaries in a healthy way (Brown, 2018). According to Brown, being aware of what you do and why you do it is important as it distinguishes between what we want to do and what we feel we must do. Setting boundaries from a clear understanding of one’s own needs and wants is important to well-being. In setting boundaries, one must be able to set clear priorities both at work and at home to benefit the individual (Pluut & Wonders, 2020). These adaptation strategies do not address the broader issue of the unrealistic workload or the lack of support that goes with the workload at times.

Lack of Time

Through the stories of the eight women, it was clear that the notion of self, the ability to nurture themselves and engage in practices that would help relax, recharge, and rejuvenate them, was often challenged due to the interplay between work and familial responsibilities that causes a lack of time. One of the women stated that she only has two poles, namely work and family, and no time for self. Time is a precious commodity (Brown, 2018) and necessary if one wants to take care of oneself and recover from the demands of work, family, or both (Santuzzi & Barber, 2018). Recovery has a direct impact on well-being (Santuzzi & Barber, 2018). Over time, if one

is not able to recover adequately by disconnecting from draining work and family issues, for example, this leads to negative health consequences both physically and mentally. It becomes a fertile ground for burnout, which three of the eight participants had experienced. The ability for individuals to have the time to relax was also shown to have a psychological benefit and help reduce stress and increase coping (Pluut & Wonders, 2020). The need for time is something that must be addressed. The organization's response is to encourage women to take the time to meet their needs, while still having a culture of unrealistic expectations as to availability and workload. The organization continues to exploit women middle managers without taking into consideration that time is truly needed for individuals to recover and be able to manage the stressful responsibilities that are asked of them. If the organization reassesses the workload and work conditions (flextime, four-day week, etc.) and adopts and promotes genuine family-friendly policy, it may be easier for women middle managers to strike a balance between work, other caregiving duties, and self-care.

Interdependence of Multiple Factors

The findings and discussion above point to the complex interdependence of the multiple factors that impacted the psychological well-being of the eight women middle managers in this study. Understanding how these factors interact together using the various theoretical lenses and previous research is essential if one wants to challenge systems like the CIUSSS-CN to make meaningful changes that will positively foster the psychological well-being of their women middle managers.

A useful lens through which to examine further the interplay between the multiple factors is open systems thinking where the emphasis is on being concerned with many systems and their interdependencies, where change in one system leads to effects in the other systems (Emery,

1999). In the case of the eight women, these systems include themselves, their families, their work environments, and society.

At an individual level, we saw the relational needs of the women for positive relationships and connection, to develop and grow together which was consistent with RCT (Jordan, 2017). The findings point to the women's various views on feminism and how the two younger ones related to neoliberal feminism (Lewis et al., 2017) and the older mothers, matricentric feminism (O'Reilly, 2019). In their work environment, we saw clear examples of factors that challenged them when they were not aligned with their relational needs, their preference for transformational leadership approaches (Eagly et al., 2020), and being stuck in the middle and tearing (Gjerde & Alvesson, 2020; Oshry, 2018). Family was an important part of their life. Work interfered with family (Feeney & Stritch, 2019; Robertson et al., 2019), due to work-centric expectations, unrealistic work demands, and the emotional toll. The majority of the women were not able to achieve a satisfactory work-life balance and time for self.

Valerieo (2009) sums up the complexity facing high-achieving women, which was the case of the eight women interviewed for this study. She maintains that this complexity includes women's need for authenticity, connection, agency, wholeness, and self-clarity, and how they can weave their various roles into a meaningful whole. When looking at all this from a systems thinking perspective, one can see the interdependencies between the systems and the effects that each system has on the others. The whole has to be considered and how the parts are aligned to foster the psychological well-being of women middle managers. The recommendations in the next chapter aims to be a starting point for this to happen.

Chapter 6: Recommendations and Implications

In this section, I will discuss the implications and recommendations emerging from this study, building upon those of the participants. As well, I have committed to provide an executive report of these to the President, Director General (PDG) of the CIUSSS-CN, who was my original contact person for entry into the system and to the eight participants.

Recommendations are presented in Table 6 and will be explored in greater detail below.

Table 6

Recommendations for Health and Social Services Systems

- 1) Acknowledge that current organizational culture negatively impacts the well-being of women middle managers and that important changes are required to foster their well-being.
- 2) Commit to a change process using a system thinking view that takes into account the complex dynamics of the multiple factors that need to be considered to foster the well-being of women middle managers.
- 3) Advocate for change at a broader government level which provides the system with the flexibility to adapt its organizational practices and expectations to foster the well-being of its middle managers.
- 4) Implement a participative change process, giving voice to middle managers focusing on the five areas surfaced by the women in this study, namely: Living the espoused values at all levels of the organization; Having realistic working conditions; Developing appropriate leadership styles and training; Promoting work-life strategies; and Onboarding.

- 5) Use action research to inform the change process and assess its impacts on the women middle managers' well-being.

Recommendation #1: Concerning Organizational Culture

This study has important implications about the practices that health and social services systems use to meet its objectives. In a system which is reliant on human capital as its main product, most of the efforts of the organization, such as training and coaching, are focused on changing the people, rather than changing the organization. This approach does not deal with the core problems of an unhealthy system. Directors and senior management must acknowledge how organizational culture negatively impacts the well-being of its women middle managers, especially those who are mothers, and that important changes are needed if this is to be addressed.

Recommendation #2: Change Processes Using System Thinking

Once Directors and senior management have acknowledged the ways that organizational culture negatively impact the well-being of women middle managers, they must commit to undertake a change process to address this. They must consider the complex dynamics involved at various levels, which will require a systems view. In trying to address problems, individuals tend to focus on the isolated parts of the system rather than seeing the whole picture. It is essential to see the full patterns clearly and the interrelations between the parts (Senge, 1990).

Open systems theory (OST) (Emery, 2000) provides a useful framework in understanding the complexity and the challenges imbued in the interplay between multiple systems. Women middle managers are part of multiple ecological systems, both physical and social (Emery, 2000). These systems include themselves, their teams, their departments, the health and social

services system, the government, their families, social networks, and communities. They operate within environments which Emery (2000) defines as “a social field consisting of the changing values, expectations, and of the human system within it” (p. 624). If one wants to foster change for the women middle managers, one must understand the relationship between these multiple systems and the environments at play. OST (Emery, 2000) goes further to say that all components, systems, and environments can be known, as such change can be planned if one identifies actions at both a system and environment level. These actions, when implemented, will result in changes to both the systems involved and the environments, creating a new set of conditions that can then be further acted upon to affect more change in both the system and environment (Emery, 2000). Change must be seen as a process over time. It is ongoing.

OST also provides insight into the paradigm shift that would be required to create a healthy work environment. This would require that the current approach to health care management be challenged. “This involves a shift from a society based on hierarchical domination to a participative democracy where all systems want to be and are purposeful and responsible” (Emery, 2000, p. 629). This means engaging their employees in a participative democratic process which would identify the challenges and possible actions, informed by a systems thinking approach which recognizes the other systems and environments they are all part of, including women, family, the health and social services system, government, and society. Understanding the complexity and the dynamic relationship between the various systems and environments is essential in identifying leverage points that can lead to change (Atun & Menabde, 2008).

To be able to achieve this change, it is important that the system leaders recognize the current barriers to change that they face. A systems view surfaces the various systems and

environments impacting the well-being of the employees and points to numerous critical barriers to change such as a government's approach to change, neoliberalist philosophy, competing commitments, and societal expectations and assumptions, which must be considered when implementing change.

Barrier 1 – Government's Approach to Change

An important barrier to changing the organizational culture of health and social services system is the government's approach to change. Generally, directives are handed down from the government officials, to senior management of the system for implementation. In any change process, one must acknowledge and consider the dynamics of this hierarchy and power and include those individuals with the power in the process as they can undermine any change, especially in ones that may involve a redistribution of power (Chin & Benne, 1985).

Atun and Menabde (2008) argue that policymakers in health systems do not use approaches when implementing change that consider the dynamic complexity of the systems and environments affecting the health system. They argue that changes are often imposed without a systems thinking approach focusing on a problem without an understanding of the short- and long-term effects that making a change will have on other parts of the system, including the people at the center of the change.

Barrier 2 - Neoliberalist Philosophy

An additional significant barrier to change is the overall political approach that governments across Canada use when viewing healthcare reforms. A neoliberalist philosophy was adopted in the 1980's, focusing on the logic of capitalist profitability (Baines, 2004; Whiteside, 2009). Neoliberalist philosophy has an impact on the relationship between the provider and user, as the focus has now shifted to measuring and quantifying outcomes

(Woolford & Curran, 2011). Service providers' concerns have now shifted to "technical matters of efficiency, entrepreneurialism, cost-savings, service integration, and accountability, [with] a new set of concepts mediat[ing] between service provider and client, leaving the former less able to react to the immediate and particular needs of the latter" (Woolford & Curran, 2011, p. 602).

As was highlighted in the literature review, successive health reforms have reinforced the centralization of control over how services are provided. In Quebec, various reforms of the health care system with the latest being Bill 10 (2015) continue to perpetuate this neoliberalist approach. From an OST perspective, this creates environments which stifle creativity and innovation, as the state attempts to reassert its authority to address issues, rather than foster conditions in which the individuals can adopt creative working modes. Such creative working modes involve "cooperating on tasks towards shared purposes in such a way that communication and learning are enhanced" (Emery, 2000, p. 628). The participants shared that they find themselves in a system and environment which goes against their own needs and values, which are to build relationships, work collaboratively, and have the time to care for those they manage, so that their employees can in turn care for those who are in direct relationship with the clients. From the OST perspective, this would be maladaptive correlation (Emery, 1999), which negatively contributes to their well-being.

Barrier 3 - Competing Commitments

Understanding barriers to change involves making the invisible visible and surfacing the competing commitments that are part of the environments in which people operate (Kegan & Lahey, 2009). Kegan and Lahey (2009) define competing commitments as forces at an individual or organizational level which undermine efforts to change. In the case of the women, a competing commitment at an organizational level, nurtured by a neoliberalist philosophy, is the

systems reliance on the exploitation of its middle managers to meet its objectives. Baines et al. (2017) identify this as expectations of employees to do unpaid overtime. In the case of the eight participants, it was expected that they put in extra unpaid hours on a weekly basis to meet their objectives. Studies in the health care sector have shown that this is not a new trend but is part of the expectation in the sector (Baines, 2004a; Baines, 2000b; Baines et.al., 2017).

Baines et al. (2017) stipulated that unpaid overtime is often normalized, generally undocumented, and thus made invisible. It is “a well-accepted norm in this sector in which the notions of women’s caring nature and perceived willingness to self-exploit interweave with long term under-funding and high demand for services, culminating in the institutionalisation of unpaid care-work” (p. 639). This highlights the fact that the competing commitment also exists at an individual level, given the caring nature of the women, and “the internalization of their professional mandate to care and pursue social justice” (Baines, et al., 2004b, p. 288). Aronson and Neysmith (1996) point out that a challenge in making visible the needs of women care providers in the neoliberalist context of health care is the systematic depersonalization of the system and the lack of language and measurement used to capture the relational and emotional aspects of caring labour. As was seen in the findings, the relational caring nature of the women in this study was central to their identity, yet it is not something that is valued or measured by policy-makers in the field. Baines (2004b) argues that it is only once the costs of exploitation of workers become visible through salary insurance programs that organizations may be compelled to change.

Barrier 4 - Societal Expectations and Assumptions

Taking into consideration the other systems and environments that the women are part of, which include families and the larger society, is essential, as was explored earlier in the findings

and discussion. There were important assumptions around women taking on the majority of caregiving responsibilities, both at work and at home, which were normalized and internalized. Kegan and Lahey (2009), would see these as big assumptions, i.e., assumptions that “are not currently viewed as ‘assumptions’ at all. Rather, they are uncritically taken as true” (Kegan & Lahey, 2009, p. 58), and as such we become blind to them. In the case of the women in this study, there was an assumption that the norms around caregiving could not be challenged. Whether true or not, these assumptions have to be raised to the surface and discussed. In addition, there were important competing commitments at play between women’s work and family demands. In looking at these results, the complex interplay between these various systems and environments, such as the women, the system, and family, are maladapted to their psychological well-being.

Recommendation #3: Advocate for Change at a Broader Level which Promotes Flexibility and Adaptability

A key challenge facing these systems and their ability to undertake a major change process is that it is part of a larger network, which dictates changes and management approaches that must be adhered to throughout its territory. Any change process will have to acknowledge the power dynamics that exist at a political level and the impact these complex dynamics have on the ability of organizations to make long term, sustainable changes to their culture. Campos and Reich (2019) found that an understanding of the political dimensions of any change in the health care system is essential; this includes addressing conflict and resistance.

For example, in the context of this study, if real change is to happen, the CIUSSS-CN must raise this issue with other CIUSSS and other Centre Intégré de Santé et des Services Sociaux (CISSS) in the province. Together, they must advocate for a paradigm shift in the way the

government constrains them from making changes that would be adapted to current realities and be beneficial to employees. The government must not only be made aware of the impact of their policies, such as Bill 10, on a human level but must find alternative ways of achieving the objectives of the system to meet the needs of the population without exploiting its human capital.

Recommendation #4: Participative Processes that Give Voice to Middle Managers'

Perspectives and Priorities

One of the challenges in proposing a change process in any public organization is that change processes tend to use empirical-rational strategies, which assume people are rational and can be shown / told what to do in change processes that are in their best interests (Chin & Benne, 1985; Daniels & DeWine, 1991). In such change processes, a well-researched innovation is imposed on a system where rational information is provided to people, and they are expected to change their behaviour in accordance (Daniels & DeWine, 1991). However, this is not always the case, and this approach may account for those change initiatives that fail (Jones et al., 2019). OST (Emery, 2000) details nuances of how to align and motivate people by ensuring change processes are participative and democratic. A key tenet of OST is that successful change is consciously designed by the people who are central to an organization and its goals. Other change models, such as Kotter and Cohen's (2002), identify the stance of leaders in an organizational change process and the traps they fall into such as focusing on planning and budgeting instead of setting direction, organizing staffing instead of aligning people, and controlling and problem solving instead of motivating people.

For any health and social services system to implement a change process that will help foster the well-being of its women middle managers, it will have to develop and implement a

plan of action which will help realign the system and its practices with its espoused values taking into consideration the barriers explored above.

In proposing a systemic change process, I would advise advancing a process that will be accessible and help them shift from an empirical-rational approach to an approach that will give voice to those at the centre of the change process. The participants' recommendations provide an excellent opportunity for the organization to hear the voice of the middle managers. Senge et al. (2008) found that sustainable change often starts with thoughtful people who see the problems and begin to understand how severe those problems are. Kotter (1996) stated that "occasionally a brave and competent soul at the middle or lower level in the hierarchy is instrumental in creating the conditions that can support a transformation" (p. 47). The fact that the eight women have reflected on their experiences and are aware of their challenges, and they have expressed what they feel needs to happen to address the issues impacting their psychological well-being is a starting point. Awareness or insight is insufficient to bring lasting change (Kegan & Lahey, 2009; Norcross, 2012), and there is often a gap between what individuals want to do and what they can do (Kegan & Lahey, 2009). In the case of those involved in the change process, there could be the assumption that the government and its neoliberal philosophy cannot be changed to health and social services system management. This must be countered if a change process is to happen, and that will require that leadership commit not only to a change process but also to a shift away from the traditional way in which change is imposed.

Using a systems thinking approach and calling on change models can help an organization and the individuals within it make the changes that are needed. Effective organizational change benefits from intentional planning and Kotter's eight-step change process has been shown to be

beneficial in implementing sustainable organizational change in health care (Carman et. al., 2019). The eight-step process (Kotter & Cohen, 2002) that can help a change process includes:

1. Create urgency.
2. Build the guiding team.
3. Create the vision.
4. Communicate for buy-in.
5. Empower action.
6. Create short-term wins.
7. Don't let up.
8. Make change stick.

This model is useful to any organization like the one in this study, as it represents an opportunity for the needed paradigm shift focusing on the five themes that emerged out of the participants' recommendations.

Living the Espoused Values at All Levels of the Organization

The impact of working in an environment that is experienced as incongruent with the organization's espoused values has important implications for the health and well-being of the individuals and the organization. The experience of the eight women is an opportunity to create a *sense of urgency* and be the catalyst for a change process which can give voice to its employees. Directors and senior management need to launch participative processes where employees representative of all levels are engaged in exploring the changes that are needed so that employees feel that the espoused values of the organization are reflected in their workplace experience. In so doing, they should *build a guiding team* to *create a vision* of how to align their policies and practices with their espoused values. This is a good starting point to focus the

change process as the participants all felt the espoused values of the organization were ones they believed in and practiced themselves.

The fourth step of Kotter's change process (Kotter & Cohen, 2002) includes *communicate for buy-in*. Effective communication is critical during any change process. This requires regular communication to key stakeholders concerning the work that is being done to align the values with the practices. Aligning the organizational culture to its values in a system that presently uses a neoliberal philosophy demanded by the government is a huge change and will take time, even years. It is critical that the employees see some form of change to keep those working on this process motivated and keep the employees hopeful that this is not just another useless change process. To do so, the *guiding team* must start looking at change processes that will have a direct impact on the employees. This can be done by working on the other recommendations that the participants suggested, namely realistic working conditions, leadership styles, appropriate training, promotion of work-life strategies, and onboarding, to see how they can be aligned with the values. It is through working on them that they will create progress on Kotter's fifth and sixth steps which are *empower actions* that involve taking concrete actions to show change is underway and *short-term wins*, where employees start seeing and feeling the change (Kotter & Cohen, 2002). Attention must be paid to step seven of Kotter's model which is *don't let up*. This recognizes that change takes time and commitment in the face of setbacks. Finally, step eight, which is *make change stick*, where it is essential to understand that lasting change needs to be nurtured and monitored (Kotter & Cohen, 2002). If these recommendations are acted upon and aligned with the organizational values, it would show the seriousness of system leaders in addressing the need for change.

The following section will describe possible next steps for the other recommendations that must be addressed. This includes realistic working conditions, developing appropriate leadership styles, training, promotion of work-life strategies, and onboarding.

Realistic Working Conditions

As part of the change process, health and social services systems must challenge the work-centric expectations placed on its middle managers and find alternative approaches which would allow middle managers the time needed to restore their energy. A key element in challenging and then changing the current organizational culture concerning work expectations will be to use the organization's own values as the guiding principles against which to measure proposed changes, as well as to take into consideration the values of the women middle managers concerning the importance of relationships and caring. The results of this study highlight a factor that should be leveraged to start a reflection on alternative approaches that would be needed to challenge the expectation of unpaid overtime. As was stated earlier, for this to happen, the organization may have to explore the true costs of the effects of this practice on the long-term well-being of their women middle managers and, ultimately, the organization. This would entail a societal shift in the perception of the value of these systems and the real costs of operating them effectively and humanely.

Developing Appropriate Leadership Styles and Training

The process to align leaders and leadership styles should also be affiliated with the results of the values process and realistic work expectations. The ongoing training of and coaching to the leaders, directors, and middle managers should also focus on what is expected of them in terms of living the organizational values. This could involve training on leadership styles, aligned with transformational leadership approaches, which in turn are aligned with the needs

and strengths of the women middle managers, as seen in this study. Karelaia and Guillén (2011) state that although the use of a transformational style of leadership is much more congruent with women's gender and leader identities, it is not fully recognized or appreciated in organizations.

Managers should also be provided with coaching to help them embody the values of the organization. Coaches should be chosen based on their experience of individual change processes. There also needs to be an important paradigm shift in the training and coaching focus. Presently, the approach is to help women adapt to a maladapted system. Kegan and Lahey's (2009) change model can be interesting as a framework for coaches in the health and social services system. A key component of their approach is to surface the competing commitments that can get in the way and must be addressed for real change to happen. The focus should be to help all the leaders adapt the system to the individuals who are part of the system. Managers at all levels should be evaluated annually to assess whether they model the organizational values and if they are using a leadership style that supports their teams, such as transformational leadership. In a system where 82% of the employees are women, the leaders must adapt their styles to the needs of the women. It is important to note that this style of leadership benefits all employees, promoting equity, diversity, and inclusion in public organizations (Ince, 2023).

Promotion of Work-Life Strategies

The participants shared that there were some policies that were already available that could assist them with work-life strategies such as working one day a week from home (pre-COVID-19). They wanted their supervisors and the CIUSSS-CN to promote these strategies and not make them an exception. However, some of their superiors did not like them doing this and did not promote this strategy as a possibility. When some of the participants used these strategies, the employees felt guilty due to their superiors' comments for using these strategies. Therefore,

human resources departments within health and social services systems, along with people who have an interest in this area, could develop a working group to review the policies and adapt/apply them to be beneficial to women middle managers thereby ensuring that these work-life strategies are promoted and communicated to all employees. O'Neil et al. (2015) found that organizations with favorable policies may not really believe in them but provide them only to look good to their various stakeholders. Change in organizational structures must come from the top to be effective (Ely et al., 2011). A communication strategy is central to organizational life (Daniels & DeWine, 1991) and must include leaders explicitly stating that the system supports employees and will ensure that these strategies are used.

Onboarding

Recruitment and onboarding processes must be aligned with the system's values and the desired leadership styles of the new organizational culture it aims to foster. When recruiting middle managers and other leaders, the organization must inform the employee of the organizational values and how important it is to embody them. They must ensure the interview process reveals the leadership mentality of the employee and clearly state what leadership style the organization desires to promote. When a professional moves into a management position, this represents a major change in their life and role. This also implies identifying the type of training and support that the new manager will need as well as providing them with coaching to assist their development. Given the caring roles inherent to the system and the natural caring disposition of many women, support should also be provided in how to deal with the emotional labour inherent with their role. From the experiences shared by the women in this study, a big assumption was that, because they were a good professional, they would be a good manager. The more thorough the onboarding, the greater the chance for a healthy integration into the new role

which positively impacts the well-being not only of the middle manager but the employees they will be managing.

Recommendation #5: Action Research as a Means to Inform and Assess Change Processes

This recommendation would provide an opportunity for organizational researchers to collaborate with health and social services system in documenting the change process and providing evidence for its efficacy- a major shortcoming in the field (Shufutinsky et al., 2022). This can be done effectively using an action research approach. This could be implemented at the very start of any process and follow it throughout. The focus should be on collaborative learning to inform action, reflection, and cogenerate knowledge (Shani & Coghlan, 2019). Coghlan and Holian (2023) state that action research is helpful in “bringing about change in organizations and in generating robust, actionable practical knowledge, undertaken in the present tense in a spirit of collaboration and co-inquiry, whereby research is constructed with people, rather than on or for them” (p. 1).

Maintaining the Changes

Working on the recommendations proposed above cannot be done in isolation but must focus on real, tangible ways in which the values and practices are experienced. This includes realistic working conditions, leadership styles and training, promotion of work-life strategies, and onboarding. As seen in OST, by focusing on the values and how they are lived within the organization will impact the individuals and in turn the other systems and environments, which will create new conditions for the change to continue.

As with any change process, once implemented, the change at both an individual and organizational level must be maintained. For any large organization, there is a constant flow of people in and out of it. Mechanisms need to be put in place and made integral to the metrics

evaluated during performance appraisals, to enforce the new organizational culture and the importance of living and maintaining it.

Chapter 7: Limitations and Implications of the Study

The findings raise several critical questions which require further scholarly study such as how societal norms and organizational cultures can evolve to be favorable to all in realigning roles and responsibilities where caregiving is valued and shared equitably. Before delving into the implications of the study, we must acknowledge its limitations.

Limitations

Several limitations must be considered when reviewing the findings of this study.

Sample Size and the Lack of Diversity

The sample size for this study was eight women middle managers. In the CIUSSS-CN, they represent 1.3% of all the managers. All participants were white French speakers. The sample did not include women with diverse sexual orientation, gender identity, race, or religion. While this represents a limitation, the sample is reflective of the profile of women middle managers in the CIUSSS-CN which is mainly made up of white French-Canadian managers. From a qualitative research perspective, the study provided a method in which to understand their stories and experiences (Bhattacharya, 2017). Sandelowski (1995) found that determining sample size in qualitative research is a matter of judgment, related to the quality of the data, and how it will be used. Boddy (2016) found that samples sizes are dependent on contextual factors and that in homogenous populations, low number saturation can occur. The eight women provided a quality and depth of data that permitted me to see commonalities and differences between participants and draw conclusions (Andrade, 2020). As was mentioned in the methodology chapter, saturation (Kim, 2016) was achieved, and is trustworthy within the limits of white, heterosexual, and French-Canadian middle managers in the CIUSSS-CN.

The challenges that this study highlighted were identified through eight privileged and highly educated white women, all of whom are part of the demographic majority in terms of language, culture, and sexual orientation. This study would have benefited from a more diverse sample to elicit the added challenges that women may be experiencing beyond gender related to race, ethnicity, religion, sexual orientation, age, and language (Glenn, 1985; Ozbilgin & Woodward, 2004; Sukalova & Ceniga, 2020; Triana et al., 2021).

Participants From One Region

A comparison was made of the profile of managers in four other regions in the province of Quebec and they too reflected a similar homogeneity to that of the Quebec City region. The regions that were examined included: Le Centre intégré de santé et de service sociaux (CISSS) Chaudière-Appalaches (2023), Le Centre intégré de santé et de service sociaux de la Côte-Nord (2023), Le Centre intégré de santé et de service sociaux de la Gaspésie (2023), and Le Centre intégré de santé et de service sociaux de l'Outaouais (2023). Homogeneity is a systems characteristic at least at the management level, in many parts of Quebec, and has implications on organizational culture which should be explored further. It also points to limitations if one wants to draw conclusions in other more diverse regions or in other more diverse systems. A headline in the Montreal Gazette which read "Outside Montreal, Quebec is Canada's least racially diverse province" (Riga, 2022) talks to this reality.

In an ideal scenario this research would have included other CIUSSS's and CISSS's, including Montreal, to compare various health organizations. Dealing with one CIUSSS was challenging in itself and was further complicated by COVID-19. As the pandemic evolved the system and its managers were naturally focused on COVID-19 as their top priority. Under these conditions ethics approval from one CIUSSS was arduous. I had to meet the committee to

explain my project and it took time to receive their answer. Once I did receive a positive response, they then suspended all research in the organization during the first COVID-19 wave. Had I wanted to work with a different CIUSSS or CISSS, I would have been required to secure ethical approval from each subsystem's ethics committee, seriously delaying my work. A comparison of various CIUSSS and CISSS would certainly have been an asset to the research, and it is a suggestion for future research.

Nonetheless, it is likely that some of the experiences of the French-speaking, white middle managers in this study are shared by other middle managers given the organizational factors of the health sector and the leadership styles that exist regardless of intersectional, individual-level factors such as gender, language, or cultural identities.

COVID-19

COVID-19 influenced the way the research was carried out, leading to further limitations. The first three interviews were completed face to face. During these interviews, it was easier to see the nonverbal cues of the participants. The research was then moved to the Microsoft Teams video platform, which only permitted a view of the face on the screen, thus restricting access to other nonverbal cues. In one case, the internet connection of the participant was so poor that she had to close her video, making it impossible to view any facial and other nonverbal data. This did not limit what was shared; however, I was deprived of additional layers of information.

Participant's Motivation

Five participants, including three who had burnout, specifically stated that they saw this research as an opportunity to share their stories. It was their hope that the research could lead to changes that would impact their well-being positively and those of other and future colleagues. Since it was the participants who reached out to me, the sample of women who participated is

limited to middle managers who were motivated to participate. It does not include representation from those who may not be experiencing the same challenges. In this way, the research is limited to the perspective of these eight women.

Wider Implications

Beyond the specific implications and resulting recommendations discussed in Chapter 6, this study points to important broader implications at a societal, personal, and organizational level, and it highlights the complex interaction of multiple factors which continue to compromise the well-being of women middle managers in the health system. It is disturbing to see that in 2020, these women middle managers, especially mothers, who were white, educated, and privileged, did not fare better, and faced the same challenges that were explored in the literature review. This implies that progress for women and mothers has stalled, and there needs to be concerted efforts at all levels to acknowledge this and then act upon it.

Comparison to the Private Sector

While this study did not compare the realities of women middle managers in the public sector in Quebec to those in the private sector, the literature would point to similar challenges (Pafford & Schaefer, 2017). The neoliberal approach to health care which treats the delivery of services as a business (Woolford & Curran, 2011) would also support this conclusion. Independent of the sector the added burden of caretaking adds to the difficulty faced by women seeking to be managers (Allen & Finkelstein, 2014). A biased view still prevails that to be a leader one needs to work full and long days (Allen & Finkelstein, 2014; Devillard et al., 2014), which is difficult for women with multiple roles, especially for those in leadership positions (Motulsky, 2010). Einarsdottir et al., (2018) found that women middle managers still face the challenges of stereotypes, biases around leadership, and having to adapt to a masculine

organizational culture. The key implication here is that independent of being in the public or private sector, what matters is how the organizational expectations and culture are aligned with the individual values of the women in a leadership role.

The Role of the Educational System

This study has implications for the educational system, especially those programs focused on leadership in and management of health and social services systems. Six of the eight participants had Masters degrees in health and social-related management programs. These programs need to reflect the reality that middle managers are presently facing as well as explore and promote management approaches that positively impact women middle managers' well-being.

Progress for Mothers has Stalled

At a personal level, there are important implications for women. In 2020, these smart, educated, privileged women still internalized the societal norms of women as caregivers at work and at home, and they did not challenge or talk about needing to change that. There were important differences between the younger women middle managers and the older ones, in terms of how they related to their own experience. The participants all shared commonalities of working long hours, unrealistic workloads, and challenges with human resources and conflict. The younger ones, though, felt this was part of the way it was, while the older ones had realized that this is not the way it should be and that it had consequences on their own well-being and by extension their families. This highlights a challenge moving forward if change is to happen. The younger women still adhered to the stereotypes concerning busyness and trying to do it all without questioning the inequities around caregiving. This caused them to unwittingly help perpetuate the organizational and societal systems which ultimately undermines their well-being.

It is disconcerting that, in 2020, such societal expectations concerning the role of women, and especially mothers, are still present. The literature and the findings of this study demonstrate that progress has not happened over the past 25 years regarding the equal sharing of responsibilities for women, which continues to block gender parity, especially for mothers. From a feminist perspective, one should question why progress toward gender parity in unpaid work seems stalled and why the gendered norms regarding domestic and caregiving roles remain so deeply embedded. Reasons why women continue to buy into this narrative include in great part their continued socialization into caring roles in public and private life, the persistence of gender stereotypes, and the ideals of a neoliberal feminist philosophy. Consequently, women trying to balance all the spheres of their lives, namely paid work, unpaid work, unpaid family duties, and self-care, hamper their own well-being and career advancement. Under these conditions, overall success is unattainable unless societal and organizational paradigms are to shift. If real progress is to be achieved, caring should not be gendered, and it should be valued in our society and organizations. For this to happen women and organizations must be a catalyst for this change.

Women middle managers must take part in fostering needed societal changes involving persistent gender norms which continue to hamper women's full potential and well-being. At a practical level, they must advocate for processes in which their voices are heard so that organizations and the government develop practices that take caregiving and their needs into account.

Implications for Future Research

The following sector will make suggestions for future research.

Increase the Diversity of the Participants in Future Research on Health Care Systems.

This research highlighted the challenges facing seven of the eight middle managers who were mothers, from a homogenous group of white French-Canadian women. Future studies on women middle managers in Quebec's health and social services system should include women of greater diversity, regarding culture, age, race, sexual orientation, disability, religion, and language. This research should include women from historically marginalized groups who are particularly vulnerable, as many women face barriers and discrimination that go beyond their gender. It is essential to understand if the results of this study would be similar with wider representation.

Conduct Research in Other Regions and Jurisdictions

Future research should be conducted in contexts that extend beyond those of the current study. This would reflect the greater diversity found in the Montreal region, as well as highlight language differences that could emerge. It would be interesting to see if, in a multicultural region, the results concerning women middle managers' psychological well-being are similar to those in this thesis.

Studying Women Senior Managers

Additional research could include studying women in senior positions in health and social services systems to see if they experience similarities to those who work closer to the employees' providing services to their clientele. Such a study could investigate whether women closer to the top of the structure have different realities than those in the middle. For instance, it could be investigated whether the clash of values that was identified in this thesis is the same at different levels in the organization.

The Impact of Parenthood and Work on Employees in Health and Social Services Systems

Additional research on the impact of parenthood and work in health and social services system is required, not only for middle managers but for all employees. This should also include gay couples with children and single parents. This research could be extended to look at those who are grandparents, since this is an added caregiving responsibility that may impact well-being.

The Impact of Work-Centric Management Approaches

This study highlighted the impacts of work-centric approaches that did not foster a balance with the other spheres of the participants' lives. This contributed to burnout for three participants and fatigue for the others. More research is needed to truly understand the cost to women, employees, their families, and the system of perpetuating work-centric philosophies and business approaches in the health and social services systems. In this study, we saw that women come into the role energized and wanting to meet the expectations of the system, while those who were older had realized that this was at the expense of their own well-being, and that it was not sustainable in the long term.

Access Realities of More Employees by Broadening Research Methodologies

Studies including a qualitative and quantitative approach should be done to ensure that a greater number of employees at all levels of the system could be evaluated regarding their psychological well-being. Though this thesis raised many interesting and novel conclusions, understanding how widespread these findings are throughout the system would be very beneficial.

Comparing Government Reforms and the Health Systems

This study points to the negative impacts that government reforms and directives have had on the women middle managers. This was the case with Bill 10. Research is needed to understand the impact of such government actions on health and social services systems. Government planners and lawmakers must consider the human capital which is central to these systems. Further research can assist governments to shift their policies and culture from blaming the women to adapting the system for all employees to thrive.

This study also points to critical questions that must be asked, not only of the leaders within the health and social services systems, but also of governments. Even if governments emphasize implementing family-friendly policies and promote the value of caregiving, the treatment expectations of government employees in the health system do not reflect the values of caregiving, which highlights the contradictions of capitalism (Fee, 1975) and the effects of a neoliberal approach to health care (Woolford & Curran, 2011). It is a system which continues to add demands and relies on the exploitation of women through the unpaid labor of its workforce to achieve its goals (Baines et al., 2017). But in the end it undermines the espoused values of the public health care system and society. Comparing the management of Quebec's health and social services system to the management practices of other countries such as China, Denmark, Sweden, Cuba, Aotearoa New Zealand, and Japan could provide important insights.

Evaluate an Action Research Approach to Change in Health Systems

This research recommends using an action research approach to accompany the change process. If an organization decides to undertake such a process, it would be necessary to ensure that the action research approach is evaluated so that learning can be documented to inform the value of such approaches for future change processes. The evaluation of the research action

approach should be informed by exploring other management models and approaches that would promote well-being.

Comparisons with Public Sectors

Further research is needed to see if the findings regarding what impacts women middle managers psychological well-being in the CIUSSS-CN are transferable to other public systems. A comparison with Quebec's education system would be interesting, as it is a system that is predominantly made up of women. It would be noteworthy to see how middle managers, including employees such as teachers, professors, and principals, departmental heads, fare in the education system whose management is also influenced by the provincial government.

Comparisons Between Public Systems and Private Sectors

Comparative studies between public and private sector women middle managers, particularly mothers, could identify similarities and differences with what was found in this study. Questions regarding the clash of values, exploitation, increased mandates with limited resources, exhaustion, and burnout, are pertinent in both the public and private sectors, as well as the notion of "doing it all."

The Glass Ceiling

At the start of the thesis, I stated that it did not seek to study the glass ceiling, the barriers that limit women's upward mobility. After this study, one must question whether, for many women middle managers, the barriers may come from the realities they are living, the heavy pressures on their time given paid and unpaid workloads, and the exhaustion they are feeling because of their multiple roles and the expectations placed on them as they try to "do it all." As well, it might be a protective response since a higher position may demand more time, energy, and shouldering responsibility.

The gender segregation in paid and unpaid work spheres leaves women squeezed for time, and thus may be both a barrier to greater labour force participation and a bottom-up barrier to women's upward mobility in management. Further research is required to understand this issue better and its impact on the lived experiences of women in their daily lives, their feeling and fear of exhaustion, and their inability to take on responsibility in management and leadership positions. Further research should explore norm change strategies to support gender parity by giving women more than voice, valuing women's self over their selflessness and, more importantly, granting them time each day for meaningful work-life-self-care balances.

Shifting Gender Stereotypes Regarding Caregiving

In this study, the women still accepted the prominent caregiver role in both the home and work spheres, and they had internalized these societal norms. Research should go beyond identifying the societal, personal, and organizational, factors that continue to perpetuate the gender imbalance in terms of household and caregiving responsibilities, as well as the emotional labour women disproportionately bear at work. How to change the stereotypes and beliefs that caregiving is women's sole responsibility should be studied. Also, additional research is required to understand if these norms are prevalent in the younger generations.

A Third Sphere

Further research should seek to understand if there is an underlying organizational and societal norm that life and family should not interfere with work and how that norm may be contributing to a wide number of societal problems. Many researchers have talked about the two spheres: work and life (work-life balance). This dual sphere approach misses an important sphere, that of the self. The results of this research suggest that it is important to acknowledge that there are three spheres, namely the self, family, and work. It would be helpful to understand

how these three important spheres interact together to support psychological well-being and to design organizational policies and support services that are attuned to these three spheres.

Lack of time was a critical factor, given its impact on the ability of the women to engage in self-care. Yet, self-care is essential so that people can thrive in all spheres of their life, including self.

Researching the impact of a 4-day work week may yield interesting implications around this issue. It may be that the traditional gender norms that continue to orient women into caring roles implicitly inculcate “selflessness” in women, whereas men learn to be more “self-assertive.”

Perhaps it is only when the woman’s self has as much legitimacy as the man’s self that the male-centric organizational expectations will change, such that women middle managers will be able to thrive in all spheres of their lives and maybe even seek higher management positions. The experience of three of the older participants who failed to balance their multiple roles resulting in burnout needs to be explored.

Conclusion

In conclusion, this study has broad implications at a societal, personal, and organizational level. The eight women who participated in this study were overextended and yet kept on going. The superwoman syndrome is still alive and well, reinforced by unrealistic organizational and societal expectations grounded in gender segregation of paid and unpaid work. Although they are highly educated, they still followed the societal norms concerning their domestic, caregiver, and emotional roles, not challenging the organizational culture by trying to adapt and “do it all.” This behaviour is present especially with the younger middle managers, while the older mothers, with numerous years’ experience, tried to challenge the organizational expectations and tried to set boundaries, especially those who had experienced burnout.

Giving voice to women middle managers in this system and becoming aware of their lived experiences is a step in changing the organizational culture and questioning organizational practices, societal norms, and the pressures both generate. Awareness is not enough, however. This study can be a catalyst for change within the CIUSSS-CN. The CIUSSS-CN has an opportunity to build on this study and give voice to others in the system to explore changes that are needed to move forward in the interest of all its employees.

When looking at the advancement of women in the workforce, research must continue going beyond the numbers. Knowing the percentage of women in the workforce does not portray the daily reality of their lives. Understanding their lived experiences in order to develop approaches which will address the issues and challenges is essential. If real change is to happen, organizations and governments must consider their most important assets, the human capital, which is at the centre of the success of these large systems.

Moving forward, at both societal and organizational levels, we must stop trying to fix the women but rather fix the systems so that all can truly find their place and participate fully in all spheres of their lives.

References

- Abdien, M. (2019). Impact of communication satisfaction and work-life balance on employee turnover intention. *Journal of Tourism Theory and Research*, 5(2), 228–238.
<https://doi.org/10.24288/jtr.526678>
- Acker, J. (2006). Inequality regimes: Gender, class, and race in organizations. *Gender & Society*, 20(4), 441–464. <https://doi.org/10.1177/0891243206289499>
- Acker, J. (2012). Gendered organizations and intersectionality: Problems and possibilities. *Equality, Diversity and Inclusion: An International Journal*, 31(3), 214–224.
<https://doi.org/10.1108/02610151211209072>
- Acker, S. (1987). Feminist theory and the study of gender and education. *International Review of Education*, 33(4), 419–435. <https://doi.org/10.1007/BF00615157>
- Adams, T. E. (2008). A review of narrative ethics. *Qualitative Inquiry*, 14(2), 175–194.
- Agut, S., Hernández Blasi, C., & Pinazo, D. (2022). Agentic traits, even when perceived as low value, still hold sway in management. *Journal of Gender Studies*, 31(3), 351–363.
<https://doi.org/10.1080/09589236.2021.1949971>
- Algan, Y., & Cahuc, P. (2006). Job protection: The macho hypothesis. *Oxford Review of Economic Policy*, 22(3), 390–410. <https://doi.org/10.1093/oxrep/grj023>
- Allen, T., & Finkelstein, L. (2014). Work-family conflict among members of full-time dual-earner couples: An examination of family life stage, gender, and age. *Journal of Occupational Health Psychology*, 19(3), 376–384. <https://doi.org/10.1037/a0036941>
- Alonso-Almeida, M. del M. (2014). Women (and mothers) in the workforce: Worldwide factors. *Women's Studies International Forum*, 44, 164–171.
<https://doi.org/10.1016/j.wsif.2014.01.010>

- Alvarez, A. R., & Lazzari, M. M. (2016). Feminist mentoring and relational cultural theory: A case example and implications. *Affilia*, *31*(1), 41–54.
<https://doi.org/10.1177/0886109915612512>
- Andrade, C. (2020). Sample size and its importance in research. *Indian Journal of Psychological Medicine*, *42*(1), 102–103.
https://journals.sagepub.com/doi/10.4103/IJPSYM.IJPSYM_504_19
- Aronson, J., & Neysmith, S. M. (1996). “You’re not just in there to do the work”:
 Depersonalizing policies and the exploitation of home care workers’ labor. *Gender and Society*, *10*(1), 59–77. <https://www.jstor.org/stable/189553>
- Arvate, P. R., Galilea, G. W., & Todescat, I. (2018). The queen bee: A myth? The effect of top-level female leadership on subordinate females. *The Leadership Quarterly*, *29*(5), 533–548. <https://doi.org/10.1016/j.leaqua.2018.03.002>
- Atun, R., & Menabde, N. (2008). Health systems and systems thinking. In R. Coker, R. Atun, & M. Mckee (Eds.), *Health systems and the challenge of communicable diseases: Experiences from Europe and Latin America* (pp. 121–140). Open University Press.
- Aune, K., & Holyoak, R. (2018). Navigating the third wave: Contemporary UK feminist activists and “third-wave feminism.” *Feminist Theory*, *19*(2), 183–203.
<https://doi.org/10.1177/1464700117723593>
- Ayala Calvo, J.-C., & García, G. M. (2018). Hardiness as moderator of the relationship between structural and psychological empowerment on burnout in middle managers. *Journal of Occupational and Organizational Psychology*, *91*(2), 362–384.
<https://doi.org/10.1111/joop.12194>

- Badura, K., Grijalva, E., Newman, D., Taiyi Yan, T., & Jeon, G. (2018). Gender and leadership emergence: A meta-analysis and explanatory model. *Personnel Psychology, 71*(3), 1–33.
<https://doi.org/10.1111/peps.12266>
- Baillargeon, D. (2014). *A brief history of women in Québec [Brève histoire des femmes au Québec]. English*. Wilfrid Laurier University Press.
- Baines, D. (2004a). Women's occupational health in social services: Stress, violence and workload. *Canadian Woman Studies / les cahiers de la femme, 24*(3,2), 157-164.
- Baines, D. (2004b). Caring for nothing: Work organization and unwaged labour in social services. *Work, Employment and Society, 18*(2), 267–295.
<https://doi.org/10.1177/09500172004042770>
- Baines, D., Cunningham, I., & Shields, J. (2017). Filling the gaps: Unpaid (and precarious) work in the nonprofit social services. *Critical Social Policy, 37*(4), 625–645.
<https://doi.org/10.1177/0261018317693128>
- Bandura, A. (1995). *Self-efficacy in changing societies*. Cambridge University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman and Company.
- Banet-Weiser, S., Gill, R., & Rottenberg, C. (2020). Postfeminism, popular feminism and neoliberal feminism? Sarah Banet-Weiser, Rosalind Gill and Catherine Rottenberg in conversation. *Feminist Theory, 21*(1), 3–24. <https://doi.org/10.1177/1464700119842555>
- Bass, B. M. (1999). Two decades of research and development in transformational leadership. *European Journal of Work and Organizational Psychology, 8*(1), 9-32.
<https://doi.org/10.1080/135943299398410>
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Psychology Press.
<https://doi.org/10.4324/9781410617095>

- Beckman, L. J. (2014). Training in feminist research methodology: Doing research on the margins. *Women & Therapy, 37*(1–2), 164–177.
<https://doi.org/10.1080/02703149.2014.850347>
- Bergmark, U., Ghaye, T., & Alerby, E. (2007). Reflective and appreciative actions that support the building of ethical places and spaces. *Reflective Practice, 8*(4), 447–466.
<https://doi.org/10.1080/14623940701649688>
- Berkery, E., Morley, M., & Tiernan, S. (2013). Beyond gender role stereotypes and requisite managerial characteristics: From communal to androgynous, the changing views of women. *Gender in Management: An International Journal, 28*(5), 278–298.
<https://doi.org/10.1108/GM-12-2012-0098>
- Berkhout, S. G., & Richardson, L. (2020). Identity, politics, and the pandemic: Why is COVID-19 a disaster for feminism(s)? *History and Philosophy of the Life Sciences, 42*(4), 49.
<https://doi.org/10.1007/s40656-020-00346-7>
- Bhattacharya, A. (2016). The many ways of knowing: Embracing multiplicity in narrative research. *Qualitative Social Work, 15*(5–6), 705–714.
<https://doi.org/10.1177/1473325016652683>
- Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide*. Routledge.
- Bianchi, S. M., Sayer, L. C., Milkie, M. A., & Robinson, J. P. (2012). Housework: Who did, does or will do it, and how much does it matter? *Social Forces, 91*(1), 55–63.
<https://doi.org/10.1093/sf/sos120>
- Bill 10. (2015, chapter 1), *An act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*.

https://www.publicationsduquebec.gouv.qc.ca/fileadmin/gazette/pdf_encrypte/lois_reglements/2015A/102034.pdf

- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), 426–432. <https://doi.org/10.1108/QMR-06-2016-0053>
- Boucher, C. (2016). A qualitative study of the impact of emotional labour on health managers. *Qualitative Report*, 21(11), 2148–2160. <https://doi.org/10.46743/2160-3715/2016.2350>
- Boylan, M. (2000). *Basic ethics*. Prentice-Hall.
- Braun, S., & Peus, C. (2018). Crossover of work–life balance perceptions: Does authentic leadership matter? *Journal of Business Ethics*, 149(4), 875–893. <https://doi.org/10.1007/s10551-016-3078-x>
- Bridges, T., & Messerschmidt, J.. (2019). Joan Acker and the shift from patriarchy to gender. *Gender, Work & Organization*, 26(12), 1773–1773. <https://doi.org/10.1111/gwao.12226>
- Brière, S. (Ed.). (2019). *Les femmes dans des professions traditionnellement masculines*. Presses de l'Université Laval. <https://muse-jhu-edu.lib-ezproxy.concordia.ca/book/72879>
- Brown, A., Gabriel, Y., & Gherardi, S. (2009). Storytelling and change: An unfolding story. *Organization*, 16(3), 323–333. <https://doi.org/10.1177/1350508409102298>
- Brown, B. (2018). *Dare to lead: Brave work, tough conversations, whole hearts*. Vermilion.
- Campos, P. A., & Reich, M. R. (2019). Political analysis for health policy implementation. *Health Systems & Reform*, 5(3), 224–235. <https://doi.org/10.1080/23288604.2019.1625251>
- Carli, L. L., & Eagly, A. H. (2016). Women face a labyrinth: An examination of metaphors for women leaders. *Gender in Management: An International Journal*, 31(8), 514–527. <https://doi.org/10.1108/GM-02-2015-0007>

Carlin, B. A., Gelb, B. D., Belinne, J. K., & Ramchand, L. (2018). Bridging the gender gap in confidence. *Business Horizons*, *61*(5), 765–774.

<https://doi.org/10.1016/j.bushor.2018.05.006>

Carman, A. L., Vanderpool R. C., Stradtman L. R., & Edmiston E. A. (2019). A change-management approach to closing care gaps in a federally qualified health center: A rural Kentucky case study. *Preventing Chronic Disease*, *16*.

<https://doi.org/10.5888/pcd16.180589>

Carvalho, T., & Diogo, S. (2018). Women rector and leadership narratives: The same male norm? *Education Sciences*, *8*(2), 8–75. <https://doi.org/10.3390/educsci8020075>

Chai, Y. (2022). *Implicit gender-biased speeches in workplace: Embedded stereotypes and effects on women's career development*. Proceedings of the 2021 International Conference on Social Development and Media Communication (SDMC 2021), Sanya, China.

<https://doi.org/10.2991/assehr.k.220105.064>

Chen, M.-H., Krishna, S. M., & Yu, C.-Y. (2019). Work-life support: The key to managers' happiness. *Management Research Review*, *43*(2), 166–184. <https://doi.org/10.1108/MRR-09-2018-0341>

Cheung, F. M., & Halpern, D. F. (2010). Women at the top: Powerful leaders define success as work + family in a culture of gender. *The American Psychologist*, *65*(3), 182–193.

<https://doi.org/10.1037/a0017309>

Chin, R., & Benne, K. D. (1985). General strategies for effecting changes in human systems. In W. G. Bennis, K. D., Benne, & R. Chin (Eds.), *The planning of change* (4th ed., pp. 22-45). Holt, Rinehart, and Winston.

- Chugh, S., & Sahgal, P. (2007). Why do few women advance to leadership positions? *Global Business Review*, 8(2), 351–365. <https://doi.org/10.1177/097215090700800211>
- Chung, H., & van der Lippe, T. (2020). Flexible working, work-life balance, and gender equality: Introduction. *Social Indicators Research*, 151(2), 365–381. <https://doi.org/10.1007/s11205-018-2025-x>
- Clandinin, D. J., & Huber, J. (2010). Narrative inquiry. In J. Peterson, E. Baker, & B. McGaw (Eds.), *International Encyclopedia of Education* (3rd ed., pp. 436–441). Elsevier. <https://doi.org/10.1016/B978-0-08-044894-7.01387-7>
- Coghlan, D., & Holian, R. (2023). Insider action research for human resource development. *Human Resource Development Review*. Advance online publication. <https://doi.org/10.1177/15344843231162245>
- Commission des normes, de l'équité, de la santé et de la sécurité du travail. (2021). *Connaître et réaliser ses obligations d'équité salariale*. <https://www.cnesst.gouv.qc.ca/fr/demarches-formulaires/employeurs/connaître-realiser-ses-obligations-dequite>
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Ii, G. S. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, 86(3), 279–287. <https://doi.org/10.1002/j.1556-6678.2008.tb00510.x>
- Cuadrado, I., García-Ael, C., & Molero, F. (2015). Gender-typing of leadership: Evaluations of real and ideal managers. *Scandinavian Journal of Psychology*, 56(2), 236–244. <https://doi.org/10.1111/sjop.12187>

- Daniels, T. D., & DeWine, S. (1991). Communication process as target and tool for consultancy intervention: Rethinking a hackneyed theme. *Journal of Educational and Psychological Consultation*, 2(4), 303–322. https://doi.org/10.1207/s1532768xjepc0204_1
- De Hauw, S., & Greenhaus, J. H. (2015). Building a sustainable career: The role of work-home balance in career decision making. In A. De Vos & B. van der Heijden (Eds.), *Handbook of research on sustainable careers* (pp. 223–238). Edward Elgar Publishing. <https://doi.org/10.4337/9781782547037.00020>
- De Serres G., Carazo S., Lorcy A., Villeneuve J., Laliberté D., Martin R., Deshaies P., Bellemare D., Tissot F., Adib G., Denis G., & Dionne M. (2020). *Enquête épidémiologique sur les travailleurs de la santé atteints par la COVID-19 au printemps 2020*. Institut national de santé publique du Québec. Publication n. x. p. https://www.inspq.qc.ca/sites/default/files/publications/3061_enquete_epidemiologique_travailleurs_sante_covid_19.pdf
- Derks, B., Van Laar, C., & Ellemers, N. (2016). The queen bee phenomenon: Why women leaders distance themselves from junior women. *The Leadership Quarterly*, 27(3), 456–469. <https://doi.org/10.1016/j.leaqua.2015.12.007>
- Devillard, S., Sancier-Sultan, S., & Werner, C. (2014). Why gender diversity at the top remains a challenge. *McKinsey Quarterly*, 2(1), 23–25.
- Donnelly, R. (2015). Gender, careers and flexibility in consultancies in the UK and the USA: A multi-level relational analysis. *The International Journal of Human Resource Management*, 26(1), 80–99. <https://doi.org/10.1080/09585192.2014.934889>

- Dotti Sani, G., & Treas, J. (2016). Educational gradients in parents' child-care time across countries, 1965-2012. *Journal of Marriage and Family*, 78(4), 1083–1096.
<https://doi.org/10.1111/jomf.12305>
- Duberley, J., Carmichael, F., & Szmigin, I. (2013). Exploring women's retirement: Continuity, context and career transition. *Gender, Work and Organization*, 21(1), 71–90.
<https://doi.org/10.1111/gwao.12013>
- Eagly, A. H. (2018). The shaping of science by ideology: How feminism inspired, led, and constrained scientific understanding of sex and gender. *Journal of Social Issues*, 74(4), 871–888. <https://doi.org/10.1111/josi.12291>
- Eagly, A. H., & Carli, L. L. (2007). *Through the labyrinth: The truth about how women become leaders*. Harvard Business School Press.
- Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, 109(3), 573–598. <https://doi.org/10.1037/0033-295X.109.3.573>
- Eagly, A. H., & Koenig, A. M. (2021). The vicious cycle linking stereotypes and social roles. *Current Directions in Psychological Science*, 30(4), 343–350.
<https://doi.org/10.1177/09637214211013775>
- Eagly, A. H., Nater, C., Miller, D. I., Kaufmann, M., & Sczesny, S. (2020). Gender stereotypes have changed: A cross-temporal meta-analysis of U.S. public opinion polls from 1946 to 2018. *American Psychologist*, 75(3), 301–315. <https://doi.org/10.1037/amp0000494>
- Eagly, A. H., & Wood, W. (2017). Janet Taylor Spence: Innovator in the study of gender. *Sex Roles*, 77(11–12), 725–733. <https://doi.org/10.1007/s11199-017-0835-y>

East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help to develop resilience. *Nurse Researcher*, *17*(3), 17–25.

<http://doi.org/10.7748/nr2010.04.17.3.17.c7742>

Einarsdottir, U. D., Christiansen, T. H., & Kristjansdottir, E. S. (2018). “It’s a man who runs the show”: How women middle-managers experience their professional position, opportunities, and barriers. *SAGE Open*, *8*(1), 1–13.

<https://doi.org/10.1177/2158244017753989>

Elias, M. V., & Piccorelli, J. T. (2020). The listening hermeneutic of public servants: Building on the implicit. *International Journal of Organization Theory & Behavior*, *23*(4), 359–374.

<https://doi.org/10.1108/IJOTB-10-2019-0115>

Ellemers, N. (2018). Gender stereotypes. *Annual Review of Psychology*, *69*, 275–298.

<https://doi.org/10.1146/annurev-psych-122216-011719>

Elliott, C., & Stead, V. (2008). Learning from leading women’s experience: Towards a sociological understanding. *Leadership*, *4*(2), 159–180.

<https://doi.org/10.1177/1742715008089636>

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, *13*(1), 3–29. <https://doi.org/10.1177/1077800406294947>

Ely, R. J., Barra, H., & Kolb, D. M. (2011). Taking gender into account: Theory and design for women’s leadership development programs. *Academy of Management Learning & Education*, *10*(3), 474–493. <https://doi.org/10.5465/amle.2010.0046>

Emery, M. (1999). *Searching: The theory and practice of making cultural change*. John Benjamins.

- Emery, M. (2000). The current version of Emery's open systems theory. *Systemic Practice and Action Research*, 13(5), 623.
- Fee, E. (1975). Women and health care: A comparison of theories. *International Journal of Health Services*, 5(3), 397-415.
- Feeney, M. K., & Stritch, J. M. (2019). Family-friendly policies, gender, and work–life balance in the public sector. *Review of Public Personnel Administration*, 39(3), 422–448.
<https://doi.org/10.1177/0734371X17733789>
- Findlay, L. C., & Kohen, D. E. (2012). Leave practices of parents after the birth or adoption of young children. *Canadian Social Trends*, 94, 3–12.
<https://childcarecanada.org/sites/default/files/leave-parents-birth-adoption-2012.pdf>
- Folbre, N. (2020). Cooperation & conflict in the patriarchal labyrinth. *Women & Equality*, 149(1), 198–212. https://doi.org/10.1162/daed_a_01782
- Ford, E. (2020). Tell me your story: Narrative inquiry in LIS research. *College & Research Libraries*, 81(2), 235–247. <https://doi.org/10.5860/crl.81.2.235>
- Freeman, S. J. M., Bourque, S. C., & Shelton, C. (2001). *Women on power: Leadership redefined*. Northeastern University Press.
- Gallos, J. V. (2002). The dean's squeeze: The myths and realities of academic leadership in the middle. *Academy of Management Learning & Education*, 1(2), 174–184.
<https://doi.org/10.5465/amle.2002.8509367>
- Gaudet, S., Marchand, I., Bujaki, M., & Bourgeault, I. L. (2022). Women and gender equity in academia through the conceptual lens of care. *Journal of Gender Studies*, 31(1), 74–86.
<https://doi.org/10.1080/09589236.2021.1944848>

Gentile, D. (2016, March 16). Quebec close to eliminating 1,300 health care jobs. *CBC News*.

<https://www.cbc.ca/news/canada/montreal/quebec-healthcare-reform-bill-10-jobs-1.3493382>

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*.

Harvard University Press.

Gilligan, C., & Richards, D. (2018). *Darkness now visible: Patriarchy's resurgence and the*

feminist resistance. Cambridge University Press. <https://doi.org/10.1017/9781108686228>

Giuliano, P. (2017). *Gender: An historical perspective* (Working Paper No. 23635). National

Bureau of Economic Research. <https://doi.org/10.3386/w23635>

Gjerde, S., & Alvesson, M. (2020). Sandwiched: Exploring role and identity of middle managers

in the genuine middle. *Human Relations*, 73(1), 124–151.

<https://doi.org/10.1177/0018726718823243>

Glenn, E. N. (1985). Racial ethnic women's labor: The intersection of race, gender and class

oppression. *Review of Radical Political Economics*, 17(3), 86-108.

Gouvernement du Québec. (2020, September 22). *Québec parental insurance plan: Evolving*

with today's parents! <https://www.rqap.gouv.qc.ca/en/what-is-the-quebec-parental-insurance-plan>

Gouvernement du Québec. (2021). *The organization and its commitments: Mission and*

mandates. <https://www.quebec.ca/en/government/ministere/sante-services->

[sociaux/mission-and-](https://www.quebec.ca/en/government/ministere/sante-services-sociaux/mission-and-)

[mandates/#:~:text=Mission%20and%20mandates%20The%20Minist%C3%A8re%20de%20la%20Sant%C3%A9,to%20the%20social%20and%20economic%20development%20of%20Qu%C3%A9bec.](https://www.quebec.ca/en/government/ministere/sante-services-sociaux/mission-and-mandates/#:~:text=Mission%20and%20mandates%20The%20Minist%C3%A8re%20de%20la%20Sant%C3%A9,to%20the%20social%20and%20economic%20development%20of%20Qu%C3%A9bec.)

[Ola%20Sant%C3%A9,to%20the%20social%20and%20economic%20development%20of%](https://www.quebec.ca/en/government/ministere/sante-services-sociaux/mission-and-mandates/#:~:text=Mission%20and%20mandates%20The%20Minist%C3%A8re%20de%20la%20Sant%C3%A9,to%20the%20social%20and%20economic%20development%20of%20Qu%C3%A9bec.)

[20Qu%C3%A9bec.](https://www.quebec.ca/en/government/ministere/sante-services-sociaux/mission-and-mandates/#:~:text=Mission%20and%20mandates%20The%20Minist%C3%A8re%20de%20la%20Sant%C3%A9,to%20the%20social%20and%20economic%20development%20of%20Qu%C3%A9bec.)

- Grawitch, M., Barber, L., & Justice, L. (2010). Rethinking the work-life interface: It's not about balance, it's about resource allocation. *Applied Psychology: Health and Well Being*, 2(2), 127–159. <https://doi.org/10.1111/j.1758-0854.2009.01023.x>
- Guérard, G. (2008). *Mastering the conflict game: Getting ahead by exploring the hidden life of organizations* (2nd ed.). Blais.
- Guillén, L., Mayo, M., & Korotov, K. (2015). Is leadership a part of me? A leader identity approach to understanding the motivation to lead. *The Leadership Quarterly*, 26(5), 802–820. <https://doi.org/10.1016/j.leaqua.2015.05.001>
- Gunnarsdóttir, H. M. (2016). Autonomy and emotion management. Middle managers in welfare professions during radical organizational change. *Nordic Journal of Working Life Studies*, 6(S1), 87–108. <https://doi.org/10.19154/njwls.v6i1.4887>
- Haider, S., Jabeen, S., & Ahmad, J. (2018). Moderated mediation between work life balance and employee job performance: The role of psychological wellbeing and satisfaction with coworkers. *Journal of Work and Organizational Psychology*, 34(1), 29–37. <https://doi.org/10.5093/jwop2018a4>
- Haines, E. L., Lofaro, N., & Deaux, K. (2016). The times they are a-changing ... Or are they not? A comparison of gender stereotypes, 1983–2014. *Psychology of Women Quarterly*, 40(3), 1–11. <https://doi.org/10.1177/0361684316634081>
- Hammer, L. B., Ernst Kossek, E., Bodner, T., & Crain, T. (2013). Measurement development and validation of the Family Supportive Supervisor Behavior Short-Form (FSSB-SF). *Journal of Occupational Health Psychology*, 18(3), 285–296. <https://doi.org/10.1037/a0032612>

- Harari, D., Swider, B. W., Steed, L. B., & Breidenthal, A. P. (2018). Is perfect good? A meta-analysis of perfectionism in the workplace. *Journal of Applied Psychology, 103*(10), 1121–1144. <https://doi.org/10.1037/apl0000324>
- Harding, N., Lee, H., & Ford, J. (2014). Who is “the middle manager”? *Human Relations, 67*(10), 1213–1237. <https://doi.org/10.1177/0018726713516654>
- Hartman, R. L., & Barber, E. G. (2020). Women in the workforce: The effect of gender on occupational self-efficacy, work engagement and career aspirations. *Gender in Management: An International Journal, 35*(1), 92–118. <https://doi.org/10.1108/GM-04-2019-0062>
- Hennink, M. M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. SAGE.
- Hentschel, T., Heilman, M. E., & Peus, C. V. (2019). The multiple dimensions of gender stereotypes: A current look at men’s and women’s characterizations of others and themselves. *Frontiers in Psychology, 10*(11), 1–19. <https://doi.org/10.3389/fpsyg.2019.00011>
- Herbst, T. H. H. (2020). Gender differences in self-perception accuracy: The confidence gap and women leaders’ underrepresentation in academia. *SA Journal of Industrial Psychology, 46*, 1704. <https://doi.org/10.4102/sajip.v46i0.1704>
- Hoch, J. E., Bommer, W. H., Dulebohn, J. H., & Wu, D. (2018). Do ethical, authentic, and servant leadership explain variance above and beyond transformational leadership? A meta-analysis. *Journal of Management, 44*(2), 501–529. <https://doi.org/10.1177/0149206316665461>
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

- Holton, V., & Dent, F. E. (2016). A better career environment for women: Developing a blueprint for individuals and organisations. *Gender in Management: An International Journal*, 31(8), 542–561. <https://doi.org/10.1108/GM-08-2015-0074>
- Hopkins, M. M., O’Neil, D. A., Bilimoria, D., & Broadfoot, A. (2021). Buried treasure: Contradictions in the perception and reality of women’s leadership. *Frontiers in Psychology*, 12, 1–12. <https://doi.org/10.3389/fpsyg.2021.684705>
- Hoyt, C. L., & Murphy, S. E. (2016). Managing to clear the air: Stereotype threat, women, and leadership. *The Leadership Quarterly*, 27(3), 387–399. <https://doi.org/10.1016/j.leaqua.2015.11.002>
- Hurst, J., Leberman, S., & Edwards, M. (2017). The relational expectations of women managing women. *Gender in Management: An International Journal*, 32(1), 19–33. <https://doi.org/10.1108/GM-02-2016-0016>
- Hurst, J., Leberman, S., & Edwards, M. (2018). The career impacts of women managing women. *Australian Journal of Management*, 43(1), 132–151. <https://doi.org/10.1177/0312896217701981>
- Ibarra, H., Ely, R. J., & Kolb, D. M. (2013, September). Women rising: The unseen barriers. *Harvard Business Review*. <https://hbr.org/2013/09/women-rising-the-unseen-barriers>
- Ibarra, H., Gillard, J., & Chamorro-Premuzic, T. (2020, July). Why WFH isn’t necessarily good for women. *Harvard Business Review*. <https://hbr.org/2020/07/why-wfh-isnt-necessarily-good-for-women>
- Ince, F. (2023). Transformational leadership in a diverse and inclusive organizational culture. In R. Perez-Uribe, D. Ocampo-Guzman, & N. Moreno-Monsalve (Eds.), *Handbook of*

- research on promoting an inclusive organizational culture for entrepreneurial sustainability* (188-201). IGI Global. <https://doi.org/10.4018/978-1-6684-5216-5.ch010>
- Ingols, C., Shapiro, M., Tyson, J., & Rogova, I. (2015). Throwing like a girl: How traits for women business leaders are shifting in 2015. *CGO Insights*, 41(1), 1–6.
- Innovation, Science and Economic Development Canada. (2019, January). *Key small business statistics: January 2019*. https://www.ic.gc.ca/eic/site/061.nsf/eng/h_03090.html#point1-1
- Institut National de Santé Publique du Québec. (2014). *Work-family balance and health: Can Québec draw inspiration from government policies implemented in other jurisdictions? A summary*.
https://www.inspq.qc.ca/pdf/publications/1807_Work_Family_Balance_Summary.pdf
- Institut National de Santé Publique du Québec. (2022). *Ligne du temps COVID-19 au Québec*.
<https://www.inspq.qc.ca/covid-19/donnees/ligne-du-temps>
- Jones, E. L., & Jones, R. C. (2017). Leadership style and career success of women leaders in nonprofit organizations. *Advancing Women in Leadership*, 37, 37–48.
<https://doi.org/10.21423/awlj-v37.a12>
- Jones, J., Firth, J., Hannibal, C., & Ogunseyin, M. (2019). Factors contributing to organizational change success or failure: A qualitative meta-analysis of 200 reflective case studies. In R. G. Hamlin, A. D. Ellinger & J. Jones (Eds.), *Evidence-based initiatives for organizational change and development* (Vol. 1, pp. 155-178). IGI Global. <https://doi.org/10.4018/978-1-5225-6155-2.ch008>
- Jordan, J. V. (1997). A relational perspective for understanding women's development. In J. V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center* (pp. 9–24). The Guilford Press.

Jordan, J. V. (2017). Relational-cultural theory: The power of connection to transform our lives.

The Journal of Humanistic Counseling, 56(3), 228–243.

<https://doi.org/10.1002/johc.12055>

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (Eds.). (1991). *Women's growth in connection: Writings from the Stone Center*. The Guilford Press.

Jordan, J. V., Surrey, J. L., & Kaplan, A. G. (1991). Women and empathy: Implications for psychological development and psychotherapy. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 27–50). The Guilford Press.

Jordan, J. V., Walker, M., & Hartling, L. M. (Eds.). (2004). *The complexity of connection: Writing from the Stone Center's Jean Baker Miller Training Institute*. The Guilford Press.

Josselson, R. (2007). The ethical attitude in narrative research: Principles and practicalities. In R. Josselson & D. J. Clandinin (Eds.), *Handbook of narrative inquiry* (pp. 537-566). Sage Publications. <https://doi.org/10.4135/9781452226552.n21>

Júlíusdóttir, Ó., Rafnsdóttir, G. L., & Einarsdóttir, Þ. (2018). Top managers and the gendered interplay of organizations and family life: The case of Iceland. *Gender in Management: An International Journal*, 33(8), 602–622. <https://doi.org/10.1108/GM-03-2017-0028>

Jyrkinen, M., Niemistö, C., & Hearn, J. (2017). Career, care, and time: Female top managers in the intersections of age, gender, and work–family. In I. Aaltio, A. J. Mills, & J. H. Mills (Eds.), *Ageing, organisations and management: Constructive discourses and critical perspectives* (pp. 229–251). Springer International Publishing. https://doi.org/10.1007/978-3-319-58813-1_11

- Kaiser, R. B., & Wallace, W. T. (2016). Gender bias and substantive differences in ratings of leadership behavior: Toward a new narrative. *Consulting Psychology Journal: Practice and Research*, 68(1), 72–98. <https://doi.org/10.1037/cpb0000059>
- Kalaitzi, S., Czabanowska, K., Fowler-Davis, S., & Brand, H. (2017). Women leadership barriers in healthcare, academia and business. *Equality, Diversity and Inclusion: An International Journal*, 36(5), 457–474. <https://doi.org/10.1108/EDI-03-2017-0058>
- Karellaia, N., & Guillen, L. (2011). Identity challenges of women leaders: Antecedents and consequences of identity interference. *INSEAD Working Papers Collection*, 131, 1–60.
- Karellaia, N., & Guillen, L. (2012). *Me, a woman and a leader: Antecedents and consequences of the identity conflict of women leaders* (SSRN Scholarly Paper ID 1973017). Social Science Research Network. <https://papers.ssrn.com/abstract=1973017>
- Kay, K., & Shipman, C. (2014). The confidence gap. (Cover story). *Atlantic*, 313(4), 56–65.
- Kegan, R., & Lahey, L. L. (2009). *Immunity to change: How to overcome it and unlock potential in yourself and your organization*. Harvard Business Press.
- Kennedy, J. A., Anderson, C., & Moore, D. A. (2013). When overconfidence is revealed to others: Testing the status-enhancement theory of overconfidence. *Organizational Behavior and Human Decision Processes*, 122(2), 266–279. <https://doi.org/10.1016/j.obhdp.2013.08.005>
- Kim, J.-H. (2016). *Understanding narrative inquiry: The crafting and analysis of stories as research*. SAGE.
- Kirk, P., & Broussine, M. (2000). The politics of facilitation. *Journal of Workplace Learning*, 12(1), 13–22. <https://doi.org/10.1108/13665620010309756>
- Kotter, J. P. (1996). *Leading change*. Harvard Business School Press.

- Kotter, J. P., & Cohen, D. S. (2002). *The heart of change: Real-life stories of how people change their organizations*. Harvard Business School Press.
- Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology, 10*, 1–19. <https://doi.org/10.3389/fpsyg.2019.00284>
- Kuster, F., Orth, U., & Meier, L. (2013). High self-esteem prospectively predicts better work conditions and outcomes. *Social Psychological and Personality Science, 4*(6), 668–675. <https://doi.org/10.1177/1948550613479806>
- Ladegard, G., & Gjerde, S. (2014). Leadership coaching, leader role-efficacy, and trust in subordinates. A mixed methods study assessing leadership coaching as a leadership development tool. *The Leadership Quarterly, 25*(4), 631–646. <https://doi.org/10.1016/j.leaqua.2014.02.002>
- Lapierre, L. M., Li, Y., Kwan, H. K., Greenhaus, J. H., DiRenzo, M. S., & Shao, P. (2018). A meta-analysis of the antecedents of work-family enrichment. *Journal of Organizational Behavior, 39*(4), 385–401. <https://doi.org/10.1002/job.2234>
- Le Centre intégré de santé et de service sociaux Chaudière-Appalaches. (2023). *Organigramme*. https://www.ciassca.com/clients/CISSSCA/CISSS/Directions/_ORG_Organisationnel_CISSCA_Vcouleur_2022-12-29_SG.pdf
- Le Centre intégré de santé et de service sociaux de la Cote-Nord. (2023). *Équipe de direction*. <https://www.ciass-cotenord.gouv.qc.ca/votre-ciass/equipe-de-direction>
- Le Centre intégré de santé et de service sociaux de la Gaspésie. (2023). *Organigramme de la haute direction*. <https://www.ciass-gaspesie.gouv.qc.ca/wp->

[content/uploads/2023/02/Organigramme-de-la-haute-direction-du-CISSL-de-la-Gaspesie-1.pdf](https://ciyss-outaouais.gouv.qc.ca/wp-content/uploads/2023/02/Organigramme-de-la-haute-direction-du-CISSL-de-la-Gaspesie-1.pdf)

Le Centre intégré de santé et de service sociaux de l'Outaouais. (2023). *Organigramme de la haute direction*. https://ciyss-outaouais.gouv.qc.ca/wp-content/uploads/2023/03/WEB_ORG_CISSO_230224.pdf

Le Centre intégré universitaire de santé et de service sociaux de la Capitale-Nationale. (2019, July). *Portrait général*. https://www.ciuss-capitalenationale.gouv.qc.ca/sites/default/files/portrait-ciuss-capitalenationale_0.pdf

Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale. (2022a). *Bienvenue au CIUSSS de la Capitale-Nationale*. <https://www.ciuss-capitalenationale.gouv.qc.ca/>

Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale. (2022b). *Organigramme du CIUSSS de la Capitale-Nationale*. <https://www.ciuss-capitalenationale.gouv.qc.ca/a-propos/organigramme>

Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale. (2022c). *Mission, vision, valeurs*. <https://www.ciuss-capitalenationale.gouv.qc.ca/a-propos/portrait/mission-vision-valeurs#:~:text=Le%20CIUSSS%20de%20la%20Capitale-Nationale%20fonde%20ses%20actions,du%20bien%20des%20uns%20et%20des%20autres.%20Respect>

Leiter, M. P., & Maslach, C. (2005). *Banishing burnout: Six strategies for improving your relationship with work*. Jossey-Bass.

Lewis, P., Benschop, Y., & Simpson, R. (2017). Postfeminism, gender and organization. *Gender, Work & Organization*, 24(3), 213–225. <https://doi.org/10.1111/gwao.12175>

- Lewis, S., & Beauregard, T. A. (2018). The meanings of work–life balance: A cultural perspective. In K. M. Shockley, W. Shen, & R. C. Johnson (Eds.), *The Cambridge handbook of the global work–family interface* (pp. 720–732). Cambridge University Press.
<https://doi.org/10.1017/9781108235556.039>
- Leyboldt, V. (2020). *The confidence gap*. Pressbooks. <https://doi.org/10.48497/34h5-e748>
- Li, W., Arvey, R. D., & Song, Z. (2011). The influence of general mental ability, self-esteem and family socioeconomic status on leadership role occupancy and leader advancement: The moderating role of gender. *The Leadership Quarterly*, 22(3), 520–534.
<https://doi.org/10.1016/j.leaqua.2011.04.009>
- Linstead, A. & Thomas, R. (2002). “What do you want from me?”: A poststructuralist feminist reading of middle managers’ identities. *Culture and Organizations*, 8(1), 1–20.
<https://doi.org/10.1080/14759550212106>
- Liu, H., Zou, H., Wang, H., Xu, X., & Liao, J. (2020). Do emotional labour strategies influence emotional exhaustion and professional identity or vice versa? Evidence from new nurses. *Journal of Advanced Nursing*, 76(2), 577–587. <https://doi.org/10.1111/jan.14266>
- Maclean, M., Harvey, C., & Chia, R. (2012). Sensemaking, storytelling and the legitimization of elite business careers. *Human Relations*, 65(1), 17–40.
<https://doi.org/10.1177/0018726711425616>
- Madaan, V., & Pradhan, P. (2017). Impact of double bind & promotional paradox on work performance of women. *Indian Journal of Industrial Relations*, 53(1), 129–140.
<https://www.jstor.org/stable/26536442>

- Maheshwari, M., & Joseph, J. (2018). Work role-motherhood role constructions & conflicts in workplace interactions. *Indian Journal of Industrial Relations: Economics & Social Development*, 54(1), 120–131. <https://www.jstor.org/stable/26536517>
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology*, 7(1), 63–74. [https://doi.org/10.1016/S0962-1849\(98\)80022-X](https://doi.org/10.1016/S0962-1849(98)80022-X)
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
- Maslach, C., & Leiter, M. P. (2017). New insights into burnout and health care: Strategies for improving civility and alleviating burnout. *Medical Teacher*, 39(2), 160–163. <https://doi.org/10.1080/0142159X.2016.1248918>
- Matthaei, J. (2018). URPE, radical political economics, social movements, and revolution—from identity politics to solidarity economics: Looking backward, looking forward on the occasion of URPE’S fiftieth anniversary. *Review of Radical Political Economics*, 50(3), 504–521. <https://doi.org/10.1177/0486613418791841>
- Matud, M. P., López-Curbelo, M., & Fortes, D. (2019). Gender and psychological well-being. *International Journal of Environmental Research and Public Health*, 16(19), 3531. <https://doi.org/10.3390/ijerph16193531>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th edition). John Wiley & Sons.
- McLaughlin, L., & Carter, C. (2014). *Current perspectives in feminist media studies*. Routledge Taylor and Francis Group.

- McNay, L. (2003). Having it both ways: The incompatibility of narrative identity and communicative ethics in feminist thought. *Theory, Culture & Society*, 20(6), 1–20.
- Membrive-Jiménez, M. J., Pradas-Hernández, L., Suleiman-Martos, N., Vargas-Román, K., Cañadas-De la Fuente, G. A., Gomez-Urquiza, J. L., & De la Fuente-Solana, E. I. (2020). Burnout in nursing managers: A systematic review and meta-analysis of related factors, levels and prevalence. *International Journal of Environmental Research and Public Health*, 17(11), 3983. <https://doi.org/10.3390/ijerph17113983>
- Miller, J. B., Jordan, J. V., Kaplan, A. G., Stiver, I. P., & Surrey, J. L. (1997). Some misconceptions and reconceptions of a relational approach. In J. V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center* (pp. 25–37). The Guilford Press.
- Minello, A., Martucci, S., & Manzo, L. K. C. (2021). The pandemic and the academic mothers: Present hardships and future perspectives. *European Societies*, 23(sup1), S82–S94. <https://doi.org/10.1080/14616696.2020.1809690>
- Ministère des Finances, Québec. (2022, February 14). *Daily childcare costs*. http://www.budget.finances.gouv.qc.ca/Budget/outils/garde_en.asp
- Ministère de la Famille et des Aînés, Québec. (2018). *À La recherche d'un service de garde éducatif pour votre enfant*. https://www.mfa.gouv.qc.ca/fr/publication/Documents/SF_recherche_service_garde.pdf
- Ministère de la Santé et Service sociaux Québec. (2011). *Emplois selon la catégorie professionnelle; Proportion des emplois occupés 1, selon la catégorie professionnelle 2 et selon le sexe, Québec, 2011*. Statistiques de santé et de bien être selon le sexe – Tout le Québec. <http://www.msss.gouv.qc.ca/professionnels/statistiques-donnees-sante-bien->

[etre/statistiques-de-sante-et-de-bien-etre-selon-le-sexe-volet-national/emplois-selon-la-categorie-professionnelle/](https://www.msss.gouv.qc.ca/en/reseau/systeme-de-sante-et-de-services-sociaux-en-bref/gouvernance-et-organisation-des-services/)

Ministère de la Santé et des Services sociaux Québec. (2019, March 15). *Health and social services system in brief*. <https://www.msss.gouv.qc.ca/en/reseau/systeme-de-sante-et-de-services-sociaux-en-bref/gouvernance-et-organisation-des-services/>

Ministère de la Santé et des Service sociaux Québec. (2021, September 8). *Organigramme de la haute direction CIUSSS de la Capitale-Nationale*. https://www.msss.gouv.qc.ca/inc/documents/reseau/reorganisation-du-reseau/ORG_CIUSSS_03.pdf

Moghadam, V. M. (2018). Feminism and the future of revolutions. *Socialism and Democracy*, 32(1), 31–53. <https://doi.org/10.1080/08854300.2018.1461749>

Mongeau, N. (2019). *Les femmes gestionnaires gagnent en moyenne 87,6% du salaire des hommes gestionnaires dans les entreprises québécoises de 200 employés et plus*. Institut de la statistique du Québec, Cap sur le travail et la rémunération, no 16, juin. <https://statistique.quebec.ca/fr/fichier/no-16-juin-2019-les-femmes-gestionnaires-gagnent-en-moyenne-876-du-salaire-des-hommes-gestionnaires-dans-les-entreprises-quebecoises-de-200-employes-et-plus.pdf>

Moor, A., Cohen, A., & Beeri, O. (2015). In quest of excellence, not power: Women’s paths to positions of influence and leadership. *Advancing Women in Leadership*, 35, 1–11. <https://doi.org/10.21423/awlj-v35.a136>

Morell-Santandreu, O., Santandreu-Mascarell, C., & Garcia-Sabater, J. J. (2021). A model for the implementation of lean improvements in healthcare environments as applied in a

- primary care center. *International Journal of Environmental Research and Public Health*, 18(6), 1–30. <https://doi.org/10.3390/ijerph18062876>
- Motulsky, S. L. (2010). Relational processes in career transition: Extending theory, research, and practice. *Counseling Psychologist*, 38(8), 1078–1114. <https://doi.org/10.1177/0011000010376415>
- Moyser, M., & Burlock, A. (2018). *Time use: Total work burden, unpaid work, and leisure: Women in Canada, A gender based statistical report* [Catalogue No. 89-503-X]. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/54931-eng.htm>
- Moyser, M. (2017). *Women and paid work*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14694-eng.htm>
- Munsch, C. L. (2016). Flexible work, flexible penalties: The effect of gender, childcare, and type of request on the flexibility bias. *Social Forces*, 94(4), 1567–1591. <https://doi.org/10.1093/sf/sov122>
- Nash, K. (2012). Telling stories: The narrative study of documentary ethics. *New Review of Film & Television Studies*, 10(3), 318–331. <https://doi.org/10.1080/17400309.2012.693765>
- Nkomo, S. M., & Rodriguez, J. K. (2019). Joan Acker’s influence on management and organization studies: Review, analysis and directions for the future. *Gender, Work & Organization*, 26(12), 1730–1748. <https://doi.org/10.1111/gwao.12237>
- Norcross, J. (2012). *Changeology: 5 steps to realizing your goals and resolutions*. Simon & Schuster.
- O’Neil, D. A., Brooks, M. E., & Hopkins, M. M. (2018). Women’s roles in women’s career advancement: What do women expect of each other? *Career Development International*, 23(3), 327–344. <https://doi.org/10.1108/CDI-10-2017-0196>

- O’Neil, D. A., Hopkins, M. M., & Bilimoria, D. (2015). A framework for developing women leaders: Applications to executive coaching. *The Journal of Applied Behavioral Science*, *51*(2), 253–276. <https://doi.org/10.1177/0021886315575550>
- O’Reilly, A. (2019). Matricentric feminism: A feminism for mothers. *Journal of the Motherhood Initiative for Research and Community Involvement*, *10*(1–2).
<https://jarm.journals.yorku.ca/index.php/jarm/article/view/40551>
- Orth, U. (2017). The lifespan development of self-esteem. In J. Specht (Ed.), *Personality development across the lifespan* (pp. 181–195). Elsevier. <https://doi.org/10.1016/B978-0-12-804674-6.00012-0>
- Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, *23*(5), 381–387. <https://doi.org/10.1177/0963721414547414>
- Orth, U., Robins, R. W., Meier, L. L., & Conger, R. D. (2016). Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism. *Journal of Personality and Social Psychology*, *110*(1), 133–149.
<https://doi.org/10.1037/pspp0000038>
- Oshry, B. (2018). *Context, context, context: How our blindness to context cripples even the smartest organizations*. Triarchy Press.
- Ozbilgin, M. F., & Woodward, D. (2004). “Belonging” and “otherness”: Sex equality in banking in Turkey and Britain. *Gender, Work and Organization*, *11*(6), 668–688.
<https://doi.org/10.1111/j.1468-0432.2004.00254.x>
- Pafford, S., & Schaefer, T. (2017). Women at work and business leadership effectiveness. *Journal of Organizational Culture, Communications & Conflict*, *21*(1), 1–18. <https://lib-ezproxy.concordia.ca/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly->

[journals%2Fwomen-at-work-business-leadership-effectiveness%2Fdocview%2F1987372477%2Fse-2%3Faccountid%3D10246](#)

Pandey, J., & Singh, M. (2016). Donning the mask: Effects of emotional labour strategies on burnout and job satisfaction in community healthcare. *Health Policy and Planning, 31*(5), 551–562. <https://doi.org/10.1093/heapol/czv102>

Parent Quality Information Project. (n.d.). *Quebec: Who is responsible? Finding Quality Child Care: A guide for parents in Canada*. Retrieved April 9, 2023, from <https://findingqualitychildcare.ca/quebec>

Paustian-Underdahl, S., Walker, L., & Woehr, D. (2014). Gender and perceptions of leadership effectiveness: A meta-analysis of contextual moderators. *Journal of Applied Psychology, 99*(6), 1129–1145. <https://doi.org/10.1037/a0036751>

Pearse, R. (2017). Gender bias. In F. M. Moghaddam (Ed.), *The SAGE encyclopedia of political behavior*. SAGE Publications. <https://doi.org/10.4135/9781483391144.n147>

Peroni, C., & Rodak, L. (2020). Introduction. The fourth wave of feminism: From social networking and self-determination to sisterhood. *Onati Socio-Legal Series, 10*(1S), 1S-9S. <https://doi.org/10.35295/osls.iisl/0000-0000-0000-1160>

Pluut, H., & Wonders, J. (2020). Not able to lead a healthy life when you need it the most: Dual role of lifestyle behaviors in the association of blurred work-life boundaries with well-being. *Frontiers in Psychology, 11*, 1–15. <https://doi.org/10.3389/fpsyg.2020.607294>

Powell, G. N., Greenhaus, J. H., Jaskiewicz, P., Combs, J. G., Balkin, D. B., & Shanine, K. K. (2017). Family science and the work-family interface: An interview with Gary Powell and Jeffrey Greenhaus. *Human Resource Management Review, 28*(1), 98–102. <https://doi.org/10.1016/j.hrmr.2017.05.009>

- Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67–73.
<https://doi.org/10.1080/15487733.2020.1776561>
- Pullen, A., & Vachhani, S. J. (2020). Feminist ethics and women leaders: From difference to intercorporeality. *Journal of Business Ethics*, 173(2), 233–243.
<https://doi.org/10.1007/s10551-020-04526-0>
- Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative Research in Accounting & Management*, 8(3), 238–264. <https://doi.org/10.1108/11766091111162070>
- Quinn, C. R., & Grumbach, G. (2015). Critical race theory and the limits of relational theory in social work with women. *Journal of Ethnic & Cultural Diversity in Social Work*, 24(3), 202–218. <https://doi.org/10.1080/15313204.2015.1062673>
- Ratcliffe, M. (2011). Stance, feeling and phenomenology. *Synthese*, 178(1), 121–130.
<https://doi.org/10.1007/s11229-009-9525-9>
- Reeves, J. (2007). “Tell me your story”: Applied ethics in narrative research with young fathers. *Children's Geographies*, 5(3), 253–265. <https://doi.org/10.1080/14733280701445838>
- Riga, A. (2022, November 1). Outside Montreal, Quebec is Canada’s least racially diverse province. *Montreal Gazette*. <https://montrealgazette.com/news/local-news/outside-montreal-quebec-is-canadas-least-racially-diverse-province-census-shows>
- Robertson, C. J., Crittenden, W. F., Brady, M. K., & Hoffman, J. J. (2002). Situational ethics across borders: A multicultural examination. *Journal of Business Ethics*, 38(4), 327.
<https://doi.org/10.1023/A:1016067231599>

- Robertson, K. M., Lautsch, B. A., & Hannah, D. R. (2019). Role negotiation and systems-level work-life balance. *Personnel Review*, 48(2), 570–594. <https://doi.org/10.1108/PR-11-2016-0308>
- Rofcanin, Y., Las Heras, M., & Bakker, A. B. (2017). Family supportive supervisor behaviors and organizational culture: Effects on work engagement and performance. *Journal of Occupational Health Psychology*, 22(2), 207–217. <https://doi.org/10.1037/ocp0000036>
- Romano, M. (2021). Creating new discourses for new feminisms: A critical socio-cognitive approach. *Language & Communication*, 78, 88–99. <https://doi.org/10.1016/j.langcom.2021.02.002>
- Rosenberg, M., Schooler, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review*, 16(1), 141–156.
- Rottenberg, C. (2014). The rise of neoliberal feminism. *Cultural Studies*, 28(3), 418–437. <https://doi.org/10.1080/09502386.2013.857361>
- Rubin, H., & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Sage Publications.
- Rucker, D. D., Galinsky, A. D., & Magee, J. C. (2018). The agentic–communal model of advantage and disadvantage: How inequality produces similarities in the psychology of power, social class, gender, and race. In J. M. Olson (Ed.), *Advances in experimental social psychology* (Vol. 58, pp. 71–125). Elsevier. <https://doi.org/10.1016/bs.aesp.2018.04.001>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>

- Sandberg, S. (2013). *Lean in: Women, work, and the will to lead*. Alfred A. Knopf.
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18(2), 179–183. <https://doi.org/10.1002/nur.4770180211>
- Santuzzi, A. M., & Barber, L. K. (2018). Workplace telepressure and worker well-being: The intervening role of psychological detachment. *Occupational Health Science*, 2(4), 337–363. <https://doi.org/10.1007/s41542-018-0022-8>
- Schein, E. H., & Schein, P. A. (2021). *Humble inquiry: The gentle art of asking instead of telling*. Berrett-Koehler Publishers.
- Schein, V. (2001). A global look at psychological barriers to women's progress in management. *Journal of Social Issues*, 57(4), 675–688.
- Schmitz, N., Holley, P., Meng, X., Fish, L., & Jedwab, J. (2020). COVID-19 and depressive symptoms: A community-based study in Quebec, Canada. *The Canadian Journal of Psychiatry*, 65(10), 733–735. <https://doi.org/10.1177/0706743720943812>
- Schock, A.-K., Gruber, F. M., Scherndl, T., & Ortner, T. M. (2019). Tempering agency with communion increases women's leadership emergence in all-women groups: Evidence for role congruity theory in a field setting. *The Leadership Quarterly*, 30(2), 189–198. <https://doi.org/10.1016/j.leaqua.2018.08.003>
- Schultheiss, D. E. (2021). Shining the light on women's work, this time brighter: Let's start at the top. *Journal of Vocational Behavior*, 126, <https://doi.org/10.1016/j.jvb.2021.103558>
- Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. Doubleday/Currency.
- Senge, P. M., Smith, B., Kruschwitz, N., Laur, J., & Schley, S. (2008). *The necessary revolution: Working together to create a sustainable world*. Doubleday.

- Shani, A. B., & Coghlan, D. (2019). Action research in business and management: A reflective review. *Action Research*, 19(3), 518–541. <https://doi.org/10.1177/1476750319852147>
- Sharabi, M. (2017). The meaning of work dimensions according to organizational status: Does gender matter? *Employee Relations*, 39(5), 643–659. <https://doi.org/10.1108/ER-04-2016-0087>
- Shreeve-Fawkes, S., Butterfield, L., Borgen, W., & Amundson, N. (2016). Middle managers who are doing well with change: Helping and hindering factors. *The Canadian Journal of Career Development*, 15, 42–52.
- Shufutinsky, A., Brendel, W., & Matthews, T. (2022). In need of evidence: A call for organization development research. *Organization Development Review*, 54(4), 43-52.
- Sirgy, M. J., & Lee, D.-J. (2018). Work-life balance: An integrative review. *Applied Research in Quality of Life*, 13(1), 229–254. <https://doi.org/10.1007/s11482-017-9509-8>
- Slaughter, A.-M. (2012, June). *Why women still can't have it all*. The Atlantic. <https://www.theatlantic.com/magazine/archive/2012/07/why-women-still-cant-have-it-all/309020/>
- Soklaridis, S., Kuper, A., Whitehead, C. R., Ferguson, G., Taylor, V. H., & Zahn, C. (2017). Gender bias in hospital leadership: A qualitative study on the experiences of women CEOs. *Journal of Health Organization and Management*, 31(2), 253–268. <https://doi.org/10.1108/JHOM-12-2016-0243>
- Spector, P. E., Allen, T. D., Poelmans, S. A. Y., Lapierre, L. M., Cooper, C. L., Michael, O., Sanchez, J. I., Abarca, N., Alexandrova, M., Beham, B., Brough, P., Ferreiro, P., Fraile, G., Lu, C.-Q., Lu, L., Moreno-Velázquez, I., Pagon, M., Pitariu, H., Salamatov, V., ...
- Widerszal-Bazyl, M. (2007). Cross-national differences in relationships of work demands,

job satisfaction, and turnover intentions with work-family conflict. *Personnel Psychology*, 60(4), 805–835. <https://doi.org/10.1111/j.1744-6570.2007.00092.x>

Starmer, A. J., Frintner, M. P., Matos, K., Somberg, C., Freed, G., & Byrne, B. J. (2019). Gender discrepancies related to pediatrician work-life balance and household responsibilities. *Pediatrics*, 144(4), e20182926. <https://doi.org/10.1542/peds.2018-2926>

Statistics Canada. (2016a). *Immigration and ethnocultural diversity highlight tables: Immigrant status and period of immigration, 2016 counts, both sexes, age (total), Canada and census metropolitan areas and census agglomerations, 2016 Census – 25% Sample data*. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hltfst/imm/Table.cfm?Lang=E&T=12&Geo=00&SP=4>

Statistics Canada. (2016b). *Data tables, 2016 Census: First Official Language Spoken (5), Language spoken most often at home (10), Other language(s) spoken regularly at home (11), Knowledge of official languages (5) and age (7) for the population excluding institutional residents of Canada, Provinces and Territories, Census Divisions and Census Subdivisions, 2016 Census - 100% Data*. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1160751&GK=0&GRP=1&PID=110461&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=118&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0>

Sukalova, V., & Ceniga, P. (2020). Diversity management in sustainable human resources management. *SHS Web of Conferences*, 74, 01033. <https://doi.org/10.1051/shsconf/20207401033>

- Suzanne, P., Archibold, E., & Bilimoria, D. (2020). Relational confidence: Theorizing the process and mechanisms of validation in the workplace. *Academy of Management Proceedings*, 2020(1), 21483. <https://doi.org/10.5465/AMBPP.2020.231>
- Talukder, A. K. M. M. H. (2019). Supervisor support and organizational commitment: The role of work-family conflict, job satisfaction, and work-life balance. *Journal of Employment Counseling*, 56(3), 98–116. <https://doi.org/10.1002/joec.12125>
- Teich, S. T., & Faddoul, F. F. (2013). Lean management: The journey from Toyota to healthcare. *Rambam Maimonides Medical Journal*, 4(2), 1–9. <https://doi.org/10.5041/RMMJ.10107>
- Tower, L. E., Faul, A., Hamilton-Mason, J., Collins, W. L., & Gibson, P. (2015). Work/life fit: The intersection of developmental life cycle and academic life cycle. *Affilia*, 30(4), 519–532. <https://doi.org/10.1177/0886109914555217>
- Triana, M. del C., Gu, P., Chapa, O., Richard, O., & Colella, A. (2021). Sixty years of discrimination and diversity research in human resource management: A review with suggestions for future research directions. *Human Resource Management*, 60(1), 145–204. <https://doi.org/10.1002/hrm.22052>
- Valerio, A. M. (2009). *Developing woman leaders: A guide for men and women in organizations*. Wiley-Blackwell.
- Vial, A. C., & Napier, J. L. (2018). Unnecessary frills: Communitality as a nice (but expendable) trait in leaders. *Frontiers in Psychology*, 9, 1–15. <https://doi.org/10.3389/fpsyg.2018.01866>
- Wang, Q., Weng, Q., McElroy, J. C., Ashkanasy, N. M., & Lievens, F. (2014). Organizational career growth and subsequent voice behavior: The role of affective commitment and gender. *Journal of Vocational Behavior*, 84(3), 431–441. <https://doi.org/10.1016/j.jvb.2014.03.004>

- Wankah, P., Guillette, M., Dumas, S., Couturier, Y., Gagnon, D., Belzile, L., Mosbah, Y., & Breton, M. (2018). Reorganising health and social care in Québec: A journey towards integrating care through mergers. *London Journal of Primary Care*, *10*(3), 48–53.
<https://doi.org/10.1080/17571472.2018.1453957>
- World YWCA. (2022). *We rise, we lead: World YWCA's young women-led feminist consolation methodology guide*. Author. https://www.worldywca.org/wp-content/uploads/2022/06/WEB-fcm-final_lo_res.pdf
- Webb Farley, K., Rauhaus, B., & Eskridge, R. (2021). Gender representation, professional experiences, and socialization: The case of city managers. *Public Personnel Management*, *50*(1), 56–83. <https://doi.org/10.1177/0091026020903073>
- Weick, K. E. (1995). *Sensemaking in organizations*. SAGE Publications.
- Wertz, F. J., Charmaz, K., McMullen, L. M., Josselson, R., Anderson, R., & McSpadden, E. (2011). *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry*. Guilford Press.
- Whiteside, H. (2009). Canada's health care "crisis": Accumulation by dispossession and the neoliberal fix. *Studies in Political Economy*, *84*(1), 79-100.
<https://doi.org/10.1080/19187033.2009.11675047>
- Woolford, A., & Curran, A. (2011). Neoliberal restructuring, limited autonomy, and relational distance in Manitoba's nonprofit field. *Critical Social Policy*, *31*(4), 583–606.
<https://doi.org/10.1177/0261018311415571>
- World Health Organization, & Burton, J. (2010). *WHO healthy workplace framework and model: Background and supporting literature and practices*. World Health Organization.
<https://apps.who.int/iris/handle/10665/113144>

World Health Organization. (2020). *Listings of WHO's response to COVID-19*.

<https://www.who.int/news/item/29-06-2020-covidtimeline>

Zamarro, G., & Prados, M. J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. *Review of Economics of the Household*, 19(1), 11–

40. <https://doi.org/10.1007/s11150-020-09534-7>

Appendix A

Example of Job Posting: Middle Manager of the CIUSSS-CN

Établissement:

CIUSSS de la Capitale-Nationale

Titre d'emploi :

Gestionnaire responsable de milieu de vie - CHSLD Pont-Rouge (DSAPA - HEB)

Numéro de référence :

CCAD-21-5097

Type de poste :

Poste d'encadrement

Port d'attache :

5, rue du Jardin, Pont-Rouge

Territoire de l'emploi (port d'attache) :

Région de Portneuf

Direction :

Programme soutien autonomie des personnes âgées (SAPA)

Clientèle :

Personnes âgées

Statut de l'emploi :

Permanent - Temps complet

Quart de travail :

Jour

Catégorie d'emploi :

Cadre (chef de service, chef d'unité de soins, directeur, etc.)

Début d'affichage :

2021-06-02

Fin d'affichage :

2021-06-08

Nombre d'emplois disponibles :

1

Échelle salariale :

39 (82 111\$ - 106 744\$)

Véhicule requis :

Non

Période d'affichage :

L'affichage se termine à 23h59

Description :

Le Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale est à la recherche de candidates et de candidats pour assumer les fonctions ci-haut mentionnées. Le

CIUSSS de la Capitale-Nationale a pour mission de contribuer à l'amélioration de la santé de la population de son territoire. Il offre aux usagers des soins et services de santé et sociaux de proximité, intégrés, accessibles, de qualité et sécuritaires. Notre établissement détient une mission universitaire et quatre centres de recherche. Il compte près de 18 000 employés pour un budget de 1,6 G\$. Animée des valeurs organisationnelles de bienveillance, de respect, de collaboration, de responsabilisation et d'audace, la personne recherchée saura mettre ses expériences et compétences au profit de l'organisation.

Sommaire du rôle et des responsabilités

Le gestionnaire responsable de CHSLD assume les fonctions d'encadrement requises pour l'organisation, la mise en œuvre et le développement de l'offre de soins et de services. Il a la responsabilité d'intégrer les priorités et les plans d'action établis par les instances supérieures et la direction.

Il s'assure de la complémentarité et de la continuité des soins et services offerts par les unités administratives sous sa responsabilité avec ceux offerts par les autres secteurs d'activité de sa direction, les autres directions de l'établissement et les partenaires associés aux activités qu'il coordonne.

Il s'assure également du respect des ententes de gestion liées à sa coordination et de l'application des processus d'évaluation des résultats et de la performance. Il est responsable de l'allocation des ressources aux différentes unités administratives sous sa responsabilité et est imputable de la gestion inhérente à sa coordination.

Sous l'autorité du directeur adjoint de l'hébergement, la personne titulaire de ce poste assure l'organisation, la planification, le contrôle, l'évaluation, la qualité et l'harmonisation des activités sous sa responsabilité pour le CHSLD sous sa responsabilité. Elle assume la gestion des ressources humaines, matérielles, financières et informationnelles sous sa responsabilité en collaboration avec les chefs d'unité. Elle s'assure de la cohésion des activités pour l'ensemble de son secteur. Elle s'assure de la mise en place des conditions favorisant l'utilisation des meilleures pratiques cliniques et administratives. Elle intègre le processus continu de la qualité au sein de ses secteurs. Elle s'assure de l'atteinte des objectifs de qualité et de performance définis par l'organisation. L'expérience patient (client) et la responsabilité populationnelle ou clientèle seront aussi au cœur de tous les processus afin d'améliorer l'accès, la continuité et la fluidité des services.

De plus, elle effectue toute autre tâche demandée et assume l'imputabilité des mandats qui lui sont confiés.

De façon plus spécifique, vous assumerez les responsabilités suivantes :

Gestion des activités cliniques

- Planifie, coordonne et contrôle la gestion courante des opérations clinico-administratives et du milieu de vie du centre d'hébergement sous sa responsabilité en collaboration avec les chefs d'unités, et ce, en cohérence avec la vision et les objectifs de la direction. S'assure du déploiement de l'offre de soins et de services et des différentes trajectoires des clientèles du

centre d'hébergement.

- Voit à la mise en place des différents programmes cliniques, notamment la prévention et le contrôle des infections, les soins palliatifs et de fin de vie, la gestion des symptômes comportementaux et psychologiques de la démence (SCPD, TNCM), la prévention et gestion des chutes, les soins de bouche et les soins podologiques, le circuit du médicament, etc.

Exigences :

(suite... - Description du poste)

- Assure la coordination transversale des services cliniques du milieu de vie et de soins avec les autres services de l'établissement, par exemple : hygiène et salubrité, services alimentaires, approvisionnement, services de nutrition clinique, PCI.
 - S'assure de la disponibilité d'équipes spécialisées en soutien aux équipes terrain, notamment en PCI, soins palliatifs et de fin de vie, SCPD, santé mentale et autres.
 - Établit des liens de collaboration avec les partenaires de la communauté dans la poursuite de la mise en place du milieu de vie.
 - Anime les rencontres et les suivis nécessaires auprès du comité des résidents.
 - Contribue à l'analyse et la mise en œuvre de correctifs relatifs aux indicateurs de performance administrative ou clinique de la direction adjointe.
 - Assure le suivi des rapports d'incident/accident, des déclarations d'infections nosocomiales ou d'erreurs de médicaments et participe à l'analyse ou aux enquêtes, le cas échéant.
 - S'assure de développer une culture de sécurité et d'amélioration continue de la qualité des soins et services dans le CHSLD sous sa responsabilité.
 - S'assure du respect des lois et des règlements régissant les services de santé et les services sociaux, ceux des ordres professionnels et des contrats individuels et collectifs.
 - S'assure que le personnel du CHSLD sous sa responsabilité connaît les mesures de prévention des incendies et leur rôle respectif lors de l'application du plan des mesures d'urgence.
- Gestion des ressources humaines (en collaboration avec les chefs d'unité)
- Participe au processus de sélection du personnel du CHSLD sous sa responsabilité en collaboration avec les chefs d'unités, sélectionne et émet les recommandations aux personnes concernées.
 - Établit ses requis de personnel en fonction des besoins de chacun des services sous sa responsabilité.
 - S'assure d'une structure de postes et une gestion des ressources humaines visant la stabilisation du personnel dans son installation.
 - Contribue à l'appréciation du rendement du personnel selon le programme établi et en supervise l'application dans la direction adjointe.
 - Contribue à la mise en place d'un environnement de travail sain et sécuritaire en veillant, notamment à la réduction des risques relatifs à la santé et la sécurité du personnel.
 - S'assure de l'accueil-intégration du nouveau personnel, de la participation, du maintien et du développement des compétences des effectifs en place.
 - Participe au processus de planification de la main-d'œuvre pour le CHSLD sous sa responsabilité.
 - Coordonne les activités de remplacement du personnel pour son installation.
 - Assure la gestion des horaires de travail du personnel en collaboration avec les services d'activités de remplacement de la direction.
 - S'assure que le personnel intègre et respecte les orientations, les politiques et règlements en

vigueur.

- Assure le suivi des dossiers disciplinaires lorsque les efforts d'amélioration du rendement ou du comportement s'avèrent inefficaces.

Gestion financière et suivi budgétaire

- Participe à la préparation des prévisions budgétaires de la direction adjointe.
- S'assure du respect des enveloppes budgétaires allouées dans ses services et détermine les mécanismes de contrôle requis à leur application.
- Planifie les mesures pour atteindre l'efficacité financière, le cas échéant.

Gestion des ressources matérielles et techniques

- S'assure du bon fonctionnement des ressources matérielles et techniques dans ses services, de leur entretien ou recommande leur renouvellement en regard de la désuétude ou de l'évolution technologique et propose les mécanismes de contrôle requis.
- Assure les liens opérationnels avec les directions et services concernés.

Remarques :

(suite... - Description du poste)

Gestion des ressources et des actifs informationnels

- S'assure de l'utilisation adéquate des ressources et des actifs informationnels des services sous sa responsabilité et participe aux mécanismes de contrôle requis.

Gestion de la qualité du milieu de vie

- Participe aux visites d'évaluation de la qualité du milieu de vie, collabore à la planification et l'implantation des améliorations, en assure le suivi et le partenariat avec les autres directions.

Gestion des partenariats

- Initie et développe des relations de partenariats et d'alliances auprès des différents services et directions de l'établissement ainsi qu'à l'externe.
- Établir des liens de partenariats avec les diverses fondations impliquées dans son centre.

Particularités de l'emploi

Coordination et supervision d'un ensemble de services tout en assurant les responsabilités du chef d'unité de vie en hébergement pour un CHLSD ayant approximativement 32 lits.

Présence aux comités ou autres : comité de gestion de la direction adjointe, comité des résidents des centres d'hébergement sous sa responsabilité, comité milieu de vie, comité d'amélioration de la qualité et de la gestion des risques.

Communication : Le titulaire du poste travaille en étroite collaboration avec son supérieur. Il doit assurer avec ce dernier une communication constante, fluide et transparente. Il s'assure de la circulation de l'information et des communications dans le CHSLD dont il est responsable et avec les partenaires internes et externes à l'organisation.

Créativité, jugement et raisonnement : Dans l'exercice de ses fonctions, le titulaire du poste collabore et communique de très près avec les chefs d'unités afin de déployer de façon optimale l'offre de soins et services en CHSLD. En tout temps, il doit mettre de l'avant ses capacités d'analyse, d'interprétation et d'évaluation avec une pensée visant l'amélioration continue des

services. Il doit avoir un souci constant de l'expérience du client et de la satisfaction de celui-ci tout en considérant les proches.

Compétences

- Capacité de gérer ses services en optimisant la gestion des ressources humaines, matérielles, financières et technologiques.
- Capacité d'innover et d'entreprendre des actions de son propre chef et d'utiliser son jugement afin de prendre des décisions dans l'intérêt des usagers, de son équipe et de l'organisation.
- Orientation marquée vers la clientèle.
- Capacité de planifier et d'orienter ses actions afin de répondre aux besoins actuels et futurs de la clientèle.
- Leadership mobilisateur.
- Capacité d'être à l'écoute, de susciter des échanges significatifs et de faire circuler l'information.
- Capacité de développer et d'entretenir des relations harmonieuses et efficaces avec les partenaires internes et externes.

Connaissances normatives

- LSSS
- Orientations pour un milieu de vie de qualité pour les centres d'hébergement
- Programme de contrôle des infections
- Loi sur la santé et la sécurité au travail
- Loi sur les services de santé et les services sociaux
- Loi modifiant l'organisation et la gouvernance du réseau de la santé et des services sociaux, notamment par l'abolition des agences régionales
- Loi des soins de fin de vie

Exigences requises

- Baccalauréat complété ou engagement écrit à poursuivre et compléter ses études dans la discipline pertinente aux fonctions. Un équivalent de 90 crédits universitaires peut compenser.
- Expérience significative de gestion dans le réseau de la santé et des services sociaux d'au moins 3 ans.

Profil attendu

- Vision de l'avenir et connaissance intégrée de l'environnement ;
- Sens de l'analyse systémique et de l'anticipation ;
- Réflexion critique et curiosité ;
- Préoccupation constante pour le bien-être et la sécurité ;
- Habiletés relationnelles et maîtrise du dialogue ;
- Leadership rassembleur et ouverture à la diversité ;
- Facilitation et organisation du travail collaboratif ;

English Translation

Institution: CIUSSS de la Capitale-Nationale

Job Title:

Manager responsible for the living environment - CHSLD Pont-Rouge (DSAPA - HEB)

Reference number:

CCAD-21-5097

Type of position:

Managerial position

Home Office:

5 du Jardin Street, Pont-Rouge

Employment territory:

Portneuf Region

Management:

Seniors Support Program (SAPA)

Clientele:

Seniors

Job status:

Permanent - Full time

Shift:

Day

Job Category:

Manager (department head, care unit manager, director, etc.)

Posting Start:

2021-06-02

End of posting:

2021-06-08

Number of jobs available:

1

Salary Range:

39 (82 111\$ - 106 744\$)

Vehicle Required:

No

Posting Period:

Posting ends at 11:59 p.m.

Description:

The Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale is looking for candidates to assume the above-mentioned functions. The mission of the CIUSSS de la Capitale-Nationale is to contribute to the improvement of the health of the population on its

territory. It provides users with local, integrated, accessible, quality and safe health and social care and services. Our establishment has a university mission and four research centers. It has nearly 18,000 employees and a budget of \$1.6 billion. Driven by the organizational values of caring, respect, collaboration, accountability and boldness, the person we are looking for will be able to put his or her experience and skills to work for the organization.

Summary of the role and responsibilities

The manager in charge of a CHSLD assumes the supervisory functions required for the organization, implementation and development of the care and the service offer. He/she is responsible for integrating the priorities and action plans established by higher authorities and management.

They ensure the complementarity and continuity of the care and services offered by the administrative units under his responsibility with those offered by the other activity sectors of his department, the other departments of the institution and the partners associated with the activities he coordinates.

They also ensure compliance with the management agreements related to his department and the application of the results and performance evaluation processes. He/she is responsible for the allocation of resources to the various administrative units under his/her responsibility and is accountable for the management inherent to his/her responsibility.

Under the authority of the Assistant Director of SAPA, the person in this position ensures the organization, planning, control, evaluation, quality, and harmonization of the activities under his/her responsibility for the CHSLD under his/her responsibility. He/she manages the human, material, financial and informational resources under his/her responsibility in collaboration with the unit managers. He/she ensures the cohesion of activities for her sector as a whole. Ensures that conditions are in place to promote the use of the best clinical and administrative practices. Integrates the continuous quality process within its sectors. Ensures that the quality and performance objectives defined by the organization are achieved. The patient (client) experience and population or client responsibility will also be at the heart of all processes in order to improve access, continuity, and fluidity of services.

In addition, you will perform any other tasks requested and assume responsibility for the mandates entrusted to you.

More specifically, you will assume the following responsibilities

Management of clinical activities

- Plans, coordinates and controls the day-to-day management of the clinical and administrative operations and the living environment of the residential center under his/her responsibility in collaboration with the unit managers, in accordance with the vision and objectives of management. Ensures the deployment of the care and service offer and the various trajectories of the residential center's clientele.
- Oversees the implementation of various clinical programs, including infection prevention and control, palliative and end-of-life care, management of behavioral and psychological symptoms of dementia (BPSD, TNCM), falls prevention and management, oral and foot care, medication circuit, etc.

Requirements:

- Provides cross-functional coordination of clinical services in the living and care environment with other departments in the facility, e.g., hygiene and sanitation, food services, supply, clinical nutrition services, ICP.
 - Ensures the availability of specialized teams to support field teams, including ICP, palliative and end of life care, BPSD, mental health and others.
 - Establishes collaborative relationships with community partners in the continued development of the living environment.
 - Facilitates the necessary meetings and follow-ups with the Residents' Committee.
 - Contributes to the analysis and implementation of corrective measures related to the administrative or clinical performance indicators of the Assistant Director.
 - Follows up on incident/accident reports, nosocomial infection reports or medication errors and participates in the analysis or investigations, as required.
 - Ensures the development of a culture of safety and continuous improvement of the quality of care and services in the CHSLD under his/her responsibility.
 - Ensures compliance with the laws and regulations governing health and social services, those of the professional orders and individual and collective contracts.
 - Ensures that the CHSLD staff under his/her responsibility are aware of fire prevention measures and their respective roles in the application of the emergency measures plan.
- Human resources management (in collaboration with the unit managers)
- Participates in the selection process of the CHSLD personnel under his/her responsibility in collaboration with the unit managers, selects and makes recommendations to the persons concerned.
 - Establishes staffing requirements based on the needs of each of the departments under his/her responsibility.
 - Ensures a job structure and human resources management aimed at stabilizing the staff in his or her facility.
 - Contributes to the performance appraisal of the personnel according to the established program and supervises its application in the assistant directorate.

- Contributes to the establishment of a healthy and safe work environment by ensuring, in particular, the reduction of risks related to the health and safety of personnel.
- Ensures that new staff are welcomed and integrated, and that existing staff participate, maintain, and develop their skills.
- Participates in the workforce planning process for the CHSLD under his/her responsibility.
- Coordinates staff replacement activities for his/her facility.
- Manages staff work schedules in collaboration with management's replacement activity departments.
- Ensures that the staff integrates and respects the orientations, policies, and regulations in effect.
- Follows up on disciplinary cases when efforts to improve performance or behavior prove ineffective.

Financial management and budget monitoring

- Participates in the preparation of the Assistant Director's budget estimates.
- Ensures that the budget envelopes allocated to his/her departments are respected and determines the control mechanisms required for their application.
- Plans measures to achieve financial efficiency, where applicable.

Management of material and technical resources

- Ensures the proper functioning of the material and technical resources in its services, their maintenance or recommends their renewal with respect to obsolescence or technological evolution and proposes the required control mechanisms.
- Ensures operational links with the departments and services concerned.

Management of information resources and assets

- Ensures the proper use of resources and information assets of the departments under his/her responsibility and participates in the required control mechanisms.

Management of the quality of the living environment

- Participates in quality-of-life assessment visits, collaborates in the planning and implementation of improvements, ensures follow-up and partnership with other departments.

Partnership Management

- Initiates and develops partnerships and alliances with the various departments and branches of the institution as well as externally.
- Establishes partnership links with the various foundations involved in the center.

Job specifics

Coordination and supervision of a group of services while ensuring the responsibilities of the head of the residential life unit for a CHSLD with approximately 32 beds.

Attendance at committees or others: Assistant Director's Management Committee, Residents' Committee of the residential centers under his/her responsibility, Living Environment Committee, Quality Improvement and Risk Management Committee.

Communication: The incumbent works in close collaboration with his/her superior. He/she must ensure constant, and transparent communication with his/her supervisor. He/she ensures the flow of information and communications within the CHSLD for which he/she is responsible and with partners inside and outside the organization.

Creativity, judgment, and reasoning: In the performance of his/her duties, the incumbent collaborates and communicates very closely with the unit managers in order to optimize the provision of care and services in the CHSLD. At all times, he/she must put forward his/her analytical, interpretation and evaluation skills with a view to continuously improving services. He/she must have a constant concern for the client's experience and satisfaction while considering the family members.

Competencies

- Ability to manage services by optimizing the management of human, material, financial and technological resources.
- Ability to innovate and act on one's own and to use one's judgment to make decisions in the interest of the users, one's team and the organization.
- Strong customer orientation.
- Ability to plan and direct actions to meet current and future customer needs.
- Mobilizing leadership.
- Ability to listen, generate meaningful exchanges and share information.
- Ability to develop and maintain harmonious and effective relationships with internal and external partners.

Normative knowledge

- LSSS
- Orientations for a quality living environment for nursing homes
- Infection control program
- Occupational Health and Safety Act
- Act respecting health services and social services
- An Act to amend the organization and governance of the health and social services network, in particular by abolishing the regional agencies
- Act respecting end-of-life care

Requirements

- Completed bachelor's degree or written commitment to pursue and complete studies in the discipline relevant to the duties. An equivalent of 90 university credits may be required.

- Significant management experience in the health and social services network of at least 3 years.

Expected profile

- Vision of the future and integrated knowledge of the environment;
- Sense of systemic analysis and anticipation;
- Critical thinking and curiosity;
- Constant concern for well-being and safety;
- Relational skills and mastery of dialogue;
- Convenient leadership and openness to diversity;
- Facilitation and organization of collaborative work;

Appendix B
Interview Questions

Time of interview: _____ **Date:** _____

Place: _____

Interviewer: Helen Walling **Interviewee:** _____

Position: _____

Years as a Woman Middle Manager: _____

Briefly describe the project – Qualitative research methods – Understanding the lived experiences of women, middle managers in the CIUSSS-CN

This interview will be recorded.

Questions:

1. Please tell me about yourself,
 - a. How long have you been a woman middle manager in the CIUSSS-CN?
 - b. What department do you work for?
 - c. How many people do you manage?
 - d. What is your educational background?
 - e. What is your career path? (Such as stops for maternity breaks)
 - f. Do you have children, other responsibilities outside work?
2. How did you become a middle manager?
3. Tell me about your most memorable experiences as a woman middle manager.
 - a. A highlight.
 - b. A low point
4. Share with me a story that illustrates what you like the most about being a woman middle manager.
5. Share with me a story that illustrates what you like the least about being a woman middle manager.
6. Tell me about a time when you faced a difficult challenge with someone who reports to you.

- a. How did you deal with that?
7. Tell me about a time when you faced a difficult challenge with someone you report to.
 - a. How did you deal with that?
8. What do you see as your strengths as a woman middle manager?
9. What are challenges that you face as a woman middle manager?
10. What are some of the necessary tools (skills) to deal with your challenges? What other tools or skills might support your work?
11. Who do you go to when you have challenges that stretch your capacities in your role as woman middle manager? How are they helpful?
12. Tell me a story about when work and family responsibilities collided?
 - a. Share when work impacted your home life.
 - b. When home life impacted your work?
13. What are some of the strategies you use to help achieve your work-life balance?
14. If you could make 3 recommendations to help women middle managers in the CIUSSS-CN what would those be? How would they help?

Appendix C



**CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS**

Name of Applicant: Helen Walling
Department: Faculty of Arts and Science \ Applied Human Sciences
Agency: N/A
Title of Project: Understanding women middle managers' realities in
Québec's health and social service system.
Certification Number: 30012533

Valid From: March 03, 2020 To: March 02, 2021

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink, reading "Richard DeMont".

Dr. Richard DeMont, Chair, University Human Research Ethics Committee



Québec, le 22 mai 2020

Madame Rosemary Reilly
Chercheuse
Université Concordia

OBJET : Autorisation de réaliser la recherche suivante :

" Comprendre la réalité des cadres intermédiaires féminins dans le Réseau de la santé et des services sociaux du Québec. "

CER-S évaluateur : santé des populations et première ligne

Projet #2020-1964, 2020-1964_SPPL

Madame,

Il nous fait plaisir de vous autoriser à réaliser la recherche identifiée en titre sous les auspices du Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale (CIUSSS).

Cette autorisation vous est accordée sur la foi des documents que vous avez déposés auprès du CER-S évaluateur cité en objet, qui établit que votre projet de recherche a fait l'objet d'un examen scientifique et d'un examen éthique dont le résultat est positif, et de la lettre d'approbation de convenance des installations ou départements impliqués.

Dans le contexte de la pandémie de COVID-19 sévissant au moment de l'évaluation de votre projet de recherche et de l'état d'urgence sanitaire décrété par le Gouvernement du Québec, les exigences du comité d'éthique de la recherche énoncées dans le présent document devront impérativement être appliquées en respect des directives gouvernementales ainsi que celles des établissements et des centres de recherche impliqués et de toute autorité compétente et ne doivent en aucun cas être interprétées comme permettant la réalisation du protocole de recherche hors du contexte sanitaire prévalant.

Il est à noter que si ce CER-S vous informe pendant le déroulement de cette recherche d'une décision négative portant sur l'acceptabilité éthique de cette recherche, vous devrez considérer que la présente autorisation de réaliser la recherche sous les auspices de notre établissement est, de ce fait, révoquée à la date que porte l'avis du CER-S évaluateur.

La personne à joindre pour toute question relative à cette autorisation est Annik Moreau au numéro de téléphone 418-821-1746.

Veillez noter que cette autorisation de réaliser la recherche suppose également que vous vous engagez :

1. à vous conformer aux demandes du CER-S évaluateur, notamment pour le suivi éthique

continu de la recherche;

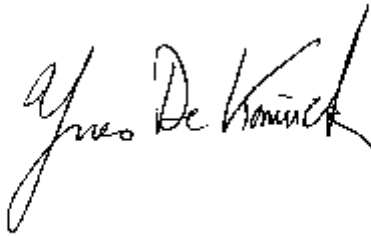
2. à rendre compte au CER-S évaluateur du déroulement du projet, des actes de votre équipe de recherche, s'il en est une, ainsi que du respect des règles de l'éthique de la recherche;
3. à respecter les moyens relatifs au suivi continu qui ont été fixés par le CER-S évaluateur;
4. à conserver les dossiers de recherche pendant la période fixée par le CER-S évaluateur, après la fin du projet, afin de permettre leur éventuelle vérification;
5. à respecter les procédures d'affichage de l'établissement pour tout matériel publicitaire destiné au recrutement de participants;
6. à respecter les modalités arrêtées par notre établissement au regard du mécanisme d'identification des sujets de recherche, à savoir :

- la tenue à jour et la conservation de la liste à jour des sujets de recherche recrutés sous les auspices de notre établissement. Cette liste devra nous être fournie sur demande.

La présente autorisation peut être suspendue ou révoquée par notre établissement en cas de non-respect des conditions établies. Le CER-S évaluateur en sera alors informé.

Vous consentez également à ce que notre établissement communique aux autorités compétentes des renseignements personnels qui sont nominatifs au sens de la loi en présence d'un cas avéré de manquement à la conduite responsable en recherche de votre part lors de la réalisation de cette recherche.

Veuillez recevoir, Madame, nos meilleures salutations.



Yves DeKoninck, PhD, FCAHS, MSRC

c.c. : Bureau de gestion des projets de recherche
Personnes ayant fait une évaluation de convenance

Appendix D



Comprendre les réalités des cadres intermédiaires féminins dans le système de santé et de services sociaux du Québec

Public-cible

- Cadre intermédiaire féminin au sein du CIUSSS de la Capitale-Nationale (les cadres intermédiaires par intérim sont aussi admissibles).

Critères d'admissibilité

- Avoir un poste ou occuper les fonctions de cadre intermédiaire depuis au moins trois ans.

Les participantes seront invitées à prendre part à un entretien face à face d'environ 90 minutes. La participation est volontaire et toutes les données recueillies sont confidentielles.

Les données serviront à formuler des recommandations pour des changements qui aideraient les cadres intermédiaires féminins dans leurs multiples rôles, tout en favorisant leur bien-être psychologique.

Pour participer :

Helen Wallin, étudiante au doctorat à l'Université Concordia

Si vous souhaitez participer ou obtenir plus d'informations, veuillez me contacter par courriel à h_wallin@live.concordia.ca ou par téléphone au 418-682-0001.

Comité d'éthique de la recherche sectoriel en santé des populations et première ligne (projet 2020-1964)

