ABSTRACT

The Effects of COVID-19 on Women's Work Experiences and Identity

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The purpose of this study is to explore working women's response to the changes in their work-life balance practices as a result of the COVID-19 pandemic. Drawing on Weick's (1995) sensemaking theory, this study focuses on the ways women experience work and make sense of changes to their identity in the wake of the COVID-19 pandemic. Using Tracy's (2019) semi-structured interview structure, this study generates themes from working women's reflection on their experiences during COVID-19 and pays particular attention to the ways in which the pandemic spurred identity negotiations or tensions. This study first reviews literature relevant to COVID-19 and its impact on organizational practices—namely literature on sensemaking theory, identity construction, and work-life balance practices. Second, the methods chapter will discuss the interview process and the thematic codes that were created during the post-data analyzation process. Finally, this paper will provide a discussion on how COVID-19 effected working women's work experiences and identity formation processes.

Keywords: COVID-19, women, identity, sensemaking, organizational change

The Effects of COVID-19 on Women's Work-Life Balance Practices and Identity

by

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DEDICATION

To working women.

CHAPTER ONE

Introduction

Since the onset of COVID-19, there have been many changes to daily life and catastrophic loss felt around the world. By August 2021, there have been over 40 million cases and 652,654 deaths in the United States (*COVID-19 Map*, 2021), making it the most severe pandemic since the Spanish flu in 1918 (Thibaut & van Wijngaarden-Cremers, 2020). The effect of this pandemic is felt in all aspects of life. In 2020, 71% of employed adults spent most of their workday at home (Parker et al., 2020). However, most of the people represented within this group had a college education and had a position that was able to move to an online platform. Often, it was lower-income jobs that required workers to remain in person, which elevated worker concerns about being exposed to COVID-19 (Parker et al., 2020). In particular, women have been significantly impacted by the global pandemic given that women hold the majority of frontline and high-risk positions. In the United States, 78% of hospital jobs, 70% of pharmacy positions, and 51% of grocery store roles are filled by women making them the majority of the front-line workers during the COVID-19 pandemic (Thibaut & van Wijngaarden-Cremers, 2020). Consequently, many women face the challenges of navigating the COVID-19 pandemic at work without having the opportunity for remote work.

For other non-frontline workers, the shift to remote work also created new and complex challenges for women. With the shift to remote work, organizations and their employees have had to learn how to adapt work functions and communication strategies. Organizations also need to learn how to adapt to functions to a remote work setting

Organizational communication scholars repeatedly acknowledge the fact that organizations are more than the physical location (Fay & Kline, 2011; Johnson & Jian, 2017; Murphy, 2001; Thatcher & Zhu, 2006). Organizations are not static entities with rigid boundaries separated from the interactions that happen within the members of the organization (Murphy, 2001). Rather, each person within the organization communicates together to create reality. Organizational communication scholars state that, "Organizational actors do not recite lines in tandem with one another; together they create a reality within which they are interlocked as each communicative act enables and constrained the next" (Murphy, 2001, p. 32). In order to create this reality, members co-construct their understanding of organizational practices, often with particular attention to historical precedents (Murphy, 2001).

The COVID-19 pandemic has changed the structure of organizational life and the make-up of the day-to-day routine of working individuals. These changes have created substantial strain on nearly all workers. Supply chains are stagnant. Essential products are missing from grocery stores. And most industries are experiencing staffing shortages. For example, as of February 2021, there are about 2 million restaurant jobs in the United States that need to be filled (Grindy, 2021). Even though there is a need for roles to be filled, there is still a major shortage of women working in all industries. As of June 2021, there are 1.8 million fewer women in the workforce than before the COVID-19 pandemic (Hsu, 2021). Women across all industries are leaving the workforces in droves, whether due to a lack of childcare with school closures, family obligations, or job insecurity. With this loss of women in the workforce, it is important to understand how working women experience the added challenges that COVID-19 caused (Lawless, 2021).

Women who are not leaving the workforce are also experiencing difficulties with maintaining their various positions, "Women's jobs were found to be almost twice as vulnerable to the pandemic as men's jobs," (Jablonska, 2021). During COVID-19 working women are, "feeling more exhausted, burned out, and under more pressure than men are," (Jablonska, 2021). Women are both struggling to maintain their positions in a competitive job market, but they are also struggling to maintain balance within their life as they keep these positions (Dunn, 2020; Hsu, 2021; Kitchener, 2020; Lawless, 2021; Stephens et al., 2020). According to a 2020 study conducted by Pew Research Center, young adults and parents have had the most difficult time adjusting to working from home. Some of the challenges include being motivated, interruptions, and having an adequate workspace (Parker et al., 2020). Additionally, women face different pressures from their home and work lives than men do, which creates unique challenges for women as they manage their dual identities (Dunn, 2020). Women with children have struggled to keep their employment during the pandemic due to school closures (Kitchener, 2020).

Though the COVID-19 pandemic has no modern comparison, there are parallels between long-term crises experienced in other countries. For example, Mouza and Souchamvali (2016) studied how the economic crisis in Greece affected public-school teachers. These teachers faced many unexpected changes such as relocations, wage cuts, and the requirement to teach multiple grades (Mouza & Souchamvali, 2016). As a result, teachers experienced high levels of stress as their work changed to the economic and social changes taking place in Greece. Similarly, working women in the United States have had to cope with the economic and social instability caused by the COVID-19 pandemic.

The present study explores how working women have made sense of the pandemic's impact on their identity and work experiences. Specifically, this study draws from Weick's (1995) sensemaking theory as a framework for understanding what changes have happened because of COVID-19 and how the women handle these changes to their identity in the process. As such, this study provides insight into the challenges that working women have faced during the COVID-19 pandemic. In the next chapter, I address the literature on the pandemic, sensemaking theory, and working women's identity construction.

CHAPTER TWO

Literature Review

The COVID-19 pandemic has been metaphorically described as a war (Semino, 2021). From the height of the pandemic, political figures used war metaphors to unite the nation behind "defeating" the virus. During the early days of the pandemic, former President Donald Trump stated on March 28, 2020: "We will win this war. When we achieve this victory, we will emerge stronger and more united then before," (Stevens & Tan, 2021). Since then, President Joe Biden has also used war rhetoric to describe the pandemic. In a speech made September 9, 2021, about his initial plan to start requiring vaccinations, he opened his remarks by stating that he wanted to talk about the progress made in the "battle" against COVID-19 (*Remarks by President Biden on Fighting the COVID-19 Pandemic*, 2021). While these images can unite a group, the message of war also brings the idea of fatalism (Semino, 2021). These messages help shape the way the people and organizations react to the virus. The metaphor of war effects these organizations and the people inside of them as they try to adapt to the changes that COVID-19 caused. Additionally, the post-traumatic stress of a war is also relevant to the mental health crisis taking place as a result of the pandemic (Semino, 2021).

The COVID-19 pandemic has altered the work environment from changing working conditions, new health regulations, salary cuts, or even job loss (Einwiller et al., 2021; Thomas et al., 2020). During organizational change, it is important to have face-to-face communication with leadership (Lewis et al., 2006). The leadership literature recommends that employees are given clear instructions for roles, tasks, and procedures

during times of change (Lewis et al., 2006). During the changes from the COVID-19 pandemic, organizations required extra engagement from their employees to maintain communication and collaboration during a time that organizations were operating at a reduced capacity (Einwiller et al., 2021). The employees within organizations had to work harder to keep organizations running during the pandemic while also adjusting to the new normal.

Working women have been placed in a precarious position during the COVID-19 pandemic. For many women, their responsibilities at home and at work have been elevated. When there are responsibilities that are heightened at home, women are often the ones that are expected to address these needs (Kitchener, 2020). As such, women have felt the intensified pressure to perform both in their work and at home. Dunn (2020), used a personal narrative to describe the difficulties she experienced as a working woman with children during the pandemic.

> My focus, however, wanes as I hear laughter and baby coos emanate from the kitchen table where my family is gathered, Estaban on his dad's lap and Henry across from them, to play Monopoly, I should be with them, I really should. I feel torn, trapped in a dilemma from which I cannot escape until the pandemic or the consequential growing pile of work, subsides. (Dunn, 2020, p. 495)

Although women may have felt similarly torn by their personal responsibilities and their work responsibilities prior to the pandemic, COVID-19 has exasperated these role imbalances. Meanwhile, the majority of working men have been able to maintain their working roles without the same demand at home (Jablonska, 2021). This study adds to the body of work investigating how women make sense of changes to work and home identity as a result of COVID-19.

As work and home life has changed during COVID-19, so has the government policies surrounding the pandemic. In September 2021, President Joe Biden announced that there will be a federal vaccine mandate (Yellin et al., 2021). This plan affects over 80 million workers and requires that organizations with over 100 employees get vaccinated or test weekly (*President Biden's COVID-19 Plan*, 2021). Before this mandate was announced and after it was announced, companies started creating policies that required vaccines. Some of the strictest vaccine mandates occurred in women-dominated fields. For instance, in June 2021, 150 employees who worked in Houston Methodist hospital were fired over their refusal to get vaccinated (Halon, 2021). Again in September 2021, hundreds of employees were placed on unpaid administrative leave for failing to follow the vaccine requirement in New York (Moshtaghian et al., 2021). Also in New York, over 30,000 at-home health care workers did not meet the October 2021 vaccine deadline, meaning that they will not be able to work (Vakil, 2021). In Colorado, one nurse was left "heartbroken" after she was informed that her decision to not get vaccinated equated to a voluntary resignation (Nelson, 2021). Similarly, in October 2021, the Henry Ford Health System in Michigan lost 400 workers over their vaccine mandate (Arias, 2021). Given that women make up the majority of hospital roles (Thibaut & van Wijngaarden-Cremers, 2020), vaccine mandates have made it difficult for some women to keep their employment should they refuse to get vaccinated.

Outside of healthcare, employment has suffered in other industries. United Airlines implemented a vaccine requirement for their employees beginning September 27, 2021 (Conklin, 2021). As a result, 2,000 United Airlines employees tried to file for an exemptions from receiving a COVID-19 vaccine (Josephs, 2021). Although more than

half of the unvaccinated employees decided to get vaccinated, 593 employees faced termination for not getting vaccinated (Josephs, 2021). The airline industry is also a major employer of women as 79% of flight attendants in the United States are women (Sherwin, 2019). Considering that vaccine policies are being implemented in many women dominated industries, it is important to understand how women make sense of their changing work environments.

In summary, the COVID-19 pandemic has created many ongoing organizational changes. Policies have changed, the working environment has changed, and government policies have changed the way in which we engage work. These policies have overwhelmingly affected women-dominated industries and jobs. It is important to understand how these changes have impacted women and the ways they engage work and life demands. This study is going to explore how women balance work-life practices in the context of the COVID-19 pandemic through the theoretical lens of Weick's (1995) sensemaking theory.

<div align="center">Sensemaking Theory</div>

Sensemaking theory is an interpretive theory created by Karl Weick (1995), which focuses on how meaning is socially constructed through communication (Kramer, 2017). Sensemaking theory focuses on the situationally specific meanings that people create as they go through their normal activities (Luria, 1982; Mills, 2002). According to Weick (1995), there are seven characteristics of sensemaking. First, sensemaking is grounded in identity construction (Weick, 1995). Dougherty and Smythe (2004), highlight the fact that, "organizational actors come to know themselves based in their interactions with others," (p.295). Second, sensemaking is also retrospective, which

enforces the idea that individuals make sense of the event after it has happened

(Dougherty & Smythe, 2004; Weick, 1995). For working women, this means that the

sensemaking process will happen after the changes in the workforce have been made.

Third, "sensemaking is enactive of sensible environments," (Kramer, 2017, p.2127). The

idea behind enactment suggests that the individual acts within the environment and that

the individual is also part of the environment (Dougherty & Smythe, 2004).

Fourth, sensemaking is social, meaning that the sensemaking process occurs with

other people (Dougherty & Smythe, 2004; Weick, 1995). Accordingly, women

professionally impacted by the COVID-19 pandemic will make sense of these changes

with other co-workers, friends, or family members. If an individual is going through the

sensemaking process alone then sensemaking is, "based on expected interactions with

others" (Dougherty & Smythe, 2004, p.295). Fifth, sensemaking is ongoing, meaning that

the past choices of the organization will influence the present and future choices of the

organizational members (Dougherty & Smythe, 2004; Weick, 1995). Sixth, sensemaking

focuses on extracted cues (Weick, 1995). If an event is unexpected, like a global

pandemic, the individual may attempt to place the event in a known frame of reference

(Dougherty & Smythe, 2004). Seventh, sensemaking is driven by plausibility instead of

accuracy (Weick, 1995). The sensemaking process does not have to produce the correct

outcome. The individual simply must feel that their choices are reasonable for the

environment that they are in.

Through the process of interpreting and understanding the organizational

surroundings, individuals can understand their personal identities and actions (Weick et

al., 2005). For example, Reynolds-Kueny and Shoss (2020), examined the sensemaking

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process in organizations during times that co-workers shared about emotions and events that occurred during the normal occurrences in the workday and in their personal life. During this study, Reynolds-Kueny and Shoss (2020) state that it is important to have conversations around the positive and negative events and emotions at work because they help individuals to enact the sensemaking process and interpret their personal social experiences at work (Reynolds-Kueny & Shoss, 2021).

In addition to the seven characteristics of sensemaking, this process happens in three stages. The first stage is enactment. Enactment is where, "actors directly engage with unfamiliar circumstances to generate (not gather) data that helps them interpret unfolding events" (Stephens et al., 2020, p. 428). During this process, the individuals within an organization begin the process of acting within the unfamiliar circumstance and gathering information that can help them navigate their new reality. For example, in Stephens et al. (2020), professor Keri Stephens shares the sensemaking process about her new reality during the COVID-19 pandemic, "Making the switch to working from home with the whole nuclear family unit in residence was tough, and the first week of confinement was a circus that required abandoning my prior sensemaking (p.431). Next, selection is the process by which individuals repeatedly go through cycles of "acting, responding, and adjusting" to determine which system reduces or increases confusion (Stephens et al., 2020, p. 428). In the selection process, individuals are actively trying to decipher what system or action reduces confusion and uncertainty. Stephens continues her personal narrative of moving to a remote work situation stating, "as the weeks progressed, new routines took root, generating new meaning structures and rules,"

(Stephens et al., 2020, p.431). Finally, there is the retention stage. Retention is the final stage where the final interpretation is continually used (Stephens et al., 2020).

A key element within the sensemaking process is the idea that change must occur. The sensemaking process is not a one-time occurrence — it happens every time something new occurs within the group or organization. In other words, sensemaking centers around the idea of "redrafting" the story so that each interaction becomes more comprehensive and understood by the individual (Weick et al., 2005). Since this process happens in a cyclical nature, "the outcome of the process is temporary" (Mills, 2002, p. 289). Within the sensemaking process, there is a tension between wanting to keep the familiar and normal practices and a reflection of where there is necessary change (Murphy, 2001). Typically sensemaking, "occurs when there is a shock to the organizational system that either produces uncertainty or ambiguity," (Dougherty & Drumheller, 2006). Without this change—often referred to as turbulence—there is an impetus for realigning actions and identity. Turbulence creates a state of uncertainty that is needed to begin the process of redefining actions and identity negotiations. COVID-19 has created an environment where organizational life is rapidly changing (Christianson & Barton, 2020). This type of change means that individuals will have to engage in the sensemaking process. For example, Weick et al. (2005) describes how disruptions initiate sensemaking, "Explicit efforts of sensemaking tend to occur when the current state of the world is perceived to be different from the expected state of the world, or when there is no obvious way to engage in the world" (p.409). During change and turbulence, organizational members may attempt to keep what is comfortable from the previous experiences. For example, Wyant and Kramer (2021) examined an international

organization and their employees' ability to make sense of the changes that happen within the organization. When changes happened within the organization, employees relied on past experiences to understand the new environment (Wyant & Kramer, 2021). As organizational life changes during COVID-19, it is important to understand how working women make sense of the shifts in their environment.

To date, sensemaking theory has been applied to studies examining the impact of COVID-19 on workers. Stephens et al. (2020) drew upon sensemaking theory as a lens for understanding how academics interpreted their experiences within a new working environment during the pandemic. Sensemaking theory has also been applied to health care. During COVID-19, nurses faced new obstacles and roles which forces them to continually adapt to their changing environment (Sahay & Dwyer, 2021). Nurses had to make sense of their identity and learn how to adapt to their new environment to accomplish their tasks within the pandemic. "Nurses made sense of their role during the crisis by paying attention to the various aspects of their identity, especially perceptions about their expansive mission, adaptability" (Sahay & Dwyer, 2021, p.8). The pandemic has created an environment of uncertainty, making sensemaking a vital part of the coping process.

> COVID-19 pandemic has created an environment that is dynamically uncertain-routines are upended, normal interactions are disrupted, and risk must be reassessed on an ongoing basis. We have rarely seen a time sensemaking is so critical, yet so difficult to accomplish. (Christianson & Barton, 2020).

Sensemaking theory (Weick, 1995) is a helpful framework for examining working women's experiences during the pandemic. Accordingly, this study focuses on

how women have made sense of disruptions due to the pandemic and how these disruptions have impacted their personal identity.

Identity Construction of Working Women

A central aspect of sensemaking theory is the idea of identity construction (Kramer, 2017; Weick, 1995). Johnson and Jian (2017) describe this as, "Members, in describing their organization's identity, will often point to various attributes and characteristics, yet they will experience the formation of organizational identity in more complex ways as they grapple with ongoing tensions" (p. 186). In other words, as tensions develop during organizational change, the sensemaking process will in effect initiate changes in the identities of individuals within the organization. COVID-19 has created these tensions because organizations have altered worker's normal routines. As a result of workplace changes, sensemaking theory advances the notion that an individual's identity will change too.

Identity formation, like sensemaking, is not an isolated occurrence. Each event or change within the given environment helps mold the individual's identity. At the heart of identity construction is communication. According to Tretheway and Ashcraft (2004), "communication is a site where organizational members struggle for the primacy of various meanings of truth and identity" (p. 83). During the communication process, people can reflect and decide what their course of action will be given the environment that they are in. Sahay and Dwyer (2021) recount instances where nurses got "repurposed" or relocated to other areas of the hospital during COVID-19. Through communication with other nurses, participants were able to understand and create their new roles within the group (Sahay & Dwyer, 2021). This is an example of how

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individuals had to communicate with others to alter their identity. Each interaction is a site for identity formation and negotiation, whether that be interactions with co-workers, family, and/or friends. Barrett and Dailey's (2018) work on identity negotiation explains that, "identities are socially constructed through identity negotiation processes" (p. 3). In other words, identity formation is inherently a social process. Whether someone is forming their identity as a nurse during a pandemic, a student in a classroom, or as a member in a family, social interaction is vital for the process of identity formation.

COVID-19 radically changed how social interactions happened within organizations. Many organizations went to a virtual setting making in-person interactions limited. In these contexts, remote work can be referred to as *telework*. As stated by Fay and Kline (2011), telework is defined as "an arrangement in which employees perform at least part of their responsibilities outside their central organization's physical boundaries and using communication technology to interact with others" (p. 145). Many organizations went fully virtual during the pandemic and resulted in the use of technology as the primary, if not only, medium for communication.

Organizations had to adapt to the new virtual environment. An example of this is the business review site, Yelp, which had to find 3,000 laptops for their employees to use so that they could transition to a virtual setting (Vasel, 2021). Other organizations also struggled moving to a remote work setting. Coveo, an artificial intelligence software company, described how COVID-19 made social interactions more challenging. Louis Tetu, the CEO of Coveo, stated, "We were a company that had a habit of getting together; literally flying people all over the world… to get together " (Vasel, 2021, p. 15).

The abrupt loss of social interaction in many organizations altered how workers experience their work as well as how workers made sense of their identity.

Personal identities are complex because they are formed by social, personal, and contextual features. As such, workplace roles and titles are only part of a person's identity. "Both the social roles that an individual assumes and the personal, idiosyncratic characteristics of the person make up his or her identity" (Dailey & Zhu, 2017, p.1). For example, two nurses working on the same COVID-19 unit can still have individual identities based on their previous experiences and personal belief systems. In other words, though identities are socially constructed and negotiated, there is also an aspect of identities that is personal and private. In fact, "Identity and emotion are real only when they are private, personal, and free from the influence of organizational norms" (Tracy, 2000, p. 99). For a person's true identity to be revealed, there has to be a separation from the organization. As it will be discussed later in this chapter, the lines between self and organization are continuously blurring (Dailey & Zhu, 2017). COVID-19 has changed the way that these lines between self and organization form. For working women, identity negotiation takes place in different ways than it does for working men. This study will focus on the ways the changing boundaries of work and life influence women's identity negotiation.

Women's mental health has been negatively affected at a higher rate than men during the COVID-19 pandemic (Lawless, 2021; Thibaut & van Wijngaarden-Cremers, 2020). Women are not getting the support that is needed to be able to balance their work and life identities. Women are taking the burden of the difficulties experienced at home due to the pandemic. Perhaps this is because there is a mentality that "'Women can do it

all!' without addressing inequitable systems that promote these dominant discourses, because we shouldn't have to do it all," (Lawless, 2021, p. 371). For example, Hsu (2021), shows how women's identity as a caregiver for their family members can become more important than their professional identity. In Hsu's (2021) study, Katherine Gaines worked as a legal assistant in Washington D.C. When she was laid off, she became the full-time caregiver for her mother who has Alzheimer's disease, making it impossible for her to get a full-time job or a position because it would put her at risk for catching COVID-19, "I knew I couldn't work retail, because I couldn't be exposed and bring it home to my mother…so, I just had to sit and be hopeful" (Hsu, 2021, p. 14). Gaines ended up waiting until after her mother was relocated to a nursing home before beginning her search for a new position (Hsu, 2021). Gaines is only one example of how women navigating the COVID-19 pandemic have had to accommodate career and family in ways that have altered their identity. This study explores the way working women have made sense of their identity during the changes to their work spurred by the COVID-19 pandemic.

COVID-19: Challenging Former Notions of Work-Life Balance

Research on work-life balance did not become a distinct area of research until the 1960s when scholars began exploring how individuals navigate both work and life demands (Bochantin, 2016). With the integration of women into the workforce, the dialogue on work-family and work-life balance has changed, as family dynamics have changed (Bochantin, 2016; Turner & Norwood, 2013). One way scholars have studied work-life balance has been through the application of work-family policies (Hoffman & Cowan, 2010; Kirby & Krone, 2002; Meisenbach et al., 2008; ter Hoeven et al., 2017).

Kirby and Krone (2002), for instance, examine how women utilize maternity leave policies offered by their employers. Their work demonstrates that written policies do not necessarily lead to policy use and that social norms largely dictate the utility of such policies. As a result, peer pressure often overrules the desire to utilize such policies (Kirby & Krone, 2002).

Research on work-life balance and the peer pressure that comes from these policies has also been conducted on an international level. Ter Hoeven (2017) research on work-life policies investigates a non-Western country. Compared to the United States, the work-life balance policies in the Netherlands prove to be much more extensive and cater more to women and their need to balance being caretakers and employees (ter Hoeven et al., 2017). However, that does not mean that these policies are utilized to their fullest potential. Even though such policies are within women's legal rights, there is an understanding among employees that taking an extended absence hurts their promotion chances (ter Hoeven et al., 2017). "Despite national policy and norms, employees expressed resentment about taking on the workloads of coworkers who are on leave" (ter Hoeven et al., 2017, p. 212). This study showed that even if the policy is written down, the organizational members have to enact it for it to be effective. Also, the study showed that a policy with the best intentions may not be practical for career success (ter Hoeven et al., 2017). When it comes to work-life balance, working women have to make choices that are different and complex. COVID-19 has made it more difficult to find the distinction between work life and home life. Stephens (2020) said, "The meaning of work-life has fractured during the pandemic along class and gender lines, and it seems

the balance between one's work life and one's private life has never been so salient " (p. 436).

The pandemic's impact on individual's well-being and mental health is staggering. Specifically for health care providers, the World Health Organization (WHO) has predicted that, "there will be a rise of, PTSD, depression, anxiety, and burnout during and after the pandemic peak,"(Thibaut & van Wijngaarden-Cremers, 2020, p. 2). For example, Dr. Sara Hegab shared the difficulty coping with the trauma of COVID-19, " It was challenging because as physicians, we are trained to know what to do for patients and how best to help them, so not knowing [how to treat patients] caused some moral distress that weighed on many of us," (Unite for Health, 2020. p. 12). Additionally, physicians are also experiencing overwhelming moments, such as witnessing the decay of the patient health without having the ability to let the family members be with the patient in their final moments. Dr. Hegab recounts these encounters as "soul-crushing" and states that it will take years for health care professionals to recover from this experience (Unite for Health, 2020, p. 25). Outside of healthcare, other working women have had to make sense of changes in their professional and personal lives.

Motherhood

The ability to be an effective mother and a productive worker creates tension and conflicting ideals (Turner & Norwood, 2013). Women comprise nearly half of the workforce in the United States, but they are still considered to be the primary caregivers to their families (Turner & Norwood, 2013). There is a cultural expectation around the responsibility of being a mother that a father does not experience. In effect, women are constantly having to reevaluate their priorities. Both motherhood and work roles are

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demanding and it is difficult to meet the requirements of both (Bochantin, 2016).

Buzzanell (2007) explains that, "due to the contradiction surrounding mothering, women may feel burdened by the societal pressure to perform intensive familial care " (p. 198).

According to a study done in 2020 by Pew Research Center, 52% of women working remotely as a result of the pandemic also had a child under the age of 18 (Parker et al., 2020). Caring for children while performing career responsibilities contributes to an imbalance of work-life balance practices. During COVID-19 there has also been an increase in stillborn and maternal deaths (Charvat et al., 2021; Chmielewska et al., 2021).

Simply put, whether expecting mothers are facing health complications because of the virus or the stress of being a mother and an employee, COVID-19 is a difficult time for working mothers.

As a result of the pandemic, many mothers are either choosing to leave the workforce or they are forced to leave (Jablonska, 2021; Lawless, 2021; Reese et al., 2021). The rate at employees with children ten years or younger who either want to leave the workforce or downshift their employment during COVID-19 is 10% higher for women than men (Jablonska, 2021). In September 2020, women were leaving the workforce four times the rate as men were, due to the need for child care (Reese et al., 2021). When day-cares and schools closed, parents were forced to integrate work life and home life. As Lawless (2021) writes as a personal narrative about her sensemaking process during COVID-19, "When daycares closed, I became the default stay-at-home parent that I swore I would not be" (p. 370). Another voice, Ashley Stewart, did not have a choice but to leave her position as she was not the primary income earner of her home and someone had to take care of their child (Kitchener, 2020). Much of her fulfilment

came from her job as an occupational therapist, but Ashley was forced leave that personal identity for the sake of her family (Kitchener, 2020). Many working mothers in the United States dealt with the same struggle. About four-in- ten working mothers say it is harder now to balance work and family responsibilities (Parker et al., 2020). The transition to providing childcare during the workday was not an issue solely directed at mothers, but this was an issue that affected more women than men. In fact, 39% of mothers claimed that work-life balance became more difficult during the pandemic, while only 28% of fathers made the same claim (Parker et al., 2020). This study is not focusing exclusively on working mothers, but the differences in identity negotiation among working mothers will likely be a theme in my interviews.

Summary

Organizations have had to change their working practices as employees' home life has changed during the COVID-19 pandemic (Einwiller et al., 2021; Thibaut & van Wijngaarden-Cremers, 2020). With the change in communication modes and work policies, the ability to have informal communication that provides relationships has been impacted (Fay & Kline, 2011). Employees have had to negotiate what their roles are within their organizations while also learning what their new home life looks like.

The changes that COVID-19 has caused affected women as their identities are rooted in their professional life and home responsibilities. Women and their identity formation during the COVID-19 pandemic needs to be studied because of the unprecedented changes this pandemic has imposed. As Lawless (2021) identified, "Women's labor needs to be prioritized because the pandemic has exacerbated inequality for women across intersectional identity positions" (p. 371). Working mothers who want

be part of the workforce are also being pushed into the role of caregiver during the typical working hours (Buzzanell et al., 2005; Kitchener, 2020). Women are also a majority of the frontline workers during the COVID-19 pandemic meaning that they are experiencing the challenges that come with potential exposure differently. This study hopes to highlight how women are able to make sense of their role at home and in their work lives. Drawing on sensemaking theory (Weick, 1995), this study explores how women have understood and handled the changes to their daily lives and how their identity has been altered. As such, this study offers the following research questions:

RQ1: What were working women's experiences during the COVID-19 pandemic?

RQ2: How did working women make sense of changing roles and responsibilities during the COVID-19 pandemic?

CHAPTER THREE

Methodology

This chapter discusses the methodology of the study. Specifically, the following sections provide an in-depth explanation on the data collection, participant demographics, and dada analysis.

Data Collection

I mainly utilized convenience sampling and snowball sampling. To begin the recruitment process, I contacted individuals who were not in my immediate circle to attempt to remove bias. I also used snowball sampling since I contacted people who were recommended by others within the study. To recruit participants, I sent out emails and text messages, depending on the preferred method of contact of the individual. The emails and text messages gave information on the basis of the study. I received the initial contact information from individuals who had already elected to participate in the study or from personal contacts who knew about the study. There were a few individuals where I already had their contact information, and I did not need to obtain it from another source. Once the participant agreed to do the study, I asked for a current email address so that I could send the zoom link.

All interviews took place between December 13, 2021, and December 21, 2021. Each participant agreed to participate in an approximately 30-minute Zoom interview. The shortest interview conducted was 23 minutes long. The longest interview conducted lasted 51 minutes ($M = 32$, $SD = 7$). However, on average each interview lasted 33

minutes. In total, I had 10.16 hours of recorded data. Before the interview started, I placed two links in the Zoom chat bar. The first link was to a participant information form (see appendix B) which provided the demographic information, such as ethnicity, relationship status, and professional history. The second link had a description of the study and a consent form (see appendix C). I talked through the study and the consent form. Once that process was complete the participant verbally acknowledged that they understood the study and were willing to participate. The individuals also documented on the google form that they were willing to participate in the study and that they read the document. To maintain confidentiality, all the participants were given pseudonyms. The pseudonyms were utilized once the data was analyzed and on all documents that would be viewed by anyone other than myself.

During each interview, I took notes about questions that were working well, questions that are not being understood, and times within the interview where the participant provided beneficial anecdotes. I then referenced each note to make sure that each interview was following the research questions. After the sixth interview, I did an in-depth check that I was following the research questions. I did this by reviewing the notes that I had taken during the interviews and checking to make sure that the information I was gathering answered the research questions. I also held a Zoom meeting with my advisor to discuss the progress of the interviews.

 Zoom provided video recordings and a transcription service. After the interview, the transcriptions would be saved with the audio recording. After I finished all the interviews, I started cleaning the transcripts. I did this process by listening to the transcripts and fixing the spelling errors. For, example, COVID was often transcribed as

"coven" or "Kobe." I also deleted unnecessary gaps, filler words, and pauses that would not affect the integrity of the transcript. Deleting these pauses and filler words made the transcript easier to read and eventually code. In total, I had 293 single-spaced transcript pages. The longest transcript was 20-pages and the shortest was 12-pages long ($M = 16$ pages). During the cleaning process, I also created memos. Memos are often described as written records of internal conversations that show the reflective process of data analysis (Tracy, 2019). To complete this process, I hand-wrote memos for each participant interview in a composition notebook. In total, I had 7 single-spaced pages worth of memos.

The data was collected through the form of semi-structured interviews. The goal of maintaining a semi-structured interview was to keep a sense of flexibility and give the participants the ability to be reflective (Tracy, 2019). I used an informant-style interview which focuses on participants who have specific knowledge about their environment that others would not be able to give insight to (Tracy, 2019). Questions consisted of personal information, their own experience at home and work during COVID-19, and how they changed their work-life balance practices. I also asked about their interpretations of their personal and professional identities (see appendix D). For example, I asked each participant what their main priorities were during the pandemic, what the biggest change at work was, and who their support system was. These questions were specific to each of the individuals' experiences which made an informant-style interview the most practical structure. In the next section, I will give a detailed description of the participants.

Participants

To participate in this study, participants had to identify as a woman and be over the age of 18. In total, I interviewed 18 women. The women I interviewed ranged from 21 to 55 years old ($M = 26$, $SD = 12.5$). The participants self-identified as Hispanic ($n = 2$), Asian ($n = 1$), African American ($n = 1$), and White ($n = 16$). Both participants that self-identified as Hispanic also identified as White. The educational level ranged for all the women as 13 women had a college education, three had obtained a master's degree, one had a doctorate, and one had vocational training. Participants also lived across the United States (i.e., Colorado, Arizona, Michigan, Illinois, and Washington State), however, the majority of participants were from Texas ($n = 11$).

Out of all the participants, eight of the women were single, two were in a relationship but were not living with their significant other, one was in a relationship and living with their significant other, and seven were married. All the relationships were heterosexual. One of the participants was a single mom and the other five mothers were married. Out of the mothers, four did not have their children living with them and two of them did have their children living with them. The number of children per household ranged from zero to two. Table 3.1 provides an in-depth analysis of the participant demographics.

Table 3.1. Participant Demographics

Characteristics	Participants (n=18)	Percentage of total
Age		
18-25	9	50%
26-35	4	22%
36-45	0	0
46-55	5	27
Relationship Status		
Single	8	44
Dating (Not living together)	2	11
Dating (Living together)	1	5
Married	7	38
Number of Children		
0 children	12	66
1	4	22
2	2	11
Location of Children		
Living at home with parents	2	11
Not living with parents	4	22
Education Level		
Vocational Training	1	5
College	13	72
Master's	3	16
Doctorate	1	5
Household location		
Texas	11	61
Colorado	3	16
Arizona	1	5
Illinois	1	5
Michigan	1	5
Washington	1	5

Employment was not a criterion for selection because including unemployed participants in my study allowed me to examine how COVID-19 may have impacted their employment status. However, I required that participants were employed prior to March 2020, before the pandemic started. All the participants were currently employed at the time of data collection. However, seven of the women did change jobs or are planning to change positions during the COVID-19 pandemic. Of the women who had a job

change, two were laid off, two decided to leave their positions, and three left their

organizations because it benefited their careers. Location of employment (i.e. Virtual,

hybrid, or in-person) was not a requirement so that different work environments could be

analyzed. Out of all of the participants, two women moved to virtual work and remained

virtual, five women started the pandemic virtual and then went back to in-person, four

women had their place of employment shut down and then went back to in-person, four

women stayed in person, one had a hybrid schedule that remained the same, and two

women started the pandemic with virtual employment and moved to a hybrid setting by

the time of their interview. Except for the participant that was hybrid through COVID-19,

all the women had fully in-person jobs before COVID-19. Table 3.2 discusses the

employment status of the participants.

Table 3.2. Participants Employment Status

Job Characteristics	Participants (n=18)	Percentage of total
Health Care		
Nurse	1	5
Chiropractic Assistance	1	5
Dietitian	1	5
Speech-Language Pathologist	1	5
Education		
Teacher	3	16
Principle	1	5
College Admissions Counselor	1	5
Dance Teacher	1	5
Hospitality		
Pilot	1	5
Hotel Supervisor	1	5
Caretaker	1	5
Hairstylist	1	5
Foodservice	2	11
Corporate		
Marketing	1	5
Accountant	1	5
Non-Profit Director	2	11
Job Stability		
Laid off	2	11
Choose to leave (burnout)	2	11
Choose to leave (Advancement in Career)	3	16
Promotion	3	16
Kept Job	9	50
Job location		
Virtual	2	11
Virtual at the start and now in person	5	27
Shutdown at the start and now back in person	4	22
In-person	4	22
Hybrid	1	5
Virtual to start and now hybrid	2	11

Data Analysis

During the interviews, I took a responsive interviewing stance (Tracy, 2019). In a responsive stance, the researcher takes ownership of building a relationship. The researcher also maintains respectful behavior which can allow the participants to freely express their contributions without the biases that the participant may feel (Tracy, 2019). I also maintained this stance so that when the participants expressed more difficult instances or memories, they felt free to do so. In order to accomplish a responsive stance, I started each zoom session by asking simple, non-threatening questions. For example, I asked participants if they had had a good morning if the interview was scheduled in the afternoon. My goal was to start a conversation flow so that they felt more comfortable during the interview. Once the interview started, I asked all of the participants to tell me where they worked and to describe their daily activities. This helped start the conversation and gave each participant a moment to collect their thoughts before we started talking about the more personal aspects of the study. When participants shared vulnerable information I made sure that they felt listened to and I acknowledged that they were sharing personal information by asking follow-up questions, providing space to process their thoughts, and I thanked them for their vulnerability. For example, Megan's son passed away during COVID-19. When Megan talked about how the loss of her son impacted her decision to leave her position as an elementary school principal, I gave her space to disclose all that she felt comfortable disclosing and during the interview, I thanked her for her vulnerability.

To analyze the transcripts I utilized the computer software, Nvivo. When coding the interview transcripts, I followed a similar procedure as the Barrett and Dailey (2018)

study, where they go through a three-step coding and thematic analysis process. As such, I first transcribed the interviews and conducted an open coding process (Barrett & Dailey, 2018). In the first cycle of initial codes, I looked for thematic codes. I specifically looked at different work policies that changed, changes to personal life, and events where work and life intersected. I also looked for emotional reactions to the events that each individual responded to. During this process, the theme of isolation was prominent within the participant responses. For example, Lizzie talked about her experience when COVID-19 lockdowns began, "That [working from home] was really challneging, especially because I live alone, and so when it first hit, I spent the first 37 days completely by myself before Easter." The memos that were created during the cleaning process assisted with the thematic analysis during this stage because I was able to reference the notes that I had already taken to help guide the code creation process. This process resulted in 68 initial codes and 460 individual codes.

In the second cycle of coding, I looked for patterns and relationships within the categories (Barrett & Dailey, 2018). During this round, I looked for connecting patterns between the data sets. I also began the process of assigning labels to my categories. In this process, I found trends within the participants' identity negotiation process, relationship trends, and work-life balance sensemaking processes. These themes continued as I began the third round of coding. In this round, I grouped the codes into categories. The codes were condensed into 26 subcategories and then placed into four larger categories: navigating organizational change, workplace realities, relational changes, and identiy formation. Once this process was complete, I reread every transcript with each of the codes in mind to ensure that I had not missed any important elements

from the narratives each woman provided. I then went through each code to ensure that I had been thorough and that the trends that I saw were shown by the data. One example of where I did not see an expected trend was within the work-life balance category. I was expecting that women would feel a loss of privacy because of the shift to virtual work. Out of the 18 interviews, only four women talked about a lack of privacy. Two of the four women talked about it in the sense that work was intruding into their private space. However, the main way that this concept was talked about was through a lack of space for all family members to work. This was not the trend that I was expecting, and I had to adjust my codes to represent this trend. The end product contained a total of 26 initial codes resulting in 394 individual codes. In the next section, you will find the findings and the analysis that was used.

CHAPTER FOUR

Findings

In this chapter, I provide a detailed account of the themes and findings of the study. The initial coding process resulted in 26 initial codes that were divided into four categories. These categories represented navigating organizational change, workplace realities, relational changes, and identiy formation. Table 4.1 provides an overview of the themes and categories that were created during the coding process.

Table 4.1 Summary of Thematic Findings

Core Category	Subcategory	Definition
Navigating Organizational Change	*Work policies* *Organizational Support* *Problem-solving at work*	The practices that the organization and the individual used during COVID-19.
Workplace Realities	*Work behavior changes* *Burnout* *Lack of privacy*	The individuals' experience within their workplaces during COVID-19.
Relational Changes	*Work relationships* *Personal life relationships* *Personal life choices* *Isolation* *Unity*	How relationships with others changed during COVID-19.
Identity Formation	*Work self as a priority* *Personal life priority* *Emotional response to change* *Work role changes* *Dependency on faith* *Family/ Motherhood* *Provider/Financial responsibilities* *Personal loss* *Fulfillment from work* *Lack of fulfillment from work* *Protector of family and friends*	How individuals changed their behavior, and as a result their identity, during COVID-19.

Navigating Organizational Change

RQ1 asked the question: What were working women's experiences during the COVID-19 pandemic? To understand women's experiences during COVID-19, I first wanted to understand how COVID-19 changed their work environments. Given that I interviewed women from different organizations and different professions, participants had a wide range of changes to their work environment during the pandemic. For example, Sonia worked as a shift lead in a bakery. At the beginning of COVID-19 her place of work shut down, "we were put on a temporary leave for two weeks, and then they were just like 'actually wait it's going to be longer.' It ended up being three months." Others, like Sarah and Evie, who both work in health care, never left their worksite, however as I will discuss later in this chapter, their work roles changed because of COVID-19. Within this study, several individuals lost their jobs—Jenna and Jessica— and they both found new roles with new policies and expectations. Also, seven individuals left their office and went to a virtual setting. These different experiences produced varying work-life challenges and subsequent behaviors intended to address these demands.

To navigate these tumultuous changes, women in this study looked to their organizations for support. Support was needed by the organization to understand the actual changes that took place. Individuals wanted organizational support through paid time off (PTO) for COVID-19 related issues, extra communication when change occurred, and financial compensation for COVID-19 related issues. For individuals, a lack of organizational support made it difficult to adapt to the changes within their workplace. For example, Lizzie, who works on a marketing team, did not get

organizational support from her employer when she went virtual. She lost connection with her IT department and had to take on the financial burden of creating a work environment within her apartment. This included paying for upgraded WIFI and additional technology that was needed. She also did not get any PTO when the pandemic caused her to miss a day of work, "So for me, I lost all my vacation within the first couple of months. Which meant I didn't take a break for well over a year. I didn't take any time off, except for funerals and so working was constant." Adapting to a new work schedule was difficult for Lizzie because of the lack of support from her organization. She had to learn how to work within a new work environment and had to take on the financial burden of moving to the new environment. She also lost the ability to take needed time off because her PTO was restricted.

Unlike Lizzie's experience, Lilly, a college admissions counselor, had both organizational support and emotional support from her office. She was able to look to her co-workers for guidance during the transition to virtual work for both her daily work-related tasks and her emotional well-being. When asked about organizational support, Lilly stated, "We would have weekly coffee time virtually where the entire office could join a zoom chat, our regionals as well could join a zoom chat we would just have some coffee or tea. We were not allowed to talk about work which was also really helpful." Lilly was able to gain the organizational support that she needed from her office through the increased communication that was conducted during office hours. She also received emotional support through the increased communication.

Workplace Realities

To further answer RQ1 which asks about women's experience during COVID-19, I also gathered information about the changes within the roles that they had at work. For many of the women, there were new responsibilities added to their daily procedures. Also, women had to change how they worked because of shutdowns or health concerns within their office. In this section, I will discuss the behavior changes women enacted during the pandemic.

Work behavior changes

During the COVID-19 pandemic, many women that I interviewed had their work roles altered to fit the needs of their organization. For example, teachers and nurses faced many role changes throughout COVID-19. Rose, a high school teacher, reflected during her interview about the staffing shortages and the ways her workload expanded during the pandemic.

> So many teachers quit their jobs when COVID hit and so all the teachers that are left were all asked to be doing 100 million other things. We're doing lunch duty and we're mentoring kids. I have a [mentor] partner, life group, and small groups. Actually teaching classes is like maybe 10% of my job.

Rose became responsible for more then teaching in her classroom. Her main role as an educator changed as she was required to take more responsibilities. The narrative of Rose is also reflected by Cora, who is also a high school teacher. During the pandemic, she was required to also take shifts in the cafeteria for lunch duty. This change in her role was a result in understaffing at the school.

Nurses also faced role changes within their jobs. At the start of COVID-19, Sarah worked as a nurse on a COVID floor. Within her hospital, she (along

with the other nurses who worked on the floor) was the only one allowed rooms

with COVID-19 positive patients. This caused an increase in all of her

responsibilities,

> And then, it was just like a whole different world because no one
> would ever want to come to that floor, so we were like as the
> nurses, we were basically all the roles. We had to do way more
> stuff. The food services didn't deliver trays, so we delivered trays
> to the room. There were no environmental services, so we would
> literally take out the trash. Engineering also didn't go into the
> rooms if a COVID patient was currently in there… There was one
> time when the toilet was clogged, and the guy literally handed me
> a plunger and I tried to plunge the toilet.

When Sarah went to work, she was expected to take on the responsibilities of

environmental services, food services, and the engineering services. She was the only one

who went inside the COVID-19 patients' room and this resulted in her taking on more

responsibilities then typically assigned to a nurse. In addition to the non-health care

related roles that Sarah had to adapt to, she was also had to take on the responsibilities of

other health care providers,

> We didn't have any techs who went in there, so we did all the vital
> signs, all baths, different stuff that the techs would do, we would
> do all as nurses. And then, a lot of the doctors wouldn't go in the
> rooms either. They had Tela health carts with a video screen on
> them. All child life psychology resident doctors were not allowed
> into the rooms, so they would video into the rooms. So really all of
> this stuff kind of fell back onto us as nurses.

When Sarah went to work, she took on many roles within the hospital. As the only one

in the room with the patients, she took on more responsibilities. While many jobs went

remote at the start of the pandemic, essential workers, such as nurses and teachers,

acquired new, and burdensome responsibilities. In these cases, COVID-19 created a new

work environment that required more of workers' time and energy.

During COVID-19, some essential workers may have not had change to their routine, however, their day-to-day interactions were still impacted. For example, Lacy, who works as an accounting director within a nonprofit, did not change her work routine. She had a hybrid schedule before COVID-19 started. When the pandemic shut everything down, she still had to go into the office to complete some of her tasks. However, she would go in with only one other person and the people that they served were not allowed in the budling. Even though her routine did not change as much as most people I interviewed, her job did change. The inability to interact with her other coworkers and the clients that the nonprofit served took away the aspects of her job that brought her joy. Lacy had the same job tasks to complete during COVID-19. Her role at work did not change, but the "nonessential activities" that she participated in were no longer an option. For example, when people were utilizing the services of the non-profit, Lacy would often take breaks from her work to assist the other customer facing departments. This was not part of her job description, but it was part of her typical routine before COVID-19. Once COVID-19 moved their services to a virtual platform, she was no longer able to be part of the other departments.

Due to the ways work changed during the pandemic, many women had to alter their methods for their balancing work and personal life. Many of the women described their experience of the pandemic through various changes to their relationships. Some experienced growth of some relationships—such as Lilly—while others experienced the termination of other relationships. The next section examines the overarching theme of isolation that was experienced by many of the women in this study.

<center>*Relational Changes*</center>

To answer RQ2 which asks, how women make sense of changing roles and responsibilities during the COVID-19 pandemic, I asked interview questions about relationship changes that took place during COVID-19. I found that women felt isolated had their social interactions change during COVID-19. This section focuses on isolation and the changes women faced within their work and personal relationships.

Isolation

An overarching theme of the narratives of the women that I interviewed was that COVID-19 brought periods of isolation. It did not matter if people worked virtually or in person. There were parts of each individual's life where they felt isolated. Cora, a high school teacher, reflected on the isolation that she felt during COVID-19 by describing daily routines such as going to the grocery store, "You see people in the grocery store that you know, but you know that you can't run up and hug them." Lizzie reflected on how she missed the "water cooler" talk where she worked. For individuals who worked virtually or were shut down for periods of time, the isolation came from not taking part in their daily routines. Women were not able to go to the places they normally went and they were not able to interact their typical community. Lola, who is a dance teacher, felt disconnected from her students. She faced challenges with the fact that she could not provide individualized instruction and that she could not be with her students.

> I remember the first pop-up class we did; I think it was when I did Frozen ballet. I pulled up the screen and they were all starting to log in, and I was seeing all their faces. I wanted to cry because I missed them. I wish I could see them and hug them. Even when we did end up coming back into the classroom the last few weeks before the recital, we could only do air hugs. We [couldn't] touch. That was really hard after not seeing them for so long and still not being able to…it was hard to not really hug them.

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Lola felt isolated because of her inability to interact with her students for an extended period. She was unable to interact with the people that she typically spent time with during the workday. For individuals who worked in virtual settings, there were feelings of isolation and seclusion because their routine was disrupted.

Individuals that worked in-person still faced feelings of isolation, however, they faced these feelings because of their need to be in person. Holly, a supervisor in a hotel, worked in person but still felt "lonely and secluded." Sarah, a nurse, felt the same feelings of isolation. She stated that because other staff knew she was taking care of COVID patients, that she "felt isolated" because other workers didn't want to be exposed to them. Evie, who was a speech language pathologist, was not able to see her family because of her job working with COVID-19 patients. Even for the individuals that were working in person, there was a sense of isolation as women made choices to limit their exposure to keep co-workers, friends, and family safe from COVID-19. Additionally, the isolating environment caused individuals to make different choices regarding their relationships with their coworkers and their personal relationships outside of work. In the next section, I am going to talk about the changes that happened in individuals' personal relationships.

Personal Relationships

The first research question examined working women's experiences during the COVID-19 pandemic. Women within this study described numerous changes to their personal relationships as a result of the pandemic. Such changes often grew out of

workplace turbulence or increased work demands. Across all participants, there was the common experience of condensing friend groups. However, the reasons why the women condensed their interactions often depended on the nature of their work. For in-person employees, many experienced isolation because they wanted to limit exposure for their friends and family. For individuals who worked virtually, the shrinking of personal relationships was a choice to limit contact with others for their personal safety. The changes within their personal relationships were mainly a result of COVID-19 safety.

Lilly, an admissions counselor, limited her interaction with others and focused on other activities that did not require interactions with other people. For Lilly, her interaction with others was centered around who felt comfortable and who could participate in socially distanced activities. Since socially distanced activities with people were difficult to coordinate, Lilly focused her attention on personal activities like training her new dog and reading books. Even though Lilly had to limit her interactions with friends and family, she coped with this change by finding other ways to focus her time.

Holly, who works as a hotel front desk supervisor, also limited her interactions with others because of COVID-19. It was important for Holly to see people and to maintain close relationships, but she felt that it was important to sacrifice that time for the sake of everyone's health, "I love being with my friends and being in person. I think pandemic definitely has changed my view. It's okay to be at home it's okay to be by yourself and to stay safe." Holly felt the need to adjust her approach to personal relationships out of a concern for safety. Holly also found herself in a new romantic relationship at the beginning of the pandemic. However, given her prioritization of COVID-19 precautions, they stayed at each other's home or apartment for most of their

time together. When reflecting on the start of their relationship, Holly stated, "We had never gone to the movies, and we never went out to dinner together until pretty recently. We've been together for almost two years now and we just went on our first movie date like a month ago." COVID-19 changed how Holly interacted with others and how she prioritized her time. She adjusted to the reality of not spending time with people and maximized the time that she did have with others.

Others also had their personal relationships and support systems shrink. Megan, an elementary school principal, described her friends as her "pod" and "tribe." When I asked Jade, who works in a bakery, about her social interactions during COVID-19, she highlighted one individual who she would spend time with outside on the front porch during the time that her place of employment was shut down. Some of the participants also expressed a loss of friends as a result of COVID-19. Lizzie, who works in a marketing department, found that when her friends were part of her weekly routine, she continued to invest time with them during COVID-19. For example, Lizzie had a group of friends that had a weekly movie night that continued through social distance and virtual hangouts. However, Lizzie felt that she lost touch with people that she was not already close with, "My good friends and those deeper friendships, got deeper. People who just lived in the same town as me and that I would see around fell off early in those first six months." As a result, her friend group shrunk, but her small circle of friends grew in their relationship.

Some participants also had strife within their close relationships. Lola, a dance teacher, had a split within her church community group. Their split was based on disagreement over COVID-19 safety protocols. When the group could not form an

agreement, they decided to split. "It needed to happen, but it was really sad because I still consider them family, and I still love them. Anytime you have a disagreement within family is hard." For Lola, COVID-19 amplified strain within her closest relationships. To combat the strain she had to choose to divide the community group.

For the women that I interviewed, all of their relationships and priorities regarding their relationships changed as a result of COVID-19. For some of the women, the condensing of their relationships is a result of working in person and wanting to limit exposure. For others, the reason behind limiting their social interactions was to maintain safe COVID-19 practices within their friend group. For the virtual individuals, they found ways to keep a work-life balance by finding other activities and finding a small group of friends to prioritize. Women's personal relationships changed because of COVID-19. However, women's relationships within their workspace also changed when the pandemic started. Women were in the process of condensing their personal connections and this trend effected work as well. The next section discusses work relationships that the in-person employees had within their organizations.

Work Relationships

During COVID-19, some people still went into their place of work. There are some professions, like healthcare, where it was not possible to complete the tasks virtually. For these individuals, their work relationships became more important. As explained in earlier sections, individuals that worked in-person typically sacrificed time with people outside of work because of the potential for exposure. To maintain a work-life balance, the in-person employees need to find outlets to process their new work environment. For the in-person employees, coworkers became vital for support systems.

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At the beginning of the pandemic, Maddie, a dietitian, was finishing her clinical

internship at a hospital. Not only was she learning a new career, but she was also

navigating life during a global pandemic. She described her need for support from her

coworkers. "The interns relied a lot on each other like we were tight-knit group, and so,

as we learned, we relied on discussing things together." The need for support during work

was not being filled by personal connections so co-workers became more heavily relied

on. These interactions were necessary because her co-workers were experiencing the

same changes that Maddie was experiencing. Her co-workers were also faced with the

same challenges that she was navigating, making her co-workers a strong support system.

This need for co-workers to provide emotional support was also shown within

Sarah's relationships. Sarah, a nurse, also did not see her family because of COVID-19.

When asked about her relationship with her co-workers, she described them as part of her

family.

> I became so much closer to them [my coworkers]. I didn't see my family
> for like probably three months because I just didn't know how contagious
> it was and my parents are older, and obviously didn't want to like pass
> anything on to them. I feel like that all of us just became kind of like a
> family, I would see my roommates, and then I would see people at work
> for like several months. We definitely grew really closer in that [time].

Sarah also talked about how this family dynamic at work was specific to the

people that were also assigned to the COVID-19 floor. The individuals that she

worked with on the floor understood what she was going through and the hard

aspects of the job. They became her support system because they all went through

the same changes together.

The family dynamic was also referenced in Jade's interview. When Jade, who

works in a bakery, went back to work after the shutdown, only a few people were allowed

back. Through the transition back to work, they became closer, and a family dynamic emerged.

> We were a family. It was such a small tight-knit family. They truly became all my friends. We could all talk and we were together all day, so we would feel comfortable being together outside of work. I mean, that's when we can decompress about the whole day and what we went through and the encounters.

Jade needed an outlet to decompress about the events at work. Her co-workers had a shared experience that they could reflect on together. Personal relationships outside of work do not share that same experience and so they don't have the same level of understanding of the day to day challenges. COVID-19 made it difficult to see people because of the fear of spreading the virus. She was with her coworkers all day which made this group feel like a safe group to be with. Also, this group understood what happened during the shifts with supervisors and with guests, which made them a good group to decompress with. During COVID-19 Jade relied on her coworkers to process work related stress.

Due to the changes COVID-19 created for work, women described the need to create new strategies to balance their new, and challenging workload. Women worked towards this balance through relationship formation. Most women condensed their social network to a select group of people that they felt were "safe to be around." If the individual remained in person, or went back to in-person work after the initial lockdown was over, they relied heavily on their coworkers for support. In these situations, workers viewed their coworkers as part of their COVID safe bubble and drew comfort from their shared experience of work changes among coworkers. As such, individuals' work-life balance was

influenced by what relationships were prioritized and how the individual prioritized COVID-19 safety.

The changes in women's work-life balance alter identity formation processes. Their environment and their social networks changed which created a new reality to form identity. In the next section, I discuss the second research question which asks how working women make sense of changes to their identity and responsibilities.

Identity Formation

According to sensemaking theory (Weick, 1995), turbulence produces behavioral changes in order to understand and react to changes that happen in a given environment (Kramer, 2017). During this process, identity formation happens (Kramer, 2017). This study's second research question asks how women's identity was impacted during the changes that COVID-19 created. Within this theme, I divided the codes into subcategories: work self as a priority, personal life priorities, emotional response to change, work role changes, dependency on faith, provider or financial responsibilities, Family/Motherhood, personal loss, fulfillment from work, lack of fulfillment from work, and protector of family and friends. These subcategories revealed the different changes within women's work identity and personal identity. The main changes happened within work and family dynamics. Also, women felt responsible for protecting their friends and family during the pandemic. In this next section, I discuss the identity formation that happened at work and within one's personal life, with particular attention to the ways family and motherhood changed during COVID-19.

Identity and Work

In this section, I focus on the individuals who were affected by job loss and how that transition affected their identity. When looking at job loss, some lost their job temporarily (the organization shut down), some were laid off, and some used the turbulence of the pandemic to find a new position. I found that the age of the participant made a difference in how the job transition affected the individual. Younger participants (under 30) were more concerned about being financially stable, while older participants predominately focused on how their jobs bring them fulfillment. For example, Megan, an elementary school principal, decided that this will be her last year within her profession. When reflecting about her decision to leave, she discussed both work and personal stresses. Megan's son passed away from non-COVID-related causes during the pandemic. However, before this event happened, she was starting to think about leaving her school. Once her son passed, she knew that it was time to let another person take her role.

> Handling the stresses in September before my son died, I had a conversation with my boss and I said, 'here's the deal. I can retire June 30 I think this is my last year in public education, I cannot sustain at the stress level I think I'm done.' Then, when [my son] died, I was like 'yeah I'm done.' It's time for me to pass the torch to somebody else.

For Megan, the stress of COVID-19 at work and her personal life stressors were enough for her to decide it was time to leave education. She chose to walk away from her identity that is found within her role as a principle. When I asked her about what she is going to do next after her retirement, she listed different passions such as diversity and inclusion in education, mentorship, and coaching. Megan's transition out of public education is not an end to her career, but rather a move to pursue roles that bring her joy and fulfillment.

Jessica, who is now a director at a nonprofit, was laid off from a position that she held for 14 years. Her termination from her prior position was a result of COVID-19 and not a reflection of her performance within the job. Jessica did not plan on looking for another job until her current position reached out. She informed me that to apply for her current job she had to make a resume because she hadn't made one in 14 years. Now, she works for a nonprofit and is in the process of learning a completely different role. She did not take this role for financial purposes. She took this role because she identified with the mission and the self-fulfillment that it would give her. "I want to be part of this" she stated, "I don't even care if my part of that is filing paperwork." Jessica is not motivated by finances, but by the mission of the organization that she is part of. Her decision to take the position was not based on necessity, but from wanting to do something impactful with her time and energy.

As for the younger participants in this study, their jobs were a means to pay their bills more than a source of fulfillment. For example, Allison was a hairdresser prior to COVID. However, her job was shut down when the pandemic started and she later decided to switch positions due to COVID safety concerns. Her new job, as a caretaker, is merely a financial choice. "I'm just thinking I'm going to do this for a while…I love helping people and the pay is not bad at all so I'm not complaining about that." Even though Allison is currently employed as a caretaker, she is still looking for outlets to style hair and to work within the cosmetology industry. She is not planning on making her current job her life profession.

Jenna, a chiropractic assistant, also transitioned into a job that she has no desire to make into a profession. Like Jessica, Jenna was laid off as a result of COVID-19. Jenna had a full-time staff position at a Texas summer camp that gave her a sense of purpose and accomplishment. Once she lost her job, she moved cities and got a job for financial purposes only, "it is a job that I literally got because I needed to pay bills." Jenna has put her work aspirations on hold so that she can financially get through COVID-19.

When looking at identity formation within the workplace, the older participants (Megan and Jessica) placed more emphasis on their workplace fulfillment than the younger women (Jenna and Allison) during job changes. For the younger individuals, finances were more important than following a set career plan and looking towards advancement. However, once the pandemic is over, both Jenna and Allison hope to focus on career moves that prioritize their skillsets.

Protector of Friends and Family

During the interviews, it was evident, regardless of life stage, that women centered the needs of others in their life. Each participant noted the sacrifices or changes made for the benefit of others. In response to R2, which asked how working women make sense of changes to their identity and responsibilities, I noticed that women view themselves as a protector for the people in their life. Table 4.2 provides an overview of who individuals chose to protect during COVID-19.

Table 4.2 Summary of Whom Participants Protected

Name	Occupation	Who they protected
Lizzie	Marketing	Practiced COVID-19 safety protocols, such as wearing a mask and social distancing, to protect her friends.
Sarah	Nurse	Chose to avoid contact with her family so that they were not exposed to COVID-19.
Jade	Bakery host	Her biggest concern was keeping her parents COVID-19 negative.
Jenna	Chiropractor assistant	Focused on protecting emotional wellbeing of her roommates.
Cora	High school teacher	Added extra wellness checks to her school curriculum to ensure that her students were safe.
Lacy	Accountant director	Focused on protecting the emotional wellbeing of her children.
Megan	Elementary school principal	Megan's friend group had a cancer patient within their friend group that they "became protective of".
Lilly	College admissions counselor	Lilly took extra social distancing precautions when seeing friends to ensure their safety.
Brooke	High school teacher	Added extra wellness checks to her school schedule to ensure that her students were safe.
		(Continued)

Name	Occupation	Who they protected
Jessica	Nonprofit director	Focused on protecting the emotional wellbeing of her son.
Sonia	Bakery shift-lead	Practiced social distancing and did not see her friends for her grandparents and parents.
Maddie	Dietitian	Maddie made the choice to not see her family since she was exposed to COVID-19 at work.
Lola	Dance teacher	Lola took extra precautions to ensure her sisters safety because her sister was pregnant during the pandemic.
Evie	Speech language pathologist	Evie spent less time with her family so that they would not be exposed to COVID-19.
Allison	Hair stylist/ elderly caretaker	Focused on keeping her clients safe.
Holly	Hotel supervisor	Holly was mainly concerned with keeping her grandparents, friends, and boyfriend safe.
Rose	High school teacher	Her main priority was keeping her baby healthy.
Emilee	Pilot	She practiced social distancing to keep her friends safe.

During the interview with Sonia, a bakery shift-lead, we discussed the importance her family had in her life. She was concerned that if she came into contact with others that she could spread COVID-19 to her parents and grandparents. When asked about having her place of work shut down, she was "relieved." Her concern for her family spread to all of her daily activities,

> You know, as being a 25-year-old like you're getting off work, you want
> to go see your friends, you want to go out to dinner with your friends. I

didn't see any of my friends for a few months. I did not see my best friend
for two solid months… I just kind of put my personal life on hold.

Sonia sacrificed time with friends because of her desire to keep her family safe. When making decisions she placed the needs of her family above her own desires.

The women who participated in the study made decisions about how to deal with the changes the COVID-19 caused. Sonia, a bakery shift lead, was willing to pause her life for the sake of her family. She took the role of protector when her place of employment was shut down and chose to isolate herself from her friends. Others within the study also reacted this way. When I asked about priorities with dealing with COVID-19 safety protocols, Lola, a dance instructor, stated, "I was more scared of getting COVID and giving it to my parents or my grandparents than really how I would deal with it." Choices to wear masks, social distance, and quarantine were made out of the need to keep the people around them safe, and not the personal safety of others. Holly, a hotel supervisor, also echoed this sentiment when she stated, "if I can do anything to help them [friends and family] and keep them safe then I'm going to do that." COVID-19 safety was not about personal safety for these women. Their main priority was protecting their friends and family.

The women interviewed also highlighted the sacrifices that they made to protect their loved ones. Evie, a speech language pathologist, stated that she did not go home to see her family because at work she saw people die from COVID-19 and she was not going to bring it back to her family. Maddie, a dietitian, also works in a hospital setting. At the beginning of the pandemic, she was finishing her graduate school internship, which was in a hospital. She choose not see people closest to her because of her workplace exposure. "Obviously I wanted to go and spend Easter and spend holidays and

birthdays with them, but I had to make those decisions to stay home." Maddie and Evie

did not interact with their families so that they could be protected from COVID-19.

Health care workers stayed away from their loved ones because of their personal

exposure. Evie and Maddie moved into the protector role because of their experiences at

work.

Women that were not health care workers also made sacrifices. When Megan, an

elementary school principal, lost her son, she wanted to hold a proper funeral. She knew

that doing so would risk the health and safety of the ones around her and in the end

decided to alter her plans, "I love my tribe, I love my group of friends, I love my family,

but there are a whole lot of people I would have loved to connect more deeply with at the

service and I couldn't." Her identity as a mother and the grief that she experienced was

not placed as a priority because of the greater concern she had for others.

Mothers felt a responsibility to protect their children from COVID-19. Rose, a

high school teacher, was pregnant with her first child during the pandemic. As a mother,

she felt that it was her job to protect her son. The moment that she tested positive for

COVID-19 she felt like she was "the worst mother ever." For Rose, her ability to be a

good mother to her baby rested on her ability to stay healthy. Her main priority was to

keep her baby away from COVID-19. She placed her identity in her ability to keep

sickness out of her family's home and when she was not able to do that, she felt that she

did not live up to her responsibility to protect.

During a time of uncertainty and change, the women in this study rationalized

their choices and based their choices on the need to protect people around them. Women

were more focused on the need to keep their loved ones safe than they were on the safety

of themselves. Mother's felt the need to keep their family safe, however this was not the only change within their role as mothers. Women with families had to navigate the changes within their work and home dynamics which caused their role as a working mother to change as well. The next section discusses the changes that happened in working mothers' identities as their work and family dynamics changed.

Motherhood as a Challenged Identity

There were only six mothers who participated in the study. However, the women did experience COVID-19 in similar ways. Family was important to many of the women in the study. Part of working mother's identity rests within their work life and part of their identity rests within their home life. There is a tension that lies within these identities as both required extra time during COVID-19. Organizations required their employees to add more reasonability to their day. However, women also felt the need to make sure their family was cared for. Rose, a high school teacher, had her workload increased as a result of teachers leaving the school. By the end of the year, she decided to reduce her workload for the sake of her family, "Could I be a full-time Spanish teacher and full-time Student Leadership teacher? Yes, I could, but I wouldn't be a good mom." Rose would rather be a good mom then advance in her career. She chose to limit her responsibilities at work so that she could prioritize her role as a mom.

The women I interviewed saw the time with their family as a positive part of COVID-19. Brooke, a high school teacher, recounted many memories about the fact that she would have lunch in-between the virtual classes and would go on daily walks with her sons. Cora, a high school teacher, had her son move back home from college, which gave her the ability to be a mom again. Megan, an elementary school principal, felt her

"life slow down" and cherished the last few months she had with her son. Even though work-life changed for the women that I interviewed, the extra time spent with family was overwhelmingly seen as a positive.

Lacy, an accounting director within a nonprofit, found that her time with family changed as a result of COVID-19. Her appreciation grew as her role in her family changed. Before COVID-19 she felt that she had to make every family gathering perfect. Now that COVID-19 has happened, she feels like her role is to simply be present for her family.

> I just think my time with my family is so much more important to me, I mean it always was, but I think I have more joy in it. I look for I look forward to it in a different way. Maybe it won't be perfect, and I won't be as busy making everything exactly the way it should be, because I'm spending more time just being with everybody and that's good.

Lacy grew into a new role within her family. Before COVID-19 she prioritized creating the perfect environment for her family to live in. Now, her main priority is spending time and being in the moment with her family. Lacy's appreciation for her family never changed, but the way she spends time with her family and her identity within her family changed.

Mothers also prioritized the emotional well-being of their children. For the mothers in this study, they focused more on the emotional state of their children than their physical well-being. Lacy, an accountant director at a nonprofit, had a daughter that was planning a wedding. Both of her children lost the final moments of their athletic seasons during COVID-19. During the lockdowns, they spent most of their time working with their children on the emotional hardships that COVID-19 brought. Lacy focused on looking to the future so that once COVID-19 was over, they were emotionally ready to

continue with their goals, "We weren't going to be stuck in this forever, so I wanted to make sure that things were set up in such a way that we could come out of it on the other side still thriving." Lacy made sure that her family did not let COVID-19 effect the emotional well-being of her children. She wanted to ensure that once the pandemic was over, her children could still be successful. Jessica, a director of a non-profit, also had a son that had his senior year of college athletics canceled. Her son was also planning a wedding during the lockdowns. Jessica focused on the emotional well-being of her son by also looking to the future. She did not want her son to stop planning and moving forward with his life. Like Lacy, Jessica made sure that her son was prepared to be successful after the pandemic was over.

Brooke, a high school teacher, had children that still lived at home. Brooke also wanted to ensure that once the pandemic was over, her children could be successful. She did this by making sure that their emotional well-being was still intact. She accomplished this by acknowledging the negatives of COVID-19. However, once the negative emotions were acknowledged, she made sure that her family looked at the positive side of COVID-19,

> My youngest came up one day and was just sitting on the couch. He wasn't logging into school or anything. I'm like, 'Hey what are you doing you know class is going to be starting'. H"'s like, 'why does it even matter. I'm just going to get up from the couch and go to the dining room and then come back to the couch.' I was like 'You know what you're right, you're absolutely right, but we still have to find the ways to engage.'

During the difficult times, Brooke would also emphasize the joy that could be found in family breakfast and other family activities. Her priority with her family was to keep a positive environment so that they could thrive in difficult times.

Working mothers during COVID-19 were placed in an environment where they had to balance the stresses at work and the responsibilities at home. There is tension between the added responsibilities at work and the need to care for their family. The mothers I interviewed cherished the extra time they got with their family. They focused their efforts on ensuring that their children would be successful once the pandemic was over. When given the choice to prioritize their work or their family, they choose their family.

Summary

This study focused on the changes that working women faced during COVID-19 and the sensemaking processes that they enacted during the changes. RQ1 what were working women's experiences during the COVID-19 pandemic? Women faced a variety of changes to the way in which they worked. When processing the change, women felt isolated. The participants of the study condensed their social networks because of COVID-19. If individuals were working virtually, they kept in contact with their family and a limited group of friends. If the individual was working in person, they choose to stay more connected to their co-workers and gave up time with their friends and family. Changing who they spent the most time with resulted in changes in who they processed their work-life balance practices with.

The changes with who they processed their work-life balance practices with also changed how their identity was formed. RQ2 asked: How did working women make sense of changing roles and responsibilities during the COVID-19 pandemic? For the women over 30 years old in the study, work was used to fulfill a sense of purpose. Part of their identity came from their commitment to the mission of the organizations that they

were working in. For the women under 30, the meaningful aspect of work was sacrificed for financial stability. Younger women made the choice to take jobs that did not align with their perceived identity with the hope that once the pandemic is over, they can return to professions that provide a sense of purpose.

Women also made choices based on their need to protect their friends and family. When deciding how to react to COVID-19 changes, women focused on keeping their friends and family safe. They were more concerned with staying healthy and practicing COVID-19 safety protocols for the well-being of the people around them. Mothers felt inclined to make decisions for the safety of their children. However, mothers also had to balance the growing tensions between their work and home responsibilities. Work responsibilities increased during COVID-19, but women placed a higher priority on the needs of their family and cherished the extra time with their children. In the next chapter, will further summarize the findings, provide theoretical and practical implications, and explore the limitations and areas of future research.

CHAPTER FIVE

Discussion and Implications

This study explored the effects of the COVID-19 pandemic on woman's work-life balance and identity formation. The results of the study were analyzed through the theoretical viewpoint of Weick's (1995) sensemaking theory. This theory provided a lens through which to examine the changes that happened to women's work and personal lives during the pandemic, how women made sense of these changes, and the identity formation that resulted from these changes. The following discussion will summarize the findings, connect the theoretical implications with the findings, provide practical implications, and suggest areas for future research.

Summary of Findings

Women's work and personal life experiences were affected by the COVID-19 pandemic. When the pandemic started, work procedures and expectations changed. The workload and expectations increased for many of the participants interviewed. In addition to a workload increase, the method of work also changed for the individuals. Some participants have not returned to their office space, some work within a new hybrid setting, and some never left their place of work. With each of these scenarios, the individuals still went through similar sensemaking processes. The women I interviewed relied on others to makes sense of their environment at work and enact change to their work-life balance practices. The women did this by condensing their social networks and then using these individuals to help them understanding and process how COVID

impacted their lives. Through the shifting of community, new priorities and identities were formed.

In response to RQ1, women's response to the changes at work depended on what type of work they were doing. If work remained in person, women would process the changes with their co-workers. Co-workers became important for the sensemaking process because they were all going through the same experiences together. Also, being with coworkers felt safe in terms of their COVID exposure. Individuals did not feel an increased risk of being exposed to COVID-19 if they were around their coworkers. However, if the individual worked from home, they relied on their family and a small group of close friends to process the changes that were happening at work. Coworkers were not the main group of people that were utilized as a support system for the individuals that worked virtually. It did not matter what type of work was done; all the individuals condensed their friend groups. To remain safe and avoid being in contact with COVID-19, all the individuals became more selective on how they interacted with people within their social circles. To maintain work-life balance, the women in the study looked to their coworkers, family, and close friends to process the information and change their habits.

Isolation was a result of the changes to work activities. It did not matter if a participant worked in person or at home, everyone felt isolated at some point during the pandemic. For the individuals working at home, they missed the in-person interactions that happened within the workplace, and their social circles were also condensed. This isolated the women that participated in the study. For the women that worked in person, they chose to condense their interactions with people within their social circles. Many of

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these individuals worked in health care and were fearful of spreading COVID-19. In response to the fear they experienced, they cut out interactions with their friends and family. All participants, regardless of their work environment, experienced some form of isolation during COVID-19.

In response to RQ2, the data indicates that women are motivated to change their priorities by the need to protect the people who are important to them. Women found purpose in the need to protect their family, friends, and loved ones. Decisions on how to manage work and personal life choices were made with the emphasis on protecting the people around them. Women were overwhelmingly others-focused. Women were also concerned with staying COVID-19 safe for the people around them. They were less concerned about their personal safety than the safety of those around them.

Women with children described an increased prioritization on their family. Even though their work changes made balancing their home and work responsibilities more difficult, there was a renewed joy in having the extra time with their families. Of note, several participants sacrificed career advancement opportunities to embrace their identity as a mother or spend more time with their family. Women gave up parts of their work identity so that they could be present with their families.

COVID-19 also changed women's perspectives on work satisfaction. The older individuals interviewed looked to their profession for work satisfaction and personal fulfillment. When their job no longer fit that role, they choose to leave. In instances when they lost their job, they only took a new job if it would give them personal satisfaction. Contrarily, younger women viewed their job as a financial need. However, younger

women expressed the desire to one day select a job that would bring greater personal fulfillment.

<center>*Theoretical Implications*</center>

Sensemaking Theory

The findings of the research were examined through the lens of Karl Weick's (1995) Sensemaking theory. According to Weick (1995), when there is turbulence within an environment, individuals go through a process where they use past experiences and individuals around them to understand their new environment. Once an individual has gone through this process, their behavior changes and new identities form. For the purposes of this study, turbulence was enacted through the changes that COVID-19 brought to the workforce. COVID-19 changed the way the world works, which in turn changed how women conducted their work, interacted with others in their personal life, and constructed their identity.

During the enactment stage, members have to directly engage with the changes that are happening within their new environment. This is when individuals start to process the changes. Typically, this happens after the changes have occurred. One of the seven characteristics of sensemaking is that it is retrospective (Weick, 1995). Having a retrospective outlook on COVID-19 is challenging. Individuals can reflect on isolated changes that happened within their personal life or work environment; however, given the ongoing nature of the COVID-19 pandemic, a fully retrospective stance is not possible.

In the action stage, people repeat and refine their actions until their actions match their environment (Weick, 1995). During this stage of the sensemaking process, it is

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important for the individual to reduce confusion caused by the changes that occurred within their environment (Stephens et al., 2020). To reduce confusion, individuals focused on extracted cues, and they operate within the environment that they were placed in. COVID-19 caused confusion and uncertainty within people's work and personal lives. Given the unprecedented nature of the COVID-19 pandemic, individuals could not take cues from their environment or past to fully make sense of their new reality. The world after March 2020 was entirely new. Sensemaking is also driven by plausibility instead of accuracy (Weick, 1995). Likewise, women in this study made choices based on what they perceived was correct. Drawing from their environmental cues, women navigated this uncharted world by making what they thought was the best possible choice. For example, Evie, a speech language pathologist, made the choice to limit time with her friends and family after seeing COVID-19 patients. Her environment motivated her actions and helped her make what she thought was the best possible choice.

The final stage of sensemaking is the retention stage. Within this stage, the new behavior has been decided and it is repeated (Stephens et al., 2020). The new behavior is seen as the best way to adapt to the changes and turns into the set procedure. For example, Brooke, a high school teacher, focused on checking in on the well-being of her students through Google surveys. She continued this type of check-in for the duration of remote learning to ensure that she was effective in regards to communication with her students. Within key principles of sensemaking theory, it is also important to note that sensemaking is ongoing. Environments are always changing and as such, the sensemaking process continues to repeat itself. Once Brooke went back to in person learning, she had to continue the sensemaking process. Since the class was in person, new

procedures needed to be put in place to adapt to the next changes to the classroom environment. In this way, sensemaking theory is a helpful frame for understanding behaviors surrounding COVID-19 since the pandemic changed rapidly. Even now, as the pandemic wanes, people will have to change their behavior again to match a world trying to find normalcy again.

In the sensemaking process, people process changes with the people around them (Weick, 1995). During COVID-19 working women's communities changed. If a woman was working in person, she typically communicated with her co-workers and processed the changes to her life with her coworkers. Woman who worked virtually processed the changes brought about by the pandemic with her friends and family. This means that the sensemaking process was happening with different individuals depending on whether women were working in person or virtually. Women were going through the process of identity formation with new individuals as a response to COVID-19.

Sensemaking theory helps guide research on COVID-19 by focusing on the thought processes of people during extreme changes. The theory draws attention to the ways people rethink their procedures, adapt to change, and rely on the people around them. However, it is difficult to apply sensemaking theory to COVID-19 because there is not a past event to look to as a guide for future decision making. Researching these challenges through the lens of sensemaking theory can help us understand the process in which choices were made and the identity formation that happened because of it.

Contributions to Communication Literature

The findings of this study help further our understanding of how COVID-19 affected the workplace and personal life for working women. Specifically, this study demonstrates the complexity of work-life balance for women because of the isolation COVID-19 caused. Women reconstructed their support systems that helped negotiate their work-life balance practices. This study helps show the changes in how women place value within their work and how they choose to protect their friends and family. Also, this research centers the social changes as a result of the pandemic rather than the health concerns of the pandemic. The experiences of the women that were interviewed highlighted the changes that happened within their work and personal life that did not relate to physical health. Individuals, like Jenna started working as a chiropractic assistant because COVID-19 eliminated her job position from the previous organization that she worked at. For women like Jenna, COIVD-19 did not cause health concerns, rather it caused financial and job stability concerns. COVID-19 affected everyone, even if they never contracted COVID-19. It is important to look at COVID-19 through the social implications because it will help industries understand the new realities their employees are living in.

When faced with the challenges of COVID-19 all women, regardless of whether they had children, faced changes within their work due to changing work policies and the feelings of isolation experienced. To date, much of the literature focuses on maternity leave and motherhood (Buzzanell et al., 2007; Charvat et al., 2021; Dunn, 2020; Hoffman & Cowan, 2010; Kirby & Krone, 2002; Meisenbach et al., 2008; ter Hoeven et al., 2017; Turner & Norwood, 2013). Women of all ages and life stages have been

affected by COVID-19 and have had to adjust accordingly. This study shows that even though women prioritize their family, they still find identity within the workplace. Working mothers' have complex identities that had to be reconstructed during COVID-19 due to the societal changes that happened within the work environment. Women are not only mothers, and their work is not just affected by if they have children or not, however, when making decisions working mothers prioritized their family before their work during COVID-19. This study provides an underexamined perspective on working women—one that moves away from maternity leave polices and highlights practices that woman enact regardless of their status as a mother.

Practical Implications

The focus of the study highlights how COVID-19 altered the way women created work-life balance and constructed their identity. Since this study focuses on the changes that working women faced, there are many practical implications. First, understanding the motivation behind work for women will help organizations cater to the women employees. As stated previously, during the pandemic, women made decisions based on their need to protect the important people in their life. Understanding how women rationalize and make decisions to protect their loved ones will assist in creating different types of policies and programs. Organizations can provide options for their employees to ensure that they feel safe in their place of employment.

Second, it is important to understand what the individual is wanting to gain from a new job. Women who are looking to place their identity in their work will need different resources than individuals who simply need financial stability. Understanding the different needs that women have will help retain and recruit employees. Third, when

advertising open positions, it is important to create messaging that emphasizes the values that working women possess. When employers look to hire women, it is important to emphasize values that align with protecting family, and self-fulfillment within the job descriptions. During COVID-19 women felt the need to protect the people around them. Crafting messages that highlight the importance of protecting family and friends will help women feel comfortable reentering the workforce.

Future Research

Research needs to continue to look at the effects that COVID-19 had on individuals within the workplace. The pandemic is still creating changes to the home and work environment. These changes caused a mass exodus of women within the workforce (Hsu, 2021). Women prioritized their family and left their place of work during COVID-19. Research into the continuing impact of COVID-19 on work can help lead to future policy changes and restructuring of organizations so women can maintain a work-life balance and reenter the workforce.

One of the main findings within this study was that women's identity centers on their ability to protect the people they care about. Once the pandemic is over, future research should consider whether this aspect of women's identity is enduring or merely activated during turbulent times. If this is an identity trait that is common among women, future research should be done to see how this trait is exhibited during times when there are no stressors changing behavior.

Finally, this study was not industry or location specific. Even though the findings suggested many similarities in how women perceived the difficulties of COVID-19, future work should focus on specific industries in order to specify policies and support

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women needs. For example, women working in health care experienced a different COVID-19 pandemic than women working virtually. This study highlights those differences and future research should continue to compare and contrast these experiences.

<div align="center">*Limitations*</div>

This study shows the sensemaking process that occurred during the COVID-19 pandemic for working women. This study focused on women's work-life balance practices and the ways women made sense of their identity in light of the pandemic. However, there were a few limitations during this study. First, this study had a small sample size. Only 18 women were interviewed in this study. I was able to draw connections between the women's experiences and decisions, but the sample was not large enough to represent women as a whole. Second, even though I did obtain participants within a large age range, most of the participants were between the age of 18-25 years old. Third, the majority of the participants resided in Texas, though several participants lived in other states. Fourth, only six of the women who were interviewed had children. Out of the six women, only two of them had their children living at home with them. Future studies need to be completed to incorporate the changes working mothers experienced. Finally, most of the participants had a college degree or higher within this study. Further research needs to be done for individuals that have vocational training or no advanced degree.

Conclusion

Working women were affected by the changes that COVID-19 brought to work and personal life. Through the lens sensemaking theory (Weick, 1995), this study highlights the process in which women navigated the changes that COVID-19 caused. Women felt isolated as their communities condensed and they had to make choices on who they were going to interact with. Women prioritized the needs of others and changed their routine to keep others safe. Their support system changed, which led to new or deepened relationships from which to process the impact of COVID-19 on their lives. Through this communicative processing, women's identity also changed or was re-prioritized during the pandemic. For instance, as workload increased and organizations required extra from their employees, mothers often chose to prioritize their families. Data in this study highlights the impact COVID-19 had on working women and the workplace changes that women navigated regardless of whether work remained in person or went virtual. Younger women focused on their need for financial stability while older women centered their personal fulfillment from their chosen occupation. As the pandemic starts to lessen, future research needs to explore how women renegotiate their work experiences and the reformation of their identity in a post-pandemic world.

APPENDICES

APPENDIX A

Initial Contact Email

Greetings,

 My name is Azile Nelson, and I am currently a masters' student at Baylor University. I am conducting a project that uses a sensemaking approach to explore working women's responses to the changes in their work-life balance practices as a result of the COVID-19 pandemic. I am particularly interested in the way women enact work-life balance practices and negotiate changes to their identity.

General requirements:

> If selected for this study, you will go through a face-to-face interview process or zoom interview.

Eligibility:

- Must be a women

- Must be over 18 years old

If you meet these requirements, please fill out the participant interest form and return it to

> my email (azile_nelson@baylor.edu). If you have any questions, I available to

> talk Monday-Friday 9-4 at 303-995-2523.

Sincerely,

Azile Nelson

Participant Information Form

First and Last Name:

Age:

What is your highest form of education:

       No formal education

       High School

       College

       Vocational Training

       Masters

       Doctorate/Ph.D.

Places employed:

What City and State do you work/live in:

Are you currently employed? Y/N

How many Children do you have?

What are the ages of your children?

Are your children currently living with you?

       Yes

       No

       Sometimes

       N/A

Which of the following best describes your current relationship status

Married

Widowed

Divorces

Living with significant other but not married

In a relationship but not living with significant other

Single

Are you Hispanic or Latino? Y/N

Regardless to the answer to the previous question, please check all that you identify with.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Prefer not to answer

Consent Form

Baylor University
Department of Communication

<u>Consent Form for Research</u>

PROTOCOL TITLE: The effects of COVID-19 on women's work-life balance practices and identity

PRINCIPAL INVESTIGATOR: Azile K. Nelson

SUPPORTED BY: Baylor University

Purpose of the research: The purpose of this study is to provide insight on working women's responses to the changes in their work-life balance practices as a result of the COVID-19 pandemic.

Study activities: If you choose to participate in this study, you will be asked to participate in an interview process. During this interview, you will be asked questions about your work-life balance practices, reactions to COVID-19, and identity negotiation processes.

Risks and Benefits:

There will be times where you will be asked to answer personal questions about your personal reflections on COVID-19, work, and home life.

There may be no benefits for you taking part in this study. However, improved understanding on women in the workforce may come from this study

Confidentiality:
For all research purposes, pseudonyms will be attributed to all members that are part of the study.
Authorized staff of Baylor University may review the study records for purposes such as quality control or safety.

Compensation: This study is voluntary.

Questions or concerns about this research study: You can call the researcher(s) with any concerns or questions about the research. The contact information is listed below
Azile K. Nelson
Azile_Nelson@baylor.edu

APPENDIX D

Interview Guide

To get the basics of the job before COVID-19…

      Where do you work?

      Describe your daily routine before COVID-19 started.

To get the basics of the job during COVID-19…

    When the pandemic started, what were the main changes to your job?

    How were you informed of the changes that were happening at work?

    How did you feel about these changes?

    Who did you rely on to help you with the changes at work?

How has COVID-19 changed your responsibilities and relationships outside of work?

Had COVID-19 changed your expectations from work and home?

    Lets talk about after work (During Covid)….

    What was your daily routine after work during COVID-19?

      What are your main responsibilities outside of work?

    Tell me about a time when your home responsibilities got in the way of work responsibilities.

    How did you manage the dual responsibilities?

      Did work or your home responsibilities take more importance?

    Tell me about a time when work got in the way of home responsibilities?

      How did you manage the dual responsibilities?

        Did work or your home responsibilities take more importance?

Wrap up…

   When the pandemic is over, what are you most looking forward too?

      Any other reflections about yourself and your work in light of COVID that you want to share?

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