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## Single Mother Leaders Improving Organizational Employees' Good Health and Well-Being During the COVID-19 Pandemic

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# Walden University

College of Management and Human Potential

This is to certify that the doctoral dissertation by

Emmanuel Nwogor

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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2024

Abstract

Single Mother Leaders Improving Organizational Employees' Good Health and

Well-Being During the COVID-19 Pandemic

by

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MPhil, Walden University, 2022

MSA, Central Michigan University, 2009

BBA, Georgia State University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Management

Walden University

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## Abstract

The specific research problem addressed was the lack of care for the employees' good health and well-being by single mother leaders in state government agencies in the southern region of the United States during the COVID-19 pandemic. The research question investigated the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of care for the employees' good health and well-being during the COVID-19 pandemic. In this qualitative descriptive phenomenological study, 11 single mother leaders with five years of work experience as leaders were identified, and their lack of care for the good health and well-being of employees during the COVID-19 pandemic was described. Maslow's hierarchy of needs theory and Alderfer's seminal existence-relatedness-growth-theory guided this study. Data were collected through semistructured interviews with open-ended questions. Thematic analysis was used to identify meaning structures. The 11 participants affirmatively responded that improving employees' health and well-being benefits the employers, the employees, the community of belonging, and the society. The four research findings were (a) improving health and well-being experiences with other employees, (b) challenges in getting care from leaders, (c) leaders providing needed care, and (d) feelings of improved health and well-being by leaders and employees. Positive social change implications include extending leaders' knowledge about how providing care for employees' well-being in crises like the COVID-19 pandemic helps meet employees' basic needs, improve workforce retention, and impact them, their organizations, communities of belonging, and societies.

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## Dedication

First and foremost, I dedicate this dissertation paper to Almighty God for keeping me healthy and alive to complete this project. Second to all the first responders who helped on the front lines during the COVID-19 pandemic. Thirdly, I dedicate this paper to my wife, Fidelia, and my twin boys, Rex and Roy, reminding me to finish what I started. With their encouragement, I got to the finish line and completed this project. Lastly, I would like to dedicate this study to the memory of my parents, Mr. George Osuya Jumbo Nwogor and Mrs. Celina Onwubeye Nwogor, who embedded in me the work ethic that I live by daily.

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## Table of Contents

|   |      |
|---|------|
| List of Tables .....                      | vii  |
| List of Figures .....                     | viii |
| Chapter 1: Introduction to the Study..... | 1    |
| Background of the Study .....             | 2    |
| Problem Statement .....                   | 6    |
| Purpose of the Study.....                 | 7    |
| Research Question.....                    | 8    |
| Conceptual Framework .....                | 8    |
| Maslow’s Hierarchy of Needs Theory .....  | 9    |
| Clayton Alderfer’s ERG Theory .....       | 9    |
| Nature of the Study.....                  | 11   |
| Definitions.....                          | 15   |
| Assumptions.....                          | 16   |
| Scope and Delimitations .....             | 17   |
| Limitations .....                         | 18   |
| Significance of the Study.....            | 19   |
| Significance to Practice.....             | 21   |
| Significance to Theory .....              | 23   |
| Significance to Social Change .....       | 24   |
| Summary and Transition .....              | 25   |
| Chapter 2: Literature Review .....        | 27   |



|  |    |
|--|----|
| Literature Search Strategy.....  | 28 |
| Conceptual Framework .....   | 30 |
| Maslow’s Hierarchy of Needs Theory .....   | 31 |
| Alderfer’s Existence-Relatedness-Growth Theory .....   | 33 |
| Literature Review.....   | 35 |
| Historical Research on Prior Pandemic’s Origin, History, and Social<br>Impacts.....  | 36 |
| The COVID-19 Pandemic as a Transforming Event and Black Swan.....  | 43 |
| Sustainable Development Goals of the United Nations.....   | 47 |
| Gendered Inequalities Experienced by Women in Organizations Globally<br>Pre-COVID-19 Pandemic .....                              | 51 |
| The Gendered Impact of the COVID-19 Pandemic on Individuals’ Good<br>Health and Well-being .....                                 | 59 |
| Single Mothers’ Experience Pre-the COVID-19 Pandemic .....   | 63 |
| Effect of the COVID-19 Pandemic on Single Mothers .....  | 70 |
| Lack of Organizational Care for the Good Health and Well-being of<br>Organizational Employees During the COVID-19 Pandemic ..... | 72 |
| Organizational Retention and Recruitment Issues During the COVID-19<br>Pandemic.....   | 73 |
| Workplace Support for Employees During the COVID-19 Pandemic.....  | 75 |
| Gaps in the Literature.....  | 77 |
| Summary and Conclusions .....  | 78 |

|   |     |
|---|-----|
| Chapter 3: Research Method.....   | 81  |
| Research Design and Rationale.....  | 82  |
| Review of Research Design: Phenomenology .....                            | 83  |
| The Qualitative Descriptive Phenomenological Design .....                 | 85  |
| Importance of the Descriptive Phenomenological Design to This Study ..... | 86  |
| Role of the Researcher .....  | 88  |
| Methodology.....  | 90  |
| Participant Selection Logic .....   | 90  |
| Instrumentation .....   | 93  |
| Pilot Study.....  | 96  |
| Procedures for Recruitment, Participation, and Data Collection .....      | 98  |
| Data Analysis Plan .....  | 101 |
| Quirkos 2.5 Qualitative Data Analysis Software.....                       | 102 |
| Issues of Trustworthiness.....  | 103 |
| Credibility .....   | 104 |
| Transferability.....  | 105 |
| Dependability.....  | 106 |
| Confirmability.....   | 107 |
| Ethical Procedures.....   | 108 |
| Summary .....   | 111 |
| Chapter 4: Results .....  | 113 |
| Pilot Study.....  | 113 |

|   |     |
|---|-----|
| Research Setting.....   | 115 |
| Demographics .....  | 116 |
| Data Collection .....   | 117 |
| Data Analysis .....   | 119 |
| Data Organization .....   | 122 |
| Categories.....   | 124 |
| Themes and Patterns .....   | 127 |
| Discrepant Cases .....  | 129 |
| Evidence of Trustworthiness.....  | 131 |
| Credibility .....   | 132 |
| Transferability .....   | 133 |
| Dependability .....   | 135 |
| Confirmability.....   | 136 |
| Study Results .....   | 137 |
| Finding 1: Improving Health and Well-being Experiences With Other<br>Organizational Employees .....         | 141 |
| Finding 2: Challenges in Getting Care From Organizational Leaders .....                                     | 144 |
| Finding 3: Organizational Leaders Providing Needed Care .....   | 148 |
| Finding 4: Feelings of Improved Good Health and Well-being by<br>Organizational Leaders and Employees ..... | 152 |
| Summary .....   | 157 |
| Chapter 5: Discussion, Conclusions, and Recommendations.....  | 159 |

|  |     |
|--|-----|
| Interpretation of Findings.....  | 162 |
| Theme 1: Experienced Physical Health Issues .....  | 162 |
| Theme 2: Experienced Spending More Time in the Gym by Working Out .....                                    | 163 |
| Theme 3: Experienced Concern About Lack of Care.....   | 165 |
| Theme 4: Experienced Concern About Employees’ Increased Health<br>Issues Like Stress and Burn Out.....     | 167 |
| Theme 5: Experienced Opportunities to Balance Work and Life<br>Responsibilities .....                      | 169 |
| Theme 6: Experienced Provision of Flexible and Teleworking<br>Opportunities.....                           | 170 |
| Theme 7: Experienced Having a Sense of Belonging .....   | 171 |
| Theme 8: Experienced Feeling a Sense of Security.....  | 172 |
| Theme 9: Experienced Feeling of Meeting Basic Needs.....   | 173 |
| Finding 1: Improving Health and Well-being Experiences With Other<br>Organizational Employees .....        | 175 |
| Finding 2: Challenges in Getting Care From Organizational Leaders .....                                    | 176 |
| Finding 3: Organizational Leaders Providing Needed Care.....   | 176 |
| Finding 4: Feelings of Improved Good Health and Well-being by<br>Organizational Leaders and Employees..... | 177 |
| Limitations of the Study.....  | 178 |
| Recommendations.....   | 179 |

|  |     |
|--|-----|
| Recommendation 1: Find the Advantages of Providing Benefits That Help<br>Relieve Employees' Job Anxiety in the Workplace .....                                   | 181 |
| Recommendation 2: Investigate the Link Between Providing Employee<br>Assistance Programs to Employees' Mental Issues in the<br>Workplace .....                   | 181 |
| Recommendation 3: Research Attractive Employee Benefits Packages .....   | 182 |
| Recommendation 4: Research how Periodic Reevaluations of Training and<br>Hiring Practices can Improve Fairness and Equity in the<br>Workplace .....              | 183 |
| Recommendation 5: Conduct Studies on Employee Satisfaction,<br>Specifically for Single Mothers After the Birth of a Child in Re-<br>entering the Workforce ..... | 183 |
| Significance of the Study .....  | 184 |
| Significance to Practice .....   | 185 |
| Significance to Theory .....   | 186 |
| Significance to Social Change .....  | 187 |
| Conclusions .....  | 189 |
| References .....   | 190 |
| Appendix A: Interview Protocol .....   | 210 |
| Appendix B: Recruitment Letter .....   | 213 |

## List of Tables

|   |     |
|---|-----|
| Table 1. Participant’s Demographics .....   | 117 |
| Table 2. Code, Description, Categories, and Themes .....  | 126 |
| Table 3. Improving Health and Well-being With Other Organizational Employees .....                        | 144 |
| Table 4. Challenges in Getting Care From Organizational Leaders .....                                     | 148 |
| Table 5. Organizational Leaders Providing Needed Care.....  | 152 |
| Table 6. Feelings of Improved Good Health and Well-being by Organizational Leaders<br>and Employees ..... | 157 |

## List of Figures

|                                    |     |
|------------------------------------|-----|
| Figure 1. Themes and Findings..... | 140 |
|------------------------------------|-----|

## Chapter 1: Introduction to the Study

The lack of organizational care for employees' good health and well-being during the coronavirus disease (COVID-19) pandemic continues to affect the good health and well-being of all organizational employees, specifically single mother leaders. Identifying and describing the lived experiences of these mothers regarding this issue is essential and could help improve employees' good health and well-being. Researchers have investigated this issue, but not by specifically exploring the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic (see Kaugars et al., 2021). In their study exploring the American parents' lived experiences during the COVID-19 pandemic: ramifications for well-being, Kaugars et al. (2021) highlighted the need for future research. Kaugars et al. recommended future research to know the specific effect of the COVID-19 pandemic on specific populations like low and middle-income American parents, single parents, and the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. The study's potential social implication is that it could help promote positive social change and organizational employees' good health and well-being. Chapter 1 begins with the study's introduction, background, problem statement, purpose, research question, conceptual frameworks, nature of the study, definitions, and assumptions and concludes with the study's scope, delimitations, limitations, significance, summary, and transition to Chapter 2.



## **Background of the Study**

The COVID-19 pandemic is a social problem currently affecting individuals' good health and well-being in organizations and the global society (Kaugars et al., 2021). There remains a literature gap in a critical analysis of the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic (Kaugars et al., 2021; Mihalache & Mihalache, 2021). Exploring the impact of the pandemic on the good health and well-being of single mother leaders and other organizational employees is essential to finding ways to improve their good health and well-being during a crisis like the COVID-19 pandemic. Comparing this pandemic to prior pandemics is a good starting point and will aid in proactively planning for future pandemics (Mackowiak, 2021). Planning for future pandemics will help improve employees' well-being in times of crisis, like the life-changing COVID-19 pandemic.

The COVID-19 pandemic has more adverse effects on individuals' good health and well-being than prior pandemics, making it a life-changing pandemic. Fishman (2020) reported the COVID-19 pandemic as different and transforming. Equally, Gray and Alles (2021) chronicled the COVID-19 pandemic as a black swan event that adversely impacted individuals' good health and well-being. Blignaut et al. (2021) posited that achieving the objective of improving all individuals' good health and well-being is essential. In the same way, according to Dawes (2020), the United Nations General Assembly adopted the 2030 agenda for sustainable development, setting out

wide-ranging ambitions for global development with 17 sustainable development goals (SDGs). Achieving the 17 SDGs is essential due to their benefits to all individuals globally. SDG 5 is a good starting point because it aims to eradicate gender inequality globally. Historically, women have faced more challenges and barriers than men in organizations, including gender inequalities and the glass ceiling effects. Van Anders (2004) affirmed that more men than women pursue academic careers and professorships in academia because parenting, perceived systematic barriers, and mobility issues were obstacles to women entering the professorate that led to the disparity. Identically, Paulus et al. (2016) found that a significant gap in faculty rank favors more men than women. Ahmad (2017) examined the same topic that resulted in women with PhDs and young children being likelier to leak out of the tenure track pipeline because of the lack of family-friendliness in academia. Mert (2021) appraised the same topic and confirmed that cultural authoritarianism had created gender gaps that have affected women more than men in education and other institutions globally. In a like manner, Wladkowski and Mirick (2019) identified that pregnant and parenting students experience gender inequities caused by some faculty members in academia.

Gender inequality favoring women increased during the COVID-19 pandemic, resulting in an adverse effect on the health and well-being of organizational employees (Li et al., 2021). Reviewing prior literature and expanding on the knowledge gap established in this research to know the impact of the COVID-19 pandemic on organizational employees, specifically single mother leaders, compared to other categories of employees almost 2 years into the COVID-19 pandemic is vital.

Conversely, Carli (2020) and Kaugars et al. (2021) explored gender inequality during the COVID-19 pandemic and established that the pandemic had created more challenges for women's advancement. Carli and Kaugars et al. also hinted that the gender gap widened, resulting in more women than men losing their jobs during the COVID-19 pandemic. Similarly, Parry and Gordon (2021) found that women were more impacted than men during the COVID-19 pandemic in South Africa. Also, Meagher et al. (2021) examined the same topic and concluded that gender inequality in leadership would remain unresolved globally if it stayed unquestioned. In like fashion, Li et al. (2021) concluded that gender and socioeconomic inequalities in parents' psychological well-being swelled among parents during the COVID-19 pandemic for women and single parents. Homogenously, Febrianto (2021) found that instabilities created by the COVID-19 pandemic caused this category of mothers to make less income during this period. Also, Garcia et al. (2021) investigated the same topic and found that single mothers faced numerous challenges during the COVID-19 pandemic. In the same way, Hertz et al. (2021) found that during the COVID-19 pandemic, employed single mothers' stress levels increased because essential services like daycare and schools were curtailed or shut down. Hamouche (2020) also found that the COVID-19 pandemic is a new stressor in the lives of employees, creating more negative effects on the well-being of employees that lead to mental issues. The COVID-19 pandemic drastically increased stress and individuals' negative well-being, resulting in retention and hiring issues.

Owners of organizations require leaders to recruit, train, and retain the best talents. Employee retention and attraction of the right talents that are the right fit are vital

for the survival of all organizations. Russell et al. (2018) stated that stress and adverse well-being could be very costly to employees and employers. Likewise, Rapoza et al. (2021) found that stress is a leading cause of negative well-being that affects organizational recruitment and retention. Also, Keeman et al. (2017) confirmed that employees are organizations' greatest assets and that lack of care for their good health and well-being is costly to both the employer and the employee. Che et al. (2022) found that organizational leaders must give enough attention to employees, evaluate their well-being, and intervene.

Similarly, Mihalache and Mihalache (2021) argued that more employees would be more committed to their employers when supported. Finally, Sharkey and Caska (2020) confirmed that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. For leaders to meet the obligation of retaining the best talents in their organization, it is essential to care for their well-being. Reviewing prior literature and expanding on the knowledge gap established in this research to identify the impact of the COVID-19 pandemic on organizational employees, specifically single mother leaders, compared to other categories of employees almost 2 years into the COVID-19 pandemic is imperative. This study was needed to know the impact of the COVID-19 pandemic on the good health and well-being of single mother leaders in state government agencies in the southern region of the United States.

### **Problem Statement**

The social problem for this study was that the impact of the COVID-19 pandemic continues to generally affect organizational employees' well-being (see De-la-Calle-Durán & Rodríguez-Sánchez, 2021; Hamouche, 2020; Jayathilake et al., 2021; Parry & Gordon, 2021). There remains a literature gap in a critical analysis of the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic (Kaugars et al., 2021; Mihalache & Mihalache, 2021). The specific research problem addressed was the lack of organizational care for the good health and well-being of organizational employees by single mother leaders in state government agencies in the southern region of the United States during the COVID-19 pandemic. The effects of the COVID-19 pandemic on employees' good health and well-being are equally leading to high employee turnover (Akinyooye & Nezamis, 2021; Jayathilake et al., 2021). The effect of the COVID-19 pandemic is also creating severe retention issues for organizations in the United States (De-la-Calle-Durán & Rodríguez-Sánchez, 2021; Jayathilake et al., 2021). Akinyooye and Nezamis (2021) posited that the turnover rate, based on the Job Openings and Labor Turnover Survey (JOLTS), was 16.3 million in March 2020 due to the COVID-19 pandemic.

De-la-Calle-Durán and Rodríguez-Sánchez (2021) confirmed that the lack of employee work engagement impacted organizational success factors during the COVID-19 pandemic. For example, organizational success factors like employees' performance,

efficiency, productivity, safety, attendance, retention, and customer service were adversely affected (De-la-Calle-Durán & Rodríguez-Sánchez, 2021). Comparably, Kaugars et al. (2021), in their study on the direct impact of the COVID-19 pandemic, concluded that American parents reported increased job loss and health concerns, which also adversely impacted their organizations. Also, as confirmed by Keeman et al. (2017), a typical employee spends about one-quarter of their adult life at work, making work a fundamental life pursuit for many individuals. Work also affects an employee's good health and well-being, and an organization's success depends on overall employees' good health and well-being (Keeman et al., 2017). The effect of the COVID-19 pandemic on the good health and well-being of specific populations, such as women impacted more after 2 years since the pandemic was declared a pandemic by the World Health Organization (WHO), continues to be overlooked, resulting in a more adverse impact on employees and employers.

### **Purpose of the Study**

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The descriptive phenomenological approach I used in this study regarding this specific research problem of lack of organizational care for employees' well-being during the COVID-19 pandemic allowed me to identify the issues and problems. Applying the descriptive phenomenological approach also allowed me to explore and describe the issues and

problems present from the experiences of the targeted population of single mother leaders. Based on the general sample size criteria, the participant sample was 11 or until the data saturation point. A goal of the study was to generate new knowledge or expand on previous research and frameworks exploring employees' good health and well-being and organizational support during a crisis like the COVID-19 pandemic. This new knowledge might help inform organizational leaders in state government agencies on the importance of providing organizational care for their employees' well-being in times of crisis like the COVID-19 pandemic.

### **Research Question**

What are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic?

### **Conceptual Framework**

The conceptual framework that guided this study was Maslow's (1958) hierarchy of needs theory and Alderfer's (1969) seminal existence-relatedness-growth (ERG) theory. Researchers have concluded that Maslow's hierarchy of needs theory and the ERG theory are paradigms for human well-being that, when fulfilled, help improve individuals' well-being (Abbas, 2020; Che et al., 2022). Maslow introduced his hierarchy of needs framework in 1943 (Maslow, 1958). Maslow's objective in developing this human needs framework was to find what makes people happy and what needs to be done by the people or others associated with them, like their organizational leaders, to

achieve such happiness (Arruda, 2005). Maslow's hierarchy of needs theory and its five concepts on the lack of organizational care for employees' good health and well-being during the COVID-19 pandemic is about how organizational leaders can meet the organizational needs of employees in the workforce (Fisher & Royster, 2016). The ERG theory was the second framework that guided this study. The ERG theory was reconstructed from Maslow's theory of needs hierarchy in 1969 into a revised essential structure theory (Maslow, 1958, as cited in Ahmad et al., 2021). The ERG theory indicates that humans are inspired to participate in the existence, relatedness, and growth needs concept to live well (Che et al., 2022). The following section includes two conceptual frameworks and their accompanying concepts based on prior studies.

### **Maslow's Hierarchy of Needs Theory**

Maslow's (1958) hierarchy of needs theory includes five concepts or categories. The five concepts that comprise Maslow's theory of needs are (a) physiological needs, (b) safety and security needs, (c) love and belonging needs, (d) self-esteem needs, and (e) self-actualization needs (as cited in Abbas, 2020). The first and second concepts of the hierarchy of needs theory are gateways to basic needs that will improve good health and well-being to enable humans to live while pursuing the three advanced needs far up the pyramid (Arruda, 2005). Providing adequate income and benefits by organizational leaders will allow employees to meet their basic needs and live well.

### **Clayton Alderfer's ERG Theory**

The ERG theory was reconstructed from Maslow's hierarchy of needs framework by Alderfer in 1969 (Alderfer, 1969). The ERG theory was the second guiding



framework for this study. Ben-Amram and Davidovitch (2021) consented that the ERG indicates that humans are inspired to participate in the three needs embedded in the ERG theory to live well. The three needs in the ERG theory are (a) existence, (b) relatedness, and (c) growth (Ahmad et al., 2021). Further discussed in detail below, fully participating in these three needs of the ERG theory will make humans live well.

There is a logical connection between the ERG theory, Maslow's hierarchy of needs theory, and the nature of this study. The connection includes the concepts of physiological needs, safety, love, belongingness, esteem, and self-actualization (see Abbas, 2020). Also, the logical connection between the ERG theory and the nature of this study includes the concepts of existence, relatedness, and growth as reconstructed from Maslow's hierarchy of needs framework by Alderfer (see Ahmad et al., 2021). Maslow's hierarchy of needs and the ERG theory are also logically connected. In his hierarchy of needs framework, Maslow (1958) suggested that human beings tend to fulfill basic needs and security before self-actualization needs (as cited in Abbas, 2020). Examples of physiological needs are food, shelter, safety, and security. At the same time, psychological needs include love, belongingness, and esteem. These basic needs will be satisfied before reaching the more advanced self-actualization needs like creativity, achievement, skills, and problem-solving (Abbas, 2020). In his ERG theory, Alderfer agreed with Maslow's concept using a revised essential structure theory (Ahmad et al., 2021). The qualitative descriptive phenomenological study approach was paramount to answering the research question posed (see Husserl, 2012; Willis et al., 2016). Also, the

ERG theory (Ahmad et al., 2021) and Maslow's hierarchy of needs theory (Abbas, 2020) guided this study.

### **Nature of the Study**

A descriptive phenomenological design was used to address the research question in this qualitative study. The descriptive phenomenology approach is used to learn the lived experience of a phenomenon when the participants are still experiencing the phenomenon (Giorgi & Giorgi, 2003; Groenewald, 2004; Husserl, 2012; Li et al., 2022). Also, the descriptive phenomenological approach could help me better understand the participants based on the description and narration of their lived experiences, free of interpretation by the researcher (see Martins, 2008). The COVID-19 pandemic is still ongoing, and single mother leaders are still experiencing this specific research problem of the lack of organizational care for the good health and well-being of organizational employees in state government agencies in the southern region of the United States during the COVID-19 pandemic.

Semistructured in-depth interviews with open-ended questions were conducted with 11 single mother leaders in state government agencies located in the southern region of the United States or until data saturation has been achieved. A small sample size is recommended for a qualitative phenomenological study if the data quality is sufficient (Groenewald, 2004; Guest et al., 2006; Husserl, 2012; Li et al., 2022). A small sample size of three was the recommendation by Groenewald (2004). Guest et al. (2006) recommended 18. In comparison, Morse (2000) recommended a small sample size of five. In this descriptive phenomenological study, the sample size of six to 10, or until the

data saturation point, was estimated because I planned to interview each participant many times, necessitating a smaller sample size. In this descriptive phenomenological study, I stopped the data collection at the data saturation point, which was 11 participants. The data saturation point, according to the theoretical saturation principle, is the point when the collection of additional data in the study will be redundant and not yield different results while confirming emerging themes and conclusions (Guest et al., 2006). Single mother leaders were chosen because of their importance in the workforce, and this category of mothers was excluded from the study by Kaugars et al. (2021) when the COVID-19 pandemic was only 3 months old. I gained insights into the employees and the work environment through semistructured, in-depth interviews with open-ended questions involving single mother leaders in the southern region of the United States dealing with the lack of care for the good health and well-being of employees during the COVID-19 pandemic (Kaugars et al., 2021; Mihalache & Mihalache, 2021). Using semistructured, in-depth interviews with open-ended questions and random sampling gave me insight into the targeted population of single mother leaders.

I used purposeful random sampling as a criterion for the sample selection in this study interview. Sunday and Vera (2018) postulated that the random sampling criterion helps add credibility, reduce biases, and identify and select thick, rich cases in a study. Using purposeful random sampling helps the qualitative researcher add credibility to the study of those using the findings who prefer random selection (Sunday & Vera, 2018). Second, purposeful random sampling may help the qualitative researcher reduce bias (Sunday & Vera, 2018). Third, the researcher might also benefit by using purposeful

random sampling in a descriptive phenomenological research study to identify and select thick, rich cases to learn more about the phenomenon of inquiry (Sunday & Vera, 2018). I used qualitative design for this study because it is exploratory and seeks to collect data consistent with its complexity. I could not use a quantitative design because it only seeks cause-and-effect relationships, which is not the scope of this study.

I used Quirkos 2.5 qualitative data analysis software to organize and code the data. The consideration for choosing the Quirkos 2.5 software against other qualitative data analysis software was because the analysis tools within the software enabled me to do first-cycle code in various forms. Secondly, to perform a second-cycle analysis of unique codes and interview participants' transcripts. Thirdly, Quirkos 2.5 software enabled me to perform dual coding across all participants' interview transcripts and query complex questions of the interview data by combining codes and code groups. Quirkos 2.5 software also helped me to retrieve interview participants' quotes that illustrated categories and themes that emerged from the interview data (see Miles et al., 2014). For my research design, I used an interview protocol that included semistructured interviews with open-ended questions with participants who met the following three inclusion criteria: (a) single mother, (b) leader in state government agencies in the southern region of the United States, and (c) a minimum number of 5 years of work experience as a leader.

Reflective journal notes were another source of information for this proposed study. The research was informed by semistructured, in-depth interviews with open-ended questions involving only participants who have experienced the phenomenon and

meet the inclusion criteria (see Groenewald, 2004). The sample size of six to 10, or until data saturation had been achieved, was estimated for this descriptive phenomenological study because each participant was interviewed many times, necessitating a smaller sample size (Guest et al., 2006; Husserl, 2012; Morse, 2000). Also, after reaching the saturation point, further data collection yielded similar results while confirming emerging themes and conclusions. In the data analysis process, I followed steps based on the descriptive phenomenological recommendations by Giorgi and Giorgi (2003). According to Giorgi and Giorgi, the researcher should first read the interview transcripts several times to understand the participant's response to analyzing the data. Second, read each unit to grasp the meaning of the responses in each unit. Third, transform the participants' everyday expressions into psychological implications (Giorgi & Giorgi, 2003). Following the steps recommended by Giorgi and Giorgi ensured a proper data analysis in this study.

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. I selected participants from state government agencies in the southern region of the United States that have tentatively agreed to participate in this study. I also developed questions to guide the interviews in this study, focusing on the phenomenon's context and conditions (Groenewald, 2004; Martins, 2008). The interview responses were digitally recorded, transcribed, analyzed, and presented as thematic analysis using Quirkos 2.5 software.

## Definitions

Relevant literature provided the following definitions for the concepts and key terms in this study:

*Externally based organizational support:* Partnership by the organization to work with external organizations to offer individualized and confidential coaching to expectant and new mothers and offer group-based training and support for working parents to reduce their stress (Ladge et al., 2018).

*Internally based organizational support:* Policies and practices are provided directly by organizations to mothers to allow them the freedom to choose what works best for them based on their unique needs. Examples include the choice of teleworking or flexible work arrangements and the option of a phased back-to-work schedule after maternity leave (Ladge et al., 2018).

*Job-related well-being:* Job-related well-being is how individuals experience positive emotions concerning work, such as feeling energetic, happy, enthusiastic, inspired, and satisfied (De-la-Calle-Durán & Rodríguez-Sánchez, 2021).

*Job Openings and Labor Turnover Survey (JOLTS):* The Job Openings and Labor Turnover Survey is a survey of the labor turnover rate compared to job openings (Akinyooye & Nezamis, 2021).

*Managerial support:* Ensure managers receive training to focus on and ensure that each maternity situation is unique (Ladge et al., 2018).

*Total separation level:* Total separation level, also referred to as employee turnover, is the level of separation between employees and their employers (Akinyooye & Nezamis, 2021).

*Well-being:* Well-being is feeling good and functioning well (Keeman et al., 2017).

*Work engagement:* Work engagement is the positive work-related state of mind characterized by vigor, dedication, and absorption (De-la-Calle-Durán & Rodríguez-Sánchez, 2021).

*Work flexibility:* Work flexibility is when employees can be flexible with their work schedule instead of having a fixed schedule (Sharkey & Caska, 2020).

*Work-life balance:* Work-life balance is when an individual balances between work and life responsibilities (Sharkey & Caska, 2020).

### **Assumptions**

The study's assumptions are first that participants have experienced the COVID-19 pandemic within the last 2 years. The second assumption was that the participant's good health and well-being in the workplace are affected by the COVID-19 pandemic. These two assumptions were important to this study because the literature has indicated that an individual's good health and well-being have been affected during the COVID-19 pandemic (Kaugars et al., 2021). With the provision of organizational care for the good health and well-being of individuals and employees in organizations, employees' good health and well-being could improve and they will be retained in employment. Another assumption was that participants would be truthful and accurate when responding to the

interview questions about their lived experiences of the lack of organizational care for employees' good health and well-being. I based this assumption on my assurance of confidentiality, participants' anonymity, their employers' identities, and the protection of all data collected during the study. These assumptions could introduce biases because of my role as this study's sole researcher and primary data collection instrument. The fourth assumption in this study was the data's trustworthiness for the established themes' validity and reliability. The assumption for trustworthiness was based on my demonstration that the findings in this study were dependable, credible, confirmable, and transferable. I discuss the scope and delimitations of the study in the next section.

### **Scope and Delimitations**

In this study, I collected data from single mother leaders in state government agencies in the southern region of the United States. The participant's three selection criteria were limited to (a) single mother, (b) leader in state government agencies in the southern region of the United States, and (c) a minimum number of 5 years of work experience as a leader. Jayawickreme et al. (2012) postulated that the study of good health and well-being could be approached through liking, wanting, or needing definitions. This study's scope was confined only to the needed approach to well-being as defined by prior scholars like Maslow (1958) and Alderfer (1969). Confining this study to only the needed approach was paramount.

The delimitations of this study were related to the geographical location and target population where I drew the study sample, the sample size, and the conceptual frameworks guiding this study. First, the geographical location where I recruited



participants is in the United States' southern region. Second, the participant size limit was six to 10, or until saturation was reached. The delimitation of the geographic area and the size limit for this study could limit the transferability of the findings to other geographic locations outside the southern region of the United States. The other delimitations for this study related to the conceptual frameworks are, first, the delimitation to explore only the needs related to single mother leaders' good health and well-being as defined by Maslow's hierarchy of needs theory (Kaugars et al., 2021). Second, the delimitation to explore only the lack of good health and well-being of organizational employees from the perspective of the hierarchy of needs grounded in Maslow's (1958) hierarchy of needs theory) and Alderfer's ERG theory (Ahmad et al., 2021). The delimitation of this study to the sample size, geographical location, and conceptual frameworks was essential.

### **Limitations**

The first limitation of this study was that the COVID-19 pandemic was still ongoing. Therefore, scheduling and conducting interviews during the COVID-19 period was challenging for the participants. The second limitation was that some of the targeted participants had left the workforce and might have been difficult to access. The inability to locate the targeted participants who have experienced the lived experiences related to this phenomenon because of leaving the workforce was also a challenge and limitation in this study. The third limitation was that collecting data from the targeted population in the state government agencies was potentially impossible because of confidentiality issues. The backup for data collection in this study was to expand the population to single mother leaders in both public and private organizations in the southern region of the

United States. The fourth limitation of this study was meeting saturation while collecting data from participants. Once the data saturation point was achieved, further data collection yielded similar results while confirming emerging themes and conclusions. The collected data was assumed to have enough information to replicate the study and overcome this meeting saturation. The potential researcher bias in this study could be information bias, which occurred during the participant's data collection process because of mishandling, missing data, and wrong data classification. To avoid this researcher bias, I used triangulation to collect the data for this study using multiple data collection instruments.

As the sole researcher for this study, the limitations identified limited the value of the participant's data collected. However, I was optimistic that the data collected from the participants' lived experiences in this study helped identify and describe the investigated issue. Second, the participant's data in this study helped the single mother leaders in the targeted population by providing managerial support to help overcome the impact of the COVID-19 pandemic on employees' good health and well-being. Overcoming the impact of the COVID-19 pandemic and the lack of organizational support could subsequently help to make this study significant because improving the good health and well-being of all organizational employees during the COVID-19 pandemic and all future pandemics and times of crisis could be attained.

### **Significance of the Study**

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region

of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Keeman et al. (2017) explained that a typical employee spends about one-quarter of their adult life at work, making work a fundamental pursuit for many individuals. Keeman et al. also put forward that work affects employees' good health and well-being, and an organization's success depends on overall employees' good health and well-being. This link between employees' good health and well-being and their organization's productivity, profitability, and overall success, shown by Keeman et al., makes this study very significant. However, despite these prior studies, little is known about the impact of the pandemic on single mother leaders' health and well-being during the COVID-19 pandemic (Kaugars et al., 2021). Researchers have emphasized the importance of exploring the specific effect of the COVID-19 pandemic on specific populations like low and middle-income American parents, single parents, and the LGBTQ community (Kaugars et al., 2021). Comparatively, researchers like Mihalache and Mihalache (2021) have also shown the importance of organizational support by leaders for employees during a crisis like the COVID-19 pandemic. This study might be significant in filling the identified literature gap on the lack of organizational care on the good health and well-being of organizational employees and single mother leaders in organizations during the COVID-19 pandemic.

It was significant to explore and understand the lived experience of 11 single mother leaders in state government agencies in the southern region of the United States to understand how lack of organizational support impacted their health and well-being and

other organizational employees during the COVID-19 pandemic. The findings in this study may contribute to filling the gap in the research literature specific to single mother leaders' experiences regarding the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. In this study, I focused on single mother leaders, and the study's findings could be significant to practice, theory, and social change. This study is significant in that it may contribute to filling the gap in the research literature specific to single-mother leaders' experiences regarding the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Comparably, researchers have shown the link between employees' good health and well-being and their organization's productivity, profitability, and overall success (Keeman et al., 2017). Despite these prior studies, little about single mother leaders' lack of organizational care regarding organizational employees' good health and well-being during the COVID-19 pandemic is known (Kaugars et al., 2021; Mihalache & Mihalache, 2021). Likewise, researchers have also emphasized the importance of exploring the specific effect of the COVID-19 pandemic on specific populations like low and middle-income American parents, single parents, and the LGBTQ community (Kaugars et al., 2021). In this study, I focused on single mother leaders, and the study's findings could be significant to practice, theory, and social change.

### **Significance to Practice**

The COVID-19 pandemic is a life-transforming event unlike prior pandemics because of its impact on the health and well-being of individuals. According to Fishman

(2020), the COVID-19 pandemic was different and a life-changing event. The COVID-19 pandemic impacted the health and well-being of individuals, organizations, economies, and societies within 2 years compared to prior pandemics (Fishman, 2020). Gray and Alles (2021) described the COVID-19 pandemic as a black swan event that led to the collapse of many businesses within a short period compared to prior pandemics. Carli (2020) and Kaugars et al. (2021) concluded in parallel studies that because historically, women have faced more challenges and barriers than men in the workplace, the COVID-19 pandemic has created even more challenges for women regarding advancement and well-being. Hertz et al. (2021) found that during the COVID-19 pandemic, the stress levels of employed single mothers increased because essential services like daycare and schools were curtailed or shut down. The COVID-19 pandemic increased parental stress, specifically among parents who face economic hardship, low-educated parents, and single parents (Brown et al., 2020). Also, according to Brown et al. (2020), families across global societies, specifically single parents and those facing economic hardship, are collectively experiencing a new range of parenting stressors due to the COVID-19 pandemic. This new parenting stressor during the COVID-19 pandemic continues to affect employees at work during the COVID-19 pandemic specifically single mother leaders. There is a linkage between employees and employers through work, so it was vital to conduct this study to know its significance to practice.

This research is significant to practice because the findings of this study could support professional practice. Based on the findings in this study, organizational leaders, including supervisors, managers, and human resources managers who are aware of care

for employees' well-being, could integrate organizational employee care practices. The data and themes from the participant interviews could be used to design solutions for organizational employees' care and well-being in the workplace to help retain employees. The findings in this study could also help understand the importance of caring for the well-being of organizational employees, who are an organization's greatest assets.

### **Significance to Theory**

This study may contribute to the idea that organizational leaders' support in times of crisis, like the COVID-19 pandemic, is essential. Russell et al. (2018) found that stress and negative well-being can be very costly to employees and employers. The study by Russell et al. is significant to improving organizational employees' good health and well-being and how stress and negative well-being can adversely impact organizations and their employees and lead to retention and recruitment issues. Likewise, Mihalache and Mihalache (2021) found that employees will be more committed to their employers when supported. Mihalachi and Mihalachi's study corroborated with Keeman et al.'s (2017) study, which concluded that evaluating employees' well-being and intervening is indispensable because of their importance to their employers. Mihalachi and Mihalachi's study is valuable to this study because it aligns with the argument about the need for employers to care for their employee's health and well-being during a crisis like the COVID-19 pandemic. These prior study's findings are also significant to this study and significant to theory because identifying and mitigating the impact of the COVID-19 pandemic on single mother leaders' health and well-being through the support of organizational leaders could impact theory development.

The findings in my study could be significant to theory also because they may help develop conceptual frameworks and theories related to employees' organizational well-being and support for them in times of crisis. The lived experiences of single mother leaders interviewed for this study could inform various conceptual frameworks that address organizational care for the well-being of employees in times of crisis. The accounts of the single mother leaders' lived experiences could help generate new awareness that may help build upon Maslow's hierarchy of needs theory and Alderfer's ERG theory (see Abbas, 2020; Ahmad et al., 2021). The lived experiences of organizational employees interviewed in this study could also inform current theory development focused on organizational care and the well-being of employees and help promote positive social change.

### **Significance to Social Change**

The findings and results of this study could affect significant social change and subsequently promote positive social change in individuals, organizations, communities, and society of belonging. First, the findings and results that emerged in the study could provide recommendations on how to help single mothers leaders and other employees in organizations. Second, when these organizational employees get help from their employers in organizational care for well-being, their basic needs can be met (Maslow, 1958). The employees might feel a sense of belonging to their organization and society, feel better about their general well-being, and stay employed. Third, when these employees stay employed, they will not depend on society. Single mother leaders and

other organizational employees, their employers, communities, and belonging to society will be positively impacted, resulting in positive social change.

Also, organizational leaders can help single mother leaders and support them by improving their health and well-being, specifically in times of crisis like the COVID-19 pandemic. In that case, it will be a win for all in society because improving the health and well-being of single mother leaders and other organizational employees can help all employees in organizations have a sense of belonging. A sense of belonging will enable all organizational employees, including those impacted by the COVID-19 pandemic, to stay employed (Simonds et al., 2016). The organizational leaders will have a healthy workforce that will fully contribute and make their organizations productive and profitable. When all employees have good health and well-being and continue to make their organizations productive and profitable, it will lead to oneness and a society where everyone feels they belong. Instead of having a dependent society because of the impact of the pandemic on employees' health and well-being and the lack of care by organizational leaders that forced some employees out of employment, the employees will retain their employment, be self-sufficient, and maintain sustainability in a working society.

### **Summary and Transition**

Chapter 1 included the study's introduction, background information, problem statement, the purpose of the study, research question, and conceptual frameworks. Also included were the nature of the study, definitions, assumptions, scope and delimitations of the study, limitations, and the significance of the study, including significance to



practice, theory, and social change. Despite the limited research about the lack of organizational care regarding the good health and well-being of organizational employees during the COVID-19 pandemic, it was necessary to research the topic to gain knowledge on how single mother leaders can improve the good health and well-being of organizational employees during the COVID-19 pandemic.

Chapter 2 begins with an introduction of the study problem followed by a literature review regarding single mother leaders improving organizational employees' good health and well-being. The literature review addressed the research problem and gap in research on the lack of organizational care regarding the good health and well-being of organizational employees in state government agencies in the southern region of the United States during the COVID-19 pandemic. Chapter 2 includes a summary of the current literature on organizational care and improving organizational employees' good health and well-being during the COVID-19 pandemic. I describe and synthesize peer-reviewed literature regarding organizational care during the COVID-19 pandemic to explain the problem of lack of care for organizational employees in times of crisis like the COVID-19 pandemic. The chapter also includes a description of the literature search strategy, an explanation of Maslow's (1958) hierarchy of needs theory and Alderfer's (1969) ERG theory, which are this study's two guiding conceptual frameworks. Chapter 2 ends with a discussion of the study design, a literature review of the descriptive phenomenology as a research design for this study, the gap in the study, and finally, the transition and summary to Chapter 3.

## Chapter 2: Literature Review

The specific research problem addressed was the lack of organizational care for the good health and well-being of organizational employees by single mother leaders in state government agencies in the southern region of the United States during the COVID-19 pandemic. The purpose of this study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The effects of the COVID-19 pandemic on employees' good health and well-being are leading to high employee turnover (Akinyooye & Nezamis, 2021; Jayathilake et al., 2021). The COVID-19 pandemic's effect is also creating severe retention issues for organizations in the United States (De-la-Calle-Durán & Rodríguez-Sánchez, 2021; Jayathilake et al., 2021). Akinyooye and Nezamis (2021) posited that the turnover rate, based on JOLTS, was 16.3 million in March 2020 due to the COVID-19 pandemic. Although this pandemic continues to affect the well-being of employees at work, the effect of the COVID-19 pandemic, specifically on the good health and well-being of specific populations like women than men, who are more impacted after 2 years the COVID-19 pandemic was declared a pandemic by the WHO continues to be overlooked. Kaugars et al. (2021) did not investigate the lived experiences of single mother leaders in the U.S. southern state government agencies regarding their lack of organizational care for employees' good health and well-being during the COVID-19 pandemic. This study may contribute to closing the gap in a critical analysis of the lived experiences of single mother leaders in

state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. I also explored prior literature on the lack of organizational care during a crisis like the COVID-19 pandemic.

Chapter 2 entails an exhaustive review of the current literature synthesized on organizational care and improving organizational employees' good health and well-being during the COVID-19 pandemic. Chapter 2 begins with a description of the literature search strategy and an explanation of Maslow's (1958) hierarchy of needs theory and Alderfer's (1969) ERG theory, the study's conceptual frameworks. I then discuss literature on pandemics, gender inequality and work, single motherhood and work, and organizational approaches to worker well-being during the COVID-19 pandemic. Chapter 2 closes with a discussion of the literature reviewed in summary, conclusions, and the contents of Chapter 3.

### **Literature Search Strategy**

I conducted this literature review using the Walden University Library to access the following databases: Google Scholar, Business Source Complete, ProQuest Central, Sage Journal, Library Search (formerly Thoreau), EBSCO discovery service, ABI/Inform collection, Academic Search Complete, Data USA, Data-Planet, ERIC, PubMed, Emerald Management journal, Science Direct, Sage Premier, Sage Management journal. I used Boolean and citation searching techniques in key searches in later stages of gap identification. The following terms were included: *COVID-19 pandemic*, *Novel Coronavirus*, *SARS-COV-2 disease*, *pandemic*, *job-related-well-being*, *flexibility*, *work-*

*life conflict, work-family conflict, work-life balance, basic needs, Maslow's hierarchy of needs, Alderfer's ERG theory, phenomenology, descriptive phenomenology approach, single mother, well-being, organizational employees, organizational leaders, parental stress, depression, unemployment, work retention, total separation level, JOLTS, work engagement, relatedness, and growth.*

The literature for this review ranged in publications from 2017 to 2022. Based on the search strategy employed, I obtained about 250 peer-reviewed articles. About 90 % of the peer-reviewed articles found were within 5 years of 2022. Blakeslee (2004) elucidated that using reliable, truthful, and correct content by applying the currency, relevance, authority, and purpose (CRAAP) test strategy is significant in supporting the literature review in a study. The peer-reviewed articles obtained for this study passed the CRAAP test I conducted. The peer-reviewed articles also have timely and relevant information related to the topic and will be essential for this study.

I also searched for earlier sources for foundational works, such as theories by seminal authors, and developed a search strategy using seminal works for key terms. After developing a list of practical terms, I expanded the search to modern articles. During the search, key terms changed, and I could identify and make connections in shifting trends in the management field. I subsequently searched for new terms to link them to former terms previously used in the literature. As key terms evolved, the terms were narrowed based on relevance to the literature review's scope regarding the COVID-19 pandemic's impact and lack of organizational care on the good health and well-being of organizational employees, specifically single mother leaders.

## **Conceptual Framework**

The conceptual framework that guided this study is Maslow's (1958) hierarchy of needs theory and Alderfer's (1969) ERG theory. Researchers have concluded that Maslow's hierarchy of needs theory and the ERG theory are paradigms for human well-being that, when fulfilled, help improve individuals' well-being (Abbas, 2020; Che et al., 2022). Maslow introduced the hierarchy of needs framework in 1943. Maslow's objective in developing the human needs framework was to find what makes people happy and what needs to be done by the people or others associated with them, like their organizational leaders, to achieve such happiness (Arruda, 2005). Maslow's hierarchy of needs theory on the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic is about how organizational leaders can meet the organizational needs of employees in the workforce (Fisher & Royster, 2016). The ERG theory is the second framework that guided this study.

The ERG theory was reconstructed from Maslow's theory of needs hierarchy in 1969 into a revised essential structure theory (Ahmad et al., 2021). The ERG theory suggests that humans are inspired to participate in the existence, relatedness, and growth needs to live well (Che et al., 2022). Because of this focus on well-being, the ERG theory and Maslow's hierarchy of needs theory are logically connected to the nature of this study. The logical connection is grounded in the concepts of physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs (see Abbas, 2020) and the concepts of existence, relatedness, and growth (see Ahmad et al., 2021). I used these concepts, as they relate to well-being, to better understand single

mothers' experiences of well-being as leaders at work during the COVID-19 pandemic. Using the ERG theory (Ahmad et al., 2021) and Maslow's hierarchy of needs theory (Abbas, 2020) guided and enabled me to answer the research question posed in this study. In the following section, I discuss these two conceptual frameworks and their accompanying concepts based on prior studies.

### **Maslow's Hierarchy of Needs Theory**

Maslow's hierarchy of needs theory consists of five concepts or categories organized as a pyramid. The five concepts that comprise Maslow's theory of needs are, from the bottom of the pyramid up, (a) physiological needs, (b) safety and security needs, (c) love and belonging needs, (d) self-esteem needs, and (e) self-actualization needs (Abbas, 2020). The first and second concepts of the hierarchy of needs theory are gateways to basic needs that will improve good health and well-being to enable humans to live while pursuing the three advanced needs farther up the pyramid (Arruda, 2005). For example, providing adequate income and benefits to organizational employees allows them to meet their basic needs and live well.

#### ***Physiological Needs***

The items in the physiological needs category are the necessities of life that determine the well-being of an individual. Physiological needs include breathing, food, water, shelter, clothing, and sleep (Abbas, 2020). The physiological needs category is the most fundamental among the categories and concepts of needs, as suggested by Maslow (Arruda, 2005). These necessities of life are required for humans to live. Organizational

leaders should provide the means for their employees to have these necessities of life both at and outside of work before going to the next category: safety and security needs.

### ***Safety and Security Needs***

The items in the safety and security needs category, as suggested by Maslow in 1943, are also considered basic needs. Sintayehu and Hussien (2021) reasoned that these basic needs include health, employment, property, family, and social ability. Safety and security, besides breathing, food, water, shelter, clothing, and sleep, are the gateway to an individual's good health and well-being (Arruda, 2005). Safe and secure individuals who meet their physiological needs have a robust human experience of happiness, ease, and contentment (Noltemeyer et al., 2021). Organizational leaders who can provide their employees and families secured employment, good health care, adequate income, and opportunities to enhance social abilities will help improve these employees' good health and well-being.

### ***Love and Belonging Needs***

The third category in the hierarchy of needs conceptual framework is the love and belonging needs category. Sintayehu and Hussien (2021) posited that this category consists of friendship, family, intimacy, and a sense of connection. Maslow (1958) suggested that these are advanced needs but that individuals must meet the physiological needs to live well before pursuing the needs in this category (as cited in Gordon Rouse, 2004). When an individual is hungry and lacks security, it is impossible to pursue the need in this or the next category, the self-esteem needs category or concept.

### ***Self-Esteem Needs***

The self-esteem needs concept is the fourth tier in Maslow's (1958) hierarchy of needs. The self-esteem needs concept consists of confidence, achievement, respect for others, and the need to be a unique individual (Rahimi et al., 2016). Maslow suggested that the needs in this category also contribute to the human experience of happiness and contentment (Stewart et al., 2018). Meeting the physiological needs before the needs in this category is essential to keep individuals alive (Sintayehu & Hussien, 2021). Also, the human experience of happiness and contentment, if achieved in this category, motivates humans to get to the self-actualization needs category and live entirely well.

### ***Self-Actualization Needs***

The self-actualization needs concept in Maslow's hierarchy of needs conceptual theory is the final category. The self-actualization needs concept is in the category of needs on top of the pyramid-shaped hierarchy (Maslow, 1958). The needs in this category consist of morality, creativity, spontaneity, acceptance, experience, purpose, meaning, and inner potential (Sintayehu & Hussien, 2021). All these needs in this category are essential for humans to experience a robust lifestyle. However, physiological needs must be met to keep humans alive before striving for this category at the top of the pyramid (Paris & Terhaar, 2011). The five concepts elucidated in this section are paradigms for living well by individuals.

### **Alderfer's Existence-Relatedness-Growth Theory**

The ERG theory, constructed from Maslow's hierarchy of needs theory by Alderfer (1969), was the second guiding framework for this study. Ben-Amram and



Davidovitch (2021) asserted that the ERG theory indicates that humans are inspired to participate in the three needs embedded in the ERG theory to live well. The needs in the ERG theory consist of the following three needs: (a) existence, (b) relatedness, and (c) growth (Ahmad et al., 2021). Further discussed in detail below, fully participating in these three needs of the ERG theory leads to well-being.

### ***Existence Needs***

The existence needs concept is the first concept in the ERG theory. The existence needs concept comprises the physiological and safety needs categories in Maslow's hierarchy of needs theory (Alderfer, 1969; Che et al., 2022). As suggested in this concept, organizational leaders should motivate their employees by appreciating their work and providing them with the needs required to meet their physiological and basic needs to exist and live well (Ahmad et al., 2021; Alderfer, 1969). When organizational leaders can provide for the needs of the organizational employees, it will motivate employees because they can meet their basic needs to exist and live well. Living well gives the organization's employees a sense of belonging and the inclination to strive to achieve the relatedness concept.

### ***Relatedness Needs***

The relatedness needs concept is the second need in the ERG theory (Alderfer, 1969). The relatedness needs concept consists of Maslow's psychological needs and the external portion of the need for respect (Alderfer, 1969; Ben-Amram & Davidovitch, 2021). Based on this theory, leaders should do whatever it takes to motivate their employees (Simonds et al., 2016). Providing organizational employees with the resources

needed to maintain interpersonal interactions with relatives, friends, or superiors is meaningful (Ahmad et al., 2021). Such gestures from the organizational leaders motivate and inspire employees to reciprocate and perform better for their employer. Also, addressing relatedness needs helps employees live well and strive to meet the last need in the ERG theory, which is the growth needs concept.

### ***Growth Needs***

The last concept in the ERG theory is the growth need concept (Alderfer, 1969). The growth needs concept is the self-actualization needs from Maslow's hierarchy of needs framework and the internal need for respect (Che et al., 2022). Organizational leaders should focus on employees' self-development requirements and professional progress to facilitate growth needs (Ben-Amram & Davidovitch, 2021). As organizational leaders support employees' professional development, employees may experience a sense of belonging and improvement in health and well-being (Simonds et al., 2016). The ERG theory and its three concepts are also paradigms for living well.

### **Literature Review**

The literature review process for this study included my reviewing previous literature to understand the study. The purpose of this study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. In the literature review, I explored the origin, history, and social impact of the COVID-19 pandemic historically, prior pandemics compared to the COVID-19 pandemic, the

COVID-19 pandemic as a transforming event and black swan, and the United Nations SDGs. Specifically, Goal 3's aim is to achieve good health and well-being for all individuals globally by 2030, as stipulated by the 2030 United Nations agenda. The literature review included gendered inequalities experienced by women in organizations globally before the COVID-19 pandemic, the gendered impact of the COVID-19 pandemic on good health and well-being of women than men, and single mother's experience pre-the COVID-19 pandemic. The literature review comprises the effect of the COVID-19 pandemic on single mothers and the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The literature review also includes organizational retention and recruitment issues during the COVID-19 pandemic, workplace support for employees during the COVID-19 pandemic, and descriptive phenomenology as this study's research design.

### **Historical Research on Prior Pandemic's Origin, History, and Social Impacts**

The information provided in this section includes looking at prior pandemics and comparing these prior pandemics to the COVID-19 pandemic. The origin, history, and social impact of the prior pandemics compared to the COVID-19 pandemic were also holistically reviewed in this section based on previous literature reviews. Preparing for future pandemics is necessary because, as Kriebs (2022) and Mackowiak (2021) concluded in their separate studies, they compared the COVID-19 pandemic to prior pandemics. The COVID-19 pandemic was devastating, resulting in more negative effects on the good health and well-being of individuals in society than prior pandemics. Knowledge of the origin of prior pandemics, their history, and their social impact is

crucial. A lack of historical knowledge will hinder progress in solving the current COVID-19 pandemic and future pandemics. The findings that emerged in this study using the knowledge garnered from prior studies compared with the COVID-19 pandemic may help organizational leaders improve the good health and well-being of organizational employees in global societies.

### ***Origin***

Compared to the COVID-19 pandemic historically, based on prior studies, most prior pandemics, like the Plague of Athens and the Acquired Immune Deficiency Syndrome, originated in Africa. Mackowiak (2021) determined that the Plague of Athens originated from Africa. Mackowiak also postulated that the Acquired Immune Deficiency Syndrome originated from chimpanzees in the Republic of Congo in 1920. Spencer (2021) concluded that the Acquired Immune Deficiency Syndrome has its geographical origin in Kinshasa, Congo, in Central Africa and its biological origin from apes. Unlike these prior pandemics, which originated in the African continent, the COVID-19 pandemic originated from Wuhan in Hubei province in China on the continent of Asia (Centers for Disease Control and Prevention, n.d.; Mackowiak, 2021). The origin of these prior pandemics is essential in understanding how to handle the COVID-19 pandemic. Also, understanding the history of prior pandemics is paramount to this study on improving organizational employees' good health and well-being during the COVID-19 pandemic.

### ***History***

The history of pandemics dates back to the Before Common Era or Before Christ Era (BCE). Mackowiak (2021) affirmed that historically, these prior pandemics resulted in many casualties and devastations. The Plague of Athens, which occurred about 430 Before the Christ Era, wiped out Athens's entire culture and religion (Doolittle, 2021). Historian John Barry, in the 2004 book *The Great Influenza: The Story of the Deadliest Pandemic in History*, traced the evolution of the influenza virus to World War 1 and its global turmoil (Spencer, 2021). Spencer (2021) posited that the influenza virus, through the global turmoil of World War I, killed over 50 million individuals within 2 years and about 675,000 individuals in the United States alone. In the BCE, curtailing prior pandemics was impossible because there were no advanced technologies and medicines such as vaccines during this time. Looking at the social impact of the COVID-19 pandemic is essential in helping plan for future pandemics.

### ***Social Impacts***

The COVID-19 pandemic is a social problem, and its impact on the targeted population's lack of organizational care for good health and well-being needs to be compared to prior pandemics to learn and prepare for the future. In the same way, Kriebs (2022) and Mackowiak (2021) concluded that the COVID-19 pandemic is not the first, worst, or last devastating pandemic humans will encounter. Kriebs and Mackowiak also agreed that looking back at history is necessary to help us plan for the next pandemic. Looking at pandemics historically based on prior studies is central for this study because it will help organizational leaders like single mother leaders improve their organizational

employees' good health and well-being in times of crisis like the COVID-19 pandemic. Some pandemics compared to the COVID-19 pandemic harmed humans, including single mothers, are (a) Plague of Athens, (b) The Black Death, (c) The White Plague, (d) Tuberculosis, (e) The Acquired Immune Deficiency Syndrome (AIDS), and (f) The Spanish Flu.

### ***Plague of Athens***

The Plague of Athens was a prior pandemic before the COVID-19 pandemic. The Plague of Athens was among the earliest and most mysterious pandemics (Mackowiak, 2021). Mackowiak (2021) postulated that the Plague of Athens occurred in the 5th century BCE. Based on limited information about the Plague of Athens, it originated in Africa before spreading around the globe (Mackowiak, 2021). Doolittle (2021) established that the Plague of Athens of 430 BCE killed about 25% of Athens residents. The Plague of Athens also led to the collapse of Athens's religion and culture (Doolittle, 2021). Mackowiak and Doolittle concluded consonantly that the Plague of Athens was life-changing. Pandemics are transforming events that can shape cultures. Another pandemic that transformed events compared to the COVID-19 pandemic is the Black Death.

### ***Black Death***

The Black Death was another pandemic before the COVID-19 pandemic that transformed societies. Sheikh et al. (2021) postulated that the Black Death pandemic made Europeans lose faith in their government because they were not protected when the pandemic struck. Mackowiak (2021) posited that the Black Death was a worldwide

epidemic or pandemic that killed an estimated one-third of the population of Europe, Asia, and Africa during the second half of the 14th Common Era (CE). The Black Death pandemic lasted for 200 years and continues to spread among several animal species to date with the recent spread in Madagascar (Mackowiak, 2021). The Black Death infection spreads to humans from rats and other small animals by fleas that have fed on infected animals (Mackowiak, 2021). The Black Death's devastation compared to the COVID-19 pandemic was in Rome's Byzantine Empire in the 6th CE, when the pandemic killed about 25-50 million people and contributed to the empire's decline (Mackowiak, 2021; Sheikh et al., 2021). The Black Death pandemic is a prior pandemic that transformed cultures and societies that humans can learn from to know how to plan and prepare for future pandemics. The White Plague was another pandemic before the COVID-19 pandemic and transformed cultures and society.

### ***White Plague***

The White Plague was another pandemic that affected the good health and well-being of individuals, organizations, cultures, and society globally. Mackowiak (2021) elucidated that the White Plague caused many deaths globally and was known for draining the color of its infected victims. Mackowiak also consented that the White Plague originated in Africa 70,000 years ago and spread globally with the migration of humans. Kriebs (2022) defined plague to mean "Yersinia Pestis" (p. 7). Plague or Yersinia Pestis is an epidemic disease with a high mortality rate (Kriebs, 2022). Similar to Kriebs, Mackowiak verified that the White Plague carried a high mortality rate. Another prior pandemic to be compared to the COVID-19 pandemic is tuberculosis.

### ***Tuberculosis***

The Tuberculosis pandemic is another pandemic or plague that has transformed events globally. Tuberculosis (TB), compared to the COVID-19 pandemic in the past 2 years, has taken the lives of about a billion people worldwide (Mackowiak, 2021). Early theories attributed TB to heredity, nutrition, environment, and contagion (Mackowiak, 2021). Also, in 1882, Robert Koch discovered that the bacteria known as *Mycobacterium tuberculosis* caused TB (Mackowiak, 2021). Similar to Mackowiak, Kriebs (2022) agreed with the history that each pandemic comes with new challenges. Understanding TB as a prior pandemic is important to this study. Like TB, the Spanish flu, compared to the COVID-19 pandemic, is a prior disease discussed in the next section.

### ***Spanish Flu***

The Spanish Flu is a prior pandemic that historically devastated individuals' good health and well-being. Mackowiak (2021) established that the 1918 and 1919 Spanish Flu are the most relevant to the COVID-19 pandemic. The pandemic has been responsible for determining the public health efforts directed against the current pandemic. There is no knowledge of the origin of the Spanish Flu; however, John Barry, in his book titled *The Great Influenza*, claims that the flu originated in Haskell County in the state of Kansas (KS) in the United States (Mackowiak, 2021; Spencer, 2021). As illustrated in the book by John Barry, the Spanish Flu came from a hog farm in KS, where it made its way to nearby Camp Funston in Ft. Riley and other United States mobilization centers before getting to France and other parts of the world (Mackowiak, 2021). In parallel to Mackowiak and Spencer, Kriebs (2022) affirmed that the Spanish Flu's origin was



unclear. Kriebs postulated that the first cases in the United States were on a mid-Western military base and were rapidly spread through wartime transport domestically and abroad. The Spanish Flu devastated individuals' lives before being curtailed by the use of the vaccine. The Acquired Immune Deficiency Syndrome (AIDS) is also a prior pandemic that came with challenges compared to the COVID-19 pandemic.

### ***Acquired Immune Deficiency Syndrome (AIDS)***

The AIDS pandemic is also a black swan that has transformed the lives of individuals, communities, and societies globally compared to the COVID-19 pandemic. A black swan event is an event that is not predictable and has a major impact. Whiteside and Van Wyngaard (2020) posited that the AIDS pandemic as a black swan event could not be predicted and had a major impact on South Africa and the global society. Mackowiak (2021) and Spencer (2021) uniformly postulated that the human immunodeficiency virus (HIV) is the cause of AIDS, and it originated from chimpanzees in the Republic of Congo in 1920. Mackowiak also affirmed that the AIDS virus was uniformly fatal and shunned by health professionals and the general public. Mackowiak concluded that even though there is currently a cure for the AIDS virus, and it is no longer as fatal as when it originated, the AIDS virus is far from over. Mackowiak explained that the AIDS epidemic, as of 2019, still infected almost 38 million people globally and had casualties of 690,000 deaths out of 1.7 million recent infections. Kriebs (2022) equally attested that HIV presented a different societal challenge and was slow-moving but required close contact for exposure. Regardless, AIDS or HIV was also a devastating pandemic that transformed the good health and well-being of individuals like

the COVID-19 pandemic, and lessons need to be learned from it to plan for a future pandemic.

The Plague of Athens, the Black Death, the White Plague, TB, the Spanish Flu, and AIDS are a few of the many prior pandemics that have transformed events, individuals' good health, and well-being like the COVID-19 pandemic. Mackowiak (2021) concluded that learning from past pandemics will help us manage the ongoing COVID-19 pandemic and plan for future pandemics. Kriebs (2022) concurred and attested that there is progress, which Drs. Morens and Fauci also corroborated by advocating that international surveillance and understanding of the complexity of novel viruses' emergence and spread has drastically improved with the development of genomic tools used for the detection and treatment of emerging diseases. In this study, I explored the lack of organizational care for the good health and well-being of organizational employees to benefit from the progress based on the confirmation by Kriebs. The exploration enabled me to discover and report on the study's findings on how single mother leaders in state government agencies in the United States' southern region can help improve organizational employees' good health and well-being during the COVID-19 pandemic. To answer the research question in this study, I also reported what the literature indicated regarding the COVID-19 pandemic as a transforming event and black swan.

### **The COVID-19 Pandemic as a Transforming Event and Black Swan**

The information in this section includes looking at prior studies on the COVID-19 pandemic to reveal their findings regarding this pandemic as a transforming event for

individuals and businesses globally. Fishman (2020) posited that the COVID-19 pandemic is different and described it as a transforming event. Fishman argued that COVID-19 is a transforming event and different from past pandemics because of its devastation and impact on the good health and well-being of individuals, organizations, economies, and societies within a 2-year period, which is a short period compared to prior pandemics. Fishman suggested and rationalized that the COVID-19 pandemic is a black swan. Nasim Nicholas Taleb developed the black swan theory in a book devoted to the impact of the highly improbable (Fishman, 2020). According to the black swan theory, black swans were not supposed to exist, but once discovered in the wild, black swans came into existence and became transforming events (Fishman, 2020; Wyld, 2022). The black swan theory gained currency during the September 2011 catastrophic event at the World Trade Center in New York (Fishman, 2020). The black swan theory depicts how dramatic and unpredictable events like the COVID-19 pandemic could affect our lives (Fishman, 2020; Wyld, 2022). Fishman and Wyld (2022) comparably concluded that the COVID-19 pandemic is linked to the black swan as a transforming event because the pandemic crisis is open-ended since it is still ongoing, and the resolution is still unknown. The COVID-19 pandemic not only affected individuals but also negatively transformed the majority of businesses.

From a business perspective, many organizations and businesses collapsed because of the effects of the COVID-19 pandemic. Gray and Alles (2021) measured a business's grit and survivability and described the COVID-19 pandemic as a black swan event. Gray and Alles predicated that in 2021, 30 major retailers filed for bankruptcy due

to the coronavirus effect versus 23 major retailers that filed for bankruptcy during the 2008 financial crisis. Gray and Alles postulated that over 100,000 businesses permanently or partially closed in 2020 due to the adverse effects of the COVID-19 pandemic. Examples of companies that permanently closed due to the COVID-19 pandemic are Hertz Corporation auto rental agency, which was in business for 102 years, and Libbey, Inc., which was in business for 202 years (Gray & Alles, 2021). Other notable companies that permanently or partially closed due to the COVID-19 pandemic were Advantage Rent a Car, AMC Entertainment Holdings, Inc., GNC Holdings, Inc., Gold's Gym International, Inc., JCPenney Company, Inc., J. Crew Group, Inc., Men's Wearhouse, Neiman Marcus Group, Inc., and Virgin Australian Airlines Pty Ltd (Gray & Alles, 2021). The COVID-19 pandemic adversely affected these businesses and the numerous employees who lost their jobs because of these closed businesses. The COVID-19 pandemic also adversely affected other business sectors.

Other business sectors were also adversely affected during the COVID-19 pandemic. Gray and Alles (2021) posited that the COVID-19 pandemic also challenged all business sectors, including the accounting profession. Few of these failing businesses received an adverse concern opinion on their 2019 10-Ks before the emergence of the COVID-19 pandemic as a transforming event that crippled them (Gray & Alles, 2021). The lack of adverse concern opinion for these failing businesses is because the COVID-19 pandemic was a black swan that was not anticipated or expected (Gray & Alles, 2021). The COVID-19 pandemic continues to be a devastating pandemic that ruins the

well-being of individuals and businesses. This transforming event, described as a black swan, continues to affect the business continuity of many companies globally.

Many organizations' business continuity continues to be hampered by the COVID-19 pandemic. Similar to Gray and Alles (2021), Amankwah-Amoah et al. (2021), in their study on the COVID-19 pandemic and business failures, concluded that the COVID-19 pandemic has created extreme environmental shocks and black swan events and resulted in many business failures globally. Amankwah-Amoah et al. affirmed that the COVID-19 pandemic has had more immediate effects on the global business ecosystem than any other global crisis the world has ever experienced. During the COVID-19 pandemic, there have been multiple foreclosures, massive unemployment, car repossessions, and waves of business failures ranging from retailers, airlines, health, fitness, and well-being centers to several others. In the United Kingdom, the COVID-19 pandemic exponentially increased the number of financially distressed companies, leading to around half a million businesses collapsing (Amankwah-Amoah et al., 2021). Amankwah-Amoah et al. and Wyld (2022) comparably, asserted that the COVID-19 pandemic is a transforming event unlike, past global pandemics like the Spanish flu, which occurred a century ago when the global economy was in a different place. Amankwah-Amoah et al. concluded that the COVID-19 pandemic remains a disruptive force with long-term implications for global and local businesses, unlike any other novel event in the past.

Even though the COVID-19 pandemic has created a lot of adverse effects on the good health and well-being of individuals and businesses, was not anticipated, and forced

the majority of these businesses to shut down, many surviving businesses took advantage of this black swan and the transforming event. Wyld (2022) affirmed that the COVID-19 pandemic, even though it is a black swan-level disruptive event, the historical event made many American organizations adapt to the new world of remote work. In contrast, Dalton and Groen (2022) validated in their study on teleworking during the COVID-19 pandemic the importance of telework to the United States economy. This new operating model of teleworking because of this disruptive event called COVID-19 will take businesses and society time to determine if this move is good for the well-being of individuals and their organizations. Making the determination is paramount to ensure that the well-being of organizational employees is cared for as proposed by the SDGs of the United Nations to achieve the United Nations' 2030 agenda.

### **Sustainable Development Goals of the United Nations**

The SDGs are development goals developed by the United Nations that need to be achieved by all in the 2030 development agenda. Dawes (2020) postulated that on September 18, 2015, the United Nations General Assembly adopted the 2030 agenda for sustainable development. The agenda set out wide-ranging ambitions for global development and included 17 goals (Blignaut et al., 2021; Dawes, 2020). In response to the 2030 agenda, the International Council for Science (ICSU), in partnership with the International Social Science Council (ISSC), subsequently published a detailed commentary on the SDGs and the linkages between them (Dawes, 2020). The SDGs consist of 17 interlinked goals to achieve a better and more sustainable future globally (Durokifa, 2021; Pradhan et al., 2021). The United Nations Foundation has rich resources

on all SDGs, including my study, which focuses on individuals' good health and well-being (United Nations Foundation, n.d.). When everyone plays their part in helping those in need in organizations and society, achieving the SDGs will be possible. Leading organizations for the SDGs are key players and will make achieving the main objectives of the SDGs attainable if there is a focus.

The 17 SDGs have main objectives that need achieving as proposed in the 2030 United Nation's agenda. The main objective of the 17 SDGs is for everyone worldwide to join and help individuals in need and improve their good health and well-being in all settings, including organizations (Blignaut et al., 2021; United Nations Foundation, n.d.). The United Nations Development Program (UNDP) is the leading organization on the SDGs. Pradhan et al. (2021) validated that SDGs were suggested in the 2030 agenda by the United Nations to transform global issues. Transforming these global issues by tackling humankind's challenges will help ensure well-being, economic prosperity, and environmental protection globally (Pradhan et al., 2021). Durokifa (2021) defined the SDGs as the successor to the Millennium Development Goals (MDGs), a developmental framework initiated by the United Nations to correct developmental abnormalities worldwide. Durokifa specified that the launching of the SDGs occurred in September 2015 and became operational in 2016. The SDGs aim to end poverty everywhere and anywhere, and the 17 goals are combined to achieve the aim (Durokifa, 2021). Correcting developmental abnormalities and ending poverty will require that organizational and societal leaders work together to achieve the SDGs as proposed. The 17 SDG's achievements are integral for everyone globally and must be understood.

Knowing the 17 SDGs and the potential impact of COVID-19 is paramount in achieving the objectives of the SDGs to meet the target date of 2030 as proposed. Dawes (2020) and Pradhan et al. (2021) uniformly verified that the 17 SDGs are (1) No Poverty, (2) Zero Hunger, (3) Good Health and Well-being, (4) Quality Education, (5) Gender Equality, (6) Clean Water and Sanitation, (7) Affordable and Clean Energy, (8) Decent Work and Economic Growth, (9) Industry, Innovation and Infrastructure, (10) Reduced Inequalities, (11) Sustainable Cities and Communities, (12) Responsible Consumption and Production, (13) Climate Change, (14) Life Below Water, (15) Life on Land, (16), Peace, Justice and Strong Institutions, and (17) Partnerships for the Goals. Pradhan et al. conducted a study to explore the potential impacts of the COVID-19 pandemic on SDGs for Nepal that showed the COVID-19 pandemic posed additional challenges to achieving SDGs and opened a window of sustainable transformation opportunities. Similar to existing studies by the United Nations globally, Pradhan et al. found that the COVID-19 pandemic has restricted most SDGs in the short term and, at the same time, has advanced the state-of-the-art understanding by estimating the number of promoting impacts in the medium and long terms. Advancing the state-of-the-art is good for the SDG's achievement by 2030, while too many restrictions are not. A critical analysis to know how much restrictions and advancements the COVID-19 pandemic has impacted the SDGs is therefore essential in this regard.

Exploring a few examples of the COVID-19 pandemic's impact on SDGs is essential for replanning to achieve SDGs. Pradhan et al. (2021) confirmed that other existing studies have reported the adverse effects of a few measures in developing



countries. A complete lockdown to control the COVID-19 pandemic would severely hamper the formal and informal economies and the education sector in Bangladesh, resulting in the loss of livelihoods and an increased unemployment rate (Pradhan et al., 2021). The lockdown has negatively impacted India's food production due to the lack of migrant labor during harvesting (Pradhan et al., 2021). In Kenya, urban food insecurity has increased due to the rise in cooking fuel and food prices. Qadeer et al. (2022) also conducted a study on the same topic but investigated the COVID-19 threat to achieving the SDGs goal by 2030. Qadeer et al. affirmed that the COVID-19 pandemic challenges that caused large-scale impacts on society and the environment led governments in the global society to shift priorities. Governments in the global society diverted funding in response to the COVID-19 pandemic, thereby hindering the achievement of SDGs by 2030 (Qadeer et al., 2022). A few of these existing studies support the argument that the adverse impact of the COVID-19 pandemic has undoubtedly slowed the achievement of the SDGs by the agenda target date of 2030. How the COVID-19 pandemic has affected achieving the SDGs will be further discussed in the next section.

Achieving the 17 SDGs by 2030 is necessary and will make the world a better place. Dawes (2020) conducted a study to determine whether the SDGs are self-consistent and achievable and found that there is a possibility that the SDG framework as a whole might not be internally self-consistent and achievable when linked. The ICSU-ISSC Report (International Science Council, 2015) reviewed in this study by Dawes confirmed that the possibility of the SDG's framework has not been achievable and self-consistent. However, Dawes showed that network effects could secure better outcomes

on every goal than if linkages between goals did not exist. Dawes validated that these better outcomes would be possible through an unequal, targeted reallocation of direct efforts. Therefore, unequal distribution of direct action can make the SDGs mutually achievable (Dawes, 2020). Qadeer et al. (2022) postulated that although COVID-19 posed challenges to achieving the SDGs by the target date of 2030, these challenges are short-term. Achieving the SDGs by 2030 is possible regardless of the COVID-19 pandemic's negative impacts. To achieve the SDGs, everyone who can help in organizations and societies globally must come on board. SDG 5 gender inequality connects to SDG 3, good health and well-being of individuals; the main focus of this study should also be understood and pursued by all key players in organizations and societies globally to make achieving SDGs possible.

### **Gendered Inequalities Experienced by Women in Organizations Globally Pre-COVID-19 Pandemic**

Historically, before the COVID-19 pandemic, there has been gender inequality that favors men over women in societies across the globe. Gender inequality is when people favor one gender over another (Durokifa, 2021). Gender inequality has always favored men more than women across the globe before the COVID-19 pandemic (Ahmad, 2017; Paulus et al., 2016; Van Anders, 2004). Looking historically at how gender inequality has favored men over women is vital to this study and will help close the gender gap. In the following eight sub-sections, the discussion includes: (a) gender inequality, (b) gender inequality before the COVID-19 pandemic, (c) gender inequality affecting women with children, (d) gender inequality and work-life balance, (e) the glass

ceiling effect and gender gap, (f) consequences of increased gender inequality against women, (g) guilt feelings by employed mothers, and (h) work-life balance leading to work-life conflicts because of gender inequalities. A general knowledge and understanding of gender inequality pre-COVID-19 pandemic are integral to this study.

### ***Gender Inequality***

Gender inequality is a social phenomenon favoring one gender over the other. Durokifa (2021) defined gender inequality as a precondition for eradicating poverty. Also, Durokifa noted that achieving gender equality would increase economic growth and a better life for citizens. Among the 17 SDGs, Goal 5 is achieving gender equality to increase economic growth and a better life for citizens (Durokifa, 2021). Durokifa further defined gender equality as a situation where people can develop their abilities and make choices irrespective of their gender. Gender equality or equal opportunities, outcomes, rights, and responsibilities are rights that all persons should enjoy in all spheres of life, regardless of gender (Durokifa, 2021). Gender equality is a state where there is nondiscrimination on a gender basis, and instead, men and women are valued and favored equally (Durokifa, 2021). Based on the research conducted by the International Labor Union (ILO) in 2017, gender inequality positions women in more disadvantaged positions than men (Durokifa, 2021). Roy and Xiaoling (2022) examined the same topic of gender inequality. In contrast, Roy and Xiaoling concluded that aggregate aid for trade facilitates achieving gender equality and women empowerment in aid-recipient developing countries. Gender equality is good for the good health and well-being of all

individuals. In the next section, I discussed gender inequality before the COVID-19 pandemic.

### ***Gender Inequality Before the COVID-19 Pandemic***

The COVID-19 pandemic has had a gendered impact on women's good health and well-being than men. Before looking at the gendered impact of COVID-19 on women more than men, it is paramount to first look historically at the challenges and barriers faced by women than men in organizations. Van Anders (2004) found that more men than women pursue academic careers and professorships in academia because parenting, perceived systematic barriers, and mobility issues were obstacles to women entering the professorate that led to the disparity. Van Anders recommended that universities enact policies that address the realities of childbearing and childrearing to ensure quality and equity in academia. Paulus et al. (2016) surveyed faculty at an academic medical center to identify factors to improve women's academic advancement and found a significant gap in faculty rank that favors more men than women. Also, based on Paulus et al.'s study, women were more likely not to request promotion opportunities than men because these women believed that an academic promotion would not benefit them. In parallel, both Paulus and Van Anders concluded that gender inequality continues to be a major obstacle women face in organizations and societies. Women are also impacted by gender inequality historically in societies, including women with children.

### ***Gender Inequality Affecting Women with Children***

There is abundant evidence that women with children face barriers to advancing in academia. Ahmad (2017) looked at the relationship between family formation and academic progressions to know what barriers women face when seeking tenured positions and beyond within academia. Ahmad concluded that women with PhDs and young children are likelier to leak out of the tenure track pipeline because of the lack of family-friendliness in academia. Kang and Wang (2018) conducted a study to explore the experience of highly educated and married female Korean employees regarding work-life balance (WLB). Kang and Wang asserted that even though tension is between being a mother and an employee, WLB experiences are highly individualized, subject to family circumstances, organizational culture, and national culture. Kang and Wang consented that there are many highly educated women in South Korea and the lowest employment rate of female college graduates among member countries within the Organization for Economic Co-operation and Development (OECD).

Furthermore, there is low employment of women because many Korean women's careers have been interrupted due to marriage, pregnancy, and childbirth. The inequality that is unfavorable to women than men in societies globally has implications specifically for the well-being of women in organizations and societies across the globe, making it difficult for them to balance work and family responsibilities. Kang and Wang (2018) posited that because of these inequalities against women at work and home, the number of single women has increased in Korea, and married female professionals refuse to have children. Kang and Wang concluded evidence of the low birth rate in Korea, the essential

need for quality work-life and work-life balance prominence in Korea, and organizations need to find ways to support and provide care for working single mothers to balance this inequity. This study by Kang and Wang also supports Ahmad's (2017) study that the lack of family-friendliness hinders women from progressing in organizations and society.

Based on these prior studies, there is overwhelming evidence that supports the argument that there continues to be gender inequality that favors men over women in societies across the globe. In the next section, I discussed the impact of these gender inequalities and how they affect work-life balance for women in organizations and societies.

### ***Gender Inequality and Work-Life Balance***

Work-life imbalance resulting in work-life conflict also creates global challenges for women in organizations. Naseem et al. (2020) conducted a study investigating work-life balance among female academics. Naseem et al. found that female labor force participation in the labor market is increasing in Pakistan. Still, along with the traditional role of the homeowner, women have now assumed the role of the earning member of the family. As reasoned by Naseem et al., the additional role of becoming the family's breadwinner has put an incredible strain on women, making it more challenging for this category of working women professionals to balance work and family responsibilities. Muasya (2016), in her study on the work-family balance choices of women in Kenyan universities, concluded that professionally employed mothers struggle to balance work and life responsibilities. Gender inequality affects women's quality work-life and work-life balance over men in organizations and societies. Gender inequality also results in the

glass ceiling effect and creates gender gaps favoring men over women pre-COVID-19 pandemic.

### ***The Glass Ceiling Effect and Gender Gap***

The glass ceiling consequences and gender gap continue to hinder the progress of females in organizations and societies. Mert (2021) conducted a study to examine the glass ceiling syndrome and its effect on women more than men and found that cultural authoritarianism has created gender gaps that have affected women more than men in education and other institutions globally. Mert confirmed that patriarchal structures have favored men and placed them in higher and more important organizational positions than women because of the cultural acceptance of society. Also, cultural authoritarianism has created a gender gap and promoted values, limits of respect, and social status, where men are in higher positions of authority than women (Mert, 2021). Babic and Hansez (2021), comparably, in their study on the glass ceiling consequences for women, established that the glass ceiling refers to barriers that discriminate against women and prevent them from success simply because of their gender. The consequences of the glass ceiling have resulted in an increased gender gap in organizations and societies that favored men more than women before the COVID-19 pandemic. In the next chapter, I discussed women's feelings and the consequences of increased gender inequality favoring men more than women.

### ***Consequences of Increased Gender Inequality Against Women***

During the pre-COVID-19 pandemic, gender inequality continues to impact the good health and well-being of women and their children. Matheson et al. (2019) explored

the experience of women who worked shifts in nursing while caring for children. Matheson et al. found that this category of women experienced various guilt, specifically the guilt about leaving their children to go to work. Likewise, Borelli et al. (2017) examined the experiences of general work-family guilt and work-interfering with family guilt among working parents of young children. Borelli et al. concluded that due to the increase in dual-earner couples in the United States, mothers felt more guilty about balancing work and family responsibilities, adversely impacting their well-being. Borelli et al. explained that based on prior literature reviewed, overwhelming confirmation supported that becoming a parent is associated with a higher risk for adverse personal outcomes, specifically among women. For example, overwhelmingly support that mothers transitioning to parenthood face an elevated risk for psychiatric distress due to hormone changes and sleep deprivation (Borelli et al., 2017). Borelli et al. posited that such adverse personal outcomes among women transitioning to mothers could be attributable to psychological stress. Borelli et al. further asserted that new mothers fared poorly compared to new fathers because of other indicators like life satisfaction. In the next section, I discussed the guilt felt by employed mothers compared to unemployed mothers.

### ***Guilt Feelings by Employed Mothers***

Guilt feelings by employed mothers compared to unemployed mothers were still higher based on prior studies. Hardy et al. (2018) explored the strategies employed to cope with the impacts of birth or adoption on academic careers, which showed that returning to work for these new mothers became challenging after the birth of a child.



Hardy et al. elucidated that the mothers' academic careers suffered significantly, resulting in increased stress levels, elevated emotional and irrational behaviors, subsequent relationship breakups, and hospitalization in some rare cases after the birth of a child.

Wladkowski and Mirick (2019) conducted a study that explored mentorship in doctoral education for pregnant and newly parenting doctoral students and found that pregnant and parenting students experience gender inequalities or inequities intentionally or unintentionally caused by some faculty members in academia in the gendered institutions.

Based on the findings in this study, mentoring was recommended as essential for all doctoral students, specifically pregnant and parenting women, because of this unique challenge faced in academia, a gendered institution (Wladkowski & Mirick, 2019).

Gendered inequalities are bad for all, regardless of whether it is intentional or unintentional. Further discussed in the next section are work conflicts encountered by women than men because of gender inequalities.

### ***Work-Life Balance Leading to Work-Life Conflicts Because of Gender Inequalities***

Gender inequality is problematic for women and continues to affect their good health and well-being. Van Gasse and Mortelmans (2020a) explored how single mothers can combine work and family responsibilities to have a better work-life balance (WLB) through the General Strain Perspective (GSP) (Van Gasse & Mortelmans, 2020a). Van Gasse and Mortelmans described the work-life conflict as a combination of financial and role strain, finding that both strains are problematic for single mothers compared to married mothers and their male counterparts. The findings also included that this WLB imbalance from the GSP perspective immensely impacted single mothers. Bottlenecks

women face in organizations compared to men also affect women's self-efficacy. Ladge et al. (2018) conducted a qualitative study that explored professionally employed new mothers and their intent to stay at work after becoming new mothers and found that the lack of confidence by these new mothers is the main factor that pushes them out of the workforce and abandoning their careers. To mitigate this challenge for new mothers, organizational support by the leaders was impactful in supporting and allowing them to regain their confidence and retention in the workforce (Ladge et al., 2018). Ham (2021) conducted a study investigating the reasons for the gender gaps in the South Korean labor market during the COVID-19 pandemic. The findings revealed, among other findings, that the COVID-19 pandemic exposed gender inequalities in the South Korean labor market. The increase in gender disparity during the COVID-19 pandemic, however, was caused by the additional gender caring role imposed on women (Ham, 2021). Gender inequality that favors men over women existed before the COVID-19 pandemic. Further discussed in the next section is the gendered impact of the COVID-19 pandemic on individuals.

### **The Gendered Impact of the COVID-19 Pandemic on Individuals' Good Health and Well-being**

The COVID-19 pandemic has impacted all individuals based on prior studies reviewed. Eason et al. (2021) studied perceptions and antecedents of work-family guilt (WFG). In contrast, Eason et al. concluded that regardless of sex, the overall perception is that there was a feeling of guilt that resulted from work interfering with family responsibilities, especially for parents with children. Dawes et al. (2021) conducted a

study on the impact of the COVID-19 pandemic on the mental health and well-being of parents with young children. Like Eason et al., Dawes et al. found that all parents faced unique challenges during the COVID-19 pandemic. Dawes et al., however, admitted that the pandemic had more effect on single parents with children, making it necessary to conduct this study. COVID-19 is a transforming event that has transformed many events in an individual's life. The COVID-19 pandemic has a gendered impact on an individual's good health and well-being. In the next section, I discussed how the COVID-19 pandemic impacted men's good health and well-being.

### ***Good Health and Well-being of Men***

The COVID-19 pandemic has impacted everyone in organizations and society globally, including the good health and well-being of men. Wilson et al. (2022) conducted a study that qualitatively surveyed men's coping strategies and mental health impacts during the COVID-19 pandemic and found that mental health challenges for men increased during this time of the COVID-19 pandemic. Wilson et al. also found that men's mental health coping strategies increased, leading to additional challenges. In the same manner, Vloo et al. (2021) concluded in their study on the gender differences in the mental health impact of the COVID-19 lockdown that men experienced more anxiety symptoms than women. All individuals' health and well-being were affected during the COVID-19 pandemic. However, based on other literature reviewed in this study, the COVID-19 pandemic's impact on men is less severe than on women, making it a gendered impact that favors men over women in society.

### ***Good Health and Well-being of Women***

Prior studies conducted during the COVID-19 pandemic corroborated overwhelmingly that the COVID-19 pandemic had impacted more women than men, especially single women in organizations. The overwhelming impact of the COVID-19 pandemic on women more than men is because they belong to the inequitable gendered group in society (Carli, 2020). Conducting this study on improving the good health and well-being of this working professional category during a crisis such as the COVID-19 pandemic is therefore pivotal. Reviewing prior literature and expanding on the knowledge gap established in this research to know the impact of the COVID-19 pandemic on organizational employees, specifically single mother leaders 2 years into the COVID-19 pandemic, is fundamental. Carli (2020) investigated existing literature to determine the effects of the COVID-19 pandemic on gender and work roles. First, learning about how the COVID-19 pandemic has impacted women and men differently. Second, understanding how the gender gap in employment and advancement has impacted women more than men in employment during the COVID-19 pandemic. Carli found that the COVID-19 pandemic has created more challenges for women's advancement and has widened the gender gap. Also, the findings showed that more women than men lost their jobs during the COVID-19 pandemic. The limitation of this study is that it was conducted when the COVID-19 pandemic was in its early stages. Comparably, Kaugars et al. (2021) documented the direct impact of the COVID-19 pandemic on American parents when the pandemic was only 3 months old. Kaugars et al. found that American parents reported increased job loss and health concerns,

tremendously impacting their lives. This study by Kaugars et al. is significant to this study because it was done when the COVID-19 pandemic was 3 months old and failed to include particular populations such as low and middle-income American parents, single parents, and the LGBTQ community. The COVID-19 pandemic continues to widen the gender gap in the United States. Further discussed in the next section is how the COVID-19 pandemic affected women in other societies globally.

The COVID-19 pandemic's impact on gender that favors men over women continues in other societies around the globe. Parry and Gordon (2021) facilitated the study to examine the effect of the COVID-19 pandemic, specifically on women in South Africa who are already dealing with inequitable gendered practices. Parry and Gordon found that South African women had been impacted during the COVID-19 pandemic. Parry and Gordon, in their study on the inequitable gendered impacts of the COVID-19 pandemic in South Africa and based on the preliminary research and reporting of the effects of the COVID-19 pandemic on the South African population, indicated that inequitable gendered practices negatively impact women in the general economy, the workplace, and the home. Meagher et al. (2021) examined the following three key themes of women's role in the health sector in Syria: (a) education, (b) culture, and (c) meaningful leadership in their study about women leaders in Syria during the COVID-19 pandemic. Meagher et al. concluded that gender inequality in leadership would remain unresolved globally if it stayed unquestioned. In this study on gender inequality, Meagher et al. also explained that the only way to resolve barriers to women's leadership already embedded within societies is for there to be active support that supports women's

leadership aspirations by both men and women. A few of these studies previewed in other societies around the globe support the argument that gender inequality that favors more men than women still exists worldwide (Carli, 2020; Meagher et al., 2021; Parry & Gordon, 2021). Further discussed in the next section is the overall impact of gender inequality on women than men who are parents.

Gender inequality and the gender gap increased during the COVID-19 pandemic, which favored men over women, specifically parents. Li et al. (2021) examined gender and socioeconomic inequalities in parental psychological well-being, stress, and psychological distress. Li et al. concluded that gender and socioeconomic inequalities in parents' psychological well-being increased among parents during the COVID-19 pandemic, specifically for women and single parents. In parallel, Lavado et al. (2022) estimated the gendered and regional impacts of the COVID-19 pandemic in the Philippines. Lavado et al. found that the COVID-19 pandemic disproportionately affected the income of women, specifically women with children. Prior studies like Li et al. and Lavado et al. are significant to this study because they support the argument of inequality that favors men over women and the need to help single mother leaders and other employees in organizations with their good health and well-being. So, looking at the single mothers' experiences pre-COVID-19 was important to know the effect of the COVID-19 pandemic on the good health and well-being of women.

### **Single Mothers' Experience Pre-the COVID-19 Pandemic**

Single women in the United States and other societies globally belong to the inequitable gendered group in society. Studies conducted pre-the COVID-19 pandemic

firmly established that this category of mothers has faced numerous challenges regarding balancing work and family responsibilities because they belong to the inequitable gendered group in the global society (Branisa et al., 2013; Cook et al., 2015; Smith et al., 2008). Based on the findings in some of these prior studies, it is essential to conduct this study that may improve organizational employees' good health and well-being during a crisis such as the COVID-19 pandemic. In the following sub-sections, I discussed some prior studies to learn the challenges this category of working professionals faced earlier than the COVID-19 pandemic.

### ***Gendered Inequality Favoring Men Than Women***

In the global society preceding the COVID-19 pandemic, gendered inequality favored men more than women. Roman (2017) conducted this study to look at challenges faced by Swedish working-class and low-income single mothers. Roman explored how working conditions and economic resources influence Swedish working-class and low-income single mothers' access to valued practices, such as the possibility of reconciling paid work and family commitments. Roman found that lack of financial resources and low control over their work situation significantly limited the mothers' possibility of combining various responsibilities and practicing the kind of mothering they preferred. Roman also explained that based on the study findings, the opening hours of preschools frequently did not match the mothers' working schedules, making it difficult for them to effectively benefit from some of the social rights granted by the Swedish welfare state. Similarly, Smith et al. (2008) argued in their study about gender inequality that favored men over women, encouraging single mothers to train in a low-skilled area like childcare

in West London was exacerbating the already gendered and class-based polarization. Based on these prior studies by Roman and Smith et al., improving the good health and well-being of organizational employees, specifically employed single mothers in organizations lacking organizational care, is paramount. In the next section, I discussed the stress trajectories of employed single mothers' parenting.

### ***Stress Trajectories of Single Mothers***

Parenting is difficult, especially for single parents with no help, as discovered in prior studies. Berryhill and Durtschi (2017) examined trajectories of single mothers' parenting stress from infancy through early childhood, aiming to bring more clarity to identifying modifiable risk factors associated with parenting stress trajectories of single parents. Based on previous studies reviewed in this study by Berryhill and Durtschi, it was revealed that parenting stress trajectories are affected by various risk factors that can be mitigated. There was a revelation that single mothers experience higher parenting stress levels than their married counterparts. Also, there was an affirmation that low-income mothers and mothers with lower education reported increased parenting stress (Berryhill & Durtschi, 2017). Also, Berryhill and Durtschi, based on the prior studies reviewed, affirmed that older mothers reported higher levels of parenting stress. Berryhill and Durtschi also concluded that mothers with depressive symptoms and lower levels of physical health had reduced parenting resources and increased maternal parenting stress. Finally, it was also concluded in this study by Berryhill and Durtschi that religious attendance was linked to lower levels of parenting stress. Equally, Brown et al. (2020), in their research on the impact of the COVID-19 pandemic, concluded that the COVID-19



pandemic increased parental stress, specifically on parents who face economic hardship, low-educated parents, and single parents. The COVID-19 pandemic is a new stressor for single parents. Mitigating the risk factors of this new stressor is much needed for individuals' good health and well-being, specifically single parents.

In mitigating these risk factors of parenting stress, Berryhill and Durtschi (2017) concluded that mothers with full-time employment status and increased economic resources had lower levels of parenting stress. In contrast, Brown et al. (2020) postulated that families across global societies, particularly single parents and those facing economic hardship, are collectively experiencing a new range of parenting stressors due to the COVID-19 pandemic. Regardless of the remedies available and the different alternatives to alleviate parenting stress, the fact remains that single mothers experience higher levels of parenting stress compared to their married counterparts. The higher levels of parenting stress currently being experienced by single parents during the COVID-19 pandemic support the need to help improve the good health and well-being of this category of single mothers in organizations and society. Further discussed in the following section are the work and family experiences of single mothers pre-COVID-19 pandemic.

### ***Work and Family Experiences of Single Mothers Pre-the COVID-19 Pandemic***

Single-mother parenting challenges are enormous because of the lack of help compared to partnered and married mothers. Prior studies support the argument that single mothers experience challenges regarding parenting (Reimann et al., 2019; Robinson et al., 2018). Robinson et al. (2018) synthesized previous research to examine sole mothers' work and family experiences. Robinson et al. found that sole mothers, also

known as single mothers, potentially experience greater challenges when combining employment and family responsibilities than partnered or married mothers. Robinson et al. explained that employed single mothers experience greater difficulties integrating family employment and family than married and non-working mothers. Identically, Reimann et al. (2019) conducted a study to examine the work-to-family and family-to-work conflicts among employed single parents in Germany. Reimann et al. found that employment conditions that negatively spill over to family life have created work-family conflicts, especially for single mothers in Germany. Reimann et al. concluded that the work-family conflict had created bottlenecks for employed single mothers with children, resulting in an imbalance that forces them out of the workforce. The work-family conflict increased during the COVID-19 pandemic for single mothers with children, resulting in an imbalance that forces them out of the workforce. The increase in work-family conflicts during the COVID-19 pandemic has made it necessary to conduct this study about the lack of organizational care for organizational employees, especially single mother leaders in the workforce. Improving the good health and well-being of employed mothers and other organizational employees will help retain them in the workforce because these single mothers with school children are paramount to organizations and society. Further discussed in the next section are single mothers coping strategies and how they may resolve the work-family conflict.

### ***Single Mothers' Coping Strategies***

Coping with parental stress and resolving work-family conflict is a daily struggle for single mothers because of the lack of help. Skomorovsky et al. (2019) examined the

role of work-family conflict, parental strain, and coping in the well-being of Canadian Air Force (CAF) single mothers. Skomorovsky et al. found that single-parent military families experience a combination of single-parenthood and military life-related stressors, including work-family conflict. Skomorovsky et al. confirmed previous studies' findings suggesting ineffective coping strategies for maintaining work-family balance and dealing with parental strain may contribute to psychological distress among single military mothers. Napora et al. (2018) described the functioning of single mothers and mothers in either married or informal relationships at work. Napora et al. also verified if the declared degree of work satisfaction differentiates types of behavior at work and stress coping strategies in both groups of mothers. Napora et al.'s findings affirmed that single mothers more frequently used the resignation strategy with lower work satisfaction. This strategy was distinctly different from those whose work satisfaction was higher and from the mothers in married or informal relationships regardless of the level of their work satisfaction. The findings in this study by Napora et al. support the argument that single mothers in employment need help and different support strategies than married mothers. Napora et al.'s findings also support the argument that single mothers in employment need to be cared for to improve their good health and well-being in organizations and societies. Similar to Napora et al.'s study, Skomorovsky et al.'s study supports the argument that single parenting creates parental stress because of the lack of help. Further discussed in the next section is how individuals become single parents and how single parents can overcome the barriers they face.

### ***Becoming Single Parents and Overcoming the Barriers of Single-Parenting***

Single parenting comes with additional challenges, including re-entering the workforce, overcoming additional barriers, and forced single parenting based on findings in previous studies. Lim et al. (2020) investigated the barriers that single mothers encounter when re-entering the workforce in urban areas in developing countries. Lim et al. found that single mothers in urban areas considered family reasons the main barrier to workforce re-entry. According to the single mothers who participated in this study, living with their children at home was extremely difficult, especially when there was a lack of organizational support like childcare (Lim et al., 2020). Also, Van Gasse and Mortelmans (2020b) explored how single parents, by choice, became parents and how this transition affected their other preparations for parenthood. Van Gasse and Mortelmans confirmed that based on the literature review in this study, single parenthood, if not by choice, is often approached as a problematic situation if the people become single parents through divorce, separation, or bereavement and have to cope with this situation because of unforeseen problems.

On the other hand, single parents, by choice, consider single parenthood a positive story because these individuals plan and prepare for parenthood (Van Gasse & Mortelmans, 2020b). Examples of single parents by choice are individuals who choose to have a family through sperm donation or adoption (Van Gasse & Mortelmans, 2020b). Single mother leaders are not single mothers by choice but by condition, making this study's focus. Single mother leaders are unequally gendered in our organizations and society. Single mother leaders need additional help and support from their organizational

leaders to balance work and family responsibilities, continue contributing to their organizations and society, and have good health and well-being to mitigate the effect of COVID-19 on them.

### **Effect of the COVID-19 Pandemic on Single Mothers**

Single mothers in the United States and other societies globally belong to the inequitable gendered group in society. Studies conducted during the COVID-19 pandemic validated that the pandemic had impacted single mothers in organizations because they belonged to the inequitable gendered group in society (Febrianto, 2021; Garcia et al., 2021; Taylor et al., 2022). According to Febrianto (2021), single mothers faced more challenges during the COVID-19 pandemic. Similarly, Garcia et al. (2021) confirmed that single mothers faced numerous challenges during the COVID-19 pandemic. In the same manner, Taylor et al. (2022) also concluded that single mothers' well-being during the COVID-19 pandemic was more vulnerable to stress and mental health problems because of the additional challenges. Based on the findings of these prior studies, caring for the good health and well-being of this category of working professionals during a crisis such as the COVID-19 pandemic is essential.

In this section, prior studies were reviewed to learn the impact of the COVID-19 pandemic on organizational employees, specifically single mother leaders, compared to other categories of employees almost 2 years into the COVID-19 pandemic. Thus, knowing the impact of the COVID-19 pandemic on organizational employees will enable the knowledge gap established in this research to expand and make recommendations for future researchers. Febrianto (2021) generalized single parents' survival mechanism and

the increased challenges of this category of mothers during the COVID-19 pandemic and found that instabilities created by the pandemic caused this category of mothers to make less income during this period. Making less income caused these single mothers during the COVID-19 pandemic to empower themselves and develop other survival strategies but increased their struggles. Febrianto's literature illustrates the struggle this category of working mothers faces, especially during a crisis like the COVID-19 pandemic. Consonantly, Garcia et al. (2021) appraised single mothers' challenges during the COVID-19 pandemic. Garcia et al. found that single mothers faced numerous challenges during the COVID-19 pandemic. Garcia et al. further support the challenges faced by single mothers during a crisis like the COVID-19 pandemic. Finally, Taylor et al. (2022), in their study conducted on the impact of the COVID-19 pandemic on single mothers' well-being, concluded that single mothers who are primary givers and wage earners were vulnerable to stress and mental health problems. In the following section, I discussed how the COVID-19 pandemic affected the office and home boundaries.

### ***Effect of the COVID-19 Pandemic on Work and Home Boundaries***

The COVID-19 pandemic, as a transforming event, impacted many things, including the work and home boundaries. Watson et al. (2021) conducted a study and concluded that the COVID-19 pandemic transformed the home into a workspace during the crisis. Comparatively, Hertz et al. (2021) examined if the COVID-19 pandemic has dissolved the boundary between the workplace and home. Hertz et al. found that during the COVID-19 pandemic, employed single mothers' stress levels increased because essential services like daycare and schools were curtailed or shut down, forcing single

mothers without help to juggle the act of family and work responsibilities alone. Hertz et al. postulated that families with children, especially single mothers, were stretched to a breaking point during the COVID-19 pandemic. Hertz et al. admitted in this study that during the COVID-19 crisis, most employers, due to safety reasons, forced their employees to work remotely without any plan. Schoolchildren had to study virtually because all schools and daycares were on emergency lockdown due to the COVID-19 pandemic. Single parents with no help stuck with their children at home had to juggle work and life responsibilities, which became harder during this COVID-19 pandemic. The additional challenges that resulted from caring for school-aged children and the additional work responsibilities of working from home affected the good health and well-being of this category of single mothers without any help (Hertz et al., 2021). Hertz et al.'s findings support my study on the lack of organizational care for single-mother leaders and other organizational employees. Hertz et al.'s findings also support the need to improve organizational employees' good health and well-being by their organizational leaders. Finally, Hertz et al.'s findings support giving organizational employees the needed help when working from home or office in times of crisis like the COVID-19 pandemic.

### **Lack of Organizational Care for the Good Health and Well-being of Organizational Employees During the COVID-19 Pandemic**

The COVID-19 pandemic, as a life-changing event, has adversely impacted individuals' good health and well-being. Hamouche (2020) distinguished why the COVID-19 pandemic is a stressor creating negative well-being for organizational

employees. Hamouche found that the COVID-19 pandemic is a new stressor in the life of employees that is creating more negative effects on the good health and well-being of employees, leading to mental issues. Examples of these mental issues identified by Hamouche in this study are psychological distress and depression. Hamouche's study about the effect of the COVID-19 pandemic on the good health and well-being of employees is of the utmost importance to this study. Consonantly, Russell et al. (2018) formulated this research to compare the employees' perspectives regarding job stress and working conditions and their effect on employers and employees. Russell found that stress and negative well-being can be costly to employees and employers. Russell et al.'s findings are crucial in relating to organizational employees' good health and well-being and how stress and negative well-being can adversely impact organizations and their employees and lead to retention and recruitment issues.

### **Organizational Retention and Recruitment Issues During the COVID-19 Pandemic**

Employee retention and attraction of the right talents that are the right fit for the organization are paramount for the survival of all organizations. When there is a lack of organizational care that impacts the good health and well-being of organizational employees during a crisis like the COVID-19 pandemic, it affects the organization's survival. Akinyooye and Nezamis (2021) and Jayathilake et al. (2021) validated that good health and well-being are crucial to high employee turnover. De-la-Calle-Durán and Rodríguez-Sánchez (2021) and Jayathilake et al. (2021) also concluded that COVID-19's impact is creating severe retention issues for organizations in the United States. Akinyooye and Nezamis explained that the turnover rate based on JOLTS reached 16.3



million in March 2020 due to the COVID-19 pandemic. De-la-Calle-Durán and Rodríguez-Sánchez argued that the management problem would drastically affect organizations if not addressed immediately. Comparably, Keeman et al. (2017) attested in their study that a typical employee spends about one-quarter of their adult life at work, making work a fundamental life pursuit for many individuals. Keeman et al. put forward that work also affects employees' good health and well-being, and an organization's success depends on overall employees' good health and well-being. Further discussed is the effect of stress on the negative well-being of organizational employees.

### ***Effect of Stress on the Negative Well-being of Organizational Employees***

Stress has a hugely adverse effect on an individual's well-being. Rapoza et al. (2021) conducted their study on the lived experiences of stress in Latinx nursing students to find out how it affects recruitment and retention. Rapoza et al. found that stress is a leading cause of negative well-being that affects organizational recruitment and retention. Stress affects an individual's good health and well-being, so it is paramount that organizational leaders help employees like single mother leaders to enable retention for this category of essential employees. Helping them is indispensable, affirmed Che et al. (2022) based on the study conducted to find out how employee and organization relationships (EOR) affect the work well-being (WWB) of knowledge-based employees. Che et al. found that it is even more crucial for organizations to give enough attention to organizational employees' individual needs for knowledge-based workers. Also, Che et al. found that EOR has significant positive effects on work engagement (WE) and WWB.

Organizational leaders' support is crucial, especially during a crisis like the COVID-19 pandemic.

### **Workplace Support for Employees During the COVID-19 Pandemic**

Organizational leaders' support of employees is essential in the workplace. Keeman et al. (2017) evaluated employees' well-being intervention in two settings. Keeman et al. found that it is essential for organizational leaders to evaluate and intervene in the well-being of employees. Keeman et al.'s results are relevant to help support my study on the lack of organizational care for employees' good health and well-being with the need for organizational leaders to intervene and take care of their employees' well-being. Similarly, Mihalache and Mihalache (2021) evaluated how workplace support for employees during the COVID-19 pandemic and employees' personality traits help change employees' commitment to their employer. Mihalache and Mihalache found that employees are more committed to their employers when supported. Mihalachi and Mihalachi's study corroborates Keeman et al.'s study, which concluded that evaluating employees' well-being and intervention is vital. Mihalachi and Mihalachi's study is valuable to this study because it could align with the argument about the need for employers to care for their employees' good health and well-being during a crisis like the COVID-19 pandemic.

Caring for organizational employees, especially in times of crisis like the COVID-19 pandemic, is crucial. Sharkey and Caska (2020) conducted a comparative and thematic analysis of workplace well-being. Sharkey and Caska found that a beneficial supervisory support structure through a partnership with managers and coworkers can help improve

all employees' physical and mental well-being. Sharkey's and Caska's research is significant to this study. Significant because it will integrate with the argument that providing a good supervisory support structure in organizations during a crisis like the COVID-19 pandemic is cardinal for the good health and well-being of organizational employees. Also, Weziak-Bialowolska et al. (2020) researched individuals' well-being at work and in life to determine which comes first and found that both are equally essential to an individual's overall well-being. Weziak-Bialowolska et al. dominated my study as associated literature to justify the importance of organizational support for all employees, especially during crises like the COVID-19 pandemic. Organizational support is consequential and helps with employee well-being, belonging, and retention. In the next section, I discussed the lack of organizational support and its effect on turnover.

### ***Lack of Organizational Support and Effect on Turnover***

Retaining talented employees is paramount to all organizations, making it vital for organizational leaders to care for and retain their employees. Heyns et al. (2022) studied supervisor support, the satisfaction of self-determination needs, work engagement, emotional exhaustion, and organizational turnover intentions. Heyns et al. found that supervisory support is crucial in organizations and will help improve organizational employees' good health and well-being and retain them in the organization. Consonantly, Kerdpitak and Jermittiparsert (2020), in their study investigating the effects of workplace stress and work-life balance on organizational employees, concluded that both significantly influence the turnover intention of the organization. Kerdpitak and Jermittiparsert, therefore, recommended that organizational leaders meet the needs of

employees to help reduce workplace stress and help the employees balance work and retain employment. The studies by Heyns et al. and Kerdpitak and Jernsittiparsert are valuable to my study because they help justify the argument that supervisory support is good for organizational employees and employers. In the next section, I discussed the gaps in the literature.

### **Gaps in the Literature**

The COVID-19 pandemic continues to affect the well-being of employees at work, specifically the good health and well-being of specific populations of women than men, who are more impacted after 2 years of the pandemic declared by the WHO continues to be overlooked (Carli, 2020). Researchers have investigated the effect of the COVID-19 pandemic on individuals' good health and well-being (Carli, 2020; Kaugars et al., 2021; Parry & Gordon, 2021). However, the issue has not been investigated in exploring the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. In their study on exploring American parents' lived experiences during the COVID-19 pandemic: Ramifications for well-being, Kaugars et al. (2021) highlighted the need to conduct future research. Future research was recommended to know the specific effect of the COVID-19 pandemic on specific populations like low and middle-income American parents, single parents, and the LGBTQ community. Future research was also recommended because these categories of individuals and parents were not explored in Kaugars et al.'s study conducted when the COVID-19 pandemic was only 3 months old.

Mihalache and Mihalache (2021) also recommended future studies to understand if a different type of support is more important for job-related well-being than others during environmental disruption like the COVID-19 pandemic. Mihalache and Mihalache, Parry and Gordon (2021), and Weziak-Bialowolska et al. (2020) concluded that the COVID-19 pandemic continues to affect the good health and well-being of individuals, economies, and society globally. The findings in this study could help close the knowledge gap in the literature on the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Further discussed in the next section is the summary and conclusion of Chapter 2.

### **Summary and Conclusions**

The impact of the COVID-19 pandemic continues to affect organizational employees' good health and well-being, specifically single mother leaders in organizations. Good health and well-being of individuals is Goal 3 of the 17 SDGs adopted by the United Nations to achieve in the 2030 agenda (Dawes, 2020). Achieving Goals 3 and 5, which aim for gender equality, is required for all individuals' good health and well-being. The COVID-19 pandemic, as a transforming event, has resulted in increased gendered inequality that has favored men over women. Single mothers belonging to the gendered inequality group have been the main focus of most of the literature reviewed in this study. The effect of the COVID-19 pandemic, specifically on the good health and well-being of specific populations like women more impacted after 2 years the pandemic was declared a pandemic by the WHO, continues to be overlooked (Lavado et al., 2022; Taylor et al., 2022). Organizational employees' good health and

well-being are vital to the survival of organizations. Russell et al. (2018) have shown the link between employees' good health and well-being and their organizations' productivity, profitability, and overall success. Kaugars et al. (2021) also emphasized the importance of exploring the specific effect of the COVID-19 pandemic on specific populations, such as low and middle-income American parents, single parents, and the LGBTQ community. However, little is known about single mother leaders' lack of care regarding organizational employees' good health and well-being during the COVID-19 pandemic (Kaugars et al., 2021). Maslow's hierarchy of needs theory and Alderfer's ERG theory helped accurately depict the needs that organizational employers need to provide their employees to improve their good health and well-being (Alderfer, 1969; Maslow, 1958). This study may be relevant to all organizational employees, specifically single-mother leaders. The findings could help formulate policies in organizations that may help impact all organizational employees and provide them with the needed help in times of crisis, similar to the COVID-19 pandemic.

Chapter 2 included the introduction to the chapter, the literature search strategy employed in this study, Maslow's hierarchy of needs theory, and Alderfer's ERG theory, which was defined and rationalized as the conceptual frameworks for this study and the lens used to examine the experience of single mother leaders (Alderfer, 1969; Maslow, 1958). Also included in Chapter 2 is an exhaustive review of the literature on improving organizational employees' good health and well-being during the COVID-19 pandemic in the following sections and sub-sections: Historical research on prior pandemics' origin, history, and social impacts, the Plague of Athens, the Black Death, the White Plague,

Tuberculosis, AIDS, and the Spanish Flu. Also included in Chapter 2 are literature reviews on the COVID-19 pandemic as a transforming event and black swan, SDGs of the United Nations, gendered inequalities experienced by women organizations globally pre-COVID-19 pandemic, the gendered impact of the COVID-19 pandemic on individuals' good health and well-being, good health and well-being of men, good health and well-being of women, single mothers experiences pre-the COVID-19 pandemic, gendered inequality favoring men than women, stress trajectories of single mothers, work and family experiences of single mothers pre-the COVID-19 pandemic, single mothers' coping strategies, becoming single parents and overcoming the barriers of single parenting, effect of the COVID-19 pandemic on single mothers, lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic, organizational retention and recruitment issues during the COVID-19 pandemic, workplace support for employees during the COVID-19 pandemic, and gaps in the literature.

In Chapter 3, I restarted the discussion with an introduction to the chapter, followed by a review of research methods on qualitative descriptive phenomenology and the research design and rationale. I continued the discussion with the role of the researcher. The role of the researcher discussion was followed by the discussion of the research methodology with a focus on participant selection logic, instrumentation, procedures for recruitment, participation, data collection, and the data analysis plan. Chapter 3's discussion continued with the issues of trustworthiness and ethical procedures, and there was a summary of the main points, with a transition to Chapter 4.

### Chapter 3: Research Method

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Chapter 3 consists of five major sections. The first section includes the study's research design and rationale. The second section includes a discussion of my dual role as researcher and interviewer in this descriptive phenomenological study. The third section consists of a discussion of the study's methodology, including the participant selection logic, instrumentation, procedures for recruitment, participation, data collection, and the data analysis plan. In the fourth section, I discuss trustworthiness issues, including ethical procedures. Finally, in the fifth section, I conclude the chapter with a summary of the main points covered in the chapter and transition to Chapter 4.

Chapter 3 includes the research question on the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The chapter also includes an analysis of data and ethical issues. This phenomenological research identified and described the lived experiences of single mother leaders' challenges because of the lack of organizational care for organizational employees' good health and well-being during the COVID-19 pandemic. The data collection tools for this study consisted of an interview protocol that included semistructured interviews with open-ended questions that were used to



understand the participants based on the description and narration of their lived experiences. The participants' interview responses provided information about the lack of organizational care for the health and well-being of organizational employees, specifically single mother leaders, during the COVID-19 pandemic. The descriptive phenomenological qualitative study research design satisfied this descriptive research's goal using data collected from multiple sources. Chapter 3 concludes with a discussion of the rights and ethics of the participants of this study.

### **Research Design and Rationale**

The research question for this study was: "What are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic?" To address the research question in this study, I used the descriptive phenomenological research design. Giorgi and Giorgi (2003), Groenewald (2004), and Husserl (2012) explained that the descriptive phenomenology approach is used to learn the lived experience of a phenomenon when the participants are still experiencing the phenomenon. The COVID-19 pandemic is ongoing, and single mother leaders are still experiencing this specific research problem of the lack of organizational care for their health and well-being. Also, the descriptive phenomenological approach helped me better understand the participants based on the description and narration of their lived experiences, free of interpretation by the researcher (see Martins, 2008). I discussed the review of the phenomenology research in the next section.

### **Review of Research Design: Phenomenology**

Phenomenology was my chosen research design instead of other qualitative designs for this study. Kegler et al. (2019) asserted that other qualitative research designs include grounded theory, ethnography, case study, and narrative inquiry. The grounded theory is used by researchers when focusing on a phenomenon involving social processes, and it involves an iterative process of data collection and analysis (Kegler et al., 2019). The ethnographic design captures the perspectives of groups and communities with its emphasis on culture and involves ongoing observation by the researcher, who spends an extended time in the field. Researchers use the case study design to focus on specific cases by observing a particular phenomenon where the boundaries between the context and phenomenon are unclear. Finally, qualitative researchers use the narrative inquiry design to focus on stories narrated by a few individuals representing a typical case (Kegler et al., 2019). Using the phenomenology design instead of other designs enabled me to capture lived experiences of the particular phenomenon of the current study.

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The use of the phenomenological approach was appropriate because it was not known to the extent the COVID-19 pandemic has impacted employees in organizations, specifically single mother leaders. In this study, a transcendental approach emphasizing description fitted

better than a hermeneutical approach. The transcendental phenomenology, grounded in Husserl's 1970 theoretical work, and the hermeneutical phenomenology, grounded in Heidegger's 1962 theoretical work, have some similarities (Van Manen, 2016). The first similarity is that phenomenologists Heidegger and Husserl have a common background in German philosophy (Martins, 2008). The second similarity is that transcendental and hermeneutical phenomenology concern lived human experiences (Van Manen, 2016). Finally, the third similarity is that transcendental and hermeneutical phenomenology mostly use semistructured interview methods of data collection (Martins, 2008). Based on these similarities between transcendental and hermeneutical phenomenology, it was most appropriate to use transcendental phenomenology in this study because it enabled me to report the findings based on the description by the study's participants without any interpretation.

The characteristics of transcendental phenomenology are as follows. First, it is descriptive (Van Manen, 2016). Second, it focuses on the structure of the experience and the organizing principles that provide form and meaning to lived experiences. Third, transcendental phenomenology aims to elucidate the essences of the structures as they appear in consciousness. On the other hand, the hermeneutic phenomenology is interpretative. Second, it concentrates on the historical meanings of experiences based on their development and cumulative effects at the individual and group levels. Using the transcendental phenomenological approach to emphasize the description was a better fit for this study based on the similarities and differences discussed.

### **The Qualitative Descriptive Phenomenological Design**

The qualitative descriptive phenomenological design helps the qualitative researcher explore a phenomenon free of interpretation from the researcher (Martins, 2008). Qualitative researchers exploring a phenomenon use this phenomenological approach grounded in Husserl's 1970 theoretical work to understand lived human experiences when the participants are still experiencing the phenomenon (Husserl, 2012). The use of the phenomenological design in qualitative research helps the researcher explore a phenomenon in a target population, such as a group or individuals, to understand the lived experience of the participants based on the phenomenon studied (Martins, 2008; Nabolsi et al., 2021). A qualitative researcher using this phenomenology design also uses the gathered information to generate findings and suggest a specific research problem for further study (Martins, 2008). In a study by Martins (2008), the descriptive phenomenological approach was used because it was crucial in helping qualitative researchers understand the lived experiences of individuals based on a particular phenomenon free of interpretation by the researcher. Giorgi and Giorgi (2003), Groenewald (2004), and Husserl (2012) each concluded that the qualitative descriptive phenomenology study approach is for exploring the lived experience of a phenomenon when the participants are still experiencing the phenomenon. The COVID-19 pandemic is ongoing, so conducting this study on the lived experience of single mother leaders was vital and may lead to study findings and recommendations that will positively impact individuals in organizations and global society. In the next section, I discussed how the

descriptive phenomenological approach helped me better understand the participants for this study.

### **Importance of the Descriptive Phenomenological Design to This Study**

Using the descriptive phenomenological approach allowed me to gather data from the participants, analyze the research information, and describe the lived experiences of single mother leaders in state government agencies regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Also, the descriptive phenomenological approach helped me better understand the participants based on the description and narration of their lived experiences, free of interpretation by the researcher (see Martins, 2008). The descriptive phenomenological approach, free of interpretation, was a better fit for this study than a hermeneutical approach (Heidegger, 1962; Husserl, 2012). The descriptive phenomenological approach was most appropriate for this study.

The descriptive phenomenological approach based on Husserl's (2012) transcendental phenomenology was the most appropriate because it was unknown to what extent organizational leaders cared for and improved employees' good health and well-being during the COVID-19 pandemic (see Husserl, 2012). I could not use the phenomenology of perception by Merleau-Ponty because it focuses on the lived body and the phenomenological world (Merleau-Ponty, 2012). Using the descriptive phenomenological approach grounded in Husserl's transcendental phenomenology enabled a better understanding of the participants' lived experiences in this study. The hermeneutical phenomenological approach by Heidegger could not be used in this study

because it was interpretative and concentrated on historical meanings of experiences based on their development and cumulative effects at the individual and societal levels (Van Manen, 2016). The interview protocol is further discussed in the next paragraph.

For my planned research design, I needed an interview protocol (see Appendix A). The interview protocol included semistructured interviews with 11 open-ended questions. The semistructured interviews were conducted with participants who meet the following three inclusion criteria: (a) single mother, (b) leader in state government agencies in the southern region of the United States, and (c) a minimum number of 5 years of work experience as a leader. Sources included current government and policy reports on organization care for good health and well-being from the Global Social Survey, U.S. Bureau of Labor Statistics, World Economic Forum, Centers for Disease Control and Prevention, Deloitte Global, and McKinsey Company. Other sources of information for the study included published scholarly peer-reviewed research articles and phenomenological literature. Reflective journal notes were another source of information for my study. I explored the concept of phenomenology to describe how the COVID-19 pandemic affected the good health and well-being of single mother leaders working in state government agencies. This research study was designed to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding the lack of organizational care for organizational employees' good health and well-being during the COVID-19 pandemic. I used qualitative design for this study because it is exploratory and seeks to collect data consistent with its complexity. I did not use a quantitative design because it only seeks

cause-and-effect relationships, which was not my aim with this study. Van Manen's (2016) approach to thematic analysis guided the identification of meaning structures in the study participants' lived experiences of the phenomenon as represented in the interview transcripts. Using thematic analysis in my role as the researcher was vital to this study.

### **Role of the Researcher**

I was the sole researcher in this study. I gained approval from the Walden University Institutional Review Board (IRB) to get permission to interview the study participants before conducting the interviews for this study. I adhered to the IRB processes regarding the rights of research participants in communication with the study participants. As the sole researcher, I also performed the dual role of the interviewer in this study. As the interviewer, I collected data from the study's participants to learn their lived experiences regarding the lack of organizational care for employees' good health and well-being during the COVID-19 pandemic. The dual roles in this study enabled me to capture the essence of the participant's lived experiences and describe these experiences free of interpretation. Martins (2008) confirmed that the researcher in a descriptive phenomenological study is not a participant but only present to understand their lived experiences and report accordingly. In this descriptive phenomenological study, I did not have any personal or professional relationships with any of the participants. All participants in this study were selected using purposeful random sampling. As the researcher and interviewer, I only participated in reporting and describing the lived experiences of the study participants as described.

I determined the interests of potential individuals to participate in this study and their willingness to provide personal information about their lived experiences in an interview setting that required audio recording. I informed participants in this study that the findings from the research may be published and requested consent from the participants to release the study for publishing. I managed researcher biases in this study by focusing only on the participants' responses during the interview and describing the participants' lived experiences free of interpretation. I removed all research bias and perceptions about the participants by ensuring that the reported information from the interview was understood as described. Also, I removed all prejudices by focusing only on the interview questions and all matters related to the study. The research was informed by semistructured, in-depth interviews with open-ended questions involving only participants who had experienced the phenomenon and met the inclusion criteria (Groenewald, 2004). I worked across the offices of the state commissioner, legal affairs budget and planning, audits, customer service, and compliance in state government agencies in the southern region of the United States. Working across these offices was vital to understanding the participants' lived experiences and their descriptions regarding the lack of organizational care for organizational employees' good health and well-being during the COVID-19 pandemic. The participants for this study were from state government agencies in the southern region of the United States who were interested in participating.



## **Methodology**

I posted flyers and other forms of advertisement on the following platforms: local libraries, Walden University website, LinkedIn, and Facebook. The flyers and other forms of advisement posted on these platforms enabled me to obtain potential participants for this study. I used the descriptive phenomenological qualitative methodology to explore the single mother leaders' experiences regarding the lack of organizational care for employees' good health and well-being during the COVID-19 pandemic. Depending on the participant's preference, I conducted the interviews via Zoom teleconferencing or face-to-face. I audio-recorded all participant's interviews with the participant's consent. I gave the potential participants consent documents to sign before the interview. The signed documents from the participants were their consent to participate in this study. I also gave the participants a preliminary overview, informing them about the research and the central phenomenon before the start of the data collection process. I communicated with the participants via email or phone to facilitate ongoing cooperation. During the research process, I constantly updated participants on the next steps. During the data collection process, I communicated with participants for follow-up interviews.

### **Participant Selection Logic**

I conducted semistructured, in-depth interviews with 11 open-ended questions for 11 single mother leaders in state government agencies located in the southern region of the United States or until the data saturation point. Single-mother leaders were chosen because of their importance in the workforce. Single mother leaders were excluded from the study by Kaugars et al. (2021) when the COVID-19 pandemic was only 3 months old.

I expected to gain insights into the employees and the work environment through semistructured, in-depth interviews with open-ended questions (Kaugars et al., 2021; Mihalache & Mihalache, 2021). The open-ended questions involved single mother leaders in the southern region of the United States regarding the lack of organizational care on employees' good health and well-being during the COVID-19 pandemic (Kaugars et al., 2021; Mihalache & Mihalache, 2021). Semistructured interviews with open-ended questions were essential to this descriptive phenomenological qualitative study.

I used purposeful random sampling for the sample selection in this study. Sunday and Vera (2018) contended that purposeful random sampling helps the qualitative researcher add credibility to the study of those using the findings who prefer random selection. Second, purposeful random sampling may help the qualitative researcher reduce bias (Sunday & Vera, 2018). Third, the researcher might also benefit by using purposeful random sampling in a descriptive phenomenological research study to identify and select thick, rich cases to learn more about the phenomenon of inquiry (Prosek & Gibson, 2021; Sunday & Vera, 2018). Using purposeful random sampling enabled me to add credibility and reduce researcher bias in this study.

The participants' selection for this study was based on the following three criteria: (a) single mother, (b) leader in state government agencies in the southern region of the United States, and (c) a minimum number of 5 years of work experience as a leader. To verify that potential participants meet the criteria for this study, I used prequalifying questions to recruit the potential participants. The study's proposed number of

participants was six to 10 or until the data saturation point. Schram (2006) suggested a range of five to 10 participants for a typical qualitative study, claiming that a large sample size could hinder a deeper investigation. Also, Morse (2000) recommended a small sample size of three or until the data saturation point is reached as long as the quality of data collected is good. Guest et al. (2006) described the data saturation point as the point in the study's data collection when additional data will be redundant and not yield different results while confirming the same themes and conclusions. The participants were single mother leaders in state agencies in the southern region of the United States. I selected the participants from state government agencies in the southern region of the United States that tentatively agreed to participate in this study. I developed questions to guide the interviews in this study, and the interview questions focused on the phenomenon's context and conditions (see Groenewald, 2004; Martins, 2008). Working across all organizational levels of state government agencies to understand the lived experience of the participants and their descriptions regarding the lack of organizational care for organizational employees' good health and well-being during the COVID-19 pandemic was vital in this study.

The specific procedures on how I identified the participants for this study included posting flyers and other forms of advertisement on the following platforms: local libraries, Walden University website, LinkedIn, and Facebook. In this descriptive phenomenological qualitative study, once I identified a potential participant who met the study's criteria and obtained the potential participant's contact information, I followed up with a phone call to notify the potential participant of meeting the study criteria. During

the first telephone call with the potential participants, I briefly overviewed the study. I also established trust and credibility with the potential participants during this first phone discussion. I gave each potential participant a consent form once there was an agreement. The consent form helped me debrief the research with the potential participants. Subsequently, after the debriefing, I addressed any questions the potential participant had. I requested that each potential participant subsequently sign the consent form. Finally, I followed up by scheduling a date for the first interview once the potential participant had tentatively agreed to participate in this descriptive phenomenological qualitative study.

This qualitative phenomenological study has an estimated sample size of six to 10 or until the data saturation point. Guest et al. (2006) confirmed that a small sample size is necessary for a qualitative study, and the sample size will be the saturation point. Consonantly, the saturation point is the point in sampling when additional participants sampled after this point do not add value to the study (Guest et al., 2006; Husserl, 2012; Morse, 2000). In this descriptive phenomenological qualitative study, I stopped the collection of additional data at the saturation point. Stopping data collection at the saturation point was necessary and integral to this study because additional data collected did not have any value after that point.

### **Instrumentation**

I used Quirkos 2.5 to summarize participant data collected in this descriptive phenomenological qualitative study. Quirkos 2.5 enabled me to analyze and make sense of the collected data. I also used Quirkos 2.5 to organize the participant's data collected into specific categories and themes. I used interview protocol and interview questions as

data collection instruments to guide the interviews of the participants in this study. I also created a sample questionnaire that aided me in asking general questions to potential participants to meet the research criteria. I also used Walden University consent forms as another type of instrument that enabled me to communicate ethical issues to the potential participants and gain the participant's trust before conducting the interviews for this study. I used the Zoom platform for teleconferencing. With the participant's permission, I recorded all interview calls and teleconferencing for transcribing purposes. The Zoom platform generated recording files for transcribing into writing and analysis.

Concurrently, I used the sample interview questions from the interview protocol detailed in the next section and Appendix A as another instrument in this study.

### ***Interview Questions***

1. What is your general definition of employees' good health and well-being as a single mother?
2. What is your description of how the pandemic impacted your health and well-being as a single mother during the COVID-19 pandemic?
3. What is your description of how the pandemic impacted the health and well-being of other organizational employees during the COVID-19 pandemic?
4. As a single mother, how did you describe organizational care for employees' good health and well-being in your organization during the COVID-19 pandemic?

5. What strategies did your organizational leaders use to care for and improve single mothers' and other employees' good health and well-being during the COVID-19 pandemic?
6. What strategies do you think the leaders in your organization, including you, should use to improve organizational employees', including single mothers', good health and well-being in a crisis like the COVID-19 pandemic?
7. What barriers do you think exist in your organization regarding improving the good health and well-being of employees, including single mothers in your organization?
8. What basic needs do organizational employees, including a single mother like you, require from leaders during a crisis like the COVID-19 pandemic?
9. What do you think will be the effect of improving the good health and well-being of organizational employees, including single mothers, in times of crisis like the COVID-19 pandemic?
10. What do you think improving organizational employees, including single mothers' good health and well-being in times of crisis like the COVID-19 pandemic, will be on employee burn out, parental stress, and employee retention in your organization?
11. As a single mother leader, what else can you add to what you have shared with me regarding improving single mothers' and other employees' good health and well-being during a crisis like the COVID-19 pandemic?

In this descriptive phenomenological qualitative study, I digitally recorded, transcribed, analyzed, and presented the interview responses as thematic analysis using Quirkos 2.5 as the selected qualitative data analysis software. Van Manen's (2016) approach to thematic analysis guided the identification of meaning structures in the study participants' lived experiences of the phenomenon as represented in the interview transcripts. I also used Quirkos 2.5 software to organize and code the data. The consideration for choosing Quirkos 2.5 software against other qualitative data analysis software is because the analysis tools within this software enabled me to do first-cycle code in various forms. Secondly, to perform a second-cycle analysis of unique codes and the participant's interview transcripts. Thirdly, Quirkos 2.5 software enabled me to perform dual coding across all participants' interview transcripts and query complex questions of the interview data by combining codes and categories. Miles et al. (2014) advocated that any qualitative data analysis software should apply to retrieve interview participants' quotes that illustrate categories and themes that may emerge from the interview data. Based on my initial research of the features of Quirkos 2.5 software, this qualitative data analysis software helped me to retrieve the interview quotes from participants in this study.

### **Pilot Study**

I employed a pilot study with friends and family members who identified with the problem in this qualitative descriptive phenomenological study. Van Teijlingen et al. (2001) expounded that a pilot study is a mini-version of a full-scale study. According to Van Teijlingen et al., a pilot study is a feasibility study, a specific pre-testing or trial run

of a specific research instrument before the major study. The research instrument that was pre-tested with friends and family members who identified with the problem in this study was the participant's interview questionnaires before the main studies' proposal approval. The Walden University IRB approval # 04-12-23-1037293 on April 12, 2023, was necessary to conduct the studies' main interviews with the potential participants.

A pilot study has many advantages. According to Van Teijlingen et al. (2001), one advantage is pre-testing the main study interview instruments using in-depth interviews to establish the issues to be addressed in a large-scale questionnaire before the main study instruments help the researcher uncover issues. Van Teijlingen et al. postulated that it is safer to pre-test the main study first than to conduct it without pre-testing. Beebe (2007) confirmed that a pilot study on a larger scale is important in yielding data to assess cost, feasibility, methodology, and data analysis for future studies. Beebe advocated that data pilot studies help researchers identify design flaws, develop data collection analysis, and gain experience before using the instruments on potential participants' main study.

I first identified five friends and family members who met the study criteria in this qualitative, descriptive phenomenological pilot study procedures for recruitment, participation, and data collection. Second, I called them by phone to request that they participate in the pilot study for this study. Third, I sent the potential pilot study participants who agreed to participate in the study Walden University sample consent form for pilot study interviews to sign and return to me. Only potential pilot study participants who returned the signed interview consent forms by the given deadline



received a call back by phone and an interview appointment via Zoom for the pilot interview for this study.

Before the interview date for the pilot study, I sent the potential participants the interview questions to review. On the scheduled interview dates, before the start of the interviews, I used an interview guide to conduct the interviews. Second, I informed each participant that I would record the interview sections. Third, at the end of each interview section, I thanked the participants and requested their contact information for follow-up questions regarding the pilot interview.

After the pilot interview with the potential interview participants for the pilot study, I transcribed the interviews. To check and establish content validity for this pilot study, I did a member check by forwarding the interview transcripts to the potential interview participants to review and verify that their information was accurate before the data analysis process. Conducting a pilot study was integral to this qualitative descriptive phenomenological study. I sent the pilot study participants email messages of appreciation after the pilot study before moving to the main study.

### **Procedures for Recruitment, Participation, and Data Collection**

I started participants' recruitment and data collection procedures for this descriptive phenomenological qualitative study once I received permission to contact the study participants from the Walden University IRB office. I began recruiting potential participants by requesting permission to post a group inquiry concerning participation in my study. Second, I requested that interested members respond to the recruitment letter in Appendix B. I posted information about the study, including the purpose, participant

selection criteria, and voluntary and confidential participation guidelines, on the Walden University research website as soon as I received approval.

I used purposeful random sampling as a criterion for the sample selection in this study. Using purposeful random sampling helped me as a qualitative researcher to add credibility to the study of those using the findings who preferred random selection (Sunday & Vera, 2018). Second, purposeful random sampling helped me as a qualitative researcher to reduce bias in this study (Sunday & Vera, 2018). Third, using purposeful random sampling in this descriptive phenomenological research study, I easily identified and selected thick, rich cases to learn more about the inquiry phenomenon, as recommended by Husserl (2012). During the recruitment process in this qualitative descriptive phenomenological study, supposing initial recruitment efforts failed to get the targeted participants of six to 11, I would have sought other avenues for recruiting participants, like word of mouth, LinkedIn, and Facebook. Also, I planned to post the participants' recruitment flyers in open public locations like public libraries if initial recruitment attempts failed.

As potential participants responded favorably to the interview invitations by indicating their interest in participating in the study, I followed up by contacting the respondents by email or phone to thank them for responding and agreeing to participate. Second, they must verify that they met the study's participant participation criteria. Once I confirmed that they met the participant's criteria, I followed up with email communication. I attached a copy of the consent form requesting the participants to sign, date, and return it to me at a specified deadline stipulated in the email. I followed up by

sending the potential participants who returned their consent forms individual meeting invitations via Zoom to participate in a one-on-one interview via Zoom teleconferencing on mutually agreed dates and times. In parallel, I followed up with phone calls or email communication to the participants who still needed to return the signed consent forms. Also, I reminded the participants to sign, date, and return their consent forms before scheduling the individual interviews with these categories of potential participants. Participants who did not send back the signed and dated consent forms after the follow-up call did not get an interview. Prior to the scheduled interview dates, I sent the participants a copy of the interview questions. The questions enabled the participants to review, prepare, and reflect in advance on their lived experiences about the phenomenon of the lack of organizational care regarding the good health and well-being of organizational employees during the COVID-19 pandemic.

I requested permission from the interview participants to record all interviews for transcribing purposes. The Zoom platform generated recording files that I used to transcribe into writing for analysis purposes. I transcribed verbatim from the interview transcripts and coded them using Quirkos 2.5 qualitative data analysis software. I conducted the semistructured one-on-one interviews in the privacy settings of my home computer to ensure participants' confidentiality. Participant interviews were between 30 to 60 minutes. After each interview, I asked the participants for permission to get their preferred mode of contact, like email, phone, or text, for follow-up questions that needed clarification.

In this descriptive phenomenological qualitative study, each participant received a brief overview of the study, the role of the participant, and detailed information about confidentiality and the consent to participate. In this descriptive phenomenological qualitative study, I planned to use the interview method to collect data. Second, I used audio recordings for all interviewed participants. Third, I used field notes to document all details and summaries of the interview. This study's data collection frequency from the participants was twice. I conducted the original interview with participants via Zoom or face-to-face. I also asked follow-up questions by phone or email based on individual participants' preferences. Finally, in this descriptive phenomenological qualitative study, I facilitated the trustworthiness of the interview transcripts by asking each participant to verify the accuracy of the transcripts via email before the beginning of the study's data analysis.

### **Data Analysis Plan**

Qualitative data tools are available in the marketplace to enable qualitative researchers to perform the following tasks in data analysis during research: coding, storing, comparing, linking, grouping data, and creating emerging themes. Also, these qualitative data software are available for categorizing collected data in qualitative research. In this descriptive phenomenological qualitative study, I used thematic analysis to identify the coding, labeling, and categorizing of all participant's data collected. Data analysis was essential for this study because I analyzed data collected from the participants' lived experiences. I understood the study participants based on their responses to the interview questions. Also, based on the participant's responses, I

comprehended their unique situations and how the lack of organizational care for organizational employees' good health and well-being impacted them during the COVID-19 pandemic. In entering, conducting, classifying, and analyzing the study's collected data from the participants, I used Quirkos 2.5 qualitative data analysis software (QDA).

### **Quirkos 2.5 Qualitative Data Analysis Software**

I used qualitative data analysis software in the coding process during the data analysis for this study. The qualitative data analysis software for this descriptive phenomenological qualitative research data analysis was Quirkos 2.5 QDA software. The consideration for choosing the Quirkos 2.5 QDA software against other qualitative data analysis software was because the analysis tools within this software enabled me to do first-cycle code in various forms. Secondly, the Quirkos 2.5 QDA software enabled me to perform a second-cycle analysis of unique codes and interview participant's transcripts. Thirdly, the Quirkos 2.5 QDA software also helped me to perform dual coding across all participants' interview transcripts and query complex questions of the interview data by combining codes and groups of codes. Miles et al. (2014) confirmed that any qualitative data analysis software that enables the qualitative researcher to retrieve the interview participant's quotes that illustrate categories and themes that will emerge from the interview data is valuable to a qualitative study data analysis. Based on my initial research of the features of the Quirkos 2.5 QDA software, applying the software helped me to retrieve interview participants' quotes that illustrated categories and themes that emerged from the interview data in this study. The Quirkos 2.5 QDA software was

essential for the coding and analysis of this study. In the next section, I discussed the issues of trustworthiness.

### **Issues of Trustworthiness**

Issues of trustworthiness are concerns in qualitative studies. Trustworthiness issues concerning credibility, transferability, dependability, and confirmability should be evaluated in all qualitative studies to establish trustworthiness (Amin et al., 2020; Lincoln & Guba, 1985, 1988; Shenton, 2004). In this study, the potential issue of trustworthiness was the reluctance that I am also a leader in a state government agency in the southern region of the United States. Participation was voluntary, and the signed consent form notified the participants of the study's voluntary nature and their ability to withdraw from the interview at any time. To gain the trust of the single mother leaders in state government agencies that are the focus of this study, I first gave some personal background information about myself. Second, I also gained their trust by letting them know the reason for focusing this study on single-mother leaders. This study focused on single mother leaders because they belong to the category of leaders who carried numerous burdens alone during the COVID-19 pandemic (see Febrianto, 2021). Most single-mother leaders, unlike married mothers and leaders during the COVID-19 pandemic, had to deal with the struggles of earning a living and raising their children alone.

In this descriptive phenomenological study, I used the data collection and analysis approach recommended by Giorgi and Giorgi (2003). Also, I discussed the trustworthiness issues during the participant's interview process. Discussing the

trustworthiness issues with the study participants ensured the validity and accuracy of the findings in this study. To ensure that there was trustworthiness in this descriptive phenomenological qualitative study, I considered the following four issues of trustworthiness: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability, discussed in the next section.

### **Credibility**

Credibility is one of the issues of trustworthiness in qualitative research. Credibility concerns the truth value of the study's participants and the study findings' readers (Miles et al., 2014). Amin et al. (2020) and Shenton (2004) postulated that credibility helps the qualitative researcher establish the validity and truth in qualitative research. To ensure credibility in this qualitative study, I first checked for accuracy and reliability regarding ethical issues, the study sponsorship, and the use of the study information. Second, I used triangulation, member checking, saturation, researcher reflexivity, and peer review to establish credibility in this study. For example, I followed the recommendation by Guest et al. (2006) on data saturation to stop collecting additional data at the data saturation point. According to Guest et al., at the data saturation point, the collection of additional data will impact and hamper the quality of the research. I stopped collecting data for this study when enough information was reached to enable replication of the study. Second, new information and additional coding hampered the study findings. I used the following saturation principle in this study. First, after the saturation point, there was no new data, new themes, or coding. Second, the study can be replicated. Third, the study had 11 participants.

While analyzing the participant's interview transcripts, I kept the analysis process connected to the study's purpose and research design to ensure that the study's findings were credible. Smith et al. (2022) confirmed that the purpose, design, and collected data drive the analysis process. Also, as Miles et al. (2014) prescribed, I reviewed the study's purpose and research question before and during the analysis process using first-cycle and second-cycle qualitative coding techniques. Second, I used the hermeneutic circle process of making sense of the participants' meaning-making process, as recommended by Heidegger (1962). Also, I engaged in the ongoing comparative strategy of analyzing similarities and differences in category codes, patterns, and themes emerging from the participants' interview transcripts, as endorsed by Smith et al. The purpose of the study, the research design, and the collected data drive the analysis process (see Smith et al., 2022). I connected the different components of the purpose, research design, and the collected data because it was necessary for this study's analysis process. Transferability, another issue of trustworthiness, is further discussed in the next section.

### **Transferability**

Transferability is vital in a qualitative study and ensures trustworthiness. The issue of transferability is concerned with the transfer of qualitative research results to other contexts and settings (Amin et al., 2020; Lincoln & Guba, 1985, 1988; Shenton, 2004). The burden of proof for transferability lies on the interested person who wants to transfer the study's findings to other contexts and settings than the researcher (Lincoln & Guba, 1985, 1988, as cited in Shenton, 2004). The issue of transferability lies in the interested person because the researcher does not know the contexts and settings in which



the study results will be transferred (Amin et al., 2020). The qualitative researcher, however, can enhance the transferability of the study's findings by using detailed, thick descriptions of the study's methodology and findings (Prosek & Gibson, 2021; Shenton, 2004). To ensure transferability in this study, I provided in-depth descriptions of the methodology to make replication by other researchers possible. I provided detailed, thick descriptions of the participant's demographic information and personal experiences relevant to the study's phenomenon. I ensured that illustrative quotes from the participants were provided to ensure clarity and context for the study's findings when reporting the first-cycle and second-cycle coding analysis processes (Miles et al., 2014). I asked open-ended questions that let the interview participants be transparent in their responses for obtaining, recording, and describing the thick, in-depth information. Further discussed in the next section is dependability, another issue of trustworthiness.

### **Dependability**

Dependability is another issue of trustworthiness that needs evaluation in a qualitative study. Documentation of the constantly changing context within which a study occurs is vital in establishing dependability (Prosek & Gibson, 2021). Dependability in a qualitative study regarding the research strategies means that the same results will be derived using the same research method, participants, context, and phenomenological circumstances. Squires and Dorsen (2018) established that dependability entails the qualitative researcher objectively presenting the study's findings in multiple ways to mitigate bias. I established dependability in this study by using triangulation to present the findings. Also, the concept of dependability entails that any information from the

study supports the data that the participants in the study provide (Squires & Dorsen, 2018). I used an audit trail to detail how I conducted the study and analyzed the participants' data in this study. Also, I used a codebook to maintain consistency in the inductive two-cycle coding process, as endorsed by Miles et al. (2014). I created the codebook using Quirkos 2.5 QDA software, which included a list of code labels and definitions. The code manager function in the selected qualitative data analysis software enabled me to quickly review examples of the use of codes across all participant interviews and ensured consistency in the coding process. Further discussed in the next section is confirmability, another issue of trustworthiness.

### **Confirmability**

Confirmability is another issue of trustworthiness that needs evaluation in qualitative research. Confirmability establishes objectivity by setting aside the researchers' biases (Miles et al., 2014). Amin et al. (2020) and Shenton (2004) established that confirmability is the degree to which the results of an inquiry will be confirmed or corroborated by other researchers. To ensure confirmability in this study, I included illustrative quotes from participants to help the readers of the study findings confirm that my biases as a researcher did not dominate the interpretation of the data and the detailing of the steps for data collection, processing, and analysis. I conducted member checks by emailing the preliminary analysis to some of the study's participants to review and provide feedback to ensure that the interpretation of the data makes sense. My ability to corroborate with the study participants by reviewing the findings and results

from this study was vital. Collaboration with the participants confirmed that I followed all ethical procedures in this study.

### **Ethical Procedures**

The Walden University IRB office has specific requirements and ethical procedures, including treating human research participants when conducting a research study at Walden University. The IRB office staff confirms that all research conducted at Walden University complies with the University's ethical standards and federal U.S. regulations. To ensure that I adhere to all ethical procedures before carrying out the participants' recruitment, data collection, and data access, I applied for approval by completing Form A. Form A is the description of data sources and partner sites located on the Walden University IRB webpage. I included the documents required for recruitment, data collection, and data access in the IRB application. The documents for the application package included samples of the consent form for the study, the interview protocol, interview guides, participants' recruiting flyers, and safekeeping documents. I completed all necessary applications and forms describing human participants' treatment and confirmed my understanding of the ethical procedures regarding human research participants. I followed the Walden University IRB process regarding protecting individuals participating in the research to ensure that I protected the integrity of the University and myself as the researcher. Finally, I abided by Walden University and federal regulations regarding conducting research throughout the study.

Addressing ethical concerns in this study also ensured that only consenting adults 18 years and over participated in this study. Second, it ensured that each participant

signed the consent form before conducting the interviews. Third, it notified participants of the study's voluntary nature of the study and their ability to withdraw from the interview at any time. I addressed ethical concerns regarding the possibility of emotional distress due to the nature of the study and questions on the lack of organizational care regarding organizational employees' good health and well-being during the COVID-19 pandemic. I also addressed ethical concerns about the confidentiality of the study with the participants. I discussed the anonymous nature of the study with the participants. I informed the participants that pseudonyms were used instead of actual names to protect their identities. I focused on how I kept the interview data and other information in a digital file that was password protected. I discussed with the participants that the study data was secured in a backup external hard drive. I informed the participants that although confidentiality cannot be guaranteed due to actions other participants take, I made all reasonable efforts to maintain confidentiality during and after the study.

In this descriptive phenomenological qualitative study, as the researcher, I used primary data to collect data. I addressed ethical concerns with single mother leaders. For example, concerns like prejudgment against single mothers and the reason for single-parenthood could have resulted in divorce, separation, or bereavement (Van Gasse & Mortelmans, 2020b). To mitigate these concerns, I disallowed personal concerns, perceived thoughts and feelings, and assumptions regarding these concerns in this study. I took precautions in this study to prevent ethical issues during the data collection, analysis, and dissemination of the qualitative report for this study. I addressed the ethical concerns for the study using the Walden University research ethics approval checklist

because addressing ethical concerns in a dissertation is vital and should be adhered to during the research process. According to Kjellström et al. (2010), the research process entailed checking for ethical issues at five stages: (a) before starting the study, (b) during the study, (c) data collection and analysis, (d) reporting and sharing, and (e) data storage.

The only group that participated in this study were single mother leaders working in state government agencies in the southern region of the United States. The information I obtained from the study participants involved interviewing this category of single mother leaders on their lived experiences regarding the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. I used audio recordings in the interview to capture data from the participants of this study. Before the interview commenced, I requested consent to record the interview section. Once consent was received, I obtained validity and accuracy by briefly recapping what I covered before each interview section began. After each interview section, I informed each participant about data storage and how the information was used regarding confidentiality and the study's publishing. After completing the data collection process for all participants, I categorized the participant's information process and grouped them under specific themes for the study. I stored the participant's data collected for 5 years in a secure external storage location to comply with the Walden University IRB requirements for research studies. I masked information in this study and met all ethical confidentiality requirements. I archived all research materials at the end of the study. I also sent a study summary to each participant as part of this study's dissemination plan.

### Summary

In Chapter 3, I synthesized the exhaustive literature review for this descriptive phenomenological qualitative study. I started the discussion with an introduction to the chapter, followed by the research design and rationale. I continued the discussion with the role of the researcher and the research methodology with a focus on participant selection logic, instrumentation, procedures for recruitment, participation, data collection, and the data analysis plan. I discussed the trustworthiness issues specific to credibility, transferability, dependability, and confirmability. I explained ethical procedures to follow when conducting this study as vital research components that will help ensure the accuracy of the information and the protection of study participants. I clarified the study participant's rights, including confidentiality and the participant's consent to volunteer for this study. Data collection, participant recruitment procedures, data analysis plan, and how thick, rich, and in-depth data will be collected were also discussed in this section. Also synthesized in Chapter 3 were details on how I completed the study, how I verified the study's data from the interview responses, the rationale for selecting the research methodology, the sample size, and the setting for conducting the interviews with the participants.

In Chapter 4, I started the discussion with an introduction. I described the conducting the pilot study. I discussed the study's setting and presented the participant's demographics and characteristics relevant to this study. Also, I described the data collection and analysis procedures using Quirkos 2.5 QDA software. Finally, in Chapter 4, I discussed the study's results, addressing each research question and emerging

patterns and themes applicable to this study. I concluded the discussion with a summary that answered this study's research question and provided a transition to Chapter 5.

## Chapter 4: Results

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The research question for this was “What are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic?” Chapter 4 consists of the introduction, the pilot study, and the study’s setting. The chapter includes the participant’s demographics, data collection, and analysis. Also included in Chapter 4 are the evidence of trustworthiness, the result addressing each research question, and emerging patterns and themes applicable to this study. Chapter 4 concludes with a summary to answer this study’s research question and provides a transition to Chapter 5.

### **Pilot Study**

I conducted a pilot study with friends and family members who identified with the lack of organizational care for organizational employees' good health and well-being during the COVID-19 pandemic. The pilot study’s purpose in this qualitative descriptive phenomenological study was to conduct a trial run of the interview questions and determine if there were any errors before the major study. The pilot study participants included friends and family members who met the study criteria and identified with the study problem. The pilot study first helped uncover minor design flaws like spelling



errors in the interview questions before the main study was conducted. Second, the pilot study also helped to test the efficiency of the study's interview questions and determine their ability to elicit rich and thick data information from the study participants. Third, the pilot study helped to test if the interview questions aligned with the main study research question, purpose, and problem statement.

In conducting this pilot study, I first identified five friends, including Walden University students and family members, who met the study criteria. Second, I called them by phone to request that they participate in the pilot study for this study. Third, I sent the potential pilot study participants who agreed to participate in the pilot study the Walden University pilot study consent in the body of the email sent to them individually and requested a response of "I consent" in the body of the email response if still interested in participating in the pilot study. Three of the five potential pilot study participants responded by the given deadline. The three potential pilot study participants who responded and consented to participate in the pilot study received individual interview appointments via Zoom. Before the interview date for the pilot study, I sent the three potential participants the interview questions to preview.

On the scheduled interview dates with the three potential participants, I used the study's interview guide to conduct the individual interviews for this pilot study. I informed each participant that I would record the interview sessions. At the end of each interview, I thanked the participants and confirmed their contact information for follow-up questions regarding the pilot interview. After the pilot interviews with the three potential interview participants, I transcribed the interviews. To check and establish

content validity for this pilot study, I did a member check by forwarding the interview transcripts to the pilot interview participants to review and verify that their information was accurate. All the pilot study participants' responses were affirmative regarding the correctness of the interview transcripts for the pilot study.

### **Research Setting**

I recruited the 11 participants who participated in the main research study's recruitment announcement posted on LinkedIn, Facebook, local libraries, and word-of-mouth referrals. The 11 participants responded by email with their interest and consented to participate in the study by responding to the email with the statement, "I consent." No potential participant responded by phone, even though my personal phone number was included in the study recruiting document. Subsequently, I set up mutually accepted dates and times for each interview with the study participants who agreed to participate in this study using the Zoom teleconferencing platform. On the specific dates and times for each interview, I met with the individual participants virtually on the Zoom teleconferencing platform and conducted the interviews for this study. The study interviews were conducted with my home computer and the participants' computers in our private homes for privacy and confidentiality reasons. The study interviews lasted 30 to 90 minutes and were recorded using Zoom teleconferencing.

Before the study interview commenced for each of the participants, I informed each participant that the interview would be recorded. I asked the interview participants if they had any questions before I started. I informed the participants that participating in this study was voluntary and that they could withdraw at any time. I also informed the

participants that all information shared in this interview was strictly confidential and that their names, identities, or places of employment would not be revealed in this study. Finally, before I started each interview and the audio recording, I asked each study participant preliminary questions discussed further in the demographic section.

### **Demographics**

In this qualitative descriptive phenomenological study, there were six demographic questions: (a) years employed, (b) years employed as a leader in a state agency in the southern region of the United States, (c) number of children, (d) number of school-aged children (e) currently employed and (f) level of degree. Table 1 shows the participant's demographics for this study.

**Table 1***Participant's Demographics*

| Participant # | Years employed | Years employed as a leader in a state agency in the southern region of the United States | Number of children | Number of school-aged children | Currently employed | Level of degree |
|---------------|----------------|--|--------------------|--------------------------------|--------------------|-----------------|
| 001           | 15             | 5  | 2                  | 0                              | Yes                | Bachelors       |
| 002           | 12             | 7  | 4                  | 1                              | Yes                | Bachelors       |
| 003           | 10             | 6  | 3                  | 0                              | Yes                | Masters         |
| 004           | 27             | 20   | 2                  | 0                              | Yes                | Bachelors       |
| 005           | 18             | 10   | 5                  | 3                              | Yes                | Doctorate       |
| 006           | 15             | 7  | 3                  | 1                              | Yes                | Masters         |
| 007           | 17             | 10   | 2                  | 0                              | Yes                | Bachelors       |
| 008           | 10             | 6  | 2                  | 2                              | Yes                | Bachelors       |
| 009           | 13             | 7  | 1                  | 0                              | Yes                | Masters         |
| 010           | 12             | 8  | 2                  | 1                              | Yes                | Bachelors       |
| 011           | 18             | 5  | 1                  | 1                              | Yes                | Bachelors       |

**Data Collection**

I used the descriptive phenomenological approach interview method to gather data from the participants in this study. Also, I used semistructured in-depth interviews with open-ended questions to interview 11 single mother leaders in state government agencies in the southern region of the United States. This approach helped me better understand the participants based on the description and narration of their lived experiences, free of interpretation by the researcher (see Martins, 2008). This approach, free of interpretation, was also used because it better fits this study than a hermeneutical approach (Heidegger, 1962; Husserl, 2012). The descriptive phenomenological approach

based on Husserl's (2012) transcendental phenomenology was most appropriate for this study because it was unknown to what extent organizational leaders cared for and improved employees' good health and well-being during the COVID-19 pandemic. Using this approach grounded in Husserl's transcendental phenomenology enabled a better understanding of the participants' lived experiences in this study.

The Walden University IRB provided approval (# 04-12-23-1037293) on April 12, 2023, to conduct this study. I subsequently posted the study recruitment announcement on Facebook, LinkedIn, and local libraries and used word-of-mouth recruitment. The study recruitment announcement included three study participation criteria required to qualify to participate in the study: (a) a single mother, (b) a leader in a state government agency in the southern region of the United States, and (c) 5 years of work experience as a leader. Responses from the study recruitment postings from all sources resulted in 12 contacts. Of the 12 respondents, only 11 met all the criteria for this study. I thanked all respondents for agreeing to participate in the study, including the one respondent who did not meet the selection criteria for the study.

Subsequently, I sent the 11 respondents who met the criteria to participate by emailing them consent forms. I reminded the 11 respondents to respond and state in their email responses their consent to participate in the study, as also stated in the consent form. The consent forms sent to the qualified participants also included the following information: the purpose of the study, the main research question for the study, the voluntary nature of the study, and the interview questions to enable the participants to preview and prepare before the interview dates. Also included were the risks and benefits

associated with the study, the confidential and private nature of the study, the voluntary nature of the study, the timeframe in which the interview and the study must be completed, and my contact information, including my phone number and Walden University email address. The email also included a request to the potential participants to respond by email with the words “I consent” in either the body or the subject of the email response. The participants were requested to provide a convenient date and time for the interview in their email response.

All 11 potential participants responded within the given deadlines. All the study participants verified the accuracy of the recorded interview transcripts, which speaks to the trustworthiness of this study data. Member checking, a qualitative research process used to validate data and check for accuracy, was used in this study. Member checking by the 11 participants interviewed helped me, as the qualitative researcher, to provide credibility to the collected data in this study before proceeding with the data analysis process.

### **Data Analysis**

I identified discrepancies in this study’s data analysis plan and employed data organization, categorization, themes, and patterns. Using data organization helped establish the study’s credibility, dependability, reliability, and trustworthiness. The categorization of the study’s data was critical in developing and analyzing the data similarities, differences, and relationships and grouping them into broader themes. The themes and patterns were essential in this study’s data analysis process. The themes and patterns helped me capture the data’s central concept and align it with this study’s main

research question. The discrepant findings helped me identify potential study instrument flaws, establish audit trails, and accurately reflect the study participants' experiences. Quirkos 2.5 QDA software was used to create a matrix that combined and compared data to align with the analysis and the study research question. The trustworthiness of this study's data, results, and findings increased due to the employment of data organization, data categorization, themes, and patterns and by identifying discrepancies at a high level.

Employing data organization enhanced the study's credibility, dependability, reliability, and trustworthiness. The data analysis process commenced with the review of individual interviews. I played back the audio-recorded interviews several times and listened to and edited the interview transcripts to ensure the accuracy of the transcribed data. Finally, member checks to verify the accuracy of this study's interview transcripts were communicated to 11 participants by June 20, 2023. I received confirmation from the 11 participants that all information was accurate for the result's credibility. I compared the interview transcripts to the field notes and audio recordings before coding the participants' collected data.

I used coding as an analytical process to break down the collected data from the participants of this study. I interpreted themes and patterns from textual data to make sense of the participant's experiences that emerged from the collected data as prescribed by Williams and Moser (2019). I analyzed the collected data in this study by coding and making sense of the emerging data. Elliott (2018) confirmed that coding helps the researcher analyze the qualitative data to see the newly yielded data before placing them

back meaningfully to make sense of the textual data. I also used thematic analysis to analyze the qualitative data in this study.

While analyzing the participant's interview transcripts, I kept the data analysis process connected to the study's purpose and research design to ensure that the study's findings were credible. Smith et al. (2022) confirmed that the purpose, design, and collected data drive the analysis process. First, I reviewed the study's purpose and research question before and during the analysis process using first- and second-cycle qualitative coding techniques, as Miles et al. (2014) prescribed. Second, I used the hermeneutic circle process of making sense of the participants' meaning-making process, as recommended by Heidegger (1962). Third, as suggested by Smith et al., I engaged in the ongoing comparative strategy of analyzing similarities and differences in category codes, patterns, and themes that emerged from this study's participants' interview transcripts. Keeping the data analysis process connected to the study's purpose and research design was paramount before proceeding inductively.

I applied Yin's (2018) five-step data analysis process to move inductively from coded units to larger representations, including categories and themes. This approach enabled inductive, emerging, and interpretative inquiry in this study. Yin's approach also consisted of compiling, disassembling, reassembling, interpreting, and concluding data. Yin's inductive approach was used to sort and organize the data into categories to align with the main study research question. The coding approach in this study was open coding, which consisted of moving back and forth between databases and themes to code



textual data, formulate preliminary codes, revise the initial codes, and develop categories and patterns. The data organization for this study is further discussed in the next section.

### **Data Organization**

Data organization is vital in a research paper and helps the researcher enhance the study's credibility, dependability, reliability, and trustworthiness. Any qualitative data management analysis software enabling the qualitative researcher to retrieve the interview participant's quotes that illustrate categories and themes that will emerge from the interview data is valuable to a qualitative study data analysis (Miles et al., 2014). Ashford et al. (2017) and Silver and Lewins (2014) explained that QDA software is essential in importing, categorizing, precoding, and coding data. QDA is also vital for linking, managing, organizing, running queries, sorting, storing, visualizing data into themes, and making sense of the participants' inner experiences of the emerging data.

Implementing Quirkos 2.5 QDA software helped me to organize this study's data into categories and themes from the participants' audio-recorded and verbatim interview transcripts. Second, it enabled the capture of the participants' responses because of its ease of use and time management efficiency. Third, it identified inconsistencies during the study's data, coding analysis, and verbatim transcription stage. Fourth, it allowed the capture of relevant data, increasing the data accuracy, credibility, and validity of this study. Finally, using Quirkos 2.5 QDA software enabled me to decrease distorted data and reduce redundant information in this study. Coding was vital in this study.

A code is a short, descriptive word or phrase from a study participant's collected data. Williams and Moser (2019) explained that coding in qualitative research enables the

qualitative researcher to assemble, categorize, and sort the collected data thematically during the meaning-making process. I transferred raw data into bubbles and quirks, which were central to gathering and categorizing the data by topic, themes, and categories, using Quirkos 2.5 QDA software. In this study data analysis process, the codebook was used to maintain consistency in the inductive two-cycle coding process, as recommended by Miles et al. (2014). I used Quirkos 2.5 QDA software to create a codebook, including a list of code labels and definitions. I used the Quirkos 2.5 QDA software code manager function to review examples of applying codes across all participant interviews to ensure consistency in the coding process. The hierarchical coding frame in Quirkos 2.5 QDA software helped me manage and move the data from codes to categories and categories to themes, which was vital in visualizing the relationships between the data. For example, based on the following quotation from Participant 001, using the hierarchical coding frame in Quirkos 2.5 QDA software, I managed and moved this quotation from codes to categories and categories to themes:

Throughout the pandemic. It kind of made me focus more on my physical health. I would say that I did a lot more physical fitness. To kind of feedback from the last question. Yes, without good health and, and well-being and being able to keep active and keep yourself healthy, it's harder to focus, you know, it promotes burn out and stress. So, I think the organization must have an avenue where they're promoting programs, where they're encouraging employees to exercise where they're having the gym and advertising that more within the organization for the employees to go use the gym.

In this study's data analysis coding process, 339 codes emerged from 89 quirks aligned with this research question. Coding represented the earliest stage of the data analysis process in this study. Quirkos 2.5 QDA software helped import the interview transcripts, organize the study data, and create codes to identify participant's responses. The participant's interview transcripts were sorted into bubbles and quirks, data was identified, and the research question was focused on to facilitate the inductive process. A list of pseudonyms was developed and used as references in the coding and analysis of this study's data to protect and maintain the study participant's confidentiality.

Applying quirks and bubbles created a structure to manage the demographics and the interview transcripts, the revealed themes, and discrepant cases based on the participant's responses to this study's interview questions. To capture concepts, main ideas, and participant's experiences and identify similarities and themes, I conducted further analysis by listening to the study participants' audio recordings and reviewing and rereading the interview transcripts. Further analysis included going back and forth in the data analysis process using open coding, developing preliminary codes, data coding, revisions, and developing categories and themes (see Williams & Moser, 2019). I started categorizing the collected data to create common themes once the coding process concluded.

### **Categories**

I commenced the categorization process with the development and data analysis to identify differences and similarities. The categorization process also included developing broader themes. I interpreted data, identified themes and patterns, created

categories by coding text, and reduced redundancies in the collected data using an inductive approach. During the inductive approach, I identified the most essential categories. I made sense of the data by discovering the relationships among the categories and identifying discrepant cases using the inductive approach. The discrepant findings helped me identify potential study instrument flaws, establish audit trails, and accurately reflect the study participants' experiences.

During the categorization process, I developed themes and patterns based on the interview responses of the study participants. I stopped developing the themes and patterns once I reached the saturation point. According to the concept of saturation, the saturation point is when no new themes or additional codes emerge from the analysis in a study (Guest et al., 2006). This study's saturation point was when collected data became redundant and did not yield different results while confirming the same themes and conclusions (see Guest et al., 2006). Thirteen out of the 339 emerged codes are more relevant to this study. These 13 relevant codes, descriptions, categories, and themes are shown in Table 2. The themes and patterns that emerged in this study are further discussed in the next section.

**Table 2***Code, Description, Categories, and Themes*

| Code | Description                                    | Category                       | Theme   |
|------|--|--------------------------------|---|
| 01   | Physical health focus meaning                  | Improved health                | Experienced improving health and well-being by focusing on physical health  |
| 02   | More time for fitness meaning                  | Improved health                | Experienced improved health during the COVID-19 pandemic by spending more time in the gym and working out           |
| 03   | Stress management meaning                      | Improved health                | Experienced improved health by finding ways to manage the COVID-19 stressful time                                   |
| 04   | Stressful time during the pandemic meaning     | Negative health                | Experienced stressful times during the COVID-19 pandemic, like burn out   |
| 05   | Stressors during the pandemic meaning          | Negative health                | Experienced COVID-19 pandemic as a major stressor during this crisis  |
| 06   | Worry and anxiety meaning                      | Negative health                | Experienced worries and anxiety during the COVID-19 pandemic crisis   |
| 07   | Work-life-balance meaning                      | Home environment               | Experienced the opportunity to be able to balance work and life responsibilities during the COVID-19 time           |
| 08   | Management lack of concern meaning             | Lack of care                   | Experienced lack of care and concern by organizational leaders  |
| 09   | Management attitude meaning                    | Lack of care                   | Experienced lack of care and management's only concern was on productivity  |
| 10   | Increased incentive meaning                    | Care by organizational leaders | Experienced increased efficiency and productivity because of increased incentive and care by organizational leaders |
| 11   | Increased productivity and profitability       | Care by organizational leaders | Experienced increased productivity and profitability because of increased care by organizational leaders            |
| 12   | Sense of belonging meaning                     | Work environment               | Experienced the feeling for having a sense of belonging and feeling secured because of meeting basic needs          |
| 13   | Teleworking and flexible work schedule meaning | Improved health                | Experienced the opportunity to balance work and life responsibilities   |

## **Themes and Patterns**

In this study's data analysis process, I organized the coded data into themes and patterns. Rodríguez-Dorans and Jacobs (2020) described a theme as an extended-phrase or short sentence explaining what a data unit means. Rubin and Rubin (2012) emphasized that themes are ideas and statements expressed by study participants who explain what is going on, what has happened, or why certain events occurred a certain way (Saldaña, 2016). I used a structured interview process to explore and obtain the study participants' lived experiences in this qualitative phenomenological study. Based on the study participants' responses, I identified and explored themes, patterns, and meaningful categories using Quirkos 2.5 QDA software.

Using Quirkos 2.5 QDA software, I identified new ideas to understand the participants' collected data. Quirkos 2.5 QDA software helped me capture vital data that increased this study's accuracy, credibility, and validity. I conducted 11 semistructured interviews, transcribed about 25,000 words, and created theme nodes from the transcripts. I organized and managed the demographic data in this study using case classifications to describe the study participants' descriptive information. Furthermore, in this study, I interpreted, compared, and categorized the data into categories to identify differences, similarities, and themes. I combined and condensed the data and reduced redundant information during the study's data analysis process. I repeated the process until no new codes or themes emerged. In this study data analysis process, 61 themes aligned with the interview questions. Thirteen major themes emerged 50% of the time out of the 61

themes. These 13 major themes were considered paramount to this study. Codes 04, 05, and 06 included three participants who produced non-confirming results.

In this qualitative descriptive phenomenological study, the participants described their lived experiences and what improving their health and well-being overall meant to them, specifically in a crisis like the COVID-19 pandemic. For example, Participant 011 responded as follows:

Well, I believe it will lead to a community where fewer employees are burned out. It will also lead to a community where society where there are fewer parents dealing with stress-related sicknesses. It will also lead to a society where all the employees are retained, you know. I mean, when they are retained in their employment and when there is increased employee retention, it will lead to more employees working and paying taxes to their government and community, it will lead to more organizations making a profit because of increased productivity, and it will lead to more organization paying taxes to the government, you know, not just that, it will also lead to fewer people on welfare, and depending on the government, it will lead to a thriving society with fewer sick people and more satisfied and energetic people.

Participant 001 and 009 defined good health and well-being as having a stress-free life when they balance their physical, emotional, and mental health. Participants 005, 007, 010, and 011 defined good health and well-being as having necessities like food, water, security, shelter, and not having to worry about anything. Participants 005, 007, 010, and 011 determined that improved good health and well-being during a crisis like

the COVID-19 pandemic is good for organizational employees and employers because it helps retain employees and keep their organization productive and profitable. Participant 010 determined that improved good health and well-being give the organizational employees, especially single mothers, a sense of belonging to their organization. Having a sense of belonging makes the employees stay longer with their organization, trust their leaders, and help increase the organization's productivity and profitability. I segmented the themes that emerged based on the study research question and the participant's responses to the interview questions. I continued the data analysis process by analyzing discrepant cases.

### **Discrepant Cases**

Discrepant case analysis is vital in a qualitative study and helps the researcher avoid bias. Antin et al. (2015) explained that discrepant cases are contradicting or non-conforming data that align differently from the findings. I searched for disconfirming evidence in this study to strengthen the trustworthiness, credibility, and validity of the data in this study. By employing discrepant data in this study, triangulation enabled the provision of rival explanations (see Antin et al., 2015; Rose & Johnson, 2020). In this study, I analyzed, coded, and categorized data for themes and patterns to find discrepant and non-confirming evidence to seek alternative explanations, understand the findings, and challenge preconceived notions and preliminary results (see Antin et al., 2015; Rose & Johnson, 2020). Employing discrepant cases in this study was paramount in avoiding bias, and it helped simplify the data interpretation of this study. I employed Quirkos 2.5 QDA software to capture the frequency of discrepant cases to accurately reflect the



participant's experiences and illuminate themes and patterns in answering the study research question.

Comparing discrepant cases with confirming cases is vital in a quality study. Researchers like Antin et al. (2015) have discovered that when discrepant cases are confirmed with the confirming cases, it helps the qualitative researcher determine which features of the collected data from the participants are the same or different. Confirming discrepant cases and confirming cases also helps qualitative researchers reveal flaws in the original assertion (Rose & Johnson, 2020). Miller et al. (2021) confirmed that discrepant and non-confirming cases help the qualitative researcher understand the study's complexity and challenge preconceived notions and preliminary findings. Rose and Johnson (2020) reported that case cross-analysis and repeated comparisons are paramount in qualitative studies. Rose and Johnson argued that cross-analysis and repeated comparisons helped identify discrepant and non-confirming cases and in the revision of categories that evolved to reflect the actual study participants' experiences. Using Rose and Johnson's approach, after identifying discrepant cases in this study, I first factored the evidence into the analysis by refining and revising the categories. Second, I reflected on the participant's experience (see Rose & Johnson, 2020). Third, I identified the themes that emerged in this study for consistency, dependability, and applicability (see Rose & Johnson, 2020). Comparing discrepant cases with confirmed cases was integral to this study.

This study's codes, descriptions, categories, and themes that emerged from the participants' interview transcripts and categories were essential. The codes, descriptions,

categories, and themes that emerged could explain why organizational leaders make interpersonal comparisons in determining whether to improve good health and well-being in a crisis like the COVID-19 pandemic. The study participants, single mother leaders, thought that stress, stressors, stress management, worry and anxiety, work-life balance, and meeting basic life needs like food, shelter, and security are vital because they all relate to Maslow's hierarchy of needs theory (see Maslow, 1958). Negative health was considered critical because adverse reciprocal behavior could result when organizational employees compare their outcomes with superior or inferior results. The data analysis process and categorizing the remaining codes were paramount to understanding the interrelationships between the codes and the categories. The data analysis process, the themes, and the patterns helped me capture the central concept to align with the research question. The themes and patterns also helped me provide in-depth data to support each category in the study. Further discussed in the next section is evidence of trustworthiness in this study.

### **Evidence of Trustworthiness**

In qualitative studies, issues of trustworthiness are valid concerns for the stakeholders. Trustworthiness comprises credibility, transferability, dependability, and confirmability issues (Amin et al., 2020; Lincoln & Guba, 1985, 1988; Shenton, 2004). The qualitative researcher must present evidence of trustworthiness in the conducted study. The trustworthiness of a study increases when the reader is persuaded and allowed to judge and investigate alternative interpretations of the result of a study (Amin et al., 2020). Shenton (2004) described trustworthiness as a criterion based on evidence and the

quality of a research design. Lincoln and Guba (1985, 1988) concluded that reliability and validity determined the trustworthiness of a study. Trustworthiness was used to appraise the findings' quality, rigor, and truthfulness and how they relate to the study readers 'trust and confidence in the study's result.

### **Credibility**

Credibility is one of the issues of trustworthiness in qualitative research.

Credibility is the confidence used in a study, and it concerns the truth value of the study's participants and the study findings' readers (Miles et al., 2014). Amin et al. (2020) and Shenton (2004) postulated that credibility helps the qualitative researcher establish the validity and truth in qualitative research. To ensure credibility in this qualitative study, I validated its authenticity, believability, and reliability. First, I validated its authenticity by encouraging the participants to provide examples to support their interview responses and follow-up questions responses (see Miles et al., 2014). Second, I validated believability using triangulation, member checking, and saturation (see Miles et al., 2014). Third, I validated reliability and established credibility using researcher reflexivity and peer review (see Amin et al., 2020). I followed the recommendation by Guest et al. (2006) on data saturation to stop collecting additional data at the data saturation point.

While analyzing the participant's interview transcripts, I kept the analysis process connected to the study's purpose and research design to ensure that the study's findings were credible. Smith et al. (2022) confirmed that the purpose, design, and collected data drive the analysis process. As Miles et al. (2014) prescribed, I reviewed the study's purpose and research question before and during the analysis process using first-cycle

and second-cycle qualitative coding techniques. Second, I used the hermeneutic circle process of making sense of the participants' meaning-making process, as recommended by Heidegger (1962). I engaged in the ongoing comparative strategy of analyzing similarities and differences in category codes, patterns, and themes emerging from the participants' interview transcripts, as endorsed by Smith et al. (2022). I connected the components of the purpose, research design, and the collected data to ensure credibility and drive the analysis process. Transferability, another evidence of trustworthiness, is discussed in the next section.

### **Transferability**

Transferability is vital in a qualitative study and ensures trustworthiness. The transferability issue concerns the transfer of qualitative research results to other contexts and settings (Amin et al., 2020; Lincoln & Guba, 1985, 1988; Shenton, 2004). Lincoln and Guba (1988) asserted that the burden of proof for transferability lies on the interested person who wants to transfer the study's findings to other contexts and settings than the researcher (see Shenton, 2004). The issue of transferability lies in the interested person because the researcher does not know the contexts and settings in which the study results will be transferred (Amin et al., 2020). The qualitative researcher, however, can enhance the transferability of the study's findings by using detailed, thick descriptions of the study's methodology and findings (Prosek & Gibson, 2021; Shenton, 2004). To ensure transferability in this study, in-depth descriptions of the methodology to make replication by other researchers possible were provided. A detailed, thick description of the participant's demographic information and personal experiences relevant to the study's

phenomenon was provided. Illustrative quotes from the participants were provided to ensure clarity and context for the study's findings when reporting the first-cycle and second-cycle coding analysis processes (see Miles et al., 2014). Open-ended questions were asked to let the interview participants be transparent in their responses to obtain, record, and describe the thick, in-depth information. The data collection plan, instrumentation, recruitment process, pilot study, data analysis plan, and triangulation were detailed to ensure this study's data was transferable to other contexts (see Amin et al., 2020). Detailed connections were made about improving organizational employees' good health and well-being during a crisis like the COVID-19 pandemic to enhance the study finding's truthfulness, consistency, and transferability. Internal consistency checking was employed to ensure the descriptions were sufficient to advance organizational leadership management knowledge regarding improving employees' good health and well-being during a crisis like the COVID-19 pandemic. Truthfulness, consistency, data transferability, and detailed, rich, and thick data came from the 11 participants of various age groups in this study's findings. Other researchers may conduct studies to assess the contribution benefits in relevant similar contexts. Finally, a systematic approach was made to ensure that this study's details are comparable to similar studies to enable transferability and judgment by future researchers in applying it to their future research. Discussed in the next section is dependability, another evidence of trustworthiness.

## **Dependability**

Dependability is another issue of trustworthiness that needs evaluation in a qualitative study. Documentation of the constantly changing context within which a study occurs is vital in establishing dependability (Prosek & Gibson, 2021). Dependability in a qualitative study regarding the research strategies means that the same results will be derived using the same research method, participants, context, and phenomenological circumstances (Prosek & Gibson, 2021). Dependability was established in this qualitative study using triangulation to present the findings (see Squires & Dorsen, 2018). The dependability research method requires that any information from the study supports the data that the participants provided (Squires & Dorsen, 2018). An audit trail to detail how I conducted the study and analyzed the participant's data was used. I used a codebook to maintain consistency in the inductive two-cycle coding process, as endorsed by Miles et al. (2014). I created a codebook using Quirkos 2.5, including a list of code labels and definitions. The code manager function in Quirkos 2.5 QDA software enabled me to review examples of codes used across all participant interviews. The code manager was used to create and modify codes and ensure consistency in the coding process in this study. Also, to ensure dependability, the following strategies to prevent bias, data usage, and data access were used: interview protocols during the interview process, data collection process, and data analysis phase. The transparency of this study was enhanced by using audio recordings, transcribing the collected data, and using Quirkos 2.5 QDA. Quirkos 2.5 QDA was also used to organize the data and create auditable documentation, allowing readers to audit, critique, and follow the research process (see Miles et al.,

2014). To strengthen this study's data analysis outcome and dependability, I demonstrated a reflexive thought process throughout and used triangulation, member checking, and an audit trail to trace all participant's responses (see Amin et al., 2020). Immediately obtaining the Walden University IRB approval for this study, I established the auditable processes to give future readers confidence in this study's findings. The dependability strategy included collecting interview data, member checking, and sharing a summary of key findings with the research participants to help interpret the study data. Discussed in the next section is confirmability, another evidence of trustworthiness.

### **Confirmability**

Confirmability is another issue of trustworthiness that needs evaluation in qualitative research. Confirmability establishes objectivity by setting aside the researchers' biases (Miles et al., 2014). Amin et al. (2020) and Shenton (2004) determined that confirmability is the degree to which other researchers will confirm or corroborate the results of an inquiry. To ensure confirmability in this study, I included illustrative quotes from participants to help the readers of the study findings confirm that my biases as a researcher were independent of the interpretation of the data and the detailing of the steps for data collection, processing, and analysis. I conducted member checks by emailing the preliminary analysis to some of the study's participants to review and provide feedback to ensure that the interpretation of the data makes sense. My ability to corroborate with the participants by reviewing the findings and results from this study was vital. Collaboration with the participants confirmed that I followed all ethical procedures in this research.

## Study Results

In this qualitative descriptive phenomenological study, the research question was, what are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. 13 major themes emerged that aligned with the interview question. Codes 04, 05, and 06 included two participants who produced non-confirming results. The themes that appeared 50% of the time from the 11 participants were integral to this study. The themes that emerged were associated with the two theories that guided this study: Maslow's hierarchy of needs theory and the ERG theory (Alderfer, 1969; Maslow, 1958). The themes from Maslow's hierarchy of needs theory included psychological, safety, and security needs. The discrepant findings helped me identify potential study instrument flaws, establish audit trails, and accurately reflect the study participants' experiences.

Regarding Maslow's hierarchy of needs concept, the 11 participants concluded that the first and second concepts of the hierarchy of needs frameworks are gateways to basic needs (see Arruda, 2005). The gateway to basic needs will improve good health and well-being and enable humans to live while pursuing the three advanced needs further up the pyramid (Arruda, 2005). The themes that were associated with the ERG theory included the need for existence, relatedness, and growth (see Ahmad et al., 2021). According to the 11 participants, fully participating in the existence, relatedness, and growth needs improves health and well-being.



The results showed that organizational leaders could improve their and other employees' good health and well-being in crises like the COVID-19 pandemic. The 11 participants concluded that improving organizational employees' good health and well-being was good for the employee, the employer, the community, and the society of belonging. The findings showed that seven participants and other organizational employees experienced improved health and well-being during the COVID-19 pandemic. The findings also showed that the improved health and well-being experienced by these organizational leaders and other organizational employees resulted from good care by their employers. Four participants experienced no improvement in their good health and well-being during the COVID-19 pandemic because of the lack of care by their organizational employers. The 11 participants' experiences in this study indicated that improving organizational employees' good health and well-being in times of crisis like the COVID-19 pandemic is good for the employee, employer, community, and society of belonging. The participants' experiences were captured verbatim and presented in the next section.

The participants discussed their experiences improving organizational employees' good health and well-being. Figure 1 includes major themes that emerged from the collected data. The major themes were Theme 1: Experienced physical health issues; Theme 2: Experienced spending more time in the gym by working out; Theme 3: Experienced concern about lack of care; Theme 4: Experienced concern about employees' increased health issues like stress and burn out; Theme 5: Experienced opportunities to balance work and life responsibilities; Theme 6: Experienced provision

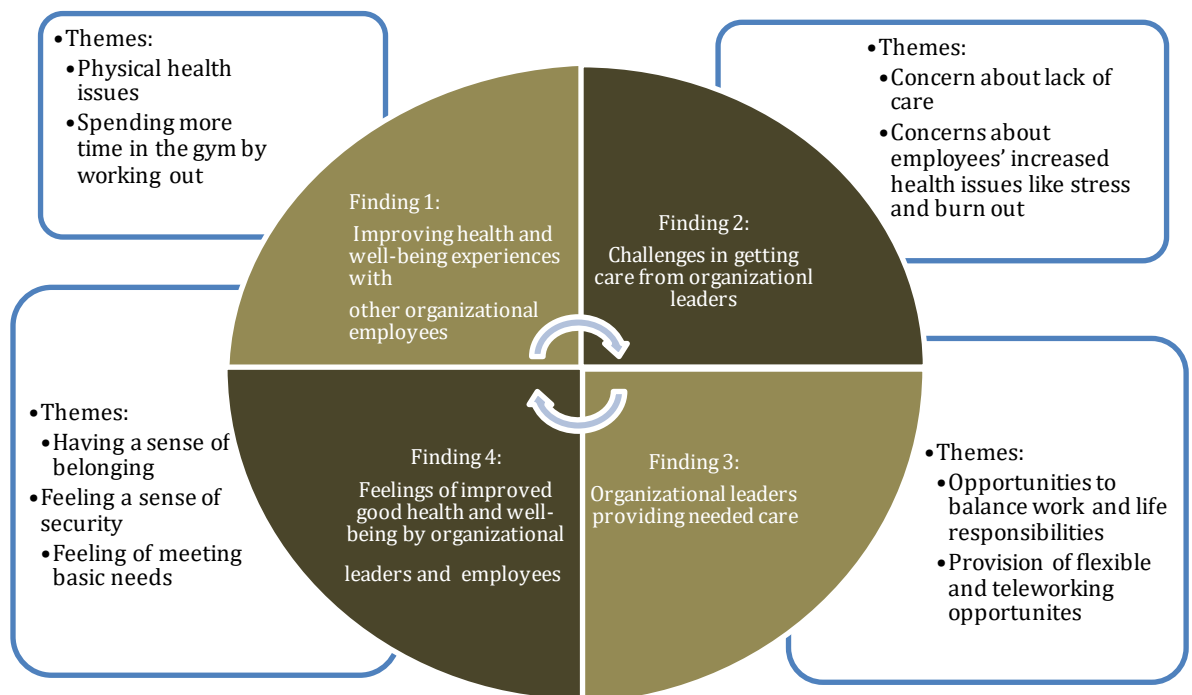
of flexible and teleworking opportunities; Theme 7: Experienced having a sense of belonging; Theme 8: Experienced feeling a sense of security and Theme 9: Experienced feeling of meeting basic needs. Concepts of improving organizational employees' good health and well-being, Maslow's hierarchy of needs, including the psychological, safety, and security needs, and the ERG theory, including needs for existence, relatedness, and growth, are some of the issues the current literature addresses (Alderfer, 1969; Maslow, 1958). The themes and patterns were based on the participants' inner experiences as the data emerged.

I established nine themes and four key findings from the interviews by thematic coding. The themes included improving health and well-being by focusing on physical health and improving health during the COVID-19 pandemic by spending more time in the gym and working out. Other themes included improved health by finding ways to manage COVID-19, stressful times during the COVID-19 pandemic like burn out, and the COVID-19 pandemic as a major stressor during this crisis. Additional themes established included worries and anxiety during the COVID-19 pandemic crisis, the opportunity to balance work and life responsibilities during the COVID-19 time, and lack of care and concern by organizational leaders. More established themes included lack of care because productivity was management's only concern, increased efficiency and productivity because of increased incentive and care by organizational leaders, and increased productivity and profitability because of increased care by organizational leaders. Other themes were the feeling of having a sense of belonging and feeling secure because of meeting basic needs. The four key findings included: (a) improving health and

well-being experiences with other organizational employees, (b) challenges in getting care from organizational leaders, (c) organizational leaders providing needed care, and (d) feelings of improved good health and well-being by organizational leaders and employees. Figure 1 is a visual representation of the themes and findings.

**Figure 1**

*Themes and Findings*



The 11 participants were excited in their responses as they reflected on the thought of having care provided by their organizational employees, which improved their health and well-being during a crisis like the COVID-19 pandemic. However, four participants expressed frustration based on their lived experiences of organizational leaders showing a lack of care for employee's good health and well-being during the COVID-19 pandemic. The 11 participants appeared hopeful about their organizational

leaders' direction regarding providing the needed care for employee's improved health and well-being. This study's key finding was the extent to which these single mother leaders experienced a lack of care by their organizational leaders during a crisis like the COVID-19 pandemic. The remainder of Chapter 4 has verbatim quotations as expressed by the study participants and the findings. The participant's quotations might contain grammatical errors because they are verbatim.

### **Finding 1: Improving Health and Well-being Experiences With Other Organizational Employees**

Providing care for employees' well-being in crises like the COVID-19 pandemic can help meet their basic needs, retain them in the workforce, and impact employees, their organizations, a community of belonging, and society. Providing care for employees' well-being in a crisis like the COVID-19 pandemic helps employees improve their health and well-being. Improving their health and well-being benefits the organizational employees and their employers. Employees are organizations' greatest assets, and the lack of care for their good health and well-being is costly to both the employer and the employee (Keeman et al., 2017). Employers should make it imperative to pay attention to employees, evaluate their well-being, and intervene (Che et al., 2022). When employees have physical health issues and cannot improve their health and well-being, it is costly to them and their employers. Shown in Table 3 is a summary of Finding 1 based on the responses of Participant 001, as follows:

Throughout the COVID-19 pandemic. It kind of made me focus more on my physical health. I would say that I did a lot more physical fitness. To kind of

feedback from the last question. Yes, without good health and, and well-being and being able to keep active and keep yourself healthy, it's harder to focus, you know, it promotes burn out and stress. So, I think the organization must have an avenue where they're promoting programs, where they're encouraging employees to exercise where they're having the gym and advertising that more within the organization for the employees to go use the gym, you know, take your breaks and your lunchtime to work out, to walk or walk a couple of miles, go outside, get some fresh air and also You know. Start, start selling healthier things in the break room, and in the cafeteria. Have the owners focus on healthier meals and encouraging healthier meals and all that. A clear body, clear mind, and good health are going to allow an employee to work more efficiently and effectively. Throughout the COVID-19 pandemic. It kind of made me focus more on my physical health. I would say that I did a lot more physical fitness.

Also shown in Table 3 is a summary of Finding 1 based on the responses of Participant 009, as follows:

So, I know we're focusing on single mothers, but it also makes mention of other employees. Good health is prime for survival. It's a prime and important aspect of surviving. And so, I feel that when a COVID-19 pandemic comes around like something like Covid 19, if you haven't been practicing good health, healthy eating habits, exercise, and diet, it can send you into places that you don't want to be. I know a lot of people came out of the COVID-19 pandemic with a lot of weight on them because they sat around, watched Tv a lot, didn't get out, they

didn't exercise, and a lot of them came out with a whole lot of extra weight on.

So, if they had an exercise routine in place or they were eating healthily and those things they shouldn't have, the Covid 19 crisis should not have caused that to happen because they would just continue on in their routine. I, for one, did spend more time outside, more time exercising because I was the one that said, no, no, I'm not going to sit around in the house and watch Tv all day, and it was clear to see that many people came out of the COVID-19 pandemic with more weight. So, if they had an exercise routine in place or they were eating healthily and those things they shouldn't have, the Covid 19 crisis should not have caused that to happen because they would just continue on in their routine. I, for one, did spend more time outside, more time exercising because I was the one that said, no, no, I'm not going to sit around in the house and watch Tv all day, and it was clear to see that many people came out of the COVID-19 pandemic with more weight.

When organizational employees do not have improved health and well-being, it has adverse effects. For example, a lack of employees' improved health and well-being can lead to high employee turnover and severe retention issues that harm the employees and their employers. Sharkey and Caska (2020) found that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. Sharkey and Caska's findings align with my study participant's experiences of improving health and well-being with other organizational employees.

Shown in Table 3 is a summary of Finding 1 based on the responses of Participants 001 and 009.

**Table 3**

*Improving Health and Well-being With Other Organizational Employees*

| Participant number | Finding number | Participant narrative highlights                          |
|--------------------|----------------|---|
| 001                | 1              | Physical health focus helps improve health and well-being |
| 009                | 1              | Good health is a prime and important aspect of surviving  |

**Finding 2: Challenges in Getting Care From Organizational Leaders**

Finding 2 revealed that organizational employees faced challenges getting care from their leaders. The challenges of lack of care for employees' good health and well-being during the COVID-19 pandemic harmed employees and employers, led to high employee turnover, and created severe retention issues in organizations. Organizational leaders who did not provide care lacked concern and had a negative attitude about caring for and improving employees' good health and well-being during the COVID-19 pandemic, which hurt their organizations. Keeman et al. (2017) confirmed that employees are organizations' greatest assets and that lack of care for their good health and well-being is costly to both the employer and the employee. Russell et al. (2018) consented that stress and adverse well-being could be very costly to employees and employers. Likewise, Rapoza et al. (2021) found that stress is a leading cause of negative well-being that affects organizational recruitment and retention. For leaders to meet the obligation of retaining the best talents in their organization, it is essential to care for their well-being.

The participant's responses expanded the literature on the lack of care by organizational leaders during the COVID-19 pandemic. Shown in Table 4 is a summary of Finding 2 based on the responses of Participant 002, as follows:

Organizational leaders did try, but they came late to the game. In the sense that those were not things, they were first addressed. When it came to your mental or your physical health and just dealing with that. Management still wanted organizational employees to work even though you might be dealing with recovering from Covid, or somebody in your family died from it, or a friend or whatever. So, I don't think they were really concerned at the height of the COVID-19 pandemic about our mental and emotional state.

They were focused a lot on the physical. On the transmission of the disease. On putting up social distance signs. On doing more cleaning. Organizational management went back and forth between the policy of whether to wear a mask or mandate everyone to wear the mask. So, I guess they did pretty okay because even though they were slow to the option of teleworking or wearing masks or allowing people to have flexibility; they did put a policy in place eventually that did allow you to go home if you get sick. This is because we were working in a public environment, and it was Covid, so you didn't have to use up all your accumulated sick days. Then a lack of empathy, I think, sometimes they have for the people that are actually on the frontline doing the work. And I think the COVID-19 pandemic proved that those frontline workers are very important, you know.



Shown in Table 4 is a summary of Finding 2 based on the responses of Participant 003, as follows:

Barriers like management attitude, lack of financial resources and lack of flexibility. Also important is the financial aspect. I do believe that it is important to remember that employees are one core of small organizational operation. If we are able to care of our employees, the employees will take care of the companies. Without the employee there will be no organizations.

Shown in Table 4 is a summary of Finding 2 based on the responses of Participant 005 as follows:

I would say management attitude because there is too much concern over the bottom line for money. Everybody wins. When you improve the life of your employees, then they are happier and more productive. Also, you will have a more efficient, work environment. So, everybody wins at the end. The employer and the employee. Everybody wins.

Shown in Table 4 is a summary of Finding 2 based on the responses of Participant 007, as follows:

So, I mean my organization really did not provide much because they were also confused. You know, they didn't provide much for employees' good health and well-being. We were all folding our hands, looking at what the next step is going to be. We were all waiting for the Government to tell us what to do. Living and not knowing what the unknown is like, not seeing anything positive, you know, at the time of the situation. The vaccination was not even enough for people. You

had to line up to get it. That also affected my organization because we were now required to take it. Employees did not return to work on time. I mean, there was no planning, and there was no good follow-through. What I would say is it kind of affected my organization because my organization didn't make any provision at all.

Shown in Table 4 is a summary of Finding 2 based on the responses of Participant 010 as follows:

The COVID-19 pandemic is something that just came all of a sudden, and decisions just had to be made quickly because they found that people are contacting Covid, you know, and not focusing on employees' welfare, even up to the fact that when they were sent home to start working from home, you know, their welfare was not really focused on. Often, employers think more of the production, what do we get, you know, the result, you know, it stands as a barrier.

**Table 4***Challenges in Getting Care From Organizational Leaders*

| Participant number | Finding number | Participant narrative highlights   |
|--------------------|----------------|--|
| 002                | 2              | Management lack of empathy and concern about organizational employees mental and emotional health and well-being         |
| 003                | 2              | Barriers like management attitude, lack of financial resources, and flexibility  |
| 005                | 2              | Too much concern over profitability by management  |
| 007                | 2              | Management was confused and did not plan during the COVID-19 pandemic for employees' improved good health and well-being |
| 010                | 2              | Organizational employees' welfare were not focused on by management because of concern for profitability                 |

**Finding 3: Organizational Leaders Providing Needed Care**

Providing organizational care by employees that enables improved health and well-being is vital for all organizations, specifically in crisis times like the COVID-19 pandemic. Keeman et al. (2017) confirmed that employees are organizations' greatest assets and that lack of care for their good health and well-being is costly to both the employer and the employee. Che et al. (2022) found that organizational leaders must give enough attention to employees, evaluate their well-being, and intervene. Similarly, Mihalache and Mihalache (2021) argued that more employees would be more committed to their employers when supported. Sharkey and Caska (2020) confirmed that a good

supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. For leaders to meet the obligation of retaining the best talents in their organization, it is essential to care for their well-being. The participant's responses in my study expanded the literature in this area, saying that providing organizational care by organizational leaders during the COVID-19 pandemic benefits employees and employers. Table 5 is a summary of Finding 3 based on the responses of Participant 005, as follows:

Also, the proper pay because if you're losing a lot of work, and you're not on salary, that can really have a big impact on the employee. Personally, just having had a baby recently, I think family leave should be a standard for every organization. If the children are future and we want employees to be at work, to be present and doing the job, we can be stressing about having proper healthcare, you know, especially in a household where both parents work. So yes, proper benefits as far as healthcare, family leave, and flexible work hours, I think those should be things that are becoming issues.

Table 5 is a summary of Finding 3 based on the responses of Participant 007, as follows:

Additionally, my organization should have provided additional incentives, like adding to their benefits, you know, giving them food, money, security and just mention it, you know, if they had provided enough of that, that would have helped the single mothers to meet their goals to the organization. Flexibility and a great incentive would have been given to single mothers to allow them to carry on their

daily living. I mean to say, There was no increment of salary, you know, single mothers were still receiving what we were receiving and even were using up their vacations to care for their children. So, it was not planned for. There was not enough budget. I would advise companies in case of a crisis like this, they should have a budget set aside, you know, because that will help the improvement of the company. But this was not done during the Covid. Additionally, for those of them that are walking from home, do you know it is very difficult to walk from home, especially during the Covid? At a particular time, my office people, some of them were made to work from home and it was so difficult because the kids are not in school and the mom is home, home-schooling them and working. That was a very difficult situation and led to a lot of stress. The organizational leaders should make provisions for pay increases to make sure that the employee's good health is good.

Table 5 is a summary of Finding 3 based on the responses of Participant 010 as follows:

Increasing workplace morale by increasing benefits like increased pay and medical benefits. The truth is that if an employee comes in and finds out that their pay is increased, they'll be more effective. They want to do more things, you know. So as an organizational leader, you know, you know, one has to, you know, support, you know, these things that are mentioned. Just to improve organizational employees, you know, well-being in times of crisis, because when they know that when they put in their work, and they are paid more, they want to

put in their work even though they feel bad with the with a crisis going on, they have that zeal to want to work. That's my take.

Table 5 is a summary of Finding 3 based on the responses of Participant 011, as follows:

Well, I believe it will lead to a community where fewer employees are burned out. It will also lead to a community where society have fewer parents dealing with stress-related sicknesses. It will also lead to a society where all the employees are retained, you know. I mean, when they are retained in their employment and when there is increased employee retention, it will lead to more employees working and paying taxes to their government and community, it will lead to more organizations making a profit because of increased productivity, and it will lead to more organization paying taxes to the government, you know, not just that, it will also lead to fewer people on welfare, and depending on the government, it will lead to a thriving society with fewer sick people and more satisfied and energetic people.

The lack of care for employee's good health and well-being during the COVID-19 pandemic leads to high employee turnover and is not good for the employees and employers. The study participants' responses support Finding 3 that when organizational leaders provide needed care to meet basic needs and improve good health, humans will be inspired to live well and their good health and well-being will improve (Maslow, 1958; Alderfer, 1969). Table 5 shows a summary of Finding 3.

**Table 5***Organizational Leaders Providing Needed Care*

| Participant number | Finding number | Participant narrative highlights   |
|--------------------|----------------|--|
| 005                | 3              | Proper pay and increased benefits is positively impactful to the employees in improving health   |
| 007                | 3              | Additional incentives to meet the basic needs of life like food, security, shelter helps in improving employees good health                  |
| 010                | 3              | Improved pay can lead to improved effectiveness and productivity by employees  |
| 011                | 3              | Improved pay and incentives will lead to more employers and employees paying their taxes because of increased productivity and profitability |

**Finding 4: Feelings of Improved Good Health and Well-being by Organizational Leaders and Employees**

Providing care for employees' well-being in a crisis like the COVID-19 pandemic is essential, leading to improved good health and well-being. A lack of care for employees' well-being in a crisis like the COVID-19 pandemic can lead to more critical issues for organizations. Mihalache and Mihalache (2021) argued that more employees would be more committed to their employers when supported. Sharkey and Caska (2020) confirmed that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. For leaders to meet the obligation of retaining the best talents in their organization, it is

essential to care for their well-being. Some of the participants in this study expressed good feelings when their organizational leaders provided care, which enabled them to improve their good health and well-being. The findings support Maslow's hierarchy of needs theory and the ERG theory that employees experience better feelings and live well if organizational care that enables them to meet their basic needs is provided (see Abbas, 2020; Ahmad et al., 2021). According to Ben-Amram and Davidovitch (2021), the ERG theory indicates that humans are inspired to participate in the three needs embedded in the ERG theory to live well. Table 6 supports Finding 4 that when leaders provide needed care to meet basic needs, it leads to employees' improved good health and well-being. These employees' feelings of improved good health and well-being subsequently lead to more positiveness in the organization for the employees and the employers. Table 6 is a summary of Finding 4 based on the responses of Participant 005, as follows:

Everybody wins. When you improve the life of your employees, then they are happier and more productive. Also, you will have a more efficient work environment. So, everybody wins at the end. The employer and the employee. Everybody wins.

Table 6 is a summary of Finding 4 based on the responses of Participant 006, as follows:

That would be a benefit in my opinion, because if they have to be able to stay home for their children or whatever other reason, they don't want to be around the community because they're not, you know, they're still nervous, and then you won't be as spurred out because you're comfortable and you're at home, and I



know in my case I get more, more work done actually working from home as opposed going the office and it's less stressful.

Table 6 is a summary of Finding 4 based on the responses of Participant 007, as follows:

Additionally, the employees will want to create more, you know, because they have a sense of acceptance. They will have that potential in them, you know, every experience that they had will reflect, do, want to do more before, you know, the company, we will strive to be higher, higher, higher because there's positive energy coming in. So, in that case, you know, when you try to do for your employee as an organization, you know. When you improve their good health, you gain trust because they will use all their mind in working for you.

Organizational employees need to be appreciated and valued all the time. And when you value somebody and the person is aware that you value him or her, the person wants to produce more for you. But the reverse is the case when I know I am working for you and not being valued.

Table 6 is a summary of Finding 4 based on the responses of Participant 010 as follows:

Well, my general definition of an employee's good health and well-being as a single mother. I personally think it is having improved health, which is created by employers for employees through the provision of better benefits. You know, as a single mother and as an employee, it is good health and well-being for me. When I have improved my health, you know, Because when I improve my health, then,

I'll be able to, you know, produce more in the organization. So that's my definition. the truth is that if an employee comes in and finds out that their pay is increased, they'll be more effective. They want to do more things, you know. So as an organizational leader, you know, you know, one has to, you know, support, you know, these things that are mentioned. Just to improve organizational employees, you know, well-being in times of crisis, because when they know that when they put in their work, and they are paid more, they want to put in their work even though they feel bad with the with a crisis going on, they have that zeal to want to work. That's my take, organizational employees need basic needs from leaders during a crisis like the Covid-19 pandemic. These include increased benefits like increased income to get good food, shelter, and a place to, you know, lay your head and security to meet the basic necessities of life. Once my employers can provide these basic needs and benefits, you know, it will enable me to live well, improve my good health and well-being, and be more productive to my employers. It will lead to an increase in productivity. So, when they do the right thing, all these things be added. It will improve it, you know, great for production to be high. This is what they need to know. It will increase loyalty and create a positive work atmosphere, you know. It will increase loyal and dedicated employees and increase productivity because everybody is willing to work, everybody has a good environment, you know, everybody is thinking positively, you know, and at the end, there will be job satisfaction. Well, Improving single mothers and other employees' good health and well-being during a crisis like the

Covid 19 pandemic is good for both the employer and the employee because it will lead to job satisfaction. It will lead to loyalty, that is, loyal and dedicated employees, an energetic team, and is good for all involved, you know Everybody will be willing to work well, you know. Everybody will be ready because they are not lacking in any aspect, you know. So that's what it is as a single mother when you improve their health.

Table 6 is a summary of Finding 4 based on the responses of Participant 011, as follows:

I think we should, as leaders, always consider the good welfare of those that work for us. If we do that, it will help to increase belonging and trust, and loyalty to the company. Increased loyalty will increase workplace morale and also increase job productivity and profitability. It will lead to a more productive workforce, and it will lead to a more profitable organization. Well, I believe it will lead to a community where fewer employees are burned out. It will also lead to a community where society where there are fewer parents dealing with stress-related sicknesses. It will also lead to a society where all the employees are retained, you know. I mean, when they are retained in their employment and when there is increased employee retention, it will lead to more employees working and paying taxes to their government and community, it will lead to more organizations making a profit because of increased productivity, and it will lead to more organization paying taxes to the government, you know, not just that, it will also lead to fewer people on welfare, and depending on the government, it will

lead to a thriving society with fewer sick people and more satisfied and energetic people.

Providing adequate income and benefits by organizational leaders will allow employees to meet their basic needs, improve their health and well-being, and live well.

Table 6 shows a summary of Finding 4.

**Table 6**

*Feelings of Improved Good Health and Well-being by Organizational Leaders and Employees*

| Participant number | Finding number | Participant narrative highlights   |
|--------------------|----------------|--|
| 005                | 4              | Employer and employees are winners when there is care an improved good health and well-being of organizational employees |
| 007                | 4              | Feeling of acceptance leads to increased productivity and profitability in the organization                              |
| 010                | 4              | Increased pay and benefits lead to increased loyalty and positive work atmosphere  |
| 011                | 4              | Improved good health and well-being because of care by organizational employees lead to a more productive workforce      |

### Summary

In Chapter 4, I presented the key findings of the study. The data collection and analysis process was described. The study included four findings for the main research question, “What are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational

care for the good health and well-being of organizational employees during the COVID-19 pandemic?” The four research findings in this study are: (a) improving health and well-being experiences with other organizational employees, (b) challenges in getting care from organizational leaders, (c) organizational leaders providing needed care, and (d) feelings of improved good health and well-being by organizational leaders and employees. Quotes from the participants supported the findings. In Chapter 5, I restated the purpose and nature of the study and why the study was conducted. In Chapter 5, I also interpreted the study’s findings, provided the study’s limitations, made recommendations for future studies, described the study’s implications on social change, and ended with the conclusion.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. The descriptive phenomenological design was used to address the research question in this qualitative study. The phenomenological approach was appropriate because it was unknown to what extent the COVID-19 pandemic has impacted employees in organizations, specifically single mother leaders. In this study, a transcendental approach emphasizing description fitted better than a hermeneutical approach. A descriptive phenomenological design helped me better understand the participants based on the description and narration of their lived experiences, free of interpretation by the researcher (see Martins, 2008) since the COVID-19 pandemic was still ongoing during this study. This study's methodology aligned with the main conceptual framework and the two guiding theories for this study because it described the participant's lived experiences. The description of the participants' lived experiences might assist in further interpreting the meanings of their actions.

The study's four findings were comprised of (a) improving health and well-being experiences with other organizational employees, (b) challenges in getting care from organizational leaders, (c) organizational leaders providing needed care, and (d) the feeling of improved good health and well-being by organizational leaders and employees. The study findings might provide recommendations on how to help single mothers and

other organizational leaders improve the good health and well-being of all employees in organizations. Maslow's (1958) hierarchy of needs theory and Alderfer's (1969) seminal ERG theory were guides for this study. Maslow's hierarchy of needs theory consists of the following five concepts: (a) physiological needs, (b) safety and security needs, (c) love and belonging needs, (d) self-esteem needs, and (e) self-actualization needs. The first and second concepts of the hierarchy of needs frameworks are gateways to basic needs that will improve good health and well-being to enable humans to live while pursuing the three advanced needs far up the pyramid (Arruda, 2005). For example, Maslow explained that providing adequate income and benefits by organizational leaders will allow employees to meet their basic needs, live well, and improve their health and well-being. The ERG theory, reconstructed from Maslow's hierarchy of needs framework by Alderfer, comprises the existence, relatedness, and growth. Alderfer expounded that fully participating in these three needs of the ERG theory will make humans live well and improve their good health and well-being. Maslow's hierarchy of needs theory was integral in providing recommendations in this study.

Organizational leaders are required to care for their employees. Based on the findings in this study, caring for organizational employees will enable them to improve their good health and well-being and live well. Keeman et al. (2017) confirmed that employees are organizations' greatest assets. Keeman et al. further confirmed that the lack of care for employees' good health and well-being is costly to both the employer and the employee. Similarly, Che et al. (2022) found that organizational leaders must give enough attention to employees, evaluate their well-being, and intervene to enable them to

improve their good health and well-being and live well. Likewise, Mihalache and Mihalache (2021) explained that more employees would be more committed to their employers when cared for and supported. Furthermore, Sharkey and Caska (2020) elucidated that a good supervisory support structure through a partnership with managers and coworkers is essential to helping improve all employees' physical and mental well-being. Based on the findings in this study, caring for organizational employees' good health and well-being is vital. Nine themes emerged from this study's data analysis. The themes included the following:

- experienced physical health issues
- experienced spending more time in the gym by working out
- experienced concern about lack of care
- experienced concern about employees' increased health issues like stress and burn out
- experienced opportunities to balance work and life responsibilities
- experienced provision of flexible and teleworking opportunities
- experienced having a sense of belonging
- experienced feeling a sense of security
- experienced feeling of meeting basic needs

Interpretations of the findings are discussed in the next section.



## **Interpretation of Findings**

The interpretation of the findings centered on how the findings of this study confirm, disconfirm, or extend the existing literature about improving the health and well-being of single mother leaders and other organizational employees during the COVID-19 pandemic. The interpretation of the findings focused on the study's nine themes, the two guiding conceptual frameworks, and the four research findings of this study. The themes emerged after a rigorous process of coding. Discussed in the next section is Theme 1 of this study.

### **Theme 1: Experienced Physical Health Issues**

Theme 1 confirmed that focusing on physical health was vital in improving organizational employee's good health and well-being during the COVID-19 pandemic. Participant 001 responded that focusing on her physical health issues during the COVID-19 pandemic helped her and other organizational employees improve their health and well-being. Participant 001's response on experiencing physical issues is as follows:

Throughout the COVID-19 pandemic. It kind of made me focus more on my physical health. I would say that I did a lot more physical fitness. To kind of feedback from the last question. Yes, without good health and, and well-being and being able to keep active and keep yourself healthy, it's harder to focus, you know, it promotes burn out and stress. So, I think the organization must have an avenue where they're promoting programs, where they're encouraging employees to exercise where they're having the gym and advertising that more within the organization for the employees to go use the gym, you know, take your breaks

and your lunchtime to work out, to walk or walk a couple of miles, go outside, get some fresh air and also You know. Start, start selling healthier things in the break room, and in the cafeteria. Have the owners focus on healthier meals and encouraging healthier meals and all that. A clear body, clear mind, and good health are going to allow an employee to work more efficiently and effectively. Throughout the COVID-19 pandemic. It kind of made me focus more on my physical health. I would say that I did a lot more physical fitness.

The good health and well-being of organizational employees benefit the employees and the employer (De-la-Calle-Durán & Rodríguez-Sánchez, 2021). The lack of good health and well-being among organizational employees can lead to adverse effects for both employees and employers. For example, a lack of improved health and well-being among employees can lead to high employee turnover and severe retention issues that could harm the employees and their employers. Participant 001's response confirmed the existing literature by De-la-Calle-Durán and Rodríguez-Sánchez (2021) and Jayathilake et al. (2021) that the effect of the COVID-19 pandemic is also creating severe retention issues for organizations in the United States. Participant 001's response on physical health issues confirmed the existing literature by Sharkey and Caska (2020) that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being.

## **Theme 2: Experienced Spending More Time in the Gym by Working Out**

Theme 2 confirmed that spending more time in the gym by working out was significant and helped improve the good health and well-being of organizational

employees during the COVID-19 pandemic. Participant 009 expressed that working out improved her health and well-being during the COVID-19 pandemic:

So, I know we're focusing on single mothers, but it also makes mention of other employees. Good health is prime for survival. It's a prime and important aspect of surviving. And so, I feel that when a COVID-19 pandemic comes around like something like Covid 19, if you haven't been practicing good health, healthy eating habits, exercise, and diet, it can send you into places that you don't want to be. I know a lot of people came out of the COVID-19 pandemic with a lot of weight on them because they sat around, watched Tv a lot, didn't get out, they didn't exercise, and a lot of them came out with a whole lot of extra weight on. So, if they had an exercise routine in place or they were eating healthily and those things they shouldn't have, the Covid 19 crisis should not have caused that to happen because they would just continue on in their routine. I, for one, did spend more time outside, more time exercising because I was the one that said, no, no, I'm not going to sit around in the house and watch Tv all day, and it was clear to see that many people came out of the COVID-19 pandemic with more weight. So, if they had an exercise routine in place or they were eating healthily and those things they shouldn't have, the Covid 19 crisis should not have caused that to happen because they would just continue on in their routine. I, for one, did spend more time outside, more time exercising because I was the one that said, no, no, I'm not going to sit around in the house and watch Tv all day, and it was clear to see that many people came out of the COVID-19 pandemic with more weight.

Improving the good health and well-being of organizational employees by organizational leaders benefits the employees and the employer (De-la-Calle-Durán & Rodríguez-Sánchez, 2021). When organizational employees are inactive and do not work out, it can lead to a lack of good health and well-being. A lack of good health and well-being of organizational employees can lead to high employee turnover and severe retention issues, as confirmed by Jayathilake et al. (2021). Participant 009's response confirmed the existing literature about the adverse effect of lack of work engagement by organizational employees during the COVID-19 pandemic. According to De-la-Calle-Durán and Rodríguez-Sánchez (2021), the lack of employee work engagement impacted organizational success factors during the COVID-19 pandemic. De-la-Calle-Durán and Rodríguez-Sánchez's literature confirmed Participant 009's response that working out more in the gym helped improve her and other organizational employees' good health and well-being and increased their work engagement during the COVID-19 pandemic.

### **Theme 3: Experienced Concern About Lack of Care**

Theme 3 confirmed that the participants experienced concern about the lack of care by their organizational leaders. The lack of care by organizational leaders for the good health and well-being of organizational employees adversely affected employees and employers during the COVID-19 pandemic. Participant 002 confirmed that lack of organizational care by their organizational leaders during the COVID-19 pandemic adversely affected their good health and well-being. The lack of care for employees' good health and well-being during the COVID-19 pandemic harmed employees and employers, led to high employee turnover, and created severe retention issues in

organizations (Jayathilake et al., 2021). Organizational leaders who did not provide care and had a negative attitude about caring for and improving employees' good health and well-being during the COVID-19 pandemic hurt their organizations. Participant 002 responded as follows:

Organizational leaders did try, but they came late to the game. In the sense that those were not things, they were first addressed. When it came to your mental or your physical health and just dealing with that. Management still wanted organizational employees to work even though you might be dealing with recovering from Covid, or somebody in your family died from it, or a friend or whatever. So, I don't think they were really concerned at the height of the COVID-19 pandemic about our mental and emotional state. They were focused a lot on the physical. On the transmission of the disease. On putting up social distance signs. On doing more cleaning. Organizational management went back and forth between the policy of whether to wear a mask or mandate everyone to wear the mask. So, I guess they did pretty okay because even though they were slow to the option of teleworking or wearing masks or allowing people to have flexibility; they did put a policy in place eventually that did allow you to go home if you get sick. This is because we were working in a public environment, and it was Covid, so you didn't have to use up all your accumulated sick days. Then a lack of empathy, I think, sometimes they have for the people that are actually on the frontline doing the work. And I think the COVID-19 pandemic proved that those frontline workers are very important, you know.

Participant 003 responded on this theme of lack of concern during the COVID-19 pandemic by organizational leaders, stated: “Barriers like management attitude. Lack of financial resources. Lack of flexibility.” Participant 005 responded, "I would say management attitude because there is too much concern over the bottom line for money.”

The responses by Participants 002, 003, and 005 about experiencing a lack of care from organizational leaders during the COVID-19 pandemic confirmed that organizational leaders neglected organizational employees, their greatest assets during this period. Keeman et al. (2017) findings confirmed that employees are organizations’ greatest assets and that lack of care for their good health and well-being is costly to both the employer and the employee. Improving the good health and well-being of organizational employees by organizational leaders benefits the employees and the employer. When organizational leaders fail to provide organizational care to organizational employees in a crisis like the COVID-19 pandemic, it harms employees and employers.

#### **Theme 4: Experienced Concern About Employees’ Increased Health Issues Like Stress and Burn Out**

Theme 4 confirmed that the participants experienced concern about employees’ increased health issues like stress and burn out. Participant 007 expressed organizational employees experienced increased health issues like stress and burn out during the COVID-19 pandemic. The increased stress and burn out were caused by everyone in the organization, including organizational leaders, being confused once the COVID-19 pandemic emerged and unsure of what to do. The response of Participant 007 on this

theme of experiencing concern about employees' increased health issues like stress and burn out is as follows:

So, I mean my organization really did not provide much because they were also confused. You know, they didn't provide much for employees' good health and well-being. We were all folding our hands, looking at what the next step is going to be. We were all waiting for the government to tell us what to do. Living and not knowing what the unknown is like, not seeing anything positive, you know, at the time of the situation. The vaccination was not even enough for people. You had to line up to get it. That also affected my organization because we were now required to take it. Employees did not return to work on time. I mean, there was no planning, and there was no good follow-through. What I would say is it kind of affected my organization because my organization didn't make any provision at all.

When organizational leaders who are supposed to lead employees are confused and fail to provide organizational care in a crisis like the COVID-19 pandemic, it can lead to stress and burn out. Participant 007's response on this issue confirmed existing literature by Russell et al. (2018) that stress and adverse well-being could be very costly to employees and employers. Participant 007's response on this issue also confirmed existing literature by Rapoza et al. (2021) that stress is a leading cause of negative well-being that affects organizational recruitment and retention.

**Theme 5: Experienced Opportunities to Balance Work and Life Responsibilities**

Theme 5 confirmed that the participants experienced opportunities to balance work and life responsibilities because of organizational care by organizational leaders during the COVID-19 pandemic. Participant 005 revealed that their organizational leaders could care for them by providing opportunities to help them balance their work and life responsibilities. Participant 005 also indicated that when organizational leaders provide opportunities like balancing work and life responsibilities, it will help improve organizational employees' good health and well-being.

The response of Participant 005 on this theme of experienced opportunities to balance work and life responsibilities is as follows:

Also, the proper pay because if you're losing a lot of work, and you're not on salary, that can really have a big impact on the employee. Personally, just having had a baby recently, I think family leave should be a standard for every organization. If the children are future and we want employees to be at work, to be present and doing the job, we can be stressing about having proper healthcare, you know, especially in a household where both parents work. So yes, proper benefits as far as healthcare, family leave, and flexible work hours, I think those should be things that are becoming issues.

When organizational leaders provide benefits like work and life balance opportunities, as confirmed by Participant 005's response, it helps the employees improve their good health and well-being. Improved good health and well-being because of additional benefits will make organizational employees more committed to their



employers. Participant 005's response on this issue of organizational leaders providing opportunities for balancing work and life responsibilities confirms existing literature by Mihalache and Mihalache (2021) that more employees would be more committed to their employers when supported.

### **Theme 6: Experienced Provision of Flexible and Teleworking Opportunities**

Theme 6 confirmed that the participants experienced the provision of flexible and teleworking opportunities. Participant 005 demonstrated that organizational leaders providing flexible and teleworking opportunities helped boost morale and improve their health and well-being. The response of Participant 005 on this theme of experienced provision of flexible and teleworking opportunities is as follows:

Everybody wins. When you improve the life of your employees, then they are happier and more productive. Also, you will have a more efficient work environment. So, everybody wins at the end. The employer and the employee. Everybody wins.

Sharkey and Caska (2020) confirmed that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. Participant 005's response on organizational leaders providing opportunities for flexibility and teleworking confirmed Sharkey and Caska's existing literature. Organizational employees and the employer will benefit when organizational employees' mental and physical health and overall well-being improve because of additional incentives like flexible and teleworking opportunities. Further discussed in the next section is Theme 7.

**Theme 7: Experienced Having a Sense of Belonging**

Theme 7 confirmed that the participants experienced having a sense of belonging to their employer. Participant 010 communicated that organizational leaders caring for them helped boost loyalty and increase the sense of belonging among organizational employees. The response of Participant 010 on this theme of experiencing having a sense of belonging is as follows:

Increasing workplace morale by increasing benefits like increased pay and medical benefits. The truth is that if an employee comes in and finds out that their pay is increased, they'll be more effective. They want to do more things, you know. So as an organizational leader, you know, you know, one has to, you know, support, you know, these things that are mentioned. Just to improve organizational employees, you know, well-being in times of crisis, because when they know that when they put in their work, and they are paid more, they want to put in their work even though they feel bad with the with a crisis going on, they have that zeal to want to work. That's my take.

Participant 010's response on this issue of organizational leaders increasing workplace morale and sense of belonging confirmed existing literature by Mihalache and Mihalache (2021) that more employees would be more committed to their employers when supported. Participant 010's response on this issue of organizational leaders increasing workplace morale and sense of belonging also confirmed existing literature by Sharkey and Caska (2020) that a good supervisory support structure through a partnership

with managers and coworkers could help improve all employees' physical and mental well-being. Further discussed in the next section is Theme 8.

### **Theme 8: Experienced Feeling a Sense of Security**

Theme 8 of experiencing a sense of security confirmed that the participant's work security fear declined because of the increased sense of security. Participant 011 conveyed that organizational leaders caring for them will lead to a more satisfied and energetic workforce and increased productivity and profitability, which is good for the employees, employers, and the entire community of belonging.

The response of Participant 011 on this theme of experiencing a sense of security is as follows:

Well, I believe it will lead to a community where fewer employees are burned out. It will also lead to a community where society have fewer parents dealing with stress-related sicknesses. It will also lead to a society where all the employees are retained, you know. I mean, when they are retained in their employment and when there is increased employee retention, it will lead to more employees working and paying taxes to their government and community, it will lead to more organizations making a profit because of increased productivity, and it will lead to more organization paying taxes to the government, you know, not just that, it will also lead to fewer people on welfare, and depending on the government, it will lead to a thriving society with fewer sick people and more satisfied and energetic people.

Participant 011's response on this issue of organizational employees having increased feeling for a sense of security confirmed existing literature by Maslow's hierarchy of needs theory and the ERG theory (see Abbas, 2020; Ahmad et al., 2021). Employees experience better feelings and live well if organizational care that enables them to meet their basic needs is provided (see Abbas, 2020; Ahmad et al., 2021). Further discussed in the next section is Theme 9.

### **Theme 9: Experienced Feeling of Meeting Basic Needs**

Theme 9 confirmed that the participants experienced the feeling of meeting basic needs when organizational leaders cared for them. Participant 007 proclaimed that organizational leaders caring for them by providing additional incentives during the COVID-19 pandemic increased their feeling of meeting basic needs and improved their good health and well-being. The response of Participant 007 on this theme of experienced feeling of meeting basic needs is as follows:

Additionally, my organization should have provided additional incentives, like adding to their benefits, you know, giving them food, money, security and just mention it, you know, if they had provided enough of that, that would have helped the single mothers to meet their goals to the organization. Flexibility and a great incentive would have been given to single mothers to allow them to carry on their daily living. I mean to say, There was no increment of salary, you know, single mothers were still receiving what we were receiving and even were using up their vacations to care for their children. So, it was not planned for. There was not enough budget. I would advise companies in case of a crisis like this, they should

have a budget set aside, you know, because that will help the improvement of the company. But this was not done during the Covid. Additionally, for those of them that are walking from home, do you know it is very difficult to walk from home, especially during the Covid? At a particular time, my office people, some of them were made to work from home and it was so difficult because the kids are not in school and the mom is home, home-schooling them and working. That was a very difficult situation and led to a lot of stress. The organizational leaders should make provisions for pay increases to make sure that the employee's good health is good.

Participant 007's response to organizational employees having increased feelings of meeting basic needs confirmed by Ben-Amram and Davidovitch (2021) who indicated that humans are inspired to participate in the three needs embedded in the ERG theory to live well. Exploring the impact of the COVID-19 pandemic on the good health and well-being of single mother leaders and other organizational employees was essential to finding ways to improve their good health and well-being during a crisis like the COVID-19 pandemic. The 11 participants affirmatively responded that improving their and other organizational employee's good health and well-being was good for the employees, the employer, the community, and the society of belonging. The four research findings were: (a) improving health and well-being experiences with other organizational employees, (b) challenges in getting care from organizational leaders, (c) organizational leaders providing needed care, and (d) feelings of improved good health and well-being by

organizational leaders and employees. Discussed in the next section is Finding 1 of this study.

### **Finding 1: Improving Health and Well-being Experiences With Other Organizational Employees**

Organizational employees, including single mother leaders, continue to struggle to improve their health and well-being in times of crisis like the COVID-19 pandemic. Organizational employees struggle to improve their good health and well-being during a crisis like the COVID-19 pandemic because of their organizational leaders' lack of care. This struggle by organizational employees to improve their good health and well-being has led to work dissatisfaction and stress, specifically for single mothers who need the most help. Napora et al.'s (2018) findings affirmed that single mothers more frequently used the resignation strategy with lower work satisfaction when their organizational leaders did not provide care at work. Napora et al.'s study findings supported this study's Finding 1 that organizational employees, specifically single mothers in employment, need help and the need to be cared for to improve their good health and well-being in organizations and societies. Mert's (2021) findings confirmed that patriarchal structures have favored men and placed them in higher and more important organizational positions than women because of the cultural acceptance of society. Li et al.'s (2021) findings concluded that gender and socioeconomic inequalities in parents' psychological well-being increased among parents during the COVID-19 pandemic, specifically for women and single parents. Leaders must care for organizational employees, including single

mothers, to reduce work dissatisfaction and stress and not harm the employer and employees. Discussed in the next section is Finding 2 of this study.

### **Finding 2: Challenges in Getting Care From Organizational Leaders**

Challenges in getting care from organizational leaders continue to be an issue for organizational employees, specifically single mothers. This lack of care has created harm and increased global health issues like stress and burn out in organizations. Skomorovsky et al.'s (2019) study supported this study's Finding 2. Skomorovsky et al.'s findings concluded that single parenting creates parental stress because of the lack of help. Likewise, Keeman et al. (2017) explained that lack of care for organizational employees' good health and well-being is costly to both the employer and the employee. Keeman et al. further elucidated that employees are organizations' greatest assets. On the same token, Russell et al. (2018) expounded that stress and adverse well-being could be very costly to employees and employers.

Furthermore, Rapoza et al. (2021) found that stress is a leading cause of negative well-being that affects organizational recruitment and retention. Smith et al. (2008) findings confirmed that improving the good health and well-being of organizational employees, specifically employed single mothers in organizations lacking organizational care, is paramount. These prior pieces of literature supported Finding 2 and were vital in my study's recommendations. Discussed in the next section is Finding 3 of this study.

### **Finding 3: Organizational Leaders Providing Needed Care**

The lack of organizational care for employees' good health and well-being during the COVID-19 pandemic is not good for employees and employers. Keeman et al. (2017)

confirmed that employees are organizations' greatest assets and that the lack of care for their good health and well-being is costly to both the employer and the employee. Based on the responses of this study's participants, when organizational leaders provide needed care, it helps the employer and employees. For example, providing opportunities for organizational employees to balance work and life responsibilities and providing flexible and teleworking work schedules helps the employees improve their good health and well-being and live well. Finding 3 verified Che et al.'s (2022) finding that giving organizational employees enough attention and evaluating their well-being is paramount. Likewise, Mihalache and Mihalache (2021) found that more employees would be more committed to their employers when supported. Also, Sharkey and Caska (2020) found that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. For leaders to meet the obligation of retaining the best talents in their organization, it is essential to provide the needed care for the organizational employees to improve their good health and well-being and live well. Discussed in the next section is Finding 4 of this study.

#### **Finding 4: Feelings of Improved Good Health and Well-being by Organizational Leaders and Employees**

Finding 4 was paramount in this study's recommendations. When organizational employees get needed care that is not lacking from their leaders, it will give them the feeling of improved good health and well-being. The feelings of improved good health and well-being by organizational leaders and employees create a good atmosphere and



are great for the employees and employers. Having a sense of belonging and a feeling of security can improve all organizational employees' good health and well-being. Having a sense of belonging will make the organizational employees trust their organizational leaders. Based on the participants' responses, when organizational leaders can meet the basic needs of their employees, it will make the employees live well and improve their good health and well-being. Mihalache and Mihalache's (2021) study confirmed Finding 4 that more employees would be more committed to their employers when supported. Likewise, Sharkey and Caska's (2020) findings supported Finding 4, which states that a good supervisory support structure through a partnership with managers and coworkers could help improve all employees' physical and mental well-being. Also, Abbas (2020) and Ahmad et al. (2021) confirmed Finding 4 in their separate studies that employees experience better feelings and live well if they get organizational care to meet their basic needs. Feelings of improved good health and well-being by organizational leaders and employees are possible only if organizational leaders provide organizational care. The next section includes discussion about limitations of the study.

### **Limitations of the Study**

The first limitation of this study was that the COVID-19 pandemic is still ongoing, and some employees were uncomfortable meeting face-to-face for their interviews. To mitigate this limitation, I provided the option of Zoom teleconferencing and face-to-face interviews. The 11 participants in my study opted for the Zoom teleconferencing instead of the face-to-face interview option. The second limitation was that some targeted participants had left the workforce and could not be accessed. I used

word-of-mouth recruiting to locate the targeted participants who have experienced the lived experiences related to this phenomenon. The third limitation was that collecting data from the targeted population in the state government agencies might have been impossible because of confidentiality issues. To mitigate this third limitation, I limited the data collection to single mothers who worked in state government agencies in the southern region of the United States without these confidentiality issues. The fourth limitation of this study was meeting saturation while collecting data from participants. At the data saturation point, when further data collection yielded similar results while confirming the same emerging themes and conclusions, the collected data was assumed to have enough information to replicate the study and overcome this limitation. Finally, to avoid researcher bias during the data collection process because of mishandling, missing, and wrong data classification, I used triangulation to collect the data for this study using multiple data collection instruments. Discussed in the next section are the study's recommendations.

### **Recommendations**

The impact of the COVID-19 pandemic continues to affect employees' well-being generally in organizations globally. Febrianto (2021) confirmed that single mothers faced more challenges during the COVID-19 pandemic. Similarly, Garcia et al. (2021) concluded that single mothers faced numerous challenges during the COVID-19 pandemic. According to Taylor et al. (2022), single mothers' well-being during the COVID-19 pandemic was more vulnerable to stress and mental health problems because of the additional challenges. The impact of the COVID-19 pandemic impact and the lack

of organizational care for the good health and well-being of employees continue to challenge single mother leaders in state government agencies in the southern region of the United States. This lack of care has yet to be fully addressed with policies and programs to help single mother leaders and other organizational employees in crises like the COVID-19 pandemic. I noted from single mother leaders' responses that there is a need to review state-level agency policies and programs. This review will enable organizational leaders to consider innovative ways to address this problem of the lack of organizational care for the good health and well-being of organizational employees, specifically single mother leaders.

This study was prompted because of the future research recommended by Kaugars et al. (2021). Kaugars et al. recommended future research to understand the specific effect of the COVID-19 pandemic on specific populations, like low-middle-income American parents, single parents, and the LGBTQ community. Further research is still needed to overcome this challenge. Addressing the problem of the lack of care for the good health and well-being of employees, specifically single mother leaders in state government agencies in the southern region of the United States during the COVID-19 pandemic, is necessary. The following are this study's recommendations regarding the lack of care for the good health and well-being of employees, specifically single mother leaders in state government agencies in the southern region of the United States during the COVID-19 pandemic.

**Recommendation 1: Find the Advantages of Providing Benefits That Help Relieve Employees' Job Anxiety in the Workplace**

The COVID-19 pandemic is a new stressor for organizational employees and single mother leaders. Hertz et al.'s (2021) finding confirmed that the stress levels of employed single mothers increased because essential services like daycare and schools were curtailed or shut down during the COVID-19 pandemic. Likewise, Brown et al. (2020) confirmed that the COVID-19 pandemic increased parental stress, specifically among parents facing economic hardship, low-educated parents, and single parents. The linkage between organizational employees and employers through work makes it imperative for organizational management to find ways to relieve job anxiety and potential problems by providing proactive strategies. For example, organizational leaders could provide flexible and teleworking work schedules that will reduce the commute time to work for organizational employees, specifically single mother leaders. Researchers should also consider conducting future studies using case studies to collect and analyze data and explore the advantages of providing benefits that help relieve job anxiety.

**Recommendation 2: Investigate the Link Between Providing Employee Assistance Programs to Employees' Mental Issues in the Workplace**

The COVID-19 pandemic became a life-changing event that adversely impacted individuals' health and well-being, specifically single mother leaders and other organizational employees. Hamouche's (2020) findings attributed the COVID-19 pandemic stressor to stress that leads to mental issues. Organizational leaders should prioritize providing employee assistance programs dealing with mental issues to

employees, specifically single mother leaders. Additional research on employee assistance programs related to mental issues is recommended in this study. Researchers should investigate the link between providing employee assistance programs to employee's mental issues in the workplace. Researchers should also consider conducting future studies by using focus groups to collect data from individuals or groups that share the same experiences regarding employees' mental issues and provide needed assistance.

### **Recommendation 3: Research Attractive Employee Benefits Packages**

Lack of organizational care leads to challenges regarding employee retention and the distraction of the right talents. Akinyooye and Nezamis (2021) and Jayathilake et al. (2021) concluded that good health and well-being are crucial to high employee turnover. Likewise, Keeman et al. (2017) confirmed that a typical employee spends about one-quarter of their adult life at work. Addressing the retention and attraction of employees by providing attractive benefits packages to current and potential employees of the organization is recommended in this study. Addressing employee retention and correcting talent attraction issues will also enable employers to retain their best talent and attract the right talents that fit their organization. Further research on attractive employee benefits packages is a valuable recommendation in this study. Researchers should also consider conducting future studies using experimental research to test the benefits of attractive employee benefits packages in the workplace.

**Recommendation 4: Research how Periodic Reevaluations of Training and Hiring Practices can Improve Fairness and Equity in the Workplace**

Gendered inequality has always favored men over women in organizations historically and globally. Smith et al. (2008) confirmed that single mothers were encouraged to train in low-skilled areas like childcare in West London. Employers encouraging such unfair practices worsened organizations' already gendered and class-based segmentation. This study's Recommendation 4 is that organizational leaders perform periodic reevaluations regarding their hiring and training practices to ensure fairness between single mothers and other categories of employees. Researchers should investigate how periodic reevaluations of training and hiring practices can improve fairness and equity in the workplace. Researchers should also consider conducting future studies by using surveys to collect data from a large group of employees to test how periodic reevaluations of training and hiring practices can improve fairness and equity in the workplace.

**Recommendation 5: Conduct Studies on Employee Satisfaction, Specifically for Single Mothers After the Birth of a Child in Re-entering the Workforce**

Single mothers continue to face another major challenge: re-entering the workforce. Lim et al.'s (2020) study revealed that single mothers in urban areas considered family reasons like having a child the main barrier to workforce re-entry. This study's Recommendation 4 is that organizational leaders should promote opportunities that allow single-mother employees unrestricted access to work after having their child. More research on unrestricted free access to work after child delivery is needed. Studies

on employee satisfaction, specifically for single mothers after the birth of a child and re-entering the workforce, are opportunities for future research.

### **Significance of the Study**

The findings of this study extend the existing literature specific to organizational employees and single mother leaders' experiences regarding the lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. In prior studies, researchers have shown a link between employees' good health and well-being and their organization's productivity, profitability, and overall success (Keeman et al., 2017). Adams's (2019) study confirmed that well-being is closely linked with health and productivity. Organizational employees with good health and well-being perform at optimal levels compared to employees who do not have good health and well-being (Adams, 2019). Similarly, McIlroy et al. (2021) investigated the link between employee workplace well-being and its effect on productivity. McIlroy et al.'s study confirmed that unanswered supervisor support has an adverse effect on employees' well-being, performance, and relational outcomes. McIlroy et al. recommended that organizational leaders should do more to improve supervisory support and overall well-being because of its impact on other employees and the overall productivity and profitability of the organization. Despite these prior studies, little is known about single mother leaders' lack of organizational care regarding organizational employees' good health and well-being during the COVID-19 pandemic (see Kaugars et al., 2021; Mihalache & Mihalache, 2021). Researchers have also emphasized the importance of exploring the specific effect of the COVID-19 pandemic on specific populations like low-

middle-income American parents, single parents, and the LGBTQ community (Kaugars et al., 2021). In this study, I focused on single mother leaders, and the study's findings could be significant to practice, theory, and social change.

### **Significance to Practice**

The COVID-19 pandemic is a life-transforming event unlike prior pandemics because of its impact on the health and well-being of individuals. Fishman (2020) confirmed that the COVID-19 pandemic impacted the health and well-being of individuals, organizations, economies, and societies within 2 years compared to prior pandemics. Hertz et al. (2021) found that during the COVID-19 pandemic, the stress levels of employed single mothers skyrocketed due to essential services like daycare and schools shut down. Likewise, Brown et al. (2020) concluded that the COVID-19 pandemic increased parental stress, specifically among parents who face economic hardship, low-educated parents, and single parents. Furthermore, Brown et al. confirmed that families across global societies, specifically single parents and those facing economic hardship, are collectively experiencing a new range of parenting stressors due to the COVID-19 pandemic. The COVID-19 pandemic, as a new parenting stressor based on the participant's responses in this study, continues to affect employees, specifically single mother leaders at work.

This research is significant to practice because the findings could support professional practice. Based on the findings in this study, organizational leaders, including supervisors, managers, and human resources managers who are aware of care for employees' well-being, could integrate organizational employee care practices. The



data and themes from the participant interviews might be applied to design solutions for organizational employees' care and well-being in the workplace to help retain employees. The findings in this study could also help organizational leaders understand the importance of caring for the well-being of organizational employees, who are an organization's greatest assets. The linkage between employees and employers through work made it vital to conduct this study to know its significance to practice. Discussed in the next section is the study's significance to theory.

### **Significance to Theory**

This study might contribute to the idea that organizational leaders' support in times of crisis, like the COVID-19 pandemic, is essential. Russell et al. (2018) found that stress and negative well-being can be very costly to employees and employers. The study by Russell et al. is significant in improving organizational employees' good health and well-being and shows how stress and negative well-being can adversely impact organizations and their employees and lead to retention and recruitment issues. Likewise, Mihalache and Mihalache (2021) found that employees will be more committed to their employers when supported. Mihalachi and Mihalachi's study corroborates with Keeman et al.'s (2017) study, which concluded that evaluating employees' well-being and intervening is indispensable because of their importance to their employers. Mihalachi and Mihalachi's study is valuable to this study because it aligns with the argument about the need for employers to care for their employee's health and well-being during a crisis like the COVID-19 pandemic. These prior study findings were also significant to this study and significant to theory because identifying and mitigating the COVID-19

pandemic's effects on single mother leaders' health and well-being through the support of organizational leaders could impact theory development.

This study's findings might be significant to theory because they may help develop conceptual frameworks and theories related to employees' organizational well-being and support for them in times of crisis. The lived experiences of single mother leaders interviewed for this study could inform various conceptual frameworks that address organizational care for the well-being of employees in times of crisis. The accounts of the single mother leaders' lived experiences could generate new awareness that helps build upon Maslow's hierarchy of needs theory and Alderfer's ERG theory (see Abbas, 2020; Ahmad et al., 2021). Also, the lived experiences of organizational employees interviewed in this study could inform current theory development focused on organizational care and employees' well-being and help promote positive social change.

### **Significance to Social Change**

Positive social change implications include extending leaders' knowledge about how providing care for employees' well-being in crises like the COVID-19 pandemic helps meet employees' basic needs, improve workforce retention, and impact them, their organizations, communities of belonging, and societies. The findings of this study could affect significant social change and promote positive social change as follows. First, the findings that emerged in the study could provide recommendations on how to help single mothers leaders and other employees in organizations. Second, when these organizational employees get help from their employers in organizational care for well-being, their basic needs can be met. The employees might feel a sense of belonging to their organization

and society, feel better about their general well-being, and stay employed. Third, when these employees stay employed, they will not depend on society. Single mother leaders and other organizational employees, their employers, communities, and belonging to society will experience a positive impact that will result in positive social change.

Organizational leaders could help single mother leaders and support them by improving their health and well-being, specifically in times of crisis like the COVID-19 pandemic. In that case, it will be a win for all in society. The win is because improving the health and well-being of single mother leaders and other organizational employees can help all employees in organizations have a sense of belonging. A sense of belonging will enable all organizational employees, including those impacted by the COVID-19 pandemic, to stay employed.

The organizational leaders will have a healthy workforce that will fully contribute and make their organizations productive and profitable. When all employees have good health and well-being and continue to make their organizations productive and profitable, it will lead to oneness and a society where everyone feels they belong. Society will not be dependent because of the impact of the COVID-19 pandemic on employees' health and well-being and the lack of care by organizational leaders that forced some employees out of employment. Instead, the employees will retain employment, be self-sufficient, and maintain sustainability in a working society. The conclusion of this study is discussed in the next section.

## Conclusions

This study's findings revealed the challenges single mothers and other organizational employees face regarding the lack of organizational care for their good health and well-being during the COVID-19 pandemic. Despite the adverse impact of lack of care for organizational employees' good health and well-being, organizational leaders continue to not provide the needed care to employees in crises like the COVID-19 pandemic. Although four study participants reported being cared for by their organizational leaders, a large group of organizational leaders still did not care for their employees, particularly single mothers, based on some of these study participants' responses. Based on the findings in this study, single mother leaders are categories of organizational employees who need additional help because they are integral to the success of their organization. Organizational leaders should not ignore single mothers because of their importance to the workforce. Organizational leaders should also re-examine their strategies that address the provision of care for employees to ensure care dissemination to all employees, specifically single mothers in a crisis like the COVID-19 pandemic. Offering care will help organizational employees, explicitly single mothers, to live well, improve their good health and well-being, and be retained in their organization. Retaining single mothers as organizational employees will enable them to continue contributing to their well-being, organization, community of belonging, and society.

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## Appendix A: Interview Protocol

Participant Code: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Total Time: \_\_\_\_\_

**Opening Statement:**

Hello, thank you for agreeing to be part of my study. This interview will take about 45 minutes. I will be asking you questions related to improving single mothers' and organizational employees' good health and well-being during the COVID-19 pandemic. The purpose of this qualitative descriptive phenomenological study is to identify and describe the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic. Do I have your permission to audio-record the interview to get an inclusive record of your responses?

The interview will involve taking notes as you respond to the questions.

Are there any questions or clarifications you want me to make before we begin?

You may stop the interview at any time based on the consent agreement you signed.

Are you ready to begin?

**Research Question:** What are the lived experiences of single mother leaders in state government agencies in the southern region of the United States regarding their lack of organizational care for the good health and well-being of organizational employees during the COVID-19 pandemic?

**Interview Questions:**

1. What is your general definition of employees' good health and well-being as a single mother?
2. What is your description of how the pandemic impacted your health and well-being as a single mother during the COVID-19 pandemic?
3. What is your description of how the pandemic impacted the health and well-being of other organizational employees during the COVID-19 pandemic?
4. As a single mother, how did you describe organizational care for employees' good health and well-being in your organization during the COVID-19 pandemic?
5. What strategies did your organizational leaders use to care for and improve single mothers' and other employees' good health and well-being during the COVID-19 pandemic?
6. What strategies do you think the leaders in your organization, including you, should use to improve organizational employees', including single mothers', good health and well-being in a crisis like the COVID-19 pandemic?
7. What barriers do you think exist in your organization regarding improving the good health and well-being of employees, including single mothers in your organization?

8. What basic needs do organizational employees, including a single mother like you, require from leaders during a crisis like the COVID-19 pandemic?
9. What do you think will be the effect of improving the good health and well-being of organizational employees, including single mothers, in times of crisis like the COVID-19 pandemic?
10. What do you think improving organizational employees, including single mothers' good health and well-being in times of crisis like the COVID-19 pandemic, will be on employee burn out, parental stress, and employee retention in your organization?
11. As a single mother leader, what else can you add to what you have shared with me regarding improving single mothers' and other employees' good health and well-being during a crisis like the COVID-19 pandemic?

**Closing Statement:**

Once again, I appreciate your participation in this study. As previously stated, I will analyze and transcribe the information you and other participants have provided in this study. At the end of all participants' interview sections, I would like to send you a copy of the transcribed document to review. How will you want me to send it to you? Also, please note that I may subsequently contact you to clarify information or ask follow-up questions. Would it be okay for me to contact you with follow-up questions, and what would be the best way to contact you? Finally, my contact information is \_\_\_\_\_, and my email is \_\_\_\_\_. Please let me know if you have additional details to add after this interview or if you will need a copy of the transcribed document and research paper. Thank you once again, and have a great rest of your day.

## Appendix B: Recruitment Letter

Hello, Potential Participant:

I hope this note finds you well. I am in the Walden Ph.D. program, and as part of my Ph.D. program, I must complete a final dissertation study. I am recruiting potential participants who are interested in participating in the study. The dissertation study is on Single mothers improving organizational employees' good health and well-being during the COVID-19 pandemic. The three inclusion criteria required to qualify to participate in the study are as follows: (a) a single mother, (b) a leader in a state government agency in the southern region of the United States, and (c) 5 years of work experience as a leader. The interview will be conducted via Zoom teleconferencing or face-to-face based on the potential participants' choice. The whole process should take no more than 90 minutes of your time. Please let me know if you would like to participate. The dissertation study has deadlines, so we will need to begin the process by April 13, 2023, and finish the interview by April 11, 2024. You can contact me by phone at \_\_\_\_\_ or by e-mail at \_\_\_\_\_ if you have any questions.

Thanks,

Emmanuel