

**LEADERSHIP, MOTHERHOOD AND THE NHS: AN INTERPRETATIVE
PHENOMENOLOGICAL ANALYSIS OF CLINICAL PSYCHOLOGISTS'
EXPERIENCE**

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Abstract

Introduction: This project was developed from a recognition that there is a lack of attention to gender in the leadership literature and, in particular, a gap in the research exploring the experiences of female leaders who are also mothers and managing multiple roles and identities. The research focused on individual leaders embedded in their personal and organisational context (NHS), and considered the experiences of leadership in clinical psychology and motherhood. The experiences of being both a leader and a mother were explored in the context of a largely female profession – clinical psychology – and in doing so provide an addition to the greater body of research that has been conducted in male-dominated environments.

Method: Using a combination of purposeful sampling and snowballing, a relatively homogeneous sample of seven female clinical psychologists with a leadership aspect to their role, who were also mothers, were recruited. They participated in semi-structured interviews which were transcribed and then analysed using Interpretative Phenomenological Analysis. Firstly, individual transcripts were analysed and themes and subthemes were generated for each participant. These individual themes were then used to develop the group themes.

Results: Three master themes and eight superordinate themes were developed from the group analysis. The master themes are: Feeling congruent, Working out whether I'm a leader and Coming to terms with too many demands.

Discussion: The key findings from the study are linked to the literature as well as psychological theory. The study adds to existing literature on women and leadership, and specifically leaders who are mothers and the negotiation of these roles within the public sector. The strengths and limitations of the study are presented. Implications for stakeholders are discussed as well as important areas for future research.

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CHAPTER ONE: INTRODUCTION

This study, which examines female clinical psychologists' experiences of leadership and their parallel negotiation of motherhood, stems from a lifelong interest in women's experiences and the inequalities faced therein. From first hearing about the concept of 'the glass ceiling' and through lived experience of being parented by a female leader, this has long been an area of interest. As someone currently without children, but with many female friends who are mothers and at the same time progressing their careers, the conversations we have had developed my interest in the complexities of being a mother and either trying to obtain or maintain a leadership role. Commencing my clinical psychology career in the National Health Service (NHS) at a time when leadership is coming to the forefront of a clinical psychologist's role, further shaped this project. As my career progresses so has knowledge and interest in lived experiences and research outside of the quantitative domain.

Despite women in the UK today being educated (over half of university graduates are women (Fawcett, 2013)), often outperforming men (Higher Education Statistics Agency, 2012), and being included in the labour market (women make up 46% of the economically active labour force (Fawcett, 2013)), women still seem far from achieving gender equality. On average, women earn 9.6% less than male co-workers (Office for National Statistics (ONS), 2012), a fact which is compounded by phenomenon such as the *motherhood wage penalty*, where women who are mothers often earn less than women without children (according to the International Labour Organization (ILO; 2015), mothers in the UK had a 21% pay penalty compared with non-mothers). Further to this, men also continue to dominate leadership positions (Davies Report, 2011). In the NHS, for example, where 75% of the workforce are women, only 37% of trust directors are women (King's Fund, 2013). So although women's presence in the workplace and in leadership positions is increasing, there is still a disparity and those who are mothers may be particularly impacted.

Considering that there are growing numbers of women in leadership roles with little research related to leaders who are mothers, particularly lived experience research, together with the suggestion that women can experience more conflict than men in relation to their personal and professional identities (e.g. Hodges & Parks, 2013), I was interested in exploring this further. Hence, women who are both leaders and mothers are the focus of this thesis. Exploration of women's lived experiences as mothers and leaders will help with further understanding of the complexities faced by this group, who have been neglected in the psychological and wider literature. Further to this there has been a lack of attention to gender in leadership literature as well as a lack of leadership research in the public sector. Through these explorations it is hoped that further understanding will be gained. This will

include the psychological processes involved, concepts and ideas to progress further research and generating insight and thoughts for all stakeholders.

In this chapter I will review a wide range of literature to provide context and rationale for the study. First, I will introduce leadership, followed by motherhood. I will go on to provide information regarding women, leadership and gender roles. I will discuss the importance of qualitative approaches in leadership research and will present a brief overview of leadership in the NHS. Finally, I will provide information on how the literature closest to the current research was obtained and explore women's negotiation of different roles, including leaders who are mothers. Throughout the literature review I will make reference to relevant leadership theories. The chapter will conclude with the rationale for the study and the research questions.

Literature Review

Leadership

Definition

Alimo-Metcalfe and Lawler (2001) noted that leadership was not well defined in the 30 studies they reviewed and that definitions varied widely. Management and leadership are differing concepts and this research is focused on leadership. However, the concepts overlap in the literature, at times, and as such some literature related to management is reviewed and the reader will be alerted to this. John Kotter, Professor of Management at Harvard Business School, discussed the ongoing differentiation of leadership and management in his blog (9th January 2013). He defined management as “a set of well-known processes, like planning, budgeting, structuring jobs, staffing jobs, measuring performance and problem-solving” and leadership as “associated with taking an organization into the future, finding opportunities that are coming at it faster and faster and successfully exploiting those opportunities”.

Introducing leadership

Historically, it has been thought that at the heart of good leadership is a “great man” who is charismatic and heroic (Haslam, Reicher & Platow, 2009). A heroic leader was viewed as an individual who could lead a political movement or organisation to success. Leadership was regarded as a male activity so gender has been neglected in this research area (Eagly & Carli, 2007a). It was not until the 1980s that leadership began to be explored as a more complex phenomenon (Eagly & Carli, 2007a), although perhaps the idea of a “great man” at the centre of good leadership is still prevalent in general discourses (Haslam et al., 2011). This is not the case in research where it is understood that the focus is not on trying to

understand good leadership as related to one heroic leader (Haslam et al., 2011), but has been considered to be much more related to context and complex group processes (Hartley & Benington, 2011). Day (2001) reported that, "...leadership is a complex interaction between the designated leader and the social and organizational environment..." (p. 583). In recent years, much attention has been paid to leadership in the management and organisational literature; however, it has been somewhat neglected by psychological researchers (Hogg, van Knippenberg, & Rast, 2012). Much of the literature related to leadership theories and leadership more generally, is drawn from outside of psychology and is based on observational or quantitative methods.

Transactional and then transformational leadership were the beginning of exploration of leadership beyond the "great man" ideas. Burns (1978) defined transactional leadership as a system in which the goals of the leader and the followers are separate, and there is an exchange (of rewards or goods) so that both leaders and followers can achieve their aims. In contrast, a transformational leader inspires followers to change their goals for the collective good and take more ownership of their own work, apparently for the good of themselves as well as the organisation (Bass, 1985). It has been suggested that transformational leadership is more akin to the perceived skills of women, where followers are supported and encouraged to develop (e.g. Avolio & Gardner, 2005; Kark, 2004). More recent developments in leadership theories have largely focused on transformational leadership, for example Engaging Leadership (Alimo-Metcalfe & Alban-Metcalfe, 2001; 2005) and Secure Base Leadership (Kohlrieser, Goldsworthy & Coombe, 2012).

Gender and Leadership

As noted earlier there is a disparity in men and women's obtainment of leadership positions. A recent report by the Equality and Human Rights Commission (EHRC; 2011) identified that "the progress of women to positions of authority in Britain has been tortuously slow" (p. 1). It reported that if current trends continue it will take 70 years to achieve an equal number of women directors in FTSE 100 companies and 14 general elections to achieve an equal number of female Members of Parliament.

Leadership as a 'male' endeavour

"Leadership has been a predominantly male prerogative," (Eagly & Karau, 2002), but leadership itself is not a gender specific activity, which is likely to have contributed to the lack of attention to gender in the leadership literature. Schein (1973; 1975) carried out studies in which a "think-manager-think-male" phenomenon was highlighted. Schein (1973) developed the Schein Descriptive index (1973), a list of statements that describe people in

terms relating to sex role stereotypes and ‘successful middle managers’. Participants were asked to imagine they had met someone for the first time and rate them against the different statements. The research found that both male and female middle managers thought that characteristics associated with success in managerial positions were more likely to be characteristics of men. These studies have been replicated many times (e.g. Brenner, Tomkiewicz & Schein, 1989; Schein, Mueller & Jacobson, 1989) with management students. Although there are difficulties when defining particular attributes to each sex, in that people’s ideas about these will differ depending on their own experiences, the results were striking. On reviewing all the replications of these studies in 2001, Schein concluded that “over the course of almost three decades, males have continued to perceive men as more likely than women to possess characteristics necessary for managerial success” (p. 678). With these sorts of perceptions being prevalent it follows that women may have more difficulty in attaining such positions. It is important to note that these studies look specifically at managers and the traits thought to be important, and the research has largely taken place in corporations, but the strength of the evidence is clear.

The literature also indicates that masculine traits are considered to be effective for leadership roles. Leaders who are successful are usually described as having ‘agentic’ characteristics (e.g. assertiveness, good at problem solving, competitive; Schein, 2001; Powell & Butterfield, 1989) which are most aligned with the male stereotype. A recent meta-analysis by Koenig, Eagly, Mitchell and Ristikari (2011) concluded that a masculine stereotype of leadership remains, despite changes in leadership (Heilman, 2001; Schein, 2001).

The idea of leadership as a male endeavour has inspired much research into the leadership styles of men and women. Interestingly, Eagly and Johnson’s (1990) meta-analysis found that women did not lead in a more interpersonal way as expected; they found that there was only a small tendency for women to have a more interpersonal orientation than men. In those studies set in laboratories rather than natural settings, people did tend to exhibit stereotypical gender styles (Eagly & Johnson, 1990). Eagly, Johannesen-Schmidt and van Engen’s (2003) meta-analysis found that there were small differences in leadership style in men and women, with women displaying a more democratic, less directive style than men, and women leading in a more transformational way. Eagly et al. (2003) concluded by stating that their findings suggest that women’s leadership behaviours are likely to be important in modern organisations.

The “glass ceiling”

The term “the glass ceiling” was coined in the 1980s (Hymowitz & Schellhardt, 1986) to symbolise the barriers faced by women while trying to obtain leadership and managerial

positions. More recently, Eagly and Carli (2007a) have used the term “the labyrinth”, believing that “metaphors matter” (Eagly & Carli, 2007b; p. 1) as they can help to form a narrative which influences change. They believe “the glass ceiling” to be too simplistic given the complexity of the issue; the metaphor of a labyrinth “conveys the idea of a complex journey that entails challenges and offers a goal worth striving for” (Eagly & Carli, 2007a; p. IX). Within the workplace, while still being apparent, discrimination has been reported as being far more subtle than it has been historically (e.g. Hoyt, 2013; Ely, Ibarra, & Kolb, 2011; Ely & Rhode, 2010; Ritter & Yoder, 2004; Karelaia & Guillen, 2011).

Non-academic literature

There are also many non-academic books and articles relating to women in leadership positions. A brief review of the non-academic literature related to this topic indicates that women are able to “have it all”, but that there are many sacrifices involved. Barsh and Cranston (2009) portray a positive picture of how women can “have it all”, although note that women need to be particularly committed. They suggest that, often, women’s successful education will only lead to successful careers if they do not have children. The solution they offer to those women who do have children is that of hiring a nanny. Sandberg (2013) draws on her own personal experiences and suggests that women need to be more proactive than men in gaining promotions.

The non-academic literature is saturated with the idea that it is relatively easy to gain leadership positions and there are some fairly simple, practical solutions for women to help themselves. However, this literature is largely written by women who have succeeded in obtaining a leadership position and does not consider many of the associated difficulties that there may be for most women.

Gender Roles

Gender roles are significant in relation to women and leadership and are also important in thinking about women as mothers. Gender roles are consensual ideas about male and female roles in society. Culturally, men are still viewed as ‘being in charge’ and women as subordinate (e.g. Bowles, 2012), with women still responsible for the majority of household duties despite their now near-equal representation in the work force (46%; Fawcett, 2013). Society views women as ‘communal’ (e.g. nurturing and kind) and men as agentic (e.g. confident and assertive; Eagly & Carli, 2007a). This is particularly relevant for leadership, as agentic qualities are also those viewed as necessary for effective leadership (e.g. Schein, 2001; Powell & Butterfield, 1989). Gender roles go beyond the idea of a ‘stereotype’ as they include descriptive norms (consensus on what actually happens) and injunctive norms

(agreed expectations about what a particular group should ideally do; Cialdrini & Trost, 1998).

It has been argued that the lack of women in leadership positions is related to the stereotype that women are caring and nurturing (Eagly, Wood & Diekmann, 2000), rather than being able to take charge as do their male counterparts (Hoyt & Chemers, 2008). Biosocial explanations of gender roles assert that women and men differ biologically in their abilities (women can bear children and men are bigger in size and strength) and this feeds into gender roles as people observe the behaviours of the sexes and assume that these are innate traits (Wood & Eagly, 2012). Importantly, people assume that there is a correlation between behaviours in which they see people engaging and their “inner dispositions” (p.574; Eagly & Karau, 2002). Gender role expectations influence people’s behaviour where they tend to act in accordance with their gender identity.

Given that gender roles are consensual beliefs they are likely to be pervasive and deep-rooted and may therefore mean that biases can take place at an intra-personal level (Karelaia & Guillen, 2011). These processes impact on women in relation to how they view themselves, as well as how they might behave in leadership, and perhaps other roles (Lord & Brown, 2004). These biases may also contribute to whether women believe they should be in leadership roles (Hogue & Lord, 2007) and Ely and Rhode (2010) argue that intrapersonal biases can contribute to the underrepresentation of women in leadership positions.

Role Congruity Theory of Prejudice of Female Leaders

Eagly and Karau (2002) developed the Role Congruity Theory of prejudice within social psychology as a way of bringing together gender roles and leader roles. Those qualities which are thought to be important in leadership roles (agentic) are incompatible with ‘communal’ qualities, which are usually associated with women. Thus, “conforming to their gender role would produce a failure to meet the requirements of their leader role, and conforming to their leader role would produce failure to meet the requirements of their gender role” (Eagly & Karau, 2002; p. 576). The researchers assert that because of this incongruity women are less likely to attain leadership roles and are perceived more negatively when they do attain them. When they achieve leadership roles women are faced with cross-pressures in relation to identity. It is recognised that despite large changes in the workforce, with many more women working, underlying stereotypes still remain (Eagly & Karau, 2002). The theory posits that this results in women being viewed as less qualified for leadership positions and as less effective leaders than men because leadership behaviours are incongruous with the way in which women are expected to behave (Eagly & Karau, 2002). Women are faced with a *double-bind* in that they are expected to be assertive and

competitive as leaders but also fulfil their female gender role by being warm, kind and nurturing (Eagly & Carli, 2007a; Kark & Eagly, 2010). Research has indicated that women experience more dislike ('backlash effect') when they are dominant or assertive in leadership roles compared to men (e.g. Carli, 2001; Rudman, 1998). In their evaluation of the evidence, Eagly and Carli (2003) found that this was worse in male-dominated environments.

Followers

As the focus of leadership becomes more transformational and relational then consideration of the role of followers and who they are, becomes more important. Leadership theories have usually not included the gender of the followers thus followers' gender has received less attention (Douglas, 2012).

A Gallup survey in 2013 reported that of those women surveyed, 40% stated they would prefer a male manager and 27% a female manager. Of the men, surveyed, 29% said they would prefer a male manager and 18% would prefer a female manager. There was a higher proportion of men who said the gender of their manager made no difference (51%) compared with women (32%). The 2013 survey is in comparison to a 1953 survey where 75% of men and 57% of women said they would prefer a male manager. Although, over time, there has been a decrease in the number of followers indicating they would prefer a male manager, there is still a preference for male managers. It may follow that as the number of women in leadership positions increases, and followers become more accustomed to seeing women in these positions that prejudice will reduce (Eagly & Karau, 2002).

Eagly and Karau (2002) noted that female followers were less prejudiced than male followers when judging women in leadership positions, but that female followers can be prejudiced towards female leaders. Schein's (2001) review indicated that women tend to view those in successful leadership roles as needing to have a combination of typically female and typically male traits. As such, female followers may be more open to female leaders who exhibit traits which are considered both masculine and feminine.

In the next section I will briefly introduce motherhood as the other key component of this study and its links with work and leadership.

Motherhood

Motherhood is an additional factor in some women's lives and as such plays a role in their work and leadership experiences. A brief discussion of this will follow.

Gilligan (1982) developed a model of women's identity and suggested that an understanding of women's experiences in motherhood will improve understanding of women's experiences and development, more generally. Barlow and Cairns (1997) stated that motherhood as a psychological experience has often been neglected in the psychological literature, although there has been much research into mother-baby interactions. They indicate a possible reason for this is the low status motherhood is afforded in Western cultures (Barlow & Cairns, 1997). Women's changing social roles and a lack of focus on the psychological experience of motherhood further shaped the current research.

Motherhood is an important period in some women's lives and is therefore likely to have an impact on them and their identity. There have been some recent studies exploring the subjective experiences of mothers and the transition to motherhood.

Darvill, Skirton and Farrand (2010) interviewed 15 women within the first four months of them having their first child. Using Grounded Theory (Strauss & Corbin, 1998) they developed a number of themes which all linked with one major category which was that of having an altered self-concept following the birth. Control, or lack of it, following the birth was indicated as important. The study's findings suggested that women's identities as mothers did not fully form until they felt they had regained control of their lives. The changes to women's self-concept were described as being like a "rollercoaster" (p. 364). Social support was understandably highlighted as important in women's transition to motherhood.

Laney, Carruthers, Hall and Anderson (2014) explored 30 women's experiences of motherhood. Using Grounded Theory (Strauss & Corbin, 1998) they explored the experiences of women working in universities in the US and their identities as mothers. Laney et al. (2014) indicated that previous studies had focused on the transition to motherhood or the period of motherhood when children are young and no study had specifically focused on mother's identities. Although the participants in this study were working women the focus of the study was on identity rather than the conflict between roles. They found that becoming a mother expanded their participant's sense of self and increased their skills in empathising. They also reported that "motherhood was relationally expansive" (Laney et al., 2014; p. 9) and it had improved their abilities in the workplace, despite it being more difficult in terms of the demands on their time. They indicated there is no research related to father's identity development and that their findings may not be just be related to women. They concluded by asserting that identity is complex and aspects of people's identity should be explored in relation to each other, rather than in isolation.

In a very recent study, using grounded theory, Laney, Hall, Anderson and Willingham (2015) further explored women's experiences of their changing identity as they

became mothers. Thirty women were interviewed. This study found that women described that they initially ‘lost’ themselves while they found a way of integrating children into their identity. As noted in a previous study (Laney et al., 2014) they again found that women’s ‘self’ expanded and that their identities became more ‘intense’. They concluded that “women incorporated their children into their identities through a process of self-loss, identity fracturing, and redefinition” (Laney et al., 2015; p. 139).

Although Laney et al. (2014) had a focus on working women, they were not leaders. Nonetheless these studies provide important starting points for considering the subjective experiences of mothers and recognising becoming a mother and developing an identity is complex.

Motherhood and work

As noted there have been many changes in women’s lives in recent years which include the fact that women are having children later (average age of women giving birth in the UK is nearly 30 and has been increasing each year since 1970; Office for National Statistics (ONS), 2013) and many more women with children are working (72% of women with dependent children are in work; ONS (2013)). As such women and mothers are being required to negotiate numerous roles. ‘Superwoman’ was a term which came out of the women’s movement in the 1980s when women’s roles started to expand out of the home to include the workplace. It is defined as a woman who performs many duties, “specially one who successfully manages a home, brings up children, and has a full-time job” (Oxford Dictionary, n.d.). However, it is still the case that more women work part-time than do men. The EHRC published recent statistics which indicated that around 43% of women work part-time compared with only 13% of men (EHRC (2013)). When men have dependent children they are much more likely to work full-time (82%) compared with women with dependent children (30%). As mentioned women who are mothers can experience the motherhood wage penalty (ILO, 2015), whereas men have been noted to experience a ‘marriage premium’, so when they are fathers, and married, they can often earn more (e.g. Bardasi & Taylor, 2005).

Wattis, Standing and Yerkes (2013) conducted in-depth interviews of 67 women who were mothers and in paid employment (although not necessarily managers/leaders) in order to explore how different areas of work can impact on gender equality. They do not give specific details regarding their participants other than that they are from varied contexts and levels. Extracts provided include women working in both the private and the public sector. The research indicated that part-time hours may be an effective way for women to manage their dual roles. It also highlights that part-time hours are often unsociable and that organisations may be dissatisfied with women who do not work a standard full-time week

(Wattis et al., 2013; p.22). They identified that many of the professional women in their study had taken on a “mommy-track” (Lewis & Lewis, 1996) in that they took on lesser roles to their partner, or part-time roles, prioritising their domestic role. Importantly, many of the study’s participants had a positive attitude to paid work and suggested work influenced their ability to cope with multiple roles. However, it concluded that gender inequality continues in the work-place within the diverse range of organisations from which the participants were recruited.

James (2008) interviewed 29 women working in a variety of sectors about their employment and family circumstances. She found that motherhood can change a woman’s identity in that those who were previously career orientated could change to be more family oriented once they had children. James (2008) found that women with children who also valued paid employment had an internal conflict related to being working mothers. Some of these women felt disappointed if they did not achieve what they had hoped in their careers and at the same time could feel unsatisfied being full-time mothers.

A recent model in the leadership literature, Secure Base Leadership (Kohlrieser et al., 2012), seems to provide a link between leadership and motherhood. The model will be discussed in the next section.

Secure Base Leadership

Kohlrieser, Goldsworthy and Coombe’s (2012) model of leadership is written in the non-academic literature, although it is based on empirical research and embedded within Attachment theory (Bowlby, 1988). Attachment Theory is based on the idea that early relationships with caregivers have a major impact on our development and on the formation of later relationships. Babies require a secure base in their primary caregiver so they can go out and explore the world; taking risk while feeling cared for.

Secure Base Leadership is defined as “the way a leader builds trust and influences others by providing a sense of protection, safety and caring *and* by providing a source of inspiration that together produce energy for daring, exploration, risk taking and seeking challenge” (Kohlrieser et al., 2012; p. 18). Leaders need to provide a secure base, but also inspiration. This allows followers to be daring and, as such, ‘unleash their potential’ and leads to them and the organisation achieving success. The model places much emphasis on leaders bonding with followers in order to build trust; this is the first step in Secure Base Leadership. Once leaders have built trust and a consistent base they can encourage followers to challenge themselves, but be present to observe and provide support if necessary. As

such, the followers are able to take risks and be ‘daring’ because they have someone supporting and believing in them (Kohlrieser et al., 2012).

Kohlrieser et al. (2012) developed the model from their experience of working in the field of leadership and, subsequently, through empirical research. They initially used a qualitative approach to identify potential characteristics of Secure Base Leadership through semi-structured interviews with 60 ‘real-world high performing leaders’ (30% female). Data was analysed using Grounded Theory (Glaser & Strauss, 1967). They followed up this research with a large scale quantitative study in which they explored whether they could predict organisational performance based on a leader showing characteristics of Secure Base Leadership. They surveyed 1000 people, 85% of whom were male, which they note is representative of leadership in large organisations. They looked at whether Secure Base Leadership was related to effectiveness of leaders, how satisfied leaders’ direct staff were, and ‘psychological safety’. Psychological safety was defined as how safe staff felt in trying out new tasks as well as making mistakes and sharing opinions (Kohlreiser et al., 2012). They reported that Secure Base Leadership had a positive relationship with all of the things they tested.

Based on their research, they assert that there are particular characteristics necessary for Secure Base Leadership including being calm, accepting, seeing potential, delivering a positive message, listening and being curious. The crucial element for Secure Base Leadership is that it is relational.

An important theory in relation to motherhood is that of Attachment (Bowlby, 1988). As such, Secure Base Leadership can make a link between motherhood and leadership. In working from this model there are inherent similarities between parenting and leadership and creating a ‘safe base’. Of course, Attachment theory is about a primary care-giver (which does not have to be a mother) building attachment with a baby, however much of the literature has focused on mothers with their babies and is useful here as it bridges motherhood and leadership.

In the next section I will review further leadership theories along with other literature related to leadership in the NHS.

Leadership in the NHS

Much existing leadership research has focused on private sector organisations (Ford, 2010). The current research is interested in broadening out the research base and as such the sample is situated in the public sector. Here, some further relevant leadership theories are presented followed by a section on clinical leadership and the negotiation of different roles.

Hartley and Hinksman (2003) noted that public sector leadership is far more transparent, with people held more to account for their actions than in the private sector and as such is a different environment. Despite much of the NHS workforce being women (75%, The King's Fund, 2013), there is still a lack of women in leadership roles. Ford, Santry and Gainsbury (2010) reported that in a survey of 84 acute trusts, those with foundation status had 14.9% nurse directors who were men, compared with only 7.9% of the acute nursing workforce who were men. The King's Fund (2011) reported that one of the biggest problems in the NHS, in terms of leadership and management, is that it has not engaged clinicians properly in management and leadership roles. Distributed leadership is widely used in the NHS and is discussed below.

Distributed leadership

Distributed leadership, also known as dispersed leadership, is an idea which is coming to the fore. It symbolises a move away from the idea of leadership as based on the characteristics of one person to a more systemic way of thinking about leadership (Bolden, 2011). Distributed leadership is the idea that leadership is distributed throughout organisations rather than centred on an individual. Bennett, Wise, Woods and Harvey (2003) stated that it is "a group activity that works through and within relationships, rather than individual action" (p. 3). In his review of distributed leadership, Bolden (2011) noted that it has garnered more interest in the UK than in the US. Distributed leadership has been introduced within the NHS and so is relevant to this study. It is the basis of some of the NHS leadership academy training (e.g. Edward Jenner Programme) which is accessible to people at all levels of healthcare and not just those in formal leadership roles. The King's Fund (2013) reported that given the challenges of the NHS it requires distributed and shared leadership with attention paid to relationships between leaders and clinicians.

Engaging leadership

A further psychologically informed theory, Engaging Leadership, is that of Alban-Metcalf and Alimo-Metcalf (2000) and Alimo-Metcalf and Alban-Metcalf (2001, 2005). This model was developed within the public sector. They set out to develop a new model of transformational leadership which incorporated both gender and black and minority ethnic (BME) leaders who have often not been the focus of leadership theories. This was so as to ensure equality and also validity. The research was conducted in the public sector including both NHS and local government employees combining both qualitative and quantitative methods. Equal numbers of male and female participants were contacted and a repertory grid technique was used (Alimo-Metcalf & Alban-Metcalf, 2005). Over 2000 constructs were gleaned using this technique. Grounded Theory was used to develop a questionnaire

and 2013 questionnaires were responded to with roughly equal numbers of men and women. Over 10% of respondents were BME. The research resulted in the development of the Transformational Leadership Questionnaire (TLQ). What emerged from the research was an emphasis on the importance of six key ideas in effective leadership: ‘valuing individuals’, ‘networking and achieving’, ‘enabling’, ‘acting with integrity’, ‘being accessible’ and ‘being decisive’ (Alimo-Metcalfe & Alban-Metcalfe, 2005). The researchers used a wide range of participants so although the theory is not specifically focused on female or BME leaders we can be sure that the model incorporates such leaders and is therefore important in the current study. The researchers posited that these key ideas would improve staff engagement. Alban-Metcalfe, Alimo-Metcalfe, Bradley, Mariathasn and Samele (2008) reported that the TLQ, and as such, Engaging leadership, was useful in predicting the attitudes that staff had at work and their well-being among mental health home treatment teams.

Clinical leadership

Edmonstone (2005) identified clinical leadership to be when clinicians lead other clinicians (in whatever profession). Clinical leadership straddles multiple professions, and the experiences within each profession are likely to be different (Edmonstone, 2009), although much of the research has focused on doctors and nurses.

Negotiating roles of clinician and leader. Negotiating the different roles of being a clinician and a leader does not come without its difficulties. Sometimes leaders will be required to keep a caseload of clinical work (e.g. Fitzgerald & Dufour, 1997). Furthermore, there are likely to be conflicting requirements within each individual role (Fitzgerald, Lilley, Ferlie, Addicott, McGivern & Buchanan, 2006). When doctors become managers they have to consider how this new role will impact on their social self (Tajfel, 1978) and how they will fit within their existing clinical group. The experiences they have in the role will be dependent on whether or not it fits with their social identity (Hallier & Forbes, 2005). People’s experiences will be different even within the same profession, so Social Identity Theory can help us to explore this, taking into account whether entering a new role of leadership or management is in line with one’s perceived social identity. *Social Identity Theory* (Tajfel & Turner, 1979) asserts that groups have an influence over us, defining who we are as well as influencing what we think, say and do. ‘Prototypes’ are said to define the group and the attributes of its members. *The Social Identity Theory of Leadership* (Hogg, 2001), asserts that as membership of the group becomes more important, effective leadership requires that the leader be considered by their followers as possessing prototypical characteristics of the group (Hogg et al., 2012). Leaders can change or reconstruct the group prototype, which by nature, is transformational; they can emphasise

aspects of their leadership, or of themselves, which are prototypical and downplay parts which are not (Hogg et al., 2012). Those leaders who are considered more prototypical are perceived as more effective, and group members who are more prototypical are more likely to become the leaders of that group (Hogg, 2001).

There has been little research related to the move into leadership roles by clinicians and the “balancing act” of combining both roles (Forbes, Hallier & Kelly, 2004) and it may be that these roles are incongruous. Spehar, Frich and Kjekshus (2012) conducted their qualitative research in a Norwegian hospital, drawing heavily on ideas from the NHS. Importantly, over half of their participants were women. The study found that many participants had not intended to move into clinical management but had often felt pressured to do so. Some frustrations highlighted by the participants related to increased workloads and a lack of ability to delegate effectively given that they were not always willing or prepared to take on the role. Similarly, Forbes et al. (2004) examined how doctors entering managerial roles experienced this transition, using a qualitative approach. They found that regardless of whether their participants had set out in their careers with the intention of gaining a role in clinical management or with the aim of protecting their specialties, it was difficult to integrate the two roles. Indeed, they felt that their managerial role was “bolted on” to their clinical work. The participants in this study engaged more with their clinical work when the managerial side became stressful and the researchers concluded this was a method of strengthening their self-identity. However, there is no information on the gender of their participants, nor is there a clear description of how the data was analysed.

Significantly, there has been a lack of attention to gender in research relating to clinicians gaining leadership and managerial positions. Much of the research has also concerned doctors becoming managers whereas Edmonstone (2009) highlighted that other professions, too, engage with clinical leadership. Indeed, many managers in the NHS with professional backgrounds are nurses who frequently lose their clinical role as they advance, and therefore may not be required to negotiate differing roles. Although, at present, clinical psychologists do not occupy many managerial roles in the higher echelons of the NHS, the current research is focused on leadership, which can be implemented at any level, particularly when viewed from the perspective of distributed/dispersed leadership models. Clinical psychologists are used for the participants in the current study and the rationale for this is discussed in chapter two.

The Qualitative Study of Gender and Leadership

The direction of this study was further shaped by the realisation that the majority of research in the area of leadership was quantitative and placed little emphasis on the experience of

gender in leadership or on the psychological processes of leadership. Quantitative research has been carried out and findings generalised (Ford, 2010) meaning that individual experiences and in-depth understanding have been removed; however, for a fuller understanding of the complexities of leadership it is precisely this detail that is required. A more in-depth understanding of experiences in leadership roles, and with a focus on gender, will allow for the development and advancement of theories and exploration of lived experiences. Bryman (2004) reviewed the qualitative literature in leadership up to 2003 and found 71 articles. None of these studies had gender as a specific consideration, despite including both male and female participants.

More recently, a small number of qualitative studies have been conducted which have had a gender focus (e.g. Ford, 2006, 2010; Elliot & Stead, 2008; Cheung & Halpern, 2010; Kaufman & Grace, 2011; Bowles, 2012; Hertkeny, 2012; Weidenfeller, 2012; Stead, 2013); however, many are outside the body of psychological literature (i.e. not published in psychological journals or understood using psychological theories) and do not focus on lived experiences. Importantly, much of the research presenting qualitative studies relating to women and leadership is in unpublished dissertations, indicating that research is being carried out but the results are not being disseminated. Furthermore, only three of the above studies had a focus on those leaders who were also mothers (Cheung & Halpern, 2010; Perrakis & Martinez, 2012; Schueller-Weidekamm & Kautzky-Willer, 2012). These three studies will be reviewed in a later section in this chapter. Here, the other recent qualitative studies will be reviewed. The qualitative research discussed here has been conducted in both the private and public sectors.

Ford's (2006) qualitative research explored gender discourses in leadership through interviews with 25, mixed gender managers who worked in a local authority in the UK. She found that masculine behaviours were seen as being more in line with defining effective leadership. In a further paper, following up in-depth on interviews from an earlier paper (Ford, 2006), Ford (2010) explored leadership critically and asserted that it is important to focus on leadership psychosocially and also that leadership research should pay attention to "situations, events, institutions, ideas, social practices and processes" (p. 2). Although the article was largely theoretical, it included an in-depth exploration, using discursive ideas drawn from Hollway and Jefferson (2000), of an account of a female senior leader in the public sector. It found that the leader felt that she understood the direction of her career and had made a conscious effort to approach career and workplace decisions from what she perceived to be a male perspective; her leadership role was therefore prioritised over her family life. The article does not mention if she is a mother although with no reference to children it could be assumed that she was not. In summary, Ford (2010) asserts that through the detailed exploration of one leader it can be demonstrated that context is crucial in

exploring leadership. This ensures a full understanding of someone's experiences, how dominant discourses impact, and how these influence identity.

A study (Bowles, 2012) aimed to explore how women explained their progression to a top leadership position, noting the physical and psychological drain faced by women due to the competing demands of work and family. Although many of the women were mothers, this was not a focus of the study. The research involved interviews with a sample of women in corporate and entrepreneurial positions in large corporations. It identified two career paths for women, namely '*navigating*' (where standard organisational career paths are followed) and '*pioneering*' (where participants gained top positions by developing support through visionary ideas). Importantly, it concludes by suggesting that further research into the career choices and "mental mindsets" (Bowles, 2012; p.205) of women in leadership roles will help to develop ideas.

Hertneky (2012) explored leadership self-identity in female college presidents in the US. Using narrative inquiry, the participants were interviewed about how they describe themselves as leaders, their intended career paths and how their relationships impacted upon leadership self-identity. There is no information regarding whether the participants were mothers as well as leaders. The main finding from the study was that leader self-identity was central and for women it was important to develop relationships with the people around them to increase effectiveness and self-identity as a leader. Further, it was important for women to internalise their leadership identity (Hertneky, 2012).

In relation to our knowledge about women leaders there is little focus on their lived experiences and the Davies Report (2011), a government funded report investigating women and leadership in the UK, called for more research relating to the lived experiences of women leaders in a variety of industries.

Acknowledging that ideas about leadership generally draw on limited populations (i.e. men) and from limited ranges of organisations (business sector), Elliot and Stead (2008) explored the experiences of six relatively well-known women including Betty Boothroyd (former speaker in the House of Commons) and Tanni Grey-Thompson (former wheelchair athlete and now a Life Peer). All six participants worked outside of the corporate context and in other fields (e.g. politics). The researchers' aim was to listen to women's experiences of leadership and how they achieved these positions. They used a narrative approach in the interviews. They found that key contributing factors to their participants' experiences were their upbringing (particularly in that it formed their ambitions), environment (social, political, cultural), focus and passion, and the networks and alliances they developed. The paper highlights important issues in relation to developing understanding of women's experiences in leadership roles; further it noted that much of the

current leadership literature is focused on male participants and their research allowed for exploration outside of this usual context.

A recent study (Weidenfeller, 2012) acknowledged the importance of focusing on the lived experiences of women leaders in enterprises. Using a phenomenological approach it explored experiences and found that the women experienced the role as “complex and demanding” (p. 367). It noted that all of the women in their study had to overcome gender stereotypes. Other themes emerging included that the participants wanted to control their ‘destiny’, to influence through collaboration and to make cultural changes. Most of the women in the study (9 out of 12) had children, but this was not the focus of the research.

A study by Kaufman and Grace (2011), within the leadership literature, explored women’s experiences of attending a leadership training course and their subsequent experiences of occupying a leadership role within the Farm Bureau in the US; this organisation is largely dominated by men, at all levels of the organisation. Telephone interviews were conducted, and many participants asserted that they felt they had experienced being gender stereotyped (Kaufman & Grace, 2011). For example, feeling that it was an “old boys’ network” and that the president did not want women on the board. Importantly, they highlighted that it is unlikely that changing just one part of the organisation would successfully reduce gender bias; rather, there should be change across all levels within organisations.

Another recent study, Stead (2013) explored, through in-depth interviews with six women in the public sector, how they learned leadership skills in a UK university. The research indicates that the women had different experiences of visibility and invisibility as female leaders in a largely male hierarchy. They could counteract gender stereotypes by making themselves more visible, for example by using what are typically considered to be male behaviours while chairing a meeting. It identified that women in leadership roles sometimes have to promote femaleness and at other times try to be more masculine – “simultaneously revealing and concealing their gender” (p. 65) - and that power relations are interwoven with gender relations. The paper stated it took a feminist stance, and details of the analysis are clearly presented. This study was not conducted in the NHS, but it was in the public sector, suggesting that women’s experiences in leadership roles related to their gender are significant in the public sector.

Summary

Qualitative research is important when considering the complex nature of leadership (Conger, 1998) as it supports an in-depth exploration of phenomena that might elude quantitative methods. Although some of the body of prior research has taken place in the public sector, much leadership research has been quantitative and conducted within the private sector. A small number of qualitative studies with a focus on gender have been

conducted recently. Exploring experiences of women in leadership roles is important in order to broaden the research base to include women rather than just men in leadership positions within the corporate sector (e.g. Elliot & Stead, 2008).

Having Multiple Roles

A note on the literature search strategy

In order to ascertain the extent of literature closest to the research questions three electronic databases were searched: PSYCINFO (psychological database), Scopus (social sciences database) and Business Source Premier (business database). The following search terms were used to ascertain literature closest to the research questions: leadership, work, women, mother, identity, role and conflict. Different combinations of these terms were used as well as variations to ensure inclusivity (e.g. leader*, women OR female). The reference sections of particularly applicable literature were also reviewed to check for other relevant references. A search of the same databases using the following terms did not ascertain any literature regarding the negotiation of the role of leader and the role of manager: leadership, management, negotiation, conflict, benefits, problem, integration and experience. One of the reasons for this may be the interchangeable use of the terms manager and leader within the literature. Yukl and Lepsinger (2005) argued for the importance of the integration of leadership and management for organisations to be successful, but the article did not refer to the experiences of negotiating these two roles. They asserted that because there is controversy regarding the difference (or not) between leadership and management it has meant that there is little understanding of how the two might be integrated.

Leadership has been a largely male prerogative (Eagly & Karau, 2002) and women have not featured widely in the leadership literature. Furthermore, gender roles impact in particular ways on women and it has been indicated that these may be taken on internally and impact on how women behave in leadership roles. As such, the current research was focused on potentially internal conflicts as well as other aspects of experience, rather than concepts such as 'work-life balance'.

Identity has been defined as "a person's sense of who they are" (DuGay, 1996, p.9) and as such focuses on someone's internal experience. Role can be thought of as the "function assumed or part played by a person or thing in a particular situation" (Oxford Dictionaries, n.d.). Thus, there is only a slight difference between the definitions and they cannot easily be separated but here *identity* is used when referring to internal experiences and processes whereas *role* is used when discussing something one does such as being a mother or a psychologist, but one does not necessarily have to identify as such. Identity

interference (or identity conflict) has been defined as “a perceived incongruity between the roles of “woman” and “leader”” (Karelaia & Guillen, 2011; p. 5), but can be broadened to incongruity in any roles that people may play.

A review of the literature indicated that women can benefit from holding multiple roles, but there are numerous conflicts for women and mothers in employment and leadership. It appears that women must separate their work and gender identities (Von Hippel, Issa, Ma & Stokes, 2011). The perfect manager or leader is one “who is able and willing to create a symmetrical balance between different spheres of life” (Ford & Collinson, 2011; p. 257). Although this is a challenge for men as well as women, it is argued here that this is likely to create different problems for women, particularly as women’s experiences in the workplace are influenced by motherhood. Diekmann and Eagly (2000) suggest that women have come to be viewed differently in the last 50 years but have retained their identity as mothers, and many traits of being a mother may be in conflict with being a professional (Hodges & Parks, 2013). Below is a review of literature related to the competing roles of motherhood and work, of gender and leadership and of leadership and motherhood. The competing roles of being a manager and a leader are likely to impact (for both men and women) but a literature search did not ascertain any current research related to this. This section concludes with a brief discussion of the benefits of multiple roles.

Negotiating motherhood and employment

There are conflicting ideals between work and family life. Cadsby, Servatka and Song (2013) suggest that this is the case for women, but not for men. That is, to be the ‘ideal’ mother you must put your family first, meaning that you cannot put your job first; for men, the narrative is not the same. Aspiring to be an ideal professional as well as an ideal mother (when both are available) is difficult (Blair-Loy, 2003) and can cause conflict. Cadsby et al. (2013), using questionnaires that aimed to prime the participants on gender and family or professional issues, compared men and women studying for an MBA. Tasks were then undertaken to explore competitiveness, the hypothesis being that men would exhibit more due to learned, internalised stereotypes (Eagly & Karau, 2002). They hypothesised that female participants would be less competitive if they were primed into their identity as women. They found that the women were less likely to engage in competitive behaviours such as risk taking and competing in tournaments when they were primed into gender/family identity. They suggest that for the women their gender/family and professional identities competed so that when they were primed into their gender identity they chose to compete less. The participants were based in a very different environment to that of the public sector in the UK, so it may be problematic to generalise the findings. Cadsby et al. (2013) concluded that women will experience conflict in their roles because

their work identity centres on competence and ambition whereas their gender and family identities centre around nurturing and warmth.

Hodges and Park (2013) explored the idea that women would have to switch between their identities as mother and professional depending on the situation, whereas men would not have to switch between father and professional because it is more culturally and socially accepted for men to be professionals. They explored hypotheses in four different studies using both college students, who were not yet negotiating these different identities, and working parents, both men and women. For example, in their first study, which explored the different attributes people ascribe to mothers, fathers and professionals, they randomly allocated participants ($n=310$) to different target groups (mothers, fathers and professionals). The researchers developed a list of traits gleaned from literature on both gender and parent stereotypes. They found that participants judged there to be more overlap in attributes between ‘professionals’ and ‘fathers’ compared with ‘professionals’ and ‘mothers’. This was the case for both male and female participants and those who were parents compared to those who were not. In three further studies, the researchers explored the idea of ‘oppositional identities’, finding support across all of their studies. There is greater tension for women in relation to these identities than there is for men. This is because there is more overlap in men’s identities as fathers and professionals than there is for women; women can “have it all” but have to “do it all” in order to achieve this (Park, Smith & Correll, 2008), so that they have to live up to being both the ideal mother and the ideal professional.

Negotiating roles as a woman and a leader/professional

Settles (2004) explored the identities of ‘woman’ and ‘scientist’. As sex is assigned at birth it is often the case that if people experience identity conflict then a solution is to escape one of the identities (Settles, 2004). Thus, consideration of psychological well-being for women with competing identities is important. The study used a participant group who were largely undergraduate students (81.5%; $n= 259$, response rate – 30%). A number of measures were used to ascertain information regarding identity, academic performance and psychological well-being. Results indicated that the identities of woman and scientist have different cultures, and when they are perceived to interfere with each other these women had significantly higher levels of depression and lower self-esteem. As with much of the research in this area, the quantitative approach means that in-depth experience has not been explored. Settles (2004) found that the perception that being a woman is central to identity was linked with higher self-esteem and life satisfaction. Other research has indicated that having a positive gender identity (i.e. attaching a positive meaning to belonging to the

“female” group (Ely, 1994) can reduce the level of conflict a woman experiences (Karelaia & Guillen, 2011; 2012 – see below) and its impact on their well-being and life satisfaction.

Building on Settles’ (2004) work, Karelaia and Guillen (2014) published studies which had originally been working papers (Karelaia & Guillen, 2011; 2012) and also reported on an additional study. These studies responded to calls for research exploring how women perceive themselves as leaders and how they experience leadership roles (e.g. van Knippenberg & Hogg, 2003; Ely et al., 2011). Further, they set out to investigate how positive their identity was in relation to each role (woman and leader) and thought that those women who held positive identities as women and leaders were less likely to experience conflict between the two identities.

In their first study they explored the relationship between identity conflict and having positive gender and leader identities. They surveyed 109 women alumni from a European business school (response rate 9%). They asked participants to self-report on a number of measures to assess how positively they perceived their identity and also how much identity conflict they experienced. They used regression analyses to test their hypotheses that having a positive gender identity would reduce the conflict between the identities of woman and leader; and also having a positive leader identity would reduce the conflict between the identities of woman and leader. They found some preliminary support for the idea that having a positive gender identity reduced conflict but did not find support that having a positive leader identity provided the same protection against conflict.

In their second study, Karelaia and Guillen (2014) asked participants (62 women leaders, from 942 who were invited to participate) to complete an online experiment in which half of participants were assigned to a group that was asked to write down comments that made them view their identity as women positively. The other half were asked to write down things which made them view their identity as women more negatively. The researchers then assessed identity conflict. Those in the positive group reported less conflict between their identities as a woman and a leader (Karelaia & Guillen, 2014), indicating that having a positive gender identity can result in reduced conflict between the identities of woman and leader.

In their third study Karelaia and Guillen (2014) tested a model they proposed which was that positive gender and leader identities reduce women and leader conflict and as such, improves life satisfaction, decreases stress and increases motivation to lead. They surveyed 722 (5900 were invited to participate) female leaders using a variety of self-report measures. Although this study did not focus on the role of being a mother specifically, around 50% of the sample had children. They found that women leaders did experience identity conflict and that it was linked with stress and reduced life satisfaction; having a positive gender identity led to a reduction in identity conflict. It was also the case that when the participants

worked in organisations where there were more women, these women had a more positive gender identity and thus, reduced identity conflict. Having a positive gender identity was associated with reduced impact on life satisfaction related to negotiating both roles. In summary, the final study indicated that having a “positive gender identity reduces identity conflict (Karelaia & Guillen, 2014; p. 214) whereas “the beneficial effect of positive leader identity on identity conflict appeared to be weaker than the effect of positive gender identity” (p. 214).

These studies provide a useful starting point for thinking about identity conflict. However, all of these studies have particular drawbacks. Most notable is that response rates were very low, although the sample sizes were fairly large. Participants were drawn from alumni of European business schools, thus it could be argued that the study addressed management rather than leadership roles. Multiple measures were used to test a number of ideas, given the quantitative nature of the study; however, there was no in-depth exploration of issues.

Negotiating roles as a leader and a mother

Many of the studies exploring women and leadership will have included mothers and those exploring mothers who are employed will also have included some leaders. However, there have been very few studies exploring female leaders with children which further influenced the shaping of this project. A review of the literature indicated only three studies. One was across US and China, one was in the US and one was in Austria. The Austrian research was the only article found on women who were mothers and in a clinical leadership position (Schueller-Weidekamm & Kautzky-Willer, 2012).

Schueller-Weidekamm and Kautzky-Willer (2012) explored eight female doctors who also had leadership positions in healthcare in Austria. They used a SWOT analysis method (strengths, weaknesses, opportunities and threats) to think about the participants’ career development. For these women having to negotiate the demands of family and home life impacted on them and meant that planning their career long-term was not always possible. However, six out of the eight participants in this study stated that they were ‘content’ with the balance between their roles. They found that all of the participants in their study did not begin their careers with the aspiration of becoming leaders. Importantly this study focuses on clinical leaders, however it did not focus on experience and it may be difficult to generalise to the UK.

In a study reported in the psychological literature, Cheung and Halpern (2010) conducted semi-structured interviews with 62 high ranking professional women with children, across the US, Hong Kong and China who also had children (or other caring responsibilities). They aimed to explore the development of leaders with substantial caring

responsibilities and explore how they achieved positions at the top of their chosen professions. Cheung and Halpern (2010) assert that their study was the first to explore female leaders who also had caring responsibilities. As with Schueller-Weidekamm and Kautzky-Willer's (2012) study discussed above, an important finding was that many of the women here also did not actively intend to become a leader, in fact believing that it might not be possible. In Cheung and Halpern's (2010) study the women "embraced the multifaceted role" (p. 190) of being mother and leader and found that their family and work lives were not separated, but integrated. They found that as the women's confidence developed in their identities as leaders then they no longer felt that they had to behave in stereotypically masculine ways to be successful leaders. As with many studies in this area, the professions explored were largely private sector business executives, chiefs of police and legislators – all environments where there are more males. Unfortunately in their paper there is no reference to the methodology, rather an overview of their research findings and possible ways of understanding these.

Importantly, Cheung and Halpern (2010) developed a step-by step model of leadership development from their research which incorporated work and family roles and was a model specific to women, unlike the other models mentioned in this chapter. The model incorporates women's development from their childhoods where parental encouragement and the development of self-efficacy are considered important. As women's careers develop then support from their organisations and families is also noted to be of significance. Cheung and Halpern (2010) conclude by indicating that their findings support the need for the understanding and importance of "the interpersonal and relational dimensions of leadership" (p. 191) and that different spheres of leaders' lives are required to be combined. They suggest that supporting compatibility between roles is important in developing women experiences and ability as leaders. Their study highlighted the importance of talking with female leaders and also presented a somewhat more positive picture compared with other research discussed. However, as with much research related to leadership its participants were largely from the private sector. Furthermore, the research was not conducted in the UK.

Perrakis and Martinez (2012), employing a phenomenological approach, investigated how female academic department chairs negotiated their personal and professional roles and how childcare responsibilities influenced the progress of their ambitions. They interviewed 10 women, all with children under the age of 10. A combination of demographic and narrative questions were used to explore personal and professional roles, work-life balance, institutional support, mentoring, and hopes for the future. Most participants described a continual conflict between their personal and professional roles. They described their roles as being very separate, and they reported using

this separation as a way of managing their role conflict. Over half of the participants reported working late at night at home to be able to keep up and there was a sense from the participants of striving to find a work-life balance. The study found that the conflict between childcare responsibilities and long hours prevented the women from moving into more senior positions. However, there is no discussion of the analysis process or how the themes were developed. The research was conducted the US and although ideas can be drawn from the research it may not be possible to generalise within the UK context.

The many psychological challenges faced by women when managing conflicting identities may be an important consideration when thinking about reasons for the slow pace of change in status for women (Hodges & Park, 2013; Blair-Loy, 2003). It is also likely to underpin the differing experiences women may have, which was an important factor in directing me towards the research questions for this project.

Benefits of multiple roles

The benefits of possessing multiple roles include “existential security” (Thoits 1983), an increase in creativity (Cheng, Sanchez-Burks & Lee, 2008) and multiple roles helping to cope with failures (Dixon & Baumeister, 1991). Ruderman, Ohlett, Panzer and King (2002) indicated that having multiple roles in one’s life has been shown to be beneficial to professional women. They suggested that integrating personal and professional roles can improve a person’s range of leadership skills. They highlight that roles outside of work may provide helpful skills and information for managerial roles. In particular they noted that women spoke about these roles creating opportunities to improve their relational skills and that mothering, in particular, supported the development of interpersonal skills. The research is focused on management rather than leadership and had a focus on the positives of having multiple roles rather than the exploration of women’s experiences generally. The paper focused specifically on management rather than leadership and although there was a relatively high response rate (74%) most of the women worked for Fortune 500 organisations, therefore generalising to other sectors may be problematic. However, it gives a counter balance to the argument that women in leadership/management roles will always feel conflicted and indicated that there are likely to be benefits, at least for some women.

Rationale

“The study of gender and leadership is not only a huge and important topic in social psychology (e.g. Eagly & Carli, 2007a), but is also intrinsically and possibly fundamentally a study of identity and leadership.” Hogg et al., 2012; p. 281). This highlights the

importance of research in this area and thus plays a part in the rationale for the current study.

It has been noted that an important consideration is the perceived conflicts faced by women relating to their gender, leadership and the characteristics perceived necessary for leadership (e.g. Rudman, Moss-Racusin, Phelan & Nauts, 2012). There is also evidence to suggest that women experience conflict between their personal and professional identities, and that this can impact on well-being (Karelaia & Guillen, 2014). However, there has been very little research focusing specifically on leaders who are also mothers.

Consideration of identity/role conflicts are complex and research concerning inter- and intra-personal processes in relation to women, mothers and leadership is still in its infancy, requiring further exploration. The literature review led me to consider where the gaps are in the current body of literature and where further research would best be focused, in particular the lack of literature related to leaders who are mothers. Although Perrakis and Martinez (2012) explored women who were mothers negotiating personal and professional roles as leaders in academia using a phenomenological approach, there was very little discussion of the methodology, or attempts to make sense of the data which is not embedded within psychological literature. Karelaia and Guillen (2014) provide an important starting point for the exploration of internal processes, specifically the potential conflicts faced by women leaders. However, all the studies Karelaia and Guillen (2014) report use quantitative methodology, thus do not allow for in-depth exploration. They also focus on women who have graduated from business schools and the participants may have been answering in relation to management rather than leadership. Further still, they do not focus specifically on the conflict between motherhood and leadership. These papers point to furthering research related to negotiating identities within a leadership role, specifically mothers who are leaders. Through in-depth exploration and answering questions related to women's experience it is hoped that this can direct us towards future progress in this important area, both within the public sector and beyond.

Although there are many explanations as to why there is a disparity between men and women in this area, this study, rather than aiming to find causal explanations, intends to focus on the experiences of women and how this informs us about psychological processes in leadership and motherhood. Previous research in this area is largely quantitative, from within the private sector, and has little focus on experience (Ford, 2006; Karelaia & Guillen, 2014). In order to further develop an understanding of women's lived experiences and of the psychological processes involved with leadership, particularly in relation to identity (Hogg et al., 2012), numerous authors have acknowledged the importance of identifying those experiences that are specific to women in leadership roles (eg. Ryan & Haslam, 2007, Davies report, 2011). Exploring women's experiences is important when considering how

the decisions women have made in their lives currently affect them. This exploration also allows the generation of a dialogue about a subject which has been neglected in previous research. The lack of attention to gender in leadership research focusing specifically on women's experiences is problematic and this study therefore set out to achieve an in-depth exploration and greater understanding of women's experiences as mothers and leaders. This research aims to expand the conversation about gender processes related to leadership and explore the lived experiences of women, and any inherent conflicts.

It is hoped that this understanding would open up a dialogue from which all stakeholders may benefit. Stakeholders include NHS organisations, female leaders in the public sector, mothers in or aspiring to leadership positions, and the people with whom they work. It is further hoped that the generated dialogue will provide ideas about concepts and language to be used in continuing conversations and research in this area.

Research Aims and Questions

Given the emerging research in relation to negotiating different identities as well as calls in the literature to explore women's experiences in leadership roles, and the lack of literature related to leaders who are mothers, this research aims to explore the experiences of female leaders who are also mothers and have multiple roles.

The research questions are:

1. What is the experience of being a leader and a mother ?
2. What sense do people make of their experiences negotiating these roles?
3. What themes emerge from negotiating and managing different roles?

CHAPTER TWO: METHOD

This chapter will outline the methodological framework used and the rationale. A description of the method used for this specific study will then be presented; finally, reflexivity is discussed.

Methodological Approach

In this study I utilised a qualitative design. Qualitative approaches are not one set of approaches (Mason, 2002), they are a group of methodologies that enable us to further understand things through generating data which might be complex, have much detail, and where context is important in its understanding (Mason, 2002). Exploratory research questions are also best approached through qualitative research.

Interpretative Phenomenological Analysis (IPA) was the chosen qualitative method for this study. In the following sections I will explain why other methodological approaches were considered but subsequently discounted, as well as discussing IPA.

Alternative Methodological Approaches

Grounded Theory

Grounded Theory (Glaser & Strauss, 1967) was considered for this research. It is a qualitative research method that involves using data which is collected to generate theory. Data is used to identify categories and make links between them. In some respects Grounded Theory would be a suitable approach for this study as it would allow exploration of events in participants' lives. However, although Grounded Theory is similar to IPA it is more focused on seeking explanatory models (Starks & Trinidad, 2007) rather than understanding lived experience, which is the focus of this study. Willig (2008) asserts that, "research questions about the nature of experience are more suitably addressed using phenomenological research methods" (p. 47). Further, although it is possible for Grounded Theory to focus on psychological processes it does not necessarily do so (Smith, Flowers & Larkin, 2009). Since this was the focus of this study, Grounded Theory was not considered the most appropriate methodology.

Discourse analysis

Another qualitative method considered for this project was discourse analysis. The Foucauldian version explores the relationship between language and subjectivity. It considers the connection between language, people's feelings and their reactions. Willig

(2008) reported that “Foucauldian discourse analysts focus upon the availability of discursive resources within a culture – something like discursive economy – and its implications for those who live within it” (p. 112). For this reason it was considered for the purposes of this project. However, discourse analysis is used to understand social life (Shaw & Bailey, 2009), and on the way language serves to act, rather than primarily focusing on experience, which is the focus of this study.

Interpretative Phenomenological Analysis (IPA)

IPA fits within a social constructionist position (Burr, 1995) which holds that there is not only one reality, and that each individual will perceive experiences differently, extracting different meanings from them (Willig, 2008). This fits with my own epistemological stance and with many forms of qualitative research.

IPA is an approach which has the exploration of people’s experiences and how they make sense of their lives, as its focus (Smith et al., 2009). Smith (2004) reported that IPA studies generally tend to deal with existential matters and are about significant life events. In IPA it is assumed that the data gathered will give us information regarding a participant’s thoughts and feelings about a particular aspect of their world and their understanding of it (Smith, et al., 2009).

IPA has its theoretical underpinnings in phenomenology, hermeneutics and idiography. Phenomenology is the exploration of what it is like to be human and the things which are important to us (Smith et al., 2009). Hermeneutics is “the theory of interpretation” (Smith et al., 2009; p. 21) and it is suggested within the theory that we are always trying to understand and make sense of the world. Idiography is related to the particular; that is, exploring individuals’ experiences in detail.

A key aspect of IPA is the “double hermeneutic” (Smith & Osborn, 2003). That is, people relate an account of their experiences, which they are trying to make sense of and which are shaped by many different factors (the first level of interpretation); the researcher hears this and transforms it, through their own “experientially informed lens” (Smith et al., 2009; p. 36), which is itself determined by their own individual experiences (the second level of interpretation, thus ‘double hermeneutic’). The researcher, therefore, becomes a key part of the research, and this requires them to be reflexive (Willig, 2008). Smith et al. (2009) assert that IPA researchers are “attempting to understand, both in the sense of ‘trying to see what it is like for someone’ and in the sense of ‘analysing, illuminating and making sense of something’” (p. 36). Researchers are not always aware of all the beliefs and preconceptions they may have when they read a transcription so reflection is crucial (Smith et al., 2009).

Given that this study aimed to explore particular aspects of women's experiences – being leaders and mothers – and the sense they make of this, IPA seemed to fit as the most appropriate methodology.

Data Collection

Semi-structured interviews

As is usually the case in IPA studies, interviews were chosen as the most appropriate way to gather data (Smith et al., 2009): “One-to-one interviews are easily managed, allowing a rapport to be developed and giving the participants the space to think, speak and be heard. They are therefore well suited to in-depth and personal discussion” (Smith et al., 2009; p. 57). A semi-structured approach, rather than structured or unstructured, was used so as to allow a conversation to be facilitated, to build rapport and to allow the exploration of responses with further questions. The flexible interview schedule allowed for the development of an interaction in which the participants were able to talk in detail about the phenomena to be explored (Smith et al., 2009).

A narrative style interview (Wengraf, 2001) was considered. However, after discussion and experimentation with this in supervision it was deemed inappropriate. This was because the general areas of leadership and motherhood are both very large areas and it was felt that some structure was important to keep the interview focused.

Focus groups were also considered. In focus groups participants are asked to discuss particular questions and the aim is that a conversation is developed between the participants of the group, rather than with the person facilitating the group (Millward, 2012). Although they have been used in qualitative research and IPA, they were not used in this research as they are more likely to generate opinions (rather than accounts and would not allow the development of in-depth, first person accounts (Smith et al., 2009)).

Method

For the reasons discussed above, the current study used a qualitative design. Semi-structured interviews were used to gather data and IPA was used to analyse and make sense of the data.

Sampling

IPA requires a small number of participants. Smith and Osborn (2003) note that there is no ‘right’ sample size. However, studies tend to use between five and ten participants, and as

the approach has developed there has been a move towards smaller sample sizes (Smith, 2004). This is because the aim is to collect a detailed account of experiences and having too many participants may result in an ‘overwhelming’ amount of data to analyse (Smith et al., 2009). In relation to professional doctorates, Smith et al. (2009) suggested that between four and ten interviews is an appropriate number. They emphasise that a greater number of participants does not equate to a greater quality of work. The current research has seven participants.

Purposeful sampling is often used in IPA.¹ A homogeneous² sample is also sought in relation to the issue being investigated, so that the research questions are likely to hold meaning for the participants (Smith et al., 2009). This does not mean that the sample recruited is treated as an “identikit” (Smith et al., 2009; p. 49); rather, that by the group being as homogeneous as possible, similarities and differences relevant to the psychological processes relating to the research questions can be explored. Snowballing - which is where participants of the study can recommend other participants – is also used in IPA research (Smith et al., 2009).

Clinical psychologists

Female clinical psychologists were used as participants in the current study. Below is an exploration and justification for the choice of sample, followed by the inclusion criteria.

Leadership, as opposed to management, can occur at any level of employment in clinical psychology and can be separated from management relatively easily because of the different tasks involved. Following the publication of *New Ways of Working for Applied Psychologists* in 2007 (BPS), the profession has had to formalise its use of leadership ideas. Clinical psychologists at all levels have been required to demonstrate leadership competencies; indeed, many leadership activities within psychology are carried out by clinicians with no managerial responsibility. The Division of Clinical Psychology (DCP) published a leadership framework in 2010 highlighting how clinical psychologists could engage with leadership activities regardless of managerial responsibility or their employment band.

As with nursing and other NHS professions (Ford et al., 2010), there are far more women than men working as clinical psychologists in the UK. Data from the Health and Care Professions Council (HCPC) provided to me in July 2013 showed that 14,996 (80%) of

¹ Purposeful sampling allows for selection of participants based on them being able to allow exploration of a particular subject matter rather than them being selected by probability (Smith et al., 2009).

² A homogeneous sample varies in each study but it is a sample which is as “uniform as it can be according to obvious social factors or other theoretical factors relevant to the group” (Smith et al., 2009; p.50).

registered clinical psychologists were females compared to 3,851 males. The HCPC were not able to provide details of the various bands at which clinical psychologists were employed. The most up to date details of gender differences are provided by Lavender, Grey and Richardson in their survey of Applied Psychologists (2005). Although the survey was of all applied psychologists, rather than just clinical psychologists, around 65% of respondents were clinical psychologists (n=1905). Lavender et al. (2005) had a good response rate of around 62% for psychologists working in the NHS and 90% for those working in the Prison and Probation services. There were around four female respondents to every one male respondent. In relation to those psychologists working in the NHS (which may include both clinical and forensic psychologists) they found that there were a higher proportion of males in the two highest bands of clinical psychologists. So, 36.1% of the males who responded were a consultant, compared with 27.9% of females who responded (a difference of 8.2%). Nineteen percent of the male respondents were heads of psychology departments compared with 5.2% of female respondents (a difference of 13.9%). This suggests that despite being a female dominated profession there are more men than women in higher banded jobs.

Thus, clinical psychologists are used as an exemplar because as a profession where there are many more females and in the NHS, the clinical psychology field provides an alternative to research largely conducted in the private sector where there are many more males. As such there may be less prejudice. Further, leadership is becoming more important as part of clinical psychologists' job roles. Psychologists are trained to be sensitive to their own and others' feelings and are therefore able to reflect on potential conflicts; they are also highly skilled in articulation and able to reflect on the impact of their experiences, further adding to their suitability as a sample group.

Inclusion criteria were as follows:

- Female clinical psychologists who had been qualified for at least a year (so as to avoid the main identity and role conflicts being related to the transition from a trainee to a qualified member of staff)
- Working full-time or part-time
- Job role has an identifiable leadership aspect (at any band)
- A mother, with at least one child under the age of 18 living at home

Recruitment

It was decided that recruitment would be from four local NHS trusts. This was considered important so as to recruit from a variety of trusts. A combination of purposeful sampling and snowballing was used. For the purposeful sampling the supervisors of this project

generated a list of potential participants known from their own practice whom they considered to be appropriate to approach and met the inclusion criteria. In the first instance four potential participants were emailed by the research supervisors (see appendix I); all of these individuals agreed to participate in the study. The method of snowballing allowed for the recruitment of one additional participant following the initial four. A further two participants were contacted through purposeful sampling as generated by the research supervisors.

Informed Consent

When participants had responded to the initial email from the study supervisors, or a previous participant, I contacted them with a follow up email (see appendix II) with further details of the study. The participant information sheet was included (see appendix III). The participant and I then arranged a time and place for the interview. A consent form was signed at the start of each interview (see appendix IV). All of the participants said that they would like to have a summary of the study and will be sent to them once the thesis is finalised.

Ethical Issues

Ethical approval was sought and obtained through the University of Leeds (see appendix V). Full NHS ethical approval was not required as the research participants were staff members rather than service users. Some minor amendments to the original submission were required. These were documenting the version number of the participant information form and the consent form as well as providing the recruitment email. Research and Development (R & D) approval was also obtained from the four NHS trusts used for recruitment. The ethical issues pertinent to the study are discussed below.

Anonymity and confidentiality

This was addressed in a number of different ways. Participants were asked to give themselves a pseudonym. Three of the seven participants asked the researcher to allocate them a pseudonym and the other four participants chose their own. Within the transcripts any identifiable details such as family members' names and name of service were replaced with 'name', 'service' etc. Some participants requested higher levels of confidentiality around certain examples; these were noted and specific quotes relating to these areas have not been included. Given that the project supervisors personally knew six out of the seven participants, all transcripts were anonymised as far as possible when being discussed with

the research supervisors. Given that clinical psychology is a small profession, extra care was taken when using quotes to support the themes and these were checked with the supervisors of this project. To ensure anonymity, demographic data is reported for the whole sample, rather than for each individual participant. Further, participants' full individual analyses are not reported in the results chapter. Contextual information and participants' themes are reported in the pen portrait section of this document. I transcribed the first interview; due to time constraints the other interviews were transcribed by external transcribers who had signed a confidentiality agreement (see appendix VI).

Data storage

Data was stored on the university M drive, to which only I have access and is password protected. The transcriptions were anonymised before being stored on the secure drive. Any hard copies of information were anonymised, and other information was transported using an encrypted memory stick, to which only I had access. When printed out, transcripts were stored safely while not in use.

Participant distress and fitness to practice

Although distress was an unlikely outcome of the interview I checked with participants at the end of each one. They were asked for their experience of the interview and whether there were any parts of it they wished to discuss. It was also highlighted in the participant information sheet that any issues related to practice would be discussed individually, with the project supervisors and potentially the HCPC. However, this action was not required in any of the interviews.

Interviews and Interview Schedule

All of the interviews took place at the participant's place of work. Interview duration ranged from 58 to 92 minutes.

The aim of the interview schedule was to develop questions which would allow participants to tell their story and experiences. The interview schedule, thus, went through many different versions while the most useful approach was developed. It necessarily involved many discussions with research supervisors, attendance and discussion in the Qualitative Research Support Group (QRSG) at the University of Leeds and practising parts of the interview with fellow Psychologists in Clinical Training. During the early development of the interview it was tried out with a friend who met some of the inclusion criteria (being a mother and a leader, but not working as a clinical psychologist). This allowed trying out of different phrasing of questions and allowed me to see the sort of data

the interview might generate. This led to further refining of the schedule. A 'pilot' interview was also completed with a clinical supervisor who met the criteria for the study but could not be recruited as a participant as they worked outside of the trusts where R & D approval had been sought. Further, I rehearsed and recorded much of the interview with each of my research supervisors and further refinements were made following these stages.

The schedule I took for the first interview (see appendix VII) was used very little as participants tended to talk freely following an initial settling in period. As discussed in Smith et al. (2009) the interview schedule was used to prepare for the likely topics and to enable a more skilful interview (Smith et al., 2009). However, in practice the interviews were led by the participants, enabling me to hear what was important to them. In a number of the interviews the opening question allowed the participants to talk openly and freely, with minimal prompting, about many diverse and relevant issues. Gillham (2000) refers to the concept of an 'elite' interview where the person being interviewed has a vast amount more knowledge than the interviewer and is more likely to know what questions could be useful to ask. In this respect it was also important to have a really flexible interview schedule where the participant could guide the interview to interesting and important areas. An additional form was also used in the interview to ensure the same demographic information was collected for each participant (see appendix VIII).

Transcription

All seven of the interviews were recorded and transcribed. I transcribed the first interview to gain experience of what this entailed. When the other transcriptions were returned from the external transcribers each interview was replayed in order to ensure that the transcription was accurate, and to complete any omissions, especially pauses, laughs and vocal cues. Standard writing conventions were employed in all transcriptions (see table 1). These conventions also appear in extracts in the results chapter and where extracts have been merged this is also noted (see table 1). These appear in extracts in the results chapter.

Table 1: Writing conventions

(chuckles)	Describes participant's behaviour
[CITY]	Information added to make extract more understandable or for confidentiality purposes
{ what happened? }	Interviewer interjects with question or comment
[]	Comments from interviewer deleted e.g. mm-huh, yes, go on
...	Short pause
.....	Long pause
[merge]	Extracts merged from different parts of the transcript

Data Analysis

IPA comprises a number of stages, as outlined in Smith et al. (2009). Here each step is detailed, along with a description of how it was implemented for this project.

Step 1: Reading and re-reading

The first part of the process involved listening to the recordings while reading the transcript and attempting to immerse myself in the participant's lived experiences. I made initial comments regarding my own feelings during the interview; how I thought the participants were feeling and anything that was interesting or that I felt required further thought. At this stage I began to develop pen portraits for each participant to which I added information once the full individual analyses were complete. I also undertook the task of organising the data into separate sections to make it more manageable for analysis. This involved using different coloured highlighters to mark out text which was *business* (i.e. introductions, closing remarks), text which was *context*, text which was *opinion*, text which was *experience*, and any overlaps between these.

Step 2: Initial noting

I used Smith et al.'s (2009) suggested method of commenting on the data using three different colours to make descriptive, linguistic and more conceptual comments in the right-hand margin of the transcripts. I went through each transcript at least three times while making these comments. I then drew out initial codes which were noted in the left-hand margin of the transcript. An example of this initial process is in appendix IX.

Steps 3 and 4: Developing emergent themes and searching for connections across emergent themes

The notes and codes from step 2 formed the emergent themes which were developed to capture my understanding of the codes. Emergent themes along with each participant's supportive quotes were placed into a number of tables dependent on the types of experiences captured. So, if an emergent theme was solely related to experiences of leadership it was placed in the *leadership* table; if the emergent theme captured an experience of being a mother and a leader then it was placed in the *leadership and motherhood* table; whereas if the emergent theme captured an experience related to work more generally and motherhood it was placed in the *work and motherhood* table. This method of organising the data was intended to ensure that those experiences related to being a working mother, rather than a leader and a mother, did not become confused. At this point emergent themes were not organised into superordinate and subthemes. These tables were then used to develop superordinate and subthemes for each participant by clustering and re-clustering the data. They were refined many times to ensure coherence, and also to ensure that the essence of a participant's experience was captured. Smith et al. (2009) posit that not all emergent themes have to be used. Here, I paid particular attention to the research questions, which enabled me to make decisions about the importance and relevance of particular emergent themes. These themes were re-clustered and re-named a number of times before reaching the final superordinate and subthemes for each participant. The information from this stage of the analysis is described under the 'pen portrait' heading in the results chapter, with the theme names emboldened. In some instances the theme name has been slightly changed to ensure grammatical sense in the pen portrait.

Step 5: Moving to the next case

The above four steps were undertaken for each participant before commencing the group analysis.

Step 6: Looking for patterns across cases.

The subthemes for each participant and their supporting quotes were separated out on to individual sheets of paper. These were then clustered and re-clustered to make sense of the data at a group level. Each cluster was assigned a name to reflect the essence of the participant's experience. Master themes and their superordinate themes were placed in a table with accompanying, supportive quotes. Here, some quotes from the same participant were merged in order to fully and succinctly highlight the experiences demonstrated in the themes (see table 1 for how this is denoted).

Ensuring quality

As the field of qualitative research develops, ensuring that the research is of a high standard is important. Elliot, Fischer and Rennie (1999) outlined seven points to ensure credibility in qualitative research. These were: reflexivity; providing relevant contextual information about the sample; providing examples; coherence; accomplishment of general and specific tasks in the research, and; accurately reporting for the reader. Similarly, Yardley (2000) asserts the importance of transparency, coherence, rigour in data collection and analysis and ensuring relevance and importance of findings. Further, Yardley (2000) emphasises the importance of sensitivity to context when evaluating qualitative research. That is, awareness of relevant literature, awareness of the socio-political context, and paying attention to the relationship between the researcher and the participants.

I drew on Elliot et al.'s (1999) guidelines in relation to the quality checking of qualitative research, as well as Yardley's (2000) evaluative criteria. To increase the quality of the research the following checks were undertaken:

- I had access to regular supervision. During the data analysis stage of the research I had weekly or fortnightly supervision.
- Research supervisors read extracts from all of the interviews to aid transparency.
- The tables of coding, emergent themes and themes during the analysis process, each with supporting quotes allowed for each step of the analysis to be checked for credibility (Elliot et al., 1999). These tables were shared with supervisors, who commented on the process, enabling further refinements to be made.
- Sections of anonymised transcript and the emergent themes developed were discussed with a peer who was also using IPA methodology. We had discussions regarding the analysis and coding, which allowed confirmation of the developed themes as well as the development of new themes with a different perspective. The final individual superordinate and subthemes for some participants were also discussed with this researcher and refinements made.
- All themes that were developed had lengthy supportive extracts to provide detail and context. There are many examples of these provided in the results section to increase transparency and demonstrate coherence.
- The participants' individual analyses and the group analysis were completed in a systematic and transparent way. In line with Yardley's (2000) principle of transparency, an audit trail was kept and a research diary completed at the end of each day to document work completed.

- The results section situates the sample clearly (Elliot et al., 1999), although, as discussed, some of this has been done in a way to ensure that anonymity is maintained.
- A draft of the results chapter was given to research supervisors, leading to further refinement.
- Elliot et al. (1999) and Yardley (2000) both indicate that reflexivity is an important way of checking the quality of any qualitative research. Reflexivity was maintained throughout the research (see details below and in chapter three).

Reflexivity

The researcher is fundamental in qualitative research and so it is important here to make a statement about my own position in approaching the research, as well as to demonstrate reflexivity throughout the project. It is hoped that the following statement will support readers' understanding of my position and inform judgment of the quality and validity of the research. Here, I will also discuss the reflexive interview in which I participated. Reflexivity relating specifically to data analysis is presented in chapter three.

Reflexive Statement

Equality has been central to my thinking from an early age and in my late teens and early adulthood I became frustrated with the inequalities faced by women across the world. I believe women's equality is key to a truly just and thriving society and yet this has not been realised anywhere in the world. Large disparities in pay between men and women, poor representation of women in parliaments and boardrooms, and the gendered division of household labour are features of all societies, to greater or lesser extents (World Economic Forum, 2014; Deloitte, 2013). As discussed in chapter one, in the UK women are achieving greater parity, but for many women this is far from being a reality.

I am passionate about the campaign for women's equal rights generally, in the workplace and the home. During my undergraduate degree I became more aware and interested in issues related to women and leadership at an academic level when I first came across the term 'the glass ceiling' (Hymowitz & Shellhardt, 1986). Until this point, I had felt exempt from these inequalities but this discovery was my first realisation that women face inequality globally. Since then my personal interest has further developed, as a woman and a professional. I also recognise that I am influenced by my mother who has always worked and has been in an influential leadership position for several years. Many of my

friends have children and also work, albeit not always full time and some take significant time out of the labour market once they have had a baby. As I undertook my research I became aware that I hold stronger views about women, motherhood and leadership than I originally had considered. For example, I believed that having children should be no impediment to a woman working full-time and also that full-time work is something to be aspired to, if women want to be leaders and to achieve real equality in terms of status and pay. I realised that my views may not actually reflect those of mothers who I interviewed nor those of my close friends, many of who have not chosen to pursue their career with the same vigour they did before having children. This was an important reflection for me and I worked to ensure that my observations and analysis were not unduly biased.

My experiences and reflections led to my undertaking this thesis, which accords with my own views on the importance of supporting women's rights through their inclusion in research. I am well aware that I have very strong opinions in relation to women's equality, or lack thereof, and I find it a particularly emotive subject. As such I was expecting to find women with similarly strong views and it was a surprise to me that this was not always the case.

Reflexive Interview

I participated in a reflexive interview with another Psychologist in Clinical Training. The reflexive interview involved two parts. Firstly, prior to beginning data collection, I was asked the main questions from the interview schedule and imagined how I expected them to be answered. This was a process to assist with the further identification of any potential biases to be aware of during the data collection stage. Following completion of data collection I participated in a further reflexive interview noting any surprises in the answering of questions and the data I had gathered. Both were recorded and replayed to note any biases, as well as changes in thinking. An example of this was commencing the data collection in the belief that I was likely to find many examples of discrimination and unfair treatment, as well as difficulties in reconciling the different roles. However, this is not what was found. This led me to understand some of my opinions as very strong, and at the end of the data collection stage I felt more positive about my participant's experiences of leadership than originally anticipated. The first reflexive interview allowed me to reflect on the fact that I was likely to be looking for negative experiences and this led me to explore both positive and negative experiences at the data collection stage.

CHAPTER THREE: RESULTS

This chapter presents the results from the study. First, there is an overview of the sample and then participants are introduced in their pen portraits which include information from individual analyses and reflections from the interview. The group analysis is presented where the master and superordinate themes are discussed. Some final reflections related to data analysis are presented in the final section of this chapter. When quotes from interviews are used these are noted in *italics*.

Overview of Participants

The participants were drawn from a small pool of people and as such are potentially easily identifiable. To maintain the anonymity of the participants, their individual analyses will not be reported in detail. Demographic information is presented generally here, rather than within each participant's pen portrait.

Participants were seven female clinical psychologists working in different NHS trusts in the local area (see table 2 – over page).

Types of leadership activity

Participants were not asked to give specific details about the leadership activities in which they were involved, nevertheless each participant gave some indication of this (see table 3 – over page).

Table 2: Demographic information

Age	Between 39 and 52 years old
Ethnicity	All White European
Area of work	Adult mental health, child and adolescent mental health services, health psychology and people with learning disabilities
Years of experience	Between 10 and 25 years' experience
Banding	8b (4 participants), 8c (3 participants)
No. of children	Six had 2 children, one had 1 child
Age range of children	18 months old to 16 years old
School age distribution of children	1 participant had pre-school age children; 3 participants had primary school age children; 2 participants had 1 child in primary school and 1 in secondary school; 1 participant had both children in secondary school
Living arrangements	All were living with a partner
Part-time?	All but one were part-time (between 6 and 10 sessions)

Table 3: Types of leadership activities in which participants described being involved

Supervision of other psychologists, supervision of other professions, consultation with other staff
Meeting with senior NHS managers
Supporting and nurturing staff (other psychologists and other professions)
Being on senior leadership team, facilitating 'away' days
Leading psychological input into other teams, leading on increasing psychological input into non-psychology services
Supporting cultural change on wards
Service evaluation projects, developing services
Leading staff well-being projects, leading trust-wide psychology projects
Lead psychologist for national projects
Leading on demand and capacity for services, leading on referrals systems

Descriptions of leadership styles

Participants were asked how they would describe themselves as leaders. This is detailed in table 4 (over page).

Table 4: Participants descriptions of themselves as leaders

Participant	Description
Samantha	Being a good “ <i>ambassador for psychology</i> ”. Building good relationships and being willing to “ <i>muck in</i> ”, but ensuring boundaries are kept and do not do others’ roles. Extending the role of supervision by facilitating others to do work. Modelling.
Anna	Persuading and debating, bringing people with her, non-authoritarian, respecting others’ views but “ <i>leading from the front</i> ” when necessary. Does not want to be a “ <i>beacon that’s saying come this way!</i> ”
Theresa	Being supportive and understanding as a leader/manager, ‘getting a job done’ with limited resources. Reported areas of leadership that she struggled with as: having time for being creative and charismatic.
Lucy	Being fair, but can be “ <i>bossy</i> ”. Able to delegate and be directive. Organised. Containing others and “ <i>riding the waves</i> ” (containing self and others). Reported that she is not “ <i>the most creative person</i> ”.
Naomi	Shaping and mobilising others, being compassionate and providing a rationale as to why she is doing things. Being adaptive and person-centered.
Amanda	Nurturing team; being aware, attentive and supportive. Enabling and empowering people and seeing them “ <i>blossom and grow.</i> ” Struggled to inspire others in current context (cuts in NHS).
Eliza	Standing up and representing a group of people. Being “ <i>measured</i> ” and “ <i>not barging ahead.</i> ” Taking action and not “ <i>sitting on things</i> ”, but considering others’ views as far as possible.

Pen Portraits

In this section I will introduce each participant and discuss context and information from individual analyses. **Emboldened** text indicates a theme from the individual analysis. I will provide reflections on some interviews.

Samantha

Samantha had been in her current job for a number of years which she felt formalised her leadership role and there had been a “*jump in expectation*”. However, all of her post-qualification jobs had involved taking on some leadership activities. Samantha had decided

to take part in the study because she had an interest in the links between the roles of leader and mother and reported that she had found the interview “*interesting*”.

Samantha was enthusiastic about her work and home life, but often felt that she was **not good enough**. She gave examples of her children being critical of her for not being as present as they would like and described feelings of **guilt** in relation to this. Although Samantha sometimes felt **overwhelmed by the demands** placed on her within her roles, which then led to a **lack of self-care**, there was a sense that she felt **congruent** in the roles. Samantha described some **negative consequences of leadership** such as **questioning herself as a leader** and **feeling lonely in her leadership role** as there are fewer connections with people: “*it’s sort of like growing up, I don’t want to be as grown up as that sometimes.*” Samantha had a lot of support at home although described some tension around the fact that she sometimes felt left out of caring responsibilities.

Samantha was my first participant so I was understandably nervous. I spent time in the interview gauging the quantity of prompting and exploring I should do. To my surprise the interview felt quite relaxed and I wondered if, in fact, Samantha was more nervous than me. I was struck by Samantha’s explanations within the interview of how she negotiated child care arrangements and her justification of this; I was also struck by her lengthy justifications of not engaging with some activities outside of work and this supported the formation of one of her themes as she felt **not good enough** and anxious when she was not able to do everything she felt she ought to.

I found Samantha to be very open. For example, early in the interview she shared a recent, difficult event in her home life. I wondered if this openness was something which spanned her other roles, particularly as she described building relationships as important to her as a leader.

Anna

Anna felt in a good position to be interviewed because she generally felt comfortable as a leader and a mother and had nothing to “*hide*”. Anna said about the interview topics: “*it’s not something that’s covered in any other forum really.*” She described that taking part had been “*interesting*” and had been an opportunity for her to reflect where she would like to move in her career in the future.

I took a sense from Anna that she would make the most of whatever her circumstances were at a particular time, no matter how complex. She was **passionate** about all her various roles as a leader, mother or psychologist and that this was an important factor in her management of these roles. Anna’s account was largely one of **contentment with the compromises** she had made around her career progression, leadership and family. She did acknowledge some **loss from compromising** and that there may have been different

opportunities had she not made these compromises and that she may have been in a more senior position. She highlighted examples where her leadership and motherhood **roles converged seamlessly**. Anna's account indicated that she sometimes struggled to view herself as a leader (**not a leader**) and she seemed to be **working out what leadership means**. There was a sense of her **not knowing what to do for the best** in terms of progressing in leadership throughout the account. Although Anna only mentioned her partner on a couple of occasions she did say that they had both reduced their working hours when their children were young and there were no difficulties regarding the sharing of responsibilities.

The interview appeared to be an opportunity for Anna to gain useful insight. Anna said that she had not had other opportunities to reflect on the issues discussed and there was a real sense that she was exploring her thoughts and feelings in relation to things live in the interview. For example, she said:

I'm just thinking, I think that there's a part of me that then feels inhibited to take [a promotion]... either it's inhibited or whether I actually really don't want it and I think that's the key thing, is whether it's something I really want or is it a feeling I should want and I actually I don't really want? And if I don't want it, is that because I'm inhibiting myself from wanting it, rather than I truly don't want it?" (line 861).

Anna took more time to 'warm up' in terms of her responses and I wondered if she was picking up on some of the anxiety I felt as it was my second interview and I felt I should be more 'expert'.

Theresa

Theresa stated that her reason for participation was to be "*helpful*". She reported that it was "*hard connecting the two*" (leadership and motherhood) and acknowledged she had found it difficult to provide examples during the interview.

Theresa talked about the difficulties being a leader in the NHS and the **ambivalence** she felt. She particularly noted the **conflict between her clinical work and leadership role and feeling blocked** in the NHS. Theresa expressed self-doubt in relation to leadership, throughout the interview, although she recognised she was ambitious so this presented a contradiction. In Theresa's account there was a sense of **feeling overwhelmed** at times and of her various **roles clashing**. She felt that the leadership aspect of her role gave an additional dimension to her work role which added further complexity to her experiences. She also noted that there was **congruence** in some of the activities involved in her mother

and leader roles. Having multiple roles had helped her to **gain new perspectives**. Theresa made a number of comments about being conventionally female and taking on the stereotypical roles such as being responsible for cooking the family meal each night. She appeared to be somewhat annoyed about this responsibility although also reported feeling comfortable in this role.

This was one of the more difficult interviews. Before the recorder was turned on Theresa said that the reason she took part was she had been asked to by one of the project's supervisors. I got the sense that she found it difficult to say no to participating in the research. Further, she also reported being concerned about becoming too "*political*" but her political ideas were not reflected in the interview. I wondered whether Theresa was limiting some of her thoughts and emotions in relation to topics. Theresa's account felt like it lacked depth or examples and this may have been because she was protecting herself from disclosing strong thoughts and emotions related to her current work role and also to protect her anonymity.

Lucy

Lucy's most recent role had meant assuming formal leadership and management responsibilities not previously undertaken. Lucy described her long term interest in leadership and that she had decided to take part in the study because it sounded "*interesting*".

Lucy's account was one of **feeling enthusiastic**. She appeared to **feel comfortable** describing herself as a leader, but had **worries about burnout** and some **frustrations** working within the NHS. She particularly highlighted the **conflict between clinical work and leadership**. Lucy talked about the "*fine balance*" that there was in managing the different parts of her life and that there was little time for her as an individual, resulting in **self-neglect**. Lucy reflected on the guilt she sometimes felt in relation to being a working mother, but emphasised that she did not think that this was necessarily specific to being a woman or a mother, rather parenting generally. Her account gave the impression that she felt '**good enough**' in her role as leader and mother. Although Lucy described the sometimes **difficult switch between her role as a mother and that of a leader** she appeared to be congruent in these roles. They did not appear to demand a significantly different approach from her. Lucy described a very supportive partner who shared all tasks equally.

Lucy acknowledged that, before the interview, she had had a difficult morning in relation to leadership activities and was somewhat flustered at the beginning. This contributed to my own anxiety as the interview commenced. Further, I felt a sense in the interview that Lucy did not make links between gender and leadership activities. This

seemed to be linked to Lucy ensuring that she did not stereotype and making several references to experiences for mothers and fathers being the same.

Naomi

Naomi had recently taken on a role which involved additional leadership activities. She reported that she decided to participate in the interview because she was “*interested*” and “*intrigued*.” Naomi said that there was not often time to reflect on “*the overlap, the interplay*” between the roles.

There was a real sense of importance placed on the leadership/psychologist role in relation to Naomi’s identity and I felt she was **passionate** about her roles. There had been a recent interesting **change in her reason for wanting to gain a leadership role**. Whereas initially it was about her personal ambitions, more recently she felt it was important to make a difference for service users using the influence she has in a leadership position. She described some **powerlessness** in relation to how much change could be made within the current financial constraints of the NHS. Although guilt was identified as an emotion in negotiating the different roles she also described **tolerating** this and dismissing it from her mind. Naomi had a pragmatic and practical attitude to finding an acceptable balance. Naomi said that she could not find the strength to develop a different persona between her leadership and home roles. There was a sense that, the **demands on her were overwhelming** and at times, she felt **'pulled'** between her role as a leader and role as a mother and it was not an easy decision as to which role ‘won’. Naomi described a very supportive and “*tolerant*” partner and gave examples in the interview of her partner taking on caring duties at home.

My sense within this interview was that the issues were very ‘live’ for Naomi given a recent change in her role. She was clearly interested in the project which in turn made me feel at ease. Naomi was passionate in the interview and this is reflected in her individual analysis.

Eliza

Eliza participated because she was interested in the topic area and because she felt it was “*timely*”. She said that the interview had been useful in helping her to consider her thoughts and feelings in relation to leadership activities.

The issues discussed in the interview were very current given that Eliza had very recently returned from maternity leave. This meant that they would perhaps not be as representative of her experiences across time. Eliza talked about experiences on maternity leave which impacted her confidence which filtered through to her as a leader, but also overall to her as an individual. She described how she was able to mask this anxiety so that

other people were unaware of it. Eliza said that she always engaged **enthusiastically** and wholeheartedly in mothering and leadership activities but then “*berates*” herself for not doing enough. There was a real sense of **anxiety** about fulfilling her roles successfully which was partly that she felt ‘**not good enough**’ as a leader and a mother and partly an **internal battle** related to how others viewed her. There was also a sense of **frustration** and **conflict** from Eliza about **not being able to ‘do it all’** anymore because of motherhood commitments while still having the internal motivation to be involved in more leadership activities. Eliza described having support at home although there was a sense that as she worked part-time she was largely responsible for running the household.

This was one of the richest interviews. Very little probing was required to obtain reflections and examples and I got the sense that Eliza was reflecting on her internal experiences. Eliza’s account was rich with examples of her internal thoughts about herself and how she believed others to perceive her. The interview seemed to provide Eliza with the opportunity to explore and reflect on those leadership activities which were part of her role but were perhaps not always at the forefront of her mind.

Amanda

Amanda participated because she thought “*oooo, that’s me isn’t it*” [leader, mother and clinical psychologist]. Amanda experienced the interview as “*interesting*” and thought provoking. At the end of the interview she admitted that she had been concerned that she would not be able to talk about leadership for an extensive amount of time (“*I’m just surprised about all the talking I’ve done*”) but had found that she did so easily.

Amanda’s account was positive and enthusiastic, even when discussing difficult changes to the service in recent years. She described a really marked separation of work and home life where she was very **boundaried** and **contained**. Through the interview Amanda developed her thinking in a way which led to her understanding her roles as a mother, leader and working therapeutically with people as being matched with her values and therefore lead to her feeling **congruent**. Amanda was the only participant who discussed the **importance of being a woman in her identity**. Amanda initially described **self-doubt as a leader**, but **feeling ambitious**. She spoke about experiences of leadership and positive feedback she had received which seemed to enable her to recognise her abilities as a leader. Towards the end of the interview Amanda described confidence and belief in her leadership abilities. Although Amanda was largely responsible for the running of her household she attributed this to her being at home more, rather than because she is a woman and said when he was at home her partner was very “*hands on*” and supportive.

As the final interview I felt confident entering it. From my viewpoint it flowed well and it felt as though we both relaxed into the interview quickly. Although the shortest of the

interviews it did not seem that less information had been gathered compared with the others. This short account may have reflected Amanda's contained approach to other areas of her life.

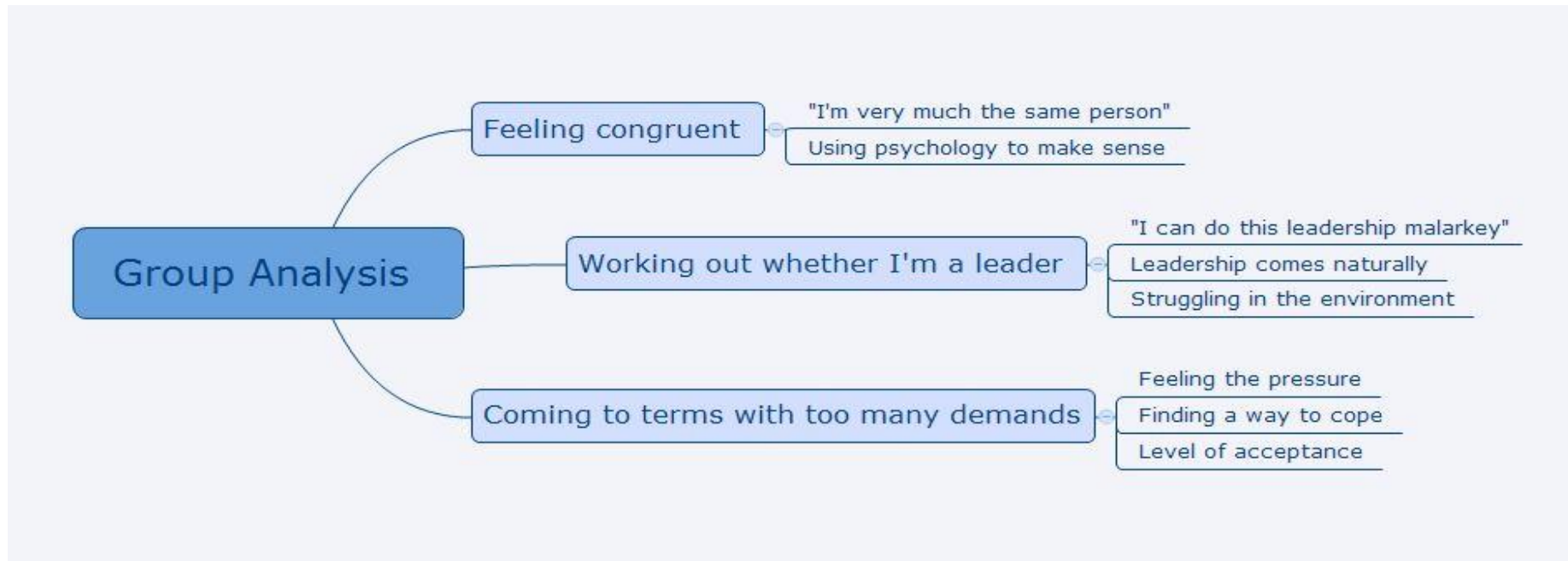
Group Analysis

Experiences which seemed to be shared across participants were clustered together and given a representative theme name. The results of the group analysis are represented diagrammatically in figure 1 (over page). Table 5 shows the master themes and superordinate themes and their representation across the sample. The master themes and their superordinate themes are discussed in this section with supporting extracts. The line numbers from the transcript that extracts start from are indicated. Where extracts are merged all line numbers are indicated.

Table 5: Frequency of themes across individual participants

Master	Super ordinate	Participants						
		Samantha	Anna	Naomi	Lucy	Theresa	Amanda	Eliza
Feeling congruent	"I'm very much the same person"	✓	✓	✓	✓	✓	✓	✓
	Using psychology to make sense	✓	✓	✓	✓	✓	✓	✓
Working out whether I'm a leader	"I can do this leadership malarkey"	✓	✓	✓	✓	✓	✓	✓
	Leadership comes naturally	✓	✓	✗	✓	✗	✗	✓
	Struggling in the environment	✗	✓	✓	✗	✓	✓	✗
Coming to terms with too many demands	Feeling the pressure	✓	✓	✓	✓	✓	✗	✓
	Finding a way to cope	✓	✓	✓	✓	✓	✓	✓
	Level of acceptance	✓	✓	✓	✓	✓	✓	✓

Figure 1: Theme map of the master and superordinate themes



Feeling Congruent

Feeling congruent related to the participant's experiences of having different roles but identities which largely felt compatible, rather than conflicted with each other. This seemed to be supported by participants' use of psychology to help them make sense. The master theme, which relates to identity, has been split into two super-ordinate themes which relate to aspects of congruence in identities: "*I'm very much the same person*" and *Using psychology to make sense*.

"I'm very much the same person"

The superordinate theme "*I'm very much the same person*" related to experiences where participants felt that they had a core concept of self and this remained the same in each role. All participants described experiences which fit within this theme. There was a sense of congruence in participants' accounts of their identity as mothers and leaders and clinical psychologists. They maintained a coherent identity, taking parts of themselves into other roles. Naomi said "*I wouldn't have the headspace to conjure up a different person*" (line 901) and Samantha asserted "*there are a lot of similarities aren't there? In how you, you know, approach things, you're still you*" (line 927). Eliza said that her leadership and motherhood roles were "*really similar I think. I throw myself into things*" (line 970).

There was a sense that values were important and that these remained constant regardless of role. For example, Anna described:

I think there's something around the way you operate in all your roles, it's about having kind of ... looking at what sense of value you want to bring and the approach and how you want to interact with others, whether it is your own family or whether it's kind of people you work with (line 626).

In relation to values across roles Amanda stated: "*openness and warmth, containment, and non-judgemental, positive regard...I suppose I've talked myself into thinking that there are some core values that are very similar [across the roles of mother and leader and psychologist]*" (line 931).

One participant talked about her core identity and the characteristics of this:

For me, being a woman is so at the heart of who I am, you know that sort of little question people say, 'Who are you?' and to me, it's always the first is answer, 'I'm female. I'm a woman.' [] you know it's not, 'I'm white or I'm [place] – or I'm a psychologist' or it's not even, 'I'm a mother,' I think that's

probably the second one. It's, 'I'm a woman.' [] so it's really central, really at the core of my identity (Amanda, line 487).

There was some evidence that there were slight differences in participants' personas depending on the context; that they remained congruent, but that in a work and leadership context they were required to be more professional than at home. Naomi said, *"I mean inevitably at home, you are the, the rougher side of, you know I will shout at my kids. I tend not to shout at work"* (line 902). Furthermore, Samantha stated *"You might be free to let your hair down a little bit more when you're at home and things like that but still, there's still, some similar principles I think"* (line 928).

The following extract exemplifies this superordinate theme: *"I'm different in the sense that I'm professional [at work] and you know ... I wouldn't say certain things in a professional context that I might say at home, but yes, I am very much the same person"* (Theresa, line 773).

Using psychology to make sense

This superordinate theme captures the experiences of participants using psychology to make sense of their experiences across different roles. Participants described experiences where they used psychological ideas and had integrated psychology into all spheres of their lives. This seemed to help them make sense of experiences and feel more coherent. Psychological concepts were used to think about mothering and leadership and although they were in different contexts participants were adaptable and flexible in using these psychological concepts which allowed coherence and congruence.

For example, as Amanda was talking she used psychological ideas explicitly to make sense: *"I use my containment skills, which is, not that I'm trying to mother my colleagues, but it is very, it's parallel skills to maternal containing, isn't it?"* (line 275). Here, Amanda described using her *containment* (e.g. Bion, 1962 (cited in Ogden, 2004)) skills to make sense of experiences across roles. There was also the sense that sometimes skills could be transferred over, again adding to the internal congruence, rather than conflict that participants described. For example, Amanda said, *"I'm not saying I am their mother but there's something about holding in mind and remembering"* (line 267) indicating she was using her skills from mothering in her leadership role.

Anna talked about how she used psychology as a framework to influence:

I think leadership in psychology is not really around ... being authoritarian. It's about influencing ... using psychological means of influencing and developing people. It's bringing ... it's helping people, giving direction and

some structure and bringing thought and reflectivity to what other people are doing. And I think ...those qualities I think span the two prongs... [mother and leader]” (line 591).

Theresa highlighted a way of using applied psychology in her role as mother and leader. She stated:

I have these conversations with my daughter about change and you know ... it's normal to feel anxious (laughs) about change and ... you know me saying things like, 'you're being a bit resistant' (laughs) which I suppose, as a leader you have to deal with resistance to change (line 738).

Theresa also talked about “*maternal instincts*” in that:

you can feel them arising. I think that's more so as you get more senior and you're ... responsible for other people ... you know and they're coming to you with a problem, you sometimes feel a bit motherly towards them (line 498).

Working out Whether I'm a Leader

This master theme is concerned with the process of developing and owning the identity of 'leader'. This master theme has been split into three superordinate themes which each relate to the process of working out whether they are leaders: “*I can do this leadership malarkey*”, *Leadership comes naturally* and *Struggling in the environment*. Most experiences were related to experiences in their work leadership role, although in some experiences in the superordinate theme *Struggling in the Environment* there may be an overlap with management tasks.

“I can do this leadership malarkey”

This superordinate theme relates to how much the participant's owned their identity as a leader and had belief in themselves as a leader. This theme is specifically linked with experiences of leadership rather than negotiating the other roles, although of course, the other roles may have influenced the process of identifying as a leader. This theme captures a process in that some people have started out believing they have natural leadership skills and feeling confident and comfortable in the role whereas others had to develop confidence.

One participant (Amanda) seemed to go through a process of recognising herself as a leader and owning this identity live in the interview. Amanda described self-confidence in

relation to being a clinical psychologist and a mother, but more uncertainty around being described as a leader:

Leadership: I dip in and out of it and I think sometimes I do it, and erm, it's almost like I do 'casual leadership', sort of... I think, 'I don't do leadership,' and other people say 'Well you did, this, this and this and you led on that, that and that' ... and I think, 'mm, perhaps I did [merge] I feel almost a bit sort of bashful in thinking [of myself as a leader] (line 42,4 5).

Within the interview she described experiences of leadership and the feedback received and said:

I think I just wasn't expecting him to be that positive [about ideas for leading on a project]. It's that 'unconscious competence' though that we often talk about in training, isn't it? [] I think I, I have some emerging leadership skills... but I'm aware that I'm not always aware of them. I've got a lot to learn but, but even the skills I do have I'm not always aware that I have them [] or that I am practising leadership (line 359).

Here, Amanda seemed to be processing the idea of herself as a competent leader – both viewed as such by others as well as in her own mind. There was a sense that she was still uncertain. In the closing part of the interview Amanda made a number of comments indicating that she had evaluated her experiences and emerged as someone more confident in leadership abilities and in her identity as a leader. She stated, “*oohh gosh! All of a sudden I'm feeling a bit of a whiff of ambition here*” (line 970). In relation to her experiences in the interview she said that she was “*quite inspired really, I'm thinking, yeah, maybe I can do this leadership malarkey*” (line 1039). By the end of the interview Amanda demonstrated that she identified as a leader with more self-belief in the following extract: “*But it's about...perhaps stretching yourself []. You know being so frightened of other people... if they think you're not competent, then my confidence will be [impacted]. Well, let other people be the judge of that!*” (line 988).

Some participants seemed to easily own the identity of leader (e.g. Lucy, Eliza) Lucy said:

I've sort of taken on more of a leadership role just naturally, because I think I'm quite bossy (laughs). And I like things to be organised and I like things to

be done properly. So I'll often step up if there's nobody else who will be doing that (line 50).

This indicated that she already identified as a leader. Eliza also had some sense of herself as a leader from the outset: *"I guess it's one of those things that you say 'oh I'm not a leader' but yes it [the job] had loads of leadership and so I was thrown in at the deep end really, at the beginning"* (line 81). There was also some divergence from this for Eliza in that she described 'falling' into leadership, rather than feeling she had the necessary skills: *"I kind of fell into it and again this is partly what happens I don't necessarily volunteer but I fall into things, so I kind of fell into the role [stepping up to leadership]"* (line 681).

In contrast, others were not able to easily own the identity of leader and were processing this (e.g. Theresa, Anna). Theresa stated, *"I would say I'm in the embryonic stage of leadership"*. Anna also found it more difficult to identify as a leader but recognised that she did undertake leadership activities: *"I don't envisage myself as leader although I take on leadership responsibilities and roles"* (line 750). Anna felt more comfortable with a particular style of leadership and was then able to acknowledge herself as a leader: *"So it's around helping think and develop, that's the role I'm more comfortable with. Rather than feeling like I'm kind of standing as a kind of beacon that's saying come this way!"* (line 789).

In Samantha's account there was a sense that she was able to acknowledge herself as a leader but that this was not always an easy process:

There was a bit of me that was like 'really, I'm a leader', is that how I get described? It is isn't it? Technically it's there on paper, but there's also something about...what does that mean in myself to be a leader and I wouldn't say I'm always leading on absolutely everything and maybe that's not real anyway. But yeah, I do have to take a lead role; I do have to stick my neck out. I guess I do sort of make decisions and guide other people. Yeah. So I suppose it's there, but it's funny, I did also think that I don't like to see myself as a leader even though yeah, I've got a lead role (line 4) .

Leadership comes naturally

Leadership comes naturally captures some participants' experiences of having belief in their abilities as natural leaders, more broadly than just within their work role. Leadership seemed to come naturally outside of work and in some cases affirmed their belief in themselves as leaders. Some participants described that they felt enthusiastic and motivated to lead, and were natural contributors. Eliza described experiences of leading various projects while on

maternity leave: “*God yeah there's something else! I was on a [name] committee. I took a role on feeding back - there's basically, they were doing some changes, reorganisation of the [name] services*”. Anna stated: “*I'm just thinking in terms of the leadership issue, because I'd ... I did want to then spend time at home with [child] but equally, I didn't just want to be somebody who sat round drinking coffee every day*” (line 196). She went on to describe activities in which she took a leadership role while on maternity leave. Lucy stated, “*I have done um [leadership activities outside work] so when my [child] was at pre-school I was on the committee with the pre-school um, in the town I work in, village I work-live in – work in, God, Freudian slip!*” (line 730). This quote highlights the overlap between Lucy as a leader at work and outside of work.

Struggling in the environment

This superordinate theme captures difficult experiences participants had which led to them struggling and participants feeling helpless and dissatisfied. It seemed that this meant it was more difficult to work out whether they were a leader or not and so it fits within the master theme of *Working out whether I'm a leader*. Unlike the other superordinate themes, some of the experiences captured in this theme appeared to be related to management rather than leadership although for some participants both activities were integral to their roles. The environment in which they worked led to some participants wondering whether they actually wanted to continue their career progression in the NHS. Of course this contradicts the idea of feeling motivated and passionate about leading (*Leadership comes naturally*), but seemed to be specifically about struggling in an environment where there were “*death by a thousand cuts*” (Naomi) and where it seemed difficult for participants to feel as though they were having influence or making a difference.

It appeared that the environment left participants feeling like they had an impossible task on their hands. Naomi thought “*leadership in the NHS at the moment does feel like trying to... .. trying to, I don't know ... hammer a square peg into a round hole*” (line 624). Further she thought of some of the activities in which she was involved, “*Oh no, we're re-arranging the deck chairs on the Titanic. This, this ship's going down; what are we doing?*” (line 631). Here, Naomi appeared to be referring to more managerial tasks where she had to implement decisions and actions with which she did not agree.

Theresa felt that leading on a project outside of the NHS meant “*you don't constantly feel like you're banging your head against a brick wall*” (line, 399). This experience of feeling blocked in her work role led to her questioning whether she wanted to be a leader in the NHS. She stated, “*I've been really grappling whether I see myself carrying on, progressing in the NHS*” (line 391).

Anna talked about the difference between her home and leadership roles:

I don't have much say in the way things are going or developing [in the NHS] and I think after you do that so much in your home life [directing and developing her children][merge] it's then quite hard to come back into an organisation where you become a smaller pawn (line 412).

This suggested that Anna felt empowered and satisfied at home, but disempowered and struggling at work where the environment was not conducive to feeling influential and led to her questioning whether she should explore options outside of the NHS as well as keeping her position in the NHS. Here, Anna's perspective was different to other participants who did not describe having a 'senior' role within their families in the same way. This part of Anna's account links this theme more explicitly with how other roles are negotiated, but Anna was the only participant to make a comparison in this way.

Struggling in the environment captures the more difficult aspects of leadership (and some management experiences) which impacted on participants' experiences of owning their leadership identity. Interestingly, Anna was the only participant whose experiences were shown in both *Leadership comes naturally* and *Struggling in the environment*. Other participants' experiences were only captured in one theme or the other (see table 5). One consideration is that these two themes are, perhaps, two ends of one overarching theme where if *Leadership comes naturally* to someone then it makes it easier to cope with the difficult environments in which people may have to work and thus, they struggle less with this. However, given that Anna's experiences were captured in both themes they appear as two separate themes in the analysis.

Coming to Terms with too Many Demands

This master theme captures participants' experiences of what it is actually like having the many roles and juggling them; how they cope with them and then how they were left feeling. It includes those experiences of juggling between work and home, as well as negotiating experiences of being a leader and a clinician. Leadership is very much part of this role but this master theme, more than others, seemed to be about experiences for working women more generally.

Feeling the pressure

This superordinate theme captures participants' experiences of feeling pressured with the many demands they faced. The many different roles involved careful planning and balancing and the theme highlights some of the challenges faced. There was also a sense

that having space to think was one aspect of the pressure. Naomi highlights the pressure she feels here:

So where leadership and being a mum currently don't complement each other is just the sheer volume [] of thinking; so what, and what I find I do is I get absorbed in one and then the other slides (line 359).

Eliza described 'chaos' on a particular day but that this was a usual experience:

So I wanted to get there on time [leadership course], I didn't want to turn up late and so yeah no sleep, complete chaos, probably hadn't eaten any breakfast - had something in the car on the way there and checking my phone every break to check there had been no messages from childcare, so its that's just stuff that's ingrained in days (line 722).

Anna described coming through a period of feeling pressured, with little time to focus on herself:

You know and you're just very focused on ... your more immediate future rather than looking out and I think it's only when you've got a bit more space to breathe, you then start looking out again and thinking, where was I going ... and looking back and thinking, where was I going? (line 434).

Further, Lucy described that the many demands meant "*there's no time for me as a person. It's very much kind of me as mum; me as a lead; me as somebody desperately kind of trying to run a house [merge] it is really tough*" (line 123, 128)

Naomi and Samantha both felt pressure from their children. Samantha said, "*What is the balance? And it makes me think of oh yeah the times when 'oh you're not working late again are you?' or 'are you working late every Thursday now?' (impersonates children)*" (line 31). Naomi said:

It's just one of those heart sink moments when they go, 'So what we'd like mummy is for you not to shout loud.' 'Oh nooo! I'll really try' 'Let's put that up on the fridge! Less shouty, mummy' 'Okay' um, 'cause I mean I think that, that is one of the things that, you know the, the pressure – when I feel stressed by work – that's where it spills at home [] and I do get shout-y (line 962).

Theresa and Lucy spoke of the conflict between clinical work and leadership. Theresa made sense of this pressure by thinking about it as ‘juggling’: “*that’s really tricky at the moment and juggling the demands of clinical work with the leadership element of the role*” (line 802). Lucy stated:

“I’m sort of getting these quite clear directives about, ‘yes, we need to see people within . . . whatever, 18 weeks and managing it, and, yes, we need to see if we can get that down,’ and it’s . . . ‘yeah, but how are we, we need to do the most appropriate work for the patient.’ So it’s hard to hold both positions [merge]. It’s actually, it’s really tough” (line 964).

Finding a way to cope

Finding a way to cope captures the experience of recognising that there are multiple demands and that participants found different ways of coping. There seemed to be some similarities about the idea of prioritising, self-care and trying to keep clear boundaries.

Ways of coping varied across participants. A way of keeping boundaries was described by Amanda: “*you know I wouldn’t sit and write up a strategic document at home or anything. No. Never*” (line 744). It seemed that these boundaries and how she prioritised were important for Amanda. In contrast, Naomi stated “*my work really matters to me. It really matters as part of my own identity and so I . . . very, very rarely only do the hours that I’m paid to do. I work a lot in the evenings*” (line 816) and as such found that working in the evening at home was a way to ensure she could meet the demands of the post. Anna found that keeping a day for herself was important:

Just having that one day [when not working] feels like I can ... rebalance and get other things done and have a little bit of time for me and go for a run and do other things, it’s quite nice. It’s a nice day in the middle of the week that ... (line 695).

Participants described other strategies. Theresa said, “*You get tired, you drink wine! Yes it’s a struggle*” (line 275) and Naomi stated, “*I console myself or look after myself with cake and red wine probably; yeah, that’s, that’s when it’s working least well*” (line 1098).

Here, Samantha described how she had not been successful in letting work intrude at home so had then found a way of coping once it had intruded:

I said look I’m really erm I’m sorry [to family] you know I’ve had that sort of day that isn’t out of my head yet. And I let my family know, you know, you’re

gonna have to give me a little bit more time. I'm distracted, I keep having thoughts come into my head and I need to go and note them down, deal with them you know you're gonna have to give me a bit more time tonight (line 941).

Level of acceptance

Level of acceptance captures how accepting participants were following choices made which were influenced by their multiple roles. This impacted on how they were left feeling about themselves and the superordinate theme lies on a continuum. Most participants *felt the pressure* to take on more than they could manage and all found different ways of coping; some participants found it easier to keep to their limits than others and guilt was a feature of some accounts.

Those who were more accepting of the decisions they made and the limitations they had were more content and there was less of a sense of internal conflict. Others were less accepting of their decisions and their limitations, and were left feeling more guilty and conflicted. Within this theme there seemed to be a range of how empowered participants felt and how able to say no and to resist pressure.

So for example, Amanda seemed to have a high level of acceptance and feel empowered and easily resist outside pressures and can say no: "*No, thank you. Not another demand on me [leadership activities outside work] ... some people would feel guilty about it [saying no to leadership roles outside work] I'm not feeling guilty about that*" (line 780).

Naomi described that her roles '*oscillate*' in relation to their priority in her mind. There was a sense that although she experienced guilt and some conflict she was able to tolerate and accept this:

I do some nights [put children to bed], but they will come and there's the: 'Are you coming up to say goodnight to us mummy?' 'Um, not tonight dar...'. 'Oh mummy?' {what's that like?} Guilt, it just feel ... well, feel guilty and also, crack on! 'I know dar...I know, I'm sorry. Off to bed! Cos actually, I've got to get on with this work!' (line 367).

In contrast, Samantha described feeling conflicted about a decision not to be more involved in leadership in the community:

I feel really bad but I've not, I know I've not helped out as much [as I should have]. I had to say look 'I'm really, really sorry' but I've got the [outside work activity] thing, I'm really stretched, you know work's exploding, we've got

loads of people off, I can't do it. [merge] It wouldn't just be about the children, it would be what time I give to [partner] as well and myself (line 678, 682).

Although in the extract Samantha said 'no', there was a sense that this presented her with a difficulty. She did not automatically assume that saying no was an option and in doing so she was left conflicted and feeling guilty. Likewise, Eliza was more conflicted and less accepting. There was more of a sense of striving from Eliza's account. She described, in relation to leadership activities at work:

I get mixed feelings the bit of me, the old bit of me gets pulled towards the 'I really want to do more' and I could do... there'd be loads of stuff I'd love to get involved with but equally it's just not the right time [because focus is mother role] (line 286).

There was a sense of discomfort and guilt around this and an internal conflict about wanting to do more. Further, Eliza described feeling "torn" and in a "dilemma" when she had to pick between attending a leadership meeting where someone who she already "felt a bit stupid in front of" was going to attend or going to a performance at her son's school. Eliza described:

I blew this thing in my head into a complete stress because I thought 'there's no way I'm missing this [child's performance]. I can't do it.' [merge]. So the rational part of me was telling myself that [people would not judge for choosing child's performance over leadership meeting]. But there was a real anxiety there (line 850, 912).

Reflections

As part of the reflexivity of the project I kept a reflexive journal which I carried with me virtually all the time. It was particularly important during the data collection and analysis stage of the research. I have already noted some of my reflections. Some further reflections gleaned from the journal are discussed here and I hope that they add transparency to the research and will further indicate any potential biases for the reader.

I felt that the first two interviews went well. Despite feeling anxious prior to the interviews, in the event they felt natural and comfortable. However, there was a gap of two weeks between the second and third interview, during which time I became concerned that the interviews had not generated enough examples or experience. This may well have

contributed to my feeling that the third and fourth interviews were more difficult than the first two. I discussed this concern and anxiety with my research supervisors and we developed a strategy to look at the number and types of examples the first two interviews generated. Through going through the first two interviews looking for experiences and examples I realised that I had indeed gathered some rich data and this allayed my concerns. This enabled me to enter subsequent interviews with less anxiety and feel more able to develop rapport and focus on developing my understanding of participants' stories. I thought more about why I was so concerned about this and wondered if what I was actually worried about was that the participants' experiences had not been as negative or difficult as I had expected. This, perhaps, led me to think that I had not gathered the 'correct' kind of data. It was important to remind myself that these were their stories and that was what was important, rather than my own expectations or assumptions.

I was surprised that a number of participants described that the interviews had been an opportunity to think about the roles of mothering and leading and that perhaps they had not thought about this before. I was also concerned that there were not other forums to discuss issues. It left me hopeful that they would discuss the interviews and the ideas with other colleagues and that they would potentially return to the workplace with a different perspective.

Finally, the enormity of the task of analysing the amount of data that I collected, together with ensuring I was accurate in my reflections of the participants' accounts was, at times, overwhelming. I found it difficult to 'let go' of any parts of the interviews even when they were not directly relevant to the research questions. I also found it difficult to understand the apparent divergence in each individual's accounts and more generally over the group. At times it was important to break from data analysis and do something else before going back to the data with 'fresh eyes'. I found that through remaining empathic to the accounts I was able to understand the essence of participants' experiences and generate group themes. It was extremely important to use my clinical skills of thinking empathically about participants' experiences in both the individual and group analyses to ensure that I was focusing on their actual experiences rather than my prediction of their experiences, or what I wanted them to be.

CHAPTER FOUR: DISCUSSION

There has been much theorising about the possible reasons for the differences between men and women obtaining leadership positions; however, there has been little exploration of women's lived experiences in leadership positions and, in particular, little research conducted in the public sector. Furthermore, although researchers have begun the exploration of women's experiences once they have obtained leadership positions, and mothers' experiences in the workplace more generally, there has not been a focus on female leaders with children. Motherhood is an important part of many women's lives and has been shown to impact on pay (Motherhood wage penalty; ILO (2015)). As such, this research aimed to explore the experiences of leaders who were mothers embedded in the organisational context of the NHS. It aimed to support the many stakeholders' understanding of experiences and to open up a dialogue related to women's experiences as leaders and mothers. It further aimed to consider the possible implications and make recommendations accordingly.

The research questions were:

1. What is the experience of being a leader and a mother?
2. What sense do people make of their experiences negotiating these roles?
3. What themes emerge from negotiating and managing different roles?

This research project looked for answers to these questions through interviewing seven female clinical psychologists, who were also mothers, about their experiences. The data was analysed using Interpretative Phenomenological Analysis and, from this, three master themes and eight superordinate themes emerged.

This chapter will discuss the main findings from the study in relation to each of the research questions. A detailed discussion of the strengths and limitations of the study will be provided, followed by an assessment of the implications of the study and an indication of future research possibilities. Finally, some conclusions and closing reflections are presented.

Main Research Findings

In this section I will discuss each research question in turn and explain how the themes contribute to answering of the research questions.

Question 1: What is the Experience of Being a Leader and a Mother?

In the main, the experiences of the participants in this study were suggestive of compatibility between their identities as mothers and leaders, rather than conflict. Participants' use of psychological ideas were important in supporting this compatibility. The participants also had to accept the many demands that were placed on them in the context of multiple roles. The extent of acceptance related to some of the participants' decisions and limitations in their roles as mother and leader impacted on their feelings. Participants described their experiences of developing 'leader identities'; something which happened alongside their other experiences. Three dominant themes emerged from the data and a brief overview of each of the master themes is presented below.

Feeling congruent

The first cluster of themes reflects participants' experiences of having a congruent identity. Participants described compatibility, rather than conflict, between their different roles. For example, in relation to her leader and mother roles, Naomi stated, "*I wouldn't have the headspace to conjure up a different person*". Participants often generalised about all of their roles, although the focus was on their roles as leaders and mothers. Some went on to reflect that their values across roles were compatible. This is present in Anna's account when she discusses the "*sense of value*" she brings to all of her roles, and also in Amanda's account when she explains that she has realised through talking that she has "*core values*" present across roles. Participants also used psychological ideas, particularly containment, as a framework across their different identities. It was apparent that psychological ideas were integrated across different life spheres, and some participants gave examples of when "*maternal instincts*" were present in their leadership roles.

Coming to terms with too many demands

Participants described experiences of having multiple roles (including those of leader and mother), how they coped and how they were left feeling. Understandably, participants had different experiences of multiple demands that impacted on them and they described this in different ways. Naomi described "*sheer volume*", Eliza talked about "*chaos*", and Lucy talked about how "*tough*" it was. Despite the pressures, participants described many and varied ways of coping, such as keeping a marked separation, working part-time, or explaining to family that they were distracted by events from the day at work. For each participant, the choices and decisions they made were influenced both by being a mother and a leader (as well as potentially other roles). Their levels of acceptance varied individually, and they were therefore left experiencing different feelings; those who were

more accepting described less internal conflict and seemed to feel empowered, whereas those who were less accepting and strove for perfection were left with feelings of guilt.

It is important to note that all participants had live-in partners, and this is likely to have influenced their methods of coping, as all but one participant reported that they received help from their partners. Further, all but one participant worked part-time hours, which is also likely to have influenced their experiences.

Coming to terms with too many demands also captured experiences of negotiating clinical work and leadership: both Lucy and Theresa spoke of the conflict between their role as a leader and as a clinician. Other participants did not reflect on these experiences as explicitly.

Working out whether I'm a leader

This cluster of themes captured participants' experiences of developing an identity as a leader. Participants' consideration of their identities as leaders can be seen in all of the accounts. For example, both Eliza and Samantha stated in their interviews, "I'm not a leader," but then go on to give examples of leadership activities and confidence in themselves as a leader. Further, this group of themes captured how some participants felt as 'natural' leaders and seemed to link with self-efficacy, although this was not present in all accounts (see table 5 for the frequency of themes across individual participants).

Participants gave examples of themselves as leaders outside of work, as well as in their formal leadership roles, and this contributed to their experience of developing as a leader. For example, both Eliza and Anna gave examples of engaging in leadership activities while on maternity leave, and Samantha spoke about leadership activities related to one of her children's schools. Some participants were not captured in the superordinate theme related to being natural leaders. These participants did not state that they did not feel like natural leaders but were clear that there were limitations on the leadership activities they were willing to engage in outside of work. There was also a sense that participants were considering the environment in which they were embedded. This had an impact on them working out their identities as leaders as they described experiencing difficulties in the work environment, where they felt powerless and where influencing was problematic. Some participants used powerful statements in their accounts when discussing the difficult environment that appeared to be supporting their sense making experiences. These were particularly present in Naomi and Theresa's accounts (see page 54). Again, experiences related to struggling in the particular environment were not present in all of the accounts (see table 5).

Although this theme was focused largely on experiences of being a leader, rather than both a leader and a mother (or indeed other roles) it was clearly important to the participants as all of them discussed the leadership aspect of their identity in their accounts.

Question 2: What Sense do People Make of Their Experiences Negotiating These Roles?

Participants made sense of their experiences in a variety of ways, and these are particularly prominent in the superordinate themes *Using psychology to make sense* and *Level of acceptance*. Participants also described examples of sense making specifically within their leadership role. Overall experiences in the master theme *Coming to terms with too many demands* also provide examples of sense making from participants which spans being a leader and a mother, but also work more generally.

Using psychology to make sense

The superordinate theme, *Using psychology to make sense*, captured participants making sense of their experiences as mothers and leaders. One aspect of this theme was containment. Bion's concept of containment is important here. Bion (1962 (cited in Ogden, 2004)) believed mothers would do the thinking and emotional regulation of their baby and thus 'contain' them. The baby then learns to 'contain' itself. In the current study participants used their understanding of psychology to contain others and also themselves. This assisted them in making sense of their experiences across roles as mother and leader. Amanda explicitly stated that leading her colleagues paralleled "*maternal containing*" in relation to her role as a leader, thus connecting the idea of containment as a framework for understanding across roles as mother and leader.

In relation to leadership specifically, Lord and Hall's (2005) paper on the development of identity and leadership skill stated that "effective leaders must regulate their own emotions and they must also communicate appropriate emotions to others" (p. 606). This parallels some of Bion's thinking in relation to containment and thus seems to be important when considering leadership experiences.

There are other ways of conceptualising containment within the psychological literature. Attachment theory posits, amongst other things, that being contained psychologically when experiencing negative emotions can protect us, and thus contribute to a coherent sense of self (Fonagy, 1999). Secure Base Leadership (Kohlrrieser et al., 2012), which is based on Attachment theory (as discussed in chapter one), provides further support for the importance of containment in leadership.

Anna spoke about "*influencing*" as a psychological skill that she used in her role as a leader and her role as a mother. Theresa likened the conversations she has with her team

and her daughter regarding change where she is supporting both parties in the process. Both of these examples show how participants were able to make links across their roles which seemed to contribute to their understanding of them and thus, their feelings of congruence across roles. These examples seem to be in line with what has been understood to be effective in newer models of effective leadership. ‘Influencing’ rather than being directive is an example of transformational leadership (Bass, 1985) and being available to support people in ‘change’ could be an example of the skills of ‘enabling’ or ‘being accessible’ deemed important in Engaging leadership (Alimo-Metcalfe & Alban-Metcalfe, 2001; 2005). This indicates that some the current sample were using relational models of leadership in their leadership role and also using these ideas in their roles as mothers. This may have contributed to the sense they made of their experiences.

Acceptance

All participants spoke of the decisions they had to make in relation to negotiating their roles as leader and mother (alongside other roles). They seemed to make sense of the decisions and choices they made by determining what they felt was acceptable to them. For Eliza, it was important to her that she attended her child's play (“*there’s no way I’m missing it*”) despite an expectation that she might be judged negatively by her colleagues. In contrast, Naomi described prioritising work and was easily able to tell her children she was unable to put them to bed as she was working, stating: “*I’m sorry. Off to bed! Cos actually, I’ve got to get on with this work!*” These two contrasting examples demonstrate differing experiences of how participants made sense of their lived experiences and what was most acceptable to them and their roles.

Furthermore, the superordinate theme *Level of Acceptance* related to how accepting participants were of the decisions they had to make and subsequent limitations. This level of acceptance seemed to help participants make sense of negotiating between being both a mother and a leader (or other roles). Those who were more accepting of their decisions were more contented than those who were less accepting and strove more for perfection. For example, Eliza spoke about feeling “*complete stress*” about a choice she had to make between motherhood and leadership. In contrast, Amanda made a choice that she was not prepared to accept further demands and she seemed to be more empowered in this (“*No, thank you. Not another demand on me*”). At the less accepting end of the continuum of *Level of acceptance* it could be that some participants felt that they had to be an ‘ideal’ mother by putting their families first (Cadsby et al., 2013), but also that to be viewed as professional, both internally and by others, they were required to prioritise their work/leadership role. Eliza and Samantha described putting their families first, but seemed to be left with feelings of guilt. At the more accepting and empowered end, participants may

have found a way to overcome this internal conflict by accepting that being ‘good enough’ (Winnicott, 1988) is something with which they can live. Given the limited research on women who are leaders and mothers the superordinate theme *Level of acceptance* contributes to our understanding of some of the complexities in internal experiences.

Self-discrepancy theory (Higgins, 1987; 1989) – a theory suggesting beliefs about self, impact on one’s emotional and motivational tendencies - may provide some insight into the findings of the current study. Higgins (1987) understood the self as containing three domains: Actual (representation of the characteristics you possess - self-concept), ideal (representation of the characteristics you would like to have – hopes and desires) and ought (representation of the characteristics you think you ought to have). Higgins (1987) posited that discrepancies between the domains can cause emotional difficulties, so people can feel *anxious* when they do not do all the things they feel they should, whereas they may feel *unhappy* if they do not achieve all they had hoped to. The idea of self-discrepancies can help make sense of the continuum in *Level of acceptance*, where at one end of the continuum, people are less conflicted and more accepting and there is less (or no) discrepancy between someone’s actual and ought self (Higgins, 1987); whereas, at the other end, those participants who felt anxious and conflicted when they had to make decisions may have been concerned that they were not going to meet their own expectations of themselves, or indeed what they imagined others expected of them. Hence they experienced discrepancy and felt guilty. Participants at this end strove more for perfection and there was more of a focus on what they were not able to do, whereas the other end of the continuum there was less difference between their *actual* and *ought* selves, which thus reduced the discrepancy.

Ideas from Compassion-Focused Therapy (CFT; Gilbert, 2009) are useful when thinking about *Level of acceptance*. Gilbert (2009) devised CFT for working with people with high levels of shame and self-criticism. Essentially, CFT stemmed from ideas that those who experience shame and self-criticism find it difficult to be compassionate towards themselves (Gilbert, 2009) and that this is important as it reduces distress. In CFT being compassionate to oneself is related to the building up of skills such as caring for oneself, tolerating distress and being non-judgmental (Gilbert, 2009). In this sample, those who were less accepting seemed to be more critical of themselves and felt guiltier when making decisions where either work/leadership or children/home had the potential to suffer. For example, Samantha described feeling “*really bad*” and then provided justifications within the interview as to why she had not engaged in further leadership activities outside of work. Eliza described that “*there was a real anxiety there*” when making a decision to prioritise her child over a leadership meeting. Here, it could be argued that they were not being compassionate towards themselves. In contrast, Amanda asserted that she would not want more demands placed on her, and hence did not engage in leadership outside of work but

was not critical of herself in relation to this (“*I’m not feeling guilty about that*”). She seemed to be more compassionate towards herself and, as such, was left feeling more positive. In line with Gilbert’s (2009) ideas, participants who were less critical experienced more positive emotions. Thus, self-compassion seems to be important in participants’ feelings towards themselves. The need for compassion throughout organisations was highlighted in the Francis Report (Mid-Staffordshire NHS Foundation Trust Public Inquiry, 2013) following serious failures in the trust’s care of patients. However, this was related to staff being compassionate to patients. In the current study, self-compassion appears to be implicated in leadership and this study highlights its particular importance to women who are mothers and leaders.

Making sense of leadership experiences

Participants made sense of some of their experiences of leadership by making leadership seem like a more ordinary activity. This can be seen from the statement that comprises the title of one superordinate theme: “*I can do this leadership malarkey*” where Amanda appears to be minimising leadership by referring to it as ‘malarkey’. The idea of redefining leadership into a more ordinary activity is in line with more recent leadership models and thinking, as discussed in chapter one; leadership is no longer viewed as an act of heroism, rather a more complex idea with importance placed on context (Haslam et al., 2009).

Further, some participants also made sense by redefining what leadership meant to them. For example, Anna made specific comments regarding her understanding of leadership, stating she did not want to be a “*beacon*”, meaning that she did not want to be overly directive with her team. Lucy reported that she was, and had always been, “bossy” and she made links between this and her attributes as a leader. The idea of being a ‘bossy’ female leader has been discussed by Sheryl Sandberg, Chief Operating Officer of Facebook. She has commented (e.g. Sterbenz, 2014) that men (and boys) who are assertive are usually called leaders, whereas assertive women and girls are referred to as ‘bossy’. This example from Lucy may demonstrate an internal bias related to women and leadership in that Lucy related her leadership skills to being bossy rather than anything else. However, although not stating it directly, Lucy seemed to believe that being ‘bossy’ was a positive characteristic and had supported her becoming a leader. These ideas contribute to our understanding that it can be important for people to expand their definition of leadership, and this in turn can support a person’s development of a leader identity (e.g. Komives, Owen, Longersbeam, Mainella & Osteen, 2005). Expanding and understanding the definition of leadership may be the first step in developing an identity as a leader. In the current study, establishing what leadership meant to participants was a key step in making sense of experiences.

Further, a number of participants described themselves as leading in a transformational way (see table 4). As discussed in chapter one, researchers have asserted that transformational leadership is similar to the perceived skills of women (Eagly et al., 2003), such as being supportive and encouraging (Avolio & Gardner, 2005; Kark, 2004), and the current study's findings further contribute to this. Participants gave examples of engaging leadership (Alimo-Metcalfe & Alban-Metcalfe, 2005). For example, Samantha talked about "*facilitating others*" and Naomi spoke about "*shaping and mobilising*". These are in line with the idea of 'enabling others' as described in Engaging leadership. Participants also described characteristics akin to those from Secure Base leadership (Kohlreiser et al., 2012). For example, some participants described being nurturing, adaptive and respectful. These skills parallel ideas from Secure Base Leadership. Being nurturing is also something which has been identified as a perceived skill of women and mothers. It is interesting to note that participants described leadership styles which have been indicated to be more in line with the perceived skills of women and mothers. This may help with the understanding of the compatible identities described in "*I'm very much the same person*", which will be discussed later in this chapter. Participants' understanding of their leadership styles was important in them making sense of their experiences.

Making sense through multiple roles

The findings of the current study provide valuable contributions to understanding the benefits of holding multiple roles. Participants seemed to make sense of their roles as leader and mother (along with other roles) through embracing their multiple roles (Cheung and Halpern, 2010). Within many individual accounts there was a sense of *passion* and *enthusiasm* linked with their ability to come to terms with the many demands. The participants' accounts were complex and there was a sense of demand, as also found in Weidenfeller (2013), but there was also a real sense that participants were able to negotiate the demands of their multiple roles. Ruderman et al. (2002) posited that female leaders would experience benefits to their role as a leader if they integrated their personal and professional roles. Further, Laney et al. (2015) and Laney et al. (2014) found that motherhood expanded participants' sense of self. In the current study the role of being a mother may have contributed to participants making sense of all their experiences rather than their motherhood role being something which made experiences more difficult. *Coming to terms with too many demands* may have been influenced by participants feeling there were benefits to holding many roles and, as such, they were better able to cope and make sense of the demands.

Naomi noted the importance of her work role in relation to her identity when she stated "*it really matters to me*". Reeves (2001) suggested that engaging in paid employment

is satisfying and important in relation to people's identity. This could help to explain why, despite the difficulties, this sample found that they could largely come to terms with the demands of being a leader and a mother. Wattis et al. (2013) also highlighted from their large sample of employed women, that work had an important role in helping their participants cope with the different roles they had. Reeves's (2001) focus was on work generally rather than women specifically, or leadership, and Wattis et al. (2013) focused on women who were mothers, but not leaders, so the current study provides evidence that leadership can contribute positively to a mother's identity.

Some participants reflected on the similar values they had in each of their roles. It could be argued that this meant that although there were difficulties, the similar values meant taking on leadership activities more easily fitted with participants' social selves (Tajfel, 1982) and as such it was easier to integrate and make sense of. Further, although not a theoretical model, rather a model from clinical practice, Acceptance and Commitment Therapy (ACT; Hayes, Kelly & Stroschal (1999)) can provide some insight. Values are also central to ACT (Harris, 2009) where living a meaningful life is considered to be underpinned by "values-congruent living" (p. 189). Once values are understood, the ACT model promotes taking action that is informed by values (Harris, 2009). As values were considered important in some accounts it may be that the participants were able to make sense of their multiple roles through having similar values, hence the importance of considering values when working with women who are mothers and leaders is highlighted.

Question 3: What Themes Emerge from Negotiating and Managing Different Roles?

In answering the final research question there is a focus on identity. Themes about identity emerged from the data while exploring the experiences of participants negotiating different roles. As expected, identity was at the core of participants' experiences. Here, I will discuss the findings concerning the final research question in relation to three areas which emerged related to identity: pressure, developing a leader identity, and having a congruent identity. The findings from the current study contribute to and extend previous research related to negotiating multiple identities.

Pressure

The superordinate theme, *Feeling the pressure*, captured the internal experiences of participants negotiating different roles. Two participants explicitly discussed their experiences negotiating their roles of clinician and leader. Hallier and Forbes (2005) asserted that when clinicians become managers they need to establish whether their new leadership role fits within their social identity (Tajfel, 1982). Although Lucy and Theresa

spoke of the conflict between being a leader and a clinician, others did not. For the participants in the current study it seems that their leadership role did fit with their social identity (Hallier & Forbes, 2005); they described that they had congruent identities and the same values were important across roles, thus supporting them to negotiate their roles. This could have contributed to the minimal discussion regarding the negotiation of their leader and clinician identities.

Despite this, some participants did describe difficult aspects of negotiating multiple roles. Lucy described, “*there’s no time for me as a person*” and Anna described that only recently had she had “*space to breathe*” (line 435) and time to think about herself. *Feeling the pressure* meant that something had to be sacrificed, and for some this was self-care. However, there was also a sense of the coping strategies used in *Finding a way to cope*. All but one of the participants worked part-time. Wattis et al. (2013) suggested that organisations can view part-time working negatively, but this was not what was described by the participants in the current study, potentially indicating flexibility within the participants’ organisations. This, of course, may be different in other professions within the NHS and also different outside of the NHS; as such, the negotiation of multiple roles in other professions may result in differing experiences.

The current study further contributes to the literature on women who are leaders and mothers and negotiating other roles. Cheung and Halpern (2010) found that most of the women in their study had found strategies that allowed them to integrate work and family. However, their study did not focus on internal experiences as the current study did. The current study has incorporated experiences of negotiating being a clinician and a leader, along with the internal experiences of women who are leaders and mothers and found that although there was internal pressure that participants maintained a coherent sense of self.

Developing a ‘leader’ identity

Participants frequently talked about aspects of leadership identity, indicating its importance in their accounts of leadership. The master theme, *Working out whether I’m a leader* reflected participants’ experiences of developing their identities as leaders. Importantly, participants owned the identity of ‘leader’ to differing degrees. It is important to note that most of the experiences described within these themes are related to leadership alone, rather than of being a mother and leader or negotiating multiple roles. Previous researchers have noted the importance of developing further understanding of how women conceive of themselves in leadership roles (e.g. Davies Report, 2011; van Knippenberg & Hogg, 2003). Further, developing one’s identity as a leader is significant as it has been indicated to be important in women coming to terms with the demands in their home and work lives (Karelaia & Guillen, 2014), and therefore is important in the current research.

Understanding of one's development of a leader identity is a key finding from this study and contributes to our understanding of women in leadership roles, particularly those who are mothers. Some participants also described leadership experiences outside of their work role, which is captured in the superordinate theme *Leadership comes naturally*. This incorporation of leadership experiences outside of the work role extends understanding of leadership identity. Furthermore, because the current study is related to women who are mothers and leaders in the NHS in the UK, these findings are also novel.

Within the master theme *Working out whether I'm a leader*, firstly, participants developed their confidence and identity as a leader in their work leadership role: "*I can do this leadership malarkey*". This could be seen to support participants' development of their positive leader identity, which Karelaia and Guillen (2014) indicated was important in women's experiences in leadership roles in relation to increasing the motivation to lead, reducing stress and improving life satisfaction.

As with Cheung and Halpern's (2010) and Schueller-Weidekamm & Kautzky-Willer's (2012) study the current study's findings indicated that some of the sample did not begin their careers intending to become leaders. However, others described a belief from the outset that they would become leaders. For example, Lucy stated that she had taken on her leadership role "*naturally*." There was not the same sense of disbelief that leadership would be a possibility as there was in Cheung and Halpern's (2010) study. The current study's participants were women working in healthcare in the NHS and as such differ from participant groups in previous studies that have noted that women often do not begin their careers believing they will become leaders, thus adding to the research base indicating that there may be a need to develop women's leadership belief as early as possible.

The current research offered insight into how female leaders with children understand and establish whether they are a leader, set within the NHS, an area which has not previously been investigated. Development of an identity as a leader was highlighted as a process in the current study, and other research has also suggested that this is the case. Komives et al. (2005) conducted an in-depth study related to how people (a mixed gender group) developed their identity as a leader. They developed a preliminary theory and suggested, as with the current study, that developing identity as a leader is a process: "From viewing leadership as a process comes the awareness that people can learn to engage in leadership." (Komives et al., 2005; p. 605). Further, they suggested that as people recognise and go through a process then "leadership became an integrated part of self-concept" (Komives et al., 2005; p. 605). They suggested the final stage of developing a leader identity was that of 'integration/synthesis'. Here, Komives et al. (2005) suggested that their participants were developing confidence and "striving for congruence" (p. 607) and when participants reached the 'integration/synthesis' stage they were confident as leaders and

were able to own the identity of leader. This echoes the findings of the current study reflected in the superordinate theme, “*I can do this leadership malarkey*”. A point of difference, however, is that the current study was conducted with people employed in leadership roles rather than students, as in Komives et al.’s (2005) study. Furthermore, the current study also incorporated experiences of leadership across other domains of life, which are captured in *Leadership comes naturally*.

Leadership comes naturally is another aspect of the master theme, *Working out whether I’m a leader*. Some participants talked about leadership skills being integral across other domains, rather than only in their work roles. They had a belief that leadership came naturally to them and believed in their abilities as a leader. Here, participants seemed to be confirming their identities as leaders. Self-efficacy -- how much a person believes they can overcome challenges so as to attain their goals (Bandura, 1997) -- is pertinent within the superordinate themes “*I can do this leadership malarkey*” and *Leadership comes naturally*. Bandura (1997) suggested that self-efficacy is important in terms of predicting whether someone believes they can do things successfully. Self-efficacy may have particularly influenced the experiences captured in the superordinate theme *Leadership comes naturally*. The participants who had experiences present in this theme may have had higher levels of leadership self-efficacy. In their model of leadership development, incorporating work and family roles, Cheung and Halpern (2010) noted the importance of women developing their self-efficacy from a young age and that this development of self-efficacy continues throughout one’s development as a leader. A different study indicated that women had lower leadership self-efficacy than men (McCormick, Tanguma & Lopez-Ferment, 2002). McCormick et al.’s (2002) study was conducted with undergraduate students, and therefore may not be generalisable to those people who are actually in leadership roles, but it does provide a useful starting point. They postulated that the differing levels of self-efficacy could contribute to the lack of women in leadership positions if women themselves believe they are less capable of fulfilling the role. Although the current study did not make comparisons between male and female leaders, self-efficacy is highlighted as being important and may contribute to the development of a leader identity. Hence, development of a leadership identity is important and may be particularly so for women in leadership roles. The current study also indicated that engaging in leadership activities outside of one’s work role can promote self-efficacy.

The experiences captured in the third superordinate theme (*Struggling in the environment*) within the master theme, *Working out whether I’m a leader* may impact on self-efficacy. As the participants described feeling blocked and powerless it is likely to be more difficult to feel self-efficacious. Others have found that organisations can have a significant influence on individuals’ leader identities (Hertneky, 2012). In the current study,

for some participants, the environment in which they worked was difficult and impacted on their leadership experiences. Although some of the experiences captured within *Struggling in the environment* were perhaps related to management, it was important to include them as, for some participants, both activities were integral to their role.

Regarding the development of a leader identity, it is argued here that those participants who had gone through a process of developing as a leader and emerged as someone confident with their leadership identity, could have incorporated leadership into their self-concept. Rogers (1959) conceived of self-concept as "the organized, consistent set of perceptions and beliefs about oneself". Research has also indicated that having an identity as a leader that is combined with self-concept is important in developing as a leader (Lord & Hall, 2005; Ibarra, Smook, & Guillen Ramo, 2010). In their theoretical paper, Lord and Hall (2005) argue for a model of the development of leadership skill and suggest that if leadership skills are integrated with leader identity then a leader may become more expert. If this is the case then integrating a leader identity with self-concept seems very important, and as leaders become more experienced their view of themselves as a leader will become a more significant part of their identity (Lord & Hall, 2005). Again, this indicates the development of a leader identity as being important as was also found in the current study. Lord and Hall's (2005) paper drew on existing studies and, as such, was largely focused on the private sector, with little focus on gender. It is interesting and important, then, that the current study reported similar important findings related to self-concept. The importance of the development of a leader identity that is combined into one's self-concept is linked with the participants in the current study experiencing a congruent identity and will be discussed in the next section.

Having a congruent identity

In the current study, the development of a leader identity may have supported the development of a congruent identity, as the participants did not feel that they had to be different in their roles as mothers and leaders (or other roles). This is an important finding as it has been suggested that if women have confidence in their identities as leaders then they do not feel they have to adopt stereotypically masculine behaviours (Cheung & Halpern, 2010). This is important as it is likely to mean that women can act in a way that feels congruent to them as individuals.

The participants all experienced their differing identities (particularly leader and mother) as compatible in that they had a sense of identity which remained consistent, as shown in the superordinate theme, "*I'm very much the same person.*" Of these different identities, the participants mainly focused on the roles of leader and mother, rather than those of being a woman or a clinical psychologist, although they did mention these other

roles. This, then, adds to the knowledge base regarding women as leaders and mothers, which is currently very limited. In some ways the current study contributes to Cheung and Halpern's (2010) findings as they identified that their female participants also experienced compatibility in their different roles. However, Cheung and Halpern's study was more focused on the practicalities of negotiating their lives (e.g. bringing children to work, 'multitasking') rather than on intrapersonal processes, which was a focus of the current study. Furthermore, the current study explored leadership in healthcare in the UK, rather than private-sector organisations in the US as, predominantly, did Cheung and Halpern's (2010), and, as such, extends the research base in an underrepresented direction.

That the participants felt that their identities in different roles were compatible, rather than in conflict, is in itself in contrast with findings from much existing research. Karelaia & Guillen (2014) indicate that female leaders can experience conflict between their identities as women and leaders (although they suggest that having a positive identity as a female reduces this conflict); while other research (Hodges & Park, 2013; Cadsby et al., 2013) indicates that there is conflict between women's identities as professionals and as women. Perrakis and Martinez (2012) explored how female leaders with children negotiated their roles. Although their focus was not on identity, they found that their participants felt it difficult to balance different roles, and that there was always conflict. Thus the current study's finding, that it is possible for identity in different roles to be congruent, is key and differs from much of the existing literature, providing an important contribution to existing knowledge. *Feeling congruent* is important because a reduction in conflict between different identities can impact positively upon a person, in that it can improve life satisfaction, decrease stress and increase motivation to lead (Settles, 2004; Karelaia & Guillen, 2014).

There are a number of reasons why the findings of this study point towards a congruence of identity. Characteristics thought to be more strongly related to women and mothers, such as being nurturing and caring, may also be important in leadership roles in clinical psychology and caring professions more generally, because they are aligned with the required clinical skills. Cadsby et al. (2013) suggest that women experience more conflict than men because, as a woman or a homemaker, they are expected to be nurturing and warm, as opposed to ambitious and competent, at work. Being nurturing and warm are important skills for healthcare professionals, and so the women in this study may have experienced less conflict because there is more overlap in the attributes thought to be important for their individual roles. In Secure Base Leadership (Kohlrieser et al., 2012) it is suggested that a crucial aspect of leadership is the ability to provide safety and protection, as well as being inspirational, to support exploration and 'daring'. As such, this newer model of leadership, which has a focus on relationships, could be argued to be in line with the

skills of women and mothers, and therefore lead to less conflict between the experiences in the roles. If this is the case, it indicates potentially positive consequences for women in leadership positions, and the utilisation of these women's skills. As such, further research related to Secure Base Leadership in the NHS (rather than the business sector), would be useful.

A further reason for the differences in this study's findings compared to others' is related to the concept of values. In relation to values within each of her roles, Amanda stated: "*openness and warmth, containment, and non-judgemental, positive regard...I suppose I've talked myself into thinking that there are some core values that are very similar [across the roles of mother and leader and psychologist]*". Anna also reflected on the commonality of certain values across roles, which may explain why participants in this study did not experience identity conflict. Schwartz (1992) has indicated that values are important when it comes to the development of a person's coherence. Lord and Hall (2005) linked Schwartz's ideas with leadership, believing that leaders' identities and their values are strongly linked. As discussed, values are considered by some to be important in the creation and experience of a meaningful life (Harris, 2009), so having consistent values across roles is significant and is likely to have contributed to the lack of conflict between participants' identities in the current study. Additionally, participants described experiences in which they used psychology to make sense of their experiences (*Using psychology to make sense*), which appears to have further supported feelings of congruence.

The environment in which the current study's participants worked (where there were many more females and within the public sector) may also have contributed to the differences in this study's findings. This is consistent with Eagly and Karau's (2002) Role Congruity Theory which suggests that if there is less incongruity between gender roles and leadership roles (the leadership roles are less 'agentically' defined) then there is likely to be less prejudice, both in the accessing of positions and also once the leadership positions have been obtained. As the leadership positions of the current participants were embedded in a female-dominated profession in which care and nurture could be seen as central values, this may then account for the minimal experiences of discrimination experienced by the study's participants, and could also go some way to account for the congruent identities observed. Eagly and Karau (2002) conclude their paper on Role Congruity Theory by stating: "to the extent that organizations shift away from a traditional view of leadership and toward the more democratic and participatory view advocated by many modern management scholars, women should experience reduced prejudice and gain increased representation and acceptance in leadership roles in the future" (p. 591). As discussed, the participants described transformational methods of leadership, as well as viewing leadership in a way which was more in line with recent leadership theories. One of the central concepts of

Engaging leadership (Alimo-Metcalfe & Alban-Metcalfe, 2001; 2005) is ‘acting with integrity’, and it could be argued that integrity is partly linked with a person feeling able to be themselves while engaging in a leadership roles. As such, congruence between roles is important for a person’s experience in a leadership role.

The *double-bind*, posited by Eagly and Carli (2007), in which women are expected to be assertive and competitive as leaders but also fulfil their female gender role by being warm, kind and nurturing was not apparent in the experiences of the participants of this study. In contrast to Stead (2013), who found that participants either have to promote or hide their gender depending on different leadership situations, the current research indicates that participants were able to remain consistent in their identities across all of their roles and did not have to behave in particular ways determined by their gender. It appeared that they did not feel that they had to behave differently in relation to their gender role and their role as a leader. Rather, they clearly described maintaining the same identity within each role. The participants in this study were very much embedded in a profession and organisation with a high proportion of women, which could also contribute to the apparent lack of negative experiences of leadership based on gender. Although Role Congruity Theory (Eagly & Karau, 2002) focuses on the role of woman, rather than mother (see chapter one), many of the stereotypical characteristics are the same. It is, however, important to note that the leaders in this study were not ‘elite’ leaders, the positions which women still struggle to access (Eagly & Karau, 2002), and so it could be argued that the level at which they were leading allowed their experiences to be more of compatibility rather than conflict.

It could be that the role of motherhood, as an additional role which has been neglected in the literature, played a role in these participants *Feeling congruent*. As discussed, characteristics usually associated with women and mothers are also associated with clinical skills and leadership in the NHS. Laney et al. (2014) indicated that motherhood expanded participants’ ‘self’, and that becoming a mother expanded relationships. Laney et al. (2015) also found that participants’ identities became more intense, once they were a mother so perhaps for mothers it becomes more difficult to behave in a way which is not consistent with all their roles, and as such female leaders who are mothers have to find a way to reconcile differences, enabling a coherent and congruent identity.

Having a positive gender identity has been highlighted as important in reducing the levels of conflict experienced by women (Karelaia & Guillen, 2014). Amanda was the only participant who specifically talked about her gender in relation to identity. She spoke about it being core to her identity (see pages 49/50) and this may have supported the compatibility between roles. Amanda asserted that being a woman was the most significant aspect of her identity, more so than being a mother. This links with *Level of acceptance* as a superordinate theme because it is construed as a continuum, with Amanda positioned at one

end as the participant with the highest levels of acceptance. It could be argued that Amanda's positive gender identity supported her acceptance of her limitations and decisions. Further research would be needed in order to explore this.

The findings in relation to having a congruent identity are linked with participants' self-concept (Roger, 1959). It may be that if leadership has been incorporated into a person's self-concept it can support the reduction of internal conflict between this role and other roles. Participants talked about a coherent identity, in which they were able to be the person they wanted to be and to make sense of this. This incorporation of their different roles into their self-concept may have allowed them to feel coherent and congruent in all of their roles and find a way of coming to terms with all of the associated demands.

Strengths and Limitations

This study explored experiences of women in leadership roles. There have been calls from researchers (e.g. Davies Report, 2011) for research in this area. The study has added to understanding of mothers' experiences in leadership roles, as well as experiences managing multiple identities. Further, it explored leadership outside of the usual context of the business sector, therefore broadening the research base. There are many strengths, as well as limitations, to the current study, which are discussed in more detail below. Elliot et al.'s (1999) and Yardley's guidelines were drawn upon in evaluating the current research.

Sampling and recruitment

A strength of the study is that the recruitment method allowed for a homogeneous group of female clinical psychologists to be interviewed. All of the participants met the inclusion criteria of the study, which were developed so as to best answer the research question and in accordance with Smith et al.'s (2009) ideas about homogeneity.

Clinical psychologists were recruited for a number of reasons, including their training in being articulate and reflective, which benefitted the study. Importantly, drawing upon clinical psychologists as participants allowed exploration of experiences in the NHS and in a profession in which there are more females than males, thus extending the research base. However, it may be that the participants were not representative of other women working in the NHS because of their particular roles and training in therapeutic work. Also, clinical psychologists comprise only a small proportion of the NHS workforce. As such, generalisability may be limited. Furthermore, although they were recruited from four different trusts, all participants were from a relatively small geographic region in the UK, which could be considered to have its own culture.

Participants were recruited largely through purposeful sampling. The strength of this method was that it enabled selection of participants who met the inclusion criteria and who the research supervisors believed would provide useful insight into the areas of interest. One potential limitation may have been that, given that the research supervisors personally contacted six out of seven of the participants, some may have felt that they were unable to decline participation.

Since all those contacted readily agreed to participate, only one participant was recruited through snowballing. This was an outcome I had not anticipated. Although I did not notice a particular difference in terms of this participant's experiences, on reflection it may have been better to recruit a more equal number through purposeful sampling and snowballing.

Whilst the inclusion criteria specified that the clinical psychologist could be working at any level provided that they had a leadership aspect to their role, those who were ultimately recruited all occupied 8b and 8c roles (relatively high bandings within the NHS), meaning that the experiences recounted may be quite particular to these grades. Those in 8c roles are likely to be required to engage in more leadership activities and also more likely to have managerial responsibilities. Recruiting from all levels of clinical psychology would likely have yielded different results, but could have reduced the focus on leadership. Equally, recruiting participants who were all the same grade may have allowed for a more homogenous group.

Interviews

Interviews are the usual choice for IPA based research (Smith et al., 2009). They were selected as the most way to gather data in order to allow a facilitated conversation and to enable the follow up of interesting and useful points. The interviews allowed for rapport building and elicitation of relevant stories. However, there are some limitations in using semi-structured interviews. Although using prompts can mean that there is less of a 'natural' conversation (Smith et al., 2009) I found it important and useful to have prompt questions and an idea of the important topics to cover in the interview. There were a couple of occasions in which I felt concerned that I had not asked questions from the interview schedule, so referred back to it, changing the direction of the interview. On both of the occasions the participant returned immediately to their original topic so this was unlikely to have impacted on the data gathered. As with any interviewing method there is a chance that leading questions were asked, especially as I had preconceived ideas about the type of data I might garner, as discussed in previous chapters. Upon listening back to the interviews, I noted one occasion in which I suggested something that was related to my own

interpretation of what the participant was saying. The participant repeated it back to me, indicating that she may have agreed with my understanding of the experience.

Some researchers have indicated that the characteristics of the interviewer; in particular, age, ethnicity and gender (Denscombe, 2007), may affect how much information participants disclose. It is the case that I had had prior contact with some of the participants, for example having been taught by them or being on placement in the same service. Most knew me and my position as a psychologist in clinical training. It may well have been the case that some of the participants felt uncomfortable disclosing very difficult events or instances of discrimination, particularly as they would have recognised me as a woman, at the beginning of my career. Indeed, two of the participants asked for particular caution to be used around the inclusion of specific examples of practice, and these extracts do not appear in the results chapter. However, although the interviews sometimes touched on sensitive issues, this was not generally the case and so my own personal identity may have had less relevance than it otherwise would, had the interviews concerned more personal matters (Denscombe, 2007).

Importantly, the interview schedule was tested on a number of people in different forums, which assisted in refining it. Although I took a number of measures to ensure that the interview schedule was as refined as possible, as a relatively inexperienced qualitative researcher I noticed when listening back and immersing myself in the data that there were a number of points made by participants that could have been followed up, and as such may have provided richer data. Of course, it is always the case that more could be explored. It is also a matter of judgment within semi-structured interviews as to where and what to follow up.

As the interviewer I was in the 'non-expert' role, as I am neither a mother nor a leader. This position holds some benefits; for example, I was able to explore topics and ideas raised by participants, be curious and interested, and consider what it meant for them as I did not assume understanding based on my own experiences. In contrast, it also meant that I was less expert in the area so perhaps not as able to empathise as much as a researcher who met the inclusion criteria may have done. There was some evidence that participants were 'elite' interviewees (Gillham, 2000) as they needed very little prompting. It was also the case that they sought my guidance regarding how much information they should provide before moving onto the next question. I had not considered, until the first interview, that the participants may also be nervous. Many questioned at the end of the interviews whether they had relayed the information required. These aspects meant that it was useful and important to have the flexible interview schedule as it aided me with both of these scenarios. Interestingly, many of the participants reported that they had enjoyed the interview and found it useful. One participant commented that there were no other forums in which to

discuss such issues. Amanda commented “*we discover things as we talk*” (line 928), which indicated that the interview had been a useful experience for her.

Quality checks

As discussed in chapter two, many quality checks were used throughout the study. These were drawn primarily from Elliot et al. (1999) and Yardley (2000). As documented in previous chapters, reflexivity was important throughout the data collection and analysis process. This allowed me to note when particular feelings arose and consider whether these were affecting the analysis process. Despite the reflexivity process and quality checking, the analysis will have been impacted by my experiences (as per the double hermeneutic; Smith et al., 2009). I am a relatively inexperienced researcher, new to IPA; a more experienced IPA researcher may have found different results or provided a deeper level of interpretation (Smith et al., 2009)

Many other steps were taken to ensure the validity and reliability of the analysis. All of the participants’ individual themes were discussed with the research supervisors and some of them were discussed with a peer also undertaking an IPA project. This allowed for validation of the themes developed, and introduced new perspectives on data and refinement of the individual themes. At the group analysis stage the themes and their development were discussed with research supervisors and were clustered and re-clustered many times to ensure a coherent narrative emerged. An audit trail of the individual and group analysis was kept.

Extracts are provided in the results chapter to allow for transparency; it may be that the reader will have a different perspective regarding some of the extracts. I selected extracts which provided “good and appropriate illustrations for each theme” (Smith et al., 2009; p. 182), rather than including extracts from each participant for each theme. I have also provided examples of parts of the analysis process in appendix IX. In chapter three I have provided demographic and contextual information about each of the participants in order to situate the sample (Elliot et al., 1999) and ensure transparency.

Implications

In the following section I will discuss the implications of my research and suggest how my findings could perhaps act as a bridge between stakeholders and relevant organisations. These links derive from the study’s findings, as they point towards a number of complex experiences which could be identified with and used by many stakeholders, including female leaders with children in the NHS, the clinical psychology profession (including clinical psychology training courses), leadership training courses, and NHS organisations.

Although experiences are likely to be different in other sectors, it is possible that this study's findings may still be of relevance to other professions and areas.

The theme of *Feeling congruent* in one's identity across various roles seems to support sense making and the development of positive experiences, which has implications for all employers and institutions. Supporting the understanding of those female leaders with children, regarding the internal links between their roles, and the (potentially) similar values within those roles, could be a way of increasing feelings of congruence and, potentially, well-being. It would be of benefit to stakeholders of all institutions if congruence could be nurtured and developed.

Employers could implement interventions that focus on exploring values in roles, increasing awareness of possible internal conflicts as well as possible congruence. It would likely be of benefit for them to develop simple interventions, such as discussions regarding conflict and congruence in supervision, or mentoring schemes involving female leaders with children. Further, teaching on clinical psychology training programmes, and other health professional training programmes, as well as leadership training, could benefit from the inclusion of aspects that highlight the possible compatibility and incompatibility of roles. It may be that this is relevant to male leaders too.

The study also indicated that although there were complexities, it is possible for mothers to be leaders also, and that this was even perhaps beneficial to them. The participants in this study were largely able to come to terms with the many demands of the two roles and this should encourage other women as well as employers. This should be noted and promoted so as to ensure that women are further able to access leadership positions, particularly within professions where flexibility is possible. Employers could ensure that there are at least some leadership positions that allow part-time working.

Some participants were self-critical in relation to their experiences of managing multiple demands upon them. Increasing self-compassion could have positive outcomes for female leaders with children. NHS and clinical psychology organisations could be made aware of the importance of these ideas, and it may be useful to incorporate them into leadership training. At the individual level, it may be appropriate to have some kind of forum for women leaders with children (for example a social media blog or a group who get together) to share experiences and ideas about coping, while also recognising that people have individual experiences of which they need to make sense.

These issues surrounding identity, congruence and self-awareness implicate the use of psychological ideas in leadership training and perhaps the importance of psychologists contributing to the development of such training. It is possible that the sample of clinical psychologists in this study were able to develop both a leader identity and a congruent identity because they also had particular training in psychological thinking and models,

supported by their clinical skills. Secure Base Leadership (Kohlrieser et al., 2012) may be able to bridge the gap between the roles of leader and mother, and teaching about leadership on clinical psychology training courses may benefit from including this as a model. Further still, this may be useful in leadership training more generally. It may also be important to allow women to re-conceptualise leadership so that it is meaningful and tolerable to them. Again, this implicates the importance of involving psychologists in the development and delivery of leadership training, particularly in other professions, where there can be a focus on the relational aspects of leadership.

It may be that when exploring in-depth the experiences of other mothers and leaders in the NHS, the same kinds of results would be found. As such, the implications discussed are not limited to clinical psychology as a profession, but are also relevant and useful to other professions.

Participants' development of their confidence as leaders is something which will be significant for clinical psychology training courses as it seems it is important to start the process of leader development early. Indeed, the new training guidelines for clinical psychology courses (BPS, 2014) incorporate leadership as a competency. The development of a leader identity is also likely to have relevance for other professions within the NHS. Although it may be the same for male leaders, the findings of this study suggest the importance of women developing their leader identity. There is a need to develop women's leadership skills and their belief in their abilities and promote self-efficacy from an early stage in their lives. The implementation of this could potentially occur through sharing research with all clinical psychology trainees, regardless of gender. This would highlight, from the outset, some of the possible experiences to be expected, such as the process of developing a leader identity, which will be different for each individual; values and roles can be internally compatible and psychological ideas can help people make sense of experiences across roles. Further, encouraging leadership experiences outside of work roles may also be useful.

The findings from the current study may make an important contribution to the preparation of female clinical psychology trainees. This may include sending strong communications to clinical psychology trainees and, potentially, the wider NHS staff. Employers and leadership training courses could send a clear message that women can be leaders and that this is possible alongside their roles as mothers. In clinical psychology training, particularly with the new training guidelines (BPS, 2014), there is a focus on developing leadership skills, but the current research highlights a specific message which could be conveyed regarding the positives of being a mother and a leader.

Although participants described developing identity and confidence, and finding ways of coping with the demands of leadership and motherhood, some commented that they

had not had the opportunity to think about their experiences across the two roles. Mentoring could be a useful tool here; AWiSE (Advancing Women in Science and Engineering) have mentoring schemes to specifically support women entering STEM (science, technology, engineering and maths) professions. As clinical psychology has many more women at the lower grades it is likely that mentoring schemes specifically supporting women in leadership positions could be an important introduction within clinical psychology and the NHS more widely.

Within the NHS leadership academy, there are now a number of different leadership training courses; for example, the Edward Jenner programme – an online leadership training course, and Elizabeth Garrett Anderson Programme – an MSc in healthcare leadership. Many of the possible implications and recommendations mentioned in this section could perhaps be considered for inclusion in these training courses, which are accessible to all healthcare professionals. None of these courses are specifically for women. It may be relevant to have some separation of women's leadership training as there appear to be specific issues related to leadership and motherhood, and as such it may be important for these issues to be discussed and explored. A section on leadership and roles and the possible conflicts and compatibility may be useful. The training could afford women the opportunity to discuss and explore issues separately and share ideas with other women. Training teams could include female leaders with children, including some who have older children, enabling their perspectives to be incorporated into the training material. It may also be useful for them to share their experiences as part of the direct training. Given that the NHS comprises a largely female workforce, though with more men in leadership positions, this may be particularly beneficial as there clearly remain barriers for women accessing leadership positions.

Future Research

The current study's findings indicated a number of potential areas for future research. The experiences of leaders and mothers and the negotiation of identities are complex; as this was a small scale study it will be important to continue to explore these experiences. It may be beneficial to conduct research with leaders who are mothers but who have older children and are able to reflect back on their experiences and thus inform the discussion.

Qualitative research has generated somewhat different findings to those studies using quantitative methods. This was the first study exploring women's experiences as leaders and mothers in the NHS; research into different professions within the NHS will be key in ascertaining whether the findings are limited to clinical psychology.

The current study did not set out to explore leadership identity, but this was a feature of all participants' experiences. Research could be designed to explore leadership identity amongst female leaders with children and how each role could facilitate the other. Further to this, it may be important to explore how this development of leadership identity impacts on service outcomes. Future research in the area will be important, particularly in the public sector, as much of the research related to leadership identity has been conducted in the private sector.

Many of the participants in the current study mentioned leadership styles in line with more recent models of leadership such as Engaging Leadership and Secure Base Leadership, and therefore further exploration of these is appropriate. Indeed, given the identified link between Secure Base Leadership and motherhood, this may be particularly relevant for leaders with children.

Self-compassion was considered useful to understand one of the superordinate themes in the current study (*Level of acceptance*) and is potentially important for female leaders with children. More research is required to ascertain how and where this impacts on the roles, and is likely to be further important given that the Francis Report (Mid-Staffordshire NHS Foundation Trust Public Inquiry, 2013) implicated the need for compassion throughout organisations.

Although the literature indicates that the conflict between roles is fairly specific to women, it may be that some of the questions would be useful to ask of male leaders in clinical psychology and the NHS. An in-depth comparison study would be an important follow up research project, or perhaps a study with similar research questions and a subsequent comparison of the findings. This would then allow a greater understanding and inform choices about where interventions and resources should be directed.

Quantitative methods may be important when exploring specific phenomena. For example, self-efficacy is indicated as future area of research in relation to women's development of their leader identities and exploration of positive gender identity.

Positive gender identity and acceptance are indicated as a useful area for further research, as one of the findings of this study was a possible link between the two. Existing research has implicated positive gender identity in relation to women's experiences in leadership; future research could expand to leaders who are also mothers. More specific research is required to explore the links between having a positive gender identity and women's experiences in leadership roles and in developing an identity as a leader.

Conclusion

This research explored the experiences of female leaders who were also mothers, and used clinical psychologists working in the NHS as the sample. Using qualitative methods to allow for an in-depth analysis, it examined experiences; this had previously been neglected in the psychological literature. Three master themes emerged from the literature; these master themes contributed to the answers to the research questions asked at the start of the study. Participants described having congruent, rather than conflicted, identities in their roles as mothers and leaders, which differs from much of the existing literature in relation to women, leadership, employment and motherhood. Central to participants' accounts was their developing leader identity, where some more than others were able to own the identity of leader. Participants described how they had to come to terms with the many demands of having multiple roles, and again there were differences in how participants were left feeling about themselves once they had navigated their roles. Participants made sense of their experiences in a variety of ways. Psychological ideas were often used to support them in linking their experiences across their roles as mother and leader. Participants' level of acceptance related to limitations and decisions across roles was conceptualised along a continuum, with higher levels of acceptance playing an important role in reducing negative feelings. Leadership experiences were made sense of through participants redefining what leadership meant to them. Also important were participants' experiences developing their identities as leaders. Their ability to do this was at least partially linked to their self-efficacy. The development of a leader identity seemed to influence the other key finding in relation to identity where participants talked about having largely congruent and coherent identities across roles. The findings of this study indicate that the experiences of female leaders are complex and that qualitative methods are useful and important in their exploration. Further research needs to be conducted to continue to explore the experiences of leaders who are mothers, and female leaders' identity development.

Final Reflections

I started this research expecting to find that women would have to be different in order to fit in as competent leaders, and that they would be likely to describe some experiences of discrimination. I was confident that the women I interviewed would have experienced the identity conflict highlighted in existing research. In many ways this is not what I found. I feel more hopeful about my career in clinical psychology than I did prior to beginning the research. I am hopeful that leadership research will remain on the agenda for psychological

researchers and that they will ensure that women accessing and already in leadership roles will remain firmly at the forefront.

References

- Alban-Metcalf, R. J. & Alimo-Metcalf, B. (2000). An analysis of convergent and discriminant validity of the Transformational Leadership Questionnaire. *International Journal of Selection & Assessment*, 8 (3), 158-175.
- Alimo-Metcalf, B. & Alban-Metcalf, R.J. (2001). The development of a new transformational leadership questionnaire. *The Journal of Occupational & Organizational Psychology*, 74, 1-27.
- Alimo-Metcalf, B. & Alban-Metcalf, R. J. (2005). Leadership: Time for a new direction? *Leadership*, 1 (1), 51-71.
- Alimo-Metcalf, B., Alban-Metcalf, R. J., Bradley, M., Mariathas, J. & Samele, C. (2008). The impact of engaging leadership on performance, attitudes to work and well-being at work: A longitudinal study. *Journal of Health Organization and Management*, 22 (6), 586-598.
- Alimo-Metcalf, B. M. & Lawler, J. (2001). Leadership development in UK companies at the beginning of the twenty-first century: Lessons for the NHS? *Journal of Management in Medicine*, 15, 387-404.
- Avolio, B. J. & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, 16, 315-338.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bardasi, E. & Taylor, M. (2005). *Marriage and wages*. Institute for Social and Economic Research. ISER Working Papers Number 2005-1.
- Barlow, C. A., & Cairns, K. V. (1997). Mothering as a psychological experience: A grounded theory exploration. *Canadian Journal of Counseling*, 31 (3), 232-247.
- Barsh, J. & Cranston, S. (2009). *How remarkable women lead: The breakthrough model for work and life*. Crown Business: New York.
- Bass, B. (1985). *Leadership and performance beyond expectations*. New York: Free Press.
- Bennett, N., Wise, C., Woods, P. A., & Harvey, J. A. (2003). *Distributed leadership*. Nottingham: National College of School Leadership.
- Blair-Loy, M. (2003). *Competing devotions: Career and family among women executives*. Harvard University Press, Cambridge, MA.
- Bolden, R. (2011). Distributed leadership in organizations: A review of theory and research. *International Journal of Management Reviews*, 13, 251-269.
- Bowlby, J. (1988). *A secure base: clinical applications of attachment theory*. London: Routledge.
- Bowles, H. R. (2012). Claiming authority: How women explain their ascent to top leadership positions. *Research in Organizational Behaviour*, 32, 189-212.

- Brenner, O. C., Tomkiewicz, J. & Schein, V. E. (1989). The relationship between sex role stereotypes and requisite management characteristics re-visited. *Academy of Management Journal*, 32, 662-669.
- British Psychological Society (2007). *New Ways of Working for Applied Psychologists in Health and Social Care. Organising, Managing, and Leading Psychological Services*. Leicester: BPS.
- British Psychological Society (2010). *Clinical Psychology leadership development framework*. Division of Clinical Psychology.
- British Psychological Society (2014). *Standards for doctoral programmes in clinical psychology*. Leicester. BPS.
- Bryman, A. (2004). Qualitative research on leadership: A critical but appreciative review. *The Leadership Quarterly*, 15, 729-769.
- Burns, J. (1978). *Leadership*. New York: Harper and Row.
- Burr, V. (1995). *An introduction to social constructionism*. Routledge.
- Cadsby, C. B., Servatka, M. & Song, F. (2013). How competitive are female professionals? A tale of identity conflict. *Journal of Economic Behavior & Organization*, 92, 284-303.
- Carli, L. L. (2001). Gender and social influence. *Journal of Social Issues*, 57 (4), 725-741.
- Cheng, C., Sanchez-Burks, J. & Lee, F. (2008). Connecting the dots within: Creative performance and identity integration. *Psychological Science*, 19, 1178-1184.
- Cheung, F. M. and Halpern, D. F. (2010). Women at the top: Powerful leaders define success as work and family in a culture of gender. *American Psychologist*. 65 (3), 182-193.
- Cialdrini, R. B. & Trost, M. R. (1998). Social influence: Social norms, conformity and compliance. In D. T. Gilbert, S. T. Fiske & G. Lindzey (eds.), *The handbook of social psychology* (4th ed., Vol. 2, pp.151-192). Boston: McGraw-Hill.
- Conger, J. (1998). Qualitative research as the cornerstone methodology for understanding leadership. *Leadership Quarterly*, 9 (1), 107-121.
- Darvill, R., Skirton, H., & Farrand, P. (2010). Psychological factors that impact on women's experiences of first-time motherhood: a qualitative study of the transition. *Midwifery*, 26, 357-366.
- Davies, E. M. (2011 Feb). *Women on boards*. Retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/31480/11-745-women-on-boards.pdf
- Day, D. (2000). Leadership development: A review in context. *The Leadership Quarterly*, 11 (4), 581-613.

- Deloitte (2013). *Women in the boardroom: A global perspective. 3rd edition*. Deloitte Global Center for Corporate Governance.
- Denscombe, M. (2007). *The good research guide*. Mc-Graw Hill Education.
- Diekmann, A. B. & Eagly, A. H. (2000). Stereotypes as dynamic constructs: Women and men of the past, present and future. *Personality and Social Psychology Bulletin*, 26, 1171-1188.
- Dixon, T. M. & Baumeister, R. F. (1991). Escaping the self: Moderating effect of self-complexity. *Personality and Social Psychology Bulletin*, 17, 363-368.
- Douglas, C. (2012). The moderating role of leader and follower sex in dyads on the leadership behavior-leader effectiveness relationships. *The Leadership Quarterly*, 23 (1), 163-175.
- DuGay, P. (2006). *Consumption and identity at work*. London: SAGE.
- Eagly, A. H. & Carli, L. L. (2003). The female leadership advantage: An evaluation of the evidence. *Leadership Quarterly*, 14, 807-834.
- Eagly, A. H. & Carli, L. L. (2007a). *Through the labyrinth. The truth about how women become leaders*. Harvard Business School Press.
- Eagly, A. H. & Carli, L. L. (2007b Aug 28). Women and the labyrinth of leadership. *Harvard Business Review*, Feature. Retrieved from <http://citt.hccfl.edu/Newsletters/NewsletterID1.pdf>
- Eagly, A. H., Johannesen-Schmidt, M. C. & van Engen, M. L. (2003). Transformational, transactional and laissez-faire leadership styles: A meta-analysis comparing women and men. *Psychological Bulletin*, 129, 569-591.
- Eagly, A. H. & Johnson, B. T. (1990). Gender and leadership style: A meta-analysis. *Psychological Bulletin*, 108, 233-256.
- Eagly, A. H. & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Bulletin*, 109 (3), 573 – 598.
- Eagly, A. H., Wood, W. & Diekmann, A. (2000). Social role theory of sex differences and similarities: A current appraisal. In T. Eckes & H. M. Trautner (eds.) *The developmental social psychology of gender*. (pp. 123-1774). Mahwah, NJ: Erlbaum.
- Edmonstone, J. (2005). What is clinical leadership development? In J. Edmonstone (ed.), *Clinical leadership: A book of readings* (16-19). Kingsham Press: Chichester.
- Edmonstone, J. (2009). Clinical leadership: the elephant in the room. *International Journal of Health Planning Management*, 24, 290-305.
- Elliot, C. & Stead, V. (2008). Learning from leading women's experience: Towards a sociological understanding. *Leadership*, 4, 159-180.

- Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Ely, R. J. (1994). The effects of organizational demographics and social identity on relationships among professional women. *Administrative Science Quarterly*, 39, 209-238.
- Ely, R. J., Ibarra, H. & Kolb, D. (2011). Taking gender into account: Theory and design for women's leadership development programs. *Academy of Management Learning and Education*, 10 (3), 474-493.
- Ely, R. J. & Rhode, D. L. (2010). Women and leadership: Defining the challenges. In N. Nohria & R. Khurana (Eds.). *Handbook of Leadership Theory and Practice*, 377-410. Boston, MA: Harvard Business Publishing.
- Equality and Human Rights Commission (2011). *Sex and power*. EHRC.
- Equality and Human Rights Commission (2013). *Women, men and part-time work*.. EHRC.
- Erikson, E. H. (1959). *Identity and the life cycle; Selected paper, with a historical introduction by David Rapaport*. New York: International University Press.
- Fawcett Society (2013 Feb 28). *Stats and facts on women in power*. Retrieved from: <http://www.fawcettsociety.org.uk/2013/02/stats-and-facts-on-women-in-power/>
- Fonagy, P. (1999). Points of contact and divergence between psychoanalytic and attachment theories: Is psychoanalytic theory truly different. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, 19 (4), 448-480.
- Ford, J. (2006). Discourses of leadership: Gender, identity and contradiction in a UK public sector organization. *Leadership*, 2 (1), 77-99.
- Ford, J. (2010). Studying leadership critically: A psychosocial lens on leadership identities. *Leadership*, 6 (1), 1-19.
- Ford, J. & Collinson, D. (2011). In search of the perfect manager? Work-life balance and managerial work. *Work, Employment & Society*, 25, 257-273.
- Ford, S., Santry, C. & Gainsbury, S. (2010 Aug 17). *Top hospitals show bias for male nurse directors*. Retrieved from <http://www.nursingtimes.net/whats-new-in-nursing/acute/top-hospitals-show-bias-for-male-nurse-directors/5018275.article>
- Fitzgerald, L. & Dufour, Y. (1997). Clinical management as boundary management: a comparative analysis of Canadian and UK health care institutions. *International Journal of Public Sector Management*, 10 (12), 5-20.
- Fitzgerald, L., Lilley, C., Ferlie, E., Addicott, R., McGivern, G. & Buchanan, D. (2006). *Managing change and role enactment in the professional organisation*. DeMontfort University. Royal Holloway College, London University, Cranfield University for National Coordinating Centre for NHS Service Delivery & Organisations R&D.

- Forbes, T., Hallier, J. & Kelly, L. (2004). Doctors as managers: investors and reluctant in a dual role. *Health Services Management Review*, 17, 167-176.
- Gallup (2013 Nov 11). *Americans still prefer male boss*. Retrieved from <http://www.gallup.com/poll/165791/americans-prefer-male-boss.aspx>
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15, 199-208.
- Gillham, B. (2000). *Research Interviews*. Continuum.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Glaser, B. and Strauss, A. (1967). *The discovery of Grounded Theory*. Chicago: Aldine.
- Gomez, M. J., Cooke, K., Fassinger, R. E., Prosser, J. & Mejia, B. (2001). Voces Abriendo Caminos (Voices forging paths): A qualitative study of career development of notable Latinas. *Journal of Counseling Psychology*, 48 (3), 286-300.
- Hallier, J. & Forbes, T. (2005). The role of social identity in doctors' experiences of clinical managing. *Employee Relations*, 27 (1/2), 47-69.
- Harris, R. (2009). *ACT made simple: A quick-start guide to ACT basics and beyond*. New Harbinger Publications, Inc.
- Hartley, J. & Hinksman, B. (2003). *Leadership development: A systematic review of the literature*. Retrieved from: <http://www.nursingleadership.org.uk/publications/Systematic%20Review%20-%20Warwick.pdf>
- Hartley, J. & Benington, J. (2011). Political leadership. In A. Bryman, B. Jackson, K. Grint & M. Uhl-Bien (eds.). *Sage handbook of leadership*. London: Sage.
- Haslam, S. A., Reicher, S. D. & Platow, M. J. (2010). *The new psychology of leadership: Identity, influence and power*. Psychology Press, Taylor & Francis Group.
- Hayes, S. C., Strosahl, K. W. & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guildford press.
- Heilman, M. E. (2001). Description and prescription: How gender stereotypes prevent women's ascent up the organizational ladder. *Journal of Social Issues*, 57 (4), 657-674.
- Hertneky, R. (2012). Composing our lives – as women and as leaders. *Advances in Developing Human Resources*, 14 (2), 140-155.
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94 (3), 319-340.
- Higgins, E. T. (1989). Self-discrepancy theory: What patterns of self-belief cause people to suffer? *Advances in Experimental Social Psychology*, 22, 92-136.

- Higher Education Standards agency (2012). Statistics – students and qualifiers at UK HE institutions. Retrieved from (13.08.13)
<http://www.hesa.ac.uk/content/view/1897/239/>
- Hodges, A. J. & Park, B. (2013). Oppositional identities: Dissimilarities in how women and men experience parent versus professional roles. *Journal of Personality and Social Psychology*. 105 (2), 193-216.
- Hogg, M. A. (2001). A social identity theory of leadership. *Personality and Social Psychology Review*, 5 (3), 184-200.
- Hogg, M. A., van Knippenberg, D. & Rast, D. E. (2012). The social identity theory of leadership: Theoretical origins, research findings, and conceptual developments. *European Review of Social Psychology*. 23, 258-304.
- Hogue, M. & Lord, R. (2007). A multilevel, complexity theory approach to understanding gender bias in leadership. *Leadership Quarterly*, 18, 370-390.
- Hollway, W. & Jefferson, T. (2000). *Doing qualitative research differently: Free association, narrative and the interview method*. London: Sage Publications Ltd.
- Hoyt, C. (2013). Women and leadership. In P. G. Norhouse (ed.). *Leadership. Theory and Practice*. Sage.
- Hoyt, C. & Chemers, M. M. (2008). Social stigma and leadership: A long climb up a slippery ladder. In C. L. Hoyt, G. R. Goethals & D. R. Forsyth (eds.). *Leadership at the crossroads: Leadership and psychology* (vol. q, pp. 165-180). Westport, CT: Praeger.
- Hymowitz, C. & Schellhardt, T. C. (1986). The glass ceiling: Why women can't seem to break the invisible barrier that blocks them from top jobs. *Wall Street Journal*, March 24, special supplement, 1, 4.
- Ibarra, H., Snook, S., & Guillen Ramo, L. (2010). Identity-based leader development. In N. Nohria & R. Khurana (Eds.), *Handbook of leadership theory and practice* (pp. 657-677). Boston, MA: Harvard Business Publishing.
- International Labour Organization (2015). *The motherhood pay gap: A review of the issues, theory and international evidence*. ILO.
- James, L. (2008). United by gender or divide by class? Women's work orientations and labour market behaviour. *Gender, Work and Organization*. 15 (4), 394-412
- Karellaia, N. & Guillen, L. (2011). Identity challenges of women leaders: Antecedents and consequences of identity interference. INSEAD Working Paper No. 2011/131/DS.
- Karellaia, N. & Guillen, L. (2012). Me, a woman and a leader: Antecedents and consequences of the identity conflict of women leaders. INSEAD Working Paper No. 2012/117/DS

- Karelaia, N. & Guillen, L. (2014). Me, a woman and a leader: Positive social identity and identity conflict. *Organizational Behavior and Human Decision Processes*, 125, 204-219.
- Kark, R. K. (2004). "The transformational leader: Who is (s)he? A feminist perspective". *Journal of Organizational Change Management*, 17 (2), 160-176.
- Kark, R. K. & Eagly, A. H. (2010). Gender and leadership: Negotiating the labyrinth. In J. C. Chrisler & D. R. McCreary (eds.), *Handbook of gender research in psychology*. New York: Springer.
- Kaufman, E. K. & Grace, P. E. (2011). Women in grassroots leadership: Barriers and biases experienced in membership organization dominated by men. *Journal of Leadership Studies*, 4(4), 6-16.
- King's Fund (2011). *The future of leadership and management in the NHS: No more heroes*. The King's Fund.
- King's Fund (2013 Jul 18). *Women continue to face barriers to taking senior leadership positions in the NHS*. Retrieved from <http://www.kingsfund.org.uk/press/press-releases/women-continue-face-barriers-taking-senior-leadership-positions-nhs-new>
- Koenig, A. M., Eagly, A. H., Mitchell, A. A. & Ristikari, T. (2011). Are leader stereotypes masculine? A meta-analysis of three research paradigms. *Psychological Bulletin*, 137 (4), 616-642.
- Kohlrieser, G., Goldsworthy, S. & Coombe, D. (2012). *Care to dare: Unleashing astonishing potential through secure base leadership*. Warren Bennis.
- Komives, S. R., Owen, J. E., Longerbeam, S. D., Mainella, F. C. & Osteen, L. (2005). Developing a leadership identity: A grounded theory. *Journal of College Student Development*, 46 (6), 593-611.
- Kotter, J. (2013 Aug 23). Management is (still) not leadership. [blog post]. Retrieved from: <http://blogs.hbr.org/kotter/2013/01/management-is-still-not-leadership.html>
- Laney, E. K., Carruthers, L., Hall, E. L., & Anderson, T. (2014). Expanding the self: Motherhood and identity development in faculty women. *Journal of Family Issues*, 35 (9), 1227-1251.
- Laney, E. K., Hall, E. L., Anderson, T. L., & Willingham, M. M. (2015). Becoming a mother: The influence of motherhood on women's identity development. *Identity: An international Journal of Theory and Research*, 15, 126-145.
- Lavender, T., Gray, I. & Richardson, A. (2005). English survey of applied psychologists in Health and Social care and in the Probation and Prison Services. The British Psychological Society, Department of Health and Home Office.
- Lewis, S. & Lewis, J. (1996). *The work-family challenge: Rethinking employment*. London: Sage.

- Lord, R. G. & Brown, D. J. (2004). *Leadership processes and follower identity*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Lord, R. G. & Hall, R. J. (2005). Identity, deep structure, and the development of leadership skill. *The Leadership Quarterly*, 16, 591-615.
- Mason, J. (2002). *Qualitative researching*. 2nd edition. Sage Publications.
- McCormick, M.J., Tanguma, J. & Lopez-Forment, A. S. (2002). Extending Self-Efficacy Theory to Leadership: A Review and Empirical Test. *Journal of Leadership Education*, 1 (2), 34-49.
- Mid-Staffordshire NHS Foundation Trust Public Inquiry (2013). *Report of the Mid-Staffordshire NHS Foundation Trust public inquiry: executive summary*. Retrieved from:
<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>
- Millward, L. (2012). *Research methods in psychology*. Sage Publications.
- National Health Service Leadership Academy (n.d.). Retrieved from:
<http://www.leadershipacademy.nhs.uk/>
- Office for National Statistics (2012 Nov 22). *Annual survey of hours and earnings*. Retrieved from <http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2012-provisional-results/stb-ashe-statistical-bulletin-2012.html>.
- Office for National Statistics (2013 Mar 07). *Cohort fertility, England and Wales, 2011*. Retrieved from: http://www.ons.gov.uk/ons/dcp171778_299058.pdf.
- Ogden, T. H. (2004). On holding and containing, being and dreaming. *International Journal of Psychoanalysis*, 85, 1349-1364.
- Park, B., Smith, J. A. & Correll, J. (2008). “Having it all” or “doing it all”? Perceived trait attributes and behavioural obligations as a function of workload, parenthood and gender. *European Journal of Social Psychology*, 38, 1156-1164.
- Perrakis, A. & Martinez, C. (2012). In pursuit of sustainable leadership: How female academic department chairs with children negotiate personal and professional roles. *Advances in Developing Human Resources*, 14 (2), 205-220.
- Powell, G. N. & Butterfield, D. A. (1989). The “good manager”: Did androgyny fare better in the 1980s? *Group and Organization Studies*, 14, 216-233.
- Reeves, R. (2001). *Happy Mondays: Putting the pleasure back into work*. London: Momentum.
- Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centred framework. In S. Koch (ed.). *Psychology: A study of science*, pp. 184-256. N.Y.: McGraw Hill.

Role (n.d.). In *Oxford dictionaries*. Retrieved from:

<http://www.oxforddictionaries.com/definition/english/role>

- Ritter, B. A. & Yoder, J. D. (2004). Gender differences in leader emergence persist even for dominant women: An updated confirmation of Role Congruity Theory. *Psychology of Women Quarterly*, 28, 187-193.
- Ruderman, M. N., Ohlett, P. J., Panzer, K. & King, S. N. (2002). Benefits of multiple roles for managerial women. *Academy of Management Journal*, 45 (2), 369-386.
- Rudman, L. A. (1998). Self-promotion as a risk factor for women.: The costs and benefits of counterstereotypical impression management. *Journal of Personality and Social Psychology*, 74, 629-645.
- Rudman, L. A., Moss-Racusin, C. A., Phelan, J. E. & Nauts, S. (2012). Status incongruity and backlash effects: Defending the gender hierarchy motivates prejudice against female leaders. *Journal of Experimental Social Psychology*, 48, 165-179.
- Ryan, M. K. & Haslam, S. A. (2007). The glass cliff: Exploring the dynamics surrounding the appointment of women to precarious leadership positions. *British Journal of Management*, 16, 81-90.
- Sandberg, S. (2013). *Lean in: Work, women and the will to lead*. Alfred. A. Knopf. New York.
- Sandberg, S. (2014 Mar 10). *Sheryl Sandberg on why you should never call your daughter bossy*. Retrieved from: <https://news.yahoo.com/sheryl-sandberg-on-why-you-should-never-call-your-daughter-bossy-021755682.html>.
- Schein, V. E. (1973). The relationship between sex role stereotypes and requisite management characteristics. *Journal of Applied Psychology*, 57, 95-100.
- Schein, V. E. (1975). The relationship between sex role stereotypes and requisite management characteristics among female managers. *Journal of Applied Psychology*, 60, 340-344.
- Schein, V. E. (2001). A global look at psychological barriers to women's progress in management. *Journal of Social Issues*, 57, 675-688.
- Schein, V. E., Mueller, R. & Jacobson, C. (1989). The relationship between sex role stereotypes and requisite management characteristics among college students. *Sex Roles*, 20, 103-110.
- Schueller-Weidekamm, C. & Kautzky-Willer, A. (2012). Challenges of work-life balance for women physicians/mothers working in leadership positions. *Gender Medicine*, 9 (4), 244-250.
- Schwartz, S. H. (1992). Universals in the context and structure of values: Theoretical advances and empirical tests in 20 countries. M. P. Zanna. *Advances in experimental social psychology Vol. 25* (pp. 1-65). San Diego, CA: Academic Press.

- Settles, I. H. (2004). When multiple identities interfere: The role of identity centrality. *Personality and Social Psychology Bulletin*, 30 (4), 487-500.
- Shaw, S. E. & Bailey, J. (2009). Discourse analysis: what is it and why is it relevant to family practice? *Family Practice*, 26 (5), 413-419.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis. Theory, method and research*. Sage.
- Smith, J. A. & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J.A. Smith (ed.). *Qualitative psychology: a practical guide to research methods*. London: Sage.
- Spehar, I., Frich, J. C. & Kjekhus, L. E. (2012 Nov 22). Clinicians' experiences of becoming a clinical manager: a qualitative study. *BMC Health Services Research*. Retrieved from. <http://www.biomedcentral.com/1472-6963/12/421>.
- Starks, H. & Trinidad, S. B. (2007). Choose your method: A comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, 17, 1372-1380.
- Stead, V. (2013). Learning to deploy (in)visibility: An examination of women leaders' lived experiences. *44 (1)*, 63-79.
- Sterbenz, C. (2014 Apr 1). Sheryl Sandberg is right – Women are called 'bossy' more than men. Retrieved from: <http://www.businessinsider.com/sheryl-sandberg-women-ban-bossy-2014-4?IR=T>.
- Strauss, A. & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing a grounded theory (2nd ed.)*. Thousand Oaks, CA: Sage.
- Superwoman (n.d.). In *Oxford dictionaries*. Retrieved from: <http://www.oxforddictionaries.com/definition/english/superwoman>
- Tajfel, H. (Ed.) (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. Academic Press, London.
- Tajfel, H. & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (eds.) *The social psychology of intergroup relations* (pp. 33-47). Monterey, CA: Brooks/Cole.
- Tajfel, H. (1982). *Social identity and intergroup relations*. Cambridge, England: Cambridge University Press.
- Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review*, 48, 174-187.
- van Knippenberg, D. Hogg &, M. A. (2003). *Leadership and Power: Identity processes in groups and organizations*. Thousand Oaks, CA: Sage.

- Von Hippel, C., Issa, M., Roslyn, M. A. & Stokes, A. (2011). Stereotype threat: Antecedents and consequences for working women. *European Journal of Social Psychology*, 41, 151-161.
- Wattis, L., Standing, K. & Yerkes, M. (2013). Mothers and work-life balance: Exploring the contradictions and complexities involved in work-family negotiation. *Community, Work and Family*, 1 (16), 1-19.
- Weidenfeller, N. K. (2012). Breaking through the glass wall: The experience of being a woman enterprise leader. *Human Resource Development International*, 15 (3), 365-374.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage Publications.
- Willig, C. (2001). *Introducing qualitative research in psychology. Adventures in theory and method*. Open University Press.
- Winnicott, D. (1988). *Babies and their mothers*. London: Free Association Books.
- Wood, W. & Eagly, A. H. (2012). Biosocial construction of sex differences and similarities in behavior. In J. M. Olsen & M. P. Zanna (eds.) *Advances in Experimental Social Psychology, Volume 46*. Burlington: Academic Press, 55-123.
- World Economic Forum (2014). *The global gender gap report*. World Economic Forum.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15, 215-228.
- Yukl, G. & Lepsinger, R. (2005). Why integrating the leading and managing roles is essential for organizational effectiveness. *Organizational Dynamics*, 34 (4), 361-375.

Appendices

Appendix I: Recruitment Email from Research Supervisors

Dear XXXX

One of our trainees, Ruth Hunter, is conducting her thesis research into mothers' experience of leadership activities. She hopes to interview a small sample of clinical psychologists who are both mothers and undertake leadership roles in their work. As her research supervisors, we are starting off the process of recruitment and we considered you to be an ideal participant; we wondered whether you would be interested in participating in the study. There is an information sheet attached to this email. We would very much appreciate it if you would have a look at this. If you have any queries, please feel free to ask us. If you would be prepared to take part, please just let us know this and we will pass on your contact details to Ruth.

Appendix II: Recruitment Email from Researcher

Subject of email: Research study – Leadership, Motherhood and the NHS: An Interpretative Phenomenological Analysis of Clinical Psychologists' Experience.

Dear ??

Thank you for agreeing to be contacted following discussion with (insert name) in relation to the above study. I am undertaking the research as part of my Doctorate in Clinical Psychology.

The research aims to explore the experiences of women managing a number of different roles/identities and what sense people make of these experiences. It will involve participating in an interview that will last between 60 and 90 minutes. I will ask you to talk about various experiences which have been important to you at different times. An Interpretative Phenomenological Analysis (IPA) approach will be used in the study allowing you to reflect on your experiences and the significance of them.

Please find attached participant information for further information. If you have any questions or concerns please do not hesitate to contact me on the details provided below.

If you would like to arrange an interview please do email or call me.

I look forward to hearing from you.

Many thanks,

Ruth

Ruth Hunter
Programme in Clinical Psychology
Institute of Health Sciences
University of Leeds
Charles Thackrah Building
101 Clarendon Road
Leeds
LS2 9LJ
umrh@leeds.ac.uk
07981 928788

Appendix III: Participant Information Sheet

Leadership, Motherhood and the NHS: An Interpretative Phenomenological Analysis of Clinical Psychologists' Experience.



Research information sheet

You are being invited to take part in a research project. Please take time to read the information below and to decide whether you would like to participate in the research. If you have any questions or would like to take part please contact me on the details below.

What is the purpose of this study?

Research has indicated that there may be a conflict between work and family life for women. The purpose of the study is to explore the experiences of women managing a number of different roles/identities and what sense people make of these experiences. The study will explore the experiences of women who are clinical psychologists working in the NHS in a leadership role and who are also mothers.

Why have I been asked to take part in the study?

Women who are clinical psychologists who have been qualified at least one year and have a leadership role are being asked to take part in the study. Participants are also required to have one or more children, under the age of 18, living at home.

Do I have to take part?

It is up to you whether you decide to take part. If you do decide to take part you will be asked to sign a consent form and you will be given a copy of this information sheet to keep. Your taking part will be kept strictly confidential and you can withdraw for up to a week after the interview without giving a reason.

What will happen to me if I take part?

If you agree to take part then I will contact you to arrange a date to conduct a face to face interview. The interview will last between 60 and 90 minutes.

The interview will be audio recorded so that I ensure I do not miss anything important. I will be using interpretative phenomenological analysis to analyse the data. I will ask you to talk about your experiences related to leadership as well as other aspects of your life and what sense you make of them.

What are the possible benefits of taking part?

Although there are unlikely to be any immediate benefits to you taking part you will be contributing to a research project exploring female clinical psychologist's experiences in leadership roles which aims to expand thinking about leadership and gender in the literature as well as the processes involved in the negotiation of different roles. Through doing this you will be contributing to research in an area where not much is known.

What are the possible disadvantages and risks of taking part?

Although it is not anticipated that the interviews will cause distress it may be that talking about particular experiences causes you distress. If you need to talk to someone after the interview I will be available.

Will my taking part in this study be kept confidential?

All the information you give will be kept confidential and stored securely throughout the project. Only I will be aware that you are taking part in the study and pseudonyms will be

used to anonymise the data. Recordings of the interview will be destroyed after the project is finished. In the unlikely event of professional misconduct being disclosed, I am required by the British Psychological Society to inform the appropriate authorities. Before taking any such action I would seek advice from my research supervisors.

What will happen to the results of the research project?

The results will be written up into a thesis and submitted to the University of Leeds in summer 2015. They may also be written up for publication. In both cases all personal information will be removed so you will not be identifiable. Direct quotations may be used to illustrate points, but again all identifying and identifiable information will be removed to maintain anonymity. You will also be offered a summary of the findings.

Why are you conducting the research?

The study is being conducted as part of the Doctorate in Clinical Psychology at the University of Leeds and they are funding the research. The project has been reviewed and approved by the University of Leeds ethics board (SoMREC/13/083).

What if there is a problem?

If you have any concerns about any part of this research or about anything that happens as part of your involvement in the study you can contact me for further information:

Ruth Hunter, Programme in Clinical Psychology, Leeds Institute of Health Sciences, Charles Thackrah Building, 101 Clarendon Road, Leeds, LS2 9LJ, umrh@leeds.ac.uk, 0113 343 2732

You may also contact one of my supervisors:

Dr Carol Martin (c.martin@leeds.ac.uk; 0113 343 2732) and Dr Jan Hughes (j.hughes@leeds.ac.uk; 0113 343 2732), Programme in Clinical Psychology, Leeds Institute of Health Sciences, University of Leeds, Charles Thackrah Building, 101 Clarendon Road, Leeds, LS2 9LJ.

What if I want to make a complaint?

Please contact the Department of Clinical Psychology Administration team at Leeds University who will be able to make arrangements for you to do this:

Leeds Institute of Health Sciences, Charles Thackrah Building, 101 Clarendon Road, Leeds, LS2 9LJ. Telephone: 0113 343 0829 Email: l.stead@leeds.ac.uk or d.williams@leeds.ac.uk.

Thank you for your time



Leadership, Motherhood and the NHS: An Interpretative Phenomenological Analysis of Clinical Psychologists' Experience.

CONSENT FORM

Please initial box

I confirm that I have read the participant information sheet provided for the above study and I have had the opportunity to ask questions about the project. I have received enough information about this study.

I understand that my participation is voluntary and that I am free to withdraw for up to one week following the interview without giving any reason and without there being any negative consequences.

I agree to the audio-recording of the interview.

I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses and for those typing up the interviews to have access to the original, non-anonymised data.

I understand that quotes from the interview may be used in research reports, but that I will not be identified or identifiable.

I agree to take part in the above study.

I would like to receive a summary of the study's findings. Yes/No* Please delete as appropriate. If yes, please leave contact details below.

Contact details for summary of findings. Please leave either postal or email address.

.....
.....

.P.T.O.

Name of participant.....

Signature.....**Date**.....

...

**Name of
researcher**.....

Signature.....**Date**.....

...

Researcher contact details:

Ruth Hunter, Programme in Clinical Psychology, Leeds Institute of Health Sciences,
Charles Thackrah Building, 101 Clarendon Road, Leeds, LS2 9LJ, umrh@leeds.ac.uk, 0113
343 2732

THANK YOU

Appendix V: Ethical Approval

UNIVERSITY OF LEEDS

**Faculty of Medicine and Health Research Office
School of Medicine Research Ethics Committee (SoMREC)**

Room 10.110, level 10
Worsley Building
Clarendon Way
Leeds, LS2 9NL
United Kingdom

☎ +44 (0) 113 343 4361

08 July 2014

Ms Ruth Hunter
Psychologist in Clinical Training
Institute of Health Sciences
Medicine and Health
Charles Thackrah building,
101 Clarendon Road
University of Leeds
Leeds, LS2 9LJ

Dear Ruth

Ref no: **SoMREC/13/083**

Title: **Leadership, Motherhood and the NHS: An Interpretative Phenomenological Analysis of Clinical Psychologists' Experience**

Your research application has been reviewed by the School of Medicine Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the documentation received at the date of this letter and subject to the following condition(s):

- **Trust R&D approval must be obtained prior to commencement of the research and confirmation of this approval sent to this committee once obtained.**

<i>Document</i>	<i>Version</i>	<i>Date Submitted</i>
proforma for interview	1	14/05/14
research protocol FINAL	1	14/05/14
participant info sheet FINAL	1	14/05/14
interview schedule	1	14/05/14
consent form FINAL	1	14/05/14
Confidentiality Statement for Transcribers	1	14/05/14
University ethics Ruth Hunter	1	14/05/14
Security Protocol for Professional Doctorate of Clinical Psychology	1	14/05/14
Email to participants	1	27/06/14
SoMREC13083 Reviewer 1 comments Approved	1	10/06/14
SoMREC13083 Reviewer 2 comments	1	10/06/14
consent form v.2	2	27/06/14
participant info sheet v.2	2	27/06/14
University ethics form v.2	2	27/06/14

Please notify the committee if you intend to make any amendments to the original research ethics application or documentation. All changes must receive ethics approval prior to implementation. Please contact the Faculty Research Ethics Administrator for further information (fmhuniethics@leeds.ac.uk)

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

We wish you every success with the project.

Yours sincerely



Dr Roger Parslow
Co-Chair, SoMREC, University of Leeds



Dr John Sandars
Co-Chair, SoMREC, University of Leeds

(Approval granted by Dr Roger Parslow on behalf of SoMREC Co-Chairs)

*Appendix VI: Confidentiality Agreement***Confidentiality Statement for Transcribers****Ethics Committee, School of Psychology, Leeds University**

The British Psychological Society has published a set of guidelines on ethical principles for conducting research. One of these principles concerns maintaining the confidentiality of information obtained from participants during an investigation.

As a transcriber you have access to material obtained from research participants. In concordance with the BPS ethical guidelines, the Ethics Committee of the D.Clin.Psychol course requires that you sign this Confidentiality Statement for every project in which you act as transcriber.

General

- 1) I understand that the material I am transcribing is confidential.
- 2) The material transcribed will be discussed with no-one.
- 3) The identity of research participants will not be divulged.

Transcription procedure

- 4) Transcription will be conducted in such a way that the confidentiality of the material is maintained.
- 5) I will ensure that audio-recordings cannot be overheard and that transcripts, or parts of transcripts, are not read by people without official right of access.
- 6) All materials relating to transcription will be returned to the researcher.

Signed.....**Date**.....

Print name.....

Researcher.....

Project title.....

*Appendix VII: Interview Schedule***Interview schedule**

Introduce myself. Go through information sheet and consent form – check understanding.

Sign consent.

Rationale: I'll just tell you a briefly about the rationale for this project...I've always been interested in equality and as you are probably aware there are many more men in leadership positions than there are women. Leadership is a massively studied area, neglected in the psychological literature and much of the research has been carried out on men, for men, by men and often in the private sector. Through exploration of women's experiences in leadership roles I hope to fill a gap in the literature and to publish the research.

Aims: As you know I am interested in exploring the experiences of female clinical psychologists who have a leadership role, who are also mothers. I would like to explore your experiences and how you make sense of them experiences. I have an idea of the topics I would like to cover but I would like the interview to be guided by you. Any questions about that?

Interview

- **How did you decide to take part in this study?**
- **Can you tell me a bit about where you are at in terms of your work life?**
 - How did you get here?
 - What's your current role like?
 - What does it mean to you?
 - Which parts are leadership?
 - Did you imagine yourself as a leader when you started out in your career?
- **Can you tell me a bit about your circumstances at home/life?**
- **Can you tell me about any links between the two?**

Leader focussed questions – relate back to earlier discussions if appropriate

- **Can you tell me about what it's like working full-time/part-time?**
- **Can you tell me about positive/negative experiences as a leader?**
 - Recent examples
 - How did being a woman/mother influence?
 - Describe self as a leader (if this hasn't already come up)
 - Examples of experiences of being a leader in the NHS
- **Can you tell me about a time when you think being a woman has been significant at work/in leadership role?**
 - Being a mother was significant at work?
- **Can you tell me about how your experiences of being a leader have changed over time?**
 - Accepted by team as a leader?

- **Tell me about being a leader in a female dominated profession – if hasn't come up**

Other (motherhood/home life etc) questions

- **Can you tell me about your work/life balance?**
 - Changes over time? What influenced this?
- **Can you tell me about when being a leader has been significant/influenced you as a mother?**
- **Have you found yourself being pulled into being a leader in settings outside of work?**
 - Times you have resisted behaving as a leader?
 - Example of when you have taken something of how you are in work into your personal life? Vice versa?

Wrapping up questions

- **I'm wondering how satisfied you are in work at the moment?**
- **Overall, how do your leadership roles and your other roles in life fit together?**
 - Examples?
 - When did that last happen?
 - Can you tell me about how you envisage your future?
 - Coping with multiple roles?
- **What's it like switching between role as a leader and role as a mother?**
 - Leader and therapist
- **To keep confidentiality in the final thesis I will be using a pseudonym. What would you like yours to be? Why?**
- **Is there anything else you would like to tell me which we have not covered?**
- **Any questions for me?**

Check have gathered all information for the additional information sheet

Check in how they are after taking part. Thank participants for their time.

Appendix VIII: Additional Information Sheet

Interview Additional Information (for completion by researcher)

1. Age



2. Relationship status

3. Number and age of children.

4. Full-time or part-time? Number of sessions if part-time

Appendix IX: Example of Initial Coding

331 N: I think where theywhere they don't
 332 complement each other is in headspace [] I think being a
 333 mum requires a lot of headspace, I find. It's about um, for me
 334 it's about thinking, 'right, what's going on with them. . . ' so
 335 my daughter's just started school; been a really difficult
 336 change for her um, and I've spent a lot of time, with my
 337 ~~the~~ pondering, 'right, what's she going through. How is
 338 her behaviour kind of manifesting what's going on for her?
 339 managing our own [chuckles] annoyance at being bossed
 340 around by this little girl who's now trying to feel in charge
 341 somewhere and she's only, she certainly doesn't feel it at
 342 school so we're getting a lot of it at home. So it needs a lot of
 343 thought and equally, you know my son they need thought,
 344 you know to, for me that's really important as a mum to kind
 345 of think about what's going on for them. But my goodness
 346 work needs a lot of thought as well and it's, and it's um,
 347 haven't done it yet but my plan - 'cause I haven't had time -
 348 but my plan is I, I work visually. I think quite visually um, so
 349 what I've done in the past and what I plan to do again is sort
 350 of big wallpaper rolls [] kind of kids paper. This would be one
 351 way but with kids I'm nicking their paper . . . [] to put on an
 352 office wall at home just to try to work out all the different
 353 areas of work that I'm, that I'm plate spinning at the moment
 354] and [where they link and where they dovetail nicely and
 355 where I need to not let that one fall off the bottom of the list
 356 and . . . it's huge, it feels like the volume of what I'm trying to
 357 um, remember, feel competent at um, bring together, think
 358 be thoughtful about, you know it's just massive] and
 359 obviously, you know it's stepped up in the last month. So
 360 where leadership and being a mum currently don't
 361 complement each other is just the [sheer volume [] of
 362 thinking; so what, and what I find I do is I get absorbed in one
 363 and then the other slides. And at the moment it's . . . no,
 364 actually, no, I suppose it's oscillating; I sort of go from one to
 365 the other but, but I work on a lot in the evenings [] and so . .
 366 .[at home?] at home, yeah, and er, and so my husband will
 367 put the kids to bed some nights [I do some nights but they
 368 will come and there's the: 'Are you coming up to say
 369 goodnight to us mummy?' 'Um, not tonight dar . . . ' 'Oh
 370 mummy?']

371 I: what's that like?
 372 N: guilt, it just feel . . . well, feel guilty and also, crack on!
 373 I know dar . . . I know, I'm sorry. Off to bed! 'Cause I actually,
 374 I've got to get on with this work! So I think they um, really
 375 sorry, I've got a really annoying eyelash
 376 I: that's all right
 377 N: they . . .

Handwritten notes and codes:
 (Intrapersonally)
 Headspace important
 Changes in children's circumstances make it more difficult.
 Ability to laugh at self?
 Work & home need a lot of thought
 Nice to have a mum (same as a parent)
 Juggling
 Overwhelmed?
 Plate spinning
 Something has to give
 Doesn't feel like
 Sheer volume of thinking = don't complement each other
 One of them has to give
 Oscillation between which is a priority
 Something has to give
 Guilt but realistic
 Doesn't dwell on it?
 Works at home - not delineated
 Someone's conflict here - in thinking.
 Doesn't need to be ideal mum?
 Work & home not delineated
 Requires a lot of thought
 Plate spinning
 Something has to give
 Oscillating priorities
 Guilt.
 Doesn't need to be ideal mum?
 Work & home not delineated