

Evidence-loving rock star chief medical officers: Female leadership amidst COVID-19 in Canada

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This article presents a feminist poststructuralist inquiry perspective on how news and social media discourse around the COVID-19 pandemic is presenting a potential shift in hegemonic representations of masculine leadership. I am informed by organizational rules and sensemaking theories, and consider how Canadian and international female leaders are showing resilience, emotion and vulnerability as they help lead their countries through these uncertain times. I reflexively ground my observations in my own sensemaking and personal experiences. Despite reservations, I am hopeful. There are indications that the 'rules of the game' are starting to be challenged, and feminine frameworks that question traditional gender roles are disrupting conceptions around 'business as usual'.

KEYWORDS

COVID-19, female leaders, feminist, organizational rules, poststructuralist, sensemaking

1 | INTRODUCTION

My approach in this article is consistent with the poststructuralist feminist perspective, which emphasizes a commitment to improve women's lives and to help eliminate inequalities (White, Russo, & Travis, 2001). I seek to disrupt taken-for-granted assumptions that perpetuate the exclusion of women in leadership by questioning 'positive' knowledge and 'facts', by focusing on the relationships between texts or topics (Wodak & Meyer, 2009), and by being highly sensitive to issues of power and control (Foucault, 1979, 1980; Prasad, 2005). Embracing reflexivity, I 'reflect upon conventional ways of knowing ... [and] challenge our assumptions ... by exhibit[ing] a sensitive awareness to subtlety and nuance' (Hughes & Kerfoot, 2002, p. 473). Correspondingly, drawing on a selection of news and social media articles, I am grounded by organizational rules (Mills & Murgatroyd, 1991) and sensemaking theories (Weick, 1995), and consider how Canada's female 'evidence-loving rockstar chief medical officers' (Ansari, 2020, para 1) are resisting hegemonic representations of

masculine leadership by showing resilience, emotion and vulnerability as they help lead the country through these uncertain times. At the same time, I am reflexively immersed in my own sensemaking (Weick, 1995) as a result of my personal experiences.

I am a mother, wife, post-secondary instructor and critical feminist (among other things). When I was introduced to approaches to feminism in my doctoral course work that went beyond traditional liberal feminist approaches *that focus on removing barriers to women* (Alvesson & Billing, 1997; Calás & Smircich, 2006, 2009), *I felt like I had found my place in the world. I began to understand how my discomfort in several past workplaces was as a result of self-regulation based on my perceptions of masculine approaches to management.*

Prior to embracing my post-secondary career full-time, I built a career in marketing and consulting that I was proud of. At one point, I was the only female vice-president in a technology company made up primarily of male engineers. I now realize that I made sacrifices regarding who I am in order to play 'the game'. My identity work – my understanding of myself in relation to the world around me (Weick, 1995) – drew on a plurality of discourses. I looked for salient cues within the social context and enacted behaviour that was consistent with what I perceived to be expected of a female executive. At the time, I narrowly defined myself as a 'feminine leader' while subscribing to a 'masculine ethic' of traits, assumed to belong to men, that are needed for effective management (Kanter, 1977, p. 22). For example, I accepted being on call at all hours of the day, and even played soccer with 'the guys' to appear to be a participative member of the team. (I don't like to play soccer!) At executive meetings, rather than asserting my own voice, I often found myself deferring to the more dominant (male) CEO. I realize now that, by behaving in a manner I felt was socially consistent with my sex, I actively produced and maintained the *status quo*. I participated in a 'disciplinary regime ... by [referring] comparative measures that have the "norm" as reference' (Foucault, 1977, p. 193) and helped support existing power relations in that organization. My identity work was established by constantly navigating being feminine or masculine depending on what I thought was appropriate in a given circumstance. (In hindsight, it was exhausting.) It took me 18 months to leave that job, and almost 20 years after I walked out that door for good, I can still feel emotional weight lifting off of my shoulders.

I have come full circle since that experience (one's sense of personal identity is fluid, after all), and believe that agency of the individual has a place in negotiating structural power relations in the workplace (see Alvesson, 2002; Mills & Helms Mills, 2004). I am not the same naive person I was early on in my career, blissfully unaware of institutional rules and discourses around women leaders. I realize now that my ignorance was strength, and it was only later on in my career, after being exposed to several less-than-ideal bosses (and discriminatory practices), that I realized the potential for others to influence and legitimize the cues I embrace (or resist) in my own identity construction of a competent female leader. Today, I believe that by discursively questioning prevailing discourse and discriminatory practices, 'truths' can be destabilized and the gendered nature of social arrangements can be revealed (Prasad, 2005).

It is with these assumptions that I feel drawn to our Canadian female leaders in the midst of an unprecedented global pandemic – COVID-19. There is no doubt that the effects of the virus have a significant impact on the status of women that includes the worsening of unpaid labour, gender-based violence, economic problems, and an increased burden of caregiving and housework (Canadian Women's Foundation, n.d.). Women are highly concentrated on the front lines of both health care and jobs considered essential services during the COVID-19 pandemic, with 82.4 per cent of healthcare and social assistance workers being women (Moyser, 2017). The opposite is true when it comes to women in formal leadership roles: women remain vastly underrepresented. Yet, many women in Canada and internationally are playing a visible and powerful role in Canada's response to COVID-19. On a daily basis, our chief medical officers, most of whom are female, have been streaming live in our living rooms and our social media feeds. Women are talking and Canada is listening. Could it be that dominant, narrow conceptualizations of women in leadership are being disrupted and challenged as the pandemic unfolds? Who are these women and what is going on?

2 | COVID-19 AND CANADIAN (AND INTERNATIONAL) WOMEN LEADERS

In Canada, seven of the 14 provincial and national chief medical officers and public health officers are women, including those in some of the most successful provinces when it comes to flattening the COVID-19 curve. Over the past months, these leaders have been serving Canadians by managing an unprecedented viral threat while breaking down complex information. This includes Canada's chief public health officer, Dr Theresa Tam, 'a calm and steady ship throughout this pandemic' (Cousins, 2020, para 4). Tam now appears in national television commercials, continuing to stress the national importance of taking COVID-19 seriously by taking care of ourselves and looking out for each other.

British Columbia (BC) was one of the first provinces to have any cases of the virus, and has also been recognized as having a steady decline in new cases under chief medical officer Dr Bonnie Henry's leadership. Henry has been described as a brilliant communicator whose 'demeanour is low-key, but she's no pushover' (Fitzpatrick, 2020, para 24). She shows passion and resolve, 'a galvanizing movement in Canada's fight against the global virus' (Miller, 2020, para 13).

Since COVID-19 arrived in Toronto in early January, Dr Eileen de Villa, the city's medical officer of health, has urged calm and vigilance (Miller, 2020). Likewise, media and the public have likened Alberta's chief medical officer, Dr Deena Hinshaw, to being the 'province's mom'; I'm not sure I can embrace the stereotypical analogy, but I do agree with the sentiment. With her calm, collected and informed conduct, she is doing her best to care for the safety and wellbeing of Albertans.

New Brunswick, Prince Edward Island and the Northwest Territories have seen low numbers of cases under the lead of Dr Jennifer Russell, Dr Heather Morrison and Dr Kami Kandola, respectively. Similarly, Dr Janice Fitzgerald, chief medical officer for Newfoundland and Labrador, reported on 10 May that there had been no new cases in the previous five days (despite a relatively high number of people being tested) (Jackson, 2020).

Internationally, the effectiveness of women leaders handling the virus is also reflected. German Chancellor Angela Merkel gave her first unscheduled televised address in almost 15 years of leadership, which was very well received (Kottasová, 2020). Merkel put appropriate measures in place to ensure that Germany was able to conduct extensive testing and ensure the availability of ample intensive care facilities, helping the country record far fewer deaths than other European countries. In New Zealand, Prime Minister Jacinda Ardern introduced a strict lockdown while insisting on saving lives and a kindness-first approach, and Taiwanese President Tsai Ing-wen swiftly enacted enhanced hygiene and public disinfecting measures (Henley & Roy, 2020). These early and decisive approaches resulted in a remarkably low death toll in each country.

3 | ORGANIZATIONAL RULES, SENSEMAKING AND GENDER

Organizational rules guide and constrain social action (Mills & Murgatroyd, 1991). Helms Mills and Mills (2000, p. 59) define rules as written or unwritten 'phenomena whose basic characteristic is that of generally constraining, guiding, and defining social action'. These rules serve as a type of organizational control through which legitimacy and resistance are exercised, and collectively constitute the culture of an organization, often implicitly coordinating members' activities and becoming accepted modes of behaviour (Clegg, 1981; Mills & Murgatroyd, 1991). When organizational rules are followed, they are reinforced; organizational structures are a result of a series of decision rules that construct and reconstruct organizations (Acker, 1990). Organizational rules help begin to explain how organizational expectations are socially constructed and, often unintentionally, lead to discriminatory practices (Helms Mills & Mills, 2000).

Emphasizing the questioning of rules and discourse, the sensemaking framework is well-suited for exploring new forms of leadership (Grisoni & Beeby, 2007). Sensemaking is both an individual and a social process that shapes interpretations and helps explain patterns of behaviour that occur within an organization (Weick, 1995).

Sensemaking has seven psychosocial properties that help people 'size up what they face' (Weick, 2001, p. 461). Each of these properties is integrally linked but separated to allow for analysis and explanation (O'Connell & Mills, 2003):

1. *Social*, social interaction with others
2. *Grounded in identity construction*, one's sense of self
3. *Retrospective*, done after the fact
4. *Reliant on cues* that are sensed
5. *Ongoing projects*, a continuous process
6. *Based on plausibility, rather than accuracy*, with one's grasp of events
7. *Enactive of the environment*, creating action that is based on attempts to better understand the environment

The ongoing process of sensemaking is disrupted by what Weick calls *shocks*, which serve as triggers that interrupt established ways of doing things, often introducing an emotional response (Helms Mills, 2003; Weick, 1995). According to Weick (2001), shocks offer opportunities for resistance:

When people lose their ability to bound ongoing events, to keep pace with them by means of continuous updating of actions and interpretations, or to focus on interrupting conditions, they begin to lose their grasp. (p. 462)

Shocks are particularly relevant during the COVID-19 pandemic, as the shock of the unforeseen and unexpected has resulted in extraordinary circumstances that serve as disruptions – and in this case, an opportunity to question the rules around the status of women in our society.

My focus is not so much on 'sex' and numbers as it is on 'gender', where the focus is not on individual men or women, but on the relations between them and the consequential social attributes and opportunities learned through the socialization process (Broadbridge & Hearn, 2008; United Nations Global Compact, 2010). For example, leadership characteristics are typically associated with masculine approaches to management and emphasize masculine gender stereotypes, including being assertive, independent, competitive, confident, analytical, tough and aggressive (Morgan, 2006; Wood, 1999). These stereotypes are perpetuated in the media and provide cues that affect individual understandings about organizational rules for appropriate behaviour. Such common practices are reproduced through power relations and become taken for granted over time (Grandy, 2007; Ives, 2004).

Historically, the few senior-level women in leadership often attract substantial media attention, giving the false impression that barriers toward women's advancement no longer exist (*Catalyst*, 2020). Today, it seems that a significant number of female political and healthcare leaders are in the spotlight. This recent attention has implications for gender identities; discourses enact gender and become organizational rules, and these ideas are empowered and accepted as knowledge (Helms Mills & Mills, 2000).

4 | READING BETWEEN THE LINES: RULES ARE MEANT TO BE BROKEN

My analysis that follows involves first looking for cues in a selection of media articles and social media posts that indicate the presence of informal and formal rules. The media affects people's lives by shaping their opinions, attitudes and beliefs, and affects practices by invisibly transferring the dominant hegemonic ideology (Marvin, Bryans, & Waring, 2004; McLuhan, 1964). The media has been criticized for distorting reality by underrepresenting women and portraying men and women in stereotypical ways (Basow, 1992; Durham & Kellner, 2006). According to van Dijk (1998, p. 248), 'Unless readers have different knowledge and beliefs, they will generally adopt these subjective media definitions about what is important information ...' Using search terms in Google and LinkedIn including 'female', 'leader' and 'COVID-19', I skimmed hundreds of articles and carefully reviewed approximately 50 of them to discern

themes (rules) until I felt saturation was reached. My analytic process was iterative, as I went back and forth between the sensemaking properties, being mindful that these elements are not clear-cut or meant to be used separately; they are simultaneously mediating each other during the sensemaking process. I identified rules by discursively attending not only to obvious gender subtexts, but also to the more latent indications of gender distinctions whereby 'so-called neutral organizational texts are not neutral at all' (Kelan, 2008, p. 430). I then delved deeper into the rules and applied sensemaking theory to investigate how they impose order on organizational and individual practices. This process allowed me to identify what appear to be shifts in a number of powerful informal rules; it is apparent that the COVID-19 pandemic has largely discouraged dominant masculine notions of leadership.

4.1 | Rule #1: Man = leader → woman = leader

The scientists are pushing aside athletes and other entertainers for the public's attention as citizens try to navigate these unprecedented times ... [and] women, including the chief medical officers we're now idolizing, have knocked down tremendous barriers to sit at the top of their fields. (Miller, 2020, paras 1 and 2) As my post-secondary leadership classes finished up last month, I was able to use examples of the positioning of women in health leadership during the COVID-19 pandemic to introduce systemic barriers that women business leaders face on a regular basis. I encourage them to engage in sensemaking at the individual level as I challenge them to diagnose, 'What is going on here?' (Dutton, Ashford, Lawrence, & Miner-Rubino, 2002, p. 355). I firmly believe that my students need female role models to encourage them to realize their own leadership potential. By embracing a feminist perspective, I hope to open up opportunities for students to engage in sensemaking and build awareness of discriminatory practices in the workplace. Often, I start these discussions with the facts. Many students are surprised that, for example, just 8.5 per cent of the highest paid positions in Canada's top 500 companies are held by women, with none of them among the 60 largest companies listed on the Toronto Stock Exchange ('Women Now Hold 8.5% of Canada's Top Jobs,' 2015), and 81.5 per cent of Canada's top 500 companies do not have any women on their boards (Canadian Board Diversity Council, 2018). The statistics are similar in health care. In Canada, women constitute more than 80 per cent of the health workforce but are underrepresented in the most prestigious leadership roles, with 12 per cent of Canadian deans of medicine being women (*Association of Faculties of Medicine of Canada 2018–2019 Annual Report*, 2019). Things are no better internationally: 69 per cent of leaders of global health organizations and 80 per cent of board chairs in global health are men, and only 25 per cent of global health organizations have gender parity at senior management levels (*Global Health 50/50*, 2018). This is not due to a lack of career commitment, desire or years of education; it is due to systemic gender bias and a lack of opportunity for advancement in health care, like other sectors (Betron et al., 2019). Even though the representation of women within the medical profession is improving, a Canadian Medical Association (2018) report showed that barriers in the sector were similar to those experienced by women across sectors: 'discrimination and bias at the individual and systemic levels continue to create barriers to their advancement, health and livelihood' (p. 3).

Today, COVID-19 appears to be producing a ratio of leaders that is at odds with many of the statistics. The countries with the most successful responses to COVID-19 in terms of a lower mortality rate, such as Germany and New Zealand, are led by women. These leading countries also rank highest in terms of gender parity, which measures women's participation and progress based on economic, educational, health and political criteria over time (*World Economic Forum*, 2020). In Canada, seven of the 14 provincial and national chief medical officers and public health officers are women.

There should be no question coming out of this pandemic that women's leadership matters and is important and that we play a critical role in the world ... Without us, the world loses out on the skills and the experience and the approach and the values that we bring. (Paulette Senior, president and CEO of the Canadian Women's Foundation, as cited by Cousins, 2020)

Certainly, increased diversity in leadership helps to break down stereotypes about who and what makes a good leader. But perhaps more important, rule #1 is challenging the *status quo* by amplifying these women's voices and highlighting identities that are distinct from the norm in business.

In sensemaking, a shock causes a break in routine (Weick, 1995). The global pandemic is a critical event that can be considered a shock, triggering sensemaking around the role of women in leadership. As one CBC article describes,

I think we are so used to seeing men in these roles. There's never been a time like this, there's never been an experience like this and we've never had such incredible women at the forefront of something like this.

(Fitzpatrick, 2020, para 16)

Salient cues describe signals extracted from within the organizational environment, and the cues individuals or organizations pick up can indicate what is of relative importance within a broader system of understanding (Thurlow & Helms Mills, 2009). The media plays a role in this process, as it maps representation and provides macro-level cues for a particular 'terrain' based on an indefinite number of modes of representation (Fay, 1990). Extensive coverage of women during the pandemic is providing plausible normative representations of women in power that are being situated outside of stereotypical categories of motherhood and fashion (see Phalen & Algan, 2001). These messages can be powerful as they create, maintain and modify (Foldy, 2006) — as salient cues that are plausible — female leaders as visible examples of exemplary leadership in this time of crisis.

4.2 | Rule #2: Be masculine, don't show emotion → be feminine, be vulnerable

Early on in my career, I felt that being a strong leader meant keeping a distance and projecting a confident image. I did my best to display self-assurance and competence by strategically providing solutions to business problems. I was really good at sounding smart (if I do say so myself). Perhaps, due to my life and work experiences, I now think the opposite. Retrospectively, I realize that my own identity construction is, on an ongoing basis, intertwined with my social interactions with others. I value humility and feel less connected with people whom I perceive to be 'putting on airs'. Authenticity matters. As Seppala (2014) observes, 'We feel more comfortable around people who are authentic and vulnerable ... because we are particularly sensitive to signs of trustworthiness in our leaders' (p. 4). Trying to appear strong or intelligent in order to gain respect from others often has the reverse effect.

How the message is delivered matters. Dr Bonnie Henry had tears in her eyes when talking about an outbreak at a long-term care home in BC. She is described as being

A calming voice in a sea of coronavirus madness ... The welling tears did not show Dr. Henry to be weak. Quite the opposite. It was a rare display of humanity by a public official. (Picard, 2020, paras 3 and 5)

Internationally, German Chancellor Angela Merkel has asked citizens to consider how their behaviour impacts those they love, and New Zealand Prime Minister Jacinda Ardern has encouraged everyone to 'be kind to each other'. This is in stark contrast to the harsher, more aggressive tone of male leaders who make strong use of war analogies, likening the virus to an enemy that must be defeated and the pandemic to a war that must be won (Dhatt & Kickbusch, 2020). Such metaphors are often used to make the language and the communication more persuasive (van Dijk, 1988), but the subtext reveals an aggressive undertone and the emphasis of masculine language. These messages are problematic, and can have a disciplinary nature on the identities of women by reinforcing conceptions of leadership that are based on well-established, masculine characteristics (see Calás, 1993; Calás & Smircich, 1991; Wood, 1999).

The female medical officers in Canada are 'the people's leaders' who are active and visible, and advocate for the good of everyone's bottom line — being their health. They serve first. Servant leadership, which is about using

influence, foresight, persuasion and healing to build a sense of community (Joseph & Winston, 2005), has been shown to create both positive and constructive behaviour in employees as well as an increased level of hope and trust in the leader and organization (Searle & Barbuto, 2010). However, as one *New York Times* piece notes, 'we should resist drawing conclusions about female leaders based on a few exceptional individuals in extraordinary circumstances' (Taub, 2020, para 4). A recent study out of New Zealand, predating Prime Minister Jacinda Ardern's praises through the coronavirus crisis, supports this theory. It notes that during the COVID-19 pandemic, having a good leader who is empathetic and sincere is beneficial to employees' welfare, and it is even more positive if that leader is a woman. This reflects the fact that female leaders may have a different approach to leadership than their male counterparts, one that focuses on relationships and is more attuned and sensitive to their employees. And this greater sense of wellbeing helps them be more productive at work (Sadler, 2020).

These female leaders are focusing on solidarity, compassion and healing, acknowledging the daily sacrifices that people are making while inspiring them to move forward as they bear these sacrifices together. They are trustworthy figures during a time of great anxiety. Newfoundland and Labrador chief medical officer Janice Fitzgerald recently told people that it's normal to be afraid (Miller, 2020), and when she was asked how she is coping, she showed vulnerability in her reply: 'It's a bit overwhelming. Thank you for asking' (Bein, 2020, para 6). Such humility goes hand in hand with inclusiveness, which is particularly important during times of stress when sensemaking involves the enactment of a fight-or-flight bias and habitual enactment or response (Weick, 1995; Yu, 2016). As one social media author emphasizes, 'Solving complex problems requires considering different points of view so that leaders can make decisions that have positive impacts on the collective whole, not just a segment of the whole' (Smith, 2020, para 6). Emphasizing the importance of collaboration, Dr Deena Hinshaw notes,

I think it is important to always stay open to feedback and to learn from every experience ... I strive to make the best decisions and recommendations that I can with all the information available at the time of the decision, but sometimes information changes and decisions and approaches need to be re-evaluated. (Dr Deena Hinshaw, as cited in McMaster, 2020, para 59)

In many ways, female leaders during this time of crisis behave in a manner opposite of how we normally think about leadership. Disengaging from existing masculinist paradigms of leadership, there is now an emphasis on soft skills that humanize the workforce while focusing on a sense of community. The value of teamwork, empathy, inclusivity, collaboration and listening to other perspectives in order to be informed on best practices, is being embraced. As one academic on LinkedIn notes,

We have long had scientific evidence for what scholars call the female leader advantage: female (or more accurately, feminine) leaders tend to be more effective. We may be seeing this again in leaders' responses to COVID-19. (Mayer, 2020)

Diekman and Eagly (2000) argue that a more feminine style of leadership, based on a more flexible, culture- and relationship-oriented style of leadership, actually erodes women leaders' disadvantage in the workplace by elevating the importance of building collaborative relationships based on values associated with female social norms. These 'feminine qualities' are distinct from characteristics associated with the traditional emphasis on managerial, supervisory and controlling power (Wittenberg-Cox, 2020). However, such references to 'feminine traits' must be used with caution, as they can create a misleading impression of women's orientation to leadership by endorsing stereotypical communal traits and reinforce females as being an exception in business leadership where male leaders are mainstream (Alvesson & Billing, 2002; Benschop & Doorewaard, 1998). Regardless, by encouraging these characteristics, these healthcare leaders are introducing a language around showing emotions that starts to challenge and reframe the dominant, masculine discourse that has historically been a discursive boundary around the expression of emotion at the workplace.

The positioning of women in the media, and a culture that socializes women to behave in certain ways, serve as cues that contribute to the (re)production of a particular version of social life. Research suggests that individual women continue to struggle to enact the stereotypical masculine 'front and centre' leadership style that permeates western organizations (Schotter & Weigelt, 1992). Ongoing sensemaking often perpetuates that status of male leaders as the norm, and often this remains uninterrupted (Weick, 1995, 2001). However, in this time of crisis, there are indications that the discursive nature of social relations within organizations and the embedded structures and cues in the workplace that are more commonly associated with men are starting to be questioned. The strong female leadership in Canada and internationally during this pandemic is providing plausible cues that translate into meanings that encourage the construction of identities that espouse capability and confidence in one's own leadership potential. This may help explain why I feel such positive emotional and social connection to these women, why they resonate with me and with so many Canadians.

4.3 | Rule #3: Women are responsible for family and household responsibilities → caregiving and family responsibilities are a business asset

On an ongoing basis, I struggle to find my power when it comes to balancing family and career. In sensemaking terms, this tension is causing my plausibility to be constrained and I feel my grounding starting to disappear (see Weick, 1995). There is no doubt that the brunt of family and household responsibilities during self-isolation rests squarely on my shoulders. When it comes to unpaid labour, I recognize that I have internalized the biases and stereotypes around what gender is *supposed* to mean in our society. I have been struggling to teach classes and meet all of my work demands while making sure all meals and grocery shopping are taken care of, the house is clean and my two boys are doing their schoolwork, among other things. There is no escape from this since work and family have so firmly melded together under one roof. I have been feeling high levels of anxiety and stress; I am trying to be 'superwoman' and do it all. This stress is mine and mine alone; this pandemic has had no notable impact on my husband's work and routine. I just carry on, making sense of this disruption by doing my best to embrace this 'new normal' (a phrase I've grown to dislike) and cope by enacting a response that is consistent with my 'ideal self' to preserve the *status quo*. I'm not sure whether this is because I want to live up to my own expectations of being strong (whatever that means), or because I lack the energy to negotiate anything different. If I'm being honest, to date I've done little to resist this mindset.

When I had children, I completely changed my career into one that moved me out of business and into academia to accommodate my family life. The social nature of sensemaking had an influence on my personal identity; having children represented a disruption in a routine process (my work life) and required me to make sense of what was happening then and what would happen next (Boudes & Laroche, 2009). I chose an identity that was based on both work and family (not just work), and the career path I now construct in academia is quite different from the one I lived over 10 years ago. As I look retrospectively on this decision, I sometimes wonder what my career today would have looked like had I not changed paths, had I not allowed the identity label of 'mother' to have 'disciplinary power' that limited my career progression (Foucault, 1979). Like many contemporary women, I struggled (and clearly still struggle) with attempting to balance the incompatible social roles of both mother and professional woman (Fassinger, 2002). Indeed, women customarily adjust their jobs to accommodate family responsibilities (taking flexible work schedules, turning down promotions or career-enhancing opportunities, etc.), which jeopardizes their career success (Hewlett & Buck, 2005).

It appears that I'm not alone. The gendered impacts of the pandemic are being discussed more broadly in the news media as well as recent academic publications (e.g., Abdellatif & Gatto, 2020; Boncori, 2020; Chemaly, 2020; Villareal, 2020). According to the International Labour Organization (2018), globally, women perform 76 per cent of total hours of unpaid care work – cleaning, cooking, and caring for children, elders or the sick. During the COVID-19 pandemic, women have an increased burden of caregiving and housework

(Conference Board of Canada, 2013). While males have engaged in performances of strength and control, women have demonstrated increased anxiety while also showing higher levels of nurturing and caregiving (Henniekam & Shymko, 2020). Such dynamics suggest that work interruptions and stoppages due to COVID-19 will highly impact women. For example, after an emotional news conference, BC's Dr Henry acknowledged she was thinking about her own elderly parents and is concerned that some of the messages she is delivering about the virus would frighten them and other seniors (Picard, 2020). New Zealand's Jacinda Ardern uses her own experiences as a mother to empathize with the worries of parents (Dhatt & Kickbusch, 2020). Similarly, Alberta's Dr Deena Hinshaw has acknowledged related challenges; she is working 12-hour days and is able to do so with the support of her mother, who is living with them, as well as her husband, who is working from home:

I get home somewhere between eight and nine at night and sometimes see my kids before they go to bed ... I tell my family often that just because I can't be with them physically doesn't mean that I don't care about them, and my job as a mom is just as important as my job as the chief medical officer. (Dr Deena Hinshaw, as cited in McMaster, 2020, para 62)

Dr Hinshaw constructs an alternate view of motherhood as she explains her support system. These examples are encouraging; if there are more women in power, perhaps we will see more gender sensitivity during these uncertain times. Already, there are indications that the current pandemic is shedding light on caregiving as undervalued and underpaid critical work (Thomason & Macias-Alonso, 2020). According to the Canadian Women's Foundation (n.d.), 'When more diverse women are involved in decision-making processes, they're in a position to bring a stronger gender lens to the process' (para 27).

Some media articles are noting that the mix of responsibilities many women have, including caregiving and family responsibilities, are business assets. German Chancellor Merkel is described as not seeking re-election, which 'allows her to play the role of the careful mother who stands above all the arguments and tussles' (Kottasová, 2020, para 20). As former US Secretary of State Madeleine Albright explains in a recent CNN segment,

I think that women have the capability of multitasking thanks to the fact that all the things we have to do in terms of at home, and children, and housekeeping and jobs. And I also think that it also gives us peripheral vision ... (Madeleine Albright, as cited in Zakaria, 2020)

Although at the surface level, celebrating this new influencer, social status is plausible, giving weight to women's voices, I am concerned about some of the more subtle messages we see in the news and social media that reinforce inequity. Despite the positive press and deep appreciation our women leaders are receiving, some of the focus on this group of women is frivolous at best. Dr Deena Hinshaw's periodic table dress and the resulting surge in demand for the dress, 'A smart dress for a smart lady', was a popular topic in late March ('Alberta Medical Officer's Periodic Table Dress,' 2020, para 11). Another example is a Twitter account inspired by Toronto chief medical officer Dr Eileen de Villa's scarves (Dr. de Villa's Scarf, 2020). Highlighting femininity provides the media with a culturally acceptable way to frame (enact) a woman with power. Normative representations of gender understand femininity as requiring a particular way of being, categories Phalen and Algan (2001, p. 301) call 'the four f's of women's news: family, fashion, food and furnishings'. Indeed, media emphasis on the appearance of women leaders is not new (Campbell & Carilli, 2012), reinforcing subtle, ongoing cues that perpetuate inconsequential emphasis on what a female leader 'looks like'. It is evident that gendering processes are still being reproduced, but as Bendl (2008) argues, their concealed nature prevents them from being perceived as gender discrimination (see also Benschop & Doorewaard, 1998).

5 | CONCLUSION

Will women leaders' increased social capital and rising media attention lend long-term credence to women's voices? How can we make sure that COVID-19 doesn't have a disproportionate negative impact on women leaders today, and instead lead us to a stronger, safer, more caring tomorrow?

I remain concerned that, without structural changes that show a commitment to equity, the women leaders we see so prominently in the media during the coronavirus pandemic will be reduced to a temporary fad. Jobs are vulnerable during this time of crisis, and there are indications that diverse talent, especially in gendered occupations, is more at risk (Dolan, Hunt, Prince, & Sancier-Sultan, 2020). While leading international organizations confront these challenges through creating guidelines, policies and programming around gender diversity (United Nations Global Compact, 2010), I believe *we must challenge assumptions* based on a system of practices that discursively situate women in less powerful positions (Calás & Smircich, 2006; Grandy, 2007; Sidanius & Pratto, 2001). The two key objectives of critical feminist theory are 'to reveal obvious and subtle gender inequalities ... [and] to reduce or eradicate those inequalities' (Martin, 2003, p. 2). I believe that only once these struggles are understood and acknowledged can we begin to counteract them. Despite reservations, I am hopeful. There are indications that the 'rules of the game' are being challenged by female leaders during the COVID-19 pandemic. At home, I am starting to understand my own coping strategies, to give myself permission to question my default role as wife and mother, and to respond in a more radical way. (I see writing this article as a good start.) More broadly, constructing leadership narratives within feminine frameworks that question traditional gender roles may prompt others to question their own taken-for-granted role structures and serve as a catalyst for change and disrupt 'business as usual'.

DECLARATION OF CONFLICTING INTERESTS

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