ORIGINAL ARTICLE

WILEY

Put your own "oxygen mask" on first: A behavioral typology of leaders' self-care

Chia-Yen Chiu (Chad)[1] | Matylda Howard[2] | Edilene Lopes[3] | Carol T. Kulik[4] | Michelle R. Tuckey[5]

[1]Adelaide Business School, University of Adelaide, Adelaide, South Australia, Australia

[2]Centre for Workplace Excellence, UniSA Clinical & Health Sciences, University of South Australia, Adelaide, South Australia, Australia

[3]School of Humanities, University of Adelaide, Adelaide, South Australia, Australia

[4]Centre for Workplace Excellence, UniSA Business, University of South Australia, Adelaide, South Australia, Australia

[5]Centre for Workplace Excellence, UniSA Justice and Society, University of South Australia, Adelaide, South Australia, Australia

Correspondence
Chia-Yen Chiu (Chad), University of Adelaide, Adelaide, SA, Australia.
Email: chad.chiu@adelaide.edu.au

Abstract

Organizational leaders are essential in implementing, interpreting, and even proactively initiating changes for human resource (HR) functions to enhance workplace productivity and well-being. However, recent studies have cautioned that providing positive and supportive leadership usually drains these organizational leaders. Although the literature has shed light on how leaders can use self-care strategies to recharge, researchers and HR professionals know relatively little about (1) what specific self-care actions leaders can take and (2) how external crises such as COVID-19 constrain leaders' self-care actions. To identify specific leaders' self-care behaviors, which we refer to as oxygen masks, we interviewed 41 healthcare managers in Australia during the COVID-19 pandemic in 2020. We presented a behavioral typology summarizing distinct oxygen masks that leaders used at different points in time. These oxygen masks include improving physical well-being, improving emotional/spiritual/social well-being, fulfilling managerial roles, and seeking collegial and organizational support. Moreover, we concluded that the COVID-19 restrictions made some of these oxygen masks less accessible, negatively impacting leaders' well-being. Our research conclusions have implications for theory and future studies on extending the literature associated with leadership development, leaders' resilience, and leaders' well-being. The results also provide HR professionals with practical suggestions about assisting line managers in improving their self-care and sustaining their leadership effectiveness.

KEYWORDS
COVID-19, HR-leadership synergy, leader effectiveness, leader resilience, leader well-being, leaders' self-care, qualitative research

I'm leaving, because with such a privileged role comes responsibility (as a leader)... I know that I no longer have enough in the tank.
Jacinda Ardern, former Prime Minster of New Zealand.

1 | INTRODUCTION

Organizational leaders (e.g., project managers, department supervisors, or top executives) are essential agents for implementing and improving human resource (HR) practices to enhance organizational effectiveness (Guest, 2021). For employees, line managers represent

the face of HR functions in organizations: they administer HR policies and complement overarching HR systems with customized coaching and development (Guest, 2021). HR professionals and organizational leaders share the goal of managing people effectively so employees will become healthier and more productive (Leroy et al., 2018). Previous studies have shown that organizational leaders play a critical role in generating better HR outcomes—making employees energetic and fully engaged at work—by adopting positive leadership styles, including being inspirational, spiritual, and willing to serve others (Harmon et al., 2022; Inceoglu et al., 2021; Quinn et al., 2012). Through their collaboration, leaders and HR professionals can create an innovative synergy to sustain long-term organizational success (Leroy et al., 2018).

Despite the beneficial impact of positive leadership on HR effectiveness, recent studies caution that engaging in positive leadership behavior could potentially have detrimental effects on leaders themselves. For instance, Zwingmann et al. (2016) reported that engaging in transformational leadership is associated with greater leader emotional exhaustion. Similarly, Lanaj, Gabriel, et al. (2021) found that leaders who prioritize their followers' needs over their personal interests are more likely to feel drained and lose focus. These findings suggest that leaders are in a precarious position: being supportive comes with a significant personal cost, potentially leading to leaders' burnout. Yet, our understanding of how leaders can recharge is limited. While many researchers (e.g., Dyess et al., 2018; Lanaj, Jennings, et al., 2021; Ray et al., 2020) and practitioners (e.g., Neale, 2020) have highlighted the importance of leaders' self-care to enhance their well-being, few studies have comprehensively identified the actions that leaders can adopt to restore energy depleted through positive leadership. Consequently, researchers have called for "future work to explore specific recovery activities and their implications" (Lanaj et al., 2023, p. 15). Importantly, because leaders' at-work and off-work actions are equally valuable in restoring the energy that influences leadership effectiveness (Lanaj et al., 2023), there is a pressing need for a typology that aligns the *what* (specific recovery actions) with the *where* (at-work vs. off-work) and *when* (before, during, or after their workday). A detailed typology of self-care behaviors would expand leaders' awareness of available resources and enable HR professionals to better support leaders—ultimately benefiting both leaders and their organizations.

Self-care behaviors refer to "people's self-initiated activities to protect and improve their own health and wellbeing" (Klug et al., 2022, p. 3). Recent studies (e.g., Lanaj, Gabriel, et al., 2021; Zwingmann et al., 2016) have found that managers who display supportive leadership behaviors are more likely to experience feelings of depletion and exhaustion. Emerging evidence further suggests that managers who frequently engage in self-care actions are often seen as competent and supportive leaders (Lanaj, Jennings, et al., 2021) and contribute to improved unit performance (Dyess et al., 2015). While there is a growing awareness of the value of leaders prioritizing self-care at work and during their leisure time (Lanaj et al., 2023), the understanding of which specific self-care actions are best suited to both contexts remains limited. Developing a clear typology of self-care actions is a crucial first step toward understanding recovery in the leadership process and optimizing leader self-care. In the absence

of such a typology, researchers may miss or undervalue critical self-care behaviors and provide misleading advice to leaders (Rudolph et al., 2020). The benefits of leadership may not be fully realized or sustainable if we do not know how to help leaders to be "energized to lead" (Chiu et al., 2021).

The issue of leaders' self-care may be particularly important for healthcare organizations. Most healthcare services are not confined to a 9–5 business model; healthcare leaders are connected to their work to varying degrees 24 h a day, 7 days a week. In addition, leaders in healthcare industries (e.g., nurse leaders) are required to fulfill multiple roles (e.g., clinical experts, technology advocates, compassionate mentors) and usually experience an extreme level of emotional and cognitive exhaustion due to role stress (Dyess et al., 2018). Further, as a consequence of the COVID-19 pandemic, studies are reporting an increase in demands faced by all healthcare workers on top of their pre-existing role stressors (see a review by Vizheh et al., 2020), including staff shortages and limited supplies of personal protective equipment. These additional burdens have impacted healthcare leaders, making it difficult for them to address and alleviate the associated negative impacts on their staff (Hølge-Hazelton et al., 2021). Nevertheless, we continue to rely on healthcare leaders who must experiment with self-care activities in times of crisis without knowing either the cost or effectiveness of their actions. Equipped with a comprehensive self-care behavior typology, HR professionals can better provide intervention and assistance to healthcare managers to restore their leadership energy during challenging times.

This study aims to address two essential yet unresolved questions pertaining to leaders' self-care behaviors: First, which self-care behaviors do healthcare leaders implement at work and after work hours? Second, how has the COVID-19 pandemic, as an example of an external crisis, affected these leaders' capacity to engage in or access their identified self-care behaviors? We utilized an inductive, qualitative approach to discern the array of self-care behaviors used by healthcare leaders in their work and nonwork lives. As recommended by Sumpter and Gibson (2022), this qualitative approach helps to capture the real-life experiences of the organization members (e.g., leaders), proves instrumental in investigating the impacts of a global crisis (e.g., COVID-19 pandemic), and complements existing survey-based studies. Reflecting the airline safety message we hear when we fly (i.e., "Put on your oxygen masks first before you assist others"), we describe leaders' self-care behaviors as "oxygen masks" (Horowitz, 2020) to highlight that leaders need to manage their work energy before they provide assistance to others. Our final sample comprises 41 senior managers from three large healthcare organizations in Australia.

Answering these two essential questions will help narrow the gap in our understanding of leaders' self-care behaviors and their importance during times of crisis, which is crucial for advancing the literature on leadership development, leaders' resilience, and leaders' well-being. Also, while previous HR literature highlights leadership as a critical factor in protecting and improving employees' well-being (Urrila, 2022), the conclusions of our study offer clear guidelines for HR professionals to help leaders access their oxygen masks. Healthcare leaders need energy reserves to sustain their engagement in

positive and health-oriented leadership and ultimately enhance the effectiveness of HRM outcomes.

2 | THEORETICAL BACKGROUND

2.1 | Retaining leaders' work energy

Human energy has long been considered a critical yet scarce resource for employees coping with various organizational challenges (Loehr & Schwartz, 2006). There are two forms of human energy at work: physical energy and energetic activation (Quinn et al., 2012). Physical energy refers to an individual's physiological capability to complete one's work. It can be stored as potential energy composed of glucose or adenosine triphosphate, then transformed into kinetic energy that enables the individual to think and take action at work (Brown, 1999). In contrast, energetic activation reflects one's subjective feelings of "vitality, vigor, or enthusiasm" at work (Quinn et al., 2012, p. 341). In previous studies, energetic activation has also been described in terms of mental (e.g., Mayer & Gavin, 2005), social (e.g., Seibert et al., 2001), or relational energy (e.g., Owens et al., 2016). In short, Quinn et al. (2012) recommend that energetic activation can be best understood as the subjective, experienced feelings about engaging in a specific action (e.g., maintaining social relationships or providing suggestions).

Organizational leaders need to monitor and retain their energetic activation levels (Chiu et al., 2021)—as such energy is drained by complex leadership tasks associated with interpersonal coordination or communication. While leaders can retain their physical energy by resting or eating, their energetic activation levels are primarily determined by the discrepancy between their encountered job demands and available job resources (Quinn et al., 2012). In most organizations, leaders are usually resource providers, rather than receivers, who constantly provide material and social support to help followers complete their tasks (Morgeson et al., 2010). Meanwhile, they are the primary decision makers and are expected to handle complex workplace issues that include strategic planning, performance management, and conflict resolution, resulting in high job demands. As such, compared with non-leaders, organizational leaders usually face greater job resource–demand discrepancies than other employees and maintain low energetic activation levels (Chiu et al., 2021).

Ong and Johnson (2021) conducted a configural analysis to identify combinations of job resource and demand factors sufficient for the production of, and, separately, the absence of employee emotional exhaustion (i.e., low energetic activation). They identified three job demand–resource configurations sufficient for the presence of exhaustion: (1) low social support regardless of job demands; (2) high workloads in combination with high emotional demands regardless of job resources; and (3) high workloads in combination with low autonomy. To their surprise, they found no configuration that was consistently sufficient for an absence of exhaustion, not "even a low demand-high resource configuration (e.g., low workload + high social support)" (2021, p. 37). Hence, individuals might be unable to boost their energetic activation levels and prevent exhaustion by changing

job demand–resource configurations. In fact, ten Brummelhuis and Bakker (2012) highlighted the importance of contextual resources (i.e., resources derived from social contexts, such as respect from a friend), stating that gaining resources both at work and outside of work is critical for individuals to experience greater work–life enrichment and eventually retain or restore their work energy. Organizational leaders might need to take action both at work and outside work to proactively restore their work energy. As such, we turn our attention to the advice within the literature on leaders' self-care and its implications.

2.2 | Leaders' self-care behaviors: Oxygen masks for leadership

The issue of leaders' self-care has attracted significant attention from both academia and industry in recent years. Theoretically, self-care has three major components, including value (i.e., how individuals prioritize their self-health), awareness (i.e., how much attention they pay to their own health-related signals), and behavior (i.e., their actual behavioral engagement in improving self-health); the behavioral component is believed to be the most proximal to the self's health outcomes (Klebe et al., 2021). Thus, in the present study, we mainly focus on investigating leaders' self-care behaviors, or their self-initiated actions to protect their own well-being (Klug et al., 2022). Good leadership is usually described as other- or follower-centered, so organizational leaders are expected to first allocate their available energetic activation to satisfy others' needs (i.e., "Leaders eat last"; Sinek, 2017). But leaders need to preserve some energetic activation to cope with complex or emergency tasks. Thus, leadership effectiveness depends on leaders proactively adopting self-care practices (e.g., meditation) that deliver energy boosts (Dyess et al., 2018). Taking the initiative for self-care is critical if leaders are to fulfill their roles with confidence and sustain their leadership engagement (Lanaj, Gabriel, et al., 2021).

Several studies have confirmed the association between leaders' self-care and leadership effectiveness. For instance, Lanaj, Jennings, et al. (2021) reported that leaders with high self-compassion, a mindset in which leaders intend to support themselves with self-care, have greater capability to help others; in turn, leaders who engage in self-care are rated as competent and considerate leaders. Dyess et al. (2015) found that nurse leaders who consistently adopt self-care practices, such as establishing work boundaries or fostering social relations, are more likely to reduce the effects of adverse events and increase patient satisfaction. Theoretically, leaders' self-care behaviors can improve subordinates' well-being and effectiveness via (1) directly providing health-related interventions (e.g., establishing health-relevant policies, setting work priorities) and (2) serving as role-models to arouse the collective awareness and showcase how to retain work energy (Klug et al., 2022). Unfortunately, while these pioneering studies highlight the importance of self-care for effective functioning, minimal attention has been directed at investigating feasible self-care practices for leaders, during and after work, to enhance their energy and sustain their effectiveness.

Leaders' self-care behaviors are also essential for mitigating their own fatigue and boosting their energy levels. Although the work recovery literature has reached a consensus that both work (e.g., lunch break) and nonwork (e.g., family time) recovery interventions are essential to help individuals retain their work energy (see a recent review by Sonnentag et al., 2022), researchers particularly highlight the importance of individuals' perceived autonomy when practicing these recovery activities. For instance, Trougakos et al. (2014) report that taking a lunch break can effectively reduce work fatigue only when employees feel they can autonomously choose to take a lunch break. Per self-determination theory (Ryan & Deci, 2008), individuals' perceived autonomy reflects the extent to which they feel competent at work, and when their need for competence is satisfied, their feeling of energy will be increased (Trougakos et al., 2014). Thus, compared with engaging in mandatory or recommended healthcare activities (e.g., organizations' wellness programs or interventions), the self-initiated nature of leaders' self-care activities should reinforce leaders' sense of autonomy and have a greater impact on restoring energy levels.

However, while we know how/why leaders' self-care engagement is beneficial, we know relatively little about what specific self-care behaviors that leaders can adopt to effectively enhance their self-health, partially because studies often rely on cross-sectional surveys with questionable measures to investigate leaders' self-care behaviors (Rudolph et al., 2020). In addition, how leaders' self-care behaviors are affected by a contemporary crisis (e.g., COVID-19) deserves more attention (Klebe et al., 2021). In response, we conducted an in-depth investigation of self-care behaviors used by organizational leaders—that is, their oxygen masks for leadership. The oxygen masks term also reflects that these self-care practices are essential in emergency or challenging contexts, such as the COVID-19 pandemic. In our study, we commenced with preliminary questions that asked leaders to describe the most common factors that exhaust them at work. Subsequently, we delved deeper by posing essential queries: (1) what self-care behaviors do leaders utilize to preserve and recharge their energy during the workday, after the workday, and in preparation for the next workday and beyond, and (2) how have COVID-19 restrictions influenced leaders' access to their oxygen masks? We addressed these research questions through an inductive approach, utilizing qualitative interviews.

3 | METHODS

3.1 | Research design and sample

We adopted a qualitative design (Sandelowski & Leeman, 2012) to investigate and document the specific self-care behaviors enacted by healthcare services managers, and to understand the impact of COVID-19 restrictions on managers' ability to engage in these behaviors. We conducted semi-structured interviews with broad open-ended questions (see Appendix A for the interview protocol) reflecting concepts related to energetic activation (Chiu et al., 2021; Quinn et al., 2012), job demands and resources (Bakker & Demerouti, 2007), and self-care behaviors (Klug et al., 2022). We followed the Standards for Reporting Qualitative Research, a 21-item, criteria-based checklist (O'Brien et al., 2014), and the APA Qualitative Research Design (JARS-Qual) (Levitt et al., 2018). While the literature largely relies on cross-sectional surveys to investigate line managers' self-care behaviors, a qualitative approach is highly recommended by health-oriented leadership researchers to identify the full spectrum of effective behaviors that leaders can use for self-care (Rudolph et al., 2020).

We recruited managers from three healthcare organizations in a large Australian city, including two aged care organizations (Organizations A and B) and one acute care hospital (Organization C). Aged care organizations provide long-term care to residents and serve all their needs; dealing with residents and their families can take an emotional toll on healthcare workers and managers. The acute care organization provides care to diverse patients in short timeframes; staff workloads vary depending on the severity of illness and the hospital's capacity to absorb case demand. Research on healthcare workers' mental health has shown that this group is exposed to work-related stressors that can affect their work energy, including heavy workloads, high job demands, and emotional labor (De Cieri et al., 2019). As such, being a healthcare manager can be more stressful and tiring than providing direct care to residents or patients (Udod & Care, 2013). These pressures leave minimal opportunity to recharge, making managers susceptible to emotional and physical exhaustion, burnout, and potential ineffectiveness in their leadership roles (Mercer et al., 2018; von Bergen & Bressler, 2019). Recent studies show that, in the COVID-19 era, healthcare industries have displayed the highest resignation rates, and mid-career employees (e.g., middle-level managers) are most likely to quit (Cook, 2021).

After consulting with the top management of each targeted organization, we devised recruitment strategies tailored to their specific needs. For Organization A, the HR department sent a comprehensive email to all managers, including the participant information sheet, consent form, and detailed information about confidentiality. The email emphasized that only the researchers would have access to individual responses and under no circumstances would this information be shared with the organization. Upon receiving a positive response from potential participants, the HR department facilitated scheduling and was not involved further. For Organizations B and C, the HR department sent email invitations to their managers, and potential participants contacted the research team directly to express their interest. The research team provided participants with all necessary information about the research and confidentiality, including the participant information sheet and consent form.

Interviewees received an AU$30 department store voucher in appreciation of their participation. Due to the COVID-19 pandemic, we could not conduct face-to-face interviews. The semi-structured interviews were conducted online using the virtual conference software, Zoom. Two researchers hosted the conversation, with one researcher acting as the lead interviewer and the second taking notes on participants' reactions. The third interviewer was on standby in case technical problems arose.

Interviews took place between May and November 2020. During the data collection, we found evidence of data saturation in around 35 interviews. We continued to interview to confirm that no new

first-order codes were generated, and our final sample was composed of 41 managers. Table 1 presents the participating healthcare organizations' profiles and participants' demographic characteristics (gender, age, and tenure as a manager). Among the participants, 13 were from Organization A, 17 were from Organization B, and 11 were from Organization C. Most (78%) of the participants were female, and

TABLE 1 Descriptions of the participants.

Organization	Participant	Gender	Age	Tenure in current leadership role (in years)	Leadership experience (in years)
Aged Care Organization A: Independent, profit-for-purpose organization. Residential facilities and retirement living units.	1	F	55–64	4.5	9
	2	F	45–54	1.5	10
	3	M	25–34	4	4
	4	F	35–44	1.25	1.25
	5	F	55–64	1	22
	6	M	25–34	0.25	3
	7	M	35–44	13.5	13.5
	8	F	55–64	5	6
	9	F	45–54	12	12
	10	M	55–64	5	28
	11	M	65+	3.5	30
	12	F	55–64	0.5	15
	13	M	25–34	6	10
Aged Care Organization B: Not-for-profit organization offering home care services, retirement living and residential care homes.	1	F	35–44	4	5
	2	F	55–64	7	11
	3	F	45–54	10	10
	4	F	45–54	7	10
	5	F	45–54	1.5	8
	6	F	55–64	5	5
	7	F	35–44	8	8
	8	M	35–44	5	5
	9	F	55–64	10	10
	10	F	55–64	9	15
	11	F	45–54	11	11
	12	F	45–54	12	12
	13	M	45–54	9	10
	14	F	45–54	3	3
	15	F	45–54	10	4
	16	F	55–64	4	18
	17	F	45–54	21	21
Acute Care Organization C: Public acute care hospital.	1	M	25–34	1	10
	2	M	55–64	0.8	26
	3	F	45–54	1	13
	4	F	55–64	6	6
	5	F	25–34	3	3
	6	F	35–44	2.5	2.5
	7	F	55–64	1.25	1.25
	8	F	45–54	0.25	5
	9	F	35–44	0.66	10
	10	F	35–44	0.9	7
	11	F	45–54	13	15

68% were 45 years or older. The average leadership tenure in their current organization was 5.48 years, and the average total leadership experience was 10.45 years.

3.2 | Data analysis

The interview files were professionally transcribed and imported into NVivo 12 Plus software for analysis. Data were analyzed using an inductive and semantic approach, following the bottom-up method outlined by Braun and Clarke (2022). The thematic analysis method was employed, coding interview transcripts based on participants' own words. The research team aimed to practice reflexivity in qualitative analysis process to facilitate consideration of our understanding of culture, social realities, and position. "It is informed by reflection and is a continuous activity" (Barrett et al., 2020, p. 10). As part of this process, researchers are encouraged to transparently express their possible "subjective values, biases, and inclinations" in the data analysis process (Tracy, 2010, p. 842). Our research team included a nurse, a public health researcher, and several organizational psychologists. Team members met regularly during the data analysis process to discuss how their interpretations were influenced by their unique disciplinary perspectives and expertise. Specifically, the nurse on the team utilized her unique "insider researcher" perspective to pinpoint analytical gaps and critically assess data interpretations. In response, other team members provided feedback and shared insights from their areas of expertise, ensuring the collective reflexivity within the group.

While the primary focus of our research was to investigate leaders' self-care behaviors for recharging, we also investigated factors that drained leaders' energy on a daily basis. Following Braun and Clarke's (2022) analytical procedure, we generated first-order codes and second-order themes, and further developed third-order theoretical dimensions for both energy-draining factors (questions 1–4 in Appendix A) and self-care behaviors (referred to as "oxygen masks" for leaders; questions 5–7 in Appendix A). Our data analysis process for identifying the oxygen masks is supported by detailed evidence, including Figure 1, Table 2, Appendix B, and Tables B1 and B2. We have also presented key findings related to factors contributing to leader exhaustion, which provide context for understanding the oxygen masks (the data extraction process for these factors is available upon request).

3.2.1 | Step 1: Familiarizing with the data

The interview transcripts were reviewed to confirm transcription accuracy and to gain an overview of the data. No specific attempts to code the data were made at this early point (Kiger & Varpio, 2020).

3.2.2 | Step 2: Generating first-order codes

The transcripts were added to NVivo 12 Plus for iterative coding. The research team regularly met to discuss coding development and update first-order codes. A detailed code book emerged from this process (see Appendix B, Table B1 for oxygen mask code examples; energy-draining codes contributing to leaders' exhaustion available upon request).

3.2.3 | Step 3: Searching for themes

Two research team members independently identified themes, combining first-order codes from transcript reviews and field notes. One member focused on code descriptions while the other drew from healthcare management and self-care literature. Similar themes were refined into specific ones (see Appendix B, Table B1).

3.2.4 | Step 4: Reviewing the themes

At this stage of the data analysis process, we had identified 12 s-order themes. These themes were circulated to the research team, who met several times to discuss whether the second-order themes accurately reflected the data. The objective of the second-order themes was to define categories in the first step of abstraction, commonly known as axial coding (Allen, 2017; see an example in Appendix B, Table B2).

3.2.5 | Step 5: Defining and naming the themes

After generating the second-order themes, three team members iteratively mapped them onto third-order theoretical dimensions. Alternative theoretical explanations were discussed until a consensus identified the dimensions that best reflected the data. Four third-order dimensions were ultimately identified (see Figure 1).

3.2.6 | Step 6: Producing the report

Utilizing insights from prior steps, we created a data structure (Figure 1) showcasing first-order codes, second-order themes, and third-order theoretical dimensions. Additionally, Table 2 details the oxygen masks leaders use during, after, and beyond workdays, categorized as personal, interpersonal, or organizational. These masks are labeled as work-related (WR) or nonwork-related (NWR) and indicate any COVID-19 impact. Finally, we conducted "member checks" (Gioia et al., 2013) with the participating organizations. They received a written summary of our findings and provided feedback on its alignment with their experiences. All agreed with the findings as presented.

4 | FINDINGS

4.1 | Factors contributing to leaders' exhaustion

Most participants did not immediately mention job-related factors in their interviews. Instead, they first spoke about the overlap between

Example Illustrations of First-order Codes   **Second-order Themes**   **Third-order Dimensions**

"I make sure I've got food all ready…proper food…on days where I am, going to be high pressure"

"When I come to the door at work, I usually take a deep breath and let go of everything that's happening at home, then I come to the door so that I'm present for the workday".

Immediate Wellbeing Solutions at Work (e.g., drink water; take an immediate rest; deep breath)

"I'll walk in the front door, I'll put my dog on a lead and we'll go for a big hour walk".

"I listen to podcasts while I cook dinner, and I actually find that quite energizing."

After work Activities (e.g., walk the dog; cooking)

"Try to go to bed a bit earlier…the amount of sleep is important".

"Yoga and the body balance kind of thing gave me that kind of relaxation and a little bit of time out even down to the breathing."

Long-Term Lifestyle considerations (e.g., regular exercise, food diet and sleep habits)

Improving Physical Wellbeing

"Draw on you own beliefs and values – I try to hook my day into my faith."

"You need to have fun as well; you need to be able to not take things too seriously…"

Emotional/Spiritual Regulation (e.g., draw on your faith or values)

"I have my mum and I are really close…"

"we've joined a community garden there, so we've met all these nice old people and basically have- become engaged with people who are completely out of the health system."

Social Interactions (e.g., seeking support from close family members or the community)

"I always think it's really important to take your annual leave and plan in an organized way and we go away do stuff."

"Spending time with family and just reconnect with them and distract yourself from work and try to switch off."

Leisure Activity Engagement (e.g., plan for leave; spend time on off-work activities)

Improving Emotional, Spiritual, and Social Well-being

"Put a boundary around your day and just put in place what you can manage… set aside those that are not value-adding to the day."

"Be really prepared…like the day before, making sure I've got everything I need…"

Self-Management (e.g., task management; set work boundaries)

"It is rewarding to help and support people grow and develop."

"I take pride in the fact that I am providing and excellent service."

Helping and Mentoring Others (e.g., assist followers and clients; help to establish feedback loops)

Fulfilling Managerial Roles

"I was able to make sure that I had good personal support from people. I had a very strong working relationship with the nurse director…we'd touch base regularly, have a coffee, make sure that we're okay, double check that what we were saying is right…"

"I have a good team behind me… we work together, (we're) good as a team…that's what helps you with your every day."

Support from Peers and Followers (e.g., exchange information; seek social/emotional support at work)

"I felt valued and supported from day one. We are told often that we are valued, thank you for your hard work. That's probably why I stay because I feel valued."

"We did regular connects…I feel so much better, I have a full sense of belonging, I feel connected…"

Support from Supervisors and Management (e.g., formal HR support; clear expressed values from the top managements)

"I have this huge focus and always have had on continuous improvement. I think for myself and for the organisation, for my team, I want to be feeling like we're moving forward together."

"Our bosses have - you know, it's not just educating from this level, down. It's educating from the CEO, down on how to manage staff and how to get the best out of your team…"

Learning Opportunities (e.g., learn from the team, peers, and supervisors)

Seeking Collegial and Organizational Support

FIGURE 1 Data structure of oxygen masks.

TABLE 2 Oxygen masks and COVID-19 implications.

Dimensions	In the first place oxygen masks for use during the workday	Availability during COVID-19	Subsequently oxygen masks for use after the workday	Availability during COVID-19	In the long run oxygen masks for use during the next workday and beyond	Availability during COVID-19
	Personal		**Personal**		**Personal**	
Improving physical well-being	• Taking a deep breath (NWR and WR) • Just sitting down for 15–20 min (NWR and WR) • Drinking plenty of water (NWR and WR)	✓	• Take a walk (e.g., with your dog) (NWR) • Leave your phone at home when you go for a walk (NWR)	?	• Eating well, moving well, and sleeping well (NWR and WR) • Developing exercise habits (NWR and WR)	?
Improving emotional/ spiritual well-being	• Do not forget to laugh (NWR and WR) • Drawing on your faith (NWR and WR)	✓	• Listen to positive podcasts (NWR and WR) • Take time to reflect (NWR and WR) • Engage in activities (e.g., cooking, gardening) that can distract you from work (NWR)	✓	• Take leave for vacation (WR) • Leaving time when you can chill and not rush about (NWR and WR)	✗
	Interpersonal		**Interpersonal**		**Interpersonal**	
Improving social well-being	(?)		• Interact with family and close friends (NWR) • Engage in social events based on personal interests (e.g., going to concerts or sporting events) (NWR) • Seek advice and support from close family members or friends (e.g., debriefing with your spouse/partner) (NWR)	✗ ?	• Having outside of work activities (e.g., book club, tennis clubs…) (NWR) • Engaging with your community (NWR) • Playing team sports regularly (NWR)	?
Fulfilling managerial roles	• Setting boundaries and priorities for the workday (WR) • Establishing feedback loops with the team (WR) • Helping followers to clarify their duties and roles (WR)	?	(?)		• Providing mentoring/ coaching to others (WR)	?
Seeking collegial support	• Touching base with peers (WR) • Obtaining help from the teams (WR)	?	(?)		• Learn from others in your immediate team (WR) • See how other people (colleagues) are coping and utilize their positive strategies (WR)	?
	Organizational		**Organizational**		**Organizational**	
Seeking organizational support	• Requesting a physical space where you can have a rest (WR) • Ensuring that the work settings meet personal needs (WR) • Seeking support about no eating at the desk—stepping away and taking a break (WR)	✗	• Stop endorsing emails after hours (WR) • Offer formal debriefing opportunities for peers and followers away from the organization (WR)	?	• Keep communicating with the top management to clarify expectations and strategic focus (WR) • Advising professional development opportunities for self and the team (WR)	? ✓

TABLE 2 (Continued)

Dimensions	In the first place oxygen masks for use during the workday	Availability during COVID-19	Subsequently oxygen masks for use after the workday	Availability during COVID-19	In the long run oxygen masks for use during the next workday and beyond	Availability during COVID-19
					• Requesting the right technology to ensure work efficiency (WR) • Voicing out to negotiate for fair workload, work distribution, and right resources (WR)	

Note: No data available.
Abbreviations: NWR, nonwork related; WR, work related.

their work and nonwork lives. As such, we identified a theoretical dimension named work–life spillover that focused on the relationship between work demands, personal resources, and family responsibilities. This dimension aligns with the work–home resource model (ten Brummelhuis & Bakker, 2012), suggesting the negative impact that the pressures of being a leader can have on life outside of work. For example, leaders who were stressed about work-related issues reported that it affected the quality of their sleep, depleting the energy they needed to fulfill family responsibilities and execute leadership duties. This accumulated conflict from the work/nonwork interface creates a vicious cycle that depletes their leadership energy, making it even more difficult for them to fully recover in the work context.

The remaining identified dimensions aligned closely with Ong and Johnson's (2021) job demand–resource configurations of employee exhaustion, including (1) high emotional demands, (2) high workloads and low autonomy, and (3) low social support. Most participants acknowledged that being a healthcare leader was an emotionally demanding position with a high workload commitment. The participants gave examples of trying to influence others' perceptions that they were coping. Some described the emotional toll of being a leader and a perceived requirement (self-imposed in many cases) for leaders to present themselves as coping even when they were not. Many participants also highlighted the problem of high workloads and low autonomy when fulfilling their leadership duties. Being constantly interrupted while dealing with mentally demanding work, excessive emails, and unrealistic demands from others all took their toll on many participants' energy levels. The less control the leader had, the greater their workload became; low autonomy combined with higher workloads generated negativity. According to the participants, the low autonomy-high workload issue was exacerbated during the COVID-19 pandemic. Finally, some participants complained about the low social support they received. When leaders did not have support from others (peers or senior staff), their role was more difficult, and they found it harder to cope. These participants told us they felt that they were always giving emotional support to others with little reciprocity.

4.2 | Leaders' oxygen masks

We identified four groups of oxygen masks that leaders can proactively adopt to protect themselves: (1) improving physical well-being, (2) improving emotional/spiritual/social well-being, (3) fulfilling managerial roles, and (4) seeking collegial and organizational support, as shown in Figure 1. These behaviors were further grouped as personal (behaviors that leaders used on their own), interpersonal (behaviors in which leaders engaged with other people), and organizational (behaviors in which leaders requested or engaged organizational resources). We distinguished between oxygen masks that were more likely to be work- and nonwork-related. We conducted a temporal analysis that identified when these behaviors were most likely to be used: "in the first place" during the workday, "subsequently" after the workday, and "in the long run" the next workday and beyond. Also, we decided whether the COVID-19 pandemic restrictions impacted the availability of oxygen masks (see Table 2).

The oxygen masks were deliberate attempts used by these leaders to restore their energy. Although we anticipated that their task designs and requirements might make people from the acute care organization (Organization C) more dependent on their oxygen masks, we found that the adopted self-care behaviors were very similar across the three organizations. These oxygen masks will be discussed next.

4.2.1 | Improving physical well-being

Most participants described activities they incorporated into their routines to help them maintain their energy levels and attend to the demands of their jobs. The oxygen masks utilized "in the first place" during the workday are related to improving physical well-being. For example, the oxygen masks focused on ensuring adequate hydration and meeting nutritional needs, especially if a known pressure was looming during the workday. Leaving one's desk briefly was also seen as a beneficial oxygen mask often used during the workday, as one participant mentioned:

…Stretch and getting up or going outside for a few minutes to get some fresh air… making sure that you also go for a 5-minute walk and come back and revitalize, clear your head. (31071300B)

Participants talked about oxygen masks they engaged at home, after the workday: walking the dog, gardening, and exercising. These activities were sometimes physically demanding, but they helped participants disconnect mentally from their work pressures. When using some oxygen masks, such as going for a walk after work, some participants stated that they leave their phone at home so that they are not interrupted.

I will go and take the dog for a walk … and to breathe… and look at the flowers, it's timeout, time away from phones ringing, from people talking, from the busyness … it can switch me off. And then I can walk back home and cook tea and prepare dinner for the family and just be mum and wife for the rest of the day. (7071330B)

Many participants spoke about oxygen masks they used in the "long run, during the next workday and beyond" that related to eating well, having good exercise habits, and sleeping well.

…I do enjoy sport and going for a run and things like that. I think that helps me on a week to week. …. it sort of clears my head and allows me to have a different avenue of thought. (27051030A)

Try and go to bed earlier…definitely, the amount of sleep is important. (20071300B)

4.2.2 | Improving emotional/spiritual/social well-being

Many participants spoke about the importance of laughter to boost positive emotions "in the first place" during the workday when faced with a stressful or adverse situation. Others described drawing on personal spiritual resources. They spoke about spirituality from a particular religious perspective alongside a more general sense of faith and belief. For instance,

…on a very personal level I am a Christian and so, I pray and I have my Bible and I try and hook my day into my faith. (3061330A)

…I really love my work; I still have faith that it will be okay. (22071430B)

Many participants talked about oxygen masks they engaged in at home after the workday: They spoke about the importance of quiet time and doing things that you like to do after work that improve and

restore one's energy levels. Examples of these behaviors included listening to positive podcasts, undertaking reflection, watching television, and playing video games. Also, activities such as cooking and gardening were discussed as a way of providing some distractions. As one participant highlighted:

…basically you leave your baggage at work and your personal life baggage at home. And usually when I come to the door at work I take a deep breath and let go of everything that's happening at home.…Then when I go home, I usually allow about half an hour when I first get home to talk about the day, get it off [my] chest and then that's it. (1061030A)

Most participants also provided insights into how they prepare themselves for the next workday and beyond by utilizing more long-term oxygen masks. For instance,

…I try not to do any extra work on the weekends or anything like that, so I can maintain a good work/life balance. (22091600C)

Other long-term oxygen masks included taking leave from work regularly (or when it is due) and making a conscious effort to relax and not always rush about.

Interpersonal oxygen masks to improve social well-being during the workday were not identified from the data. However, the majority of the participants were able to provide examples of interpersonal oxygen masks they utilized after the workday and the next workday and beyond. They emphasized the importance of cultivating relationships outside work (spending time with family and friends), having pastimes (e.g., going to the movies, shopping), or participating in group sports:

…spending time with family and just reconnect with them and distract yourself from work and try and switch off. (1061030A)

Some participants also mentioned socializing with work colleagues outside work or getting involved in their local communities as recharging actions:

…trying to have social interactions with your peers and colleagues is something that's really good. (2505030A)

4.2.3 | Fulfilling managerial roles

Most participants identified interpersonal oxygen masks they utilized to prepare themselves for the tasks they had to perform during the workday. These participants emphasized that setting boundaries and priorities for the workday with the team was essential to feel in control, which positively influenced their ability to fulfill their managerial roles throughout the day. For example,

...Well, I think just being prepared and making sure that you're across what's happening in your day, what's scheduled. Making sure you are prepped, you've got your papers in order... So, being prepared, that's probably the main thing. And, just that self-talk ....around what you can control and not letting what you can't control impact on you. (22091600C)

According to many participants, developing positive relationships with team members and patients (clients) created a supportive work environment. With this positive work environment, some participants found that stakeholder communication improved, and the teams worked more collaboratively, increasing efficiency and effectiveness in achieving common goals. Also, establishing feedback loops and ensuring staff understand their duties and roles was vital in creating this positive work environment:

> I have a good team behind me... we work together, (we're) good as a team, so I think by having a good team behind you as support, I think that's what helps you with your every day. (3071000B)

As presented above, most of the oxygen masks that the participants discussed that helped fulfill their managerial roles were used during the workday. No interpersonal oxygen masks were identified for use after the workday. Behaviors that could be used in the long run, during the next workday and beyond, were also limited, but providing mentoring and coaching to others was identified as an essential oxygen mask. A long-term commitment to developing colleagues was another way leaders could create a more positive work environment.

4.2.4 | Seeking collegial and organizational support

One essential oxygen mask that many participants spoke about was seeking collegial support, especially during the workday. For example, leaders highlighted the importance of touching base with colleagues (peers) throughout the day and knowing that support would be available. When extra pressures surfaced (e.g., an unscheduled accreditation visit in the aged care organization), the knowledge that team members would help was a crucial factor in a leader's ability to cope. Like one of the interviewees raised:

> ...watch out for the signs and be ready to sort of jump in and support each other. Spend a few minutes together, a couple minutes is all you need, you know how we going? Is everything okay? Is anything missing? How can I help? (25051330A)

No interpersonal oxygen masks associated with collegial support were identified for use after the workday. Behaviors that could be used in the long run, during the next workday and beyond, involved learning the strategies team members used to cope and improve their energy levels.

Additionally, seeking organizational support was mentioned by some participants. Practical elements include having dedicated spaces in the organization where employees could take a break and encouraging leaders to avoid eating lunch at their desks. It was suggested that leaders should physically leave their office space, even for a short while. Some leaders believed that if organizations encouraged the behavior, they would feel more empowered to take a break away from their office. And if "stepping away" from the office is encouraged, having a dedicated space to relax and reenergize was even more important.

Several participants believed it was expected that they be available after the workday to respond promptly to emails. Many of them believed that organizational support to minimize this practice would be a positive move, and would help them recharge when they were away from the office.

Another organizational oxygen mask that would help leaders after the workday was involvement in offsite debriefing activities with peers and followers. Additionally, some participants explained how the organization could facilitate and strengthen one's use of oxygen masks in the long run, especially when dealing with organizational pressures such as restructures or change. They felt that the uncertainty that comes with these challenges was detrimental to their leadership effectiveness. One oxygen mask that could ameliorate this problem was aligning their values to the organization's values. This behavior could be adopted in routine interactions with top management and maintained over time. The importance of effective communication was evident in many of the statements made by the participants, such as:

> ... we should work in a way that makes us most productive; that's what our contract is for this organization, and that's what I'm excited about is us actually moving towards our mission... It's easier to have energy for this organization than some of my previous ones where I had to leave because there's a value misalignment... this one was easier to have energy for. (2071000B)

Behaviors that reflected a more long-term commitment for use during the next workday and beyond related to upskilling and being up to date with developments in their field. For example, professional development opportunities provided by the organization could help leaders find solutions for challenges they face in their day-to-day work. Such opportunities can increase leaders' sense of fulfillment in their roles:

> I have this huge focus and always have had on continuous improvement. I think for myself and for the organization, for my team, I want to be feeling like we're moving forward, not going flat out in reverse or round and round in circles. (25051030A)

Also, organizational support was referenced as relevant to coping with challenges, expressly the need to be in contact with others (team

members, top management, clients, or patients) when working arrangements varied, with some people working remotely or unable to go to different work locations. Many of the participants believed that if the organization provided timely and appropriate access to technology and ensured appropriate connectivity, they could cope with changes more efficiently, helping them preserve their energy levels. For instance,

> ...we did regular connects, and so they were saying to me I feel so much better, I have a full sense of belonging, I feel connected, and so they felt good. It's easy to catch each other and chat on Teams and share work... it forced that which then promoted a good platform for us to work as teams and I found it more effective. (2071000B)

4.3 | Oxygen masks and the impacts of COVID-19 pandemic

The majority of participants spoke about the impact of COVID-19 on leaders, especially leaders in the healthcare industry. The immediate need to monitor and manage COVID-19 infections stirred system-wide anxiety and spurred emotional demands from staff and patients. Newly established work-from-home policies demanded that leaders pivot to manage people remotely. Government regulations limiting people's movements made it more challenging to fulfill family responsibilities. COVID-19 generated a wide range of new demands that widened demand–resource discrepancies (Bakker & Demerouti, 2007) for healthcare leaders, pushing them to exhaustion.

Simultaneously, COVID-19 restrictions limited leaders' access to the oxygen masks they usually relied upon; the oxygen masks that might have been the most effective were also those that were most constrained. As indicated in Table 2, leaders' personal oxygen masks (improving physical well-being, improving emotional and spiritual well-being and fulfilling their managerial roles) were still available during COVID-19. These actions provided limited and temporary relief during the COVID-19 crisis. However, leaders were often unable to reach their interpersonal and organizational oxygen masks. Interpersonally, it was more difficult to ask teams for help or mentor followers when communication was limited to video platforms. Organizationally, COVID-19 restricted leaders' ability to step away from their offices or gather with peers. Video platforms (like Teams and Zoom) were essential in maintaining connections during COVID-19, but they could not nurture new relationships or strengthen existing ones the way face-to-face communications could (Hargie, 2021).

Further, Table 2 demonstrates that the interpersonal and organizational oxygen masks most affected by COVID-19 were the ones that leaders usually accessed after the workday, or during the next workday and beyond. Leaders had less opportunity to interact with family and close friends (interpersonal, after workday) or engage in group sports (interpersonal, next workday and beyond). Remote, flexible work arrangements meant that leaders were "always on"; avoiding

emails outside business hours (organizational, after workday) would have been inappropriate and insensitive during a crisis. The need to manage immediate demands absorbed the time and mental space leaders would otherwise have used to negotiate organizational workloads and policies (organizational, next workday, and beyond). Access to those long-term oxygen masks could have expanded leaders' interpersonal networks and increased organizational support—increasing leaders' resources rather than just replenishing their existing supply.

5 | DISCUSSION

In this study, we investigated two primary questions concerning healthcare leaders' self-care behaviors. We aimed to identify the self-care behaviors (oxygen masks) healthcare leaders use to recharge their energy levels before, during, and after work and understand how COVID-19 restrictions influenced leaders' access to their oxygen masks. Using a qualitative design, we interviewed 41 senior managers from three healthcare organizations. Our findings revealed that these leaders employed specific self-care behaviors that we grouped into four categories: improving physical well-being (e.g., regularly drinking water at work and engaging in exercise); improving emotional, spiritual, and social well-being (e.g., engaging in personal spiritual practices, and enjoying hobbies and activities after work); fulfilling managerial roles (e.g., setting boundaries, prioritizing tasks, and building positive relationships with team members); and seeking collegial and organizational support (e.g., securing professional development opportunities and improving access to technology).

We concluded that the COVID-19 restrictions limited leaders' access to and their use of oxygen masks. The pandemic has brought new challenges and demands, highlighting the importance of leaders' oxygen masks. However, simultaneous efforts to manage the pandemic have imposed restrictions on movement and interpersonal activities, thereby diminishing the accessibility of oxygen masks. Specifically, during the pandemic, leaders found it especially tough to access interpersonal and organizational oxygen masks after their workday or during the next workday. They had fewer opportunities to connect with family and friends, participate in group sports, or step away from their desks. Remote work also made it harder to navigate organizational workloads and policies and avoid after-hours emails.

Finally, although this was not our primary research focus, our data also confirm that four job and personal demand–resource configurations, including work–life spillover, high emotional demands, high workloads and low autonomy, and low social support are major contributors to managers' exhaustion. Our study has implications for multiple academic literatures and for practice.

5.1 | Theoretical implications

Our research findings make contributions to the existing leadership development literature by providing a more comprehensive typology of leaders' self-care behaviors (i.e., oxygen masks), both at work and in

nonwork settings. While previous studies acknowledged the personal benefits of leaders' self-care, they either focused on a limited range of behaviors (e.g., engaging in social activities with friends and family; Calderwood et al., 2021) or asked general questions about self-care engagement (e.g., "I make sure to have enough time for recovery"; Klug et al., 2022); they examined self-care either exclusively in the workplace (e.g., Klug et al., 2022) or outside of work (e.g., Calderwood et al., 2021). Our study provides a broader spectrum of self-care activities that researchers can use to enhance their conceptualization and measurement of leaders' self-care, addressing a pressing need in the literature (Klug et al., 2022; Rudolph et al., 2020). Importantly, by linking the timing of self-care (before, during, and after work) to oxygen mask choices, our research helps leaders and organizations recognize when self-care behaviors can be substituted or are redundant. Given that leadership development is a crucial aspect of HR training functions (Floyd et al., 2022), our research findings should bring insights to HR literature by recommending what essential assistance that HR people should offer to enrich the in-house leadership development. Further, while it has been speculated that the effectiveness of leaders' self-care behaviors may be limited during times of crisis, empirical evidence on this topic is scarce (Klebe et al., 2021). Our study demonstrates that a significant crisis like the COVID-19 pandemic can have a profound impact on leaders' self-care behaviors. The pandemic has intensified the job demands associated with leadership roles and restricted leaders' access to their usual self-care practices. Therefore, our findings provide insights into the types of self-care interventions that should be considered by HR professionals to support organizational leaders during crisis situations.

Our study's typology of oxygen masks also enriches the literature on enhancing and sustaining leadership effectiveness. Previous studies have suggested that leaders' well-being is significantly associated with their displayed leadership behaviors (see a meta-analysis by Kaluza et al., 2020). Positive well-being is associated with displayed constructive leadership behaviors (e.g., relationship or change-oriented leadership such as transformational leadership), but negative well-being, such as exhaustion, is more strongly associated with destructive leadership behaviors (e.g., abusive supervision). Chiu et al. (2021) emphasize that leaders' energetic activation is a critical psychological resource for sustainable leadership. Nevertheless, they caution that while the existing literature places a primary focus on how people "can" lead or have "reasons" to lead, it is equally essential for them to feel "energized" to continue offering leadership support (Chiu et al., 2021). Our study expands on this "energized-to-lead" concept by highlighting the value of leaders monitoring their personal energy levels and responding with self-care. When leaders recognize the value of self-care to leadership effectiveness, their self-care behaviors could strengthen their leadership identity, reinforcing leaders' willingness to help others (Lanaj, Jennings, et al., 2021), and eventually benefiting leaders and organizations alike. Our study takes one step forward by summarizing concrete and actionable self-care tactics for leaders to consider at work and outside work, to improve their leadership effectiveness.

The research findings also have significant implications for the literature on workplace resilience, especially for leaders' resilience.

According to Bardoel and Drago (2021), individuals typically adopt two forms of positive actions to cope with adverse events: acceptance resilience and strategic resilience. The former involves resource-preserving behaviors through which individuals try to obtain immediate resources from their existing lives, relationships, or work contexts. The latter involves resource-improving behaviors through which individuals search for new opportunities or make changes to gain more resources in the long run. Both types of behavior are essential for building resilience; an individual who relies solely on acceptance resilience will experience diminishing resources over time (Bardoel & Drago, 2021). The oxygen masks we identified can serve both acceptance and strategic resilience goals. For example, the COVID-19 pandemic has caused job insecurity and workplace uncertainty, leading employees to seek support from social interactions (Yang et al., 2021). People may initially turn to their existing contacts for social support (acceptance resilience), but they must also identify and cultivate new sources of social support (strategic resilience) when COVID-19 restrictions or other barriers limit access to their usual sources. Yang et al. (2021) found that individuals revived dormant social ties during the COVID-19 pandemic to broaden their networks and acquire additional interpersonal resources. Our research implies that employees who engage in both acceptance and strategic resilience behaviors will develop a diverse portfolio of oxygen masks and will be better equipped to sustain their well-being over the long term.

Adopting a strategic resilience mindset, and engaging in strategic resilience behaviors, is especially important for organizational leaders. First, leaders who use strategic thinking to expand their portfolio of oxygen masks will be better equipped to apply the same skills to their followers' problems. Second, leaders can leverage the legitimate authority attached to their organizational roles to advocate for changes that will support long-term resilience for themselves and for others. Stressors like the COVID-19 pandemic will naturally activate adaptation mechanisms, but leaders who successfully transition from resource-preserving oxygen masks to resource-improving oxygen masks will generate more positive changes and make their organizations more effective. Finally, strategically resilient leaders will be better positioned to manage the work–life spillover challenges identified in our findings. Leaders who build a comprehensive portfolio of oxygen masks across their work and nonwork domains will experience work–home enrichment (the development of personal resources from both domains; ten Brummelhuis & Bakker, 2012), which in turn creates a positive spillover effect that boosts leaders' energy (Greenhaus & Powell, 2006).

Finally, although this was not the primary focus of our research, our evidence of factors associated with exhaustion has implications for the literature on leaders' well-being. First, the identified factor of work–life spillover aligns with the work–home resource model (Greenhaus & Powell, 2006; ten Brummelhuis & Bakker, 2012). Individuals often experience a conflict between their work and nonwork lives, depleting their personal resources and impacting outcomes in both domains. Empirical studies have shown that work–life conflict is a major barrier that discourages leaders, especially female leaders, from pursuing advanced leadership positions (Fritz & van Knippenberg, 2018). Second, the

emotional demands factor reflects the emotional labor involved in leadership roles, including the effort, planning, and control needed to express organizationally desired emotions (Morris & Feldman, 1996). Third, the factor of high workloads and low autonomy is recognized within job characteristics models, particularly in Karasek's (1979) Job Demand-Control Model, which highlights the critical role of job control in buffering against the erosive effects of job demands. Fourth, the low social support factor corresponds to the Job Demand-Control model by Johnson (1989), which recognizes that low support exacerbates job strain (Johnson et al., 1989). In short, our findings connect with key concepts within the employee well-being, such as work–home interface and burnout, and extend their implications to organizational leaders.

5.2 | Practical implications

Our findings suggest that leaders in organizations may experience exhaustion due to emotion-based role demands; leaders must regulate their emotions and maintain a positive image to demonstrate their leadership competence. This struggle may be more salient to leaders who have strong impression management motives (e.g., Chen et al., 2021), possess celebrity status (e.g., Lee et al., 2020), or work in contexts that favor masculine leadership images. It is important to remind organizational leaders that overly focusing on protecting or building their image or status can be toxic and harm energy levels in the long term. In fact, empirical studies demonstrate that leaders' self-compassion can strengthen leader identity, attract help from others, and eventually increase other people's perceptions of leader competence (e.g., Lanaj, Jennings, et al., 2021). Exercising self-compassion means that leaders adopt supportive, kind, and nonjudgmental attitudes toward their own needs. Then they can engage in self-compassionate actions—their oxygen masks—to sustain their leadership effectiveness and benefit their own career advancement.

Our study identifies several ways that HR professionals can encourage leaders' self-care in organizations. In particular, HR professionals can raise leaders' awareness and highlight the value of self-care. Leaders are more likely to engage in self-care behaviors when their personal values prioritize health and health-related signals (Klug et al., 2022), so HR professionals should help organizations select leaders who hold those values. Then health-oriented values can be reinforced during onboarding, ensuring that newly-hired line managers are motivated to engage in self-care as needed. HR activities can also raise leaders' awareness of the importance of monitoring energy levels and improving physical, emotional, and social well-being. HR professionals might host internal workshops, train top executives to role model self-care, or incorporate self-care behaviors into performance reviews.

Finally, our research findings suggest that leaders cannot effectively retain their work energy through individual efforts alone. In highly individualistic contexts such as Australia, individuals are often expected to address their own challenges, neglecting the importance of collective efforts. In addition to on-site training offered by HR professionals, local leadership and professional communities can play a crucial role in providing peer mentorship and guidance. For instance,

healthcare leadership communities can host seminars and workshops in which leaders share their personal experience with oxygen masks, which would increase general awareness of leaders' self-care. These communities can also provide consultation services for their members to negotiate for fair workload or appropriate work resources, thereby seeking oxygen mask support from their organizations. By jointly creating a culture that values self-care and supports leaders to take necessary actions to retain their energy, managers, HR professionals, and local leadership network communities can work toward improving HRM policies and promoting a healthier work environment for organizational leaders and their followers.

5.3 | Research limitations and future studies

Our research has some limitations. We included two types of healthcare organizations, including two aged care and one acute care, and identified consistent patterns around how leaders' personal lives influenced their work energy and what oxygen masks they adopted. However, given that aged care and acute care organizations do have different demands (e.g., Robinson & Street, 2004), particular oxygen masks might be more or less effective across organizational contexts. Future studies could be conducted with organizations from each subsector separately, revealing specific factors affecting healthcare leaders.

As HR departments were responsible for making initial contact with the leaders involved in this study, some participants may not have been entirely forthcoming, due to the risk of identification. However, most leaders provided candid responses to our interview questions and our data collection processes minimized any confidentiality concerns. In two of the three organizations, the HR department did not know which leaders chose to participate in the research. Further, our study primarily targeted middle- and senior-level managers, who are not particularly vulnerable to internal power dynamics (i.e., they are elite informants in organizations; Aguinis & Solarino, 2019). Like most qualitative studies, we used a convenience sampling approach that limits our ability to calculate organizational response rates. We acknowledge these limitations and recommend that future researchers adopt other sampling and data collection procedures to improve the replicability of their studies.

Future research should examine the oxygen masks used by leaders at different organizational levels. Middle- and top-level managers may face different pressures and establish different strategies to address them. Our study included some top-level managers but a larger study with purposive sampling would be better positioned to identify between-level differences in pressures and oxygen masks. Future studies could also identify the oxygen masks most effective in addressing specific exhaustion factors. For instance, low social support is a major exhaustion factor, and seeking collegial and organizational support may provide more direct and immediate value than improving management skills or physical/emotional well-being. Future research could delve further into the potential unintended consequences of persistent reliance on a narrow set of self-care behaviors for resilience. As discussed previously, while these oxygen masks serve as effective acceptance and strategic resilience tactics, overreliance on the same self-care

behaviors might risk depleting one's available resources, without encouraging exploration of alternative or supplementary behaviors. Therefore, it is of paramount importance that leaders continually reassess, diversify, and adapt their self-care behaviors, ensuring the maintenance and enhancement of resilience in the long term. Finally, we encourage researchers to investigate individual differences in how leaders respond to oxygen masks. For example, some people might find regular exercise energizing, but others might find it exhausting. We hope future research can help shed light on individuals' psychological responses to provide a more detailed understanding of how oxygen masks function.

5.4 | Conclusion

"Put on your oxygen masks first before you assist others." We hear this statement every time we fly. However, in organizations, we seldom remind leaders to take care of themselves before they assist others. We believe this issue deserves attention from both HR professionals and organizational leaders. With the increased attention on leaders' well-being in recent years, we are confident that our study will accelerate the necessary conversations about self-care in leadership development, leading to enhanced HR practices and ultimately fostering stronger, and more resilient leaders in the future.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Chia-Yen Chiu https://orcid.org/0000-0002-3086-8324

REFERENCES

Aguinis, H., & Solarino, A. M. (2019). Transparency and replicability in qualitative research: The case of interviews with elite informants. *Strategic Management Journal*, 40(8), 1291–1315. https://doi.org/10.1002/smj.3015

Allen, M. (2017). *The SAGE encyclopedia of communication research methods* (Vol. 4). SAGE publications. https://doi.org/10.4135/9781483381411

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328. https://doi.org/10.1108/02683940710733115

Bardoel, E. A., & Drago, R. (2021). Acceptance and strategic resilience: An application of conservation of resources theory. *Group & Organization Management*, 46(4), 657–691. https://doi.org/10.1177/10596011211022

Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to… be reflexive when conducting qualitative research. *The Clinical Teacher*, 17(1), 9–12. https://doi.org/10.1111/tct.13133

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. https://doi.org/10.1037/qup0000196

Brown, G. C. (1999). *The energy of life: The science of what makes our minds and bodies work*. Free Press.

Calderwood, C., ten Brummelhuis, L. L., Patel, A. S., Watkins, T., Gabriel, A. S., & Rosen, C. C. (2021). Employee physical activity: A multidisciplinary integrative review. *Journal of Management*, 47(1), 144–170. https://doi.org/10.1177/0149206320940413

Chen, Z., Huo, Y., Lam, W., Luk, R. C. T., & Qureshi, I. (2021). How perceptions of others' work and impression management motives affect leader–member exchange development: A six-wave latent change score model. *Journal of Occupational and Organizational Psychology*, 94(3), 645–671. https://doi.org/10.1111/joop.12341

Chiu, C. Y., Nahrgang, J. D., Bartram, A., Wang, J., & Tesluk, P. E. (2021). Leading the team, but feeling dissatisfied: Investigating informal leaders' energetic activation and work satisfaction and the supporting role of formal leadership. *Journal of Organizational Behavior*, 42(4), 527–550. https://doi.org/10.1002/job.2511

Cook, I. (2021, September 15). Who is driving the great resignation? *Harvard Business Review*. https://hbr.org/2021/09/who-is-driving-the-great-resignation.

De Cieri, H., Shea, T., Cooper, B., & Oldenburg, B. (2019). Effects of work-related stressors and mindfulness on mental and physical health among Australian nurses and healthcare workers. *Journal of Nursing Scholarship*, 51(5), 580–589. https://doi.org/10.1111/jnu.12502

Dyess, S. M. L., Prestia, A. S., Marquit, D.-E., & Newman, D. (2018). Self-care for nurse leaders in acute care environment reduces perceived stress: A mixed-methods pilot study merits further investigation. *Journal of Holistic Nursing*, 36(1), 79–90. https://doi.org/10.1177/0898010116685655

Dyess, S. M. L., Prestia, A. S., & Smith, M. C. (2015). Support for caring and resiliency among successful nurse leaders. *Nursing Administration Quarterly*, 39(2), 104–116. https://doi.org/10.1097/NAQ.0000000000000101

Floyd, T. M., Cullen-Lester, K. L., Lester, H. F., & Grosser, T. J. (2022). Emphasizing "me" or "we": Training framing and self-concept in network-based leadership development. *Human Resource Management*, 62(4), 637–659. https://doi.org/10.1002/hrm.22112

Fritz, C., & Van Knippenberg, D. (2018). Gender and leadership aspiration: The impact of work–life initiatives. *Human Resource Management*, 57(4), 855–868. https://doi.org/10.1002/hrm.21875

Gioia, D. A., Corley, K. G., & Hamilton, A. L. (2013). Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. *Organizational Research Methods*, 16(1), 15–31. https://doi.org/10.1177/1094428112452151

Greenhaus, J. H., & Powell, G. N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review*, 31(1), 72–92. https://doi.org/10.5465/amr.2006.19379625

Guest, D. E. (2021). The role of line managers in the HRM process. In K. Sanders, H. Yang, & C. Patel (Eds.), *Handbook on HR process research* (pp. 177–193). Edward Elgar Publishing.

Hargie, O. (2021). *Skilled interpersonal communication: Research, theory and practice* (7th ed.). Routledge. https://doi.org/10.4324/9781003182269

Harmon, J., Howard, M., & Sharrad, S. (2022). Habitus, social capital, leadership, and reflection: Insights for early career nurse academics. *Collegian (Royal College of Nursing, Australia)*, 29(5), 774–781. https://doi.org/10.1016/j.colegn.2022.02.005

Hølge-Hazelton, B., Kjerholt, M., Rosted, E., Hansen, S. T., Borre, L. Z., & McCormack, B. (2021). Health professional frontline leaders' experiences during the COVID-19 pandemic: A cross-sectional study. *Journal of Healthcare Leadership*, 13, 7–18. https://doi.org/10.2147/JHL.S287243

Horowitz, D. (2020). *Leaders: Put your own oxygen mask on first.* https://daphnahorowitz.com/leadership/put-your-own-oxygen-mask-on/

Inceoglu, I., Arnold, K. A., Leroy, H., Lang, J. W., & Stephan, U. (2021). From microscopic to macroscopic perspectives and back: The study of leadership and health/well-being. *Journal of Occupational Health Psychology*, 26(6), 459–468. https://doi.org/10.1037/ocp0000316

Johnson, J. V. (1989). Control, collectivity and the psychosocial work environment. In S. L. Sauter, J. J. Hurrell, & C. L. Cooper (Eds.), *Job control and worker health* (pp. 55–74). Wiley.

Johnson, J. V., Hall, E. M., & Theorell, T. (1989). Combined effects of job strain and social isolation on cardiovascular disease morbidity and mortality in a random sample of the Swedish male working population. *Scandinavian Journal of Work, Environment & Health*, 15, 271–279.

Kaluza, A. J., Boer, D., Buengeler, C., & van Dick, R. (2020). Leadership behaviour and leader self-reported well-being: A review, integration and meta-analytic examination. *Work & Stress*, 34(1), 34–56. https://doi.org/10.1080/02678373.2019.1617369

Karasek, R. A., Jr. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24(2), 285–308. https://doi.org/10.2307/2392498

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE guide no. 131. *Medical Teacher*, 42(8), 846–854. https://doi.org/10.1080/0142159X.2020.1755030

Klebe, L., Felfe, J., & Klug, K. (2021). Healthy leadership in turbulent times: The effectiveness of health-oriented leadership in crisis. *British Journal of Management*, 32(4), 1203–1218. https://doi.org/10.1111/1467-8551.12498

Klug, K., Felfe, J., & Krick, A. (2022). Does self-care make you a better leader? A multisource study linking leader self-care to health-oriented leadership, employee self-care, and health. *International Journal of Environmental Research and Public Health*, 19(11), 6733. https://doi.org/10.3390/ijerph19116733

Lanaj, K., Gabriel, A. S., & Chawla, N. (2021). The self-sacrificial nature of leader identity: Understanding the costs and benefits at work and home. *Journal of Applied Psychology*, 106(3), 345–363. https://doi.org/10.1037/apl0000505

Lanaj, K., Gabriel, A. S., & Jennings, R. E. (2023). The importance of leader recovery for leader identity and behavior. *Journal of Applied Psychology*, 108(10), 1717–1736. https://doi.org/10.1037/apl0001092

Lanaj, K., Jennings, R. E., Ashford, S. J., & Krishnan, S. (2021). When leader self-care begets other care: Leader role self-compassion and helping at work. *Journal of Applied Psychology*, 107(9), 1543–1560. https://doi.org/10.1037/apl0000957

Lee, G., Cho, S. Y., Arthurs, J., & Lee, E. K. (2020). Celebrity CEO, identity threat, and impression management: Impact of celebrity status on corporate social responsibility. *Journal of Business Research*, 111, 69–84. https://doi.org/10.1016/j.jbusres.2020.01.015

Leroy, H., Segers, J., van Dierendonck, D., & den Hartog, D. (2018). Managing people in organizations: Integrating the study of HRM and leadership. *Human Resource Management Review*, 28(3), 249–257. https://doi.org/10.1016/j.hrmr.2018.02.002

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist*, 73(1), 26–46. https://doi.org/10.1037/amp0000151

Loehr, J., & Schwartz, T. (2006). *The power of full engagement. Managing energy, not time, is the key to high performance and personal renewal.* The Free Press.

Mayer, R. C., & Gavin, M. B. (2005). Trust in management and performance: Who minds the shop while the employees watch the boss? *Academy of Management Journal*, 48(5), 874–888. https://doi.org/10.5465/amj.2005.18803928

Mercer, D., Haddon, A., & Loughlin, C. (2018). Leading on the edge: The nature of paramedic leadership at the front line of care. *Health Care Management Review*, 43(1), 12–20. https://doi.org/10.1097/HMR.0000000000000125

Morgeson, F. P., DeRue, D. S., & Karam, E. P. (2010). Leadership in teams: A functional approach to understanding leadership structures and processes. *Journal of Management*, 36(1), 5–39. https://doi.org/10.1177/0149206309347376

Morris, J. A., & Feldman, D. C. (1996). The dimensions, antecedents, and consequences of emotional labor. *Academy of Management Review*, 21(4), 986–1010.

Neale, P. (2020, October 22). "Serious" leaders need to self-care, too. *Harvard Business Review*. https://hbr.org/2020/10/serious-leaders-need-self-care-too

O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89(9), 1245–1251. https://doi.org/10.1097/ACM.0000000000000388

Ong, W. J., & Johnson, M. D. (2021). Towards a configural theory of job demands and resources. *Academy of Management Journal*, 66, 195–221. https://doi.org/10.5465/amj.2020.0493

Owens, B. P., Baker, W. E., Sumpter, D. M., & Cameron, K. S. (2016). Relational energy at work: Implications for job engagement and job performance. *Journal of Applied Psychology*, 101(1), 35–49. https://doi.org/10.1037/apl0000032

Quinn, R. W., Spreitzer, G. M., & Lam, C. F. (2012). Building a sustainable model of human energy in organizations: Exploring the critical role of resources. *Academy of Management Annals*, 6(1), 337–396. https://doi.org/10.5465/19416520.2012.676762

Ray, J., Pijanowski, J., & Lasater, K. (2020). The self-care practices of school principals. *Journal of Educational Administration*, 58(4), 435–451. https://doi.org/10.1108/JEA-04-2019-0073

Robinson, A., & Street, A. (2004). Improving networks between acute care nurses and an aged care assessment team. *Journal of Clinical Nursing*, 13(4), 486–496. https://doi.org/10.1046/j.1365-2702.2003.00863.x

Rudolph, C. W., Murphy, L. D., & Zacher, H. (2020). A systematic review and critique of research on "healthy leadership". *The Leadership Quarterly*, 31(1), 101335. https://doi.org/10.1016/j.leaqua.2019.101335

Ryan, R. M., & Deci, E. L. (2008). Self-determination theory and the role of basic psychological needs in personality and the organization of behavior. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (pp. 654–678). The Guilford Press.

Sandelowski, M., & Leeman, J. (2012). Writing usable qualitative health research findings. *Qualitative Health Research*, 22(10), 1404–1413. https://doi.org/10.1177/1049732312450368

Seibert, S. E., Kraimer, M. L., & Crant, J. M. (2001). What do proactive people do? A longitudinal model linking proactive personality and career success. *Personnel Psychology*, 54(4), 845–874. https://doi.org/10.1111/j.1744-6570.2001.tb00234.x

Sinek, S. (2017). *Leaders eat last: Why some teams pull together & others don't.* Portfolio Penguin Random House.

Sonnentag, S., Cheng, B. H., & Parker, S. L. (2022). Recovery from work: Advancing the field toward the future. *Annual Review of Organizational Psychology and Organizational Behavior*, 9(1), 33–60. https://doi.org/10.1146/annurev-orgpsych-012420-091355

Sumpter, D. M., & Gibson, C. B. (2022). Riding the wave to recovery: Relational energy as an HR managerial resource for employees during crisis recovery. *Human Resource Management*, 62, 581–613. https://doi.org/10.1002/hrm.22117

ten Brummelhuis, L. L., & Bakker, A. B. (2012). A resource perspective on the work–home interface: The work–home resources model. *American Psychologist*, 67(7), 545–556. https://doi.org/10.1037/a0027974

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837–851. https://doi.org/10.1177/10778004103831

Trougakos, J. P., Hideg, I., Cheng, B. H., & Beal, D. J. (2014). Lunch breaks unpacked: The role of autonomy as a moderator of recovery during lunch. *Academy of Management Journal*, 57(2), 405–421. https://doi.org/10.5465/amj.2011.1072

Udod, S. A., & Care, W. D. (2013). 'Walking a tight rope': An investigation of nurse managers' work stressors and coping experiences. *Journal of Research in Nursing*, 18(1), 67–79. https://doi.org/10.1177/1744987111434189

Urrila, L. I. (2022). From personal wellbeing to relationships: A systematic review on the impact of mindfulness interventions and practices on leaders. *Human Resource Management Review*, 32(3), 100837. https://doi.org/10.1016/j.hrmr.2021.100837

Vizheh, M., Qorbani, M., Arzaghi, S. M., Muhidin, S., Javanmard, Z., & Esmaeili, M. (2020). The mental health of healthcare workers in the COVID-19 pandemic: A systematic review. *Journal of Diabetes & Metabolic Disorders*, 19(2), 1967–1978. https://doi.org/10.1007/s40200-020-00643-9

von Bergen, C. W., & Bressler, M. S. (2019). Work, non-work boundaries and the right to disconnect. *The Journal of Applied Business and Economics*, 21(2), 51–69. https://doi.org/10.33423/jabe.v21i1.1454

Yang, S. W., Soltis, S. M., Ross, J. R., & Labianca, G. J. (2021). Dormant tie reactivation as an affiliative coping response to stressors during the COVID-19 crisis. *Journal of Applied Psychology*, 106(4), 489–500. https://doi.org/10.1037/apl0000909

Zwingmann, I., Wolf, S., & Richter, P. (2016). Every light has its shadow: A longitudinal study of transformational leadership and leaders' emotional exhaustion. *Journal of Applied Social Psychology*, 46(1), 19–33. https://doi.org/10.1111/jasp.12352

AUTHOR BIOGRAPHIES

Chia-Yen Chiu (Chad) is an Associate Professor in Leadership at the University of Adelaide. He holds a PhD in Organizational Behavior from the University at Buffalo. His research has been published on multiple top journals of organizational studies, such as *Journal of Applied Psychology*, *Journal of Management Studies*, *Human Relations*, *Journal of Organizational Behavior*, and *Leadership Quarterly*.

Matylda Howard is a Lecturer in Health Services Management in the Clinical and Health Sciences Academic Unit. She holds a Professional Doctorate (Health Science) from the Queensland University of Technology and Masters in Business Administration (Quality Management). Her research interests include leadership in healthcare, person-centered care, and quality and safety in health service.

Edilene Lopes is a NHMRC Research Fellow of the University of Adelaide, School of Humanities. Edilene holds a PhD in Medicine (Public Health) from the University of Adelaide. Her research interests are in the area of healthcare management, health funding policy, and public and patient involvement in healthcare.

Carol T. Kulik is a Bradley Distinguished Professor at the University of South Australia, UniSA Business, Centre for Workplace Excellence. Her research focuses on the effective management of workforce diversity, especially in relation to gender and age. She has been an Associate Editor at the *Academy of Management Journal* and the *Journal of Management* and served on the Australian Research Council's College of Experts.

Michelle R. Tuckey is a Professor of Work & Organizational Psychology at the University of South Australia. Her research interests include workplace bullying, occupational stress, and mindfulness. Her research has been published in leading occupational health psychology journals such as *Journal of Health and Occupational Psychology*, *Stress and Health*, and *Work and Stress* and currently serves on the Editorial Board of *Journal of Occupational Health Psychology* and *International Journal of Stress Management*.

APPENDIX A: INTERVIEW PROTOCOL

Questions about factors exhausting organizational leaders:

1. Please tell me about a time when you felt tired of being a leader?
2. Could you walk me through a day when you felt that having a leadership role made you feel drained and/or de-energized?
3. Why did you feel so tired? What were the major factors contributing to your fatigue?

4. In general, what do you think causes managers to feel de-energized?

     Questions about the "Oxygen Masks" strategies:

5. Have you tried anything to raise or change your energy level?
6. How do you prepare when you anticipate a low energy day?
7. What strategies are especially effective to recharge yourself?

     Question about the COVID restriction impacts:

8. Do you think the COVID-19 restrictions have influenced your energy level at work? Why?

APPENDIX B: EXAMPLES OF CODING STEPS

RQ. What self-care actions can be adopted by leaders at and after work to preserve, recover or boost work energy?

TABLE B1   Examples from our code book.

Tentative Second-order theme: Physical activities to manage energy levels
First-order code: Going to the gym—exercise
First-order code: Kick boxing
First-order code: Netball
First-order code: Personal trainer
First-order code: Pilates
First-order code: Playing golf
First-order code: Playing soccer
First-order code: Playing squash
First-order code: Playing tennis
First-order code: Riding a bike
First-order code: Running
First-order code: Swimming
First-order code: Walking
Tentative Second-order theme: Physical health
First-order code: Diet
First-order code: Drinking alcohol
First-order code: Drinking water
First-order code: Health
First-order code: Losing weight
First-order code: Sleeping
First-order code: Positive emotions
First-order code: Feeling good
First-order code: Joy
First-order code: Love
Tentative Second-order theme: Relaxing activities to manage energy levels
First-order code: Art galleries
First-order code: Boat

TABLE B1 (Continued)

First-order code: Camping

First-order code: Computer

First-order code: Controlled breathing

First-order code: Cooking

First-order code: Driving

First-order code: Experiencing nature

First-order code: Gardening

First-order code: Going to the movies

First-order code: Journal

First-order code: Meditation

First-order code: Music

First-order code: Painting

First-order code: Playing video games

First-order code: Podcasts

First-order code: Quiet time

First-order code: Reading

First-order code: Watching television

First-order code: Working on the car

First-order code: Yoga

Tentative Second-order theme: Social activities to manage energy levels

First-order code: Community

First-order code: Going out to drink or eat

First-order code: Religion

First-order code: Shopping

First-order code: Social interactions with colleagues (outside work)

First-order code: Sport as social activity

First-order code: Traveling

Tentative Second-order theme: Strategies to manage energy levels at work

First-order code: Coach

First-order code: Debriefing

First-order code: Establishing boundaries

First-order code: Mental preparation

First-order code: Planning the workday

First-order code: Positive or negative attitude

First-order code: Professional development

First-order code: Self-reflection

First-order code: Sharing responsibilities with others

First-order code: Transition from work—home

TABLE B2 Examples of tentative second-order themes, definitions and their related first-order codes.

Tentative second-order themes	Definition	Related first-order codes (with brief explanation)	Related codes (with brief explanation)
Leadership role and work and organizational factors	Some aspects of leaders' work can act as oxygen masks. They can be related to their leadership role, the work environment and relationships with co-workers, or organizational factors	Strategies to manage energy levels at work, Work-job factors affecting energy levels	Related codes: Leadership-related activities, positive changes in the workplace, well-good communication at work (at all levels), organization's processes, systems, and structure allow for better work outcomes, leaders' values are aligned with organization's values and are consistent, leaders feel supported at work and receive recognition for work well-done, workspace is appropriate. Being able to take breaks, having good control over their own work, which can be facilitated by having flexible working arrangements is seen as positive. Having positive work outcomes can feed into a sense of achievement, which can also help lift leaders' energy levels. Having access to professional development opportunities
Strategies used at work	Leaders elaborated on the strategies they use at work to manage their energy levels. These strategies related to their attitudes toward work and actions that they find helpful	Relaxing activities to manage energy levels, Strategies to manage energy levels at work, Work-job factors affecting energy levels	Related codes: Maintaining a sense of achievement for the work done, keeping a sense of humor at work, calming down using controlled breathing, working with a coach, debriefing with work colleagues, establishing boundaries (between work/personal time), mental preparation before meetings or facing challenging situations, planning the workday, adopting a positive attitude, self-reflection, sharing responsibilities with others, using commuting time to transition from work–home/home–work, feeling satisfied and having passion and enthusiasm for work, enjoy managing people
Strategies used at home/during personal time	Leaders explain what they do outside work to help them manage their energy levels. These include actions, traits that they use to their advantage, and other roles/identities outside work	Personal factors affecting energy levels, Physical activities to manage energy levels, Physical health, social activities to manage energy levels, Relaxing activities to manage energy levels	Spending time with family and friends, debriefing with family or friends, having personal projects, aligning their personal values to work outcomes or keeping problems in perspective, using personality traits to their own advantage in dealing with work stress, taking care of pets (having a career role that they find rewarding), upholding boundaries and maintaining work–life balance. Taking care of physical health by having a balanced diet, drinking plenty of water, sleeping well and exercising (going to the gym

TABLE B2 (Continued)

Tentative second-order themes	Definition	Related first-order codes (with brief explanation)	Related codes (with brief explanation)
			(having a personal trainer) or doing exercise (workouts, Pilates, Yoga), doing sports (Kick boxing, netball, playing various sports: golf, soccer, squash, tennis, running, swimming) or riding a bike or walking), going shopping, traveling, visiting art galleries, going out on a boat, going camping, using the computer for fun activities, calming down using controlled breathing, cooking, driving, going outdoors/experiencing nature, gardening, writing a journal, meditating, listening or playing music/podcasts, painting, playing video games, having some quiet time, reading, watching television, working on the car
External factors that help lift leaders' energy levels	Leaders explain how their personal circumstances have a positive influence on their energy levels	Personal factors affecting energy levels	Different life stages can affect work and people with older kids feel they have more time to dedicate to work without having to juggle different priorities, trying to manage time efficiently
Social factors at work and in their personal life	Leaders explain how engaging with others at work and outside their workplace can positively affect their energy levels	Social activities to manage energy levels, Relaxing activities to manage energy levels, Work-job factors affecting energy levels	Socializing with members of the community, socializing with co-workers (outside work), going out to drink or eat with friends, practicing religion, work meetings can provide a space to share with peers and followers and for socializing with co-workers, going to the movies, having a connection to work and workmates, positive engagement with others, positive relationships at work, able to engage directly with residents, feeling trust, and use of technology to interact with others