

Strategies Used by Middle Managers to Support Employees Carrying Out Emotionally Demanding Work: Which Strategies and Why Those Ones?

Stratégies utilisées par les cadres intermédiaires afin d'aider les employés à effectuer un travail exigeant sur le plan émotionnel : Quelles stratégies et pourquoi ?

Emma Pelletier-Bosshard, Andrew Freeman, Nathalie Jauvin et Nancy Côté

Volume 76, numéro 1, hiver 2021

URI : <https://id.erudit.org/iderudit/1075577ar>

DOI : <https://doi.org/10.7202/1075577ar>

[Aller au sommaire du numéro](#)

Éditeur(s)

Département des relations industrielles de l'Université Laval

ISSN

0034-379X (imprimé)

1703-8138 (numérique)

[Découvrir la revue](#)

Citer cet article

Pelletier-Bosshard, E., Freeman, A., Jauvin, N. & Côté, N. (2021). Strategies Used by Middle Managers to Support Employees Carrying Out Emotionally Demanding Work: Which Strategies and Why Those Ones? *Relations industrielles / Industrial Relations*, 76(1), 143-165.
<https://doi.org/10.7202/1075577ar>

Résumé de l'article

L'une des caractéristiques importantes de nombreux domaines de pratique dans le secteur de la santé et des services sociaux est leur nature émotionnellement exigeante. Les cadres intermédiaires ont un rôle-clé à jouer pour réduire les risques de problèmes de santé psychologique pouvant être associés à ce type de travail chez leur personnel. Cependant, bien que l'importance d'offrir ce soutien soit reconnue, il s'agit d'un objectif qui n'est pas nécessairement simple en raison des exigences multiples avec lesquelles doivent composer les gestionnaires.

En se basant sur une perspective ergonomique, l'objectif de cette recherche qualitative, qui a été menée dans un service régional de protection à la jeunesse au Québec (Canada), était d'identifier les stratégies utilisées par les cadres intermédiaires pour soutenir les employés dont le travail est considéré comme émotionnellement exigeant. Les résultats ont révélé que les gestionnaires utilisent un éventail de stratégies de soutien, qui ont été classifiées selon sept catégories. Bien que ces stratégies soient réparties sur deux axes, soit les axes de proximité (directe, indirecte) et temporel (à court terme et à long terme), elles ont tendance à être plus directes et à court terme (par exemple, fournir un soutien émotionnel). Le choix des stratégies est influencé par divers facilitateurs ou contraintes organisationnels, interpersonnels et individuels. Le temps disponible semble fortement influencer les stratégies adoptées.

Cette étude a fourni un profil détaillé des stratégies utilisées par les cadres intermédiaires et de la complexité à laquelle ces individus sont confrontés en matière de soutien à leur personnel. Des recherches supplémentaires s'avèrent nécessaires dans le but, par exemple, de mieux comprendre l'impact de certains facteurs sur le choix des stratégies de soutien ou, encore, d'évaluer l'impact de ces stratégies selon la perspective des employés.

Strategies Used by Middle Managers to Support Employees Carrying Out Emotionally Demanding Work: Which Strategies and Why Those Ones?

Emma Pelletier-Bosshard, Andrew Freeman, Nathalie Jauvin and Nancy Côté

This qualitative research study, which was conducted in a regional child protection service in Quebec (Canada), aimed to identify the strategies used by middle managers to support staff whose work is considered emotionally demanding. The results reveal that managers use a range of support strategies, which fall into seven categories. Although the strategies are distributed along two axes, proximity (direct, indirect) and time (short-term, long-term), they tend to be more direct and short-term (e.g., provide emotional support). The choice of strategies is influenced by facilitating or constraining organizational, interpersonal and individual factors. A strong influence appears to be time availability. Further research is required, for example, on the impact of the support strategies.

KEYWORDS: health and social service practice context, organizational strategies, support strategies.

Introduction

Many areas of practice in health and social services are emotionally demanding, for example, child protection services (Jauvin, Freeman and Côté, 2019). In

Emma Pelletier-Bosshard, MSc, erg. Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, Quebec City, Quebec, Canada (epelletierb@hotmail.com).

Andrew Freeman, PhD, erg., Professor, Department of Rehabilitation (Faculty of Medicine), Université Laval, Quebec City, Quebec, Canada and Researcher at VITAM: Centre de recherche en santé durable (Andrew.Freeman@rea.ulaval.ca).

Nathalie Jauvin, PhD, Institut national de santé publique du Québec (INSPQ), Quebec City, Quebec, Canada (nathalie.jauvin@inspq.qc.ca).

Nancy Côté, PhD, Professor, Department of Sociology (Faculty of Social Sciences), Université Laval, Quebec City, Quebec, Canada and Research Scholar FRQS at VITAM: Centre de recherche en santé durable (Nancy.Cote@soc.ulaval.ca).

Acknowledgment: This work was supported by the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST).

such areas, an elevated emotional demand is associated with a fragile clientele (Conrad and Kellar-Guenther, 2006; Stansfeld *et al.*, 2013). The work in that sector is characterized not only by frequent exposure to traumatic events, such as child abuse and neglect (Osofsky, 2011), but also by an omnipresent risk of physical and psychological abuse from clients (Geoffrion and Ouellet, 2013; Institut de la statistique Québec, 2018; Laporte, 2007; Nadeau, 2010). Such situations are frequently exacerbated by insufficient resources to cope with the demand (Astvik and Melin, 2013; Gamassou and Moisson-Duthoit, 2012; Tham and Meagher, 2009). In sum, emotionally demanding work is characterized by the presence of high emotional demands, the effects of which are magnified by insufficient resources to deal with them (Bolduc *et al.*, 2013; de Jonge and Dormann, 2003). The potential negative consequences experienced by workers in such contexts, for example, burnout, absenteeism and turnover, have been increasingly documented (Harvey *et al.*, 2017; Jauvin *et al.*, 2019; Lizano and Barak, 2012).

Middle managers, whose responsibilities include the overall coordination of their staff's tasks and the provision of support for carrying them out, have a key role to play in reducing the risks of psychological health problems because of their direct link with those workers (Lewis, Yarker and Donaldson-Feilder, 2012; Nielsen, 2013; Skakon *et al.*, 2010). Although many managers recognize the importance of providing adequate support, attaining this objective is not necessarily straightforward (Côté and Denis, 2018). Middle managers frequently have to juggle this support role with that of multiple, and occasionally incongruent, other responsibilities, for example, setting and evaluating performance objectives, introducing new requirements and procedures and respecting budget limits (Bolduc and Baril-Gingras, 2010; Ericson-Lidman and Strandmerg, 2009; Rivière, Commeiras and Loubes, 2013). As well, their daily work is often characterized by multiple interruptions (Mintzberg, 1989; Skagert *et al.*, 2008). Such challenges can be exacerbated in health and social care organizations by the frequent reforms that have been carried out (Briggs, Cruickshank and Paliadelis, 2012; Figueroa *et al.*, 2019). Thus, the demands and constraints with which many middle managers are confronted can make it challenging to successfully juggle their role of providing support to their staff with their other responsibilities (Bolduc and Baril-Gingras, 2010; Desmarais and Abord de Chatillon, 2010; Rivière *et al.*, 2013; Skagert *et al.*, 2008). Although the importance of providing such support is recognized (Lewis *et al.*, 2012; Paillé, Grima and Bernardau, 2013; Sargent and Terry, 2000; Skakon *et al.*, 2010; van Vegchel *et al.*, 2004) and some of the strategies used by managers to support their staff have been documented (Desmarais and Abord de Chatillon, 2010; Ericson-Lidman and Strandmerg, 2009; Lewis *et al.*, 2012; Sherman *et al.*, 2007; Skagert *et al.*, 2008), little is known about how middle

managers specifically endeavour to support their staff in the context of emotionally demanding work.

To analyze the activities of middle managers, we used an ergonomic perspective to focus on understanding real work *in situ* (Darses and Montmollin, 2012; Guérin *et al.*, 2007). Our research aim was to identify the strategies used by these individuals to support staff whose work is considered emotionally demanding. We chose this theoretical perspective because, among other reasons, ergonomics is keenly interested in the central role of people who are in charge of immediate supervision, that is, not only their activities, their available resources and the constraints they encounter but also their strategies to get their subordinates and, more broadly, the collective work group, to perform the assigned tasks (Caroly and Barcellini, 2013). An ergonomic perspective is appropriate in this investigation because it takes into account not only psychosocial risks but also context, constraints and productivity goals that cannot be ignored.

Materials and Methods

Study design

We used a qualitative descriptive study design (Sandelowski, 2000), which was appropriate for identifying the strategies employed by middle managers to support their staff.

Study setting, recruitment and sample

The findings that we report in this article are one component of a broader investigation: a mixed-methods intervention study carried out from 2013 to 2018 in a regional child protection service in the province of Quebec (Canada) (Jauvin *et al.*, 2019). The mandate of this service is to provide youth who have experienced serious difficulties, and their families, with specialized help. The research project was developed in response to a request from the centre's health and safety committee, which was concerned about the repercussions of emotionally demanding work on the psychological health of workers and wanted to be supported in the implementation of a preventive strategy. This broader project, which was carried out with a cross-section of staff (support staff, educators, professionals, managers), had three objectives: a- identify the risk and protective factors at the centre; b- develop interventions to reduce the risk factors; and c- evaluate the implementation process and the impacts of the interventions.

Although the broader research project was concerned as much with staff in direct contact with clients as with their middle managers, our focus in this article is on the latter group. The research project received ethical approval (# 2013-

2014-10) from the Research Ethics Committee of the *Centres de santé et de services sociaux de la Vieille-Capitale, de Québec-Nord, de Portneuf, de la Direction de Santé publique de la Capitale-Nationale et du Jeffery Hale-St Brigid's*.

An initial information letter about the broader project was distributed to the various work sites within the organization, including the middle managers. Subsequently, a senior manager verbally explained the project to the latter individuals. A second information letter specifically about recruitment for the focus groups was subsequently sent to the middle managers. Individuals who were interested in participating contacted the research team.

To be eligible, the participants had to be supervising staff who worked directly with clients. Middle managers were not eligible to participate if they were on leave from work for a period longer than three months. We applied this criterion consistently to gain a picture of the work context that would be accurate, current and thus in line with our research objectives. Consistent with the purposeful sampling approach that we used (Patton, 2015), we endeavoured to ensure that the participating individuals were representative of all sectors of the organization (rehabilitation/accommodation sector; 2nd-line teams, i.e., outpatient rehabilitation and family support resources; security sector), had varying levels of experience and included both men and women.

Data Collection

The broader research project was carried out in three phases: a- the development phase, during which concrete intervention goals were identified based on the results from the qualitative (individual interviews and focus groups) and quantitative (anonymous questionnaire) inquiries; b- the implementation phase, during which the selected interventions were put in place; and c- the assessment phase, during which the effects of the intervention approach were assessed.

In the context of the first phase, we conducted six focus groups (from 2 to 2.5 hours in duration) between September and December 2013. The aim was to explore how the workers performed their roles. Four of the focus groups included middle managers; three of these groups included managers (one, four and three managers respectively) and staff, and the fourth group included only managers (six). Three managers participated in two of the focus group discussions. We used focus groups because of their advantage in enhancing data quality as a function of the interactions among participants and in helping to clarify the extent to which there is a relatively consistent, shared view or a great diversity of views (Patton, 2015). We used a semi-structured interview guide that elicited the following elements: roles of the participants in the organization; characteristics of the work milieu; challenges; and individual and interpersonal strategies to confront the challenges. With the participants' consent, we audiotaped the focus group discussions.

Data Analysis

The analysis of the focus group data, carried out by the first three authors, was deductive in the sense that its starting point was an ergonomic perspective. However, we subsequently analyzed the focus group data using an inductive thematic analysis, with the aim of identifying links between the key themes that emerged from the analysis and the research objective following a categorization process (Miles, Huberman and Saldaña, 2014). The analysis included the following stages: transcription of the interviews; general familiarization; identification of the main themes congruent with the ergonomic approach; coding of the data; revision, description and linking of categories for the codes; and validation of the analysis. The last stage involved presenting and discussing a summary of the analysis with representatives of senior and middle managers, the two unions with members in the organization, and human resources. This group of representatives concluded that the findings appeared to capture their reality adequately, and suggested no changes.

Consistent with qualitative inquiry, we adhered to several criteria to create authenticity in our investigation (Lincoln and Guba, 1985), including inductive data analysis, analysis of records (e.g., decision trail, decision rules), audiotaping/verbatim transcription for content accuracy, peer audit to confirm coherence, member checking, and participants' actual quotations (without using their real names) to provide a *thick* description of their experiences.

Results

A summary of the 11 participants' profiles is provided in Table 1. Although the participating middle managers were representative of the various sectors in the youth protection centre, we have not provided the precise numbers. Given the relatively small number of participants and the sensitive nature of the data,

TABLE 1
Participants' profile

Characteristic	Details
Sex	Women = 8; Men = 3
Composition of teams being supervised	Team size: average = 11.5; median = 11
Frontline experience in youth protection area (middle managers with frontline experience are referred to as hybrid middle managers*)	Average = 8 years
Experience in supervisory role	Average = 5 years; maximum = 10 years
Educational qualifications	Bachelor's level: all participants; Master's level: some participants

* G. McGivern, G. Currie, E. Ferlie, L. Fitzgerald and J. Waring (2015) "Hybrid Manager-Professionals' Identity Work: The Maintenance and Hybridization of Medical Professionalism in Managerial Contexts." *Public Administration*, 93 (2), 412-432, <doi:10.1111/padm.12119>.

there is a risk of compromising the respondents' anonymity. The study excluded managers on leave from work for a period longer than three months.

The findings that emerged from our thematic analysis fall into four areas: 1- the range of support strategies; 2- support strategies on two axes; 3- factors influencing the choice of strategy; and 4- time pressure and the need to prioritize. The following sections will cover each of the areas.

Support Strategies

The middle managers used a range of support strategies, which we grouped into seven categories. The categories, and examples of the precise actions taken within them, are summarized in Table 2. Although distinct, the categories were complementary, being used either individually or in combination. As well, not all strategies were used to the same degree or by all of the managers necessarily. For example, providing emotional support (e.g., listen carefully) was a common strategy.

Strategies on Two Axes

After a second level of analysis of the seven strategies identified by the middle managers, we concluded that they could be plotted on two axes, *proximity* and *time*, as illustrated in Figure 1.

FIGURE 1
Plotting of support strategies on proximity and time axes

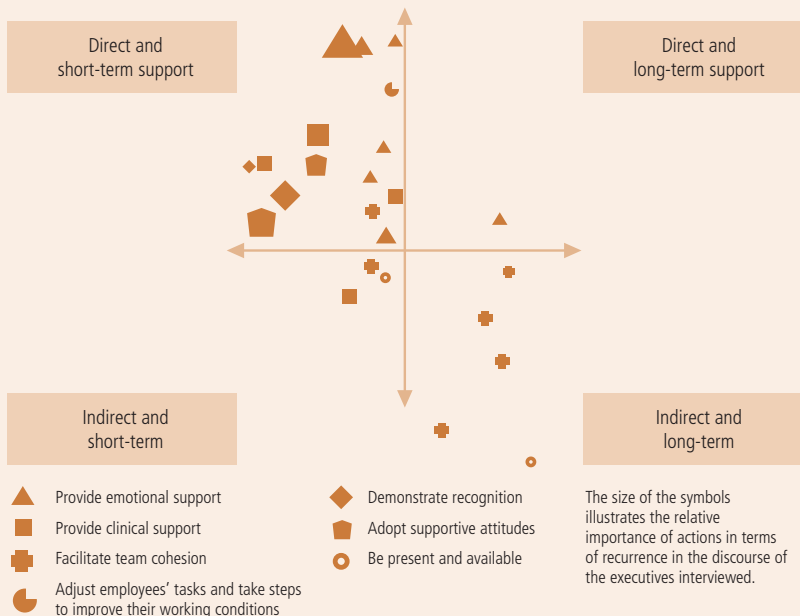


TABLE 2
Support strategies

Category	Examples of actions
1. Provide emotional support	<ul style="list-style-type: none"> • Listen carefully (ventilating). • Specifically verify with staff how they are feeling. • As appropriate, offer advice to help staff deal with their situation. For example: set limits; not accept physical/verbal violence from clients; keep a close eye on at-risk staff. • Direct staff members toward resources (e.g., employee assistance program). • Ensure follow-up with staff in difficulty.
2. Provide clinical support	<ul style="list-style-type: none"> • Provide specific clinical advice. • Provide advice about certain aspects of work organization. • Provide clients with direct support (e.g., by replacing a staff member during a group session). • Encourage collaboration or co-intervention among staff members for certain cases.
3. Facilitate team cohesion	<ul style="list-style-type: none"> • Strategically form teams to take into account the members' characteristics. • Develop a common vision and create space for discussion in order to encourage solidarity in the face of difficulties. • Promote opportunities within the organization for informal exchanges that are conducive to group work. • Manage conflicts. • Directly deal with staff who are creating difficulties in the group.
4. Adjust employees' tasks and take steps to improve their work conditions	<ul style="list-style-type: none"> • Allow flexibility in scheduling or assigning the task to accommodate the needs identified by staff. • Make representations to senior managers about improving the employee's work conditions or maintaining conditions that have a positive impact (e.g., work/life balance).
5. Demonstrate recognition	<ul style="list-style-type: none"> • Carry out actions to demonstrate recognition outside the formal activities that the organization might already be carrying out. These actions are usually demonstrated by a direct expression of appreciation to staff members about the work that they have done.
6. Adopt supportive attitudes	<ul style="list-style-type: none"> • Adopt attitudes that correspond to their vision of leadership and are intended to be reassuring to staff. For example: be calm, friendly, in control, not moody.
7. Be present and available	<ul style="list-style-type: none"> • Especially in a context of increased demands on managers, this is a strategy consciously used by some managers to support staff. For example: visit staff in their offices; be present in the units; use communication technologies to remain accessible.

With respect to the *proximity* axis, some of the strategies identified can be classified more as direct support, that is, as direct support by managers to staff. Some other strategies can be classified as being more indirectly supportive; staff were not necessarily even aware of them. For example, providing emotional support to a staff member is direct support while strategically forming teams to take into account the members' characteristics is a good illustration of indirect support. The various support strategies can be placed at various points on the *proximity* (direct-indirect) continuum.

With respect to the *time* axis, some strategies appear to be more short-term in nature with a view to meeting a specific need or longer term in order to bring about a more comprehensive and lasting change. For example, a manager typically provides direct clinical support to meet an immediate need, without necessarily envisaging a longer-term development goal. At the other end of the continuum, a manager typically makes representations to senior managers about employees' working conditions to achieve a longer term and sustainable goal. As with the *proximity* axis, the various strategies can be placed at different points on the short- versus long-term continuum.

Plotting the various strategies and their relative frequency on the two axes reveals a preponderance of more direct and short-term strategies. This observation does not exclude the possibility that certain interventions in response to immediate needs might also have a longer-term benefit for employee well-being. However, the trigger for using a strategy is frequently an immediate problem followed by a strategy with a primarily short-term objective.

Factors Influencing the Choice of Strategies

Our analysis also revealed a set of organizational, interpersonal (between individuals and between groups of individuals) and individual factors that seem to influence the managers' choice of strategies. Some factors seem to act either as facilitators or as constraints for the support that the managers provide their staff. Similar to the support strategies, not all factors, whether facilitating or constraining, were identified as being present on all teams or with all managers. In the following sections, we will describe the three different categories of factors.

Organizational Factors

As summarized in Table 3, managers identified several factors related to work organization that facilitate or constrain how middle managers can support staff. The factors can be placed in order from the macro level (e.g., organizational culture) to the meso (e.g., team structure) and micro (e.g., middle manager aptitudes) levels.

TABLE 3
Organizational factors that facilitate or constrain middle manager support

Facilitating factors	
Support from management	Senior managers' concern for the maintenance and improvement of staff's well-being. Organizational programs that invite employees to share their ideas and become directly involved. Formal recognition activities.
Organizational structural supports	Formal meeting opportunities (e.g., weekly, annual, individual, team) between staff and their manager, and between middle managers and their own manager. Work-family balance options (e.g., adjustment of the schedule; writing reports at home; accumulating overtime hours). Employee assistance program. Internal (e.g., clinical coordinators, mentors; support teams) and external resources for providing support and counselling. Professional development opportunities.
Constraining factors	
Workload	Heavy workload for both managers and staff. Extensive accountability obligations.
Time constraints	Insufficient time in general. Cancellation of statutory meetings because of time constraints. Large number of items on the meeting agenda, which sometimes limit discussion.
Task-related	Mixed nature of managers' tasks (administrative and clinical) with a trend toward an increase in administrative tasks. Gap between the requests and expectations of staff, on the one hand, and those of senior managers, on the other. Insufficient clarity regarding how managers should perform some of the roles expected of them (e.g., with regard to priority tasks). Unpredictability of the tasks required by both managers and staff. Insufficient decision-making latitude for managers at times.
Resource constraints	Budget constraints. Restrictions in work-family balance options. Insufficient access to internal resources in some sectors.
Staffing	Significant personnel turnover for both managers and staff, which can create instability for teams.
Physical environment	A physical environment that is not always conducive to providing employees with support (e.g., lack of access to a quieter and more private space, distance between regional offices).

Some of the constraints may simply reflect lack of access or limited access to the facilitators mentioned. Others, however, are hindering factors in their own right, for example, the nature of the hierarchical relationships within the organization.

Interpersonal Factors

The interviews also revealed that certain interpersonal factors in the workplace, as summarized in Table 4, can facilitate or constrain the support strategies adopted by managers. As with Table 3, the factors can be placed on a macro- to micro- continuum.

The availability of the facilitating factors can vary across teams.

Individual Factors

Lastly, certain factors that are related more specifically to the individual characteristics of middle managers can facilitate or constrain how their work is

TABLE 4

Interpersonal factors that facilitate or constrain middle manager support

Facilitating factors	
Organizational culture	Culture of support, whether between staff, between managers or between managers and staff. Shared concern for clients and a sense of engagement of team members with the organization's mission to provide the best services possible.
Sense of belonging	Feeling of belonging and solidarity between staff, and between managers and staff in a frequently demanding work context, as well as mutual understanding of the difficulties experienced.
Middle manager aptitudes	Presence of managers who have previously provided front-line services and thus are familiar with the reality of the work being carried out by staff.
Constraining factors	
Organizational culture	A culture among middle managers and staff that front-line staff need to be able to deal independently with all issues, without demonstrating any vulnerability.
Organizational structure	Nature of the hierarchical links that influence the relationship, whether between senior managers and middle managers or between middle managers and their staff.
Team structure	Challenge of maintaining stability, cohesion and confidence among team members and middle managers associated with changes and reorganization in team composition.
Middle manager dispositions	Certain attitudes and behaviours adopted by the middle manager group, for example, the need to always appear in control and rational (which can be either a facilitator or an obstacle).
Relationship between middle managers	Lack of support between managers.

carried out and influence the support strategies that they use, as summarized in Table 5.

Time Pressure and the Need to Prioritize

Each of the factors that we have identified can to some extent influence how middle managers support their staff. However, the influence of a particular organizational factor, i.e., insufficient time available to complete all tasks, appeared more prominent in the managers' discourse. This element also interacts with a range of other factors that have been mentioned, for example, budget constraints, accountability obligations, management and employee expectations, which lead to a need for managers to prioritize their activities. Indeed, managers seem to be significantly affected by the challenge of carrying out the task assigned to them in the time available. As noted by Hugo, "...no one, or almost no one, can get everything done; no one is able to say, 'I completed everything.' There is always a pile [of jobs] that awaits you and you always work on what is the most urgent."

Support for staff has to fit in with all the tasks that need to be accomplished and can therefore be influenced by the need to prioritize that confronts middle managers. Some managers are clear about their wish to pri-

TABLE 5
Individual factors that facilitate or constrain middle manager support

Facilitating factors	
Middle manager values	A concern for staff well-being.
Middle manager competencies	Acquired knowledge through experience or additional training.
Influence of middle manager experience	Enhanced empathy of, and support by, middle managers due to their own experiences in working with clients.
Middle manager confidence	Middle managers' confidence in their abilities, associated not only with their personality but also with their experience.
Constraining factors	
Middle manager attitudes and attributes	Limited acknowledgement of the reality being experienced by staff.
	Tendency to attribute the difficulties being experienced by staff to their inadequacies in coping with the work context.
	Presence of certain character traits, for example, being less empathic and sensitive.
Attitudes toward possibilities of change	Relative habituation to the context and the situation.
	Feeling, gained over time, of being powerless to make a real difference within the organization with respect to how work is planned and supported.
Personal health challenges	Difficulties being experienced with psychological or physical health.

oritize support for their staff: “I swore that in my work I will never leave a staff member with a *broken basket*. This [priority] fits with my nature and I try my hardest to not ignore things and to deal with things quickly for my staff.” (Léa). Despite this clearly expressed wish, some managers highlighted the difficulty they experienced, given their workload, in prioritizing their support and being as available as they would like to be to their staff: “I try to be more available for staff, but, very often, my day is planned. If things are added, things are dealt with between two meetings, during lunch time or after 4.30 PM.” (Anne).

The time spent doing all the other tasks is therefore time that managers cannot spend on staff support. Managers have trouble making choices among various priorities: “I need to clear emotional space to do it. When I’m here this morning and in the afternoon I have my team meeting, how do I do it, among all the things that I have to do, how do I make the space to give quality time to that individual?” (Hugo). This pressure therefore has an impact on the use of the support strategies that have been identified. Thus, although managers identified listening carefully, for example, as a particularly important support strategy, the significant work constraints can hinder the use of this strategy on a daily basis. “...you can’t take two hours of your meeting to vent because there are many other points to discuss; you lose too much time discussing other things.” (Marc).

As well as having to prioritize time to carry out their heavy workload, middle managers also have to position themselves sometimes between the demands of the organization and the needs of their staff, a position that can also lead to difficult choices regarding actions. As noted by Chloé:

It’s me who has to cope with it and...where I see another pressure, it’s when the staff aren’t doing well because things are difficult, because there are difficult situations. When a staff member is struggling and crying, I have to go and see my manager and he talks about statistics and everything, “you have to keep things moving because the statistics aren’t good.” Thus, I have to find a way to make him hear that it’s not the staff member’s fault, that when they’re not doing well, we have to find strategies to help things get better. I find that difficult.

Despite the diverse support strategies we identified, some managers said that because of the constraints they have to work with they could feel limited in their actions and experience a certain feeling of powerlessness: “When I sense that staff are exhausted, that their workload is very high and there are emergencies that arrive more and more frequently or that I’m unable to give them a break because I don’t have enough staff [...] I feel limited.” (Diane).

Discussion

Links with Previous Findings

Our findings have revealed a range of strategies used by middle managers to support staff who work in a context where work is recognized as emotionally demanding. Some of the strategies have previously been identified in the literature, albeit not in this specific context. Emotional support, for example, and in particular the main strategy of listening, has been noted in some other investigations (Ericson-Lidman and Strandmerg, 2009; Kramer *et al.*, 2007; Lewis *et al.*, 2012; Ruiller, 2011; Sherman *et al.*, 2007). Providing clinical support also has been identified previously, as has facilitating cohesion within the team (Kramer *et al.*, 2007). Conflict management is a recurring element in some investigations (Kramer *et al.*, 2007; Lewis *et al.*, 2012; Sherman *et al.*, 2007). Regarding the strategies to adjust the workload of the staff and the steps to improve the conditions in which they carry out their work, the findings of some other investigations have highlighted the desire of managers to be open and flexible in the development of work plans and schedules (Ruiller, 2011; Sherman *et al.*, 2007; Skagert *et al.*, 2008). With respect to recognizing staff's work, our results echo those of some other studies (Côté and Denis, 2018; Fall, 2014; Li *et al.*, 2011; Ruiller, 2011; Sherman *et al.*, 2007). With respect to adopting attitudes deemed to be supportive, there is also a mention of attitudes of this kind in Lewis and colleagues' (2012) investigation in which managing emotions, remaining calm, adopting a relaxed attitude and using humour are among the skills that enable managers to prevent and reduce stress in the staff they supervise. Sherman *et al.* (2007) identified the importance of self-control and being a role model in managing stress. Finally, the importance of being present and available was also noted in some other investigations (Kramer *et al.*, 2007; Sherman *et al.*, 2007).

New Insights

In addition to strengthening some previous findings, our results provide a comprehensive portrait of the actions, including their diversity, carried out by middle managers to support staff with emotionally demanding work. Furthermore, mapping the support strategies on proximity and time axes has provided some important insights. Support can be provided directly to staff, but it can also include some actions about which the staff may not even be aware. These findings seem consistent with the notion that middle managers have to develop both *upward* (directed toward senior managers) and *downward* (directed toward staff) strategies in their efforts to support their staff (Côté and Denis, 2018). Some other authors have also noted certain strategies that can be con-

sidered indirect, for example, staff protection strategies and representations (Desmarais and Abord de Chatillon, 2010; Kramer *et al.*, 2007; Skagert *et al.*, 2008). As well, one may consider indirect some of the strategies identified by Côté and Denis (2018) and used by middle managers during periods of health care reform, for example, the creation of a network of alliances and the negotiation of values.

Our findings also revealed that short-term strategies, in the face of immediate demands, tend to be used more often than strategies for broader, long-term changes. This trend might be associated with the constraints experienced by managers who, when confronted by time constraints, prioritize responses to the most immediate needs. This tendency may also be associated with the fact that managers often have to deal with emergencies. These findings are consistent with Mintzberg's (2007) reflections on the rapid pace, variety, brevity and discontinuity of managers' activities, which are more oriented to immediate action.

However, the need to respond to immediate situations may not fully explain why so few strategies are aimed at longer-term improvement, for example, making representations to senior managers about improving the staff's work conditions. Some of the latter strategies aim to reduce the sources of stress by focusing on the organization and work environment and can be viewed therefore as playing a role in the prevention of work-related psychological health issues. Our findings are interesting in light of the research evidence on the greater effectiveness of such strategies versus the effectiveness of those that are focused on the more immediate individual level (Brun *et al.*, 2003). A combination of factors may explain our findings, including the possibility that managers may be experiencing feelings of helplessness, as well as a certain habituation to the constrained context, which could lead to some reluctance to endeavour to change the situation. As well, middle managers have to find a way of juggling their accountability to senior managers with their representation of staff.

The utility of an ergonomic perspective is highlighted by our findings on the facilitating or constraining organizational, interpersonal and individual factors that might influence adoption of the various strategies used by middle managers. These findings bear some similarities to those of Skagert *et al.* (2008), who likewise highlighted the important role of contextual factors in the actions that managers can take to help reduce the stress experienced by their staff as well as their own stress. The influence of certain constraints on the way managers can support staff also is consistent with the observation of Bolduc and Baril-Gingras (2010) that the conditions under which many managers work do not allow them to fully perform the role that they wish to play with staff. The same authors also reported the main constraint mentioned by the managers they had

interviewed: the time constraints that limit, among other things, their presence with the teams they oversee. The impact on time constraints also has been noted in some other studies (Detchessahar, 2011; Habery-Knuessi, Heeb and de Morgan, 2013). For example, Detchessahar noted that managers must devote themselves to other time-consuming tasks, such as administrative tasks, including those related to various management indicators, or various meetings and committees. The notions of Smith and Lewis (2011) on the paradoxical nature of organizations seem relevant here; in the context that we have described, the innately emotionally demanding nature of the work, which requires greater support from middle managers, is in tension with a diminishing availability of their time to provide such support.

Our research also revealed certain factors that make it easier to offer support to staff. This information helps to provide a broader picture of the elements that affect the actual work activity of middle managers and the strategies they use to support staff. For example, the presence of moments of exchange already planned during statutory meetings—when such moments are not restricted by time—can facilitate the use of listening, the sharing of a common vision, and the development of solidarity on a team faced with difficulties. The availability of certain resources, such as an employee assistance program, adds to the potential for strategies that managers can use. Kramer *et al.* (2007) also noted some organizational structures and practices that favour supportive behaviours among middle managers, for example, support to senior managers, as well as to fellow managers, availability of professional development, and strong organizational culture with shared values. Bolduc and Baril-Gingras (2010) noted some specific resources available to managers to facilitate their role (e.g., advice from human resources personnel). Such resources augment the *agency* (Emirbayer and Mische, 1998) of managers in their endeavours to better support their teams and more effectively advocate for their interests with senior managers.

It is difficult to gauge the extent to which the middle managers in our investigation feel isolated in their role; such perceptions appear to be influenced by several variables, for example, concern about burdening already busy colleagues or not appearing capable of managing their own tasks. Some literature suggests that although the nature of middle managers' work means that they are often in competition with each other, they also show solidarity in difficult situations (Côté, Bourdages-Sylvain and Denis, 2020). This spirit of solidarity was demonstrated by our participants. In the Quebec context of our study, middle managers in the health and social services sector can belong to the *Association des gestionnaires des établissements de santé et de services sociaux* (Association of Managers of Health and Social Service Institutions). Among

other roles, the association informs, advises and represents its members, as required, in order to ensure that their rights are respected.

Among individual factors that facilitate or constrain the managers' support for their staff, there is probably, up to a certain point, some variability among individuals in their personal styles, for example, their level of empathy. Of greater interest are the findings that appear more related to the managers' individual responses to the context in which they are trying to perform their roles, for example, their habituation to the context and the situation, their feeling of powerlessness, the difficulties they are experiencing with their own psychological or physical health or the difficulty in seeking support. It seems paradoxical that managers themselves do not necessarily seek or have access to the type of support that they advocate for their staff. These various elements suggest that managers should be suitably supported and equipped before they can support their teams.

The necessary prioritization that managers are obliged to exercise in contexts where they are confronted by various constraints appears to be an important element that needs to be taken into account because of the impact that it may have on the support strategies that they adopt. From an ergonomic perspective, this finding is consistent with Darses and Montmollin's (2012) observation that prioritization is naturally at the heart of the managers' work activity. In the context of the constraints within which they frequently have to function, managers can find themselves having to make choices that are not without influence on the support they can offer to staff. In fact, in our findings, the label given to most of the strategies identified could have started with "taking the time to ...".

Avenues for Future Research

Several avenues for further research emerge from our findings. First, investigation is needed into the impact of certain factors on the choice of support strategies, e.g., the tendency of several managers to want to be in control, to be reluctant to ask for help or to share their difficulties. Second, relatively little is known about how managers prioritize their activities, except that they must do so in a setting where activities follow one another quickly and are often interrupted. Although professional development was mentioned as being important and had been integrated into strategies to help managers provide staff with better support, few managers actually made reference to their own professional development experiences, tending to privilege the usefulness of their experience. In a related vein, there clearly seems to be a need for further research on how middle managers themselves experience emotionally demanding work in the context of their role. Based on the links identified between some of our study's findings and the existing research, it is possible that the range of strategies used by middle managers, and the factors influencing those strategies, are not exclusive to con-

texts in which the work is considered emotionally demanding. It would be useful to have a clearer idea of the extent to which this broader applicability might be the case. Finally, although our research revealed the strategies used by middle managers to support staff, a relevant next step would be to study the impact of those strategies and to integrate the perceptions of staff and their needs into our understanding of the subject.

Limitations of the Study

The fact that we did not directly observe the work of middle managers is a limitation on our research because direct observation is one of the preferred data collection methods for ergonomic analysis of work activities. Nonetheless, the legitimacy of using other data collection strategies has been recognized (Darses and Montmollin, 2012). Thus, although there was no direct observation of the work activity, and although the managers might have omitted some details from their descriptions, the interview transcripts show a range of strategies used by these individuals, thus providing a portrait that seems representative of their reality. As well, the validation of the results with the advisory committee and the close involvement of the researchers in the research setting over several years (for the broader study) provides extra support for their accuracy. Another potential limitation is the possibility of self-selection bias among the managers who chose to participate. As a form of data collection, focus group interviews, despite their advantages, can also be a source of bias, for example due to the possible ripple effect or self-censorship of certain ideas for fear of judgment. Although we cannot rule out such a possible effect, the richness of the results that emerged suggests that this data collection approach was appropriate. There may be a limitation in the fact that the interviews were part of a broader research project, and thus without a specific focus on the research question addressed in this article; moreover, the findings emerged from secondary analysis of the interviews. However, we were able to answer our research question, thanks to the wealth of collected data and to the concern, already present within the framework of the research, for the strategies used by the managers to meet challenges.

Conclusions

Our study reveals that middle managers use a range of support strategies to help their staff cope with emotionally demanding work. The seven categories of strategy we identified are distributed along two axes, proximity (direct, indirect) and time (short-term, long-term). The strategies tend to be more direct and short-term. The managers' choice of strategy is influenced by various facilitating or constraining organizational, interpersonal and individual factors. However, time pressures appear to be the one that plays the most important role in influ-

encing the strategies adopted. Our findings suggest several avenues for further research, for example, investigating the impact of these strategies on staff and exploring how middle managers themselves experience emotionally demanding work in the context of their role.

References

- Astvik, Wanja and Marika Melin (2013) "Coping with the Imbalance between Job Demands and Resources: A Study of Different Coping Patterns and Implications for Health and Quality in Human Service Work." *Journal of Social Work*, 13 (4), 337-360. <doi:http://dx.doi.org/10.1177/1468017311434682>.
- Bolduc, François and Geneviève Baril-Gingras (2010) "Les conditions d'exercice du travail des cadres de premier niveau: une étude de cas" [Working Conditions of Middle Managers: A Case Study]. *Perspectives interdisciplinaires sur le travail et la santé*, 12 (3). Retrieved from <http://pistes.revues.org/2777 website>.
- Bolduc, Nadine, Nathalie Jauvin, Andrew R. Freeman and Sandrine Hegg-Deloye (2013) *Démarche paritaire de prévention des problèmes de santé mentale au travail au Centre jeunesse Chaudière-Appalaches – Bilan des rencontres exploratoires. [Joint Approach to the Prevention of Mental Health Problems in the Work at the Centre Jeunesse Chaudière-Appalaches – Overview of the Exploratory Interviews]*. Québec (Québec): Équipe de recherche RIPOST.
- Briggs, David, Mary Cruickshank and Penny Paliadelis (2012) "Health Managers and Health Reform." *Journal of Management and Organization*, 18 (5), 641-658. <doi:https://doi.org/10.5172/jmo.2012.18.5.641>.
- Brun, Jean-Pierre, Caroline Biron, Josée Martel and Hans Ivers (2003) *Évaluation de la santé mentale au travail: Une analyse des pratiques de gestion des ressources humaines [Evaluation of Mental Health at Work: An Analysis of Human Resource Management Practices]*. Montréal (Québec), Institut de recherche Robert-Sauvé en santé et sécurité au travail (IRSST).
- Caroly, Sandrine and Flore Barcellini (2013) "Le développement de l'activité collective" [The Development of Collective Activity]. In P. Falzon (Ed.), *Ergonomie constructive*. Paris: PUF, p. 33-46.
- Conrad, David and Yvonne Kellar-Guenther (2006) "Compassion Fatigue, Burnout and Compassion Satisfaction among Colorado Child Protection Workers." *Child Abuse and Neglect*, 10, 1071-1080. <doi:10.1016/j.chiabu.2006.03.009>.
- Côté, Nancy, Marie-Pierre Bourdages-Sylvain and Jean-Louis Denis (2020) "Les cadres intermédiaires dans les organisations de santé" [Middle Managers in Health Organizations]. *Objectif Prévention (Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales)*, 43 (1), 9-11.
- Côté, Nancy and Jean-Louis Denis (2018) "Exercer son rôle stratégique dans les organisations pluralistes: Le cas des cadres intermédiaires du réseau de la santé" [Exercising a Strategic Role in Pluralistic Organizations: The Case of Middle Managers in the Health Care System]. *Management International*, 23 (1), 43-55.
- Darses, Françoise and Maurice de Montmollin (2012) *L'ergonomie [Ergonomics]* (5th ed.). Paris (France): Éditions la Découverte.
- de Jonge, Jan and Christian Dormann (2003) "The DISC Model: Demand-Induced Strain Compensation Mechanisms in Job Stress." In M. Dollard, H. R. Winefield and A. H. Winefield

- (Eds.), *Occupational Stress in the Service Professions*. New York (NY): Taylor and Francis, p. 43-74.
- Desmarais, Céline and Emmanuel Abord de Chatillon (2010) "Le rôle de traduction du manager: Entre allégeance et résistance" [The Translation Role of Managers: Between Allegiance and Resistance]. *Revue française de gestion*, 205 (6), 71-88. <doi:10.3166/rfg.214.89-105>.
- Detchessahar, Mathieu (2011) "Santé au travail. Quand le management n'est pas le problème, mais la solution" [Health at Work: When Management Isn't the Problem but is the Solution]. *Revue française de gestion*, 37 (214), 89-105. <doi:10.3166/rfg.214.89-105>.
- Emirbayer, Mustafa and Ann Mische (1998) "What is Agency?" *American Journal of Sociology*, 103 (4), 962-1023.
- Ericson-Lidman, Eva and Gunilla Strandmerg (2009) "Meanings of Being a Supervisor for Care Providers Suffering from Burnout: From Initial Signs to Recuperation." *Journal of Nursing Management*, 17 (3), 366-375. <doi:10.1111/j.1365-2834.2008.00933.x>.
- Fall, Amar (2014) "Justice organisationnelle, reconnaissance au travail et motivation intrinsèque: Résultats d'une étude empirique" [Organizational Justice, Recognition at Work and Intrinsic Motivation: Results of an Empiric Study]. *Relations industrielles/Industrial Relations*, 69 (4), 709-731. <doi:10.7202/1028109ar>.
- Figuroa, Carah A., Reema Harrison, Ashfaq Chauhan and Lois Meyer (2019) "Priorities and Challenges for Health Leadership and Workforce Management Globally: A Rapid Review." *BMC Health Services Research*, 19 (1), 239. <doi:10.1186/s12913-019-4080-7>.
- Gamassou, Claire E. and Virginie Moisson-Duthoit (2012) "Le travail des professionnels de la relation d'aide: jongler avec des gratifications et des souffrances" [The Work of Professionals Who Help Others: Juggling the Rewards and the Suffering]. *Gestion*, 37 (2), 65-71.
- Geoffrion, Steve and Frédéric Ouellet (2013) "Quand la réadaptation blesse? Éducateurs victimes de violence" [When Rehabilitation Hurts? Educators Who Are Victims of Violence]. *Criminologie*, 46 (2), 263-289. <doi:https://doi.org/10.7202/1020996ar>.
- Guérin, François, Antoine Laville, François Daniellou, Jacques Duraffourg and Alain Kerguelen (2007) *Comprendre le travail pour le transformer: La pratique de l'ergonomie [Understanding Work in Order to Transform It: The Practice of Ergonomics]*. Lyon (France): Éditions du réseau ANACT.
- Habery-Knuessi, Véronique, Jean-Luc Heeb and Émilie Morgan De Paula (2013) "L'enjeu communicationnel dans le système hospitalier" [Communication Challenges in the Hospital System]. *Recherche en soins infirmiers*, 115 (4), 8-18. <doi:10.3917/rsi.115.0008>.
- Harvey, Samuel B. et al. (2017) "Can Work Make you Mentally Ill? A Systematic Meta-Review of Work-Related Risk Factors for Common Mental Health Problems." *Occupational and Environmental Medicine*, 74 (4), 301-310. <doi:10.1136/oemed-2016-104015>.
- Institut de la Statistique Québec (2018) "La violence familiale dans la vie des enfants du Québec" [Family Violence in the Life of Quebec Children]. Québec (Québec): ISQ. Retrieved from: <https://www.stat.gouv.qc.ca/statistiques/sante/environnement-social/violence-familles/violence-familiale-2018.html>.
- Jauvin, Nathalie, Andrew R. Freeman and Nancy Côté (2019) "Centralité du travail relationnel en centre jeunesse: Défis identifiés et pistes d'action à mettre en place" [Centrality of Relational Work in Youth Centers: Challenges Identified and Courses of Action to be Implemented]. In Isabelle Courcy and Luc Farinas (Eds.), *Tisser des liens: Perspectives interdisciplinaires sur le*

- travail relationnel*. Actes du Colloque (486) tenu le 9 mai 2018 dans le cadre du 86^e Congrès de L'Association francophone pour le savoir (ACFAS), Montréal (Québec), Centre InterActions, CIUSSS du Nord-de-l'Île-de-Montréal, p. 29-34.
- Jauvin, Nathalie, Andrew R. Freeman, Nancy Côté, Caroline Biron, Audrey Duchesne and Émilie Allaire (2019) *Rapport final : Une démarche paritaire de prévention pour contrer les effets du travail émotionnellement exigeant dans les centres jeunesse [Final Report: A Collaborative Prevention Process for Countering the Effects of Emotionally Demanding Work in Youth Protection Centres]*. Montréal (Québec), Institut de recherche Robert-Sauvé en santé et en sécurité du travail.
- Kramer, Marlene *et al.* (2007) "Nursing Manager Support: What Is It? Structures and Practices that Promote It." *Nursing Administration Quarterly*, 31 (4), 325-340. <doi:10.1097/01.NAQ.0000290430.34066.43>.
- Laporte, Lise (2007) "Un défi de taille pour les centres jeunesse. Intervenir auprès des parents ayant un trouble de personnalité limite" [A Major Challenge for Youth Centers. Intervening with Parents with Borderline Personality Disorder]. *Santé mentale au Québec*, 32 (2), 97-114.
- Lewis, Rachel, Joanna Yarker and Emma Donaldson-Feilder (2012) "The Vital Role of Line Managers in Managing Psychosocial Risks." In Caroline Biron, Maria Karanika-Murray and Cary L. Cooper (Eds.), *Improving Organizational Interventions for Stress and Well-Being. Addressing Process and Context*. New York: Routledge, p. 216-237.
- Li, Jian M., Michael Galatsch, Johannes Siegrist, Bernd H. Müller and Hans M. Hasselhorn (2011) "Reward Frustration at Work and Intention to Leave the Nursing Profession: Prospective Results from the European Longitudinal NEXT Study". *International Journal of Nursing Studies*, 48 (5), 628-635. <doi:10.1016/j.ijnurstu.2010.09.011>.
- Lincoln, Yvonna S. and Egon G. Guba (1985) "Establishing Trustworthiness." In Yvonna S. Lincoln and Egon G. Guba (Eds.), *Naturalistic Inquiry*. Beverly Hills: Sage, p. 289-331.
- Lizano, Erica L. and Michèle E. M. Barak (2012) "Workplace Demands and Resources as Antecedents of Job Burnout among Public Child Welfare Workers: A Longitudinal Study." *Children and Youth Services Review*, 34 (9), 1769-1776.
- Miles, Matthew B., Michael A. Huberman and Johnny Saldaña (2014) *Qualitative Data Analysis: A Methods Sourcebook* (3rd ed.). Thousand Oaks (CA): Sage.
- Mintzberg, Henry (1989) *Mintzberg on Management: Inside our Strange World of Organizations*. New York: Free Press.
- Mintzberg, Henry (2007) *Le management: Voyage au centre des organisations [Management: Voyage to the Centre of Organizations]* (3^e tirage, 2th ed. ed.). Paris: Éditions d'Organisation. Groupe Eyrolles.
- Nadeau, Sébastien (2010) "Le traumatisme vicariant." *Défi Jeunesse*, 16 (2), 27-32.
- Nielsen, Karina (2013) "Review Article: How Can We Make Organizational Interventions Work? Employees and Line Managers as Actively Crafting Interventions." *Human Relations*, 66 (8). <doi:https://doi.org/10.1177/0018726713477164>.
- Osofsky, Joy D. (2011) "Vicarious Traumatization and the Need for Self-Care in Working with Traumatized Young Children." In Joy D. Osofsky (Ed.), *Clinical Work with Traumatized Young Children*. New York: Guilford Press, p. 336-348.
- Paillé, Pascal, François Grima and Denis Bernardau (2013) "Quand les subalternes se sentent soutenus par leurs supérieurs: Étude des relations entre soutien, confiance, engagement

- et résultats" [When Subordinates Feel Supported by their Superiors: A Study of the Relationships between Support, Trust, Commitment and Results]. *Revue internationale des Sciences Administratives*, 79 (4), 733-752. <doi:10.3917/risa.794.0733>.
- Patton, Michael Q. (2015) *Qualitative Research and Evaluation Methods* (4th ed.). Thousand Oaks (CA): Sage.
- Rivière, Audrey, Nathalie Commeiras and Anne Loubes (2013) "Tensions de rôle et stratégies d'ajustement: une étude auprès de cadres de santé à l'hôpital" [Role Tensions and Adjustment Strategies: A Study Conducted with Hospital Health Managers]. *Journal de gestion et d'économie médicales*, 31 (2-3), 142-162. <doi:10.3917/jgem.132.0142>.
- Ruiller, Caroline (2011) "Le talent des managers de proximité. Le soutien social apporté par le manager de proximité à son équipe: les résultats révèlent un décalage entre les attentes qui sont émotionnelles et la perception effective alors que le soutien institutionnel a d'abord vocation à renforcer l'efficacité organisationnelle" [The Talent of Local Managers. The Social Support Provided by the Community Manager to his Team: The Results Reveal a Discrepancy between Emotional Expectations and Actual Perception, whereas Institutional Support is Primarily Intended to Strengthen Organizational Effectiveness]. *Revue internationale de psychosociologie*, XVII (41), 223-246. <doi:0.3917/rips.041.0223>.
- Sandelowski, Margarete (2000) "Whatever Happened to Qualitative Description?" *Research in Nursing and Health*, 23 (4), 334-340. <doi:10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G>.
- Sargent, Leisa D. and Deborah J. Terry (2000) "The Moderating Role of Social Support in Karasek's Job Strain Model." *Work and Stress*, 14 (3), 245-261. <doi:10.1080/02678370010025568>.
- Sherman, Rose O., Mary Bishop, Terry Eggenberger and Ruth Karden (2007) "Development of a Leadership Competency Model." *Journal of Nursing Administration*, 37 (2), 85-94. <doi:0.1097/00005110-200702000-00011>.
- Skagert, Katrin, Lotta Delve, Mats Eklöf, Anders Pousette and Gunnar Jr. Ahlberg (2008) "Leaders' Strategies for Dealing with Own and their Subordinates' Stress in Public Human Service Organisations." *Applied Ergonomics*, 39 (6), 803-811. <doi:10.1016/j.apergo.2007.10.006>.
- Skakon, Janne, Karina Nielsen, Vilhelm Borg and Jaime Guzman (2010) "Are Leaders' Well-Being, Behaviours and Style Associated with the Affective Well-Being of their Employees? A Systematic Review of Three Decades of Research." *Work and Stress*, 24 (2), 107-139. <doi:https://doi.org/10.1080/02678373.2010.495262>.
- Smith, Wendy K. and Marianne W. Lewis (2011) "Toward a Theory of Paradox: A Dynamic Equilibrium Model of Organizing." *Academy of Management Review*, 36 (2), 381-403. <doi:http://dx.doi.org/10.5465/AMR.2011.59330958>.
- Stansfeld, Stephen A. et al. (2013) "Occupations, Work Characteristics and Common Mental Disorder." *Psychological Medicine*, 43 (5), 961-973. <doi:10.1017/S0033291712001821>.
- Tham, Pia and Gabrielle Meagher (2009) "Working in Human Services: How Do Experiences and Working Conditions in Child Welfare Social Work Compare?" *British Journal of Social Work*, 39 (5), 807-827.
- van Vegchel, Natasja, Jan de Jonge, Marie Söderfeldt, Christian Dormann and Wilmar B. Schaufeli (2004) "Quantitative Versus Emotional Demands among Swedish Human Service Employees: Moderating Effects of Job Control and Social Support." *International Journal of Stress Management*, 11 (1), 21-40. <doi:https://doi.org/10.1037/1072-5245.11.1.21>.

SUMMARY

Strategies Used by Middle Managers to Support Employees Carrying Out Emotionally Demanding Work: Which Strategies and Why These Ones?

Many areas of practice in health and social services are emotionally demanding. This type of work can be associated with psychological health problems and middle managers play a key role in reducing such risks for their staff. Although the importance of providing this support is recognized, attaining such an objective is not necessarily straightforward because of the multiple demands that managers must juggle.

Using an ergonomic perspective, this qualitative research study, which was conducted in a regional child protection service in Quebec (Canada), aimed to identify the strategies used by middle managers to support staff whose work is considered emotionally demanding. The results reveal that managers use a range of support strategies, which fall into seven categories. Although the strategies are distributed along two axes, proximity (direct, indirect) and time (short-term, long-term), they tend to be more direct and short-term (e.g., provide emotional support). The choice of strategies is influenced by various facilitating or constraining organizational, interpersonal and individual factors. A strong influence appears to be time availability.

This study provides a detailed picture of the strategies used by middle managers and the complexity with which these individuals are confronted in providing their staff with support. Further research is required, for example, to better understand the impact of certain factors on the choice of support strategies and to evaluate the impact of support strategies from a staff perspective.

KEYWORDS: health and social service practice context, organizational strategies, support strategies.

RÉSUMÉ

Stratégies utilisées par les cadres intermédiaires afin d'aider les employés à effectuer un travail exigeant sur le plan émotionnel : Quelles stratégies et pourquoi ?

L'une des caractéristiques importantes de nombreux domaines de pratique dans le secteur de la santé et des services sociaux est leur nature émotionnellement exigeante. Les cadres intermédiaires ont un rôle-clé à jouer pour réduire les risques de problèmes de santé psychologique pouvant être associés à ce type de travail chez leur personnel. Cependant, bien que l'importance d'offrir ce soutien soit reconnue, il s'agit d'un objectif qui n'est pas nécessairement simple en raison des exigences multiples avec lesquelles doivent composer les gestionnaires.

En se basant sur une perspective ergonomique, l'objectif de cette recherche qualitative, qui a été menée dans un service régional de protection à la jeunesse au Québec (Canada), était d'identifier les stratégies utilisées par les cadres intermédiaires pour soutenir les employés dont le travail est considéré comme émotionnellement exigeant. Les résultats ont révélé que les gestionnaires utilisent un éventail de stratégies de soutien, qui ont été classifiées selon sept catégories. Bien que ces stratégies soient réparties sur deux axes, soit les axes de proximité (directe, indirecte) et temporel (à court terme et à long terme), elles ont tendance à être plus directes et à court terme (par exemple, fournir un soutien émotionnel). Le choix des stratégies est influencé par divers facilitateurs ou contraintes organisationnels, interpersonnels et individuels. Le temps disponible semble fortement influencer les stratégies adoptées.

Cette étude a fourni un profil détaillé des stratégies utilisées par les cadres intermédiaires et de la complexité à laquelle ces individus sont confrontés en matière de soutien à leur personnel. Des recherches supplémentaires s'avèrent nécessaires dans le but, par exemple, de mieux comprendre l'impact de certains facteurs sur le choix des stratégies de soutien ou, encore, d'évaluer l'impact de ces stratégies selon la perspective des employés.

MOTS-CLÉS : contexte de pratique des services sociaux et de santé, stratégies organisationnelles, stratégies de soutien.