Work-Life Balance: Women with at Least One Sick or Disabled Child

ATCHOGLO Akouvi Eyram
Doctor in Management Science
University of Lomé, Togo

KOUEVI Tsotso
Associate Lecturer in Management Science
University of Lomé, Togo

Komivi AFAWUBO
Associate Lecturer in Management Science
University of Lorraine, France

PADASSE Chaa
Doctor in Management
University of Lomé, Togo

ADJEYI Kodzo Senyo
Doctor in Management
University of Lomé, Togo

AMAGLO Kokou Essegbé
Doctor in Management
University of Lomé, Togo

Abstract:- Although gender equity was advocated, women with at least one child had difficulty reconciling work and family. If women with healthy children experience conflict between their two spheres of life, what about women living with disabled or sick children?

This article highlights the challenges, the different individual strategies adopted and socially responsible management practices that can facilitate the reconciliation of work and private life to break the glass ceiling of women with at least one sick or disabled child.

The results of an exploratory qualitative study of 15 women with at least one disabled or sick child show that the challenges of medical emergencies, working hours, working hours, daily stress, permanent insecurity linked to the state of health, the education of its children, the care of his children, the sharing of family responsibility between spouses, care for close relatives, the possibility of changing working hours, overload at work, young children, unfavourable culture does not facilitate conciliation.

These women use the individual strategy of social support, redefinition of roles and temporal organization to reconcile their professional and private lives. And finally, the results show that his individual strategies are not enough to reconcile work and family. To do this, companies must put in place socially responsible practices and management that can further enable them to facilitate conciliation and be efficient at work.

Keywords:- Reconciliation, Work Life, Privacy, Individual Strategy, Women, Sick Or Disabled Children, Performance.

I. INTRODUCTION

In recent years, the world of work has undergone changes due to the massive arrival of women, the increase in dual-career couples, the increase in atypical jobs, and the advent of new information and communication technologies (Atchoglo and Kouevi, 2023; Tremblay, 2019;Plane, 2019).

In Togo, women continue to occupy very few jobs in the modern non-agricultural sector. They are relatively numerous in the civil service, but their numbers are still well below those of men. Women accounted for 18, 9% of the senior staff (category A) in the civil service (ratio IDISA 2018).

All of this has fostered work-family conflict (CTF), "a form of inter-role conflict in which pressures in the areas of work and family are mutually incompatible in some respects" (Tremblay, 2019). The reconciliation of private and professional life has become an important issue in our society in recent years. These two spheres of life are highly time consuming.

In reality, the majority of workers want to pursue their careers and move up the ranks. In general, however, the decision to set up a home, to have children and others faces multiple problems, including stress at work, the probability of not being sufficiently present alongside one's offspring, the dilemma of having to choose between financial autonomy and the status of mother or father. While more and more employees aspire to responsibilities, the concept of work-life balance is now the concern of women (Atchoglo and Kouevi, 2023).

Many studies have addressed the theme, on different categories, reconciliation among women, nurses, and both sexes, of organizational practices that can facilitate the reconciliation of work-life (Tremblay, 2019). However, the

studies did not address this issue by taking into account women who have at least one sick or disabled child. Although gender equity is advocated, women with at least one child today have difficulty reconciling work and family. **If women with healthy children experience conflict between their two spheres of life, what about women living with disabled or sick children?** The answer to this central research question is to resolve the following specific questions:

QS1: What are the realities of working and private life of women with at least a sick or disabled child?
QS2: What work-life balance strategies are used by women with at least one sick or disabled child?
QS3: what managerial practices could facilitate reconciliation in women with at least one sick or disabled child?

The objectives of this study are to:
OS1: Explore the challenges of reconciling work and private life for women with at least one sick or disabled child
OS2: Identify individual adaptation strategies used by women with at least one sick or disabled child for work-life balance
OS3: Highlight managerial practices allowing women with at least one sick or disabled child to reconcile work and private life

This project dedicated to the promotion of gender equity finds its interest in a working world that is constantly changing. Theoretically, this study is significant, as it will provide a better understanding of the ways in which women with at least one sick or disabled child experience the daily work-family interface and make the first categorization.

At the managerial level, it will provide managers with the right decisions to promote gender equity, improve the quality of life at work, health at work, which is a source of socially responsible management and organizational performance (atchoglo et kouevi, 2023; Péretti, 2019).

To do this, we will adopt a qualitative methodology of exploratory type. First, through 15 sowing interviews, we will gather the views of women with at least 01 sick or disabled children. The main results show that women use individual strategies such as social support strategy, redefinition of roles, temporal organization, to reconcile their work and family life. The practice of flexible working hours, the granting of one hour to care for sick and disabled children, the parental leave of 01 months to care for sick children, the flexibilities with regard to the granting of leave in case of emergency. This work is structured in three parts. The conceptual and theoretical framework, the methodology adopted and the various results and discussions.

II. CONCEPTUAL AND THEORETICAL FRAMEWORK

A. Definitions of Work-Life Balance

The management of work and family responsibilities is a growing problem in today's society. It is partly due to the changing roles of men and women both in the workplace and at home (Atchoglo and Kouevi, 2023).

While it has been shown that the accumulation of social roles has positive outcomes, fulfilling many roles can also have a negative impact (Tremblay, 2019). First, Greenhaus and Beutell (1985) define work-family reconciliation as "a form of inter-role conflict in which the pressures of work and family are mutually incompatible in some respects."

Several studies have shown that work-family conflict can have significant effects on quality of work and family life (Atchoglo and Kouevi, 2023). According to Tremblay (2019), the nature of the conflict is bidirectional: on the one hand, we have work-family conflict where work interferes with family life and, on the other hand, we have family-work conflict where the demands of family life interfere with work obligations.

B. Individual Coping Strategies

In recent years, research has addressed the strategies used by individuals to deal with CTF challenges (Duxbury, Higgins et al., 2007). In light of these studies, the following paragraphs will describe four classifications of individual adaptation strategies. These include: redefining roles (Hall 1972); selection, optimization and compensation behaviour (Baltic and Heyens-Gahir, 2003); temporal organisational strategies; social support, active techniques, avoidance and passive techniques (Duxbury and Higgins, 2007); and cognitive, emotional and behavioural strategies (Chrétien et al., 2013; Neal and Hammer, 2007).

➢ Redefining Roles

Duxbury and Higgins, 2007 suggested three types of behaviour to deal with work-family conflict: structural role redefinition, personal role redefinition, and reactive behaviour.

According to Frone (2003), in order to be able to meet the demands of roles, some women in jobs with a high level of responsibility are redefining the roles imposed by society and organizations. Halpern and Cheung (2008), through a qualitative study, partially redefine their roles as mothers and leaders to varying degrees and on certain dimensions. The guiding principle in this redefinition is to maintain careers and maternal care, but to outsource domestic responsibilities. This is what Ezzedeen 2009 calls "new motherhood."

To meet the demands of demanding roles, some women leaders work longer and longer, reduce their sleep and rest time, or sacrifice their personal time (Halpern and Cheung, 2008:142).

➤ *Temporal Organisation*

Work-family reconciliation strategies have also been approached from the perspective of temporal organization. They include (1) densification or intensification of work, (2) postponement or suppression of activities and (3) porosity or interpenetration of work and family time.

The examples presented are taken from the qualitative study by Tremblay and Mascova (2013) among lawyers in Quebec: First, the strategies of densification of working time consist of "maximizing the performance of working time, including that of presence in the office." According to the authors, these strategies take several forms on a daily basis: setting schedules for appointments, avoiding outdoor meals and breaks, and limiting work breaks.

➤ *Social Support, Active Techniques, Avoidance and Passive Techniques*

Data from the Duxbury et al. (2007) survey identified four (4) main types of strategies used by employed persons in Canada to reconcile work and life. These are (1) social support, (2) active techniques, (3) avoidance and (4) passive techniques. First, the category of "social support" includes: counting on the help of the extended family and counting on the help of friends. This technique appears to "reduce role overload.

The second category of work-family strategies identified by Duxbury and Coll. (2007), includes active techniques aimed at "reducing or reducing conflict." The most frequently used are priority setting (69%), as well as organization and time planning (47%).

Escape techniques are generally ineffective because they do not solve the problem. For example, the person tries to forget the stressful situation and find activities to change ideas. According to the authors, a significant number of Canadian employees (32%) use this type of strategy, but rarely do so (Duxbury and Higgins, 2012).

Finally, passive adaptation techniques consist of consuming alcohol or prescription drugs, increasing efforts and reducing the quality of what is done. People use these strategies differently by gender. Men and women use these types of strategies, but "men are more likely to consume alcohol and women are more likely to take medications" (Duxbury and Higgins, 2012:99). Women, regardless of their type of employment and whether or not they are responsible for dependants, are more likely than men to use the following coping strategies: seeking social support; redouble efforts and take prescription drugs. The use of passive strategies is a socio-economic concern, although it is rarely used by most individuals. From a social perspective, passive strategies such as alcohol or drug use are "linked to a higher incidence of illness, increased health costs to the system, and family dysfunction" (Duxbury and Higgins, 2012). From an economic perspective, they are "linked to lower productivity and higher absenteeism rates" (Duxbury and Higgins, 2012).

This results in individual and organizational strategies. These strategies will serve as a basis for analysing the empirical framework.

C. Organizational Measures

In several developed countries, among the measures of CTF modulated working timetables, guard's subsidised services or free public nursery schools and parental child-rearing leaves are found (Croisetière, on 2012). In Quebec, CTF measures are governed by the standard Conciliation travail-famille (BNQ 9700-820).

Table 1: Work-Family Reconciliation Solutions According to Standard BNQ 9700-820

1-Gestion Work-Family Conciliation (CTF)
- Training on CTF
- Guide or information document about measures and practices of CTF
- Employee Assistance Program (EAP)
- Information or Guidance Service
2- Adaptability of work organisation
- Job rotation
- Exchange of working hours
- Sharing of competences
- Multidisciplinary groups
- Flying teams
3- Organisation of working time
- Reduction of working time (part-time, shared work)
- Adapted working hours (variable working hours, flexible working hours, à la carte working hours, fixed working hours to choose from)
- Predictability of working hours and workplaces

- Compressed workweek (one 40-hour workweek in four days instead of five)
- Reduction of working hours
- Use of hours banks (single-rate hours, overtime)
4- Holidays **Leave for the birth or adoption of a child** - Maternity and paternity leave - Parental and adoption leave **Leave for family reasons or events** - Leave for family reasons - Bereavement leave - Leave for marriage or civil union - Compassionate leave - Leave as a result of a crime or suicide - Compensatory and unpaid leave - Self-financed leave - Leave without pay **Holiday** - Flexibility in the choice of paid holiday dates - Flexibility in the fragmentation of paid holidays
5- Flexibility in the workplace - Home work (telework) - Working in a satellite office (or near the place of residence)
6- Services or goods offered in the workplace or by the workplace - Assistance or financial support for the care of preschool children - Assistance or financial support for the care of school-age children by setting up holiday camps, supervised play and sports rooms, specialised activities during teaching days or the festival period - Support for workers whose family member (s) have temporary or permanent disabilities - Reimbursement of on-call expenses to staff who work overtime at the request of the organization. Other services for special needs of CTF

Source: Tremblay (2019)

The aim is to analyse the individual experiences and strategies of women with at least one disabled or sick child in reconciling the two spheres. The specific objectives are to explore the work-life balance experiences of women with at least one sick or disabled child. Secondly, highlight the individual adaptation strategies used by women with at least one disabled or sick child. Finally, note the managerial practices that can facilitate reconciliation in women with at least one sick or disabled child.

III. RESEARCH METHODOLOGY

Our research aims to enumerate the experiences of women with at least one sick or disabled child and highlight individual strategies and managerial practices in conciliation. We opted for an exploratory qualitative data collection. A total of 15 semi-directional interviews were conducted between January 2024 and February 2024 to women with at least one sick or disabled child.

An exploratory qualitative methodology has been adopted because it corresponds to our research objectives (Corbière and Larivière, 2020). This qualitative methodology of the type exploratory will be based on 15 semi-directional interviews with women with at least 01 sick and disabled children.

For data collection, we developed a three-part interview guide. The first section discussed the current situation of managers, their experiences, challenges (employment, private life, professional life). Section 2 then dealt with conciliation strategies. And finally, the identification of respondents. The interview was done face to face, to women who have at least 01 children for a duration of 45 to 60 minutes.

A. Study Population and Sampling

We interviewed fifteen female executives. For Corbière and Larivière (2020), four sampling methods: the probabilistic, quota, suitability method and the reasoned choice method. We used the reasoned choice method to interview women who have at least one sick or disabled child.

We talked to human resources managers about getting in touch with women who have at least one sick child. And the first woman, put us in contact with other women finding themselves in the case, so on. This qualitative method has been used in management science research when the sample is difficult to locate (Gavard-Perret and al., 2008).

Children with cerebral diseases, cancer, decompensated heart disease, leprosy, chronic nephritis, mental illnesses, Down syndrome children, severely paralyzed children, diabetic children in the advanced stage are considered to be sick or disabled by our study. In short, all sick children who require strict support and are likely to be treated medically.

B. Method of Analysis

As part of this study, we opted for thematic content analysis as a method of data analysis. Content analysis is a set of procedures for making valid inferences from text (Gavard-Perret and al., 2008). It makes it possible to divide the texts into analysis units and then group them into homogeneous categories so as to make a synthetic representation emerge. According to Corbière and Larivière (2020), it takes place in three stages: pre-analysis (reading, transcription of information and thematic grouping); categorisation and finally analysis itself (treatment, interpretation and inference).

C. Reliability of Data

The work of Drucker-Godard et al., 2012 cited by Atchoglo and Kouevi (2023) encouraged the calculation of inter-coder indices through the conventional agreement rate to show the reliability of qualitative data. On this basis, we used inter-coder reliability which is calculated as follows**: number of chords/(number of disagreements + number of chords)**. The coefficient is satisfactory with a rate of 91. 85% because according to the author the rate is acceptable from 80%.

D. Semantic Saturation

A total of 15 semi-directional interviews were conducted with women with at least one sick or disabled child. But already from the 10th interviews we have no new information. So we stopped the interviews at a number of 15.

E. Research Proposal and Model

Here are the research proposals:

P1: Women with at least one sick child face several challenges in reconciling work and private life

P2: Women with at least one sick or disabled child use individual coping strategies to reconcile work and private life. This second research proposal is divided into three sub-research proposals:

P2- a Women with at least one sick or disabled child use the social support strategy to reconcile work and private life

P2- b Women with at least one sick or disabled child use role redefinition strategy to reconcile work and private life

P2- c Women with at least one sick or disabled child use the time organisation strategy to reconcile work and private life

P3: Several managerial practices can be adopted to facilitate work-life balance in women with at least one sick or disabled child

IV. RESULTS AND DISCUSSIONS

The results of the study show in the first place, an enumeration of the challenges of women managers, secondly, the emphasis on strategies that can be mobilized in conciliation matters.

A. Results of Challenges Related to Work-Life Balance

It is relevant to mention the main challenges of reconciling private and professional life women with at least one child before addressing strategies to overcome them. In total, twenty (20) challenges were identified as most important (see table).

Table 2: The Challenges of Reconciling Professional and Private Life for Women Managers

NO.	Challenges in reconciling work and private life	n = 15	Percentage
1	Difficulty in aligning family hours with working hours	15	100%
2	Health emergency	15	100%
3	Permanent stress	15	100%
4	Lack of employer support	10	66,67%
5	High demands in family management.	8	53,33%
6	State Permanent insecurity	12	80%
7	Organisational culture unfavourable to conciliation	10	66,67%
8	Anxiety	15	100%
9	Multiple request for permission	15	100%
10	Sharing of family responsibility between spouses	10	66,67%
11	Overload	15	100%
12	Transport of family members	7	46,66%
13	Care for sick relatives	7	46,66%
14	Impossibility of teleworking	10	66,67%
15	Impossibility of changing working hours	15	100%
16	Impossibility of reducing working time	13	86,66%
17	Absence of Tablet Weeks	15	100%
18	Difficulty in taking family leave	15	100 %
19	Crèche or nursery for disabled or sick children	15	100%
20	Salary shortfall due to medical burden	15	100%

Source: Results, 2024

Table 2 shows the company's encroachment on personal and private life and vice versa. Lack of employer support, unfavourable organizational culture, work overload, atypical working hours, working hours, the impossibility of teleworking, changing working hours and, above all, reducing working hours and having parental education leave, which is different administrative leave, make reconciliation more difficult. These challenges listed below are nothing more than organizational challenges.

The difficulties associated with conciliation are not limited only to the professional spheres. Privacy also encroaches on the reconciliation of challenges related to the sharing of responsibilities between spouses, stress, anxiety, insufficient pay due to the medical burden, unavailability of crèches or day-care centres to care for sick children, transportation of family members such as children, medical emergencies, day-care centres for sick children....

Studies by Tremblay (2019), Chrétien and Letourneau (2006) demonstrate that several challenges need to be addressed: family-specific challenges, including schedule of other family members, unattended adolescents at home, sick and disabled children, the school life of children, sharing of family responsibilities between spouses, transportation of family members, the schedule of childcare services and schools and the care of relatives who are ill or have lost their independence.

And the challenges related to the professional spheres: lack of support from the employer, organizational culture, the number of weekly hours worked, the difficulties associated with replacements, the overload of work and the inability to take leave (Tremblay, 2019).

In relation to our results, the difficulties in aligning family schedules with that of professional schedules, sharing of family responsibility between spouses, stress associated with work-family conflicts, difficulties in taking leave for family reasons, difficulties in taking medical emergency leave, and childcare difficulties are the most recurring challenges.

« ... As a person in charge of the structure with a child suffering from brain defects, I feel a lot of stress related to the child's health. This increases the conflict between work and family. Imagine, you concentrate on the job, and then we call you from home. Even when you see calls coming from home your heart makes boom boom boom. you lose the pedals, and then you are informed that the child is making a crisis and coming back to take him to the hospital? Can we be focused and give the best of us in kind of situation without employer support? Imagine that you have no money.. Just tell you that the anxiety is there, the stress is at the top and it's not easy... »" **Reply 11**

« ... hummm I am in great insecurity, because I know that everything can happen. Conciliation is complicated. I no longer sleep because at night I take care of my sick daughter. I have to watch over her. And all the time I'm sure guards. When I work a little bit, I call home every hour. She

doesn't walk, doesn't talk, she did a stroke at the age of 3 months and that's it. We have full consultations, cardiology, neurologist, general practitioners and especially we do massages three times a week. How to do it? I have to ask for permission. In addition to the sick child, it is necessary to take care of the other children, of the husband, What can I say, as a wife, I sometimes prefer the traditional classification of the wife, where the wife takes care of than of my house, than household chores, children and husband. I have to achieve the organizational goals as well. I'm exhausted... " **Respondent 9**

« .. It is a great challenge to reconcile professional life. Today as a framework we invest in professional life. And after the job another unpaid work begins. That of household chores. It is complicated to take care of children, to cook, to educate this is our sad reality. On top of that, I have a Down syndrome child. Imagine a little. I am very stressful, we are exhausted women executives seeking to balance family and professional life... " **Respondent 10**

"A lot of unspoken reality in my body. At the same time, we are the doctors of our sick children, the cook, the sexually active woman with her spouse, that's it. Sometimes I leave the job in 22H. Imagine a little. **Respondent 14**

Some stories of women who really feel work-family or family-work conflict. The challenges are significant and often it is the medical emergency, anxiety, permanent insecurity, stress, lack of time, work schedule, difficulty of requests for leave, the non-sharing of family responsibilities between spouses, the education of children that are the majority of the challenges that are cited by all respondents.

These results corroborate the work of Tremblay (2019) , Chrétien and Letourneau (2006) that addressed challenges such as "scheduling of other family members, unattended adolescents at home, sick and disabled children, children's school life, the sharing of family responsibilities between spouses, the transportation of family members, the timetable for childcare services and schools and the care of relatives who are ill or have lost their autonomy. Studies by Duxbury and Higgins (2012) highlight challenges such as incompatible work schedules, unattended children at home.

B. Results on the Typology of Work-Life Balance Strategies

Participants in this study use several strategies to reconcile work-life. Some are aware of the means they use to balance these roles and others are guided by "their instinct." The choice of conciliation strategy is a dynamic process influenced by the internal and external resources of each framework. This process evolves with the family situation and with the company.

A total of three conciliation strategies were identified. Each of them was analysed in the specific context of the participants in order to identify factors facilitating their success. The most frequently mentioned strategies are:

➢ *Social Support*

It is counting on the help of the extended family and on the help of friends. The use of this strategy appears to "reduce role overload, stress and pressure. In another theme it brings together the help of family members, the help of the extended family including aunts, nephews, nieces, cousins, support of the spouse, work at home, groups of carers.

Table 3: Social Support Strategy

Individual strategy		N = 15	Percentage
Social support strategy	Extended family support	15	100%
	Nursing assistance	05	33,33%
	Sharing of experience between women	10	66,66%
	Self-Help Group	4	26,66%

Source: our results, 2024

The social support strategies most used by women managers are family support and sharing of experience among women. Women Do Not Hesitate to Ask for Help to close relatives and even to the extended family, aunts, nieces, nephews etc.

*"The first strategy I use is family support. It is my mother who takes care of my children especially the one who is sick. It really is a great pillar for me. Without his help, I could not go to the office... "***Respondent 3**

*« .... When my child is in crisis, it is my mother-in-law who takes him to the hospital and calls me to join them at the hosto. Humm imagine that you are in full meeting with the partners and the board of directors and then you receive a message that your child is under oxygen. Must I run? crying? Hum that's what we live but I recognize that the mother-in-law I stayed at home is a great pillar for me "***Respondent 15**

The support strategy is the most used by women. She asks for help from the extended family, sharing experiences. This is consistent with the work of Halpern and Cheing (2008), which states that family support is very important for parents. This study also shows that the self-help group, the discussions between women, colleagues, the help of nurses and friends are essential to the reconciliation. For Tremblay (2019) the family can be a source to encourage work-family balance.

➢ *Role Redefinitions*

According to Frone (2003), in order to be able to meet the demands of roles, some women in jobs with a high level of responsibility are redefining the roles imposed by society and organizations. In addition to this strategic role reform, they are redefining their roles and adopting behaviours to reconcile the two spheres. It includes all strategies for changing the roles imposed by society, redefining family responsibilities, subcontracting domestic workers, employing help (domestic workers, repeater workers, drivers, cooks, couriers, nurses, nursing staff, etc.), reducing sleep time, sacrificing personal time as a sacrifice of leisure time, self-care, etc.

The results show that the intensity of work, the redefinition of family responsibilities, subcontracting and the reduction of sleep times are the most used by women.

Table 4: Role Redefinition Strategy

Individual strategy		N = 25	Percentage
Individual strategy	Domestic subcontracting	15	100%
	Helper employment (domestic worker, nurses, physiotherapist, repeaters, drivers, cooks, nurses, sick guard)	15	100%
	Reactive behaviours such as reduced sleep time	10	66,660%
	Sacrifice of Personal Time	12	80%

Source: our results, 2024

Most women use the reactive behaviour strategy by providing their hours of sleep, eliminating leisure time, and using help (domestic, nurses, drivers...). This result is consistent with the results of Tremblay (2019), which states that its strategies help reconciling the two spheres but exhausting the woman. Aid for jobs corroborates the the work of

Duxbury and Higgins (2012).

"To make ends meet with my disabled child both professionally and privately, I recruited a nurse and a housewife who are at home every day. When there is an emergency, before I am called, the nurse begins to manage the emergency.... " **Respondent 7**

Compared to another who says. *" At work I give myself totally 100% That's what I'm doing to try to balance the two spheres my job is Monday to Friday. I have only one servant who helps me with the care of my two children. I reduced my leisure time. I sleep very late around midnight and I wake up at 4am. That is my life. I pray a lot to implore the grace of God "* **Respondent 1**

➢ *Temporal Organization*

The temporal organization consists of planning activities, delegating tasks, segmentation, self-sacrifice...

Table 5: Temporal Organizational Strategy

Individual strategy		N = 15	Percentage
Temporal organisation strategy	Well-defined business planning and objectives	15	100%
	Intensification or densification of work	10	66,66%
	Postponement of work	15	100%
	Discontinuation of activity	8	53,33%
	Porosity of professional and family times	15	100%
	Organisation of working time	11	73,33%
	Planning for motherhood	7	46,66%
	communication	15	100%
	Empowerment	10	66,66%

Source: our results, 2024

The majority of women put in place a schedule of their activities and times, but these schedules sometimes show a certain disparity and a certain consensus on the other. And we can see it through the speech of certain: *"As Monday to Friday I leave early and I return late from work, the majority of my domestic tasks are transferred to weekends. The weekend has a saturated schedule at home and the tasks to accomplish are well defined ""* **Respondent 8**

Compared to another who says*: "Every working day, I wake up at four o'clock in the morning, I wake up my little one, I shower him, I prepare breakfast, I go back to my husband's work clothes and I. And weekends are always made for laundry, shopping for supplies...* **"Respondent 7**

Recent studies by Atchoglo and Kouevi (2023) show that the act of recreation, de-stress increases the reconciliation between work and family. As stated above, a categorization of these strategies has been made and the results of our research show that in Togo, strategies for reconciling private and professional life are divided into three types. It is in order of importance "Social support" which is quoted by all our respondents, redefining roles, and time organization.

These three behavioural strategies, compared to the competency approach of resource theory, reveal that Togolese women executives use behavioural skills for work-family balance.

C. Results on Practices to Facilitate Work-Life Balance

The results of the studies show that women with a disabled or sick child are more likely to experience work-family conflict. And sometimes her women feel neglected by legislation, organizations. Qualitative results show some practices that may facilitate reconciliation for women with sick or disabled children.

Table 6: Organizational Practices for Conciliation

Practices	
Leaves	Parental leave for sick or disabled children
	Right to 1H of time per day to take care of disabled or sick children
	Grants statutory permissions for children's medical emergencies
	Leave without pay for the care of sick children
Flexibility in the workplace	Home work (telework)
	Working in a satellite office (or near the place of residence)
Services or goods provided in the workplace or by the workplace	Assistance or financial support for the care of sick or disabled children
	Day care for sick children
	Play and sports rooms supervised, specialized activities for sick children
Organisation of working time	Reduction of working time (part-time, shared work)
	Adapted working hours (variable working hours, flexible working hours, à la carte working hours, fixed working hours to choose from)
	Predictability of working hours and workplaces
	Compressed workweek (one 40-hour workweek in four days instead of five)
	Reduction of working hours

Source: Our results, 2024

V. CONCLUSION

This article highlights the challenges, the different individual strategies adopted and socially responsible management practices that can facilitate the reconciliation of work and private life to break the glass ceiling of women with at least one sick or disabled child.

To conduct this research, we opted for an exploratory qualitative study based on 15 semi-directional interviews in 15 women with at least 01 sick or disabled children. Many studies have focused on organizational strategies such as leave, permission, hourly flexibility, telework, etc. But few studies have focused on individual strategies, categorizing them according to the woman with at least one sick or

disabled child. This study sheds light on the individual strategies that women can adopt to facilitate the reconciliation of private and professional life.

After the data collection, we carried out a thematic content analysis which consisted in categorizing the data collected in sections corresponding to the problem of our research.

The results of an exploratory qualitative study of 15 women with at least one disabled or sick child show that the challenges of medical emergencies, working hours, working hours, daily stress, permanent insecurity linked to the state of health, the education of its children, the care of his children, the sharing of family responsibility between spouses, care for close relatives, the possibility of changing working hours, overload at work, young children, unfavourable culture does not facilitate conciliation.

These women use the individual strategy of social support, redefinition of roles and temporal organization to reconcile their professional and private lives. And finally, the results show that his individual strategies are not enough to reconcile work and family. To this end, companies must put in place socially responsible practices and management that can make it easier for them to reconcile and perform at work, such as the granting of parental leave for education and the management of diseases, a right of 1H of daily time to care for sick children, compressed work weeks, telework, work rotation, stress management training, etc.

These findings are consistent with the findings of many authors who have worked on this topic. Theoretically, this work complements the existing literature on work-life balance strategies. However, it has the particularity of having analysed and highlighted the challenges of women with at least one sick child, the different individual strategies allowing women to reconcile the two spheres of life.

At the managerial level, the results made it possible to highlight managerial practices that could facilitate reconciliation on our sample. Moreover, like all research work, it contains a certain number of limitations created by the fact that everything cannot be embraced at once, and that the fixed choices necessarily leave aside an alternative which could have proved fruitful. Thus, despite the importance of these inputs, certain methodological limitations need to be highlighted. The small size of our sample. However, this is due to semantic saturation, where we no longer have new information.

As a research path, repeat the same research, opting for a quantitative methodology, allowing us to reach a larger sample. Repeat this same study in the health sector that have atypical working hours, 24H hours on 24

REFERENCES

[1]. **Atchoglo A.E. & Kouevi T. (2023),** construction and validation of a scale for measuring quality of life at work, Revue Internationale des Sciences de Gestion, vol. 7, 1, 156-178

[2]. **Atchoglo A.E. & Kouevi T. (2023),** Determinants of quality of life at work in third parties, Revue Internationale de Recherche, Vol. 4, 4 , 1178-1200

[3]. **Baltic, B. B &** Heydens-Gahir, H. (**2003***). Reduction of work-family conflict through the use of selection, optimization, and compensation behaviors. Journal of Applied Psychology, 88, 1005-1018.*

[4]. **Baltic, B.B., Zhdanova, L.S., & Clark, M.A.** (2011). Examining the relationships between personality, coping strategies, and work-family conflict. Journal of Business and Psychology, 26 (4), 517-530.

[5]. **Barrère-Maurisson, M.A., and Tremblay, D.G.** (2008). The governance of work-family reconciliation: comparison between France and Quebec, Santé, Société et Solidarité, 7 (1), 85-94. Cited by Boulet, M. (2013). *Work-life balance practices: a tool to alleviate the psychological distress of employees. Quebec: ISQ. 33 p.*

[6]. **Barrette, Jacques.** (2009). *Reconciling work and family: what do we really know*? Ottawa: Vanier Family Institute. 27 p.

[7]. **Butler, A., Gasser, M. and Smart, L. (2004**). A social-cognitive perspective on using family- friendly benefits. Journal of Vocational Behavior, 65, 57-70. Cited in Houle, L. (2008). Reconciling work and family in a changing world: the importance of time, gender and personal effectiveness (doctoral thesis). Université de Montréal, Québec.

[8]. **Chrétien, L., Letourneau I., Lécine., M.E**. (2013). Work-life harmonization: tools for people in employment. Chair in Occupational Health and Safety Management. Lava University

[9]. **Chrétien, Lise & Isabelle Letourneau** (2010). The organizational culture and concerns of working parents regarding employer support for work-life balance. Multidisciplinary journal on employment, trade unionism and labour (REMEST) Vo. 5, p. 70-94

[10]. **Corbière A.E. & Larivière N. (2021),** qualitative, quantitative and mixed methods, University Press, Quebec

[11]. **Croisetière., P.** (2012). Family Policy Portraits Quebec and thirteen developed countries. Quebec: Ministry of the Family.

[12]. **Duxbury, L., &** Higgins, C. (2013). *Reconciling the roles of employee, parent and caregiver: a field study: summary. Ottawa/London: Carleton University/University of Western Ontario/Desjardins Insurance.*

[13]. **Folkman S., Lazarus R. S.** - (1988) the relationship between coping and emotion, Social Science and Medicine, 16, 309-317. Cited by Paulhan, I. (1992). The concept of coping. The psychological year. On 1992 flight. 92, No. 4. pp. 545-557.

[14]. **Frone, M. R., Russell, M. ET Cooper, M. L.** (2003). Relation of work-family conflict to health outcomes: A four-year longitudinal study of employed parents. Journal of Occupational and Organizational Psychology, 70 (4), 325-335. *Quoted by St-Amour, Nathalie and Bourque, Mélanie. (2013). Reconciling Work-Family and Health: Can Quebec draw inspiration from government policies in other countries*? - Scientific advice. Quebec: Government of Quebec, Institut national de santé publique du Québec.

[15]. **Greenhaus, J.H., & Powell, G.N. (2006).** When work and family are allies: A theory of work-family enrichment. Academy of Management Review, 31, 72-92.

[16]. **Hlady Rispal M. (2020   ),** Case Method Specialty Identification, "Marketing Outlook, De Boeck Superior, pp. 77-106

[17]. **Kossek E.E., Pichler, S., Bodner, T., Hammer, L., (2011).** Workplace social support and Work-family conflict: a meta-analysis clarifying the influence of general and work-family specific supervisor and organizational support. Personal Psychology. 64: 289–313

[18]. **Neal, Margaret B. & Leslie Hammer (2007).** "Development of a model of work-family coping strategies and advice from couples." In Working couples caring for children and aging parents:

[19]. **Effects on work and wellbeing. (2007).** Newbury Park: Sage Publications. pp. 125-142

[20]. **Ollier-Malaterre, A. (2012).** The enrichment between professional and personal life: Journal and research program. Psychology of Work and Organisations, 18 (2), 160-173

[21]. **Peretti J-M (2019),** La gestion des ressources humaines, Paris: Magnard-Vuilbert.

[22]. **Plane J-M (2019),** Organisation Theory and Management. Dunond, 105-141.

[23]. **Tremblay (2019),** reconciling professional life among nurses, Presses Universitaires de Québec

[24]. **Wiese, B.S., Freund, A.M., & Baltes, P.B. (2000).** Selection, optimization, and compensation: An action related approach to work and partnership. Journal of Vocational Behavior, 57, 273-300.

[25]. **Zabarino, Q. M., & Fortunato, M. (2008).** La conciliazione famiglia-lavoro in Italia e in Europa. Torino: Centro Risorse Servizi, Bureau de normalisation du Québec - BNQ. Work-family reconciliation.URL http://www.bnq.qc.ca/fr/normalisation/ressources-humaines/conciliation-travail-famille.html Accessed on 19 January 2016.