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‘I might have cried in the changing room, but I still went to work’. Maternity staff balancing roles, responsibilities, and emotions of work and home during COVID-19: An appreciative inquiry

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ABSTRACT

Problem: Knowing how to help staff thrive and remain in practice in maternity services.
Background: A chronic shortage of staff in maternity services in the United Kingdom and high levels of stress and burnout in midwifery and medical staff.
Purpose: To understand how to support and enhance the wellbeing of staff in a small UK maternity service.
Methods: An appreciative inquiry using interviews with n = 39 maternity staff and n = 4 group discussions exploring meaningful experiences, values and factors that helped their wellbeing.
Results: Staff members were highly motivated, managing a complex melee of emotions and responsibilities including challenges to professional confidence, mental health, family situation, and conflict between work-life roles. Despite staff shortages, a demanding workload, professional and personal turmoil, and the pandemic participants still found meaning in their work and relationships.
Discussion: A ‘whole person’ approach provided insight into the multiple stressors and emotional demands staff faced. It also revealed staff resourcefulness in managing their professional and personal roles. They invested in relationships with women but were also aware of their limits - the need to be self-caring, employ strategies to switch-off, set boundaries or keep a protective distance.
Conclusion: Staff wellbeing initiatives, and research into wellbeing, would benefit from adopting a holistic approach that incorporates home and family with work. Research on emotion regulation strategies could provide insights into managing roles, responsibilities, and the emotional demands of working in maternity services. Emotion regulation strategies could be included in midwifery and obstetric training.

Statement of significance

Problem or issue:

An increasing global shortage of maternity staff.

What is already known:

Maternity services are physically and emotionally demanding environments. Staff members report high levels of stress, poor mental health and burnout.

What this paper adds

An in-depth understanding of the multiple concurrent emotional and practical demands from work and home managed by staff in a UK NHS maternity service.

Insights into how staff members balance their roles and responsibilities to maintain their wellbeing.

The benefits of adopting a holistic approach to understanding and supporting staff wellbeing.

The need for research into staff emotion regulation strategies in maternity services.

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1. Introduction

The World Health Organization estimates that by 2030 there could be a global shortage of 10 million health workers, mostly in low and middle-income countries [1]. A shortage of 900,000 midwives was already reported in 2021 [2]. Shortages result in increased workloads for existing staff which in turn can result in more midwives leaving the profession [3,4].

National Health Service (NHS) leaders have warned of intolerable pressures on staff [5] including UK maternity services which have a shortage of approximately 2600 midwives [6]. The reasons for the shortage include a lack of government funding and difficulty recruiting staff. Midwives leaving the profession cited dissatisfaction *'with the level of care they were able to give and staffing levels'* [6]. Maternity services also face increasing numbers of women with complex needs, changing protocols, detailed reporting requirements, audits, gap analyses and the need to adapt to electronic systems. In addition, there are underlying emotions that staff need to manage.

Providing one-to-one care for a labouring woman during a 12-hour shift, giving support to anxious parents, debriefing a woman after a traumatic incident, or struggling with the dissonance between ideals and what is possible with staff shortages can be emotionally draining for staff [7]. The UK WHELM (Work, Health & Emotional Lives of Midwives) study, investigating midwives' emotional wellbeing, found that levels of stress, anxiety and depression were double those of midwives in Australia, New Zealand and Sweden [8]. Recently qualified midwives recorded some of the highest scores for stress, anxiety, depression, and burnout [8]. Trainee doctors and obstetricians similarly reported burnout and mental health problems [9,10] with 80% of UK trainees in obstetrics having seriously considered leaving – mainly due to the emotional burden of the speciality [11].

Bullying, horizontal violence, and conflicts between professional groups contributes to low morale, poor mental health, burnout, and staff leaving the profession [3,7,12]. Staff may also experience secondary or vicarious trauma after a traumatic birth, resulting in higher sick-leave levels, poorer care provision, or early retirement [13]. Maternity Support Workers (or Maternity Healthcare Assistants) have taken on increasing responsibilities with more emotional demands [14], while student midwives have likened their training to a 'roller coaster', testing their emotional resilience [15]. There is an urgent need to retain maternity staff, hence, it is crucial to understand how to support and enhance their wellbeing [16,17].

Holism [18] has been an influential concept in the history, philosophy and practice of medicine, nursing and midwifery [19,20]. The principle notion is that (a) to understand the whole it is essential to understand the many parts of complex systems [p3,19], and (b) psychological, spiritual, social, environmental, and physical issues contribute to health and wellbeing. Holism has become a central tenet in nursing and midwifery. In particular, individualised woman-centred maternity care is a holistic approach that challenges the more reductionist medical model [21].

Safe, high quality maternity care requires effective teamworking [22,23], whereby each member has distinct, but interrelated roles that impact on the working environment and colleagues' wellbeing [24,25]. Consequently, this study deliberately included the whole maternity team – obstetricians, midwives, trainee doctors, student midwives, and maternity support workers.

1.1. Research aims

The aim was to identify: (1) key strengths of maternity staff to understand the values and meaning underpinning their work, especially what sustained them through difficult days, and (2) how to nurture these strengths and enhance wellbeing and morale.

2. Methods

The setting was a small integrated maternity service in the South of England with a consultant-led service, home birth team, continuity team and an alongside midwife-led unit. Ethical approval was obtained from Bournemouth University Ethics Committee and the (UK) Health Research Authority.

This study used an Appreciative Inquiry (AI) methodology [26], a strengths-based approach to organisational change [27]. Rather than identifying failings in organisations or teams and trying to fix them, AI focuses on successes and values that inspire and sustain people [26]. It deliberately turns participants attention to possibilities and agency - building resilience and facilitating innovation [28]. AI uses a 4-D cycle: Discovery, Dream, Design and Destiny, and "*is based on the notion that human systems, individuals, teams and communities grow and change in the direction of what they study*" [26, p6]. AI has been used as a research methodology in health (including midwifery) and social sciences as well as a tool for organisational change in business, the military [26,29]. AI can also encompass the more challenging aspects of life and work, enabling individuals to reflexively acknowledge and reframe their difficult experiences [30].

Taken from social constructionism, a key principle of AI is that words have the power to create meaning and instigate change in teams and organisations [26]. Recalling achievements, focusing on the 'best of' and meaning has been found to build confidence, generate creativity and resilience – potentially giving an immediate therapeutic effect [28,31]. Therefore, AI was the obvious choice for this study as staff members were likely to benefit simply from participating.

2.1. Sampling and participants

The researcher (the first author), a former NHS midwife, introduced the study at staff meetings, via word of mouth, and in the maternity newsletter [32]. The study was also endorsed by the head of maternity services. All clinical staff were invited, and information sheets were given to all who expressed an interest in participating. Participants were self-selecting. Thirty-nine maternity staff members were interviewed between September and December 2020, including new and experienced midwives, a consultant, trainee doctors (i.e. below consultant level), student midwives and maternity support workers. Midwives from the home birth team, continuity team, night core and integrated teams participated in interviews. A broad range of perspectives was deliberately sought so that diverse strengths, values, and wellbeing needs could be heard.

2.2. Data collection

Participant agreement forms were signed prior to interviews, which lasted an average of 60 minutes. Most were conducted in person (some online). A couple of interviews were interrupted due to work pressures but were resumed a few days later. To acknowledge the impact of COVID-19 on daily life and work the first question asked was how the last six months (since the start of the pandemic) had been. The Appreciative Interview then invited participants to recall memorable events, how they felt and what they valued about these experiences or their own role. They were encouraged to imagine how this meaningful experience could happen more often and outline steps towards making this happen. Staff were also asked about the things that made a difference to their wellbeing and kept them going when work was tough. Four AI group discussions then continued to explore meaning in work and wellbeing with 20 participants including trainee doctors, maternity support workers, student midwives, newly qualified and experienced midwives.

2.3. Analysis

Interviews and group discussions were recorded (with permission),

transcribed, then analysed thematically mostly by the first author but with some by co-authors to ensure both integrity and reliability [33] of interpretation. The analysis was initially done by hand and subsequently digitalised [34]. Each recording was listened to at the same time as the transcript was read to pick up intonation, humour or sadness, pride or frustration. Similar codes were grouped into categories such as 'tensions between home and work'. During this iterative process categories were checked and refined, meanings were identified and diagrammatic overviews developed [35]. Categories were then grouped into a larger theme such as 'fulfilling responsibilities at home and work'. Initial themes were shared via the staff newsletter, at staff meetings and on social media. Staff members were encouraged to comment, agree, disagree, elaborate, or share their own stories. This was in keeping with the collaborative nature of AI where meaning and sense-making are constructed *with* and authenticated *by* participants [36].

3. Findings

The initial themes focused on the 'best of', what staff valued about their role, what helped their wellbeing and enabled them to cope. After about a third of the interviews were analysed, however, a participant stated*: 'I sometimes think I'm not adult enough for this'*. This statement did not refer to personal inadequacy but a reflection on the immense effort it took to fulfil all her roles and carry on despite painful life experiences. This interview triggered further analysis of staff members' emotions, roles, and responsibilities. This unexpected finding became the underpinning theme reported in this paper. Seven themes emerged: 3.1 Sustaining and rewarding emotions 3.2 Professional ideals 3.3 Emotional investment 3.4 Professional confidence and mental wellbeing 3.5 Conflicting demands (home/work) 3.6 COVID-19 and 3.7 Strategies staff used to cope. (See illustration below).

In an early interview someone asked if she could talk about her family, since several challenges had come at the same time in her personal and professional life. It became clear that to get a picture of someone's wellbeing it was important to involve both home and work in the conversation. Following this, everybody was invited to include home if they wished. Although not everyone chose to mention their private lives, for some it seemed helpful, even therapeutic.

3.1. Sustaining and rewarding emotions

All staff talked enthusiastically about their roles. Many spoke of the privilege of supporting women through their pregnancy. Some recalled the reason why they had chosen their profession or aspects of their role they especially valued. They recounted stories that epitomised what their profession or work meant to them – the emotions and meaning that sustained them. A midwife explained:

> I absolutely love getting to know women being there for that special moment – I feel really privileged.
> Midwife IDI 13

Several midwives talked about their close reciprocal relationships with some women. One midwife talked about *"giving myself to the women"* and explained her very porous boundaries between home and work. This would not work for everyone, she acknowledged, but it was what she wanted. Many spoke of the one-to-one care during childbirth and the wonder that they still felt – even after many years.

> … you're just down to humans being with humans, sharing what could be the most poignant part of their life. And to be active, proactive, and helpful – it's a massive privilege. You've got your scientific world, cultural world, but within childbirth there is still a bit of the unexplainable that makes you tingle a bit, it's interesting, diverse… all of that concentrates into this one moment which is also a bit magical… there's nothing else like it.
> Midwife IDI 11

Midwives were sustained by their love of midwifery, and the sense of achievement that after years of study they had realised their dream. "*When they told me it was hard to get onto a midwifery course and that I wouldn't make it, it made me more determined"* one explained laughing. A recently qualified midwife described the challenging months she had just had – both at work and home. She concluded that she had just been surviving. She had always wanted to be a midwife:

> And definitely, no matter how hard it gets I would never ever do anything else. It's exactly what I feel like I'm called to do… I do feel absolutely that I'm in the right role for me.
> Newly qualified midwife IDI 22

This did not negate her tough start, however, this strong sense of having found her calling was helping her to withstand the day-to-day difficulties.

The maternity support workers had more time than other staff to support new mothers. They noticed those who were struggling, listened to women and did things that made people feel cared for. They loved this part of their role. Doctors spoke of role models who continued to inspire them and their pride in overcoming disadvantages, their achievements, and aspirations.

Several midwives and a student midwife shared their experiences of caring for women facing the loss of a baby. Although extremely demanding professionally and emotionally, they explained that this day stood out – because despite the tragedy they felt they had made a difference.

> Regardless of the situation, if you can make it just slightly better… that's really satisfying… [I] feel like my life has meaning, like I'm living a meaningful existence. And I think that one day I'll look back and be proud of the choices I made.
> Midwife IDI 11

Staff of all cadres felt 'privileged' to work in maternity services.

3.2. Professional ideals

Participants spoke with enthusiasm about the quality of care they wanted to give and about *'living up to [their] own standards'*. Midwives and doctors had aspirations for women and maternity services - as well as wanting to continue learning and improving the quality of care.

> So, it's about continually improving your practice… improving outcomes, saying what could we do better and how we could improve things?
> Midwife IDI 7

A doctor shared some of the changes that had been instigated for a vulnerable group of women. She explained,

> I'm really proud of what we have achieved… that we can offer so much more [to women]
> Doctor IDI 2

Many other staff showed enthusiasm and passion for the standard of care they wanted to give, as one explained:

> It's being able to care for women in the way that they choose. That matters a great deal to me.
> Newly qualified midwife IDI 22

It was apparent that staff members were not driven by guidelines or protocols but rather by deeply held values. Hence, they were unlikely to need pressuring into 'trying harder' as they had intrinsic motivation. One midwife said that the moment she started her shift – "*I'm just me"*. Midwifery was not simply a job. There was something deeply authentic

about her professional role - she felt like herself and loved her work.

Staff aspirations for women and new-borns were at times, however, frustrated by the constraints of workload or staffing, which distressed them – even when it was for reasons beyond their control such as staff shortages.

> I just reached a point where I felt I was failing, the things that were happening to women weren't my fault… I just wanted more for them.
> Midwife IDI 13

Another midwife explained:

> If I do something and I don't feel it was good enough I berate myself for it.
> Midwife IDI 23

Several midwives talked about the need to be authentic in their care. One midwife explained this was vital, and it made her a safer midwife.

> I promised myself that… if I cannot genuinely care… if it gets to the point in midwifery when I am not genuinely feeling it for whatever reason, if I'm faking the empathy and kindness, I don't think I'd be as safe… that's the time [to go].
> Midwife IDI 11

3.3. Emotional investment at work

Many midwives, student midwives and maternity support workers talked about the close relationships with women, their emotional connection and sense of responsibility, which made it difficult to switch off. One staff member explained:

> I care… a lot. Maybe too much… I really want the best for my patients and worry about them endlessly and I want to make sure they get the absolute best possible. So, I think that's a good thing. Maybe if I could take it home a little bit less, that would be nice!
> Staff IDI 34

Newly qualified midwives found it particularly hard to switch off from work and said they sometimes spent their days off worrying about something they'd done or their next shift.

> You spend your days off worrying about what you did or didn't do and what you are going to be faced with on your next shift!
> Newly Qualified Midwife IDI 22

Another midwife had been very concerned about how a woman's labour had progressed:

> I went to see her at home on Thursday - she was really thankful, and we both just literally sat and cried together. We spoke about the birth and things. It was quite moving – actually, for her it wasn't as bad as I thought.
> Discussion Group 3

Several midwives explained how difficult it was to switch off after adverse events. This included labour ward co-ordinators.

> You're constantly reflecting, beating yourself up, could I have done better, different?
> Midwife IDI 23

Staff also talked about the experience of supporting families through pregnancies and childbirth where there were poor outcomes, these were 'awful moments'. Working though their own emotions, trying to process the events, reflections, and grief could take months or longer.

3.4. Professional confidence and mental health

Under the surface staff were managing other challenges. Many newly qualified midwives talked about the challenge of developing their professional confidence and how hard they found the first few months. Others were not sure if their professional practice was 'good enough' or what people thought of them. A midwife qualified for nearly a decade said she had finally felt confident in all areas of the integrated service. Some staff had struggles with stress or anxiety – especially when pressures at work compounded existing mental health issues, or when major life events coincided. As one explained:

> I didn't realise that everything else was going to snowball at the same time. I developed quite a lot of anxiety… I went to get help. I'm now medicated and I have ways of dealing with that so that's been really useful.
> Staff IDI 20

A midwife who had recently completed her preceptorship said:

> You go home and think did I give that drug? You're constantly questioning what you've done and whether you've done it right.
> Midwife IDI 19

The professional responsibility was felt keenly by the midwives and doctors. One midwife talked about her underlying fear:

> Some days it's really challenging and you think 'if I'd chosen a different career path, [I] wouldn't have that fear factor… always that fear in the back of your mind that something could happen… you're making on the spot decisions in very challenging emotional situations, that you could lose your registration - everything you've worked so hard to achieve [could be] gone
> Midwife IDI 24

Even a midwife who said she functioned at her best in a crisis explained that she was meticulous and highly organised to control the anxiety of litigation.

This was a heterogeneous group of staff. Some thrived on adrenaline, unpredictability, and were quickly bored with routine and 'normal'. Others thrived on routine and predictable days. Finding the 'right' area of work and pattern of working for their own personality and strengths, as well as developing strategies to switch-off appeared to contribute to their mental wellbeing.

Being a maternity co-ordinator carries additional responsibility. "*No one knows what it's like until they actually do it*" one commented. It was satisfying when they created a good work atmosphere or managed a tough situation, one co-ordinator (IDI 16) explained, "*when you have managed an awful situation well, you took control and got a good outcome it does give you a buzz*". Even those who acknowledged their capabilities, however, admitted to worrying about what others thought of them:

> You try and you do your best but sometimes, we're only human… sometimes your best isn't good enough.
> Maternity shift co-ordinator IDI 16

Another explained that:

> Everybody expects you to be OK all of the time, there is an expectation from above and below that you are steering the ship – but it can be difficult as you have your own thoughts and feelings… your own life too.
> Maternity shift co-ordinator IDI 29

One co-ordinator used the swan analogy – that whatever was happening at work (and inside) she created a calm positive environment.

> It's when you walk outside after the shift… fresh air hits you and the overwhelming feeling of 'that was a tough day'… It's like the sense of responsibility has left me so I can let go and not be my swan right now - I can just be me and let whatever's built up in me go.
> Maternity shift co-ordinator IDI 18

3.5. Conflicting demands between home and work

In addition to the demands of their professional life the participants, mostly women, had other responsibilities. This was challenging. It required careful organisation and at times it created tensions with family.

"*You have to be highly organised"*, one student midwife explained, "*it's the only way you can manage"*. She was a single mother who had to organise childcare, study, full-time work on placement and support a seriously ill family member. Such personal challenges also included, as one midwife explained, "*the emotional side of what's going on at home"*. This midwife talked about the guilt she felt leaving her small children when they were sick or on Christmas Day. Another midwife's daughter kept track of her on-calls:

> Probably the worst is my daughter tells me "*So you've had 11 on-calls and you've been called out every time!"* And then I'm texting her going 'I'm not there for tea, go to nanny's, go to…' hoping that she looks at her phone and she's only [young]… she's got to be *that* responsible to check her phone where she's got to go for tea… that's quite hard I would say as a mum.
> Midwife Discussion Group 3

Another staff member with caring responsibilities at home talked about the pandemic: *"personally I've been quite torn between here and home"*. Staff were trying to be there for loved ones but also be the very best that they could be in their professional roles, for example:

> It only takes one thing, one woman that needs a lot *more*… which is stressful in itself. If you've got commitments at home, childcare issues, and things… I remember always struggling to finish the day and thinking 'Oh, my God, it's that time. and I've still got to…'
> Midwife IDI 24

Another midwife recounted a recent home conflict in a group discussion:

> I had a little incident with my husband… I'd had a horrendous shift and worked till midnight. I… phoned [my husband] earlier in the evening and said I'm not going to be home for a couple of hours probably. And the response was "*Right, OK, see you whenever"* and he put the phone down. Well I was *furious***,** we'd had an awful day [at work]… I was like, I just can't believe he said that.
> Midwife Discussion Group 3

Many reported similar experiences with partners. So, in addition to the physically and emotionally tough shifts some then had to justify to their family why they were late home or working extra or they were accused of being 'a bad Mummy'. *"You're always feeling 'Mum guilt' about something!"* one midwife explained.

A student midwife said:

> It's been a struggle for all of us [students]. And I can massively see how families break down because of it… even on your days off you're writing something - you're still working.
> Student Midwife Discussion Group 4

Some participants were caring for children with special needs or chronic sickness, elderly parents, or terminally ill family members. Others were moving house, dealing with their own health issues, acrimonious relationship breakups or personal bereavements. Some had experienced multiple pressures at home that coincided with traumatic events at work. Some struggled with professional confidence. Others had complications during their own pregnancies and work brought painful reminders. Some had needed time away from work and then returned stronger. Overall, staff carried on working, still focused on providing the best possible care to women. Furthermore, several said they wanted their tough life experiences, disadvantaged background, or losses 'put to good use' through their work.

3.6. COVID-19

The pandemic put pressures on staff who had to adapt to cope with its impact on their work and families. A midwife explained how she had struggled with personal protective equipment (PPE):

> I found the PPE really difficult… it really distanced me from women… put a barrier between me and them… I feel that we are letting women down because I don't think that they are getting the care that we've always given them before.
> Midwife IDI 13

Staff explained that COVID-19 had damaged relationships with women because of challenges in communication due to masks, fewer in-person visits, remote support and partners being denied attendance at some appointments. These negative effects on women affected staff deeply. As a doctor explained:

> It's horrible, to be put in a position where women feel like they are trying to fight us for the right to bring their partner [to appointments]. We would love to be able to involve their partner, but the national guidance meant that we weren't able to and that was really hard. This has been a difficult period for maternity staff not only having to deal with hostility and confrontation but also having to adjust their practice and adapt to new ways of relating and caring that was at times far from the standard that they longed to give.
> Doctor IDI 2

The overall impact of the pandemic on staff was mixed. Some were philosophical about it, for example appreciating the ease in traveling on quieter roads and were irritated by others' anxieties. Many talked about their fear of COVID-19 at the beginning of the pandemic - feeling powerless to protect themselves because of the NHS's initial refusal to let staff wear masks. They were frightened that they would contract COVID-19 at work and infect their family. Some looked into the science, thought critically about the way that things were being managed and felt great anxiety, anger, and a sense of betrayal from the NHS. This constituted an "*abusive relationship*", one midwife concluded, a form of *"gas lighting"*. It altered their sense of loyalty and pride in working for the NHS. Some participants thought about retiring early. Others, however, trusted that those in charge were doing their best. Even among those who suffered the most from fear and disillusionment, their inner obligation to keep the service going prevailed. One midwife felt trapped between her fear and urge to protect her child from COVID-19, her need to work to provide for her family, and her loyalty to women who needed her. *"I might have cried in the changing room, but I still came to work"* she said.

Those in leadership roles faced the additional challenge of supporting their team. They were often unable to give answers. They had to deal with different personalities and emotional reactions, as well as growing staff shortages. A couple of co-ordinators explained they had to put aside their 'rebel tendencies' and set an example by being resolute. "*This is what the rules are – let's get on with it"* one regularly told her team.

Many staff had children at school or cared for grandchildren. Some had vulnerable family members. COVID-19 disrupted the delicate balance of their lives as they struggled with decisions about whether to let children go to school or play groups and how they were going to manage without their childcare. Others were helped by partners at home who

were furloughed.

The lack of social support and interaction during COVID-19 was particularly hard for staff without partners who went home without anyone to talk to. Also, participants were unable to enjoy the things that normally helped them unwind – socialising, concerts, theatre, travel. Those with families at home said this helped them to switch-off. The isolation was particularly hard for newly qualified midwives without support. Chatting to peers via social media such as WhatsApp groups became a 'lifeline' for some.

3.7. Strategies to switch-off and maintain wellbeing

Staff were aware they needed to take responsibility for their own wellbeing and employed different strategies to stay well. "*I used to give my all trying to prove myself*" one midwife explained, "*I hit a low, now I'm very self-caring, I go to the loo, take breaks…*" Another explained that [sometimes you need to say] –'*actually I need to go home now…*' [after working overtime].

Staff had different strategies for switching off after work such as long-distance running, walking, craft activities, reading, soaking in the bath, writing fiction, binge watching box sets, venting to colleagues, drinking wine, eating chocolate, and sleeping. The drive home helped many to switch into their other roles, as a midwife explained:

> My drive home is my time, I talk to myself, sing, think about the day… the moment I pull up on my drive I forget everything at work (sometimes I can't)… then I'm in mummy-mode, housewife-mode, wife-mode. I've learnt to do that and it's so good I think!
> Midwife IDI 17

What was important, participants acknowledged, was finding something that worked for them and recognising when they needed help. Keeping work and home very separate was important for many, for example:

> I'm a massive advocate of work and home life balance. I keep the two very separate. I'm a big believer in when… you need to switch-off, you need to walk away from the role. It's a massive responsibility and actually when you need to walk you need to walk!
> Midwife IDI 29

One midwife explained she sometimes got the balance wrong. "*You're always going to hit low points where you don't feel you're doing so well at home or… at work and have to adjust*".

For others taking care of oneself was learning to set boundaries. This student realised the protective value of setting emotional boundaries with a woman in her care:

> I want to fix things… you can't always fix everything; you can just do the best you can do… I valued the opportunity to form a trusting bond with her… but it's also good for me to learn about setting boundaries, knowing that I couldn't look after her forever.
> Student Midwife IDI 20

Staff explained that caring deeply was a core part of working in maternity services. This required them to process the emotions that come from connecting so closely with the emotions of others. A midwife who had recently supported a woman losing her baby explained:

> Emotions do filter onto you… sometimes you need to come out [of the room] and let it out, and then you're fine… I'm not a robot.
> Midwife IDI 7

Staff also needed to process personal pain. Focusing on work and making a difference to others was cathartic and meaningful for some:

> It's been a horrible year… lots of deaths in the family… too many to count. It's been really quite a tragic year and not being well myself and losing my own baby, it's been rubbish… so [I've] something to do to make some good out of all the horrible things that have happened.
> Staff IDI 34

Being part of a cohesive, caring team with a shared goal could help that process, one maternity support worker explained:

> I value that everybody may have problems [but] they come to work and we all become a team. We more or less forget what's going on outside and we concentrate [on work]… people are caring [towards each other], management will ask 'have you had a break yet?'
> Maternity support worker IDI 32

All staff groups said that having colleagues they could debrief with after a tough shift was vital.

> Support comes from your colleagues, being able to talk something through with somebody who understands the situation and what you've been through… I rely on my colleagues.
> Midwife IDI 21

Staff were also sustained by their families, the joy of knowing that they were proud of them. Some hoped that they would be an example to their children and show them that they could do anything in life if they were determined enough. When asked what they were proud of, many said it was their children. When viewing work, in the context of their whole life, it was family that meant everything.

Overview of findings

Fig. 1 gives an overview of the study findings. It portrays the complex interconnected issues and the whole person concept, incorporating the seven themes – not as discrete entities but as interconnected, multifaceted, fluctuating aspects of the whole person.

On the left side of Fig. 1 are assets, or strengths – the 'best of' work or home. These were the things that inspired staff, such as being active and highly competent in supporting women and caring to the highest professional standard. These themes represent deep fulfilment where roles connected with values and created a sense of making a difference. The midwife who 'cried in the changing room' found courage to come to work because of her professional commitment and her love of midwifery; the newly qualified midwife's sense of calling and meaning overrode her difficult start.

In the overlapping section are sustaining, rewarding emotions and relationships. This includes not only meaningful connections with women but also relationships with colleagues, family, and friends. This is also the strength of having colleagues who understand, to whom you can offload, and a team that works together to find solutions when something isn't working. And home, at its best, consisting of significant relationships, affirmation, support, and comfort.

On the right side of Fig. 1 are stressors – challenges that deplete staff resources, physical, psychological, and emotional. It includes professional ideals that could not always be achieved and resulted in staff berating themselves, as well as the emotional demands that could be draining. Of particular importance is the area of overlap when difficulties at home and work occurred at the same time. It exemplifies when work events undermined a midwife's professional confidence at the same time as they were having challenges at home or, when working extra hours to support the maternity service put tensions on relationships at home.

There were positive and negative elements to several of the themes. The emotional investments and the demands were a rewarding and meaningful part of the work but could also be overwhelming and draining. This was especially intense when combined with a sense of

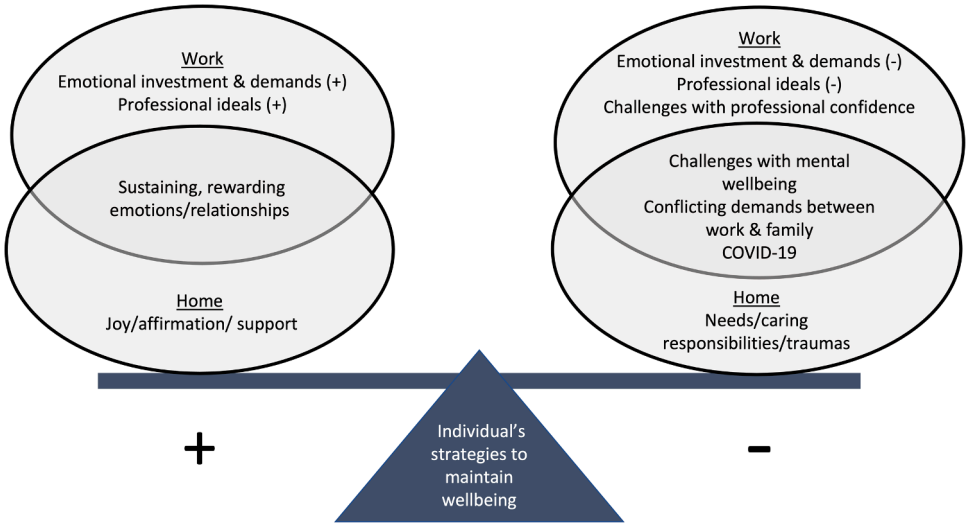

Fig. 1. Maternity staff maintaining wellbeing - balancing roles, responsibilities, and emotions.

having failed to give quality care, such as not being able to spend enough time with a new mother struggling to breastfeed, or when midwives felt unable to practise midwifery as they wished.

Fig. 1 does not represent a static situation but one of constant motion. Our findings suggest that staff worked, consciously and unconsciously, to maintain the balance and to stay well. They used strategies to help unwind and switch-off from work, they recognised when an incident was troubling them and needed discussing with colleagues or managers. Staff sensed when they were depleted and needed to say 'no', or to increase/reduce their hours to get the balance right. Staff were invested in their professional roles while they were also invested in their multiple roles outside work. Both areas gave them a sense of living a meaningful life. Wellbeing appeared to consist of managing and fulfilling all these roles.

4. Discussion

Despite the workload, challenging shifts, and the added pressures of the pandemic many staff members were still inspired by the meaning found in their work. As reported elsewhere it was important for staff to care for women to their own high professional standards [7]. The relationships with pregnant and childbearing women were emotionally demanding but also rewarding [7]. Supportive relationships with colleagues were helpful for wellbeing [24,37]. What this study adds is insight into the cumulative emotional and practical demands that maternity staff face - challenges with professional confidence, their own mental health, what was 'going on at home' and tensions between work and home. It also demonstrated that staff were self-aware and proactive in employing strategies to maintain their wellbeing. In addition, this study demonstrates the value of taking a holistic approach to understanding and supporting staff wellbeing.

4.1. *Appreciative Inquiry*

At first glance some findings may appear incompatible with AI. Our findings reveal the day-to-day challenges of staff as they embrace the highs and lows of their lives as mothers, partners, health workers, daughters, grandmothers, or students. This intimate picture reveals the joys and struggles under the surface as well as the practical challenge of juggling all these roles. These quotes are a small part of conversations that focused on the 'best of', what made a good day, or meaningful experiences. There was no attempt, however, to pressure participants to only talk about positive things. If they needed to talk about difficulties, they could. This was part of the deep storytelling and listening that was necessary to get to the heart of what motivated and sustained them, to reflect on the source of their courage and determination, and the things that helped their wellbeing. All staff demonstrated remarkable strengths, which can only be understood by knowing the complex dilemmas and challenges that they faced. AI honours the lived experiences of participants, embraces the potential hidden or supressed in the 'shadow side' and provides the possibility 'to learn from painful or difficult experiences' [38, p231]. As conversations continued participants were encouraged to identify what they were proud of. For some, simply 'not giving up' was recognised as something to be celebrated. For others the relief of 'saying it', being listened to and validated helped them re-engage with their passion and hopes for the future.

Many of these struggles will not be unique to this group of staff. They are part of being a working mother or parent. We suggest, however, that the intensity and responsibility of working in maternity services (or similar specialities) and the high functioning attention to detail that this requires for long shifts can be a particular challenge to wellbeing especially when there are challenging situations at home.

This idea of balance and wellbeing (as portrayed in Fig. 1) has much in common with Dodge et al. [39] who defined wellbeing as the fluctuating state between challenges and resources that focuses on a state of equilibrium that can be affected by life events. Our figure differs in that our pivot point is the place where self-awareness and reflection prompt the employment of strategies to maintain or redress the balance. This concurs with a study of student midwives who described the roller coaster of emotional highs and lows and the practical need to juggle and balance childcare, placements and social life [15].

Hayward and Tuckey [40] explored the strategies nurses employ to regulate their emotions to meet both work and personal goals. They found that professional and personal experience gave the nurses the competence to intuitively assess their inner resources against the situation and regulate their emotional boundaries to create a protective distance or to develop a connection that also helped to refuel their emotional reservoirs [40]. These emotionally 'distancing and connecting' mechanisms [40, p1518] resonate with the intense, demanding but rewarding relationships between women and maternity staff in our study. It is evident in the student midwife who acknowledged that she could not fix everything and prepared herself to let go of the woman she had supported throughout pregnancy. Although our study did not explore emotional regulation per se the complexity and dynamism of emotions that staff managed simultaneously suggests that they too were adept at regulating emotions to support their mental wellbeing, sense of achievement and self-esteem.

The concept of 'emotional labour' and 'surface or deep acting' [41] is

often used in the analysis of emotional demands in the workplace [7,42]. Our findings concur with the critique of Bolton [43], however, that although useful, on its own this concept is unable to capture the complexity of emotions at work. Displaying emotions congruent with the needs of everyone is an inherent part of professionalism for healthcare providers. We suggest that midwifery and obstetrics are roles infused with meaning and personal values that form part of staff member's identities in a similar way to their other roles such as partner, child, and parent. Several midwives explained that the day they stopped genuinely caring would be the time for them to leave. Being authentic was the only way they could do their jobs. It was part of the meaning of 'being with woman'.

The reflections of staff contained deep striving to live a meaningful life. Embracing challenges, investing in relationships, learning, and developing clinical skills are ways of working and living that are congruent with inner values. This has much in common with the eudaemonic (conducive to happiness) tradition of the concept of well-being that is concerned with living well, achieving satisfying relationships and fulfilling one's virtuous human potential [44]. Staff in our study described lives that included challenges and inner turmoil, but they also talked of bringing good out of personal pain. They spoke of difficult shifts as they supported women through the loss of a baby and how that day 'stood out' because they knew that they had made a positive difference. Similarly, a study of emotional regulation in nurses found that emotional connections with patients even in challenging situations inspired and energised staff, building their self-esteem [40]. In addition, staff talked of having an inner sense of doing what they 'felt called to do,' a feeling of 'being themselves' in their professional roles. This resonates closely with the wellbeing notion of 'living as one was inherently intended to live'[44, p2].

4.2. The holistic perspective

Traditionally there has been a notion of professionals separating home and work ('not bringing their problems to work' [45]) to ensure the quality of work and to help individuals switch-off. The "*emotional side of what's going on at home*", however, was unlikely to vanish from consciousness for any length of time. Having a difficult shift affected staff members' home life and sleep. Similarly, we suggest difficulties at home inevitably affect staff at work. The study of how nurses regulate their emotions, recognised that their personal lives impact upon their energy levels and ability to deal with emotionally demanding work situations [40]. In other words, 'demands from home and work are interlaced' [40, p1515]. High levels of work-home conflict are stressors for midwives and doctors that contribute to poor wellbeing, and decisions to leave the profession or emigrate to work elsewhere [3,24,46,47]. It was cathartic for many staff to bring their 'whole selves' to the interview, as they rarely had time for such reflection. The interview gave some an opportunity to see their life as a whole, identifying where the pressure points were and what brought them joy or fulfilment. They recognised where adjustments were required to enable the scales to tip a little more towards thriving as opposed to surviving [48].

Our findings suggest that, in addition to the holistic values embedded in the care of childbearing women, the wellbeing of midwives and all maternity staff would also benefit from a holistic approach. A holistic approach would not require managers to undertake lengthy conversations about all aspects of staff members' home and work lives or assume responsibility for offering support. Managers, however, do have a vital role in ensuring that there is well-advertised provision for staff wellbeing conversations, and that participants know that they can include any aspects of their lives. Our findings suggest that providing a safe, reflexive space can help staff find their own way through challenging situations. In addition, health executives have a role in developing family-friendly work environments [47]. Managers can then work with staff to find creative, flexible solutions when temporary adjustments need to be made to work-life balance. Furthermore medical colleges also need to promote work-life balance as an important strategy to prevent and manage burnout among obstetric trainees and consultants [49].

5. Strengths and limitations

This is the first study of its kind in UK maternity services since the start of COVID-19. It is likely that staff members who volunteered to be interviewed were already motivated to care for their wellbeing. In addition, the study was conducted in a small maternity unit which increases the likelihood of better relationships and effective team working [50]. AI gave participants a rare opportunity to reflect on their work and values. This became a therapeutic wellbeing intervention for some staff under stress.

6. Conclusion

The key strength of this maternity service was the staff. Despite the pandemic, staff still found meaning and passion for their roles, and pride in making a difference for women. They were determined, committed to high standards and doing everything possible to achieve that for each woman. This study threw unexpected light on the complex world of staff emotions and their resourcefulness in managing competing roles and responsibilities. They tried to care for themselves by finding ways to switch-off and to (re)adjust their work-life balance. They tried to listen to themselves and be aware of when they needed to set boundaries or to say no or to debrief with colleagues. The opportunity to reflect on their values and meaningful experiences, as well as examine their lives as a whole, was therapeutic for some.

With the continuing pressures on maternity services, it is vital to find ways to support staff wellbeing. Our findings suggest that including the whole person perspective in wellbeing conversations, rather than only the 'professional persona' will help staff reflect and assess their lives better and enable managers to be more effective in understanding and supporting staff.

We recommend a holistic approach to research on staff wellbeing. A larger study on emotional regulation strategies could provide the basis for training and education programmes. A holistic approach could deepen self-awareness and reflection, initiate conversations about the importance of practical strategies to manage roles and responsibilities, and mitigate the emotional demands of working in maternity services.

Ethical statement

This research was approved by the Health Research Authority (Reference Number: 20/HRA/3228; Date 15th July 2020). All participants provided verbal and written informed consent.

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CRediT authorship contribution statement

EvT & SW: Funding Acquisition, Validation, Analysis, Writing – review and editing RA Conceptualisation, Methodology, Investigation, Analysis, Writing - original draft. PM: Investigation, Validation, Analysis, Writing – review and editing All authors read and approved the final version.

Conflict of interests

One of our authors Professor Sue Way was until recently an associate editor of Women and Birth. Professors Sue Way and Edwin van Teijlingen are both peer reviewers for this journal. There are no other conflicts of interest to declare.

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