Portfolio Volume 1: Major Research Project

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Laura Selema

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God be the glory, great things he has done!

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Abstract

Women encounter many transitions following the birth of a child and on return to work. Whilst there have been studies exploring women's return into the workplace, a literature review revealed limited research into trainee clinical psychologists' experiences of transitioning. This study aimed to explore trainees' transition from maternity leave back into clinical psychology training. A qualitative design using thematic analysis was employed. Twenty trainee clinical psychologists who had returned from maternity leave and were currently studying on a doctoral clinical psychology course were recruited. Three primary themes emerged from the data: (1) Weathering the storm: motherhood and work, (2) Learning through the experiences of motherhood, and (3) Fighting injustice. The findings highlight a need for increased provisions to support a smooth transition back into clinical psychology training. Provisions include providing a strong support framework, better return to work practices, and tackling cultural and systemic barriers impacting trainees' return process. Clinical implications and specific recommendations are drawn from the findings with suggestions made for future research.

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"What is needed is a woman's language, a language of experience. And this must come from our exploration of the personal, the everyday, and what we experience".

—Michael G. Garko, Psychology of Women Quarterly

The first aim of this chapter is to define some key terms used throughout this report. In addition, the term *trainees* will be applied when referring to trainee clinical psychologists. This will then be followed by an exploration of my personal relationship to the specific topic area and epistemological position for the conduct of this research.

An overview of the changes in the historical, social, cultural, and political contexts that influence women's experiences of motherhood and employment will be discussed.[1] I will then explore women's experiences of transition from maternity leave back into work,[2] with the latter being the focal point of the systematic review. The aim is to critically evaluate what is understood from the existing literature. This chapter will conclude with the purpose and rationale for the present study.

Key Concepts

Maternity Leave

Between the years of 1974–79, there were two key employment Acts passed by the UK Labour government that have had a profound effect on expectant mothers' employment (Gregg et al., 2007). The Maternity Leave Act provided a period of paid leave after childbirth and the Right of Reinstatement provided a mother's right to return to her previous job after a

[1] Work and employment are referred to as different concepts in this paper. Employment is regulated by contractual arrangements with financial benefits while work has been conceptualised as a 'dichotomy of public paid employment and private unpaid labour' (Taylor (2004, p. 29)

[2] Although this research primarily focuses on women and maternity leave, it does not disregard nor reject other forms of parental leave including paternity leave and their experiences of transition in this context.

period of unpaid leave. These also coincided with social and economic changes in maternal employment in the UK (Fagan & Norman, 2012).

Transition

Transition is a psychological process that includes elements of process, the readjustment of self and relationships, time span, and perception (Meleis, 2010). Transition can be conceptualised in many ways: from holding both the continuities and discontinuities in the life processes of human beings to the noun meaning 'to go across'; moving from one state or condition to another (Meleis, 2010). The purpose of this research is to focus on transition as a stage of change and people's experiences of it.

Relationship to the Study

My relationship to the study grew following my own experiences of transition from maternity leave back into clinical psychology doctoral training. It was through my own journey where my curiosity emerged to explore what it was like for other trainees going through a similar process. Given the timing and length of clinical training and the high prevalence of female psychologists in the profession, I was surprised by the struggles, inconsistencies, and impact I experienced on my return and the variability of support given to other trainees on similar courses. I soon started to hear about the challenges faced by trainees around the issue of pregnancy and parental leave (Cynkar, 2007) and I was struck by how little research there was in this area. Had I not experienced the process of returning to training following childbirth, this topic may not have resonated with me so much.

Epistemological Position

Critical Realism

From the onset of preparing this research, it was important that I not only considered the ongoing challenges for women on maternity leave and their return to work, but also that I conduct research that is closely aligned to my own personal values of open-mindedness,

efficiency, and reliability. For this reason, I took a hermeneutic position which explores the meanings of human experiences with specific attention to context. I also look at how these meanings exist and the perceptions and reasons behind them (Ferrarello, 2015). A hermeneutic approach focuses on using language to illustrate participant experiences, tailoring this research towards a critical realism posture (Potter & Wetherall, 1987; Price & Martin, 2018).

Critical realism is rooted in the study of ontology, the study of a real world and being existent. During the 1970s Roy Bhaskar advocated a critical realist approach, recognising that there are different views, experiences, interpretations, and meanings of existence across time and place (Joffe, 2012). It also recognises that humans take both into consideration and decide what they believe is true about the world they live in (Bhaskar, 1986). Human life is not a closed system and so a critical realist position rejects the idea that 'universal law relationships' will be discovered in human science or that something has an existentially intransitive reality (Bhaskar et al., 2017, p. 42; Price & Martin, 2018). I acknowledge the existence of reality but do not assume its certainty and therefore the data and meanings raised in conversation were analysed based on my understanding and funnel of experience brought to this topic.

The Use of Language

This research is written in the first person. This provides me with the opportunity to present this research and its findings in a meaningful way to its intended audience. A first-person account facilitates a story-telling process by allowing me to remain curious and gather my own perspectives on what is going on. I am also able to depict my research journey and the processes that follow. I have upheld reflexive principles throughout including transparency, trustworthiness, commitment, rigour, impact, and the importance of analysing the data (Yardley, 2000). Language provides an 'inside' to social life (Bhaskar, 2016, p. 57).

This is consistent with a critical realist position and meets standards when evaluating qualitative research (Denzin & Lincoln, 2011).

Contextual Overview

This next section provides a brief overview of the historical, political, cultural, and social contexts of women's involvement in the labour market, including a review of women's employment rights and working entitlements.

Historical and Cultural Context

'A women's place is in the family home'

Prior to the 19th century, childbearing and child rearing were vital determinants of a woman's life course and this was strengthened through social and cultural narratives of what was expected of women (Pugh, 1992). Throughout most of western history, women were seen to have a natural maternal modesty, poise, gentleness, warmth, and delicacy (Walsh & Wrigley, 2001). Women informed how others perceived the family, and deviation from the way they should present themselves brought shame to the family.

This separate sphere ideology meant that women were largely confined to the home to be a good wife and mother, especially if they were married. In the same period, women were unable to vote, exercise control over their children, conduct business, or have access to education (Brunell & Burkett, 2020; Pugh, 1992). In contrast, public life was reserved for men, who were able to move freely within the public domains; women did not have the same opportunities. It is important to note that these restrictions for some women still exist in parts of the world.

Shifts in Women's Employment During the 20th Century

The 20th century brought about significant changes to women's traditional roles and their participation in the labour force, with numbers of working women accelerating sharply following World War II (Walsh & Wrigley, 2001). This involved a social and cultural shift,

with women demonstrating their capabilities to balance family life with working; that is, floating between the public and private spheres. In addition, women acquired more recognition for their roles, and this was strengthened following British women's call to take on higher skilled tasks such as mechanics, whilst men served in the war (Milkman, 1987).

These changes led to expectations shifting from women having children and household duties, to simultaneously juggling the demands of work and motherhood (Simon & Landis, 1989). However, and despite increases to women's dual commitment, women's 'double burden' experience was rarely considered nor meaningfully addressed especially in relation to childcare. This was the start of major social and political reforms to women's rights and equal opportunities within society.

Political and Social Context

Start of Policy Changes

By 1944, the Education Act was set up to increase democracy and reduce inequalities. From 1945 onwards, there were calls from the British people to improve and reform millions of lives for a better future. By 1951, approximately 88% of men and 33% of women engaged in waged work and this sharply accelerated over the following years (McIvor, 2013). From the 1970s onwards, the employment rate for women had risen, and women's participation in the labour market increased.

Feminist Movement

The history of feminism in Britain can be described through a wave model (Whelehan, 1995). The first wave occurring in the late 19th and early 20th centuries with a focus on women's legal rights, including the right to vote; the second wave in 1960s and 1970s known as the Women's Liberation Movement (WLM), and this progressed equality in the workplace and in marriage (Pugh, 1992). The third wave, from the 1990s onwards, was a critique of the Movement that it focused on white middle-class women, ignoring issues of

diversity and diverse experiences. It is beyond the scope of this paper to explore the waves in detail, but the second wave is most pertinent for this study as it recognises a shift in women's roles within the home and workplace.

Transforming Laws: UK Context

The second wave led to a combination of economic and technological growth and social and policy changes that took place in Britain over subsequent years. The strength of Women's Liberation contributed to the transformation of institutions and through the passing of landmark laws (Binard, 2017): The Equal Pay Act of 1970 which came into force in 1975; The Employment Protection Act of 1975 which protected pregnant women's maternity leave and pay; and The Sex Discrimination Act of 1975 intended to promote equality and provide opportunities to both sexes. These led to the establishment of the Equal Opportunities Commission aimed to ensure grievances were permittable in case of unequal treatment.

By 1979, changes to statuary pay led to increases to women's employment and participation in the labour market, a decline in the amount of time women spent away from work after childbirth, and an increase in women seeking or remaining in paid employment (primarily part-time work) (Gregg et al., 2007). This coincided with the demands of women's labour market participation, a shift in women's roles, and the continued growth of the women's movement, women's rights, equal opportunities, and equal treatment (Fagan & Norman, 2012; Gregg et al., 2007).

Maternity Leave

History of Maternity (and Paternity) Leave in the UK

In 1948, a non-job-protected policy allowance was introduced for 13 weeks, which increased to 18 weeks in 1953, and between 1969 and 2015 there were further policy changes to maternity leave provisions. By 2015, mothers were given the right to extend all maternity

leave to the father excluding the first two weeks after birth. This period of leave is termed Shared Parental Leave (SPL), but if used, the mother's maternity leave ends (OECD, 2019).

Current Maternity Leave Entitlements

Provisions for maternity leave vary across a host of countries with most industrialised countries providing paid maternity leave and health benefits except Australia, New Zealand, and the United States (ILO, 2020). Entitlements also provide assurances that pregnant women can leave their jobs around the time of childbirth and return to their previous employment afterwards (Schönberg & Ludsteck, 2014).

In the UK, women can take up to 52 weeks of maternity leave, which consists of 26 weeks Ordinary Maternity Leave with full pay, plus an additional 13 weeks of Statutory Maternity Pay (Medicines and Healthcare products Regulatory Agency, 2018). The latter is paid in the same way as normal employee wages, however if women choose to use the entire 52 weeks, the last 13 weeks are unpaid.

Social and Economic Context

Growth of Women's Employment

Over the past 40 years, the UK has witnessed a sustained rise in women's participation in the labour market (Roantree & Vira, 2018). Comparing the female employment rate internationally, in September 2018, the UK had the eighth highest employment rates (70.1%) out of the other 28 EU countries (House of Commons, 2019). By the end of 2018, approximately 9 million women were working full time and 6.3 million women were working part time; approximately 41% of women were in employment (House of Commons, 2019). It is expected that the working age population for both men and women above the age of 16 years, will rise sharply to 44 million by 2041 (Catalyst, 2019). Increases to employment are also set to peak for 'the prime age group', namely women between the ages of 25-54 (Coulter, 2016).

Working Mothers and Employment

Mothers with young children are more likely to return to work following childbirth compared to 20 years ago (ONS, 2017). Working mothers are also more likely to return to work part time (38.1%) over full-time (33.9%). Despite this, in England alone, the proportion of mothers with young children in full-time employment has increased by almost 10% over the past two decades, and this number is set to rise (ONS, 2017). Workforce participation by new mothers is not a new phenomenon but has led to increased options for women about family life and work.

Theoretical Perspectives of Women's Career Choices

As women's presence and involvement in the labour market continues to rise, new theories have developed to take account of working women's career choices in the context of their contemporary lifestyles (O'Neil & Bilimoria, 2005).

Hakim's Preference Theory

Hakim's (2000) preference theory posits that in modern affluent societies, women have a genuine choice between family work and paid work and that women's preference is central to understanding their lifestyle choices. These preferences fall into three main groups: women who prioritise their careers and will often remain childless by choice or have a child much later on in their career (work-centred lifestyle – about 20%); women who prioritise family life have many children and either choose not to work or have little paid work (home-centred lifestyle – about 20%); and the majority of women seek to combine both and do not want to have to make a choice and will only sway towards work or family on a temporary basis given life changes (adaptive lifestyle – about 60%) (Hakim, 2000). Furthermore, adaptive women are less likely to make significant achievements in the world of work because they prefer a balanced life (Houston & Marks, 2002).

Hakim's neo-traditionalist views on gender, family, and work continue to be criticised for failing to recognise that women's decisions to work have been influenced by circumstances and constraints (Crompton & Harris, 1998), specifically, women's choices to adjust their preferences in response to gender inequalities and their conscious efforts not to conform to gender rules (Leahy & Doughney, 2006).

Kaleidoscope Career Model

The Kaleidoscope Career Model (KCM) is a new theory which attempts to understand how people think about their careers in modern life. The name comes from a kaleidoscope's moving patterns; 'as one-part moves, so do the other parts change' (Sullivan & Mainiero, 2008, p. 9). According to this model, 'women shift the pattern of their careers by rotating different aspects of their lives to arrange roles and relationships in new ways' (Mainiero & Sullivan, 2005, p. 111). KCM focuses on three parameters that interact and shift over the course of women's lives and are based on the level of importance and best fit between a woman's life and her career at any given time: relationism (the impact decisions have on women's relationships with others); authenticity (how decisions are closely linked to one's own values); and balance and challenge (balancing working life with other important family demands).

Women's Return to Work

Becoming a parent is a major life event associated with significant changes to a women's roles and environment, particularly for new mothers (Williams, 1999). Such changes can have a major impact on women who return to employment shortly after childbirth, with a high prevalence of women developing mental health difficulties in the first year after childbirth. Stress, poverty, low social support, and partner conflict all contribute to the development of maternal mental health difficulties and specific disorders (World Health Organization [WHO], 2019).

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The relationship between maternal health and work continues to receive widespread interest with a focus on maternal employment and women's psychological and physical health, and physiological and emotional changes (Moffett, 2018). Negative emotions such as grief for the loss of maternity leave, worry, and increased anxiety from being away from their child are commonly reported (Moffett, 2018; Woolnough & Redshaw, 2016). Alternatively, maternal employment also brings positive benefits, including a revaluation of a women's identity and roles through the process of change and transition, financial resources, and social support (Lucia-Casademunt et al., 2018; Williams, 1999).

Factors Influencing Women's Return to Work

Women's reasons to return to work following maternity leave are often complex and include a mix of financial and personal factors related to their preferences (Barreiro-Lucas & Brand, 2014; Barrow 1998; Baxter, 2008; Morris, 2014). For some women, concerns around their child's needs, readiness to work, and their own physical and emotional well-being influence their decision-making process. Maternal- and child-related factors such as child's temperament, child illness, and maternal mental health are also predictors influencing women's preferences, especially within the first year postpartum (Coulson et al., 2012).

Organisational and Structural Barriers

Professional women face several challenges during maternity leave and on their return to work, such as feeling unsupported, loss of competence, and lack of confidence (Brightwell et al., 2013). Women who are in education or undergoing a training course can find their return extremely difficult, especially going back to a demanding career. In a study examining childbirth during medical residency, Hutchinson et al. (2011) found programmes with a perceived lack of support, feelings particularly associated with expectations of increased workload, timing of childbearing, and child costs were all reported as barriers faced by new mothers (Jagsi et al., 2009).

Stigma and Work

Returning to work after childbirth can bring challenges and barriers for women. Such difficulties include the presence of stigma, which has been identified as a barrier affecting women's return to the workplace (Fox & Quinn, 2015). Goffman (1963, p. 3) argued that stigma is 'deeply discrediting' and conveys devaluing stereotypes about an individual's identity. An emphasis on context is essential to understanding whether an individual will be stigmatised (Fox & Quinn, 2015). When thinking about parenthood in this context, women are more likely to face ill effects of gender stereotypes in the workplace than men (Heilman & Okimoto, 2008).

Female gender stereotypes of passivity and care about motherhood tend to be activated during pregnancy and continue after childbirth (Heilman & Okimoto, 2008). For working mothers particularly, they are likely to be viewed negatively by colleagues and peers in comparison to their stay-at-home counterparts. In addition, others' perceptions of the woman as self-orientated and less dedicated are also increasingly likely to occur, particularly around their reasons to return to work (personal versus financial) and when this happens (length of maternity leave taken).

The responses and variety of comments women receive from others, especially from family and work colleagues, may lead them to feel stigmatised. This may lead to some level of distress, impacting on their own psychological well-being and job satisfaction (Heilman & Okimoto, 2008). Breastfeeding is another barrier faced by new mothers, bringing its own challenges and difficulties (Ogbuanu et al., 2011).

Stigma and Breastfeeding

It is recommended that mothers should exclusively breastfeed their child for the first six months of life to achieve optimal growth, development, and health benefits (WHO, 2020). The WHO recommends breastfeeding can continue until the age of two years alongside solid foods. For new mothers, breastfeeding can be another barrier affecting their transition, as evidenced by the breadth of research exploring stigma around breastfeeding for new mothers, particularly those who return to work. Employers' attitudes, lack of breastfeeding support, the accessibility of lactation rooms, and the uncertainty of breast-pumping breaks are commonly reported difficulties and worries (Tsai, 2014).

Transition

The transitional process for women returning to professional careers may start during pregnancy and continue through the return to work and beyond. There are many transition models available, including Bridges' (1991) transition model which is situated within an organisation framework. Despite the organisational lens of this model, it focuses on transition, not change. For Bridges, change can happen quickly because of something happening to people, whilst transition is an internal, psychological process that occurs more slowly over time. Bridges' model identifies three stages of transition: (1) Ending, Losing, and Letting Go, (2) The Neutral Zone, and (3) The New Beginning. People who are comfortable accepting change are likely to move through the stages quickly. As Bridges (2004, p. xii) states:

> Change is situational. Transition, on the other hand, is psychological. It is not those events but rather the inner reorientation or self-redefinition that you go through in order to incorporate any of those changes into your life. Without a transition, a change is just a rearrangement of the furniture. Unless transition happens, the change won't work.

Transition therefore is a process which involves the reorientation, readjustment, or refinement of people's circumstances, context, and environment (Young & Lockhart, 1999). It can be experienced differently and in varying intensities with a host of factors—such as life changes and the degree to which change happens—impacting this process (Schlossberg, 1981; Young & Lockhart, 1999).

Macro and Micro Identity Transitions

Over the course of life, most people will experience an identity transition, a major life event or change involving the process of evolution in self-definition and an adaption to a different life situation (Ladge et al., 2012). Such changes include marriage, divorce, career change, or motherhood and in some instances more than one major event can occur at the same time (Ashforth, 2000).

Most of the research on identity transition, especially in the workplace, focuses on 'sequential macro role transitions' involving a change in jobs from one to another and/or management roles (Ashforth, 2000; Ibarra, 2005; Ladge et al., 2012).

In contrast, micro identity transitions focus on cross-domain transitions between work and non-work identities. Key bodies of research explore women's dual roles and how they navigate maternal identities with cross-domain work (Ladge et al., 2012). Louis (1980, p. 335) refers to this as 'extrarole adjustments', which is vitally relevant when thinking about how a change in a women's life role (family) leads to an adjustment to another role (work).

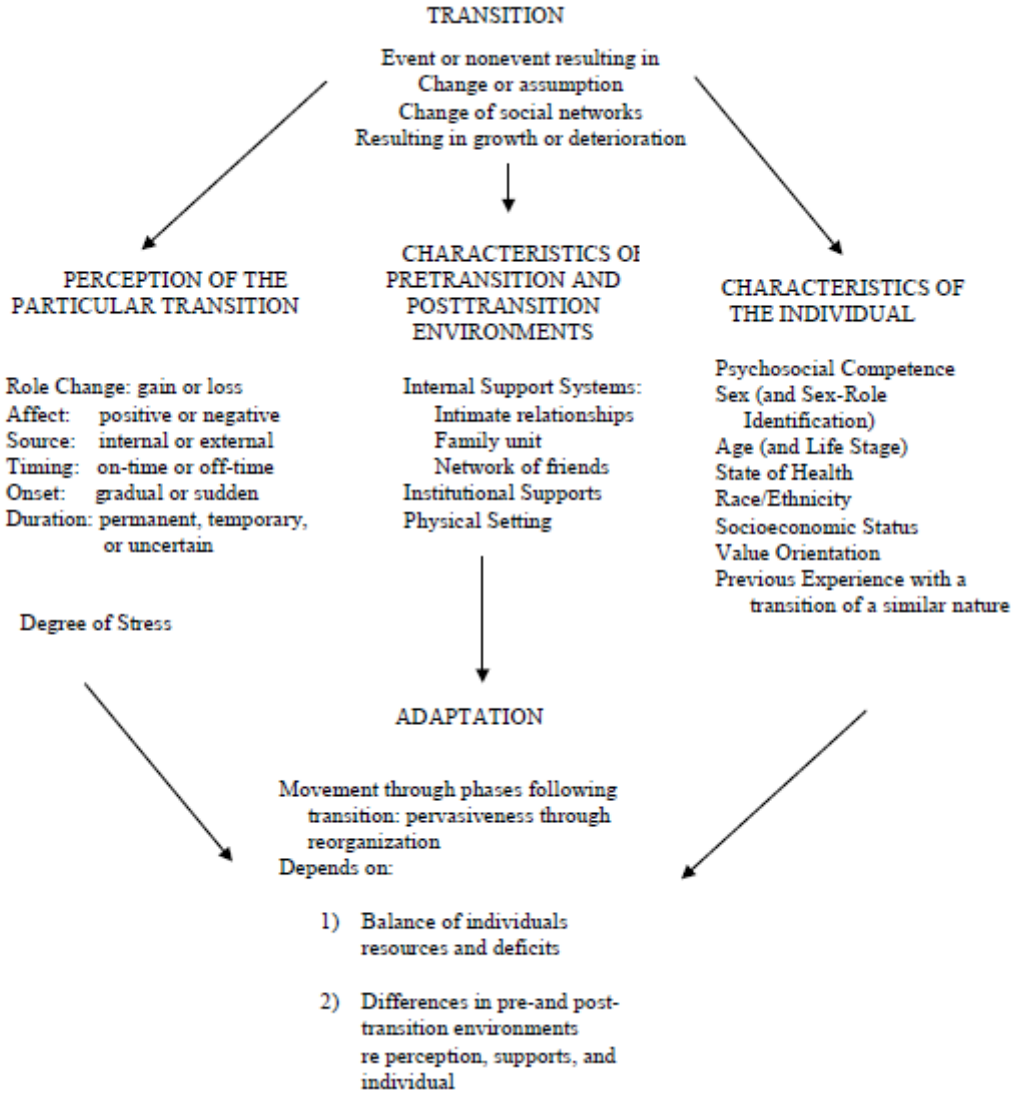
Theoretical Transition Model

According to Schlossberg's (1981 p.5) transition model, transition occurs following an event that results in the change to how people view themselves and the world, which corresponds to a change in their behaviour and relationships. Notably, such transitions can include periods of opportunities as well as challenges. However, how individuals view the

transition is more important than the transition itself, with emphasis that it is the individual who ultimately defines transition based on their experiences of it (Schlossberg, 1981).

Figure 1

Model for Analysing Human Adaptation to Transition (Schlossberg, 1981, p. 5).



Schlossberg (1981) defines an adaption to transition as a process moved from being preoccupied with the transition towards integrating the transition into one's life. For Schlossberg, impact and adaption to a transition depend on:

- The balance of individual characteristics and resources to the deficits of the transition.

- Individual sense of well-being of self and others.
- Individual experience and perception of change and the post transition environments.
- Individual experiences and perceptions of internal/external support systems.
- Individual experience and perception of coping and resources.
- Transition's impact on self, relationships, routines, identity, assumptions, and roles.

All the above factors were usefully considered for the development of the research questions.

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Systematic Literature Review

"It's not wrong to be passionate about your career. When you love what you do, you bring that stimulation back to your family." — Allison Pearson

With continuous growth of research, systematic literature reviews help to identify, select, and critically appraise relevant research to help identify gaps in current understanding, knowledge, and research on a particular topic (Siddaway et al., 2019; MacKenzie et al., 2012). Such reviews offer many benefits including providing a comprehensive and robust overview of available evidence, help to address a specific clinical question and identify methodological concerns in research studies which can help improve future work in a specific topic area (Eagly & Wood, 1994; MacKenzie et al., 2012). In this section, I will present a literature review of the studies that will help address the following research question: "What are trainees' experiences of returning from maternity leave back into clinical psychology training?". The systematic literature review will help assess and identify current research in this area and provide scope to detect areas for future work and development.

Literature Search Strategy

Given this research aimed to capture trainees' experiences of returning to clinical psychology training following maternity leave, a comprehensive literature search was conducted using a host of electronic databases including PUBMED and SCOPUS between December 2018 and June 2022. The review included studies with qualitative data because of its focus on how people make sense of the world and experience of events (Willig, 2013). These studies are more interested in the quality of experiences rather than "the identification of cause-effect relationships" (Willig, 2013 pg. 8). For this reason, it was deemed a good fit to support this research. As well as including qualitative studies, quantitative studies were also reviewed in relation to the inclusion and exclusion criteria (see Table 2).

The identification of relevant studies was challenging given the paucity of research on trainees' experiences of returning to work from maternity leave. As such, a widening of search terms was employed and included mental health professionals, students, and any other similar search term such as residents, to capture relevant studies (see Table 1). Given trainees unique position of being a student as well as an employee, the review also searched and included studies that captured all women's experiences of returning from maternity leave to any type of work including those in paid work, education or equivalent. Furthermore, and as identity transitions are likely to occur following a major life event, it was important to capture information on how women adapted, coped and any information on the impact this had on their sense of self during this process. On occasions, too few or too many studies were found when solely using specific search terms associated with women's return to work after maternity leave. This was alongside the use of other terms such as transition, return, maternity leave, and childbirth. For this reason, some search terms were truncated to capture further results (e.g., Trans* = transition, Return* = return, returning). Boolean operators 'AND'/'OR' were used to compliment searches as presented in Table 1. Alerts were also created to capture new studies up until the point of analysis.

However, given the unexpected delay in finishing this research, another search was conducted in July 2022 to capture any new studies from the date the last search was carried out in 2020. This search attempted to capture new studies from 2020-2022. All reviews were supplemented with hand searches, exploration of reference lists and additional electronic database searches such as Google Scholar.

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Table 1

Literature Review Process

Stage 1

	Database		
	Scopus (search 1)	Scopus (search 2)	Scopus (search 3)
Search Terms	Trainees OR students AND Return OR trans* AND Maternity OR childbirth	Trainees OR students OR residents AND Return OR trans* AND Maternity OR childbirth	Trainees OR students OR residents OR mothers AND Return OR trans* AND Maternity OR leave OR childbirth
No: of articles found	198	301	1813

Stage 2

	Database	
	PubMed (search 1)	PubMed (search 2)
Search Terms	Trainees OR students OR residents AND Return OR trans* AND Maternity leave	Trainees OR students OR residents AND Return* AND Maternity
No: of articles found	86	280

Stage 3

	Database	
	ProQuest (databases searched inc. British Nursing Index, Nursing & Allied Health database, Psychology Database, Psycharticles, Psychinfo, PTSDpubs) (Search 1)	**ProQuest (databases searched inc. British Nursing Index, Ebook Central, Health research Premium Collection, Consumer Health Database, Health and Medical Collection, Healthcare Administration Database, Medline, Nursing & Allied Health Database, Psychology Database, Public Health Database, Psycharticles, Psychinfo, PTSDpubs)** (Search 2)
Search Terms	Trainees AND Return* AND Maternity OR leave	Trainees AND Return* AND Maternity
No: of articles found	432	1611

Stage 4

	Brief Search
	Google and Google Scholar, article reference lists
Search Terms	**Experiences of returning to work from maternity leave**
No: of articles found	**8**

It is also important to note that a wide range of legislation governs family-friendly leave and pay. Most of the relevant legislation is consolidated in the Employment Rights Act (1996) or the Employment Relations Act (1999). However, the Employment Act (2002), the Work and Families Act (2006), the Children and Families Act (2014), and numerous regulations have since brought in some significant changes. For this reason, only articles from 1996 onwards were included in this literature search. Based on all the above, the final inclusion and exclusion criteria for searches using various search terms associated with women returning to work from maternity leave is presented in Table 2.

Table 2

Inclusion and Exclusion Criteria

Inclusion criteria	**Exclusion criteria**
• Qualitative and quantitative studies from 1996 onwards that capture women's experience of change/transition, either back to work, or some form of education following childbirth • Experience of returning to any form of work after childbirth, including people who are studying or equivalent • A focus on women's experience of changing identities following return to work/studies/ training • A focus on factors around coping and wellbeing following women's transition from maternity leave	• Domestic violence • Bereavement – loss of child during/after pregnancy • Drug and alcohol difficulties • Severe mental health difficulties • Solely referencing other forms of parental leave (paternal/ adoption etc.)

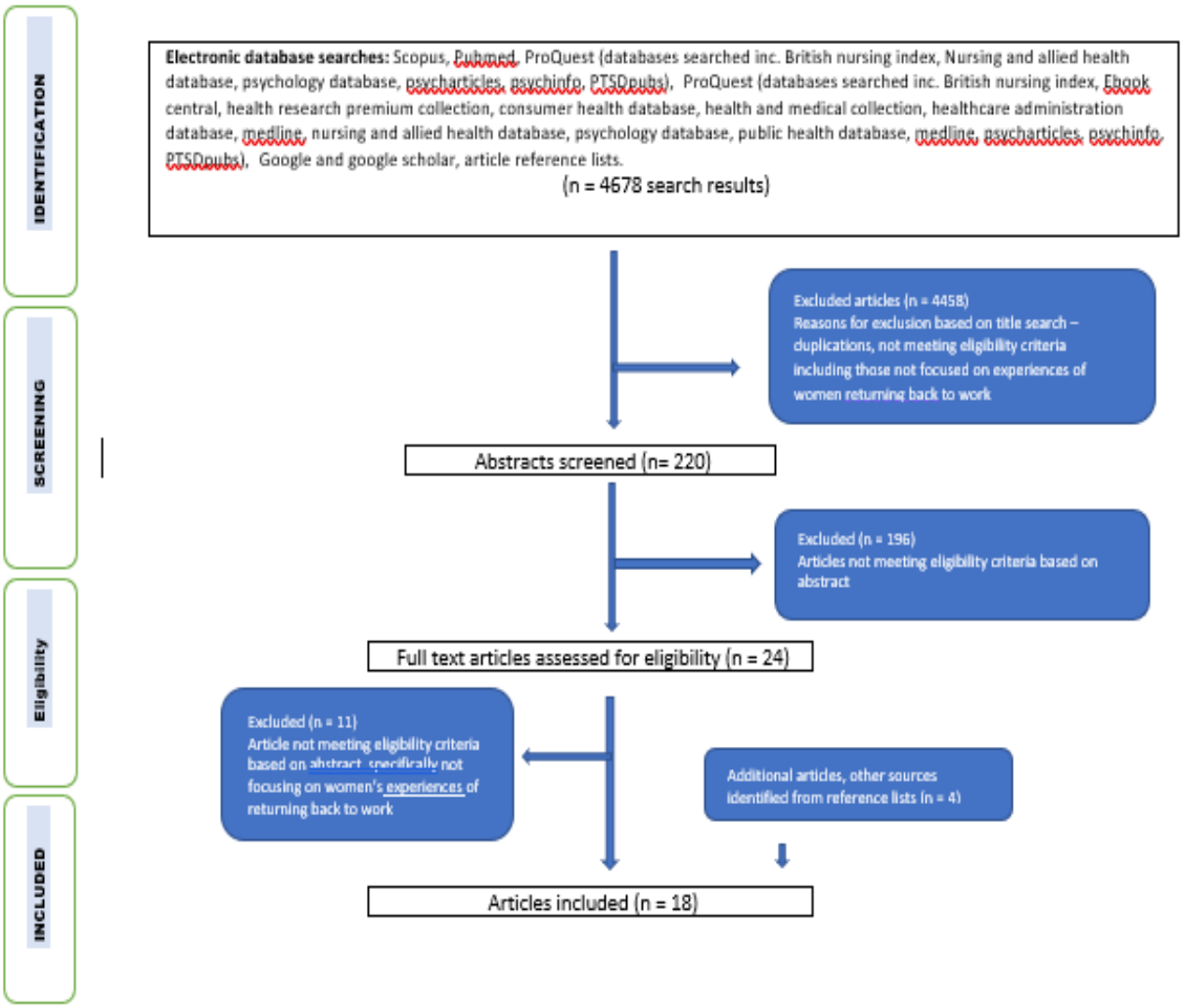
Finally, a screening and review of all studies based on the relevance of research titles to the current research was conducted. The abstracts were then reviewed and in a handful of cases, the full article was obtained if there was not enough information provided in the abstract to indicate article's suitability. Duplicate articles were also removed, and the remaining articles were reviewed in line with the inclusion and exclusion criteria. The literature review search identified 4678 papers and the screening identified 220 abstracts for review. A further 196 papers were excluded as they did not meet eligibility criteria in line with the inclusion or exclusion criteria, and a further 11 papers were excluded as they did not focus on women's lived experiences of returning to work following maternity leave. A total of 18 papers were included in the review and the process is outlined in Figure 2.

Selection Process

The process of how relevant articles were identified and selected is shown in Figure 2.

Figure 2

Flowchart for How Articles Were Identified and Selected



Results

Clinical Psychology: UK Context

Clinical psychology is a branch of psychology that aims to reduce psychological distress through the enhancement and promotion of psychological well-being via the systematic application of knowledge and theory (British Psychological Society [BPS], 2015). Clinical psychology in the UK developed with the formation of the NHS (Burton & Kagan, 2007). By the 1950s, clinical psychology was recognised as a new profession, but there were no professional organisations to represent practitioners' interests. In 1966, clinical psychology was established as a division of the BPS.

Clinical psychologists are amongst the most intensively trained professions in health and social care, requiring a doctoral level qualification obtained through three years of full-time study (Psychological Professions Network, 2022). There are currently 31 universities in the UK offering a professional doctorate in clinical psychology.

Upon acceptance onto a clinical psychology course, the NHS employs trainees on a full-time contract for the duration of their three-year training. Once qualified, the NHS employs a significant number of clinical psychologists, whilst others work in higher education, voluntary sectors, charitable organisations, or in private practice (BPS, 2015). Clinical psychologists, including trainees who work for the NHS, are entitled to the same benefits as other paid NHS employees, such as annual leave, sick pay, and maternity leave.

On successful completion of training, candidates are awarded the DClinPsy, which allows them to register as a practitioner psychologist recognised by the Health and Care Professions Council (HCPC) and the BPS. This means registered practitioner psychologists can work clinically with people either in the NHS or in private practice. They are also expected to adhere to standards of proficiency and practise safely within the legal and ethical boundaries of their profession (HCPC, 2020). Compared to other health and social care

professions, clinical psychology training is one of the most intensive and competitive courses to gain entry. The main reason for this is it is an applied degree programme, incorporating both clinical and research specialisms within one unified degree. Currently, 15% of applicants are successful in accepting a place on a clinical psychology course (BPS, 2015).

Women in Clinical Psychology

As of 2019, 24,499 practitioner psychologists were registered with the HCPC (2019); in 2018, there were 23,134 HCPC registered psychologists. Of them, 12,779 were registered clinical psychologists: 10,500 women; 2,272 men; and 7 gender-unknown (HCPC, 2018). The percentage of female registered psychologists is around 80%, with 20% male (BPS, 2015). This 80:20 ratio is consistent amongst other protected titles for practitioner psychologists (counselling, educational, forensic, and health). This is not the case in fields such as sports psychology, which consists of more male registered psychologists (HCPC, 2018).

Women Who Took Maternity Leave During Clinical Psychology Training

Given the high number of women pursuing a career in clinical psychology, it is surprising that there continues to be scarce research regarding the number of women who take maternity leave during clinical psychology training. This is a critical time of personal and professional development (Jagsi et al., 2009). Table 3 provides information following a Freedom of Information request for the number of trainees who took maternity leave whilst actively registered on a doctoral clinical psychology course.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Table 3

Trainees Who Took Maternity Leave from NHS Institutions

Region	Number of trainee clinical psychologists who took maternity leave from 2009-2019
***Health Education England (HEE)**	
North East	Information not held
North West	Information not held
East Midlands (information held since 2016)	< 5
West Midlands (information held since 2013)	45
East of England (information held since 2010)	16
London (information held since 2012)	45
South East (information held since 2013)	38
South West (information held since 2010)	80
NHS Education for Scotland (NES)	61 (58 individual trainees, some took more than one period of annual leave in the last 10 years)
Health Education and Improvement Wales (HEIW)	19

Note. *Trainee numbers less than five were not included in this table for confidentiality reasons due to the risk of people being identified. **Caution must be taken when interpreting these results as the number of trainees who took maternity leave during clinical psychology training is dependent on a range of factors, including what information is captured by individual courses, when this data capturing started, and whether this information was passed to the course's respective NHS Education public body. For example, when I contacted one training course directly, the number of trainees who took maternity leave during clinical psychology training, and over the past 10 years, was greater than the number reported by the respective NHS Education public body for that specific region.

Overview of the Findings from the Systematic Literature Review

Eighteen studies were included in the literature review. Fifteen studies used a qualitative design, and the three remaining studies used a web-based survey, a cross-sectional online questionnaire, or a Delphi methodology. Three studies were conducted in the UK, and fifteen were conducted outside of the UK (Republic of Ireland, United States, Australia, Norway, Italy, South Africa, Netherlands, Malta, Canada, Pakistan, New Zealand, and Iran). Two studies explored identity transition to motherhood, seven studies looked at the experiences of women from specific occupations: nurses, occupational therapists, and medical physicians. Five studies focused on women's breastfeeding experiences upon return to work.

Quality Criteria for Qualitative and Quantitative Research

The rise in qualitative methodologies over the years especially amongst many branches of psychology (health, feminist, social, clinical, counselling etc.) has led to a growing interest in research quality (Bryman et al., 2008). Unlike the quality criteria for quantitative research, which are assessed in terms of reliability and internal and external validity based on objectivity (Lyons & Coyle, 2007), qualitative research does not follow this pattern for fear that nuances, meanings, and rich data will be lost (Yardley, 2000).

I used Yardley's (2000) criteria to evaluate the qualitative studies (Table 4) in this review because it consists of characteristics that are not intended to be used rigidly and can be applied to a variety of qualitative methodologies (Yardley, 2000; Lyons & Coyle, 2007). I used the Elliot et al. (1999) guidelines to assess the quantitative studies (Table 5).

Table 4

Yardley (2000) Qualitative Criteria

Criteria met - √ Criteria not met - X Criteria partially met/ not included / unsure - ?	**Sensitivity to context** *Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues*	**Commitment and rigour** *In-depth engagement with topic; methodological competence skill; thorough data collection; depth/breadth of analysis*	**Transparency and coherence** *Clarity and power* of *description/argument; transparent methods and data presentation; fit between theory and method; reflexivity*	**Impact and importance** *Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers)*
Desmond, D., & Meaney, S. (2016). A qualitative study investigating the barriers to returning to work for breastfeeding mothers in Ireland. *International Breastfeeding Journal*, *11*(1), 16.	√	√	√	√
Parcsi, L., & Curtin, M. (2013). Experiences of occupational therapists returning to work after maternity leave. *Australian Occupational Therapy Journal*, *60*(4), 252-259.	√	√	√	√
Khalil, A., & Davies, N. (2000). The experiences of nurses returning to work after childbirth: 'making a difference'. *Journal of Nursing Management*, *8*(6), 337-344.	√	√	√	√
Alstveit, M., Severinsson, E., & Karlsen, B. (2011). Readjusting one's life in the tension inherent in work and motherhood. *Journal of Advanced Nursing*, *67*(10), 2151-2160.	√	√	√	√
Barreiro-Lucas, J., & Brand, H. (2014). Return-to-work experiences of female employees following maternity leave. *South African Journal of Labour Relations*, *38*(1), 69-92.	√	√	√	√
Hennekam, S., Syed, J., Ali, F., & Dumazert, J. P. (2019). A multilevel perspective of the identity transition to motherhood. *Gender, Work & Organization*, *26*(7), 915-933.	√	√	√	√
Spiteri, G., & Xuereb, R. B. (2012). Going back to work after childbirth: women's lived experiences. *Journal of Reproductive and Infant Psychology*, *30*(2), 201-216.	√	?	?	√
Valizadeh, S., Hosseinzadeh, M., Mohammadi, E., Hassankhani, H., M. Fooladi, M., & Schmied, V. (2017). Addressing barriers to health: experiences of breastfeeding mothers after returning to work. *Nursing & Health Sciences*, *19*(1), 105-111.	√	√	?	√

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Criteria met - √ Criteria not met - X Criteria partially met/ not included / unsure - ?	**Sensitivity to context** *Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues*	**Commitment and rigour** *In-depth engagement with topic; methodological competence skill; thorough data collection; depth/breadth of analysis*	**Transparency and coherence** *Clarity and power* of *description/argument; transparent methods and data presentation; fit between theory and method; reflexivity*	**Impact and importance** *Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers)*
Gottenborg, E., Maw, A., Ngov, L. K., Burden, M., Ponomaryova, A., & Jones, C. D. (2018). You can't have it all: the experience of academic hospitalists during pregnancy, parental leave, and return to work. *Journal of Hospital Medicine*, *13*(12), 836-839.	√	?	?	?
Burns, E., & Triandafilidis, Z. (2019). Taking the path of least resistance: a qualitative analysis of return to work or study while breastfeeding. *International Breastfeeding Journal*, *14*(1), 15.	√	√	?	√
Riaz, S., & Condon, L. (2019). The experiences of breastfeeding mothers returning to work as hospital nurses in Pakistan: A qualitative study. *Women and Birth*, *32*(2), e252-e258.	√	√	√	√
Sriram, D. (2017). *Experiences of women returning to work after maternity leave* (Doctoral dissertation, The University of Waikato).	√	√	√	√
West, J. M., Power, J., Hayward, K., & Joy, P. (2017). An exploratory thematic analysis of the breastfeeding experience of students at a Canadian university. *Journal of Human Lactation*, *33*(1), 205-213.	√	?	?	√
Haynes, K. (2008). Transforming identities: Accounting professionals and the transition to motherhood. *Critical Perspectives on Accounting*, *19*(5), 620-642.	√	√	√	√
Costantini, A., Warasin, R., Sartori, R., & Mantovan, F. (2022, January). Return to work after prolonged maternity leave. An interpretative description. In *Women's Studies International Forum* (Vol. 90, p. 102562). Pergamon.	√	√	√	√

Table 5

Elliot, Fischer, and Rennie (1999) Quantitative Criteria

Criteria met - √ Criteria not met - X Criteria partially met/ not included / unsure - ?	**Explicit scientific context and purpose**	**Appropriate methods**	**Respect for participants**	**Specification of methods**	**Appropriate discussion**	**Clarity of presentation**	**Contribution to knowledge**
Juengst, S. B., Royston, A., Huang, I., & Wright, B. (2019). Family leave and return-to-work experiences of physician mothers. *JAMA network open*, *2*(10), e1913054-e1913054.	√	√	√	√	√	√	√
Morris, L. (2014). The experiences of women returning to work after maternity leave in the UK: A summary of survey results. NCT. Retrieved from https://www.nct.org.uk/sites/default/files/related_documents/ReturningToWork-Survey.pdf	√	√	√	√	√	√	√
Al-Imari, L., Hum, S., Krueger, P., & Dunn, S. (2019). Breastfeeding during family medicine residency. *Family Medicine*, *51*(7), 587-592.	√	√	√	√	√	?	?

Themes from the Literature Review and Critical Evaluation

Synthesis Process

After careful reading and extracting relevant information closely related to the inclusion and exclusion criteria, I adopted a 'zoom out' approach which involved reading each article to gain a more 'conceptual overview' (see Baumeister & Leary, 1997 as cited in Siddaway et al., 2019). This led to the identification of five topic areas that were pertinent to developing the research questions. A summary table reviewing each article including the aims, strengths, weaknesses, results, and conclusion can be found in Appendix A.

Identity Transition and Roles. Several studies discussed the various changes and challenges to maternal identities following mothers' return to work after maternity leave. These challenges included difficulties integrating dual identities, transforming identities, and juggling differing roles within the public and private spheres of life (Haynes, 2008; Burns & Triandafilidis, 2019; Valizadeh et al, 2017; Parsci & Curtin, 2013; Costantini et al. 2022).

To begin, Haynes (2008) conducted a study to explore the experiences of motherhood and employment on a group of mothers who returned to work. Oral history narratives were taken from five women, aged between 28 and 40 years, to explore how they made sense of different social identities during the transition back to work. All the women had senior roles and progressed up the hierarchy ladder before having children. The authors described the difficulties and challenges the mothers experienced assimilating their professional identity with their identity constructions as mothers. Participants also anticipated what their new role as professional mothers would look like. Similarly, Burns and Triandafilidis (2019) interviewed 10 staff and students from an Australian university to explore mothers' experiences of breastfeeding on return to work or study. The authors described the reconciliation of combining women's maternal identity with their work identity as 'walking

on tightrope' to balance 'doing the right thing for their child as mothers with doing the right thing for their employer' (p. 9).

Additionally, participants in the Valizadeh et al. (2017) study described feeling torn with the decision to trade maternal roles for their new role as educated, experienced mothers. Haynes (2008) also described mothers' identity development as challenged by both identities, with their loyalties competing. Furthermore, Hennekam et al. (2018) conducted a qualitative study to explore the identity transitions of women after their return to work. Twenty-two first-time mothers were interviewed at two points in time: after birth and on re-entry into employment after maternity leave. The findings suggested that identity transitions were influenced by multiple factors including individual, organisational, and societal on micro, meso, and macro levels. The macro level related to the role of social and cultural norms, the meso level related to organisational, and the micro level related to the individual.

Career aspirations were a key factor that emerged from the micro-level data. The authors found some participants had no difficulties managing their professional or maternal identity and this served to help mothers establish their sense of self. As one participant stated:

> I already felt it during pregnancy, and I can only confirm: my baby comes first, and my career comes second. I'm a mother and nothing can change that. At work, I can be replaced, at home I can't (p. 926).

The authors found some participants were more attached to their professional identity and were affected by how they were perceived; the arrival of the child appeared to be perceived negatively by some participants. In another study, the authors described a loss of a mother's identity compared to when they were single and working (Khalil & Davies, 2000).

Parsci and Curtin's (2013) qualitative study explored the individual experience of six female Australian occupational therapists after their return to work. The authors described

mothers holding onto former identities, values, and roles and letting go of beliefs, routines, and values that did not align with their new combined roles of mother and worker. Compromise was the main theme identified.

Breastfeeding in the Workplace: Barriers and Challenges. In total, eight papers were identified from the literature review that discussed women's experiences of breastfeeding after returning to work. All papers described challenges women faced around breastfeeding. Participants in the Riaz and Condon (2019) study concluded that 'breastfeeding is a natural gift from God…[it] is a child's right' (p. e255). The women in that study were faced with the consistent battle of defending the child's right to receive breast milk coupled with the mother's moral obligation to feed them. The authors reported that mothers experienced unfavourable remarks and comments by managers and colleagues towards breastfeeding and the negative impact this had on them.

On a similar note, Desmond and Meaney (2016) discussed how participants in their study experienced negative social perceptions around breastfeeding. Those women were often subject to judgment or criticism over their choice to continue breastfeeding after their return to work. Some participants described their reluctance to disclose that they were still breastfeeding due to social stresses. Mackenzie et al.'s (2017) explored the experiences of students on a university campus. The authors discussed the interplay between social pressures, discrimination, and stigma around breastfeeding and its impact on how women perceive how others may think of them, and breastfeeding, generally. This was associated with the discomfort and unsafeness participants felt while breastfeeding in public and private spaces.

Several studies identified in the literature (Riaz & Condon, 2019; Al-Imari et al., 2019; Mackenzie et al., 2017; Brand & Lucas; 2014; Morris, 2014; Gottenborg et al., 2018;

Burns & Triandafilidis; 2019; Juengst et al., 2019; Desmond & Meaney, 2016) addressed wider issues around breastfeeding on mothers' return to the workplace. These included: no designated place to express milk, modifying feeding schedules to accommodate work, lack of storage facilities, and no designated fridge to store pumped milk.

Furthermore, some mothers were forced to switch to formula milk because of these barriers. Mackenzie et al. (2017) reported that five out of eight participants were forced to stop breastfeeding exclusively and four out of eight women were forced to introduce formula milk. Another study found 48% of women continued to breastfeed after returning to work, whilst 47% stopped breastfeeding prior to starting work (Morris, 2014). In another study, women described feeling forced with a sense of urgency to get babies onto a bottle before returning to work (Desmond & Meaney, 2016). This subsequently caused greater difficulty for them on their return, with alterations to feeding routines noted.

Ultimately, many studies suggest that challenges with breastfeeding extend beyond the individual level and perhaps reflect issues embedded within organisational systems. It suggests that a combination of internal (personal and cultural) and external barriers (environmental factors) play significant roles in shaping women's experiences of breastfeeding upon their return to work.

Negative Experiences and Their Impact on Well-being. Nine studies were identified that explored the impact returning to work had on women's negative emotional responses and experiences of returning to work. Feelings of guilt were a common emotional response in the findings, and this was strongly reported in Valizadeh et al.'s (2017) study. Other feelings, such as sin and cruelty to their child for leaving them to go to work, were also identified. Some participants felt torn by the decision to trade their 'maternal roles and the care of their infant for a profitable career and financial gain' (p. 107).

Similar feelings of guilt were reported in studies from Spiteri and Xuereb (2012) and Burns and Triandafilidis (2019). The authors in the latter study described this as a 'feature of women's experiences of returning to work' (p. 8). Other studies describe the experiences of women as an emotional whirlwind, with mothers reportedly experiencing mixed and juxtaposing emotional responses (Spiteri & Xuereb, 2012) which ranged from worry, sadness, fear, panic, and uncertainty to excitement.

Uncertainty about doing the right thing for their child was also reported in the literature (Alstveit et al., 2011). Some mothers felt conflicted with doing the right thing, whilst others felt insecure and doubtful about themselves as mothers and the impact the return to work had on their child's development. These concerns appeared to have led to feelings of guilt as to whether they were being a good enough mother and whether their choices were the best for themselves and their child. Further distressing experiences such as loss, anxiety, isolation, and loneliness were also reported (Morris, 2014; Parsci & Curtin, 2013; Spiteri & Xuereb, 2012). The combination of anxiety and guilt was related to mothers wanting to hold onto the responsibility of looking after their child, whilst resisting change to established routines (Spiteri & Xuereb, 2012). Anxiety was also commonly reported when children had to be cared for by other people, again, illustrating a mother's lack of choice and loss.

In Mackenzie et al.'s (2017) study, participants reported strong sentiments of isolation with one participant feeling alone, different, and not connected to her classmates. This perhaps led to stronger feelings of solitude with the women 'not feeling as part of the community' (p. 208).

Furthermore, loss of independence and lack of choice and control on a mother's return to work was identified in several studies (Khalil & Davies, 2000; Riaz & Condon, 2019). These factors related to women's experiences of having to bring their infant into work with

them. Feelings of guilt again emerged if their child was distressed or injured. As one nurse said, 'my son fell from his cot. I heard his cry, but I didn't have time to go to him' (Riaz & Condon, 2019, p. e255). In that study, the authors explored how patient care in the mothers' organisation appeared to be more important than childcare.

Lastly, only one study referred to the physical effects experienced by mothers on their return to work. Parsci & Curtin (2013) specifically note feelings of exhaustion, stress, and worry and the impact this had on mothers' physical well-being.

Support Systems and Sources and Their Impact on Relationships. In total, fourteen studies explored the effect support systems (or lack of one) had on women's experiences of returning to work after maternity leave. Of the fourteen studies, six discussed the impact positive support systems had on mothers' experiences. In the study by Burns and Triandafilidis (2019), participants discussed the positive support received from supervisors and a strong sense of feeling valued through it. For instance, participants referred to proactive support received, which included the initiations of conversations with mothers by their supervisors, leading to feelings of comfort and ease.

Feeling valued was also a theme identified in the Parsci and Curtin (2013) study in which the authors identified several factors that facilitated positive responses and support by managers and peers in the workplace: feeling listened to, flexibility, compromise, empathy, and feeling understood. Despite acknowledging the personal and cultural difficulties (stigma, multiple demands balancing motherhood and work etc.), receiving positive support greatly counterbalanced mothers' negative experiences. Such findings are supported by Juengst et al. (2019), who reported that 59.7% of participants in their study reported that they received emotional support for their first child, 59.4% received the same support for their second child, and 65.4% for their third child. Further, Parsci and Curtin (2013) found positive

support was instrumental in helping mothers manage multiple demands with increased confidence.

Participants in Hennekam et al.'s (2019) study actively benefited from family-friendly work practices and looked for role models who had been in very similar situations. The available public day care was also deemed an important provision of support (Alstveit et al., 2011). Having a supportive work environment that included support of tutors, supervisors, managers, and colleagues was also deemed beneficial (Burns & Triandafilidis, 2019).

All participants in Desmond and Meaney's (2016) study emphasised the need for adequate support systems and described the function of partners and husband as 'being the greatest support for all the women' (p. 5) upon mothers' return to work. Riaz and Condon (2019) extended this by exploring the impact partners and family support have in helping mothers attend to their work commitments; the focus here was on shared childcare responsibilities.

Morris (2014) conducted a web-based survey on 1,041 participants to understand the experiences of women returning to work after maternity leave. This study geographically represented participants from across the UK, which is a strength of its design. There were various sources of support identified, including friends, family, husband, managers, colleagues, and approximately a quarter were supported by people who had gone through a similar process. These findings strongly support all the above studies in terms of the varied sources of support received by mothers. Many studies identified both practical and emotional support as pivotal in shaping women's experiences on return to work (Burns & Triandafilidis, 2019; Desmond & Meaney, 2016; Morris, 2014; Parsci & Curtin, 2013; Riaz & Condon, 2019).

Of the fourteen studies identified, six other studies (Al-Imari et al., 2019; Spiteri & Xuereb, 2012; Khalil & Davies, 2000; Valizadeh et al., 2017; Hennekam et al., 2019; Morris, 2014) reported difficulties with, or in some instances lack of, support received and the direct and indirect impact this had on women's experiences of returning to work.

Valizadeh et al. (2017) conducted a study exploring twelve Iranian breastfeeding and employed mothers' experiences after their return to work. The authors noted a strong dissonance between the support mothers expected and the support they felt they received. This led to unsupportive environments at home and at work. Furthermore, little or no support from husbands was perceived as being 'unloving or uncaring' (p. 107). The lack of practical and emotional support also had an impact on the marital relationship. However, the authors drew attention to social and cultural expectations of women and their roles, with an emphasis on family before work. In the same study, participants reported negative experiences with unsupportive employers. This was backed up by Morris (2014) stating that 15% of mothers reported a decline in relationships with their boss on return to work. Changes in mothers' relationships with their bosses were also found in Spiteri and Xuereb's (2012) study, as well as relationship changes with their husband, self, and child. Likewise, changes in relationships were also noted in Kahlil and Davies's (2000) study, with four participants reporting relationship changes with their partners. They also described the knock-on effect difficulties at work had on relationships within the home environment. Feelings of stress were also noted (Al-Imari et al., 2019; Hennekam et al., 2019).

Empowerment and Work-life Balance. Five papers depicted an empowering process, with a focus on well-being and work-life balance. Spiteri and Xuereb (2012) conducted a qualitative study to understand the challenges first-time mothers faced during their transition back to work. Nevertheless, personal determination was often described as a

resource 'to help women make the most of [their] experience [and]…to feel a sense of achievement' (p. 210).

The women in that study also spoke about the importance of mental preparation and time management in balancing multiple roles. Participants recognised the importance of taking time to look after self, whilst acknowledging how difficult this was with a young child. Nevertheless, mothers spoke about 'having the best of both worlds' (p. 210). This appeared to relate to their experience of striking the right balance between the public and the private spheres of life, and their roles within them. Priority and lifestyle changes were also considered important by some women as beneficial in maintaining mothers' health, with them choosing to set boundaries and renegotiate a better work-life balance (Burns & Triandafilidis, 2019; Spiteri & Xuereb, 2012; Valizadeh et al., 2017).

In some instances, participants changed jobs to reduce the journey times to and from day care, which helped them manage the demands of work. Reduced workloads and not working from home were also seen as ways to balance work and family life and avoiding working overtime (Alstveit et al., 2011; Sriram, 2017). Like previous studies, Alstveit et al. (2011) aimed to interpret nine Norwegian first-time mothers' experiences of returning to work after maternity leave. With regards to responses from colleagues, participants spoke about increased sensitivity to understanding other people's situations, which facilitated a sense of self-assurance, as a professional and a woman, with greater peace of mind reported. Developing resilience and the building of confidence through negative experiences helped women advocate and be role models for other women in similar situations, as well as educating other students who were young women (Burns & Triandafilidis, 2019).

Synthesis of Findings

From the findings, women described a host of challenges and difficulties after their return to work. The onset of some of these difficulties ranged from prior to their return, to during their return, and possibly extending to sometime after their return (Spiteri & Xuereb, 2012).

The importance of having good relationships and support systems appeared to be instrumental in managing and coping with some of the demands of juggling work with motherhood and the distress some women experienced (Burns & Triandafilidis, 2019; Parsci & Curtin, 2013). On the contrary, negative experiences, as well as inadequate support, have contributed to changes to mothers' sense of self, identity, relationships, perceptions of others, and general well-being (Hennekam et al., 2018, 2019; Valizadeh et al., 2017).

Women's breastfeeding experiences also appeared to be a key factor that contributed to their experiences of returning to work. There was a sense of confusion and uncertainty around breastfeeding practices in the workplace, as well as colleagues' and managers' responses to it. Again, this appeared to evoke strong emotions pertaining to breastfeeding and what they could or could not do. In some instances, feelings of being forced to change routines appeared to be advised or even enforced prior to mothers' return to work (Desmond & Meaney, 2016).

Furthermore, it is important to address the impact that culture—including norms, attitudes, beliefs, and social behaviours of groups of people and within systems—have on women's experiences. The effects on mothers' identities, well-being, and quality of life have been illustrated in both a positive and negative way, in almost all studies. Subsequently, the findings appear to suggest that culture has an influence in shaping mothers' collective experiences.

Despite the research describing women's return to work as very challenging and distressing, several studies reported factors that have helped women to cope during these times. Finally, only one study explored women's experiences of return within an academic context, and I wonder how this experience affected mothers' ability to balance academia, motherhood, and perhaps paid work (Burns & Triandafildis, 2019).

Strengths and Limitations of the Literature Review

There were many strengths and limitations that emerged from the literature review. For instance, the literature review enabled a detailed assessment of what has already been published and it helped identify areas or topics that need further exploration. This was especially true for professional women working within the psychology field. Research on students' and trainees' experience of return to academia following maternity leave was also limited. Nevertheless, the literature provided opportunities for questions to be asked to understand why this was the case.

The literature review also provided opportunities for me to understand and learn about social and cultural factors (including attitudes) impacting and shaping women's experiences of return. The articles identified in this review were diverse and incorporated women's stories from different parts of the world. These included understanding the challenges and barriers faced by some women in non-western countries, especially around maternity and leave rights and entitlements. Their experiences ultimately highlighted the uniqueness of women's experiences.

Although the search strategy was rigorous and thorough, there were very few articles that explore women's lived experiences of returning to work following maternity leave. There was a paucity of articles with a prime focus on women's transition back into work. Given the many attempts to search the literature using different search terms, and in some instances the vast volume of results produced, it is possible that some relevant articles may

have been missed. Finally, very few identified studies met all the quality checks to fulfil the quality criteria. Caution must be taken when reviewing and interpreting articles, as they could be affected by researcher bias.

Potential Implications of the Review

The literature review also identified potential implications, particularly in relation to clinical psychology training. For instance, returning to work following maternity leave can be a very daunting process for many working mothers, which can be made harder with the adjustment back into full-time academic work and training. As such, trying to balance family life with work can pose many challenges, and this raises questions as to how training courses can best support new mothers on their return. One consideration could be to develop a 'welcome back' check list prior to a trainee's return, to ensure things are in place before they start to smooth their transition back into working life and may include the option for flexible working or a phased return.

The literature has identified the relationship between the need for adequate adjustments in the workplace and the impact this has on maternal health and well-being at the time of their return. Furthermore, the literature found positive support to be vital for the return-to-work process, leading to a smoother transition. Finally, the impact that a lack of support systems has on trainees' experiences of returning to work was also explored. One plausible consideration to support trainees during this time is to offer a buddy who has similar experiences of returning to work after maternity leave. Another option is a parent-placement supervisor who can understand and support the trainee during this process.

Evaluating the Literature

Of the Fifteen qualitative studies identified, six used thematic analysis, two used interpretative phenomenological analysis, one used content analysis, one adopted a hermeneutic approach, one used template analysis, one used oral history, and three used

grounded theory. There is vast variability in the approaches used to study qualitative research. The use of differing methodologies suggests differences in research and epistemological positions. For instance, very few authors stated their relationship to the study or their ontological and epistemological assumptions or positions. This poses a difficulty for readers to know or make sense of the reasons why a certain methodology or analysis was chosen, or how data were interpreted (Al-Saadi, 2014).

Of the studies identified, most were conducted with ten or fewer participants with experiences of returning to work following maternity leave. Hennekam et al. (2019) recruited the greatest number of participants with sixteen, whilst Khalil and Davies (2000) and Haynes (2008) recruited the fewest with five participants. Ultimately, small sample sizes limit generalisability and do not accurately represent the population. Furthermore, caution should be taken when interpreting the results as most studies were conducted in different countries, which affects generalisability and other socio-cultural factors in influencing how results are interpreted and understood.

In addition, it was unclear in the Burns and Triandafilidis (2019) study what type of qualitative analysis was used, but deeper inspection suggests it was thematic analysis because the authors described familiarising themselves with the data, searching and reviewing codes, and renaming codes before summarising the codes which led to the identification of themes. The authors stated a mixed study design was used. For clarity, that study solely reported the qualitative components and not the quantitative sections, and so it was put with other qualitative studies in this research. Similarly, the Alstveit et al. (2011) study was part of a longitudinal study aimed at deepening understanding of women's experiences during pregnancy, maternity leave, and on their return to work. The findings of this article solely explored women's experiences of returning to work after maternity leave and not mothers'

experiences of pregnancy or maternity leave, which were separate studies (Alstveit et al., 2010a, 2010b).

There were several limitations found through the findings of the literature review. Firstly, several studies (Alstveit et al., 2011; Barreiro-Lucas & Brand, 2014; Hennekam et al., 2019; Parsci & Curtin, 2013) only recruited first-time mothers, and this perhaps limits the varied types of experiences of women who return to work following subsequent pregnancies. Furthermore, an opportunity to explore learning through women's return experience, irrespective of number of pregnancies may have been lost.

Only one study explored the experiences of mothers' return for each child conceived or adopted (Juengst et al., 2019). That study was rich because it included all children (adopted or biological), highlighting similarities, differences, and event responses of women's experiences for each child. The recruitment of physicians from a range of specialities as well as those at different levels of training further strengthened the study.

Finally, most studies on women's experiences were qualitative, which means they had relatively small sample sizes with little intention for them to be generalised. Themes that emerged from both qualitative and quantitative studies appeared to sync with each other. This suggests commonality amongst the findings, with exceptions based on the varied types of occupations and workplaces women returned to. This is particularly pertinent from a clinical psychology perspective given the high female numbers accepted onto training. Considerations to clinical psychology practices are likely to emerge through such research.

Study Rationale

The current study aimed to explore trainee clinical psychologists' experiences of returning to clinical psychology training following maternity leave. Whilst there has been a breadth of studies (Juengst et al., 2019; Parcsi & Curtin, 2013; Khalil & Davies, 2000; Brand & Barreiro-Lucas, 2014; Spiteri & Xuereb, 2012; Morris, 2008; Valizhdeh et al., 2017; Burns

& Triandafilidis. 2019; Riaz & Condon, 2017; Sriram, 2017; West et al., 2017; Costantini et al., 2022), exploring women's return to work from maternity leave, limited research has been conducted on the experiences of trainee clinical psychologists return from maternity leave back into clinical psychology training. This is an important area because trainee clinical psychologists hold two roles; first, they are students undergoing an academic clinical psychology doctoral course, second, they are paid employees under a three-year contract with the NHS. Due to the paucity of literature in this area, there is a gap in current knowledge to understand how this cohort experience such a transition, in parallel with the transition to parenthood.

Given the 80:20 ratio of female to male psychologists (BPS, 2015), it seems vital to explore the factors that impact on female trainees' experiences of returning to clinical psychology training from maternity leave. It is also important to explore and understand the impact this experience has on trainee's well-being, support, and overall quality of life. It is hoped this will be active research to help support several stakeholders including current and future trainees, policy makers, clinical psychology training programmes, and supervisors to contribute to continued improvement of processes and procedures associated with returning to clinical psychology training following maternity leave.

Aims of the Study and Research Questions

The present study aimed to investigate trainees' experiences of return from maternity leave. The main research questions are:

Principal Research Question

- How do trainees experience transition from maternity leave back into clinical psychology training?

Secondary Research Questions

- What impact does transition from maternity leave back into clinical psychology training have on trainee identity?
- How does the transition process impact trainees' psychological resilience?
- What impact does clinical psychology training have on trainees' knowledge, care, and general well-being during this process?

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Methodology

"It can be difficult to speak truth to power. Circumstances, however, have made doing so increasingly necessary." - Aberjhani

The aim of this chapter is to provide an overview of the methodology used in this research project. I will discuss the research design and the reasons I chose this method of analysis, with an outline of the method, followed by a review of participants' demographics, recruitment strategies, data collection, and use of service user consultation. I will offer my reflections throughout. This chapter will also review the ethical considerations and procedure and analysis used in this project. Lastly, and to ensure rigorous standards for qualitative research are met, the use of Yardley's (2000) criteria for evaluating qualitative research will be referenced.

Qualitative Approach

Within the last 30 years, qualitative research has developed as a tradition in clinical psychology and has been viewed as a discrete discipline in psychology (Binder et al., 2012; Gough & Lyons, 2016). It is only within the last 40 years that qualitative methods have been concerted and formulated to understand general psychological methodologies; prior, the term 'qualitative research' was not well recognised (Wertz, 2014). However, Freud and Piaget used clinical interviews and observations as research methods, tasks which we now associate with qualitative research (Gough & Lyons, 2016).

Furthermore, one of the main advantages of using this type of research in psychology is that it is driven by values, which enhances opportunities for better psychological understanding (Gough & Lyons, 2016). For this project, I chose a qualitative design, which seeks to provide rich descriptions of phenomena to allow participants to share their experiences in a flexible way (Smith & Osborn, 2015) to ensure detailed accounts are

obtained. Qualitative research not only serves to describe a phenomenon, but also that it enhances our understanding of a series of events being studied, through the process of facilitating a context for more meaningful explanations (Sofaer, 1999).

Lastly, qualitative research falls into the context of discovery rather than verification (Ambert et al., 1995). For instance, it allows for fresh information to reveal new ways of thinking that the researcher had not considered, and which may lead to a complete redirection, modification, or addition to existing ideas (Ambert et al., 1995). I chose qualitative research for this study to facilitate the generation of novel insights and new understandings, driven by opportunities to study meanings and explore participants' perspectives and interpretations (Willig, 2013).

The Case for a Change in Methodology

Before continuing, I feel it is important that I share with the reader my thoughts, processes, and the changes made to the research. From the onset, I wanted to investigate how participants made sense of their personal and social world, including their lived experiences and the meaning attached to such experiences, states, and events. The initial aim was to use Interpretative Phenomenological Analysis (IPA) for this (Smith & Osborn, 2014; Pietkiewicz & Smith, 2014). An IPA approach has three fundamental principles: phenomenology, hermeneutics, and ideography

I was particularly drawn to phenomenology. IPA is phenomenological in that it aims to understand and explore an individual's perception of an account or event, rather than to produce an objective account of the state itself (Smith & Osborn, 2004). However, and as seen in the first extract of my research diary (see Appendix B, Extract 1), I received an unexpected but welcome amount of interest in this study, which led to a change in methodology.

Thematic Analysis

I chose Thematic Analysis (TA) for this research since its accessibility and flexibility mean that it is a popular and widely recognised tool to analyse qualitative data sets (Braun et al., 2018). The term 'thematic analysis' pre-dates the 20th century and has been linked to data analysis techniques used in the social sciences and is now encompassed within disciplines such as psychology (Willig & Stainton Rogers, 2017). TA is a method, not a methodology, that is used to systematically identify, organise, and provide insight into patterns or meaning (or themes) within a data set (Braun & Clarke, 2006; Braun et al., 2018). Owing to its flexibility, TA is not linked to or associated with a specific ontological or epistemological position (Braun & Clarke, 2006); rather, TA is viewed as a 'critical realist/contextualist' method that sits in between a 'realist' and 'constructionist' position (Willig & Stainton Rogers, 2017).

TA uses an inductive approach to analysis, meaning that the themes identified are directly linked to the data itself (Braun & Clarke, 2006). Similarly, the flexibility in this approach also means it can be used to analyse interview transcripts producing data-driven themes derived from quotes and not based on pre-existing assumptions.

TA's focus on the meanings aids the researcher to make sense of the collective or shared meanings and experiences within a specific phenomenon (Braun et al., 2018). This, strengthens TA's suitability to explore and understand trainee clinical psychologists' transition back into clinical psychology training following maternity leave.

Furthermore, there continues to be wide variability in the number of participants needed for a TA analysis, with the justifications often focussed on the desired depth of analysis (Fugard & Potts, 2015). Guidelines from Braun and Clarke (2013) categorise suggestions by the size of the project ('small', 'medium', and 'large') and type of data collection. Fugard and Potts (2015) report between 6 and 10 participants are needed for small

projects, 2 to 4 for focus groups, 10 to 50 for participant-generated text, and 10 to 100 for secondary sources. However, it is unclear how these numbers were calculated.

Employing an empirical approach using a set of 60 interviews, Guest et al. (2006) concluded that saturation occurred with 12 interviews, with factors such as heterogeneity affecting the numbers of interviews required. However, with a relatively homogeneous group of interviews, 12 should suffice, yet other studies report saturation after much larger interview numbers (Guest et al., 2006; Wright et al., 2011). The large numbers of participants recruited in the current study means TA was a good fit and methodology.

Other Methodologies

Discourse Analysis

Discourse Analysis (DA) evolved from linguistic studies and is concerned with studying and analysing 'in-use language' (Starks & Brown Trinidad, 2007). DA examines patterns of language across varying social and cultural contexts (Hodges et al., 2008). It also helps researchers better understand how participants make sense of their experiences through a meaning-making process (Starks & Brown Trinidad, 2007). DA therefore attempts to explore how knowledge and meaning is constructed using language, rather than the identification of patterns and themes between participants. DA's approach to analysis was not considered for this project.

Grounded Theory

Grounded Theory (GT) seeks patterns in data that are bounded by theory (Strauss & Corbin, 1994). For instance, GT has many theoretical stances with the main aim to generate a theory of the specific phenomena (McLeod, 2011). The development of theory—which starts with an area of inquiry to the emergence of theoretically relevant information—in the absence of preconceptions from the researcher or a hypothesis is the focal point of a GT approach (Strauss & Corbin, 1994). Subsequently, GT has its own set of distinctive

procedures using an existing theory as a basis for analysis, whereas TA is a specific method for analysing text (Braun & Clarke, 2006; Strauss & Corbin, 1994). GT also favours a large, heterogenous sample rather than the homogenous group needed for this study (McLeod, 2011). For these reasons, GT was ruled out.

Interpretative Phenomenological Analysis

Like TA, Interpretative Phenomenological Analysis (IPA) starts by identifying themes. I initially chose IPA due to its focus on individual's experiences from their perspective, which is the aim of the research question. IPA investigates how participants make sense of their personal and social world (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015) including their lived experiences and the meaning attached to such experiences, states, and events (Smith & Osborn, 2015). The three main principles within an IPA approach are: phenomenology, hermeneutics, and ideography. Further, the data analysis goes beyond the text/descriptive analysis and interprets the participants' experience. Given the depth of analysis in this approach, participant sample numbers are small. For these reasons, IPA was considered but rejected.

Narrative Analysis

Narrative Analysis (NA) has become increasingly popular over the last few decades with an interest for its use across social science fields (Murray, 2000). The primary appeal of NA is its focus on one specific genre of resources, that of a story, which helps to provide useful tools for communicating the experiences, emotions, and meanings people attach within relationships and to events (Lyons & Coyle, 2016). I considered NA as a research method, yet this approach requires the researcher to actively engage with the participants within the research domain and personally. Hatch and Wisniewski (1995) addressed concerns of authorship, ownership, and voice of the participant and researcher. Elements of power,

control and privacy are paramount to avoid participants feeling trivialised throughout the research process. For these reasons, NA was not chosen for this study.

Design

This research design included 60-minute semi-structured interviews with up to 25 participants.

Purposive Sampling

Purposive sampling is a technique used in qualitative research to identify information-rich cases, through the selection of individuals with relevant experience. This is deemed most effective in facilitating a better understanding of a specific phenomenon (Etikan et al., 2016; Robinson, 2014). I also feel it is important to provide opportunities for people to share their story and experience, especially if there is a willingness to participate in this research (Palinkas et al., 2015). Purposive sampling also allows individuals to communicate their experiences in a reflective manner, and for all the above reasons, purposive sampling was employed (Palinkas et al., 2015).

Service User Consultation

I first met with one of my supervisors to discuss my research project, which was extremely beneficial in helping me understand how to take this research forward (see Appendix B, Extract 2). Throughout this project, I consulted with one current and two former trainee clinical psychologists on the University of Hertfordshire course, all of whom had returned to clinical psychology training following maternity leave. It is important to highlight that all Hertfordshire trainees were on the exclusion criteria for this project to uphold confidentiality within the Hertfordshire course. Instead, the trainees who would ordinarily have met the inclusion criteria for this project were a part of the service user consultation at various stages of this study. I highlight parts of this consultative journey with all trainees using extracts taken from my reflective diary (Appendix B, Extract 3).

From the onset, it was important for me to liaise with other trainee clinical psychologists who shared similar experiences to me. On the one hand there was something comforting about talking to other trainees who had gone through this process; yet I was worried to hear other trainees' experiences, especially if they were very similar to my own. I experienced difficulties and obstacles on return from maternity leave on several levels (personal, system, political) and I worried where the conversations would lead (e.g., increased frustration). However, my fear and worry quickly diminished as I was able to think about difficulties and challenges in the context of this research project. As well as my hopes for using this project to support fellow trainees and courses going forward.

Further Developments of the Interview Schedule

I also sought feedback from current trainees about the interview schedule (Appendix C) prior to recruitment and conducting interviews (Appendix B, Extract 4).

Participants

Inclusion and Exclusion Criteria

Only trainee clinical psychologists who are currently enrolled on a UK-based clinical psychology doctoral programme, and who had a baby whilst on the training course and subsequently returned to training post maternity leave, were recruited. All participants were female and above the age of 18. I am not discounting other forms of parental leave (including paternity leave/adoption); however, to have a homogenous sample, only women were recruited for this project due to the prevalence of women becoming pregnant during clinical training. It is also likely that other forms of parental leave may elicit different experiences, which are not in line with the focus of this study.

In terms of the exclusion criteria, participants who were under age 18 and who had dropped out of the clinical psychology training programme were not included. University of

Hertfordshire trainee clinical psychologists were also excluded due to difficulties in ensuring and maintaining confidentiality and anonymity.

Recruitment

Twenty participants were recruited to take part in this study. In total, twenty-five participants expressed an interest following a recruitment advertisement via social media (Appendix D). However, some participants met the exclusion criteria and so were not interviewed. There were also difficulties in contacting some participants which prevented more interviews. All participants interviewed met the inclusion criteria.

Demographic information was obtained through a demographic form sent to participants prior to the commencement of the interview (Appendix E). Some of this information is included in Table 6. Pseudonyms were also given to prevent the risk of participants being identified, which is consistent with the ethics of confidentiality taken from the professional code of ethics (BPS, 2014).

Table 6

Descriptive Statistics

Age Groups	**Number of participants**
18-24	-
25-34	14
35+	5
Not reported	1
Number of children	**Number of participants**
1	16
2	4

Ethnicity	**Number of participants**
White British and Mixed British	17
English	1
Other Ethnic Groups	1
Not reported	1

Training region	**Number of participants**
Northeast	5
Northwest	1
Yorkshire and the Humber	-
East Midlands	-
West Midlands	2
East of England	2
London	2
Southeast	4
Southwest	2
Scotland	1
Not reported	1

Length of maternity leave	**Number of participants**
< 3 months	-
3-6 months	1
6-9 months	2
9-12 months	12
12 months or more	4
Not reported	1

Relationship Status	**Number of participants**
Single	-
Partnered	1
Married	18
Other	1

Ethical Considerations

Ethical Approval

This research project was granted ethical approval from the University of Hertfordshire on August 8, 2019 and re-approved in August, 2022 (protocol number: aLMS/EPGT/UH/03764(3) (Appendix F).

Informed Consent

All participants were given information about the study through the participant information sheet (Appendix G) and an informed consent form (Appendix H). Participants were also given a copy of the consent form signed by the researcher at the end of the study for their records. Consent was sought again from all participants prior to conducting the interview.

Confidentiality

Given all participants were trainee clinical psychologists currently undergoing the doctorate in clinical psychology training, there was a potential risk to absolute anonymity in this study. I felt it was important that I acknowledged my position and relationship to the study with all participants, especially when considering the impact participant responses may have on me, my reactions to answers, and how this research is conducted. This again highlighted the importance of supervision as well as confidentiality for the purpose of exploring these issues within the context of supervision.

Potential Distress

Whilst it can be argued that qualitative interviews have advantages in actively encouraging participants to talk about their experiences, which can also parallel the therapeutic encounter and practice (Birch & Miller, 2000). The disadvantage is that they invite participates into a narrative that is deeply personal and private. There is a risk that participants may become distressed through the process of talking about personal

experiences. Though a professional group was recruited, the nature and purpose of this study was to explore issues around participants' personal and emotional lives.

Participants were assured prior to the interview that they could skip questions if there were topics or questions they did not want to answer or that they could terminate the interview any time. All participants were given a debriefing form on completion of the interview with information about sources of support (Appendix I).

Insider Researcher

Insider research is becoming increasingly common within work-based qualitative studies, with benefits to improving practice by contributing to knowledge, meaning, and understanding of the phenomena being studied (Fleming, 2018). This research project was conceptualised from my lived experience of motherhood whilst undertaking clinical psychology training. Through the process of positionality, an insider researcher has a unique position to do in-depth research, and there are two main advantages (Fleming, 2018). Firstly, the researcher can be viewed as one of the members to the group being studied. Secondly, the researcher has prior knowledge of the situation and context (Costley et al., 2010; Fleming, 2018). As such, the researcher's self or identity is often aligned with participants' which adds to the strength and passion for conducting this research (Berkovic et al., 2020; Chavez, 2008; Saidin, 2016).

Researcher bias and compromised researcher objectivity are the main criticisms of being an insider researcher. In addition, there are also ethical and methodological issues that need to be considered, such as ensuring participants' and institutions' identities remain protected (Costley et al., 2010). I therefore took steps to minimise potential bias throughout the research process and prior to developing the research interview through the process of bracketing.

Bracketing is used in qualitative research to identify, explore, and examine the mitigating impact of one's own beliefs and preconceptions that may taint the research process (Tufford & Newman, 2012). I began the bracketing exercise by reflecting on my own experiences of training and motherhood, which I brought to research supervision. I developed questions that were not biased by my own experiences or perceptions of participants' accounts, thus ensuring credibility by increasing rigor and transparency (Fleming, 2018).

Whilst my insights as an insider researcher were valuable because of my prior knowledge and shared experiences of returning to clinical psychology training from maternity leave. I was mindful that research participants' own experiences could be vastly different. I therefore took steps to mitigate any potential biases by continuing the bracketing exercise throughout the research process and keeping a reflective diary.

Data Analysis

Transcription

All interviews were transcribed verbatim with the audio files transcribed to text; nine of the interviews were transcribed by the primary researcher and the remaining by an independent company and transferred by secure means. A transcription confidentiality/non-disclosure contract was signed by the independent company to protect participants' confidential and proprietary information (Appendix J). Every effort was made to protect identifiable participant and institution's identity and so any identifiable information was removed in the transcription process.

Quality checks. The primary researcher reviewed all transcribed transcripts for accuracy and both interviewer questions and participants responses were thoroughly checked. To ensure quality validity, rigour and transparency, alongside substantiating research's credibility and trustworthiness, the researcher closely adhered to the quality criteria outlined

by Yardley (2000) and Elliott et al. (1999). This will be discussed later in this chapter, with evidence showing how such quality checks and assurances were met for this research.

This process also enabled the primary researcher to identify the presence of researcher beliefs and preconceptions that may have arisen during and following the interview, and during the analysis. Furthermore, member checking of preliminary findings was carried out by two participants to verify for accuracy and provide any needed corrections or further clarification. The purpose of this was to strengthen the validity and reliability of the data collected (Nowell et al., 2017).

Due to the large numbers of transcripts, and to help capture the data and ensure that nuances, meanings, and rich data were not lost throughout the analysis process (and to reduce bias), NVivo qualitative data analysis computer software was used to support the coding process in this study.

Analytic Procedures

TA procedures are consistent with Braun and Clarke's (2006) six-phase process for analysing data (Table 7).

Table 7

Six Phases of Thematic Analysis (Braun & Clarke, 2006)

Phases of Thematic Analysis	**Analysis Procedures**
Stage 1: Familiarising yourself with the data	The aim of this phase was to familiarise myself with the data set through the process of listening to the audio recordings followed by thoroughly reading textual data and writing notes on the transcripts (Braun & Clarke, 2006). It is only through the process of immersing myself in the data that I could identify areas of specific interest to this research.
Stage 2: Generating initial codes	The coding process was split into several parts. Firstly, all transcripts were coded by hand to stay as relevant to the research question as possible. They were then transferred to NVivo to organise the data. To improve research validity, investigator triangulation was used. Two transcripts were coded by an external researcher and compared.
Stage 3: Searching for themes	The next stage shifted from coding to searching for themes for significance and patterns in relation to the research question (Braun & Clark, 2012). A three-column table was created in Word to generate or construct new themes throughout the transcript. This helped gather relevant data for each

	theme, identify similarity and overlap between codes, as well as the frequency of common patterned responses (Braun & Clark, 2012).
Stage 4: Reviewing themes	The next stage involved reviewing the themes as part of data checking. A broader review of the themes was pivotal to examine the strength of the themes and to ensure themes were consistent and distinct, and importantly, that the themes worked in relation to the data set (Braun & Clark, 2012). A few changes were made at this stage to verify relevant data were meaningfully captured (Braun & Clark, 2006).
Stage 5: Defining themes	Defining and naming themes helped identify the 'essence' of the theme and the meaning and context that was reflective of the data story (Braun & Clark, 2006, p. 66). This process also illustrated how the subthemes interact and relate to the overarching theme, ultimately ensuring a 'coherent overall story' (Braun & Clark, 2006, p. 66).
Stage 6: Writing up and producing the report	This final stage involved producing the final analysis and writing the report. Extracts taken from transcripts were also included to support themes to provide context and meaning to each theme and thus strengthen the overall story.

Reflexivity

Reflexivity is an ongoing process that permeates every stage of this research, from the topic choice to the chosen methodology, through to the theoretical framework. These were governed by my values and have helped to shape these values (Guillemin & Gillam, 2004). My own social and political locations are also potential drivers that have influenced this research and my relationship to it (Harding, 1991). Subsequently, reflexivity is a critical reflection of the production and generation of knowledge throughout this project with considerations to my own active interpretations of such knowledge and how I came to know about it (Guillemin & Gillam, 2004; Hertz, 1997).

It is through the process of understanding the various positions I hold that has helped me ensure rigour in this research. This is the practice to maintain thoroughness, consistency, and precision from the beginning of this project to the very end and possibly beyond with the potential for further research.

Quality Assurance

There continues to be growing interest in research quality (Bryman et al., 2008). Even so, there is no consensus on the best criteria to evaluate research, and there continues to be a

variety of quality criteria used to assess the worthiness of qualitative and quantitative research approaches (Lyons & Coyle, 2016). This study will draw on Elliott et al.'s (1999) seven evaluative criteria for quantitative methods and Yardley's (2000) criteria for qualitative research. Information on how this study met the specifications of the criteria used can be found in Tables 8 and 9.

Table 8

Yardley's (2000) Qualitative Criteria

Assurance Criteria for Quality	How the Current Study Met this Criterion
Sensitivity to context Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues	The literature review identified a paucity of research in this area. However, there was plausible context to theory from the studies identified; common themes emerged with the use of qualitative methodologies. Awareness of social-cultural settings and ethical procedures including confidentiality and informed consent are also documented and paramount to understanding participants' perspectives and aided researchers' interpretations.
Commitment and rigour In-depth engagement with topic; methodological competence skill; thorough data collection; depth/breadth of analysis.	A qualitative approach was used to capture new meanings and interpretations for the topic area. I highlighted the prolonged engagement I have with the research from a personal and researcher position. Analytic procedures encompassed Braun and Clarke's (2006) six-phase process for analysing data. This allowed for themes to be captured to help me make sense of participant experiences. The flexibility with this approach was also advantageous in providing more depth to the analysis process.
Transparency and coherence Clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity.	The method section was organised in a clear, transparent, and logical manner. An example of how data were organised, and codes emerged can be found in Appendix K. The analytic procedures followed Braun and Clarke's (2006) six-phase process for analysing data. I also employed reflective and reflexive principles to ensure transparency with regards to my own position.
Impact and importance Theoretical (enriching understanding); socio-cultural. Practical (for community, policy makers, health workers).	The study is unique within the profession it was intended for. It is hoped the findings from this project will help give voice to trainees' experiences following maternity leave, as well as contribute to system and policy changes to support subsequent trainees going through a similar process. On a wider level, the study also focuses on the work and motherhood relationship and on broader sociocultural expectations and discourses pertaining to them.

Table 9

Elliot, Fischer, and Rennie (1999) Quantitative Criteria

Assurance Criteria for Quality	How the Current Study Met this Criterion
Explicit scientific context and purpose. The manuscript specifies where the study fits in relevant literature and states the intended purposes or questions of the study.	The literature review identified a lack of research in this area; the research rationale was strengthened due to limited research in this field.
Appropriate methods. The methods and procedures used are appropriate or responsive to the intended purposes or questions of the study.	The aim of the research was to explore people's experiences and to generate new understandings, novel insights and to add to the knowledge base. The rationale is further explained in the method section.
Respect for participants. Informed consent, confidentiality, welfare of the participants, social responsibility, and other ethical principles are fulfilled. Researchers creatively adapt their procedures and reports to respect both their participants' lives, and the complexity and ambiguity of the subject matter.	The method section seeks to explain the processes to ensure appropriate measures to obtain consent, and procedures to ensure confidentiality and potential risks were clearly stated. Adaptations to meet participants' needs were considered throughout. I also employed reflective and reflexive principles to ensure transparency with regards to my own position.
Specification of methods. Authors report all procedures for gathering data, including specified questions posed to participants. Ways of organizing the data and methods of analysis are also specified. This allows readers to see how to conduct a similar study themselves, and to judge for themselves how well the reported study was carried out.	An example of the interview guide can be seen in Appendix C. Examples of how data were organised, and codes emerged can be found in Appendix K. Analytic procedures used in this study followed Braun and Clarke's (2006) six-phase process for analysing data.
Appropriate discussion. The data and the understandings derived from them are discussed in terms of their contribution to theory, content, method, and practical domains, and are presented in appropriately tentative and contextualized terms, with limitations acknowledged.	The discussion summarises the main findings of the study linking this with theory and highlighting the significance of this research to clinical practice and its relevance to the clinical psychology profession. Implications, limitations, and suggestions of the study were also discussed.
Clarity of presentation. The manuscript is well-organized and clearly written, with technical terms defined.	Technical terms are clearly defined at the start of the paper. The research is written and organised in a succinct and logical manner.
Contribution to knowledge. The manuscript contributes to an elaboration of a discipline's body of description and understanding.	The study is unique within the profession that it was intended for. It is hoped that the findings from this project will give voice to trainees' experiences following maternity leave as well as contribute to system and policy changes to support subsequent trainees going through a similar process.

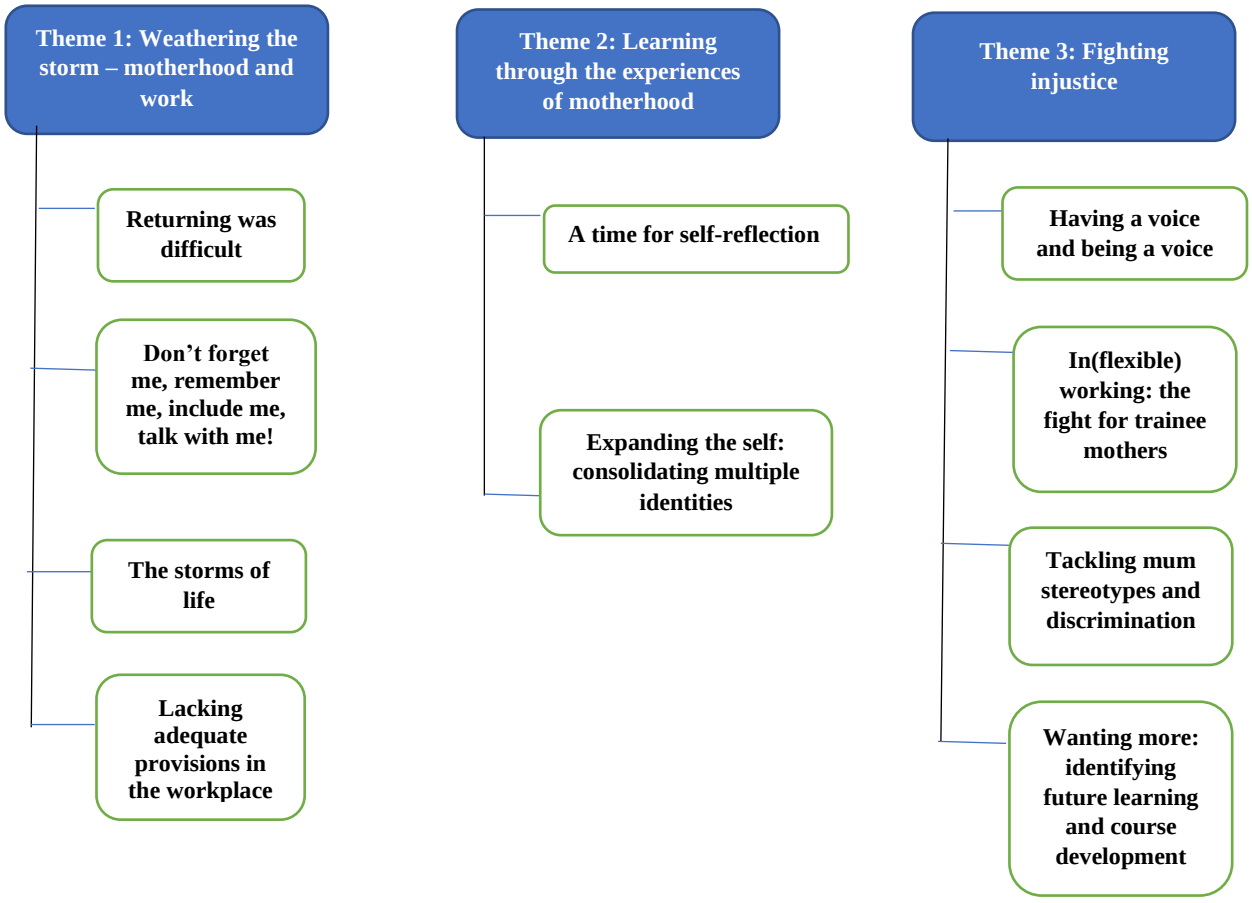
Results

"Balance is not better time management, but better boundary management. Balance means making choices and enjoying those choices" - Betsy Jacobson

In this chapter, the findings from the Thematic Analysis will be presented. Three primary themes were formed from the data and are shown in Figure 3. All themes include detailed anonymised extracts taken from interview transcripts.

Figure 3

Thematic Map of Themes and Sub-themes



Theme 1: Weathering the Storm – Motherhood and Work

This theme captured the essence of trainees' experiences of combining motherhood and work. The main topics centred around challenges upon returning and sources of support.[3]

Subtheme 1: Returning was Difficult

Many participants spoke about the challenges they faced upon their return to training. Participants often spoke about how difficult the return was for them, specifically relating this to critical self-knowledge of the importance of attachment in the early stages of a child's life. Whilst some participants suspected the transition would be difficult, the actual process was much harder than anticipated.

> It's just, just scary. I think it's a scary prospect. I guess you spent well over a year sort of building this attachment with your child that you then know that you're going from spending every hour of the day with them to being away from them for a significant part of that day. … And that was a difficult thing for me. Um, and the, the prospect of, of juggling that, um, and prioritizing my family life. And my child, I knew it was something that would be a bit of a challenge. P4

Like many other trainees, P4 spoke about the challenges of juggling work with motherhood and the impact this had on her. The same participant was reluctant to return and reflected on this through speaking about her decision-making process.

> I on a number of occasions made a decision not to return to training. … my decision to return was done on a temporary basis, so I was going to give it six months and see how, see how I found it. And you know, I've managed to progress on and on, I really

[3] Note: Ellipses denotes words that have been omitted from the quote; [ ] denotes words that have been added to improve clarity; (P followed by a number) denotes a quote taken from a particular participant. All potential participant identifiable information has been removed.

finished now, so, so I'm, I'm glad I did return, but it certainly wasn't set in stone that I was going to do that.

Returning to work was both difficult and scary with fears of being the new person, fears of joining a cohort they'd never met before, and fears of not being liked were common themes many participants identified as other facets affecting the transition experience.

To be honest, it was quite a daunting prospect returning to, to train with people that I hadn't met before … I was in or with a group of completely new people … who had been together for a year. P3

Some participants described joining a new cohort as a very isolating experience, especially if there were no other parents in the new group. One participant spoke about the challenges she experienced with people not being able to relate or understand how difficult it was for her combining motherhood and clinical psychology training.

I guess I felt … I did feel quite isolated in [the] new cohort. P9

So that felt like we were in very different, different places. In terms of where they were in their life and where I was, I felt slightly on the outside looking in, to a degree and because of my experiences … I think some of the difficulties I have had. And I felt like I've had then on my own because there is nobody else going through that. P14

On the other hand, some participants felt having some knowledge of the new cohort helped with their transition. In fact, one participant spoke about her excitement with joining a new cohort and this was mainly due to her knowing people in that cohort. Without this prior knowledge, her experience may have been very different.

> … I think because I knew I'd met all of my new cohorts and I knew some of them, would call some of them friends already. It didn't, I wasn't nervous or apprehensive at all about starting with a new cohort. P6

Furthermore, whilst some participants spoke about their initial worries and difficulties, others described this change as unexpectedly positive, as two participants explain.

> But it was such a lovely experience like the cohorts were so welcoming, really supportive. … and I've got nothing but positive things to say about them in terms of joining them. P3

> So, I came back into a new cohort … they were great I couldn't have asked for a better cohort and, and better support from my peers. P4

Subtheme 2: Don't Forget Me, Remember Me, Include Me!

This subtheme centred around participants' experiences of feeling forgotten by not being held in mind whilst on maternity leave, and upon returning to clinical psychology training. Many participants voiced their anger and disappointment with courses not helping to facilitate a smooth transition with support.

> I think for me I was, I felt, I think I was quite let down by, um, my employer, the university and the Trust that I, that I work for because I didn't have any support from them. So I didn't have a return to work interview. I didn't have any contact … on my return to work. … my first day back after maternity leave was my first day on a placement … I didn't receive anything. … they [course team] didn't even know that I'd actually returned to work when I did. P4

In addition, many participants expressed a sense of detachment, loss, and vulnerability, as one participant describes:

> It felt a lot of the time, the course team didn't know I was back … I felt half the time they'd forgotten I was even on training; you know kind of out of sight out of mind … so I just felt a bit forgotten really and a bit detached from the whole course and the whole course team. it was really strange. P10

Other participants voiced similar concerns over the lack of communication from the course in informing the new cohort they would be joining. This was associated with feelings of disbelief and at times, awkwardness.

> When we turned up for the first day, back at uni, no one had told anyone in the new cohort that we were coming ... We turned up without anyone expecting us ... So that was a bit weird because everyone was just a bit like, who the hell are they? No one kind of spoke to us initially. Probably because they were more just like, who are these people? P12

Feelings of not being included were also described and strengthened when participants spoke about not being offered to be a part of a skills development group that was provided for others in the cohort. This again reinforced a lack of belonging to any cohort group.

> We at [university] have something called PPD group … It's personal professional development. I wasn't ever offered to join a group like that, which slightly bothered me cause I thought, well, yes, I was kind of without that support from the University … but I guess because it was, there was no cohort for me to go into, it didn't really make sense. P7

Whilst many participants expressed anger towards the course for the lack of support and consideration of their individual needs, one participant's account was very different and there appeared to be an overall sense that other courses could do more.

> I met with her [course tutor] I think twice before I came back. And she was really thoughtful about kind of the impact on me and what it would be like to start a new cohort. Um, thought about ways that she might support me to do that or make it easier … She was thinking about getting me in touch with some of the new cohort … so she contacted me on … second day back at uni. She had made an appointment for me to speak to her to just check in on how it was going and see if there's anything that I needed. P6

Overall, this subtheme described some of the challenges participants faced in preparation of, or shortly after, their return to clinical psychology training. Some courses did not adhere to the return-to-work procedures and many participants spoke about the impact this had on them. This was alongside participants' experiences of feeling forgotten, not fitting in, and poor communication with course teams. Participants voiced heightened levels of emotions as a result.

Subtheme 3: The Storms of Life

The most common topic participants spoke about was the emotional and physical impacts they experienced upon returning. Some participants appeared surprised by how much they were affected by it. Almost all participants referenced experiencing 'mum guilt' and this was associated with negative feelings and perceptions about themselves and how they made sense of this.

> I would say in terms of like just maternal duties and things. Like the biggest thing that I've experienced that I don't think I expected to, was just guilt … about being at work. P12

> I just feel like the worst mum in the world because I'm like, okay, I just left my crying child just so I can work. It makes me feel a bit selfish. P1

For others, the pressure of guilt left them questioning why they had returned, and whether it was the right thing to do. The presence of emotions and conflict also appeared to make it difficult for participants to respond constructively to the struggle. An example of conflict was feeling guilty about returning and concurrently the importance of work for them.

> I suppose the times where I felt guilty about being at work and sometimes, I did feel like, why have I had, you know, why have I had the baby? Cause I want to work, should I be at home all the time … occasionally I'd feel guilty. P10

It was interesting to hear that guilt emerged through other means and not solely from participants' worries of returning. As one participant describes, other people's perception of their return was another factor contributing to the pressure she had to contend with.

> I think sometimes when people have said to me I don't know how you manage that, it must be really hard to manage full-time work. And with the baby, sometimes it's left me feeling guilty, um, that I'm working full time. P4

Physical Impact. In addition to the emotional impact, the physical impact of tiredness and sleep deprivation also contributed to the struggles participants faced in their overall work performance. One participant spoke about her experiences of trying to function on limited hours of sleep.

> There have been times when I've had to go out to placement … it's been challenging you know, functioning on a few hours sleep. It's pretty tough … I guess similarly with going into teaching, um, having to concentrate all day … that's tough. When you haven't, you've not had, much sleep. P12

This was followed with others voicing difficulties with navigating their time around their work and studies.

> I was … exhausted. It took over, my life was just on hold I think for training cause … I get home from work and just be exhausted, and I'd be writing my thesis or writing course work when my son … went to bed. … if he had a nap, I'd quickly try and do some work. So yeah, I was exhausted. P9

Many participants referred to sacrificing their life to manage the demands of being a mother and training. From listening to participants, it appeared difficult for them to integrate all aspects of life into their general routine and the consequences of that, served against participants ability to engage in self-care. At times, this was also described as a survival mechanism.

> There was no self-care … I only had time for the highest priority, which was finding sleep. Yeah. It wasn't possible. So sleep was my first priority and I didn't have any time to meet any other priorities … To keep me going. It was pure physiological survival rather than psychological. P16

Finally, it was worrying to hear participants talk about tiredness in the context of their overall functioning, such as their ability to drive. Whilst participants were cautious and attempted to exercise safety, it was clear one participant was distressed by this and had to find ways to address the situation.

> I was driving along thinking, I'm driving at 70 miles an hour on two hours sleep. I could kill myself or I could kill a whole lot of other people, this can't go on … This just really can't go on. And that's when I decided I had to have a meeting … It was, the threat to myself, the threat to my daughter not having a mother, and the threat to other people. It was just wrong, and something had to change … it can't go on as it is. P16

The above participant draws significant attention for the need to address wider conversation around help-seeking, and supervision to support trainees. This was particularly vital in the presence of other factors contributing to the initial difficulties of returning. For instance, child's sickness, as P14 illustrates.

> When I spoke to my personal tutor about … how I was feeling and that actually my son's in and out of hospital … and I'm coming to uni, sometimes having spent all night in hospital. And then because I'm so terrified of being off sick. I would come in and spend all night at the hospital with my little boy then drove to the uni. So, they knew I was doing that, but nothing was ever said in terms of … you shouldn't do that … And then another time I went to lecture, and I was late because I'd come from the hospital, I just sat in the lecture room and cried. P14

This participant again illustrates the breakdown in communication and thus lack of support received from the course team. Another describes being put in a powerless position, which subsequently made it difficult for her to raise important topics.

> I think it's very much again, feels like they're putting me in a child, you know, like a powerless position … I think it's really hard to ask for things on the course … I think when you're in that … that one down position or you're the child or whatever you almost feel like you need somebody to bring something up in order to talk about it cause it, it almost gives you permission to talk about it. And it wasn't brought up, things weren't brought up. P14

Getting Through the Storms: Sources of Support. It was important for participants to share the factors that helped them get through the different waves of a storm, including identifying different sources of support. In most cases, family was reported as a key resource to help with the practical demands of childcare.

> She stood by my side and she actually did my childcare for me, um, to get me through training cause she didn't want any more stress for me … She was like … I'll look after him and then, you know, he's okay, you know you have to deal with that. So, I had amazing support from my family. P7

The other side to this related to the purpose behind the uncertainty; the things that kept them going, personal and family values for instance.

> My mum values as a mum and caring about family … I guess I've got the same values in that sense … But my mum … raised five kids and was very devoted to us, she goes … I think the type of person you are, and it's really important that you are able to have your own life and do the things you need to do. And actually, this adventure drive is just going to be three really difficult years. But you'll try do things to set up your children to provides an example to show them they can achieve what they want to achieve … So there was also that bit kind of pushing, so that's I think what carries me through, knowing the reason I was doing it. P14

Here, the significance of functional support that is the practical, emotional, and nurturing provided by family played an important role in coping with the demands of training. In some instances, and as P12 explains, the absence of this support may have led to a different outcome. It was clear participants were immensely appreciative of the support received during an important stage of their life.

> I suppose there are times when you know you've got something to do and you've got a few things to do at once. … placement portfolio is due at the same time, stuff like that. Then yeah, it can be really hard to manage all of that emotional stuff that's going on. But I think for me, I've just got such good family and friends … to be honest, if I didn't have them, I don't know if I would have been able to carry on with the doctorate

> … to be totally honest. Cause they're so, so important in keeping, keeping us all sane and keeping us all going … And helping us all out. P12

Formal and Informal Support. The presence of formal and informal support was also deemed to be another important resource for participants. Interestingly, the main form of formal support came from placement supervisors. One participant described the support she received and the impact the support had on her, what she gained from it, and what she identified were the key elements for good supervision and the roles of a good supervisor.

> Just placement. Supervision … Or, my supervisors would often ask how things were going before we had, sort of more formal supervision. And so there was always like a part of supervision just for like personal, um, development and just, yeah … Checking in and asking how things are, um, being human really. And I think that's a really important skill for a supervisor to have to be honest … having a connection with people and being able to be open and honest about how you feeling, how you are, what you think you can do, what you think you can't do … Um, just having someone to share that with really … so that was really helpful. P7

> I didn't have any formal meetings with course staff, but I kind of had informal discussions kind of ad hoc where they said, you know, how has it been going? How, how is it going with your new cohort? How's it feel? They asked about my child and things. P15

In fact, supervisors who were parents themselves were described as a huge support, an asset to participants' transitions. Many participants felt supervisors who were parents related better and understood the challenges participants were going through because of their own lived experience of motherhood and those who had a baby during training.

> I think from hearing from people that had been through it themselves, especially those that had returned to training, because I had, um, I know the psychologist that had returned, that had their maternity leave in training as well … the comments from them felt really validating … Because they had been through it, they knew what I was going through and I felt like them having the experience, I was able to learn from them from how they managed and things like that. P6

Similarly, peer and group support were deemed another highly valuable resource where participants could connect with others with similar experiences, have their experiences normalised and validated, and, fundamentally, find support with improving participants' health and well-being.

> So we, we had a group, like a WhatsApp group … that anyone is welcome to join if they just wanted a little bit of support or just to know that they, they wasn't the first going through this or they weren't on their own … Just somebody to just go, yeah, no, I get that. That's really hard. … we kind of made a little … comradery between ourselves just to know that kind of, you got this, you can do it. P7

To conclude, it was captivating to hear one participant speak about her experiences of personal therapy. For her, personal therapy provided another platform and space to talk freely about the challenges experienced, in the absence of any perceived judgement, because support was sought outside the realms of clinical training.

> So I did a bit of personal therapy for a few months actually, which was really helpful. So obviously that's not something most of our courses, uh, necessitate or promote … and it was really helpful. So yeah, I do. I think that has been really, I think that has been very strengthening, I guess. And just having a different space. P3

Subtheme 4: Lacking Adequate Provisions in the Workplace

Some participants spoke about the practicalities and challenges of wanting to express milk at work following their return from maternity leave. There appeared to be immense difficulty in finding suitable places and time for this. Participants frequently voiced their frustration and disappointment with this.

> I think that was really difficult because I didn't, I couldn't predict what classes I was going to be off on what days … And it wasn't really practical for me to be kind of pumping in the middle of class … To miss half a lecture to go and do that … And I couldn't really do that on placement. I can't, I couldn't schedule client sessions between that, I have to go express breast milk right now. I can't be in at [placement] meeting … I can't go and do travel … miles away because I have to pump. It just wasn't suitable. P15

Other participants spoke about their experiences of identifying suitable places to pump milk with differences in participants' accounts related to where they were working.

> I had inquired with the uni about whether there were space to pump and they do have like a pumping room at uni or like a breastfeeding room that you can use. … but there was nothing like that on placement. P1

> So I would have to just kind of find somewhere that was suitable, you know, my placement supervisor would be as flexible as possible with that. So if she wasn't using her office … or if she wasn't in … I could use her office or something. P19

However, two participants spoke about the unconventional measures they had to take to express. Storage of milk was another issue raised by some participants.

> So, I was having to go to lectures and express in the toilets and I'm just having to go to placement and then express and ask about where I can store … P17

> What I used to do, which is going to sound crazy now. In my hour and a half journey, I got one of these bras that you can hold the breast pumping … So you are hands free, So I used to put that on under my jumper and drive with it expressing milk there and back. P14

There also appeared to be some reluctance around seeking support and this was often related to others' perceptions of them.

> When I was on placement, my supervisor found rooms for me to go into, to express when I was still expressing in the day ... but on the course … You know what, I didn't even ask actually, I think, I just, yeah don't know why I just didn't bother asking ... but think the reason I didn't bother asking is cause I didn't want to be any more of a problem.

> What do you think they would have said or what stopped you from doing that? I wonder. [Interviewer]

> Yeah, I think um, I hadn't really thought about it before but think ... I think it was just the thought that, Oh look she's asking for another, you know, another exception cause she's pregnant … you know, she needs a special room. So I just think, I just didn't I didn't bother … P14

This participant spoke about the difficulties she had with seeking support and asking for help from the course. Again, this appears to link in with the wider conversations around supervision and cultural barriers pertaining to perception of childbearing whilst training.

Social Work Environments and Expressing Milk in the Workplace. Lastly, and in relation to social barriers and lack of provisions at work, trainees' social environment, particularly when working with those in higher positions and usually men, were often described as an uncomfortable and tense experience. As participant 21 explains:

> It was a team of male psychologists who were not understanding of the difficulty of returning from mat leave, um about breastfeeding …

Here, P21's experience on placement appeared to be tainted by social responses to her enquiries about breastfeeding. Her experiences also appeared to open a space for her to reflect on the wider issues of breastfeeding at work.

> He is a consultant. He was oh my god so awkward about it. He couldn't look me in the face when I was saying ... about a place for me to pump milk … And because [he] was so awkward about it, it made me think that people are going to be awkward about it. P21

To summarise this subtheme, many participants openly spoke about the challenges and difficulties they incurred expressing milk in a variety of work settings. Lack of suitable provisions, lack of adequate support, and lack of knowledge about the demands of breastfeeding for trainees, seemed to negatively impact trainees' transition experience back to training.

Theme 2: Learning Through the Experiences of Motherhood

This theme captured the learning elements participants often spoke about and reflected on when talking about the changes they had noticed within themselves and in relation to their work upon returning.

Subtheme 1: A Time for Self-reflection

In relation to personal growth, many participants spoke about the transferable skills they acquired through their experiences of motherhood and the impact these skills had on them.

> I came back with that perspective of like, life, outside of work's more important and, like everything, I'll just be all right. And then I think coming back for the second time and managing, juggling two kids that were really quite close together, I was just like if I can manage this, I can manage whatever the course throws at me. P13

Further, this same participant reflected on the positive effect improved insight and time management had on her.

> It's weird because I don't feel like I can invest as much time as I probably want to but at the same time, I feel completely liberated that I don't feel like I have to put in as much time as I used to. That sounds like completely contradictory.

Similarly, many participants spoke about being more efficient and proactive with their time, often making links to perfectionism and learning to redirect their attention to doing what was needed of them.

> I think actually having a baby has helped me to be a bit more organised with my time. … That I can be a bit more productive … So if I know that I've got something due and I've only got three study days before it's due, then I can be more productive with that time. P12

> And I would say the, the main impact it's had on me ... I just was way less perfectionist. And way more imploring that you just need to pass … P7

Some participants spoke in detail and positively about the changes they had noticed to their work patterns and reflected on this in relation to changing perspectives. There appeared

to be a shift from striving for the best, being productive with their time, to accepting they could only do what they could within the time they had.

> So interestingly, my academic work has improved since having kids. Not massively, but my marks have slightly gone up like more consistently. And I think that is because before having kids, I would procrastinate I would write and rewrite and rewrite again. And I probably overthink and over care and overwrite it that many times I made it worse. Whereas obviously, once you have a kid, you have a set amount of time that you've got to do and you've got to get it done. And that's it … I write it and I put it down and I forget about it. And I have my time to do it. P13

Self-reflection and Clinical Work. For all participants, their experiences of motherhood encompassed a wide range of learning opportunities. Many participants felt their lived experiences of motherhood helped strengthen inter- and intrapersonal skills, which were invaluable for their work with clients.

> I guess with having returned when I did with a CAMHS [Child and Adolescent Mental Health Services] placement, I had that first-hand experience of having a child and understanding what parents that were bringing their children with concerns to, to CAMHS having it, having that experience of ... what that must be like to go through, um, has been really valuable ... really has. P4

> I think I'm more reflective now about the challenges of motherhood … And about how situation to the child can really push you and pull you, and how difficult it is to implement advice when your resources are so low … I think it's made me a better psychologist … Um, better for my clients I work with. P15

Here, P15 reflects on the importance of learning not only for herself but also for her clinical work which appeared to have greatly affected her identity as a psychologist. P13 also links confidence with the development of communication skills.

> I used to always shy away from kind of public speaking and like presenting and all that sort of thing I would hate and then I chose to do an organisational placement where I actually asked the supervisor to make me do lots of it. So, I would umm, kind of push myself out there, which I never would have done before. I was quite happy in my little avoidance bubble. Whereas now I'm quite a lot more happy to kind of rumble with vulnerability. P13

It was interesting to hear one participant consider and apply her knowledge of theory and practice to help increase her understanding and empathy for her clients.

> I think it made me much more aware of when I've got women and men parents coming in for therapy, like the challenges they face … having time and space to think about yourself. I think it made me appreciate and be much more aware of that … and I'm more psychodynamic, so it's made me very much aware of kind of the idea of containing another thinking about them being responsive to their needs and really listening. You do that with children all the time. In therapy, which I, I understood in an academic level before but didn't get it. Um, and now I get it, I got like what it means to. Yeah. I think before when I was trying to do some of this, thinking about psychodynamics stuff, interpretations of I suspect weird and then after having a child and Oh my God, I do this with my baby all day long … They say something, I interpret it and give it back to them and they tell me yes or no or right or wrong … So it's, I think in some ways it's really enhanced my practice. P14

Within this theme, personal growth was described as the knowledge participants acquired through their experiences of motherhood, which helped increase the development of self, alongside the development of skills, understanding, and personal qualities. Ultimately, these were invaluable for participants clinical work and overall clinical practice.

Subtheme 2: Expanding the Self: Consolidating Multiple Identities

This subtheme captured the change and merger of existing identities. Participants often spoke about this change in various ways and how their perception of self also changed. Returning to work was perceived as a positive move towards regaining their old identity. For some, this was an important part of their transition experience.

> So actually, when it came [to] going back to work, I was so relieved. Like, I felt like I needed to get some identity back, which I did in a massive way … sometimes it feels a bit daft to be a mum and a trainee. P2

> I feel like I've achieved something outside of being a mum ... Like my own identity, my own skills and like doing something that's really just for me. P1

Whilst participants spoke about the importance of regaining their former identity, others acknowledged the shift and merger towards dual identities and the challenges of balancing all roles on a day-to-day basis.

> … it goes back to the idea of merging, merging identities and you know, in a sense becoming a mother completely shifts your identity. Obviously, we know that, but they're still, you know, the different hats you put on, on there … And, um, and you've got one more hat or three more hats … You've got your hat as a school mum, your hat as a home mum … your hat as a, you know, uh, running around like a headless chicken, um, and then go to work. P7

Here, P7 talks about the shift in identity and about the construction of other identities in relation to the 'different hats' she and others have. Some participants described attempting to merge identities as a 'loss' and others spoke about the challenges of separating multiple selves.

> … I think I already had a me that was separate from clinical psychology. So actually, what I found hard was adapting that me into me and mum … I felt like I lost, I lost me when I became Mum. P10

> Getting some time to yourself at the weekend because you can kind of end up being literally in clinical psychology training mode, parent mode. And then that's it, and there's no, there's literally nothing in between. P3

Whilst some participants spoke about difficulties differentiating between aspects of their identities, others spoke about their relatedness with motherhood roles and reflected on what they had learnt and opportunities for continual learning in terms of their career and work.

> And I feel like I identify so much with those two roles. Sometimes it's hard for me to step out of that ... and be just a psychologist … And I think that's, that's like a learning thing for me is being able to, that's probably stuff I would want to try and leave outside the door. I don't know. I suppose, yeah, it's good. I don't see this as like, you know, the end of training means the end of me … learning. You're going to learn so much more about yourself as a psychologist and as a parent … and if you have like second or third children and how that influences your family and work. P1

> Um, I suppose I can't wait to be a mother who isn't a trainee. I mean, I'll never be a mother who's not a clinical psychologist. I'll never know what that would be like … But yeah, all my entire experience with motherhood has been as a trainee. P7

Other participants spoke about changes to the way they viewed work in relation to other parts of their identities.

> Once I became a mum, suddenly going to work became training, became going to training and having my own identity and being able to just have my own time schedule, being able to think about myself and it kind of came with all these other benefits that were there before. P2

> When you're in training [it] can feel like the biggest thing. And I thought, no, actually my biggest thing right now is that I'm a mum and my, then the other part is my job. And that's, that's I guess a change in my identity. Definitely. P9

Finally, and whilst many participants recognised and acknowledge multiple identities, returning to work and regaining time for self and focusing energy on other parts of their life, was described as positive and important.

> And like the first day I dropped [my child] off at nursery and came into work. I was like, Oh my God, this feels amazing. Like, I need this so badly. And just being in the car on your own was lovely and then getting to work and just being able to focus … on something else, because I don't, he's always on my mind. But just to have something else to put my energy into that felt very done and interesting, was an absolute godsend.

In summary, participants spoke about their experiences of having multiples identities and the impact these had on their world view of being both a mother and a trainee. Whilst

these experiences were new, participants spoke about the various opportunities for continued learning and growth.

Theme 3: Fighting Injustice

This theme attempted to capture and understand some of the inequalities and discrimination participants faced upon returning to clinical psychology training. Fundamentally, we heard from participants about their ongoing fight to speak up against injustice which ultimately negatively impacted their return experience and overall relationship with the course.

Subtheme 1: Having a Voice and Being a Voice

Within this subtheme, several participants described their enthusiasm to take part in this research. For many, it was an opportunity to speak out and represent trainee working mothers. There appeared to be a sense that they were an unrepresented group, not considered by courses. In fact, there was immense appreciation for the opportunity for them to share their untold stories.

> So I when I read who you were looking for. I was like, oh gosh, she's going to really struggle to get participants … I also thought what an interesting study … I just thought it's an important thing that probably doesn't get considered enough by courses. So any like extra research would be good, I bet there's not even any research is there?

> I guess there's something about kind of representing this population that I feel is a little bit quite silent, um, of people that have been on maternity leave, and gone back to training. I definitely feel like quite a minority. So I was really pleased that you wanted to speak to this group … It's not something that I have a chance to speak about that much. So it's quite appealing to talk about it in a way. Just quite nice, isn't it? P17

There appeared to be several reasons why this research was important and vital for many participants. Participants felt they had a duty to support, advocate, and be a role model for new trainee mothers. This was in relation to the apparent absence and lack of female role models within the clinical psychology profession.

> I've noticed how few parents' role models there seem to be around because obviously I'm kind of more attuned to that now. You know, people working on the course or in the field that are parents … if you look at senior population, in particular, the parent typically are male parents … And lots of senior women are not parents … Um, so yeah, that makes you think, well what's possible for me, I'm in this position kind of going forward ... So I think there's definitely lack of role models for whatever reason. P3

> I feel quite passionate about the fact that your life should not be put on hold for clinical training. So I think when I came across the advert about that kind of being what you were exploring, I kind of feel like a bit of an advocate for it being totally okay, and actually a really positive thing. P2

Furthermore, some participants described not feeling valued, listened to, or heard, something participants felt was important for courses to understand and consider. Ensuring trainee needs and expectations are met was described as essential, at a crucial point in their working life.

> I've got to admit because I don't think I had a very, um, easy time coming back … it was to hopefully feed into your research, um, to hopefully help change happen … and to be honest, a little bit nice to have my voice heard about it … Because it hasn't been … my voice hasn't been heard previously, so it's a nice opportunity? P16

> I think sometimes I think you feel valued when you sort of are being heard, but not just heard but some actions. That follows being heard ... I think that, that's the difference for me to feel valued its about being listened … somebody's really trying to help support that. Or at least, you know, there might not be miracle changes in the day but you feel like the, the, the clock starting to turn and things are starting to change perhaps or you know, that you're going in the right direction of they are, maybe being changed in the future. But I haven't felt that. P20

Fundamentally, many participants spoke about wanting change. For one participant, change pertained to the removal of stigma surrounding childbearing whilst training. Participants also appeared confused why this was not accepted, given the demographics of the people in psychology and on training.

> So I think just the culture, there needs to be a culture shift ... for them to just get rid of whatever this culture is about, people not getting pregnant on the course, they just be realistic … You know predominantly females are on the course … predominantly child bearing age at usually sort of in their late twenties, thirties, early forties. You're asking people to potentially put their fertility, their family values on hold … I don't think a course should be that obnoxious to think that they're more important than, you know, your goals in life … let's just be realistic about this and put things in place for in case somebody chooses to have a baby … Yeah. And just not to be a taboo, I think. It doesn't need to be and celebrate that you've got new perspectives that are going to be really positive for your training. P9

In fact, many participants felt research was the catalyst for the drive towards change. It was clear that change meant that decisions made at all levels include trainee voices. It was

also important that action be taken to change the policies and attitudes that often-led participants to feel victimised.

> Um, and so I would love to put my views out there in a way that, um, I haven't been able to. Um, I have and I haven't cause I've spoken about it, but, um, whether that ever gets taken any further? I don't know. And it'd be lovely to see something in print and see if there's people do have similar experiences as me. And if they do, then I think I feel very strongly that it should be, um, could've raised actually as, as an issue for trainee clinical psychologists. P20

> And so yeah, it's an issue that's very close to my heart. And therefore, any research into any more information that can inform courses to me is highly valuable because yeah, it's something that if I ever had time I would, I would be kind of wanting to inform policy so that courses were more fair. Cause I've just think it's outrageous that it's a lottery which course you're at and how you get treated … So, I suppose that's my perspective is I'm coming from like not necessarily totally happy with how my course treated me and um, and therefore wanting things to change. P7

Within this subtheme, participants spoke about the importance of raising awareness around the experiences of inequalities upon returning to clinical psychology training. Many participants described their desire to speak out and fight for support to inform and drive change. They felt this research was important for this process and many were immensely grateful that such an important area was being investigated; something others had thought about and were perhaps fearful to confront.

> Thank you so much for doing it. [It's] so badly needed. Um, so many people struggle coming back from maternity leave. Um, I'm one of those people. And I wasn't brave enough to do this research so thank you for doing it. P21

Subtheme 2: In(flexible) working: the fight for trainee mothers

Within this subtheme, participants spoke about the mixed messages received from courses as well as the barriers faced when wanting to work part time following their return to clinical psychology training. Two participants relayed how changes to either course policies or personal circumstances, impacted their work preference.

> So, I initially really wanted it to be on a part-time basis. But before I started maternity leave, the university had said that actually, there was no part-time available. Up until that point, there had been. And so when I joined the course, I was aware that people had re-joined it on a part-time basis. And then it became apparent that that wasn't going to be an option for me. P2

> So, that was really difficult. Because um, obviously my whole, you know life situation had changed. My mum died when my little boy was three months old. So all of my plans have changed … lots of personal things happened and I felt like the attitude and the course is no you can't go part-time. P14

Participants expressed anger with the lack of flexible working and the lack of support in making reasonable adjustments following their return and changes to their personal circumstances. Participants also expressed anger over inconsistences between courses in relation to their stance on part-time working.

> Because the amount of people who have gone on, I didn't know you could go part-time. I'm like, well no that's because they don't want you to know. Um, but other courses, like I say on that Facebook forum seem open to it. You know its been

> actively suggested by tutors, so you're like, wow, I would love to pull together a survey of all the different courses and so why on earth, you know, and I keep meaning to write a letter to The Psychologist. Obviously, I never have any time or write an article but it's like why on earth is there variability on this? P6

Two participants added to this by speaking about their course's reluctance to offer flexible working and the emotional impact it had on them. Some described their experiences of applying for part-time working as an emotional battle fighting for their rights.

> So I said that there was a flexible, flexible working hours policy that they had to, the NHS had to like at least take into account, you know, at least look at. Um, and I did put an application in, and they did accept four days, but again, it was a battle … And I really had to fight it. P9

> It upsets me that there are some courses that part-time just is mentioned and is discussed [as a viable] prospect, whereas for me it was something I had to jump through a few hoops to get. And again, that's where I suppose, for me, I activated my kind of, um, you know, the activist in me fighting for my rights ... And, and was like, I need to go part-time and I will make this happen through hell or high water. And I think my option if I hadn't been able to do that might have been a career break. P7

The same participant (P7), appeared confused as to why courses were slow in moving with the times, given there have been widespread legal changes to support a mother's request for flexible working. She again described her fight like being on trial rather than finding common ground where support could be given.

> And I'm like, Jesus Christ, we're in like 2000, you know it was 2015 at that point or 2014 and you're like, this is not, um, you know, this is not the 1970s, you know. Have

> we not come far enough that A, you might expect some percentage of people on your course say to have children and B, to not want to do it full time once they have had children. And why should that be such a horrific prospect and why can't that be worked around rather than treated as a sort of, you know, battle, battle, battle-mask on and let's fight this till we, you know, either party wins. And that's what it felt like for me, it felt like I had to, I had to kind of prepare my court case and, and my defence or my, you know, prosecution and win the case. Rather than working together on what's best. P7

Lastly, participants conveyed unease about their course's position in bolstering cultural barriers around flexible working. This appears to link in with the next subtheme pertaining to negative stereotypes and discrimination that participants encountered.

> Well, to be honest, the course I'm at don't allow you to do part time. Um, which I think is awful … It's not an option … And I think, I think, um, as a psychologist and as people running the course [are] normally psychologists, we should be thinking about that and considering that. P10

In summary, the variability amongst courses in relation to flexible and part-time working appeared to have left participants experiencing elements of frustration and anger owing to a lack of consistency and unfair treatment surrounding participants' work choice preference.

Subtheme 3: Tackling Mum Stereotypes and Discrimination

This theme attempted to address the different stereotypes participants encountered following their return to work. Stereotyping appeared to be one of the main causes of discriminatory behaviours, mistreatment, and feelings of judgement based on preconceived notions about motherhood and clinical psychology training. Participants often spoke about

comments made by others in relation to them having a baby during training with judgements made about their decisions.

> Most people's reactions have been in comments like, Oh, God, I can't believe you've had a baby on training like are you crazy, like that kind of approach. P2

> And he said, find it really hard to come to terms with people who um, have a baby and then returned to work? and I was like … what. And me and the other girl, who were both very freshly back from maternity leave probably interpreted that as quite a personal dig, at our decision. P1

Fundamentally, it was the experiences of being judged which participants felt was the most difficult part of their return. For some, experiences of being judged led them to feel they always had to work hard, be on guard not to fail, just to prove themselves and their abilities.

> Um, I feel like people who have kids on the course you either get, a lot of people always judge you for it. So that might be they judge you as a oh wow, well done. You're managing it all, which is great … But I felt like there was quite a lot of judgment about like why would you do that to yourself? Why would you make life harder? Like why don't you just wait till the end … So I think for me that's been quite a big deal. That feeling, being judged ... I felt like I had to work really hard to constantly [prove] myself. P13

It appeared some participants attempted to make sense of their experiences of prejudice and discrimination by linking these with gender ideologies held by both men and women.

> There was a comment made about who's looking after her. Who do you think is looking after her? ... my supervisor at the time had just come back from paternity

> leave and no one was asking him these questions. It felt really sexist that we'd ever take it. P15

> I wonder if it's that um, a lot of the course directors seem to be male and maybe there's just like an inherent stigma. P19

In fact, there appeared to be conflict with the range of expectations others placed on them with either judgement that trainee mothers are unable to do what is expected of them or they are 'superheroes', able to do everything.

> So when people use, I think occasionally people are like, oh they use that phrase, 'oh supermum' … And I think although that does happen, normalising fact of thinking, oh that's good. There's another side to it. Which makes you feel like, well I better not crack or show any ... weakness at all because that's kind of what these people are expecting of me. You know? So, there is that, that, that so downside as well. P3

Whilst some participants appeared to struggle with the falsely perceived stereotype about mothers' abilities, one participant reflected on the positive aspects and strengths gained from it.

> So I sort of think, 'Oh God, you know, who are these supermums that are firing on all pistons?' Because it doesn't feel like it's me. P7

> So, I suppose in lots of ways, it feels quite nice to take on something other people are like, God, I can never imagine doing that. I don't know how you do it. P2

Lastly, participants spoke about their experiences with discrimination upon returning to training. Discrimination took the form of not being paid correctly, being taken off email lists, and not being given important information relating to assignments. One participant in

particular spoke about difficulties with not being paid milage for her long commute given her change in circumstances. This was another example where participants described experiences of unfair treatment.

> So because you can have accommodation, they then said if you choose not to have accommodation, that's your decision, but we won't pay your mileage to uni and back because you've chosen to do a long journey. So that felt really unfair … So again it felt like a bit of a kick in the teeth … you're saying you won't give me any money towards my mileage to and from uni ... Because you can't take the accommodation … because you can't take your child with you, and you can't leave your child at home for three weeks. So that was, yeah, that was one of the things that was really tough, actually. P1

Within this subtheme participants described their experiences of feeling judged, noticing unfair treatment, and discrimination. Participants often voiced their difficulties with these issues and the effects they had. This, ultimately, heavily impacted their overall transition process.

Subtheme 4: Wanting More: Identifying Future Learning and Course Development

The focus of this final subtheme was to explore areas of development participants felt were important to help support trainees' transitions back into clinical psychology training.

Embedding Psychological Knowledge into Practice. Some participants described disappointment with courses that failed to apply theory practice links to support trainees. Participants appeared shocked that the same people who were teaching them about psychological principles and theory were the same people who were not implementing it, themselves.

> And … just the whole psychological model of having a baby and bringing up children and you know, that that was okay for us ... to say to everybody else, but it wasn't okay

> for us to do. And then, um, I would just absolutely, anytime they talked about self-care, I, I think I saw red, I would just be like, wow, self-care, let's talk about that shall we? … And I thought, wow, you can't teach me about self-care and then tell me, you know … it's not okay for me to take a day off ... to be with my son … And, guys, attachment, you know, we talk about all of this and you're making this traumatic for me and my baby. P9

> I don't know what it is that is influencing it but its almost like they are not as reflective and as nurturing with the trainees … that has been my experience and it is quite ironic that these people are psychologists and that, it blows my mind a little bit. P8

Future Learning and Increased Provisions. Many participants felt courses could better support trainees and identified different avenues for this to happen learning from other courses, increased alliances with other systems, development of new policies, and increased support. I close this chapter with the voices of those participants.

> It's something that if I ever had time I would, I would be kind of wanting to inform policy so that courses were more fair. Cause I've just think it's outrageous that it's a lottery which course you're at and how you get treated. P7

> There was no consideration at all about what my needs were. That is why I'm saying that this research is so important. Um because if it was all on the checklist somewhere and I go yeah, I'm feeling that, I feel really validated and … to actually have return to work policy … And I actually spoke to people in other courses who had a return-to-work policy and tried to share it with my course. P21

> And I think that, I think reasonable measures should be made. I don't, I can't see, I can't see why they're not. P9

> There should be maybe some guidelines published … Specific on this topic because we all know how much the course is followed the BPS guidelines. Wouldn't it be great as a guideline … Cause I think, you know, I just feel like there needs to be more ... governance. There needs to be more governance about this. Um, I know, it sounds like you are going to be raising this as a real significant issue that I hope that they will take forward. P20

Reflections

Whilst I enjoyed revisiting the transcripts, I was shocked and surprised how overwhelmed I felt with the sheer amount of data gathered from interviewing many participants. Each participant added to the richness of information collected; however, I started to change from excited about the project to feeling pressured to ensure I was doing justice to my work. I also struggled with wanting trainees' voices to be heard whilst purposively selecting quotes for publication. I felt under pressure to ensure participants' voices were heard and to tell their stories, while also representing other trainee mums.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Discussion

"Motherhood changes you, in such beautiful, inspiring, and motivating ways." - Michelle Obama

This chapter intends to re-orient the reader to the aims and objectives of the study and provide an overview of the findings in relation to the research questions. The findings will also be linked to existing literature and situated within a theoretical framework. Clinical implications, methodological considerations including strengths and limitations of the study, and invitations for further research will also be discussed. The chapter will close with personal reflections on the research process.

Revisiting the Research Questions

The study aimed to explore, understand, and research the research questions. The principal research question is: How do trainees experience transition from maternity leave back into clinical psychology training? There were three secondary research questions:

1. What impact does transition from maternity leave back into clinical psychology training have on trainee identity?
2. How does the transition process impact trainees' psychological resilience?
3. What impact does clinical psychology training have on trainees' knowledge, care, and general well-being during this process?

Summary of Findings

Participants situated their experiences of transitioning from maternity leave back into clinical psychology training within a context that was influenced by multiple factors: individual, social, and cultural. Participants' experiences of returning appeared to be affected by their transition in relation to their own expectations of combining motherhood with work and what was expected of them. Participants' returns were also perceived negatively, with cultural scripts discouraging their choices for having a baby whilst training. In fact, this was a

common cultural barrier that was highlighted throughout the research. Learning through the experiences of motherhood was another important topic that emerged through the research. Participants reflected on the transferable skills gained through motherhood and how they could utilise these skills in other areas of their work. Finally, many participants spoke about the different forms of injustice experienced, with recommendations identified to improve the transition process for trainees.

I will now discuss the findings of the research in relation to the research questions. Areas which are of most prominence within participants accounts will be presented.

What impact does transition from maternity leave back into clinical psychology training have on trainee identity?

First, let's review the theoretical literature pertaining to adult transition. Dr Nancy Schlossberg first coined the term transition theory by presenting 'A model for analysing human adaptation' in 1981. According to Schlossberg (1981 p.5) "transition occurs following an event or non-event resulting in a change to one's attitudes, beliefs and assumptions about self and the world, corresponding to a change in one's behaviour and relationships". Transition theory over time has been revised into a conceptual framework for readers with contributions made by other authors (Anderson et al., 2012; Goodman et al., 2006; Schlossberg, 1984; Schlossberg et al., 1995). How individuals adapt to the transition is a process of moving from being preoccupied with the transition to integrating the transition into one's life (Schlossberg 1981). Transition theory, therefore, facilitated an understanding of trainee's transition and was a driver to exploring trainee's adaptations back into clinical psychology training.

Expanding the Self: Consolidating Multiple Identities

The findings of this research correspond with studies from the literature review regarding identity transitions. Transition is a psychological concept which includes the reorientation and readjustment from a place of familiarity to a place of unfamiliar grounds (McLellan et al., 2014). Whilst participants recognised and acknowledged there would be changes to their life situation and roles within the public and private spheres of life, they were surprised by challenges experienced in the complex relationship between the mothering and professional selves (Burns & Triandafilidis, 2019; Haynes, 2008; Parsci & Curtin, 2013; Valizadeh et al., 2017).

With reference to this subtheme and in relation to the research findings, participants spoke about the challenges and rewards of going through the process of consolidating multiple selves, including recognising the differences between the multiple identities of trainee, employee, and mother, whilst acknowledging the benefits of each. Haynes (2008) argues the experiences of multiple selves, are transformative in line with the reformulation of a woman's sense of self. Some participants found returning to training (encompassing placement) helped to reaffirm and strengthen the identities they had before they went on maternity leave. In fact, this was described as a positive experience for them. Returning also appeared to be significant in refining old identities, whilst at the same time discovering how these interconnected with their new mothering identity.

In relation to the findings, some participants appeared to be excited upon their return to work. There was a sense that returning served to reinstate some of the confidence and skill set gained through training, and perhaps perceived as a loss outside the realms of clinical work. This supports the significance of this research, namely that the interactions and intersections of all identities of a student, employee and mother are "inextricably bound together" in trainees' lives (Deaux, 2001, p. 4). An understanding of this, from a course

perspective, could help to support the transition experience. For example, course tutors could be mindful of the difficulties for trainees, in juggling the multiple demands placed on them in relation to being a trainee, an employee, and a mother (Brightwell et al., 2013). Further, the findings from this research also echo past studies reporting the difficulties and challenges of integrating and transforming multiple identities within different contexts and spheres of trainee life (Haynes, 2008; Burns & Triandafilidis, 2019). However, this appeared to change when trainees were able to understand the usefulness of these different roles and understand the benefits of such for their professional identity and the impact on clinical practice. For example, trainees highlighted changes in terms of their work with children and families and being better able to understand the practical application of theory, e.g., psychodynamic. This is further supported by research highlighting the importance of self-awareness of strengths and limitations in strengthening and aiding trainee's development (Woodward, 2014). Other authors also note the importance of reflection and Personal Professional Development (PPD) as part of trainees learning in the context of clinical psychology training; key functions of enhanced self-awareness and resilience building were reported (Sheikh et al., 2007).

As such, it is argued this knowledge can help strengthen the development of new and existing identities through the process of self-discovery and continuous learning. This will help trainees as well as other mothers going through a similar process such as junior doctors and student nurses, who also hold positions of being a student and an employee (Brightwell et al., 2013; Gottenborg et al., 2018), navigate through a challenging transition. Consequently, helping to add to the wider existing literature on mother's experience of returning to work. To date, research on trainees' experiences of returning to clinical psychology training following maternity leave is scarce and it is a strength of this research to add to the general knowledge base.

Emotional reactions. Whilst returning appeared to be a transformative process for some, other trainees' also experienced guilt upon their return. There appeared to be some conflict with trainees' wanting to work and feeling bad about leaving their child to do so. Interestingly, this seemed to link with their expectations of their roles as mothers and what deviations from this meant. Context and perceptions of the transition and affect is one of three identifiable factors that Schlossberg (1981) references as influencing the transition process. This also fits in with the wider research around how mothers make sense of their identities and how they are influenced and moulded by various and sometimes dominant ideologies and discourses (Haynes, 2008), about what is expected of them. Participants in this study also voiced anger because they felt they were not held in mind as a new mother, feeling a lack of consideration from others for what this experience was like. It appeared participants felt their identity as a trainee was lost and replaced with their identity as a mother. These feelings often resulted in them taking a back seat, with the child being at the centre of all conversations. Some mothers described feeling invisible following the birth of their child and described feeling displaced at work, and other areas of life. Accordingly, feelings of invisibility are more likely to occur with the first child or grandchild and during a time when there is a significant change in a woman's identity (McInemey et al., 2021).

Reactions to any transition depends on the individual's perceptions of the transition, the contexts in which it occurs, and the impact on their lives (Anderson et al., 2012). As such, it is understandable that participants described difficulty integrating their dual identities into their new situation. Incorporating and juggling changes to their roles and responsibilities as mothers upon their return to training was described as overwhelming. Participants often referenced conflict in roles as they voiced difficulty trying to combine their old identity with their new identity as a mother. They also referenced loss: of time, of autonomy and choice,

and of who they were pre-motherhood (Nicolson, 1995). This is not to say that participants did not recognise the beauty of becoming a mother, rather the transition in adjusting to these new roles brought about changes to their sense of self, following their return to clinical training and work more broadly.

Whilst studies have described mothers' identity development following their return as challenged due to competing loyalties to mothering selves and professional selves (Haynes 2008), participants later appeared to embrace this new experience and voiced their excitement about returning to a place of familiarity. Alongside this, they considered how they could consolidate and balance both identities, within the context of clinical psychology training. This was the start of participants' journeys 'moving through' the transition as they began to feel comfortable and adjust and adapt to their new situation (Anderson et al., 2012).

The findings of this research also support Hennekam et al.'s (2018) identity transition multilevel framework. The authors suggested that identity transitions are influenced by multiple factors including individual, organisational, and societal. From an individual perspective, participants prioritised their maternal identity ahead of their work. In fact, for many participants the distinction and their relationship with each role became clearer upon returning to training. Participants felt they were better able to manage the different 'hats', as there was always one which was most important to them. Ultimately, sacrifices, compromise, and letting go were factors that helped with the attunement and development of trainee identities (Parsci & Curtin, 2013).

When answering the above question, it is important to note trainee identities sit in the context of a multitude of factors in their lives. The mothering identity was a core identity which appeared to shape and influence other secondary identities, such as that of trainee. In fact, the transition experience itself gave participants a greater sense of self, encompassing

periods of integration and continuous appraisal from their experience of their return into clinical psychology training.

How Does the Transition Process Impact Trainees' Psychological Resilience?

Fighting Injustice

The focus of this question centres around resilience. Whilst there have been many studies on resilience over many decades, there still appears to be a lack of consistency around its definition (Vella & Pai, 2019). Nevertheless, I use the most accepted definition of resilience linking adversity or risk with positive outcomes (Rutter, 2006; Vella & Pai, 2019). Rutter (2012, p. 335), whose research was influenced by the pioneer of resilience study, Norm Garmezy (1974, 1985) suggested, 'Resilience is an inference based on evidence that some individuals have a better outcome than others who have experienced a comparable level of adversity.' Further research contends that positive outcomes to adversity are interactive and central, and what constitutes adversity and subsequent positive outcomes for one individual may be different for another (Vella & Pai, 2019).

Participants spoke about the difficulties they encountered upon returning, including the psychological, emotional, and practical challenges and barriers of combining motherhood with work. This also included the pressures placed on them to manage a multitude of demands of being a trainee, an employee, and a mother. This was evidently emphasized in the findings when participants described difficulties navigating their time around placement, academic work including thesis and family life. Again, very specific to the cohort of people being studied. Nevertheless, participants in this study also reflected on their personal strength to cope with and adapt to new situations. A sense of empowerment, achievement, and determination was visible throughout the transcripts, illustrating the various ways they developed resilience during adversity. These ways coincided with many studies exploring women's lived experiences of returning to work (Spiteri & Xuereb, 2012).

The development of resilience when advocating for women's rights was a key theme identified from the systematic literature review which also strongly linked with the 'fighting injustice' theme in this research. Fighting injustice pertains to the different forms of discrimination, stigma, and unfair treatment participants voiced, which affected a smooth transition back to work. Changes to participants' sense of self, including who they want to be, is in line with the psychological resilience of participants' attitudes and beliefs (Haynes, 2008; Schlossberg, 1981). The findings from this theme illustrate the struggles trainees encountered with (1) being able speak up on issues of importance, (2) feel listened to, heard, and valued as individuals, (3) fighting for flexible working and reasonable adjustments and, (4) advocating for cultural, structural, and systemic change.

In fact, it became evident that this research gave trainees' permission to reflect on adversities and voice their often-untold stories of hardship, discrimination, oppression, and gender stereotypes following their return (Heilman & Okimoto, 2008). As it happens, the move from a position of helplessness, which ultimately served to keep stories hidden, to one of empowerment and control, was instrumental for the discovery of trainees' inner strength (Tew, 2006). This strength helped participants voice and challenge their experiences of injustices. From a social-cultural position, it was clear that participants were passionate about breaking the taboo of childbearing during clinical psychology training. This illustrated the development of psychological resilience in the face of speaking out and advocating for others returning from maternity leave back into clinical psychology training.

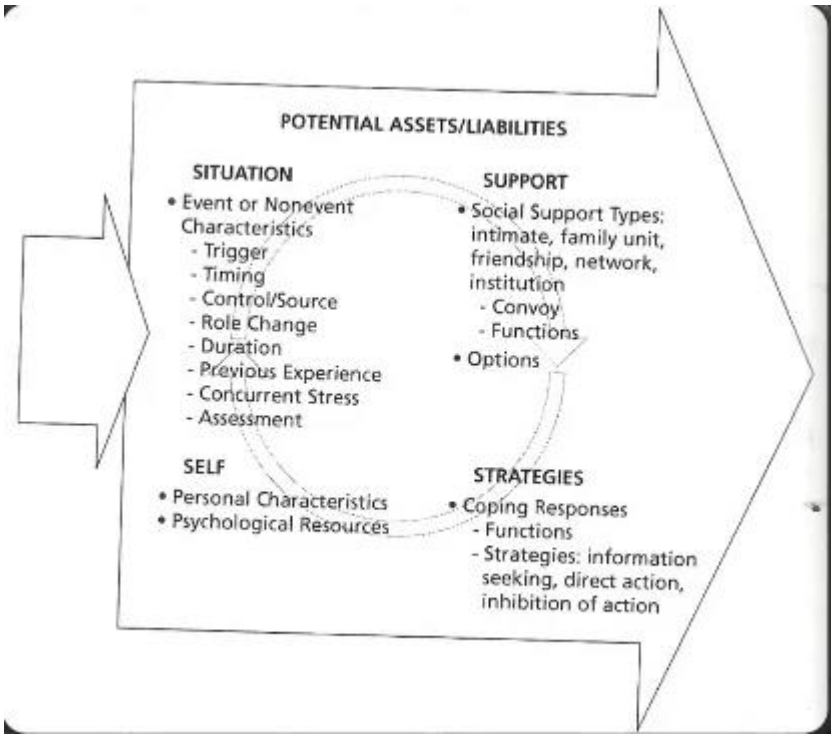
The Storms of Life

The findings within this subtheme highlight the physical and emotional impact of returning to clinical psychology training, alongside the support networks in place to help with the transition and adjustment processes. Within participants' accounts, changing *situations* including timing of their return and stage of training, change of *social support* such as

training with a new cohort and peers, changing *strategies* in terms of coping and resources, and fundamental changes to sense of *self,* were the four main factors identified in Schlossberg's 4S system model (Anderson et al., 2012). The 4S system is used to identify a person's resources to help people cope with a transition (Figure 4).

Figure 4

Schlossberg's 4S System Model (Anderson et al., 2012)



Generally, changes to any part in the 4S system model presented additional problems for participants, but relationship changes were the main difficulties reported. These included the breakdown in relationships with the course team as well as the strengthening of relationships with placement supervisors. Whilst some interactions following participants' returns resulted in a sense of mistrust, uncertainty, and disappointment, participants seemed surprised by the positive, stable relationships built with others including their peers. It became apparent that social support at the time of transition played a significant role in

providing reassurance, developing skills, and promoting confidence (Leap et al., 2010). This also supports Schlossberg's transition model (1981) proposing levels of support (or lack of it), can influence the adaptation to a transition. These adaptations are important to promote well-being alongside other mechanisms in life.

What Impact Does Clinical Psychology Training Have on Trainees' Knowledge, Care, and General Well-being During this Process?

Whilst participants envisaged difficulties upon their return, it was interesting to hear them link difficulties with knowledge related to theoretical perspectives within psychology and developed throughout training. The most poignant related to knowledge of child development and attachment. It is this knowledge that appeared to impact on well-being, family, and work life. For instance, participants often referred to child development and the importance of the first years of a child's life for their overall development (Bowlby, 1958). Participants relayed sadness for fear of not being able to build strong attachments with their babies during those early years. Knowledge of this, during a time of transition, appeared to be one of the hardest parts of participants' return process.

It may be helpful at this point to pause and review some of the literature of pertinence in answering the above research question. This will help the reader to examine the contribution and effects knowledge of such theoretical underpinnings have on the development of trainees' knowledge, care, and wellbeing upon their return into clinical psychology training.

Theoretical Underpinnings

Attachment Perspective

The psychological theory of attachment was first coined by John Bowlby, a psychoanalyst in 1958. Bowlby described attachment as an enduring psychological bond between human beings who are innately predisposed to seek out safety and comfort from an

attachment figure (Bowlby, 1969). Over the years, research contributed to this theory by exploring how attachment theory relates to humans and work (Shaver & Hazan, 1988). Research noted the way adults described their experiences in some employment settings was closely aligned with the three most accepted attachment styles – secure, anxious, and ambivalent (Sandford, 2018; Bretherton, 1992).

Individuals who have experienced consistent care and support from an attachment figure develop a secure attachment style with overall better mental and physical health reported (Hazan & Shaver, 1990). The same research also noted positive impacts of attachment relationships in organisations led to more trusting relationships and feelings of safety and security (Jiang, 2017). This, as a result, increased the likelihood for employees to seek emotional support from those in senior positions and from the organisation itself. Interestingly, and despite some of the difficulties participants experienced upon their return to clinical psychology training, participants in this study often expressed immense gratitude towards other agencies, including placement supervisors and a circle of informal support including family, friends, and course peers. This could be another example of strong attachments built with their attachment figures, which may be indicative of secure attachment styles built during and outside the realms of training. The findings of this research also support other studies (Hennekam et al., 2019; Juengst et al., 2019; Parsci and Curtin, 2013) in which positive support via the creation of WhatsApp groups helped provide 'a little bit of support or just to know… they weren't on their own' [P7]. Other support systems such as placement supervisors and peer support groups were also deemed instrumental to counterbalance challenges trainees experienced upon returning. Many participants found it helpful that other trainees in similar positions could relate to their experiences and that such experiences were validated and normalised.

On the other hand, individuals who experience inconsistent or consistent unavailability from attachment figures have been reported to develop insecure attachments theorized as developing an anxious or avoidant attachment style (Hazan & Shaver, 1990). These individuals tend to have a negative perception of self and others, compared to securely attached individuals who develop positive internal working models for both self and others (Leiter et al. 2015). Furthermore, people who develop insecure attachment styles with attachment figures at work were more likely to use less adaptive strategies of affect regulation, contributing to psychological distress and maladaptive functioning (Lopez et al., 2001; Mallinckrodt & Wei, 2005).

Linking this to the findings of this research, there appeared to be a parallel process happening with the changes to attachment styles between trainees and course teams, upon trainee' return. Here, lack of psychological connections (referring to secure base, secure attachment figure) and interactions developed or received, seemed to have had a negative impact on trainees' working relationships with the course team and system as a whole (Bowlby, 1958), and on their working performance and general well-being. Furthermore, participants often described feeling let down, forgotten about, not held in mind, and detached from the course (organisation) and course team (attachment figures). This was accompanied with feelings of anger, frustration, and disappointment, and although not explicitly stated, perhaps feelings of hurt and pain. Linking this again to wider literature in this area, participants' experiences could be considered in terms of the concepts of 'holding' and 'containing' (Bion, 1962; Winnicott, 1960). The principles behind these terms relate to the presence of secure and safe environments where participants can express and project emotion in the absence of judgement. Some participants in this study often described not having such

a space and described a lack of containment where their thoughts, feelings, and emotions were not understood.

In sum, it is likely changes in attachment styles may occur for trainees' during periods of transition and change (Lane, 2016). This possibly explains why secure attachment styles and feeling safe are paramount for a secure and trusting therapeutic relationship. It also perhaps explains participants' difficulties and at times reluctance to seek help from course tutors and supervisors in the absence of secure attachments.

Transition theory

It may be useful to also highlight another theoretical perspective mentioned earlier in this chapter, namely transition theory. This theory focuses on how individuals experience, respond and adapt to change (Schlossberg, 1981). A gap in the literature is related to the perceived inclusion of attachment theory. By reviewing transition theory in relation to attachment theory this study attempts to add to the literature by examining and applying both theories in the context of trainee clinical psychologists' experiences of returning to work following maternity leave. For instance, the findings from this study provide insight into how trainees' experiences of returning from maternity leave interact with trainees' attachment style. Arguably, it is likely to impact a trainee's overall return experience, relationships with others, support seeking experiences, coping mechanisms and general wellbeing. Both attachment theory and transition theory provide insight into how attachment either supports or impedes trainees' transition experience. This includes a trainee's response to change following their return from maternity leave, and their ability to adapt such changes in their lives to support an effective transition back into clinical psychology training.

Work-life Balance

Work-life balance was another important area participants spoke about in terms of difficulties they had juggling the demands of training and motherhood. It appeared

participants often narrated a story from beginning to end of their transition journey. For instance, starting with themes such as difficulties returning and loss of time with child, and not feeling included and supported upon returning, to shifting to identifying social systems and reconnecting with inner resources, and speaking out against inequalities, discrimination, and unfair treatment. Empowerment was a core feature that appeared visible towards the end of their process, and this aligns with Spiteri and Xuereb's (2012) study which identified personal development and a sense of achievement as key to supporting women's personal and professional life.

Women's career choices in the context of work-life balance links with Hakim's preference theory (2000, 2002), in which women's preferences fall into three main groups: work-centred lifestyle, home-centred lifestyle, and adaptive lifestyle, with the majority opting for the latter. Adaptive women combine both family and work for the purpose of a balanced life (Houston & Marks, 2003). The findings of this study support this theory in relation to the choices participants made. For instance, participants spoke about the importance of looking after self and this was linked with changing priorities and perspectives both at home and at work.

Whilst participants swayed towards the adaptive lifestyle, it appears it was not an easy choice for them. Some participants were unsure whether they wanted to return to training, and it was their long battle to get a place on training which seemed to cause most of the uncertainty. For instance, the competitive nature of getting onto training may have heavily influenced and biased their preference as they often described themselves as 'the lucky ones'. Nevertheless, participants were able to reflect and learn how to adapt their lifestyle to fit them.

In sum, the learning acquired through training was instrumental in developing participants' knowledge by laying a foundation to support their decision-making processes. The findings of this study also link communication with knowledge of the transfer of information and building of secure interactions, or in some cases the breakdown of relationships, especially course teams. Overall, knowledge was perceived to be empowering and a catalyst for positive social change.

Clinical Implications

This next section will highlight some of the implications and recommendations identified and borne out of the findings from this research.

Tackling stigma and cultural barriers

Some participants felt the intersection of identities of being a trainee and a mother was challenging in the face of inherent stigma and longstanding cultural barriers. On the one hand, participants spoke about the challenges of adjusting and incorporating multiple identities into their day to day working life upon returning to clinical training. On the other, trainees spoke about the challenges and stereotypes faced because of misconceptions about motherhood and what these entailed. It is therefore important courses are aware of cultural barriers held within the individual and inherent within the training course system. Awareness and openness of such can help facilitate open conversations amongst course teams to better understand how intersectional identities work in the context of clinical psychology training. This is particularly vital during periods of heightened change and transition upon trainee's return into clinical psychology training from maternity leave.

Support Structures and Supervision

It is important for courses and supervisors to be mindful that becoming a parent is a major life event which brings about significant changes to women's roles, environment, and

identity (Williams, 1999). Returning to work from maternity leave also brings about considerable difficulties and challenges which have been described as overwhelming and frightening. Some described battling with vulnerability during a time of immense uncertainty and change, including cohort changes, changes to course staff, and starting a new placement. It is therefore important that courses and supervisors understand trainees who are new mothers will be going through many transitions upon returning and support is fundamental during this process. Linking this back to transition theory, Schlossberg (1981) argues support should focus on understanding how transition can be identified and approached (Anderson, Goodman, Schlossberg, 2012, p. 38). Trainees understanding and nature of transition is likely to be experienced differently even if for instance, it may look the same (Anderson, Goodman, Schlossberg, 2012).

Ultimately, it is important courses consider and understand this especially at the initial stages of trainees return. Courses could do this by creating safe spaces and regular tutorials/check-ins for returning trainees. Further, being more proactive and having a specific process for trainees returning from maternity leave that is different from standard processes, could help with the development of secure attachments leading to feelings of safeness, comfort, and ease in seeking support (especially during times of distress) (Bowlby, 1958). It is also important course tutors consider how to create a safe and comfortable environment for trainees to voice their experiences without fear of unconscious bias or judgement.

Course tutors should be aware and mindful of difficult emotions trainees may project and caution must be taken in their responses. It is these situations where trainees may experience most difficulty, and if not handled correctly could further rupture relationships (Bowlby, 1958). It is also important to remember that course tutors and course teams are in a privileged position to help change participants' negative experiences of help-seeking. In fact,

positive experiences between course tutor and tutee can act as the medium where learning occurs (Roach et al., 2019).

Peer Support Groups

Participants often described the similarity of the transition of returning to training and being a new mother. Often, they were the only one who had returned from maternity leave in their cohort and on a few occasions in the course. It is understandable how lonely and difficult it must have been for them not having peers with shared experiences. It is therefore important course teams consider this upon trainees' return to facilitate a smoother experience. With therapeutic benefits for peer support groups including a sense of belonging, empowerment, increased agency, and independence, reported (Morris & Morris, 2012).

It is important course tutors and supervisors consider attachment theory when thinking about attachment figures and attachment interactions other than that of the supervisor–supervisee relationship. In fact, attachment processes and dynamics can be activated in various contexts, such as in groups (DeMarco & Newheiser, 2019). The findings of the current research show peer support via social media, WhatsApp, and peer support groups can help participants establish a secure base as access to a pool of people, with shared experiences serve to act as support and comfort (Mikulincer & Shaver, 2007).

I think courses could implement a buddy system. Some courses have adopted this for new trainees, and I wonder whether something similar could be provided for trainees returning from maternity leave. New trainee mums can be buddied with trainees who have gone through similar experiences, whether within home training courses or perhaps buddied with other training courses.

Return to Work Policy

Many participants in this study reported return to work policies were not adequate or adhered to and described the process of returning to work as inadequate. Participants reported

insufficient communications about when they would be returning to work, reported not knowing about keeping-in-touch days, and crucially reported not having a return-to-work meeting with tutors. This meant lecturers, other members of the course team, and new cohorts were not aware and prepared for the trainees' return. This impacted on trainees' ability to adjust and settle back into training.

Courses should be aware that supporting trainees' return is a multidisciplinary process involving the trainee and several stakeholders and collaborative is an essential part of this process (Tiedtke et al., 2012). It is therefore important course teams adequately adhere to and implement return-to-work procedures ahead of trainees' return to facilitate a safe and smooth transition back into the workplace where reasonable adjustments, if needed, are discussed, and planned.

Furthermore, it was surprising to hear that there was vast variability amongst courses in the kind of preparedness and support trainees received upon returning to clinical training. Despite shortcomings in trainees' return experiences, it was reassuring to hear participants being vocal and raising suggestions on how best to support future trainees in similar situations. Trainees were curious why there are no statutory return-to-work policies, as there are with pregnancy and maternity policies. One suggestion is to require courses complete a return-to-work checklist. The National Childbirth Trust (2012) have created a return-to-work checklist for employers to support women returning to work (Figure 5).

Figure 5

Return to Work Checklist (National Childbirth Trust, 2012)

It is recommended courses review the Trust's full guide to help them develop new and revised return-to-work policies to support trainees. The purpose for this document to be mandated is to ensure uniformity between courses and to provide governance that appropriately supports trainees' returns. It is unclear why this is not already in place as similar procedures such as appraisals are mandatory with additional requirements for confirmation of appraisals to be sent to human resources for their records. It is important courses work together to understand the systemic barriers affecting trainees' return from maternity leave. It would also be helpful for courses to consider certain questions as a basis for discussion:

- How do we understand why return procedures are not followed up?

- What needs to change for return-to-work policies to be a mandatory process?
- Who are the stakeholders and how can they be involved in this process?
- Where does this need to go to improve trainees' experiences upon returning from maternity leave back into clinical psychology training?

Part Time Training options

Participants in this study often voiced confusion over the lack of flexibility with requesting part time working upon their return. Participants felt reasonable adjustments were not met in accordance with their changing circumstances and need. Interestingly, accreditation standards for clinical psychology doctoral programmes in the UK do not specify a maximum time to complete the course (BPS, 2017). Currently there is only one clinical psychology doctoral programme out of all the UK training programmes offering part time options. Arguably, this will disproportionately affect women and mothers. Learning needs to be sought and shared from courses who have been able to successfully implement these more flexible working options to understand how best to offer this for returning trainees. Courses are encouraged to prioritize this as part of the BPS and HEE rendering process and work closely with stakeholders including trainees to help develop more flexible and supportive processes, particularly for those in caring roles.

Methodological Considerations

Identifying and discussing the strengths and limitations of this research offers transparency, worthiness, and vigour in line with quality criteria used to assess qualitative research (Lyons & Coyle, 2016). Areas for future development are also discussed.

Strengths of Research

This research contributes to the current literature by offering an understanding of the transition experience for trainees', which will be beneficial for several stakeholders including

current and future trainees, course teams and more widely mothers returning to work in other areas. The findings of this study and discussion bring together transition theory, attachment theory and trainees' transition experiences back into clinical psychology training following maternity leave. Whilst other studies have explored the lived experiences of women's return into work (Juengst et al., 2019; Parcsi & Curtin, 2013; Khalil & Davies, 2000; Brand & Barreiro-Lucas, 2014; Spiteri & Xuereb, 2012; Morris, 2008; Valizhdeh et al., 2017; Burns & Triandafilidis. 2019; Riaz & Condon, 2017; Sriram, 2017; West et al., 2017; Costantini et al., 2022); The novelty of this study is that it explores the unique perspectives of trainee's who are simultaneously students and employees, navigating academic and professional systems. This helps to consider the potential attachment to work and the impact this has on how trainees adjust and adapt during the transition period.

Following from above, a key strength of this research is it is the first to explore the lived experiences of trainees' return from maternity leave back into clinical psychology training. Given the high prevalence of women of childbearing age on doctoral clinical psychology training programmes, it was surprising the lack of research exploring trainees' experiences of change and transition upon returning from maternity leave. In fact, the high amount of interest for this study was the first indicator that this was an important area that warranted research.

In relation to the research methodology, there continues to be disagreement as to whether Thematic Analysis (TA) is a process or a method. For some authors TA is a process used to assist researchers in analysis (Ryan & Bernard, 2000), whilst others argue TA should be considered a method that can be widely used across a range of epistemologies and research (Nowell et al., 2017). For the current research, many strengths were borne out of using a TA approach. Firstly, it enabled the researcher to ensure and evidence transparency in

a) what was done; b) clarity – why it was done; c) a detailed description of the analysis process and d) how it was done, to warrant an in-depth exploration of participants' lived experiences (Braun & Clarke, 2006). Furthermore, the accessibility and flexibility of TA was useful for describing and organising themes taken from participant accounts, whilst capturing these in rich detail (Braun & Clarke, 2006 pg. 6).

The theoretical position of the researcher to analysing the data incorporated a deductive-inductive approach to research. The benefits of such an approach helped to first: apply, and test existing theories relevant in this area of research e.g., transition theory (deductive) and secondly, helped to formulate and reveal new understandings and perspectives of trainee's transitional experiences collected through research (inductive). Arguably, TA provided a holistic approach of participant's experiences borne out of the study findings.

Furthermore, to establish trustworthiness in the current research and to help put the knowledge gained from the findings into practice (Nowell et al., 2017). It is vital this study is recognised as genuine amongst several stakeholders including current and future trainees, course teams, employers, policy makers and the public. The latter applies to other mothers returning to work or studies in other areas such as junior doctors and student nurses. One way of ensuring trustworthiness is the credibility of the research, which is another strength of this research. Credibility is the link between respondents' views and the researcher representation of participant accounts (Tobin & Begley, 2004). This means the descriptions of participants' experiences were recognised by individuals who may or may not share similar experiences (Sandelowski, 1986). For instance, trainees (and some course tutors themselves) who did not have experience of returning to training from maternity leave but may have been away for other reasons such as ill health, recognised and acknowledged some of the themes

reported in this study. Through this, the research credibility was strengthened by demonstrating truth and worthiness of participants' responses (Polit & Beck, 2012 cited in Cope, 2014).

Another aspect pertains to quality assurances, which were upheld in the current research and discussed and described in the method section. This was in line with a set of qualitative criteria used to evaluate this research. The criteria used were taken from Yardley (2008) which were: Sensitivity to context, commitment and rigour, coherence and transparency and impact and importance. Further criteria from Eliot et al., (1999) was also used and included: ownness of researchers own perspectives, checking credibility of transcripts, use of bracketing, and keeping a reflective diary. Both quality criterions are further outlined in Tables 8 & 9 of this research. Finally, different methods of triangulation were used to validate the research findings. For instance, by reviewing the similarities and differences between research findings and theories relevant to this area of study, helped to provide concurrent validity by triangulating the study findings to existing literature (Dallos & Vetere, 2005).

Limitations

This study recruited twenty female trainee clinical psychologists who at the time were students on a clinical psychology doctoral training programme. Most participants were of White British/English heritage and were aged between 25 and 34 years old. This limits the transferability of the findings to the experiences of other ethnic groups, genders, and ages which are aspects of cultural backgrounds and diversity (Burnham, 2013). Had there been a more diverse mix of participants, the research could have increased transferability of the findings to other trainee mothers. As such, it is important to consider participants experiences of returning following maternity leave and the possible hardships encountered by underrepresented groups are likely to vary widely. It is also possible that issues and areas of

concern for these groups of people could go unnoticed and therefore remain unaddressed (Bowen, 2006).

Further limitations of the study relate to: (1) the recruitment criterion, only current trainees were recruited into the study, and (2) the recruitment strategy, the recruitment advert was only posted on one social media platform. This was a downfall of the research as firstly, the study attracted interest from a host of people including qualified clinicians, men, and people who were about to start training. Due to the research being limited to a specific cohort of people, at a specific period, restricts the diversity of trainee experiences. Secondly, the use of one social media platform to recruit may have also restricted other potential participants expressing interest in the study due to lack of exposure of the research advertisement.

As part of the analysis process, all transcripts were transcribed verbatim and checked for accuracy for the purpose of triangulation and coding. Checking of the transcripts not only included participants responses to ensure quality validity but researchers interview questions were also checked. This is one way of ensuring confirmability. This is where consideration was given to making sure researcher questions (including prompts) during the interview stage, and subsequent interpretations and findings were derived directly from the data and not influenced by researcher beliefs and experiences of their lifeworld (Brooks, 2015). There also remains a degree of bias since it is difficult to fully bracket out the researcher's own preconceptions about the experiences of returning to clinical psychology training. Arguably, such influences cannot entirely be bracketed (Ahern, 1999). However, audit trials and keeping a reflexive diary helped to support trustworthiness in this research (Nowell et al., 2017). Lastly, as the current study heavily relied on participants accounts gathered using semi-structured interviews, it may have also been subject to researcher bias.

Researcher Reflexivity

Being an insider researcher has presented both opportunities and challenges. I was in a privileged and unique position to study the research in depth because of my enthusiasm for this topic area (Fleming, 2018). I was in a vital position to highlight, raise, and develop a deeper understanding of the problems and issues impacting trainees which could help inform policy and action change (Creswell, 2014).

In fact, participants were often curious and had a suspicion about my relationship to the study. At the start of conducting interviews, I was very cautious about revealing my unique position. I later found this to be highly beneficial as participants were more comfortable sharing often difficult stories about their experiences of return with me. This is perhaps due to 'feelings of empathy and emotions which insiders share from knowing their subjects on a deep, subtle level' (Hayano, 1979, p. 101). Furthermore, being of the same gender and sharing common values and experiences possibly facilitated a smooth interview process through building greater rapport with participants (Oakley, 1981; Saidin, 2016).

However, being an insider researcher brought challenges because of personal experiences and knowledge brought to the study and difficulties upholding a neutral position. This also had an impact on my interpretations of the data (Chammas, 2020). Furthermore, Drever (1995) argues that insider researchers must be aware of what participants think about the research and researcher and how this can heavily influence the amount, quality, and richness of information shared. Another factor relates to the objectivity of insider researchers raising questions about prejudice, sincerity, and potential bias in their research (DeLyser, 2001; Saidin, 2016)

Future Research

In the context of the research findings and its limitations, it is useful to consider future areas for research. A key limitation of the study was the recruitment of only females and whilst the research included experiences from trainees from a host of courses within the United Kingdom. It is important that the transition experiences of other users of parental leave, such as for those who adopt and fathers, are also researched. This kind of data will enrich and strengthen findings by capturing other perspectives on the difficulties and challenges encountered upon returning and how best course teams can support trainees.

Moreover, research with people from diverse ethnic and racial backgrounds is also an important area to explore because these groups are also likely to experience additional barriers considering the lack of diversity in the profession. It is therefore important to understand how their transition back into training may be further challenged.

This research was qualitative in its approach and given the large number of participants interested in taking part, another suggestion could be to adopt a mixed methods design where both qualitative and quantitative data are analysed. This research approach will provide a richer understanding of trainees' transition experiences by gathering multiple perspectives and analysing them in relation to each other. Furthermore, involving the public at different stages of the research process should be considered (Howard & Thomas-Hughes, 2021). The benefits of this would add strength, influence, and promote active change and improvements to better support trainees' return experiences.

Conclusion

This study aimed to explore trainees' experiences of return from maternity leave back into clinical psychology training. To date, there is a paucity of research conducted with this specific group of people. The findings highlight the challenges trainees experience within a social-cultural context and the impact that has on the transition process. The findings include

difficulties in adapting and adjusting to a new situation and the assimilation of multiple roles, behaviours, and selves, their mother identity, and their professional identity. The findings also illustrate the resilience and personal strength of trainees and their sense of self, knowledge, and care as coping mechanisms. In sum, there is a need for courses to improve provisions to facilitate and support a smooth transition for trainees back into clinical psychology training. There is also a need for courses to consider the wider implications that lack of adequate support and cultural, structural, and systemic barriers have on the recruitment and retention of psychologists and for the profession.

Final Reflections

Whilst I thoroughly enjoyed doing this research, I came across several obstacles which I found difficult. On reflection, I started this process from a personal and curious position. I too had a baby whilst training and I was left with many unanswered questions, and this was not openly talked about given the high numbers of trainees who have shared experiences. After discussing some of the difficulties with my supervisor, I was surprised he suggested I conduct a literature review to see if research had been done in this area.

Why was I surprised that a male supervisor suggested this research? Perhaps for the very reason he was a man alongside internalised gender stereotype. To this day, I am very grateful he did because this research was very much needed. In fact, it paved the way and gave permission for people to talk about some of the difficult and often painful experiences many participants, including myself, were afraid to speak about. Through this, I learnt that if one wants things to change, one must build the courage to speak up and challenge some of the often-hidden forms of discrimination and inequalities present within systems. The beauty of doing so empowers others to do the same.

References

Adler, P. A., & Adler, P. (1994). Observational techniques. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 377–392). Sage.

Ahern, K.J. (1999). Pearls, Pith and Provocation: Ten tips for reflexive bracketing. *Qualitative Health Research, 9(3),* 407-411.

Ainsworth, M. (1989). Attachments beyond infancy. *American Psychologist, 44*(4), 709-716

Al-Saadi, H. (2014). Demystifying ontology and epistemology in research methods. *Research Gate, 1*(1), 1-10.

Alstveit, M., Severinsson, E., & Karlsen, B. (2011). Readjusting one's life in the tension inherent in work and motherhood. *Journal of Advanced Nursing, 67*(10), 2151-2160.

Ambert, A. M., Adler, P. A., Adler, P., & Detzner, D. F. (1995). Understanding and evaluating qualitative research. *Journal of Marriage and the Family, 57*(4), 879–893.

Anderson, M. L., Goodman, J., & Schlossberg, N. K. (2012). *Counseling adults in transition: Linking Schlossberg's theory with practice in a diverse world*. Springer Publishing.

Ashforth, B. (2000). *Role transitions in organizational life: An identity-based perspective*. Routledge.

Association of Clinical Psychology UK (ACP-UK). 2022. *Workforce, context and strategy.* https://acpuk.org.uk/wp-content/uploads/2022/03/EDI-Strategy-Document-ACP-UK-Mar22-v1.pdf

Barreiro-Lucas, J., & Brand, H. (2014). Return-to-work experiences of female employees following maternity leave. *South African Journal of Labour Relations, 38*(1), 69–92.

Barrow, L. (1999). An analysis of women's return-to-work decisions following first birth. *Economic Inquiry, 37*(3), 432–451.

Baxter, J. (2008). Is money the main reason mothers return to work after childbearing? *Journal of Population Research*, *25*(2), 141–160.

Berkovic, D., Ayton, D., Briggs, A. M., & Ackerman, I. N. (2020). The view from the inside: Positionality and insider research. *International Journal of Qualitative Methods*, *19*. https://doi.org/10.1177/1609406919900828

Bhaskar, R. (1986). *Scientific realism and human emancipation.* Thetford.

Bhaskar, R., Danermark, B., & Price, L. (2017). *Interdisciplinarity and wellbeing: a critical realist general theory of interdisciplinarity*. Routledge.

Binard, F. (2017). The British Women's Liberation Movement in the 1970s: Redefining the personal and the political. *Revue Française De Civilisation Britannique. French Journal of British Studies*, *22*(XXII-Hors série).

Binder, P. E., Holgersen, H., & Moltu, C. (2012). Staying close and reflexive: An explorative and reflexive approach to qualitative research on psychotherapy. *Nordic Psychology*, *64*(2), 103–117.

Bion, W. (1962). *Learning from experience*. Karnac Books.

Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, *3*(3), 189–202.

Bonner, A., & Tolhurst, G. (2002). Insider-outsider perspectives of participant observation. *Nurse Researcher*, *9*(4), 7. http://10.7748/nr2002.07.9.4.7.c6194

Bowen, G.A., 2006. Document analysis as a qualitative research method. *Qualitative Research Journal*, *9*(2), 27–40.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, *39*, 350–371.

Bowlby, J. (1969). Attachment and Loss, Vol. 1: Attachment. Attachment and Loss. New York: Basic Books.

Bowlby, J. (1982). Attachment, 2nd Edn. *New York, NY:* Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2018). Thematic analysis. In P. Liamputtong, P. (Ed.), *Handbook of research methods in health social sciences* (pp. 1-18). Springer.

Bridges, W. (1991). *Managing transitions*. Perseus.

Bridges, W. (2004). Transitions: Making sense of life's changes. Da Capo Press

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*(5), 759-775.

Brightwell, A., Minson, S., Ward, A., & Fertleman, C. (2013). Returning to clinical training after maternity leave. *BMJ*, *347*, f5965.

British Psychological Society (BPS). (2014). Code of Human Research Ethics. https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014

British Psychological Society (BPS). (2015). Clinical Psychology Workforce Project. https://www.bps.org.uk/sites/www.bps.org.uk/files/Page%20-%20Files/Clinical%20Psychology%20Workforce%20Report%20%282015%29%20-%20Executive%20Summary.pdf

British Psychological society (BPS, 2017) *Standards for the accreditation of Doctoral programmes in clinical psychology*. https://www.ucl.ac.uk/clinical-psychology-doctorate/sites/clinical-psychology-doctorate/files/Appendix4r2010.pdf

Brooks, J. (2015). Learning from the lifeworld: Introducing alternative approaches to phenomenology in psychology. *The Psychologist, 28*(8), 642-643.

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent and lead*. Penguin.

Brunell, L. & Burkett, E.(2020). *Feminism.* https://www.britannica.com/topic/feminism

Bryman, A., Becker, S., & Sempik, J. (2008). Quality criteria for quantitative, qualitative and mixed methods research: A view from social policy. *International Journal of Social Research Methodology*, *11*(4), 261–276.

Burnham, J. (2013). Developments in Social GGRRAAACCEEESSS: visible-invisible, voiced-unvoiced. In I. Krause (Ed.), *Cultural Reflexivity*. London: Karnac.

Burns, E., & Triandafilidis, Z. (2019). Taking the path of least resistance: a qualitative analysis of return to work or study while breastfeeding. *International Breastfeeding Journal*, *14*(1), 1-13.

Burton, M. & Kagan, C. (2007). British clinical psychology in historical perspective: The genesis of a profession. http://www.compsy.org.uk/British%20Clinical%20Psychology%20in%20Historical%20Perspective.pdf

Catalyst. (2019). *Women in the workforce: UK*. https://www.catalyst.org/research/women-in-the-workforce-uk

Chammas, G. (2020). The insider-researcher status: A challenge for social work practice research. *The Qualitative Report, 25*(2), 537–552.

Chapleo, C., & Simms, C. (2017). Stakeholder analysis in higher education: A case study of the University of Portsmouth. *Perspectives*, *14*(1), 12-20.

Chavez, C. (2008). Conceptualizing from the inside: Advantages, complications, and demands on insider positionality. *The Qualitative Report*, *13*(3), 474–494.

Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1), 89–91. http://10.1188/14.ONF.89-91

Costley, C., Elliott, G., & Gibbs, P. (2010). Key concepts for the insider-researcher. In C. Costley, G. Elliott & P. Gibbs (Eds.) *Doing work based research: Approaches to enquiry for insider-researchers* (pp. 1-7.) Sage. https://dx.doi.org/10.4135/9781446287880.n1

Coulson, M., Skouteris, H., & Dissanayake, C. (2012). The role of planning, support, and maternal and infant factors in women's return to work after maternity leave. *Family Matters*, *90*, 33–44.

Coulter, S. (2016). The UK labour market and the 'great recession'. http://eprints.lse.ac.uk/65615/1/Coulter_The%20UK%20labour%20market%20and%20the%20great%20recession.pdf

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage.

Crompton, R., & Harris, F. (1998). Gender relations and employment: the impact of occupation. *Work, employment and society*, *12*(2), 297-315.

Cynkar, A. (2007). The changing gender composition of psychology. *Monitor on Psychology*, *38*, 46. http://www.apa.org/monitor/jun07/changing.aspx

Dallos, R. & Vetere, A. (2005). *Researching Psychotherapy and Counselling.* Maidenhead: Open University Press.

Degtjarjova, I., Lapina, I., & Freidenfelds, D. (2018). Student as stakeholder: "Voice of customer" in higher education quality development. *Marketing and Management of Innovations.* http://doi.org/10.21272/mmi.2018.2-30

DeLyser, D. (2001). "Do you really live here?" Thoughts on insider research. *Geographical Review*, *91*(1-2), 441–453.

DeMarco, T. C., & Newheiser, A. K. (2019). Attachment to groups: Relationships with group esteem, self-esteem, and investment in ingroups. *European Journal of Social Psychology*, *49*(1), 63-75.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. Sage.

Deaux, K. (2001). Social identity, encyclopedia of women and gender. *City University of New York: Academic Press*.

Drever, E. (1995). *Using Semi-Structured Interviews in Small-Scale Research. A Teacher's Guide*. Scottish Council for Research in Education.

Eagly, A. H., & Wood, W. (1994). Using research syntheses to plan future research. In H. Cooper & L. V. Hedges (Eds.), The handbook of research synthesis (pp. 485-500). New York: Russell Sage Foundation.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*(3), 215-229.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*, 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Fagan, C., & Norman, H. (2012). Trends and social divisions in maternal employment patterns following maternity leave in the UK. *International Journal of Sociology and Social Policy, 32*(9/10), 544–560.

Ferrarello, S. (2015). *Husserl's ethics and practical intentionality*. Bloomsbury.

Fleming, J. (2018). Recognizing and resolving the challenges of being an insider researcher in work-integrated learning. *International Journal of Work-Integrated Learning, 19*(3), 311–320.

Fox, A. B., & Quinn, D. M. (2015). Pregnant women at work: The role of stigma in predicting women's intended exit from the workforce. *Psychology of Women Quarterly, 39*(2), 226–242.

Fugard, A. J., & Potts, H. W. (2015). Supporting thinking on sample sizes for thematic analyses: a quantitative tool. *International Journal of Social Research Methodology, 18*(6), 669–684.

Garmezy, N. (1974). The study of competence in children at risk for severe psychopathology. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: Children at psychiatric risk.* John Wiley & Sons.

Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J. E. Stevenson (Ed.), *Recent Research in Developmental Psychopathology: Journal of Child Psychology and Psychiatry Book Supplement, 4*, 213-233.

Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Aldine.

Goffman, E. (1963). *Behaviour in public places: Notes on the social organization of gatherings.* The Free Press

Goodman, J., Schlossberg, N. K., & Anderson, M. L. (2006). *Counseling adults in transition: Linking practice with theory*. Springer Publishing.

Gough, B., & Lyons, A. (2016). The future of qualitative research in psychology: Accentuating the positive. *Integrative Psychological and Behavioral Science*, *50*(2), 234–243.

Gregg, P., Gutiérrez-Domènech, M., & Waldfogel, J. (2007). The employment of married mothers in Great Britain, 1974–2000. *Economica*, *74*(296), 842–864.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, *18*(1), 59–82.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative inquiry*, *10*(2), 261–280.

Hakim, C. (2000). *Work-lifestyle choices in the 21st century: Preference theory*. Open University Press.

Hakim, C. (2002, November 8). *Do lifestyle preferences explain the pay gap?* [Paper presentation]. Gender Research Forum Conference on the Gender Pay and Productivity Gap, Women and Equality Unit, DTI, London.

Harding, S. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Open University Press.

Hatch, J., & Wisniewski, R. (1995). *Life history and narrative.* Falmer Press.

Hayano, D. M. (1979). Auto-ethnography: Paradigms, problems, and prospects. *Human Organization*, *38*(1), 99.

Haynes, K. (2008). Transforming identities: Accounting professionals and the transition to motherhood. *Critical Perspectives on Accounting*, *19*(5), 620-642.

Hazan, C., & Shaver, P. R. (1990). Love and work: An attachment-theoreticalperspective. Journal of Personality and Social Psychology, 59(2), 270–280.http://dx.doi.org/10.1037/0022-3514.59.2.270

Health and Care Professions Council (HCPC). (2018). *Registered practitioner psychologists with breakdown by modality.* http://www.hcpc-uk.co.uk/globalassets/resources/2020/2018/fr05610-data.pdf?v=636910933120000000

Health and Care Professions Council (HCPS). (2019). Number of clinical psychologists – March 2019. https://www.hcpc-uk.org/resources/freedom-of-information-requests/2019/number-of-clinical-psychologists---march-2019/

Health and Care Professions Council (HCPS). (2020). *Practitioner psychologists*. https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists

Heilman, M. E., & Okimoto, T. G. (2008). Motherhood: a potential source of bias in employment decisions. *Journal of Applied Psychology*, *93*(1), 189.

Hennekam, S., Syed, J., Ali, F., & Dumazert, J. P. (2019). A multilevel perspective of the identity transition to motherhood. *Gender, Work & Organization*, *26*(7), 915-933.

Hertz, R. (1997). Introduction: Reflexivity and voice. In R. Hertz (Ed.), *Reflexivity and voice* (pp. vi–xviii). Sage.

Hodges, B. D., Kuper, A., & Reeves, S. (2008). Discourse analysis. *BMJ, 337*, a879–a879. http://10.1136/bmj.a879

House of Commons. (2019). *Women and the economy.* UK Parliament. https://commonslibrary.parliament.uk/research-briefings/sn06838

Houston, D., & Marks, G. (2003). The role of planning and workplace support in returning to work after maternity leave. *British Journal of Industrial Relations*, *41*(2), 197–214.

Howard, M., & Thomas-Hughes, H. (2021). Conceptualising quality in co-produced research. *Qualitative Research*, *21*(5), 788–805.

Hutchinson, A. M., Anderson III, N. S., Gochnour, G. L., & Stewart, C. (2011). Pregnancy and childbirth during family medicine residency training. *Family Medicine, 43*(3), 160–165.

Ibarra, H. (2005). *Identity transitions: Possible selves, liminality and the dynamics of career change*. INSEAD Working Paper Series. https://sites.insead.edu/facultyresearch/research/doc.cfm?did=2720

International Labour Organisation (ILO). (2020). *More than 120 nations provide paid maternity leave*. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_008009/lang--en/index.htm

Jagsi, R., Tarbell, N. J., & Weinstein, D. F. (2007). Becoming a doctor, starting a family—leaves of absence from graduate medical education. *New England Journal of Medicine, 357*(19), 1889–1891.

Jiang, L. (2017). Perception of and reactions to job insecurity: The buffering effect of secure attachment. *Work & Stress, 31*(3), 256-275. doi: 10.1080/02678373.2017.1305005

Joffe, H. (2012). Thematic analysis. In D. Harper & A. R. Thompson (Eds.) Q*ualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 210–223). Wiley. https://doi.org/10.1002/9781119973249.ch15

Kakilla, C. (2021). Strengths and weaknesses of semi-structured interviews in qualitative research: A critical essay. *Preprints*. http://10.20944/preprints202106.0491.v1

King, N. (2004). Using templates in the thematic analysis of text. In C. Cassell & G. Symon (Eds.), Essential guide to qualitative methods in organizational research (pp. 257–270). London, UK: Sage.

Ladge, J. J., Clair, J. A., & Greenberg, D. (2012). Cross-domain identity transition during liminal periods: Constructing multiple selves as professional and mother during pregnancy. *Academy of Management Journal, 55*(6), 1449–1471.

Lane, J. A. (2016). Attachment, well-being, and college senior concerns about the transition out of college. *Journal of College Counseling, 19*(3), 231-245.

Leahy, M., & Doughney, J. (2006). Women, work and preference formation: A critique of Catherine Hakim's preference theory. *Journal of Business Systems, Governance and Ethics, 1*(1), 37–48.

Leap, N., Sandall, J., Buckland, S., & Huber, U. (2010). Journey to confidence: women's experiences of pain in labour and relational continuity of care. Journal of midwifery & women's health, 55(3), 234-242.

Leiter, M. P., Day, A., & Price, L. (2015). Attachment styles at work: Measurement, collegial relationships, and burnout. *Burnout research, 2*(1), 25-35.

Lewis, J., Campbell, M., & Huerta, C. (2008). Patterns of paid and unpaid work in Western Europe: Gender, commodification, preferences and the implications for policy. *Journal of European Social Policy, 18*(1), 21–37.

Longwill, A. (2015). *Clinical psychology workforce survey*. BPS.

Lopez, F. G., Mauricio, A. M., Gormley, B., Simko, T., & Berger, E. (2001). Adult attachment orientations and college student distress: The mediating role of problem coping styles. *Journal of Counseling & Development, 79,* 459–464. doi:10.1002/j.1556-6676.2001.tb01993.x

Louis, M. R. (1980). Career transitions: Varieties and commonalities. *Academy of Management Review, 5*(3), 329–340.

Lucia-Casademunt, A. M., García-Cabrera, A. M., Padilla-Angulo, L., & Cuéllar-Molina, D. (2018). Returning to work after childbirth in Europe: Well-being, work-life balance, and the interplay of supervisor support. *Frontiers in Psychology*, *9*, 68. http://10.3389/fpsyg.2018.00068

Lyons, E., & Coyle, A. (2016). *Analysing qualitative data in psychology* (2nd ed.). Sage.

Lyons, E., & Coyle, A. E. (2007). *Analysing qualitative data in psychology*. Sage.

MacLellan, L., Levett-Jones, T., & Higgins, I. (2014). Nurse practitioner role transition: a concept analysis. *Journal of the American Association of Nurse Practitioners*, *27*(7), 389-397.

MacLellan, L., Levett-Jones, T., & Higgins, I. (2015). Nurse practitioner role transition: a concept analysis. *Journal of the American Association of Nurse Practitioners*, *27*(7), 389-397.

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, *9*(3). https://ojs.aishe.org/index.php/aishe-j/article/view/335

Mainiero, L. A., & Sullivan, S. E. (2005). Kaleidoscope careers: An alternate explanation for the "opt-out "revolution. *Academy of Management Perspectives*, *19*(1), 106-123.

Mallinckrodt, B., & Wei, M. (2005). Attachment, social competencies, social support, and psychological distress. *Journal of Counseling Pscyhology*, *52*, 358–367. doi:10.1037/0022-0167.523.358

McIvor, A. (2013). *Working lives: Work in Britain since 1945*. Macmillan International Higher Education.

McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. Sage.

Medicines and Healthcare products Regulatory Agency. (2018). *Parental leave policy and procedures*. https://www.gov.uk/guidance/parental-leave-policy-and-procedures

MacKenzie, H., Dewey, A., Drahota, A., Kilburn, S., Kalra, P., Fogg, C., & Zachariah, D. (2012). Systematic reviews: what they are, why they are important, and how to get involved. *Journal of Clinical and Preventive Cardiology*, *1*(4), 193-202.

McInerney, A., Creaner, M., & Nixon, E. (2021). The Motherhood Experiences of Non-Birth Mothers in Same-Sex Parent Families. Psychology of Women Quarterly, 45(3), 279–293. https://doi.org/10.1177/03616843211003072

Meleis, A. I. (2010). *Transitions theory: Middle range and situation specific theories in nursing research and practice*. Springer.

Mikulincer, M., & Shaver, P. R. (2007). Boosting attachment security to promote mental health, prosocial value. *Psychological Inquiry*, *18*(3), 139–156. https://doi.org/10.1080/10478400701512646

Milkman, R. (1987). *Gender at work: The dynamics of job segregation by sex during World War II* (Vol. 331). University of Illinois Press.

Moffett, J. (2018). Adjusting to that new norm: How and why maternity coaching can help with the transition back to work after maternity leave. *International Coaching Psychology Review*, *13*(2), 62-76.

Moran, G. M., & Nairn, S. (2018). How does role transition affect the experience of trainee advanced clinical practitioners: qualitative evidence synthesis. *Journal of Advanced Nursing*, *74*(2), 251–262.

Morris, R., & Morris, P. (2012). Participants' experiences of hospital-based peer support groups for stroke patients and carers. Disability and rehabilitation, 34(4), 347-354.

Morris, L. (2014). The experiences of women returning to work after maternity leave in the UK: Summary of survey results. https://www.nct.org.uk/sites/default/files/related_documents/ReturningToWork-Survey.pdf

Murray, M. (2000). Levels of narrative analysis in health psychology. *Journal of Health Psychology*, *5*(3), 337–347.

National Childbirth Trust (NCT). (2012). *Returning to work. A guide for employers.* https://www.nct.org.uk/sites/default/files/ReturningToWork-Employers.pdf

NHS Employers. (2022). *Improving staff retention.* https://www.nhsemployers.org/publications/improving-staff-retention

Nicolson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. Canadian Psychology / Psychologie canadienne, 40(2), 162–178. https://doi.org/10.1037/h0086834

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods, 16*(1). https://doi.org/10.1177/1609406917733847

O'Neil, D., & Bilimoria, D. (2005, June). *Women and careers: A critical perspective on the theory and practice of women in organizations* [Paper presentation]. The 21st EGOS Colloquium, Berlin, Germany. https://weatherhead.case.edu/departments/organizational-behavior/workingPapers/WP-06-05.pdf

Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing feminist research* (pp. 30-61). Routledge.

Ochieng, P. A. (2009). An analysis of the strengths and limitation of qualitative and quantitative research paradigms. *Problems of Education in the 21st Century*, *13*, 13–18.

Office for National statistics (ONS). (2017). *More mothers with young children working full-time*. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/moremotherswithyoungchildrenworkingfulltime/2017-09-26

Office for National Statistics (ONS). (2018). Families and labour market, England: 2018. Census 2021. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2018

Office for National Statistics (ONS). (2019). *Milestones: journeying into adulthood.* Census 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/milestonesjourneyingintoadulthood/2019-02-18

Ogbuanu, C., Glover, S., Probst, J., Liu, J., & Hussey, J. (2011). The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*, *127*(6), e1414–e1427.

Organisation for Economic Co-Operation and Development (OECD) *Trends in leave entitlement.* https://www.oecd.org/els/family/PF2_5_Trends_in_leave_entitlements_around_childbirth_annex.pdf

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed

method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533–544.

Parcsi, L., & Curtin, M. (2013). Experiences of occupational therapists returning to work after maternity leave. *Australian Occupational Therapy Journal, 60*(4), 252-259.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal, 20*(1), 7–14.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. Sage.

Price, L., & Martin, L. (2018). Introduction to the special issue: applied critical realism in the social sciences. *Journal of Critical Realism, 17*(2), 89-96.

Psychological Professions Network (PPN). (2022). Clinical psychologist. https://www.ppn.nhs.uk/resources/careers-map/career/clinical-psychologist

Pugh, M. (1992). *Women and women's movement in Britain, 1914-1959*. Macmillan.

Reder, P., & Fredman, G. (1996). The relationship to help: Interacting beliefs about the treatment process. *Clinical Child Psychology and Psychiatry, 1*(3), 457–467.

Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. Sage.

Roach, A., Christensen, B. K., & Rieger, E. (2019). The essential ingredients of research supervision: A discrete-choice experiment. *Journal of Educational Psychology, 111*(7), 1243–1260.

Roantree, B., & Vira, K. (2018). *The rise and rise of women's employment in the UK*. Institute for Fiscal Studies.

Robinson, R. S. (2014). Purposive sampling. *Encyclopedia of Quality of Life and Well-being Research*, *6*, 5243-5245.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, *1094*(1), 1-12.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(2), 335-344.

Ryan, G., & Bernard, H. (2000). Data management and analysis methods. In N. Denzin & Y. Lincoln (Eds.), Handbook of qualitative research (2nd ed., pp. 769–802).Thousand Oaks, CA: Sage.

Saidin, K. (2016). Insider researchers: Challenges & opportunities. *Proceedings of the ICECRS*, *1*(1), 563. https://doi.org/10.21070/picecrs.v1i1.563

Sandelowski, M. (1986). The problem of rigor in qualitative research. *ANS Advances in Nursing SciencSanford, K. R. (2018). A PHENOMENOLOGICAL STUDY OF JUNIOR ENLISTED MARINE CORPS VETERANS'CAREER TRANSITION AND ORGANIZATIONAL ATTACHMENT: FROM THE MILITARY TO CIVILIAN WORK ENVIRONMENT.e*, *8*(3), 27–37. http://10.1097/00012272-198604000-00005

Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist*, *9*(2), 2–18.

Schlossberg, N. K. (1984). *Counseling adults in transition: Linking practice with theory*. Springer Publishing.

Schlossberg, N. K., Waters, E. B. & Goodman, J. (1995). *Counseling adults in transition: Linking practice with theory* (2nd ed). Springer.

Schönberg, U., & Ludsteck, J. (2014). Expansions in maternity leave coverage and mothers' labor market outcomes after childbirth. *Journal of Labor Economics*, *32*(3), 469–505.

Shaver, P. R., & Hazan, C. (1988). A biased overview of the study of love. *Journal of Social and Personal Relationships, 5,* 473-501. doi: https://doi.org/10.1177/0265407588054005

Sheikh, A. I., Milne, D. L., & MacGregor, B. V. (2007). A model of personal professional development in the systematic training of clinical psychologists. *Clinical Psychology & Psychotherapy, 14*(4), 278-287. doi: 10.1002/cpp.540

Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to do a systematic review: a best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual Review of Psychology*, *70*, 747–770.

Simon, R. J., & Landis, J. M. (1989). A report: Women's and men's attitudes about a woman's place and role. *The Public Opinion Quarterly*, *53*(2), 265-276.

Smith, J. A., & Osborn, M. (2004). Interpretative phenomenological analysis. In G. M. Breakwell (Ed.), *Doing social psychology research* (pp. 229–254). Wiley. http://10.1002/9780470776278

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, *9*(1), 41–42.

Sofaer, S. (1999). Qualitative methods: what are they and why use them? *Health Services Research*, *34*(5 Pt 2), 1101.

Spiteri, G., & Xuereb, R. B. (2012). Going back to work after childbirth: Women's lived experiences. *Journal of Reproductive and Infant Psychology*, *30*(2), 201-216.

Spiteri, G., & Xuereb, R. B. (2012). Going back to work after childbirth: women's lived experiences. *Journal of Reproductive and Infant Psychology*, *30*(2), 201-216.

Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, *17*(10), 1372–1380.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology. *Handbook of Qualitative Research*, *17*, 273-85.

Sullivan, S. E., & Mainiero, L. (2008). Using the kaleidoscope career model to understand the changing patterns of women's careers: Designing HRD programs that attract and retain women. *Advances in Developing Human Resources*, *10*(1), 32–49.

Taylor, R. F. (2004). Extending Conceptual Boundaries: Work, Voluntary Work and Employment. *Work, Employment and Society*, *18*(1), 29–49. https://doi.org/10.1177/0950017004040761

Tew, J. (2006). Understanding power and powerlessness: Towards a framework for emancipatory practice in social work. *Journal of Social Work*, *6*(1), 33–51. https://doi.org/10.1177/1468017306062222

Tiedtke, C., Donceel, P., Knops, L., Désiron, H., Dierckx de Casterlé, B., & de Rijk, A. (2012). Supporting return-to-work in the face of legislation: stakeholders' experiences with return-to-work after breast cancer in Belgium. *Journal of Occupational Rehabilitation*, *22*(2), 241–251.

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. Journal of Advanced Nursing, 48, 388–396. doi:10.1111/j.1365-2648.2004.03207.x

Tsai, S. Y. (2014). Employee perception of breastfeeding-friendly support and benefits of breastfeeding as a predictor of intention to use breast-pumping breaks after returning to work among employed mothers. *Breastfeeding Medicine*, *9*(1), 16-23.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80–96.

Valizadeh, S., Hosseinzadeh, M., Mohammadi, E., Hassankhani, H., M. Fooladi, M., & Schmied, V. (2017). Addressing barriers to health: experiences of breastfeeding mothers after returning to work. *Nursing & Health Sciences, 19*(1), 105-111.

Vella, S. L. C., & Pai, N. B. (2019). A theoretical review of psychological resilience: Defining resilience and resilience research over the decades. *Archives of Medicine and Health Sciences, 7*(2), 233.

Walsh, M., & Wrigley, C. (2001). Womanpower: The Transformation of the labour force in the UK and the USA since 1945. *Refresh: Recent Findings of Research in Economic & Social History, 30*, 1–4.

Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*(2), 167-177. http://doi:10.1037/0022-0167.52.2.167

Wertz, F. J. (2014). Qualitative inquiry in the history of psychology. *Qualitative Psychology, 1*(1), 4–16.

Whelehan, I. (1995). *Modern feminist thought: From the Second Wave to 'Post-Feminism'*. NYU press.

Williams, D. (1999). *Life events and career change: Transition psychology in practice* [Conference session]. British Psychological Society Occupational Psychology Conference, Leicester.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education.

Willig, C., & Rogers, W. S. (Eds.). (2017). *The SAGE handbook of qualitative research in psychology*. Sage.

Winnicott, D. (1960). The theory of the parent-child relationship. *International Journal of Psychoanalysis*, *41*, 585–595.

Woodward, N. S. (2014). Experiences of personal and professional identities during clinical psychology doctoral training (Doctoral dissertation, Doctorate in Clinical Psychology, University of Hertfordshire).

Woollett, A., Phoenix, A., & Lloyd, E. (Eds.) (1991). *Motherhood: Meanings, practices and ideologies*. Sage.

Woolnough, H., & Redshaw, J. (2016). The career decisions of professional women with dependent children: What's changed? *Gender in Management, 31*(4), 297–311. https://doi.org/10.1108/GM-03-2016-0038

World Health Organization (WHO). (2019). *Maternal mental health*. https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/

World Health Organization (WHO). (2020). *Breastfeeding*. https://www.who.int/health-topics/breastfeeding#tab=tab_1

Wright, A., Maloney, F. L., & Feblowitz, J. C. (2011). Clinician attitudes toward and use of electronic problem lists: A thematic analysis. *BMC Medical Informatics and Decision Making, 11*(1), 36.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2), 215–228.

Young, A. & Lockhart, T. (1999) *A cycle of change: The transition curve.* Cranfield University School of Management. https://www.ucd.ie/t4cms/Transition%20Curve%20Cranfield%20Article.pdf

Zhang, Y. & Zhang R. (2008). *Modes and management of interaction between university and stakeholders*. Proceedings of 2008 International Seminar on Education Management and Engineering (pp. 811–815).

Appendix A

Summary of each article including the aims, strengths, weaknesses, results, and conclusion

Article no: (tick)	Title- author/Year/ country	No of participants	Professionals/ training?	Results and Conclusion	Strengths	Weaknesses
1 √	A qualitative study investigating the barriers to returning to work for breastfeeding mothers in Ireland. Desmond/ Meaney. 2016	16 (between 24-40 years)	Not known (NK)	Four prominent themes emerged: Culture, support, and information provision, return to work experience, feeding in the workplace. Mothers in Ireland who continue to breastfeed upon returning to work are faced with an array of obstacles and challenges in the workplace. Changes to work culture and provisions are suggested to support mothers who wish to continue breastfeeding upon their return	QL - TA design. The experiences of the women shared many similarities. No new themes emerged which provided the researcher with confidence that saturation had been reached.	Relatively small sample size. Study limited by the lack of research conducted in this area, lack of comparable data. Homogenous group not generalisable
2 √	Family leave and return to work experience of physicians' mothers. Juengst, Royston, Huang, Wright. 2019. US	844 (mean age -35.8 range from 27-67)	Physicians	Captures one of the largest and heterogeneous samples of physician's mothers across subspecialities experience of family leave and return to work. Factors identified help inform and support physician mothers on an institutional	Modified Delphi study with a large sample size. Largest heterogenous sample of physician mothers. Includes adoptive children. Mothers composed of physicians across	Surveys, no lived experiences.

				level, whilst supporting mothers in their career	multiple specialities. includes experience at three different time points. Includes both parents' responses and experiences. Includes experiences for all children in the family. study generalisable. rich data set of qualitative and quantitative experiences	
3 √	Experiences of occupational therapists returning to work after maternity leave. Lisa Parcsi and Michael Curtin. 2013. Australia	6 (range 24-36)	Occupational therapists	Two main themes: compromise and feeling valued. Conclusions: Occupational therapist choose to make compromises to balance work-life commitments following their return from maternity leave. The study highlights the importance of supportive systems on women's positive experience back into the workplace	IPA study – QL Explores occupational therapists experience of returning to work following maternity leave. Examines key resources and strengthens that are pertinent in shaping women's experiences on their return to the workplace.	No pilot testing. not generalisable. Birth of first child only included. Does not consider experiences of other children who may also be eligible.
4	The experiences of nurses returning to work after childbirth 'making a difference'. Khalil	5 (comparable ages -33)	Nurses	Five main themes: continuing career pathways, coping mechanisms, self-perception, division of labour and relationships with partner.	QL – GT. inductive methods. First time mothers. mothers back at work between 4-18 months	Small sample size. 'Middle class outlook'. excluded single mothers or those that did not

	and Davies. 2000. London			Study highlights the importance of adequate family friendly working practices and the implications of this on staff retention.	(mean 10 months). average age of child 16 months. Ethics considered. Broad central theme of 're-negotiation'. Participants of different cultural backgrounds.	live in traditional nuclear families.
5 √	Readjusting one's life in the tension inherent in work and motherhood. Alstveit, Severinsson & Bjorg. 2011. Norway	9	Variety of professions	One main comprehensive theme: Readjusting one's life in the tension inherent in work and motherhood. Three subthemes: striving to manage the workload and taking responsibility for the best interests of the child (rational), struggling with feelings of not being a good enough mother (emotional), maintaining a balance between sensitivity and self-confidence (existential) Study found returning to work appears to be a transitional phase which can impact on first time mother's wellbeing. It emphasises the importance of adequate organisational structures to closely monitor the work of staff to help	QL- As part of longitudinal study. A dialectical process of interviewing on three levels: rational, emotional, and existential. Hermeneutic approach. interpretative analysis.	Homogenous sample Restrictive inclusion criteria – living with partners. excludes single mothers. First child.

				develop their confidence as they transition back to work alongside their transition to motherhood.		
6 √	Return to work experiences of female employees following maternity leave. Barreiro-Lucas 2014, south Africa	7 (range 26-35 years)	Variety of professions	Five main themes: Job attitude, work orientation, environmental and health aspects, personal experience, return experience and organisational aspects. Study highlighted difficulties in the return-to-work experience of female employees, identifying significant changes in attitudes towards their careers after childbirth. Addresses the need for family friendly working environments in retaining employees as they return to the workplace.	QL - GT study. Enrichment of data and f/u interviews later. Themes including pre/post return. Social constructionist epistemological position	First child. Small sample size
7 √	A multilevel perspective of the identity transition to motherhood. Hennekam, Syed, Ali, Dumazer, 2019. Netherlands	22 (range 22-38 years)	Variety of professions in FT/PT positions	Conclusion- The findings highlight the importance of multiple factors including individual, organisational, and social and its interplay amongst differing levels in understanding identity transition to motherhood.	QL- IPA study. As part of a larger research project. Participants interviewed at two points: after giving birth and on re-entry to employment after maternity leave. Focus on contextual factors.	Homogenous sample. first time Dutch mothers. Selection bias leading to low attrition rate. Not generalizable.

					Analysis based on three levels: macro, meso and micro-level.	
8 √	Going back to work after childbirth: women's lived experiences. Spiteri & Xuereb. Malta. 2012	10 (range 25-29 years)		Three super-ordinate themes (each with subthemes): 1. a time of preparation and planning 2. lightning strikes 3. weathering the storm Conclusion – the study highlighted the challenges and concerns new mothers face when returning to work. It also addresses the importance of changes to local policy, within the Maltese context, with regards to family-friendly measures and increases to maternity leave duration.	QL IPA – study. Three interviews conducted at different time points 12 weeks, 16 weeks, and 20 weeks postpartum. statutory mat leave ends after 14 weeks. The 16 week and 20-week interview were the phenomenon being studied. Inclusion criteria for first time mothers to avoid experiences being affected by previous encounters.	Homogenous group – Maltese women. use of linguists; meaning may have been lost.
9 √	The experiences of women's returning to work after maternity leave in the UK. Morris 2008. UK	1541	Various occupations	Survey highlights a host of challenges faced by mothers returning to work after maternity leave and the effect lack of support has on wellbeing. Findings also give weight to the impact attitudes and relationship have on a smooth return.	QT – web-based survey. Large sample size. Generalisable. Mothers recruited with various characteristics i.e., first time/ pt. time/ married etc… excluded self-employed women.	Does not provide in depth descriptions or detailed meanings of people's lived experiences.

					Participants geographically represented. 2/3 held a professional or managerial role	
10 √	Addressing barriers to health: Experiences of breastfeeding mothers after returning to work. Iran. Valizhdeh et al., 2017	12 (28-37 years)	Various occupations	Two main themes: working and mothering alone and facing concerns about health. Conclusion – study identifies barriers for employed women who continue to breastfeed upon their return to work. It also addresses the emotional and support networks and impact on return experiences. Suggestions for more family – friendly policies to be implemented in the workplace.	QL-TA. Partners and supervisors also interviewed. Themes around, expectation, support, and impact	Homogenous sample. limited to breast feeding experience.
11 √	You Can't Have It All: The Experience of Academic Hospitalists During Pregnancy, Parental Leave, and Return to Work. 2018.	10	Female hospital medical physicians	Five main themes: lack of paid parental leave, physical challenges, breastfeeding barriers, career opportunities, colleagues' responses and empathy gain.	QL study across three-time frames, pregnancy, parental leave and return to work. All physician mums.	Homogeneous group. study not generalisable. snowball approach potential for selection bias. small sample size

	Gottenborg, Maw, Ngov, Burden, Ponomaryova, Jones. America			Conclusion: study addresses factors that impact on women's wellbeing and career trajectories. Study also identifies solutions for institutional improvements.		
12 √	Taking the path of least resistance: a qualitative analysis of return to work or study while breastfeeding. Burns & Triandafilidis. 2019. Australia	10 participants	Staff and students	Four main themes: university as a positive and progressive environment for breastfeeding, finding private and safe spaces for breastfeeding, feeling self-conscious and unprofessional; and developing resilience to judgement. Conclusions – study explored experiences of staff and students returning to work or studies, whilst breastfeeding. Study addresses barriers to breastfeeding that did not fulfil requirements for a breastfeeding friendly environment. Difficulties in managing both maternal roles with regards to breastfeeding and work roles discussed.	QL -Explores experience of both staff and students. A part of a mixed methods study – quantitative section to be published in future.	Homogenous sample. small number of participants. Conducted at one university so not generalisable
13 √	The experiences of breastfeeding mothers returning to work as hospital	7 (range between 25-35 years)	Registered nurses	Three major themes – A child's right to breastfeed, institutional power, partner, and family support to	QL. interviews conducted in participants first language – Urdu. 4	Translated to English. Nuances and meanings may have been lost in

	nurses in Pakistan: a qualitative study. Riaz & Condon, 2017. Pakistan			facilitate continued breastfeeding. Conclusion - Study highlights barriers to breastfeeding on mothers return to work. Emphasises importance of partners/family support during this process. Identifies potential risk to baby's development with difficulties combining breastfeeding with maternal employment.	first time mothers, 3 second time mothers – inclusive of a variety of experiences.	translation. small sample size. homogenous group, non-generalisable.
14 √	Transforming identities: Accounting professionals and the transition to motherhood. Haynes, 2008.	5 (28-40 years)	Professionally qualified accountants.	The study explored the interaction between motherhood and professional identities and highlights the process women go through to make sense and adjust to changing roles. The study also highlights the juxtapositions between the ostensibly public and private spheres.	QL - Oral history design to get in depth personal narratives	Small sample size, homogenous group.
15 √	Al-Imari, L., Hum, S., Krueger, P., & Dunn, S. (2019). Breastfeeding During Family Medicine Residency. *Family medicine*, *51*(7), 587-592. Canada	56 residents (25-34)	Family medicine residents	Conclusion - Barriers to workplace breastfeeding discussed with suggestions and strategies identified to support future trainees' experiences.	Cross sectional online pilot study exploring the experiences of family medicine resident who returned to work after maternity leave. Highlights the main barriers to	Homogenous group specifically exploring breastfeeding experiences. Low response rate (31%)

					breastfeeding experienced by residents and this is broken down into helpful statistics. Article also enhances residents' views on what they felt was important for them during this time	
16 √	Experiences of women returning to work after maternity leave. DIVYA SRIRAM, 2017. New Zealand	11 women	All-in full-time employment	Conclusion – Factors exploring women's transition to work from maternity leave discussed, with suggestions for further research.	QL study – template analysis used to analyse scripts. Incorporated women's experience from a diverse background explicitly exploring a range of factors including both positive and negative experiences.	Small participant numbers. Not generalisable. Focused on specific factors and its impact on women's return to work experiences.
17 √	An Exploratory Thematic Analysis of the Breastfeeding Experience of Students at a Canadian University. West, Power, Hayward & Joy. 2017. Canada	8 women (aged between 22-29)	students	Five main themes: feelings of isolation, nowhere to breastfeed, challenges with pumping, what will others think and forced decisions **Conclusion –** Study attempted to explore the emotional and physical challenges of breastfeeding upon students return.	QL study – exploratory TA rooted in Bandura's social cognitive theory to understand the perceptions and experiences of women Focused on students' experiences	Homogenous group, small sample. not generalisable

				Increased provision including breastfeeding rooms and baby-friendly spaces suggested to support new mothers returning to studies.		
18 √	Return to work after prolonged maternity leave. An interpretive description. Costantini, Warasin, Sartori & Mantovan. 2022. Italy	12	nurses	Four main themes emerged from the analysis: children nurturing, family and work, loss and gains, and handling and returning. Conclusion -Social support was deemed instrumental to supporting women's transition back to work.	QL – thematic analysis Included a range of return experiences women have had. Interviews conducted in participants native language.	Homogenous group, small sample. Non-UK based study. Epistemological position not included. Nuances and meanings may have been lost in translation

Appendix B

Diary Extracts

Extract A1: Research diary re: changing methodology

August 2019 – Meeting with research supervisor to update on research project. Vast number of participants interested in study, and I was surprised that supervisor was surprised by the number of participants interested.

How much does gender play in this i.e. female dominated course and life trajectories? Supervisor is a man, how much of this influences his level of surprise by the high numbers of interested participants? I think I am more surprised by the wide variety of people both current, qualified, and male psychologists enquiring about this study. How do I make sense of this and what does it mean?

I am only recruiting current female psychologists for this project, scope for further research. Other forms of parental leave?

How do I feel about the idea of turning trainees away given the restrictions in IPA sample size? Ethically the thought of not allowing people to talk about their experiences suggests that it is an important issue and I hate the idea of denying trainees the opportunity to share their experiences – it doesn't sit well with me!

Fortunate position to be in having access to more data in comparison to a situation where collecting data will be challenging? Why not make the most of this?

After some discussion with supervisor, we decided to change the methodology which would give scope to recruit and collect more data. This change would aid generalisability of the study findings.

Plan

- Methodology to change to Thematic Analysis
- Revise research question
- Amend ethics forms for ethical amendment and consideration
- Minor changes to recruitment documents

Extract A2: Research diary - conducting a practice interview

March 19 – Met with second supervisor to update her on research project. Very excited as I remember working with her on my service-related project and we worked well together. As expected, we could relate to the topic and I left there with many new ideas, including the suggestion to do a practice interview. In hindsight, this was a great idea as I had not thought about the impact of hearing participants response might have on me. Despite me having an interest in the topic, I forgot that the topic was very personal to me as I too had been through a similar and overwhelming challenging transition process.

Plan:

- Do a practice interview.
- Find someone who would be willing to be interviewed – possibly a Herts trainee?

Extract A3: Developing the interview Schedule

May 19 - Met up with an ex-herts trainee to feedback on my interview schedule. Very informative as she was able to help me explore themes Inc. identity that were central to the research question. On a personal note, it was also nice to hear about someone else's experience of returning to studies post mat leave. Despite there being differences in our experiences there were many similarities on many levels from personal to system. It was these similarities and differences which helped reaffirm why I chose this topic, specifically to share such experiences and to reflect on what it was like returning to training. It was also nice to hear her experiences of managing and coping with a young child.

I also found the trainee's feedback helpful specifically in terms of broadening out my proposed questions because as it stood, it was quite rigid. She helped remind me that a question should help facilitate and initiate thought processing as this will help enrich the data.

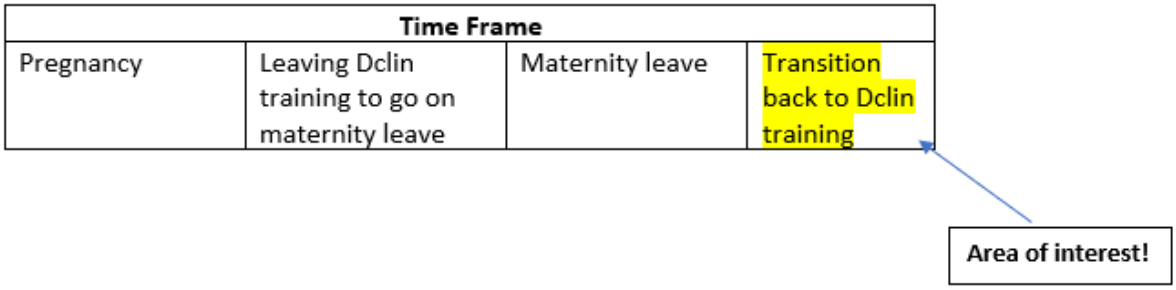
'Warming the context' at the start of the interview was something I had not thought about but really liked as it helped remind me of the type of environment I wanted to set. That of warmness and safety especially as the purpose of the interviews are to invite trainees to talk about their personal experiences of motherhood and work'.

Plan

- Look over interview schedule and revise questions
- Contact ex- trainee re: look over questions and practice mock interview

Extract A4: Interview schedule feedback from current trainees and supervisor

May 19 – Met with current trainees and had the opportunity to get feedback for my interview schedule. I found this meeting productive as it helped me to be more focused with my research questions. For example, I needed to move away from general questions and be more specific. E.g., my niche is trainees' experiences of transition back into clinical psychology training.



Therefore, I was reminded my research needed to home in on one specific area, that is *trainees' experiences of returning to Dclinpsych training after maternity leave?* Learning that development and growth occurs through one's ability to allow one's work to be exposed and reviewed by others. Thus, creating room for one to hear and listen to the constructive feedback, that follows.

Plan:

- Revise questions and send to supervisor for feedback
- Start recruitment.

Appendix C

Interview Schedule Guide

Introduction

Thank you for volunteering to talk to me today. I really appreciate that you're giving your time for this. Today we will be talking about transitions from maternity leave back into clinical psychology training. There aren't any right or wrong answers here – I'm interested in your experiences and what things were like for you.

You can stop the interview at any time you like, either for a break or to stop completely. If there's a topic or question that you don't want to talk about, you can ask to skip that one. You can also take your time in thinking about the questions and talking about your experiences; please don't feel you have to answer straight away.

Does that make sense to you? Do you have any questions before we start?

Content	Questions
Warming the context – Family	**1. Can you tell me what interested you about this research?** **2. How old is your baby now? Gender?**
Transition	**3. How did you decide when to return to training?** <u>Prompts:</u> - Timing? - Financial? - Stage of training? - other/ anything else? **4. Can you tell me more about your return?**

	Prompts: - Did anything change or was there anything different (i.e. new cohort/ peers)? - Did anything stay the same? **5. What was the experience like for you on your return?** Prompts: - Can you tell me about any positives (Excitement/ happiness)? - Were there any negatives (e.g. Worries/ difficulties)?
Coping	**6. What support did you receive on your return?** Prompts: - support from dclin course/ Placement? - support from peers? - support from family/friends? - Other support received? **7. Starting a family brings about new maternal duties – Can you tell me about these new maternal duties?** Prompts: - Breastfeeding - Childcare – financially? - Emotional impact/ physical impact (e.g. tiredness,

	lack of sleep, excitement, motivation etc…) **8. How did you balance motherhood with training?** <u>Prompts:</u> - Course commitments (e.g. meeting assignments/deadlines) - Supervision - Emotional impact/ physical impact
Perspectives from others	**9. Can you tell me about any comments made following your return (from maternity leave)?** <u>Prompts:</u> - Family/friends - Dclin course/ placement - Comments from colleagues on placement <u>Extra Prompts:</u> - Were they positive? - Were they negative? **9a. Did the comments affect you in any way? How?** **10. How did other people and their ideas, impact your experience of returning to training?** •
Identity	**11. Has having a baby made a difference to how you view yourself now as a mother, who is**

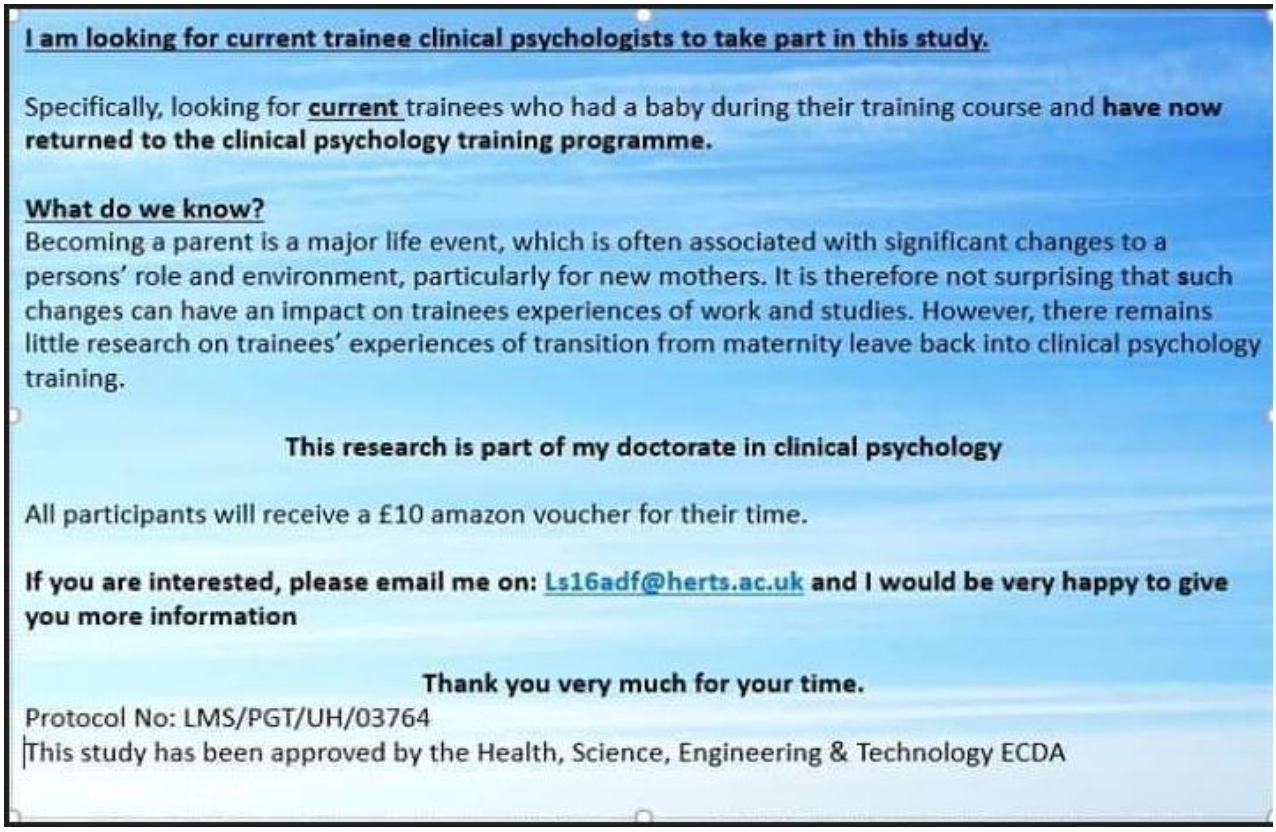
	also a trainee? Prompts: - Can you tell me more? **12. What about other people, how do you think others view you as a mother and a trainee now?** Prompts: - Peers (Cohort members)? - Tutors/ dclinpsy team? - Supervisor/ Placement Colleagues? **13. Has becoming a new parent changed the way you think or feel about yourself as a trainee?** Prompts: - Can you tell me more? **14. What have you learnt from the experience of returning to clinical training following maternity leave?** Prompts: – anything positive? - anything negative?
Future	**15. Has the transition process impacted or influenced in any way, the way you view your future job prospects and working life?**

	Prompts: - How? - What has changed now? **16. What advice would you give to other trainees going through a similar process?** **17. How can we improve the transition process for trainees going forward?**

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Appendix D

Research Advertisement



I am looking for current trainee clinical psychologists to take part in this study.

Specifically, looking for **current** trainees who had a baby during their training course and **have now returned to the clinical psychology training programme.**

What do we know?

Becoming a parent is a major life event, which is often associated with significant changes to a persons' role and environment, particularly for new mothers. It is therefore not surprising that such changes can have an impact on trainees experiences of work and studies. However, there remains little research on trainees' experiences of transition from maternity leave back into clinical psychology training.

This research is part of my doctorate in clinical psychology

All participants will receive a £10 amazon voucher for their time.

If you are interested, please email me on: Ls16adf@herts.ac.uk and I would be very happy to give you more information

Thank you very much for your time.

Protocol No: LMS/PGT/UH/03764

This study has been approved by the Health, Science, Engineering & Technology ECDA

Appendix E

Demographic Form

Q1. Which age group do you fall under? (Please tick)

- 18-24
- 25-34
- 35+

Q2. How many children do you have? (Please tick)

- 1
- 2
- 3
- 4 or more

Q3a. What is your relationship status? (Please tick)

- Single
- Partnered
- Married
- Other…

Q3b. If in a relationship, what is your partners employment status? (Please tick)

- Employed full time
- Employed part time
- In studies
- Not working
- Other…

Q4. Which of the following best describes your ethnicity? (Please tick)

- White British or Mixed British
- Irish
- Northern Irish
- English

- Scottish
- Welsh
- European
- Other

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

- Asian
- Asian Welsh
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Black
- Black Welsh
- Black British
  -Caribbean
  -African
- Any other Black background
- Chinese
- Other Ethnic Groups Chinese
- Gypsy Traveller
- Any other ethnic group, please state _____

Q5. Where are you currently training? Please tick the region of your training course.

- Northeast

- Northwest
- Yorkshire and the Humber
- East Midlands
- West Midlands
- East of England
- London
- Southeast
- Southwest
- Scotland
- Wales

Q6. What year were you in when you left to go on maternity leave? (please tick)

- First year
- Second year
- Third year

Q7. How long was your maternity leave? (Please tick)

- < 3months
- 3-6 months
- 6-9 months
- 9- 12 months
- 12 months or more

Q8. On return from maternity leave, which cohort did you join? (Please tick)

- Same cohort
- New cohort
-

Q9. On return from maternity leave, what was your employment status?

- Employed full time
- Employed part time

Q10. On return from maternity leave, what support did you have for childcare? (Please tick)

- Informal childcare
- Formal childcare
- Other…

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Appendix F

Ethical Forms

FORM EC2: APPLICATION FOR MODIFICATION AND/OR EXTENSION TO AN EXISTING PROTOCOL APPROVAL

1 **Title of original application**:

Transitioning from full time mother back into clinical psychology training: an interpretative phenomenological analysis

Protocol Number:

aLMS/PGT/UH/03764(1)

Is this the first modification/extension request for this study?**

No

If no, please include the most recent approval notification document with your application.

---

2 **Protocol holder details**

Applicant name:	Laura Selema
Student/Staff number :	12239310
Applicant e-mail address:	Ls16adf@herts.ac.uk
Work address (if appropriate):	Click here to enter text.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Supervisor's name: Dr Pieter Nel

Supervisor's School & Department: School of Life and Medical Sciences, Department of Psychology and Sport Sciences

Supervisor's e-mail address: p.w.nel@herts.ac.uk

---

3 **Specify the nature of the modification/extension (please tick all that apply and complete Q4 & 5).**

☒ Revised title of study.

Transitioning from full time mother back into Clinical Psychology training.

☐ Amend/extend dates

From: Click here to enter a date. To: Click here to enter a date.

☐ Additional worker(s):

Names and student/staff numbers for any additional investigators involved in this study

Click here to enter text.

☐ Change of supervisor from: Click here to enter text. to:Click here to enter text.

Please complete declaration below and give reason in Q4

Declaration by new supervisor:

I have reviewed the ethics protocol paperwork for this study and am aware of any conditions which must be adhered to.

Signed Click here to enter text.. Date: Click here to enter a date.

☐ Location of study

Detail new location here

☒ Other

Please specify here

- Change Methodology to Thematic Analysis
- Change number of participants in line with a change to methodology. Increase participant numbers – to up to 25.

4 **Reason for extension/modification request**

Growing numbers of participants interested in this study. It saddened me that I was unable to recruit larger numbers using the current methodology. After discussions with supervisor, we agreed that changing methodologies would give more scope to collect more data. It will also help with making the findings more generalisable, which may be beneficial for publication. Already, there are requests to read research on completion of study.

5 **Hazards**

Does the modification or extension present additional hazards to the participant/investigator?

NO ☒

If YES, please complete a new Form EC5, 'Harms, Hazards and Risks'.

If you are required to complete a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from this document to Form EC5 in order not to have to repeat the information twice.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Signature of Applicant : Laura Selema Date: 04/08/2019

Support by Supervisor: Pieter W Nel Date: 05/08/2019

5

** modifications include any amendment of documentation to be given to participants, for example Form EC3, Consent, Form EC6, Participant Information Sheet, survey document

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Laura Selema
CC	Dr Pieter Nel
FROM	Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.
DATE	08/08/2019

Protocol number:	**aLMS/PGT/UH/03764(2)**
Title of study:	Transitioning from full time mother back into Clinical Psychology training.

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

<list names or state no additional workers named>

Modification: Detailed in EC2.

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 08/08/2019

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

To: 30/01/2020

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS

('ETHICS COMMITTEE')

FORM EC2: APPLICATION FOR MODIFICATION AND/OR EXTENSION TO AN EXISTING PROTOCOL APPROVAL

1 **Title of original application**:

Trainees' experiences of transition from maternity leave back into clinical psychology training

Protocol Number:

aLMS/PGT/UH/03764(2)

Is this the first modification/extension request for this study?**

Yes **No**

If no, please include the most recent approval notification document with your application.

---

2 **Protocol holder details**

Applicant name:	Laura Selema
Student/Staff number :	12239310
Applicant e-mail address:	Ls16adf@herts.ac.uk

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Work address (if appropriate):	Click here to enter text.
Supervisor's name:	**Dr Daphne Paradisopoulos**
Supervisor's School & Department:	Health Research Building
School of Life & Medical Sciences	
Supervisor's e-mail address:	d.paradisopoulos@herts.ac.uk

---

3 **Specify the nature of the modification/extension (please tick all that apply and complete Q4 & 5).**

☐ Revised title of study.

Please state amended title here

☒ Amend/extend dates

From: 08/08/2019 To: 30/09/2022

☐ Additional worker(s):

Names and student/staff numbers for any additional investigators involved in this study

Click here to enter text.

☐ Change of supervisor from: Click here to enter text. to:Click here to enter text.

Please complete declaration below and give reason in Q4

Declaration by new supervisor:

I have reviewed the ethics protocol paperwork for this study and am aware of

any conditions which must be adhered to.

Signed Click here to enter text.. Date: Click here to enter a date.

☐ Location of study

Detail new location here

☐ Other

Please specify here

4 **Reason for extension/modification request**

Requesting an extension of ethical approval dates to reflect that whilst data collection was completed within the approved time, analysis was completed later than planned due to suspension for health reasons. Confirming that all data was collected by November 2019 and no further data collection took place after this date.

5 **Hazards**

Does the modification or extension present additional hazards to the participant/investigator?

YES ☐ NO ☒

If YES, please complete a new Form EC5, 'Harms, Hazards and Risks'.

If you are required to complete a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from this document to Form EC5 in order not to have to repeat the information twice.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Signature of Applicant : Laura Selema Date: 10/08/2022

Support by Supervisor: Daphne Paradisopoulos Date: 10/08/2022

** modifications include any amendment of documentation to be given to participants, for example Form EC3, Consent, Form EC6, Participant Information Sheet, survey document

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Laura Selema
CC	Dr Daphne Paradisopoulos
FROM	Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair
DATE	10/08/2022

Protocol number:	aLMS/PGT/UH/03764(3)
Title of study:	Trainees' experiences of transition from maternity leave back into clinical psychology training

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

No additional workers named

Modification: detailed in EC2

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Validity:

This approval is valid:

From: 10/08/2022

To: 30/09/2022

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix G

Participant Information Sheet (PIS)

UNIVERSITY OF HERTFORDSHIRE

Title of Research

Transition from full time mother back into Clinical Psychology Training

Introduction

You are being invited to take part in a research study. Before you decide whether to do so, it is important that you understand the research that is being done and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether you wish to take part.

Thank you for reading this!

What is the purpose of this study?

The purpose of this study is to explore how trainee clinical psychologists transitioned back into clinical psychology training from maternity leave.

Do I have to take part?

It is completely up to you whether you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you must complete it.

You are free to withdraw any of your personal data at any time without giving a reason, and up until [Date]. A time limit has been set due to the possible impact a late withdrawal may have on the completion of the study.

What will happen to me if I take part?

If you decide to take part in this study, you will be invited to take part in a semi-structured

interview with the researcher lasting approximately 1-1.5hours.

The interview will be audio recorded and all participants data will be stored electronically, which will only be identified by a code. The data will not be used or made available for any purposes other than the research project.

How will my taking part in this study be kept confidential?

All personal information and data will be anonymised and coded and kept in a secure location either in a locked box at the researchers' home or put in a secure place in the study supervisor's office at the university. Only the researcher and supervisors will have access to the participants' personal information and data including transcripts.

All transcripts will be saved securely on a password-protected device, which requires a login password, PIN or fingerprint security to gain access. All office files including Word and Excel and that have personal data will also be password protected.

The interview will be transcribed by either the student or a transcription service. In the event a transcription service is used, a signed non-disclosure/ confidentiality agreement will be put in place and signed before giving them the recording. Furthermore, all personal and identifiable data will be removed by the researcher and will be kept securely and separately from the transcripts.

All the results will be written up in a thesis format for the purpose of obtaining a Doctorate in Clinical Psychology. As part of a qualitative approach to the analysis, direct quotations taken from the interview may be used to strengthen a theme identified through the analysis process. If direct quotes are used, it is possible that people who know you may be able to identify you. However, every effort will be made to reduce this from happening.

On completion and submission of the study, this thesis will be held at University of Hertfordshire Learning Resource Centre and will be accessible to read by interested parties.

How will you ensure accuracy of the data?

In order to ensure accuracy of the data, you will be invited to check the content of the written transcripts before the analysis of the data begins. The option to read the transcripts will be made available to you following the interview.

How long will my data be kept for?

All data will be password- protected and kept in a locked facility for a maximum of 5 years. After this time, all data will be permanently deleted under secure conditions.

What are the possible benefits of taking part?

Your participation in this study will help contribute to the limited research in this area specifically from the perspective of a trainee. It is also hoped that this study will add something new to women's research.

What are the possible risks of taking part?

Questions asked may trigger some emotionally charged feelings through the process of talking about your experiences. If you become upset or find the process distressing, the researcher will ask whether you would like to take a break or stop the interview. If the interview is stopped, you will be asked what you would like to do next? (continue with the interview process, rearrange for another date or withdraw from the study).

If any risk(s) to you or others are identified in the interview, the researcher has a duty of care to inform the study supervisor. Dependent on the nature of the risk(s), other services may be contacted where appropriate.

Who has reviewed this study?

This study has been reviewed by:

Health, Science, Engineering & Technology ECDA With Delegated Authority.

The UH protocol number: aLMS/PGT/UH/03764(2)

What will happen to the results of the research study?

The results of the study including the audio and transcripts, will be analyzed and included in the write up for the purpose of obtaining a Doctorate in Clinical Psychology. Following this, it is likely that, the project may be presented at conferences and written up in journals.

As mentioned above, all participants data will be fully anonymized, with every best effort to reduce any participants from being identified.

All participants are free to request a copy of the final project on completion of the study by emailing me on the contact details below.

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me by email: Ls16adf@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during this study, you can contact my supervisor:

Dr Pieter W. Nel, Ph.D
Programme Director & Reader in Clinical Psychology Training
Doctorate in Clinical Psychology Programme, Dept. of Psychology & Sport Sciences,
University of Hertfordshire, College Lane, Hatfield, AL10 9AB, UK
Tel: 01707-286322
Email: p.w.nel@herts.ac.uk

or please write to the University Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Hatfield

Herts

AL10 9AB

Thank you very much for reading this information sheet and considering taking part in this study.

Appendix H

Consent Form

Research project:

Transition from full time mother back into Clinical Psychology Training

Please tick the boxes to confirm each statement.

1. I have seen and read the participant information sheet and had all my questions answered. ☐

2. The purpose of my participation as an interviewee in this project has been explained to me and is clear. ☐

3. I understand the aims of the research study and what my involvement will be. ☐

4. My participation in this project is voluntary. There is no explicit or implicit coercion whatsoever to participate. ☐

5. I give my consent for the Trainee Clinical Psychologist to take written notes during the interview. I also allow the recording (by audio/video tape) of the interview for data analysis. ☐

6. I understand that all data from the interview will be securely placed on encypted devices and will be annoymised for confidentiality purposes ☐

7. On completion of the study, I understand that my data will be password- protected and kept in a locked facility for a maximum of 5 years. After this time, my data will be permanently deleted under secure conditions. ☐

8. I understand that I have the right to withdraw my participation from the study at any time. I also understand that after the interview has taken place, I am free to withdraw my personal data up until [**DATE]** before analysis and subsequent write up for ☐

submission begins.

9. I have been given the explicit guarantees that the Trainee Clinical Psychologist will not identify me by name or function in any reports using information obtained from the interview, and that my confidentiality as a participant in this study will remain secure. ☐

10. I have been given the guarantee that this project has been reviewed and approved by the Trainee Clinical Psychologist's study supervisor(s) and Research Board. ☐

.

Additional consent:

11. Do you give consent for the anonymised results of this study to be published? (Please tick box if consent is given) ☐
12. Do you give consent for your data to be used for future research projects, which are closely related too or an extension of the current study? (Please tick box if consent is given) ☐

I have read and understood the points and statements of this form, and I voluntarily agree to participate in this project.

Participants Name:	**Principal Investigators Name:**
Signature:	**Signature:**
Date:	**Date:**

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Appendix I

Debrief Form

Thank you for taking the time to participate in this study.

If participation in this study has caused you some level of distress and discomfort in anyway, you may wish to contact or seek support by your immediate sources such as family, friends, GP, health visitor or therapist. Alternatively, you may wish to contact your personal tutor, or personal advisor for support.

Below are support services accessible for new mothers:

NHS Choices:

Support for babies and parents

https://www.nhs.uk/conditions/pregnancy-and-baby/services-support-for-parents/

If you are worried about any medical concern, please call 111 to speak to an advisor or 999 for urgent support.

Home-start is a charity that provide support to families with young children. To find your nearest Home-start service you can search on their website: https://www.home-start.org.uk/find-your-nearest-home-start

Benefits for families provides information on universal credits, childcare, grants, maternity pay etc…

https://www.gov.uk/browse/benefits/families

Below are services you may wish to contact if you want psychological support:

Samaritans A 24 hour a day, free and confidential helpline for anyone experiencing any emotional distress.

Freephone: 08457 90 90 90 Website: www.samaritans.org

Mind – a charity that provides advice and support to empower anyone experiencing a mental health problem.

Website: https://www.mind.org.uk/

Below are services if you need support on work rights/employment:

Citizens Advice provide free, confidential and impartial advice, including on employment problems. To find details of your local Citizens Advice: https://www.citizensadvice.org.uk/about-us/how-we-provide-advice/advice/

If you are a member of a worker's union, you can contact them for advice in relation to work related issues. Examples of unions include **Unison** (https://www.unison.org.uk) and **Unite** (http://www.unitetheunion.org).

Appendix J

Transcription confidentiality/ non-disclosure contract

University of Hertfordshire

Doctorate in Clinical Psychology

University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Laura Selema- Trainee Clinical Psychologist

And

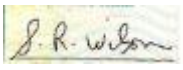
Sonia Wilson (Recipient)

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient agrees to stop transcription immediately if they recognise any parties mentioned on the audio recording, and to return the recording to the discloser.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Name: Sonia Wilson **Signed:** 

Date: August 22, 2019

Trainees' Experiences of Transition from Maternity Leave Back into Clinical Psychology Training

Appendix K

Example of Analysis Process

Transcript		**Initial Thoughts**	**Emerging Theme**
Can you tell me what interested you about this research? Um, well I guess there's not, a lot of women are on Psychology training, and I guess it's the time of life where you probably, if for those who are interested might be thinking about family planning. Um, there's not offset protocol as far as I'm aware in the majority of, uh, training centers. What happens and what to do on people's experiences tend to vary wildly. Um, so I think it's worth they're being research in the area. **And how old is your baby now?** She is almost 16 months. **Oh wow. So still a little baby**. Yeah. **And how did you decide when to return to training?** Um, I guess it was a little bit of financial, um, because at the time, so I'd moved to XX for the training post and, um, my husband had moved with me, he was a teacher in England	Important topic to research Important topic to research Important topic to research Important topic to research Important topic to research Baby age (16m) Baby age (16m) RTW- financial reasons were important. Made sacrifices for the course	Advocating for mothers- participating in research/sharing information Advocating for mothers- participating in research/sharing information Planning and preparing the return- finances Purpose behind the uncertainty- sacrifices	Fighting injustice Fighting injustice Fighting injustice Fighting injustice Returning in the midst of uncertainty Returning in the midst of uncertainty

Hmm But the qualification for teaching is different in XX. So, um, he had to do an extra qualification while I was here. So it made it difficult for him to get a job straight away. Um, but then he got a job after we'd had a baby, a permanent role, cause he was a supply teacher before, so he got no paternity leave or anything like that. Um, so it was kind of financial. Um, and also because I thought it'd probably be easiest to kind of finish training sooner rather than later **Hmm** Um, to be able to, you know, have more time dedicated to parenting rather than research and other things. **So, um, how long do you have on maternity leave? How long you take on maternity leave?** About five months. **Okay. I was just because you said it was easier to finish training earlier, so was there something to do with timing as well or…?** Um, well, I didn't want to extend placements by too much. I didn't want to miss, um, too many exams **Hmm**	Made sacrifices for the course RTW- financial reasons were important. RTW- financial reasons were important. RTW- financial reasons were important. Important to finish training sooner Important to finish training sooner Mat leave 5 months Not missing academic work was important. Not missing academic work was important.	Purpose behind the uncertainty- sacrifices Planning and preparing the return- finances Planning and preparing the return- finances Planning and preparing the return- finances Purpose behind the uncertainty- reach qualification Purpose behind the uncertainty- reach qualification Purpose behind the uncertainty- reach qualification	Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty

And because XX is quite an exam heavy course. **Hmm** Um, I didn't want to be too delayed in applying for ethics. **Hmm.** For my research. Um, but I guess thinking of it now, it probably wouldn't have mattered if I'd taken, you know, a bit longer. **Hmm.** Um, but I, I guess I didn't know that then, so I just made the decision kind of based on the information that I had and that there was no set protocol for it. Um, probably made me more, uh, tentative about my choices. So probably made me choose sooner rather than later.	Not missing academic work was important. Not missing academic work was important. Not missing academic work was important. Not missing academic work was important. Having enough information to make choices is important. Having enough information to make choices is important. Having enough information to make choices is important.	Planning and preparing the return- course duration Planning and preparing the return- work load Planning and preparing the return- work load Planning and preparing the return- work load Planning and preparing the return- work load Lack of RTW protocols Lack of RTW protocols	Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty Returning in the midst of uncertainty / Course development and future learning

Collation of emerging themes and subthemes

Emerging Theme	Emerging Subtheme
Combining motherhood and clinical psychology training: strategies and policies	**Course development and future learning** • RTW procedures • Barriers to seeking support/ course structure, perceptions, culture etc. • (In)flexible working – changing work patterns / part time work • (in)adequate communication (cohort not informed/ lacking information) • lacking appropriate infrastructure to support mothers return – barriers to breastfeeding • learning from other courses **Bringing the future into the present** • Easier transition - Having familiarity – same tutors/ peers/ structure, supervisor who are parents • Planning and preparing the return – – convenient timing • Future prospects – career, work, family, life •
Learning from the experiences of motherhood	• Transferable skills - Parenthood experience • Personal growth • Strengthening clinical practice • Differences in peer experiences • Benefits of formal/informal support • sense of achievement • Experiences of motherhood valuable for clinical work • experiences of motherhood – impact on clinical judgement **Work is more than just a job**

	• self-identity • work identity • Recovering sense of self • Merging identities-creating new identities • values • expectations of trainees/ trainee characteristics
Weathering the storm – motherhood and work - **What impact and how they managed to survive it**	**Impact:** • Time with child/ importance of spending time with young child/ missing child • Impact (emotional/psychological/physical) -Feeling guilty, sleep deprivation • Work/life balance / challenges/ lack of self-care – neglecting self • Relationships **Coping/ survival resources:** • Sources of support/ buddy system / external support – personal therapy • Acts of kindness/compassion/ empathy • changing priorities / perspectives – improved academic work • Work/life balance • compromise / sacrifices
Returning in the midst of uncertainty	• Training with a young child • Training with a new cohort / joining a new cohort/ Missing old cohort • Experiences of returning – difficult/ positive – impact e.g. isolation • Pressures of training/ placement difficulties/ course dynamics

	• Purpose beyond the uncertainty – not giving up / Reflecting on the Dclinpsy process - always wanted to be a clin psych/ worked hard for training place etc. • readiness • pre-return anxieties/ worries / deskilled – loss of skill
Fighting injustice	• Speaking out – having a voice/ being heard • Advocating for mothers' rights - participating in research / sharing information • expectations from others – *super-mum* • Discrimination including comments – ideas around motherhood and work/ training (positive/negative) • unfair treatment • power imbalance / feeling silenced / being judged / fear of judgement/ positions of power • Role models – working mothers • barriers for working mums • Perceptions about being a working mother vs father (individual/ others) –[GREEN - negative]