Midwives as Navigators: An Appreciative Inquiry into the Work of Hospital Midwives in New Zealand

The C❤re Midwife

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ABSTRACT

This study asks the question: What is the work of core midwives and what facilitates their role in New Zealand's large hospitals? Core midwives, a term specific to New Zealand for employed hospital midwives, are described as integral to or the "backbone of New Zealand maternity service" (Gilkison, 2017, p. 36). The 2024 Midwifery Workforce Survey conducted by the New Zealand Midwifery Council highlighted this pivotal role with 48.1% (1,618/3,364) of midwives identifying core midwifery as their main source of work. This compares with 32.6% (1,095/3,364) of midwives identifying caseloading as their primary role which includes both employed and self-employed as lead maternity carers (community caseloading midwives). Despite their unique contribution to the midwifery profession, core midwives perceived themselves as 'just a core midwife' and feel as 'invisible' (Gilkison et al., 2017). These perceptions warrant exploration and comprehension of the work and role of core hospital midwives.

This Appreciative Inquiry study, with a hermeneutics lens, explores the everyday work of core midwives within New Zealand's large secondary/tertiary hospitals, and what facilitates their role. Fourteen core midwives from New Zealand participated. The study found that core midwives could be described as 'navigators'. Midwives in this study described their unique skillset which enabled them to work in partnership with the women in their care and navigate the often-complex care that women required. To be an effective navigator, the core midwife needs to be able to communicate well with women and their families, cultivate effective collegial relationships, and foster teamwork.

This research is important because it brings perspective to the significant role that core midwives play, enriching understandings of maternity care provision and acknowledging the support for safeguarding core midwives' well-being who, at their 'core', safeguard the lives of women and their babies.

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Tracy Walker

26/03/25

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Signature Date

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“I live my life in widening circles that reach out across the world”

Rainer Maria Rilke, Rilke’s Book of Hours: Love Poems to God

I dedicate this research to all core midwives; past, present, and future.

CHAPTER 1: INTRODUCTION TO THE STUDY

Study Context

This study explores the role and work of core midwives who practice in New Zealand's large hospitals. Core midwives are employed midwives working rostered shifts over a 24-hour period within the hospital setting. For the future of the profession, I wanted to ensure that the 'world' of the core midwife was illuminated; and that their vision for the future would be portrayed, with concepts of their meaningful work highlighted throughout the study. An Appreciative Inquiry approach, framed through a hermeneutic lens, enriches the depth of understanding by embracing the core midwife's role. This integration provides a nuanced exploration of the midwifery participants' stories, offering clarity and profound insights into their experiences while maintaining the Appreciative Inquiry's emphasis on positivity and potential.

This study is significant because core midwives are described as being "fundamental to the effective functioning of New Zealand maternity services" (Gilkison et al., 2017, p. 36). However, despite their unique contribution, very little research has been undertaken about this role and the way that core midwives practice within New Zealand's large hospitals (secondary/tertiary birthing units). This study explores the core midwives' role with respect to how they practice in everyday life, the importance of what they 'do', and the essential skills needed to provide the midwifery care. Understanding the role and work of the core midwife is vital to be able to support and sustain them in practice for the provision of safe maternity care for women and their babies.

This chapter introduces the research title and question, and outlines the study's aims and key terminology. The scope of a midwife, situating midwifery practice within the New Zealand context, is defined, particularly within hospital facilities; and the concept of continuity of care explored. The rationale for the study is discussed, followed by an introduction to the research pathway and methodology. This chapter also examines the concept of work and its meaning, to provide deeper insight into the core midwife's role. The research pathway section includes my positioning as a researcher, my background, and an acknowledgment of my pre-understandings. Finally, the chapter concludes with a summary and an overview of the thesis structure.

The Research Title, Question, and Aims

Working Title: Midwives as navigators: An appreciative inquiry into the work of hospital midwives in New Zealand

Research Question: What is the work of core midwives and what facilitates their role in New Zealand's large hospitals?

This study explores the role and work of core midwives in New Zealand. It aims to:

- understand the role of the core midwife
- capture the specific skills, attributes, and expertise of core midwives
- inform education programmes, midwifery and maternity managers regarding the role of the core midwife
- provide a resource for those considering core midwifery as a profession

Terminology

Throughout this thesis, words and phrases specific to midwifery are used. These will be familiar to the midwives and those who are conversant with obstetric and midwifery terminology; therefore, only words that may not be clearly understood have been defined.

The terms lead maternity carer (LMC) and core midwife are explained within the context section of this current chapter. The term doctor and obstetrician or 'OBS' abbreviation are used interchangeably throughout the midwifery participants' stories to mean the same thing.

All the midwifery participants are women and have been given a pseudonym; some women chose their own pseudonym. They will be referred to by their pseudonym or by the term 'she/her' (as agreed) when referring to the stories, narratives, and experiences that they provided.

The Definition and Scope of the Midwife

The Midwifery Council in New Zealand stipulates the competencies for midwives and skill required for the provision and delivery of high-quality healthcare for the safety of mothers and babies. The New Zealand College of Midwives (NZCOM) accepts the International Confederation of Midwives (ICM, 2024) definition of the midwife:

> A midwife is a person who has successfully completed a midwifery education programme based on the ICM Essential Competencies for Midwifery Practice and

the framework of the ICM Global Standards for Midwifery Education, recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife,' and who demonstrates competency in the practice of midwifery.

The ICM definition of a midwife underscores the importance of education and training to practice safely and effectively, with legal recognition and license to practice providing competent and aspirational standards in midwifery practice.

The Nurses Amendment Act (1990) marked a turning point for midwifery in New Zealand, granting midwives the right to practice autonomously. A midwife means 'with woman' and underpins midwifery philosophy and practice reflecting the key concept of partnership with woman and family fundamental to midwifery care in New Zealand (Gilkison et al., 2015; NZCOM, 2019). The midwifery partnership is a relationship between the woman and midwife and is the key theme of the professional philosophy statement as set by the ICM (2024). Research regarding the model of midwifery care within New Zealand attracts global and international interest, highlighting the benefits to both woman and baby, and the midwife (Clemons et al., 2021; Crowther et al., 2016; Dixon et al., 2023; Gilkison et al., 2015; McAra-Couper et al., 2014).

In New Zealand, the Midwifery Council is required by the Health Practitioners Competence Assurance Act (HPCAA, 2003) to prescribe the midwifery scope of practice which details the work of the midwife. The scope (Midwifery Council, 2024) specifies the expectations for fulfilling the professional standard required of a midwife:

1. Te Tiriti o Waitangi is embedded in the practice of a kahu pōkai | midwife in Aotearoa New Zealand.
2. The kahu pōkai | midwife is responsible for providing culturally and clinically safe care, in any setting, for women/persons and whānau who are planning a pregnancy, pregnant, birthing, and postnatal.
3. The kahu pōkai | midwife values mātauranga Māori and other worldviews to provide safe kahu pōkai | midwifery care that promotes the health and well-being of women/persons, babies and whānau.
4. The kahu pōkai | midwife draws upon cultural and clinical ways of knowing, with effective communication skills, to assess, diagnose, plan, provide and

evaluate care. Where clinically indicated, and with the appropriate education, the kahu pōkai | midwife prescribes treatments and medicines.

5. Fundamental to a kahu pōkai | midwife's tikanga, expertise and knowledge is the understanding, promotion, and facilitation of the physiological processes that support well-being and the recognition of complexity.
6. The kahu pōkai | midwife consults and collaborates effectively with women/persons whānau, other kahu pōkai | midwives, and relevant health and social services, making timely referrals when appropriate and implementing emergency care when necessary.
7. The tikanga / quality and safety of midwifery care is supported through seeking whānau feedback, cultural safety, continuity of care, and effective interprofessional relationships, including tikanga ako / practice. It is also upheld through the kahu pōkai | midwife's engagement with healthcare safe systems, evidence-based practice, reflective practice, ongoing education and professional development.
8. The kahu pōkai | midwife develops the knowledge, skills and cultural expertise to be responsive to meeting the varied health needs of women/persons, babies and whānau. The kahu pōkai | midwife may expand tikanga ako/midwifery practice by undertaking relevant education and gaining expertise, including in wider sexual and reproductive health and infant healthcare.
9. The kahu pōkai | midwife is involved in the advancement of midwifery from multiple perspectives through education, research, management, quality and safety, regulation and leadership.

This scope came into effect on 1st October 2024, pursuant to sections 11 and 12 of the HPCAA (2003), replacing all previous midwifery scope of practice and qualifications notices. The updated scope outlines the expectations for midwives in New Zealand, emphasising the integration of Te Tiriti o Waitangi, the provision of culturally and clinically safe care.

The scope defines midwifery practice, outlining the skills, knowledge, and attitudes required of midwives as primary caregivers. Midwives educated to these defined standards are skilled and knowledgeable practitioners who provide compassionate care

for childbearing women, newborn infants, and their families across the childbirth continuum. The scope also underscores the importance of effective consultation and collaboration with persons, family, other midwives, and relevant health and social services. Aligning with the scope's focus, Renfrew et al. (2021) highlighted core characteristics of midwifery care, including optimising physiological processes while ensuring timely prevention and management of complications, appropriate consultations or referrals, and working in partnership with women to support self-care and family's involvement.

Context of Midwifery in New Zealand

New Zealand`s maternity service operates as an integrated system of primary, secondary, and tertiary care. Maternity care is free for all eligible women unless they choose to engage a private obstetrician. Women can choose their own LMC/self-employed midwife, or employed case-loading midwife, or community midwife who provides antenatal and postnatal care with the core midwife supporting for labour and birth. Women can choose their preferred place of birth whether at home, a primary maternity facility or birthing centre, or a secondary/tertiary maternity hospital (Grigg & Tracy, 2013).

LMCs work under Section 88 of the New Zealand Public Health and Disability Act (2000) which sets out the terms and conditions by which they are paid by the Government and outlines the service to which LMCs work. LMCs can be midwives, private obstetricians, or General Practitioners (GPs). All public funded LMCs are expected to provide the same level of maternity service and are paid the same, although rural midwives receive some additional payments from the Ministry of Health (MoH), while private obstetricians receive payment from the woman directly. LMCs can access any necessary additional services for their woman such as antenatal or postnatal consultations. Responsibility for the woman's care may temporarily transfer from one practitioner to another for the time of the episode of care but the LMC retains the responsibility for coordination of care.

Midwives in New Zealand practice in a variety of ways, across a range of settings, with diverse skills and professional development specific to their area of midwifery practice (Calvert et al., 2017). They must work within the midwifery scope of practice and declare

their competence annually to practice across all areas of midwifery. Midwives work in partnership 'with woman' and family/whānau, supporting the concept of continuity of care. Partnership is based on a mutual relationship of trust, shared decision-making, and responsibility to empower and acknowledge the woman's autonomy throughout her childbirth experience. The midwife has a responsibility to share all the available information with the woman; respect her values and beliefs; and, through true informed consent, be the woman's advocate, even if the woman's decisions differ from their professional opinion. Being a midwife is more than knowing the art and science of midwifery, it is also about 'being' and the lived experience. Midwives strive to achieve the concept of woman-centred care and deliver holistic care that is based around continuity of care.

Context of Midwifery Care Within Facilities

Recognising the importance of the midwifery profession and the vital role midwives play in all aspects of childbirth is essential. The New Zealand MoH outlines the service specifications and requirements for secondary and tertiary maternity services/facilities. These service requirements define expectations for maternity facilities including care support services; environment; and equipment for antenatal, intrapartum, and postnatal care.

Across New Zealand all secondary and tertiary facilities employ midwives, known as core midwives, to provide 24-hour midwifery care. Core midwives work in a variety of settings, primary, secondary, or tertiary, and their role is multi-faceted. In secondary and tertiary hospitals, they often care for women with the most complex obstetric needs. Their work is both invaluable and integral to the provision of high-quality maternity care.

All eligible women and their babies requiring secondary and/or tertiary maternity services will receive care as clinically indicated during the antenatal, intrapartum, or postpartum periods. This includes women and babies who only require primary maternity services but attend a secondary or tertiary facility. This applies regardless of whether they are registered with an LMC.

Secondary maternity services cater to women and/or their babies experiencing complications that require additional care from obstetricians, paediatricians, or other specialists. Secondary facilities are equipped to perform caesarean sections, while

tertiary facilities also provide neonatal intensive care units (NICU) for advanced care. Within these secondary/tertiary facilities, obstetricians work collaboratively with core midwives to deliver maternity care. Tertiary services are specifically designed to support women and/or their babies with complex clinical needs, requiring consultation with or transfer of care to a multidisciplinary specialist team (MoH, 2020).

Core midwives work in partnership with women, collaborating with their LMC, obstetricians, and other members of the multi-disciplinary team to provide integrated care for women and babies requiring secondary obstetric care (NZCOM, 2019). Their role encompasses a broad scope, providing care that ranges from primary to complex secondary care. Core midwives offer support and additional expertise to the LMC as needed, stepping in when clinical situations necessitate it.

When a transfer of clinical responsibility occurs, core midwives receive hand-over from the LMC, ensuring seamless care for women who transition to secondary or tertiary services or require complex care (NZCOM, 2019). The service specification details the referral process from LMCs, other healthcare practitioners, self-referrals from women not registered with an LMC, or referrals from other secondary/tertiary services. It also encompasses consultations, assessments following referrals or admissions, and the planned or emergency transfer of clinical responsibility from the LMC.

Over the past 30-years there has been a significant increase in the medicalisation of childbirth and interventions during labour and birth, alongside a rise in co-morbidities and complexities among women (Clesse et al., 2018). Despite these challenges core midwives support women throughout their birthing experience, providing expertise and compassion to empower women at the centre of care.

The growing complexity of care underscores the critical need for highly skilled professionals who can deliver safe, individualised woman-centred, and holistic care. In response to the increasing medicalisation of birth and the rising use of interventions during labour, service specifications outline the maternity care and requirements midwives must provide to women and their babies.

Continuity of Care

Continuity of care in New Zealand is central to the model of care provided by LMC midwives, who provide primary care to women through pregnancy, labour, and birth,

and up to 6-weeks postnatally. The philosophy of midwifery care in New Zealand emphasises that continuity enhances and protects the normal process of childbirth.

Core midwives support continuity of care during their rostered shifts (NZCOM, 2019). This may involve primary care to women without an LMC or assisting in cases where secondary or tertiary care is required (MoH, 2011). For example, continuity is maintained through detailed handovers between midwives as highlighted by NZCOM (2019): "Continuity of care is ensured by detailed handovers from one midwife to another" (p. 9). However, the nature of shift work, the workplace environment, and the dynamic demands of the birthing units can make achieving continuity of care challenging (Gilkison et al., 2017). Core midwives step in to provide midwifery care for women who require secondary or tertiary obstetric services, such as epidural analgesia, labour induction or augmentation, or caesarean section, whether elective or emergency.

In these situations, while care may not be provided by the same midwife or LMC throughout, core midwives work collaboratively with obstetricians to optimise safe outcomes for women and babies. As Gilkison et al. (2017) noted "core midwives juggle the varying needs of women and babies within the multiple contexts of maternity facilities across New Zealand" (p. 36); underscoring their critical role in supporting continuity of care within the maternity system.

Rationale for the Study

The core midwife's role exists within an increasingly complex, dynamic, and medicalised maternity care environment. The most recent Midwifery Council Workforce Survey (2024) reported 3,364 midwives holding an annual practising certificate (APC), with 1,618 (48.16%) working as core midwives. This represents an increase of 66 midwives compared to 2023; however, the proportion of core midwives has risen steadily (46.6% in 2023). Despite these figures, the average age of the workforce remains consistent, currently 46.2-years (46.5-years in 2019); and a declining average time in practice, 14.9-years in 2024 down from 15.5-years in 2019. Notably the percentage of midwives practising between 2 and 10-years has fallen from 37% in 2023 to 34.5% in 2024. Of note is approximately a quarter of midwives are aged between 50 and 59-years, with nearly 10% of midwives continuing to work beyond 65-years which, at 7.7% higher than in 2023, reflects some concerns for the aging core midwifery population.

The Midwifery Workforce Survey (2023) highlighted that attrition remains a critical concern, with reasons for leaving the profession including parental leave, COVID related vaccinations, stress/burnout, health issues, and family/childcare responsibilities. The most recent Midwifery Workforce Survey (2024) reports that parental leave continues to account for the largest group of non-renewals. Combined with a growing reliance on core midwives, virtually half of the midwives with an APC are employed as core midwives in 2024. These factors underscore the need to understand and support this pivotal role to sustain the New Zealand maternity service.

Core midwives work at the intersection of variety and diversity within their work, caring for women with complexities and complications in their pregnancies (Gilkison et al., 2017). Their scope includes managing the unexpected and responding to emergencies, along with caring for women amidst rising rates of intervention rates and women with complex pregnancies (Coxon et al., 2015, 2016). For example, in Auckland, the annual clinical report (Health New Zealand, Te Whatu Ora, National Women's Health, 2023), reported 5,700 birthing mothers, with a caesarean section rate of 44.6% (n = 2,541), the majority of which were emergencies 29.4% (n = 1,677), with 5,821 babies born. In contrast, data from the same hospital in 2014, (National Women's Hospital, Annual report 2014-2015), revealed 7,400 birthing mothers with a caesarean rate of 34.6% (n = 2,559), of which there was an equal amount of elective and emergency cases, with 7551 babies born. These figures demonstrate a significant rise in intervention rates despite declining birth numbers over the past decade.

Similarly, nearby in Counties Manukau, their Annual Report (Health New Zealand, Te Whatu Ora, Counties Manukau, 2023) revealed 7554 birthing mothers, with 7.5% (n=567) birthing in primary facilities, and 92.5% (n = 6,987) of women birthing in the public tertiary facility. The report stated that 60.6% of women lived in the most socio-economically deprived areas in New Zealand and the caesarean section rate was 32.7% (763 were elective, compared to 170 emergency). Data from 10 years previously in 2014 (Counties Manukau Health, Annual report 2014 – 2015) revealed a total of 7291 women birthing, with 12% (n= 878) birthing in primary facilities, and 6413 births at the tertiary hospital. The caesarean section rate was 23.1% in 2014. The report also highlighted increasing acuity, diverse needs of women, and the ongoing impact of the COVID-19 pandemic on staffing levels and workload.

This data is from two hospitals in our largest city in New Zealand and highlight the increasing complexity and intervention. This suggests a growing demand for midwives skilled in managing complexities, emergencies, and the diverse socio-economic needs of their communities. Understanding the core midwife's role is vital for addressing attrition, improving support, and ensuring the sustainability of maternity services in New Zealand. This study focuses on exploring the experiences and insights of core midwives aiming to illuminate their essential contributions and provide recommendations to better support and sustain the profession.

Defining Work: Insights into the Core midwife's Role

As this study explores the core midwife's work, gaining insight into the essence of work itself is crucial. Whyte (2015) wrote:

> The essence of work after providing for our simple survival is an intimacy between two seemingly opposing poles; an interior closeness to a deep foundational self-attempting to make its way in the world, and the felt longing for some recognized far horizon in our endeavours; the ability to sustain an alchemical, almost lover like relationship that touch both the mystery of the present and the longed for future to which the work leads us; the essence of work lies in the practiced, imaginative love of this far horizon combined with the ability to alert or the practicalities of the here and the now; including especially, the physically felt, close-in invitations that first draw us, sometimes helplessly, to our calling. (p. 126)

Whyte, a renowned poet, captures the profound commitment and intimacy inherent in meaningful work. He describes it as being a relationship between self and world, balancing the present moment's demands with aspirations for a greater horizon. Whyte's (2015) metaphor of work as a relationship resonates with the core midwife, where work encompasses connecting with women and families.

Aristotle's concept of eudaimonia, or well-being, dates to the 4th century BCE (4BCE/ 1985), represents living to one's potential. Human flourishing aligns with Whyte's exploration of meaningful work. For Aristotle, meaningful work was essential to human flourishing, allowing individuals to pursue excellence and purpose, captured by Disabato et al. (2016) as "to encapsulate being true to oneself and working towards personal growth" (p. 471). Both Whyte and Aristotle emphasised that purposeful, fulfilling work

contributes to a sense of well-being and connection. The core midwife embodies this balance: a commitment in supporting women within complex clinical environments while nurturing human-centred relationships with women and families.

The essence of the core midwife's work lies in this synergy, 'with woman,' an engagement and connection between doing meaningful work and upholding the well-being of self and others (Bailey & Madden, 2016). Whyte (2002) reflected on this synergy, referring to conversation as being a gifted revelation; "forgotten voices essential to my own life and work" (p. 22). Whyte (2002) referred to the creation of a 'work world' that is secondary and complex, mirroring the complexity of work within hospital facilities. Similarly, Frankl (1966) emphasised the human drive for meaning and purpose, noting that

> "Man is characterized by his reaching out for meaning or purpose in life. And restless is his heart… unless he has found and fulfilled meaning and purpose" (p. 21).

For core midwives, reaching out is evident in their connection 'with woman.' Their work requires a delicate balance between human connection and the tools of technocratic hospital environments. While machines and devices facilitate clinical tasks, they can also distance midwives from the face-to-face interactions that bring depth and joy to their work. Whyte (2009) referred to meaningful work as being tied to joy, connection, and belonging.

Frankl's (2004) assertion that meaning is essential to human existence underscores the significance of this inquiry. Accessible, compassionate midwifery care, provided by skilled and motivated professionals, represents meaningful work. Understanding what gives meaning in their role is critical for the future of the profession. As Whyte (2002) eloquently phrased it: "we are immensely privileged even to inquire about the meaning of our work" (p. 26).

As the researcher, inquiring into what gives meaning of the work is a privilege, revealing how participants embrace their role as core midwives. Their voices contribute to a deeper understanding of the profession, celebrating its profound connections and pivotal role in ensuring safety and joy during childbirth. The insights of Whyte, Aristotle, and Frankl converge on the idea that meaningful work arises from deep connection,

purpose, and a sense of contribution. The work of core midwives reflects this synergy, demonstrating that their work is more than just tasks, but cultivating what is meaningful—the relationships and finding joy in the profoundly human experience of childbirth.

Research Pathway, Approach, and Methodology

This study commenced amid a worldwide pandemic, a time marked by multiple restrictions and profound concerns for life. Despite these challenges, I embarked on a journey of discovery, embracing a sense of wonder, hope, and openness. Appreciative Inquiry offers a framework that fosters appreciation of the present while envisioning future possibilities, and hermeneutics allows for deep interpretation of lived experience. In van Manen's words (1990), research is "a caring act: we want to know that which is most essential to being" (p. 5). By weaving together the midwives' voices, this study explores their work and highlights its broader significance, ensuring their experiences are both heard and understood.

This study explored the role of core midwives working in large maternity hospitals (secondary/tertiary units) across New Zealand, highlighting the complex nature of their work. These hospitals are dynamic, socially constructed environments where core midwives provide high-quality care. Despite the challenges and unpredictability, they facilitate the profound experience of birth. The significance and complexity of core midwives' role warrant a methodological approach that enables both deep insight and reflective exploration.

Appreciative Inquiry was chosen as the guiding methodology to explore the core midwife's role through a process of reflection and envisioning future possibilities (Cooperrider et al., 2008). It follows a '4-D cycle' of discovery, dream, design, and destiny (Cooperrider & Whitney, 2005), which encouraged participants to share past and present experiences, generating rich insights into core midwifery practice and imagining its future. This affirmative and strengths-based approach aligns with the purpose of exploring and embracing what is unique and meaningful, making it a suitable approach for engaging core midwives in conversations about their work.

To deepen understanding, a hermeneutic lens was applied to the analysis, drawing on the philosophies of Gadamer and van Manen to enable an interpretative engagement

with midwives' experiences. Gadamer's (2013) hermeneutics emphasises openness to understanding through dialogue, conversation, and interpretation; while van Manen (1997) highlighted intrigue, curiosity, and reflection in uncovering meaning within everyday experiences. van Manen's work is often linked to hermeneutic phenomenology; in the current study it is used conceptually to enrich the hermeneutic interpretation, focusing on the search for understanding and the ontological significance of core midwives' human experiences. Their perspectives complement Appreciative Inquiry by fostering a deeper engagement with their stories and illuminating their daily realities, thus facilitating "the sheer satisfaction of experiencing moments of meaningfulness" (van Manen, 2017a, p. 779).

Reflections on becoming a Midwife Researcher

As a researcher, I bring to this study a wealth of experience from my professional background in both nursing and midwifery. At the heart of my practice is a deep-rooted commitment to support those around me with compassion. Throughout my clinical career, I have embedded research into my everyday work, drawing on evidence-based guidelines, staying current with literature, and mentoring others in best practice. However, undertaking this research has shifted my engagement with knowledge, prompting a deeper curiosity about the meaning behind midwifery practice.

This transition from clinician to researcher has evolved over years of clinical practice, shaped by reflection, learning, positive role models, and dialogue with others. Through this research process, I have come to see midwifery with fresh eyes, the uniqueness of caring for women and families, the time spent in silences or in the busyness of everyday work, and the complexity and strength I had not fully appreciated as a practitioner. Engaging deeply with the participants' stories revealed the importance to stop and listen, to dwell in their language, and grasp the meaning of their experiences, creating space for what often goes unnoticed. This insight has fundamentally reframed my professional practice and my approach to supporting others.

In alignment with Gadamer's hermeneutic philosophy (2013) I acknowledge that my pre-understandings and life experiences shaped how I engaged with the research. I value my experiences as a daughter, sister, cousin, wife, mum, aunt, grandma, nurse and midwife, all of which inform my interpretative lens. Each of these roles contributed to my perspective as a researcher. The knowledge cultivated throughout my career,

together with both personal and professional experiences, has equipped me to undertake this research with a strong commitment to see it through to completion.

Reflexivity has been essential throughout this study; I have remained alert to how my personal views and values influenced how I hear and interpret what is said. My leadership style has always been grounded in trust, collaboration, and a sense of responsibility toward my colleagues and the next generation of midwives. These values shaped my research approach, influencing how I engaged with participants and interpreted their experiences.

This research has both shaped and deepened my practice. It encouraged me to reflect on daily realities, and on the transition from clinician to researcher. This research also deepened my sense of purpose, allowing greater insights into what truly matters in practice; care, well-being, and honouring the core midwifery voice with hopes for the future. Throughout my career I have remained deeply engaged in fostering a safe and supportive learning environment. My ongoing commitment to tertiary education has benefitted me professionally, enriching my understanding of the maternity service in New Zealand. My positioning as a researcher is inseparable from my identity as a midwife, mentor, and educator.

My Background

My life is shaped by deep connections with my family, friends, and those I support in my professional role. These relationships bring meaning and fulfilment, reinforcing my commitment to compassion, resilience, and continuous learning. I strive to be the best version of myself, embracing challenges as opportunities for growth. I value the importance of time, caring for others, the satisfaction from my work, and meaningful experiences that enrich my life.

Merleau-Ponty's (1962) words resonate with me:

> "The world is not what I think, but what I live through… If one wants to study the world as lived through, one has to start with a direct description of our experience as it is" (p xvi-xvii).

I began my career in health in 1985 as a registered general nurse in England. The firmly embedded hierarchical traditions instilled in me a strong work ethic, professional discipline, and respect for clinical expertise. During this time, the wisdom and clinical

skills of experienced nurses and colleagues influenced my pursuit of professional development and growth. I thrived in an environment of maximising opportunities and focus on patient care. I endeavoured to always do my best, gain knowledge, skills, and wisdom from those whose mantra of integrity supported doing 'the right thing at the right time in the right way'. Compulsory living-in for the first 2-years of hospital-based training fostered self-awareness, resilience, and valued life-long friendships, shaping my belief in collegial friendships, teamwork, professionalism, and the importance of humility in leadership.

In 1992 I commenced an 18-month hospital-based midwifery training across local and regional hospital providers. Being a midwife is especially significant and meaningful to me; I am humbled by the privilege of being present at births and being able to support women in their journey to motherhood. As a mother and grandma, I intimately understand the significance of childbirth. My practice as an autonomous practitioner is grounded in being with women, providing compassionate and evidence-based care that upholds their choices, rights, and dignity.

My background in nursing equipped me with the knowledge and skills necessary to uphold the ideals and standards of care and to adapt to diverse clinical situations that I encounter. I draw on my insight and experience when caring for women with complexities, medical issues, co-morbidities, and risk factors. During both my nursing and midwifery careers I have been inspired by strong role models; particularly a matron whose professionalism and expertise left a lasting impression. She approached clinical situations with an apparent professional ease; yet it was her humour and humility that offered a unique perspective, allowing others to see another side, especially when she laughed at herself. This balance of seriousness with humour taught me valuable lessons, self-assurance and integrity. Her transformational leadership ensured that she stood out from others, reflecting something that I uphold and not blindly following the paths of others. I strive to hold these same values in my practice, standing up for what I believe in, my values and beliefs, and advocating for what is right. My motto is to 'stay true to myself', while being sensitive to the needs of others and supporting those in my care.

Since immigrating to New Zealand in 2006, I have held a variety of midwifery roles in different hospitals, including being an LMC midwife. Currently, I provide one-on-one clinical guidance to student midwives on placement in a tertiary Auckland hospital. I also

mentor newly qualified midwives, those maintaining their scope, returning to practice, and new-to-service staff during student semester breaks. Throughout my career, I have remained focused on supporting others and being a positive role-model within healthcare.

As a faculty member of Practical Obstetric Multi-Professional Training (PROMPT) and the New Zealand Resuscitation Council's neonatal resuscitation faculty, I contribute to interprofessional education aimed at improving clinical outcomes and teamwork. These experiences have strengthened my appreciation for collaboration, reflective practice, and the importance of nurturing professional development. I value integrity and collegiality in the workplace, fostering a respectful and cooperative environment that reflects the essence of who I am and the standards I uphold.

Committed to life-long learning, I actively seek opportunities to expand my knowledge while supporting the learning journeys of students and colleagues. I recognise and encourage the potential in others, adapting my teaching approaches to suit individual needs. By guiding their learning at a pace that fits each person, I aim to optimise their confidence, knowledge and skill development.

The Story Unfolds…

My path towards this research is a collection of the many experiences merging together like a jigsaw, shaping my identity and specific interests. Expressions of my reality are my story. Like a 'wasgij' jigsaw, offering glimpses of everyday paths and nuances of my pictorial journey, they reflect the different lenses and perspectives of how I see the world, with ways of thinking and knowing, bringing inspiration and aspirations with meaning. I choose my own goals and set plans in my own way, letting them unfold at the relevant pace, leading to a new reality. On reflection, an appreciation of exciting possibilities, aspirations, and curiosity sparked my interest in hermeneutics and Appreciative Inquiry.

The realisation that 'wasgij' was an interpretation; an image or perspective of someone else's vantage point, spurred me to undertake this research. My focus is steadfast, giving voice to core midwives to illuminate their wishes. In adopting transactional and transformational leadership, I embrace order and structure, as well as opportunities which open possibilities. Within the midwifery setting, working independently is

essential; yet collaborative and supportive relationships within a team are equally important.

With 4-decades of experience in nursing and midwifery, my practice is shaped by a focus on strengths, nurturing potential, and working effectively with others. Trust is fundamental, both in interprofessional relationships and the care of women, families, and babies. I am dedicated to safe practice and hold myself to professional standards, recognising the profound impact of quality care. Emotional intelligence, self-awareness, and experience guide my decision-making, allowing me to tune into clinical knowledge. My life experiences have deepened my compassion and resilience, reinforcing my commitment to undertake and complete this research.

My positioning as a researcher is inseparable from my background, values, and pre-understanding. My lived experiences as a nurse and midwife have shaped my professional identity and influence the lens through which I interpret participants' experiences. These pre—understandings, while providing depth of insight, also necessitate ongoing reflexivity to ensure that my interpretations remain open to perspectives beyond my own.

Acknowledgement of Pre-understandings

Pre-understandings are the prior understandings, beliefs, and assumptions that have been acquired about the topic being studied (van Manen, 1990). As the researcher, I acknowledge my background, and professional experiences shape the various perspectives I bring to this study. In line with Lincoln and Guba's (1985) concept of trustworthiness, making these pre-understandings visible contributes to the credibility and worthiness of the research findings. Remaining open to these prejudices and horizons allow for new understandings to emerge. Therefore, ensuring that I address and elucidate my pre-understandings and convey them will aid in the truth of the participants' words being exactly that.

Reflecting on my life experiences I realised they influenced how I interpreted and understood the events that shaped my life. Additionally, some experiences had a great impact on me, guiding me through life and highlighting how my identity was constructed. van Manen (2014) asked "What is experienced in that moment before we reflect on it, before we conceptualize it, and before we even name and interpret it" (pp.

385-386). He prompted us to consider experiences before reflection or interpretation. Savin-Baden and Major (2013) highlighted that stories reveal much about social and cultural contexts. In this way, it is important that I remained open to the data that I collected and the language that I used for interpretation and understanding.

My varied and extensive background within healthcare, particularly midwifery, highlights the importance of acknowledging my values, experiences, and expertise shaping my approach to the study. Recognition of being subjective is important as it influences everything about the research, including how the questions are formulated, the use of language and phrasing, to how the data are analysed and interpreted. For Crowther et al. (2017) subjectivity is not a bias to be eliminated but a necessary and enriching presence. Similarly, Gadamer (2013) emphasises that understanding always begins with pre-understanding. I am aware that I am unable to undo everything I know or have seen; I cannot extricate my inspirations or essence of being who I am or separate my knowledge and experiences that I bring to this research.

As part of the preparation for this study, one of my supervisors conducted a practice interview, giving me the opportunity to examine my pre-existing assumptions about the core midwife role. Through this interview, I connected with particularly poignant experiences that have shaped and inspired me. It highlighted the values and support networks that have been integral to my role as a hospital midwife. Reflecting on the conversation, I realised how humbling it was to articulate what it means to be a core midwife and to recognise what truly matters in my practice.

This process reinforced the importance of being open and acknowledging biases, particularly during data analysis, carefully noting my assumptions, recognising what aligned with my own experiences and what surprised me. Gadamer (2013) emphasises that all understanding is shaped by our pre-understandings, and that openness is essential to genuine dialogue and interpretation. The interview deepened my awareness of my emotional investment in aspects of midwifery I take for granted, such as the importance of trust, teamwork, and professional autonomy. van Manen (1990) urges researchers to remain reflective, recognising how assumptions influence the interpretative process. I also reflected on what truly matters, the importance of sensing what is right, and how my experiences have shaped my understanding of my role. During the interviews, I noted that participants placed significant value on connecting with

women and families. While I had always viewed this connection as an innate and genuine part of being a midwife, the interviews made me appreciate it in a new light, especially in emergency situations where the complexity and challenges of clinical care are equally critical.

My background in nursing laid a strong foundation for teamwork, which midwifery further strengthened. However, I also recognised the influence of hierarchical doctor-dominated culture in both professions. Through my interview I became more aware of how I had adapted to balance autonomy with teamwork, valuing my independence as a practitioner while appreciating the team's presence when needed, an aspect consistent with Hunter's (2004) insights into the relational dynamics of midwifery. The interview also highlighted potential biases, particularly my inclination to prioritise narratives and my assumptions about what midwives value most in their work. Recognising this I took deliberate steps to remain open during data collection and analysis, as advocated by Gadamer (2013), ensuring I remained attuned to perspectives different from my own. Acknowledging the importance of reflection, I also sought to uphold the integrity of participants' voices by offering them the opportunity to review and reflect on their transcripts, I aimed to uphold the study's trustworthiness and reinforcing transparency in the research process (Dowling, 2006; Lincoln & Guba, 1985).

Throughout the study, my commitment has involved treating participants' data with the utmost respect and integrity. Reflections within these pre-understandings have allowed an openness to the rich data within, to the participants' vocabulary and language for interpretation. Ongoing vigilance of personal bias and assumptions, while embracing opportunities for reflection, acknowledges the nature of research and being open to new insights, horizons, and personal growth (Finlay, 2002; Gadamer, 2013).

The interview reinforced the significance of Appreciative Inquiry and hermeneutics in my research approach, allowing me to connect wholeheartedly with my experiences as a core midwife. This philosophy is congruent with my very sense of being and as a health professional; and facilitated answering the question, gathering the data, and interpreting the participants' experiences.

Summary

Core midwives are crucial to the effectiveness of the New Zealand maternity system (Gilkison et al., 2017). This study highlights aspects of their role, the work that they do, and the importance of their work; along with their unique ability to work independently and as part of a team. Exploring this valuable role will generate further insight into the core midwives' work that have meaning and relevance and were not previously evident.

Thesis Overview

Chapter 1. has introduced the thesis and research question: What is the work of core midwives and what facilitates their role in New Zealand's large hospitals? It outlined the rationale for the study, explored the concept of work, and discussed my positioning as a researcher, including my personal and professional background, and an acknowledgement of my pre-understandings. The chapter also provided an overview of the research pathway, approach and methodology.

Chapter 2. presents the literature review, identifying what is currently known in the literature about core midwives in New Zealand's hospitals and hospital midwives working in comparable maternity services world-wide.

Chapter 3. explores the methodology and philosophical underpinnings which inform the findings of this study.

Chapter 4. outlines the research methods used to undertake this study, including data collection and analysis techniques.

Chapters 5-10. presents the study's findings, following the '4-D cycle' of Appreciative Inquiry; discovery, dream, design, and destiny. The discovery chapters analyse participants' stories generating key themes and insights into the work and role of core midwives, informed by philosophical perspectives and hermeneutics. The dream chapters capture midwives' aspirations for the future, while the design and destiny chapters outline a shared vision of possibilities and new horizons for core midwifery. Some of the midwives' experiences are crafted into poems, emphasising openness, potential, and the richness of understanding.

Chapter 11. brings the study to its conclusion. Key findings are synthesised and insights into the role and work of core midwives discussed, linking them to relevant literature.

Recommendations for practise, future research, and education are presented, while acknowledging the strengths and limitations of the study.

CHAPTER 2: LITERATURE REVIEW

Introduction

For this study, an integrative literature review was synthesised to provide an overview of current literature to explore the role and work of the core midwife. Whittemore and Knafl (2005) referred to the integrative review as having the flexibility of incorporating a variety of diverse methodologies for developing evidence-based practice. In essence, an integrative review offers a comprehensive approach, including diverse data sources, for understanding a particular phenomenon of interest (de Souza et al., 2010; Whittemore & Knafl, 2005). The current literature review brought together evidence to identify key concepts and gaps in the literature; and, in doing so, provoked thoughts and provided deeper understanding. Thus, the focus of the literature review was to identify and examine available literature on the work of midwives in hospital settings to highlight where the proposed research would fit into the existing body of literature.

As a researcher, I wanted to explore the role of the core midwife to understand and appreciate the complexities of their work in everyday practice; in particular, what the core midwives 'do' and how they 'do' what they 'do'. I wanted to give 'voice' to how core midwives work within large maternity hospitals. Therefore, in wanting to find out more information about the work and role of a core midwife in New Zealand I had to look to other countries and undertake various searches which I will outline below. As mentioned previously, the term 'core midwife' is specific to New Zealand relating to a hospital midwife (see Chapter 1 for terminology of the core midwife as outlined by the NZCOM, 2019).

The review into the literature on core midwives highlighted previous research undertaken and subsequent recommendations. I returned to the review several times to update the literature, a process that afforded opportunities to re-engage and see with fresh eyes; thereby, offering further insight into the situatedness of the current research. While this study develops important data and information regarding core midwives, I also found that re-immersing myself in the literature brought further meaning to the work of the core midwife. For these reasons, my study is expected to provide further understandings and recommendations for future research.

Reviewing the Literature

The initial literature search was undertaken in August-September 2019 using the databases PubMed, Auckland University of Technology (AUT) library search, Google Scholar, ScienceDirect, Scopus, CINAHL, and Cochrane. Search terms included ‘‘core’ and ‘midwife’ focused on core competence and competency as concepts (Fullerton et al., 2011) with evolution of the core competencies for basic midwifery practice (Avery, 2005). Additional advanced searches of ‘midwife*’ (to include ‘midwifery’ and ‘midwives’), ‘hospital*’ (to include ‘hospitals’) or ‘obstetric unit’, and ‘care or skill*’ (to include ‘skills’ or ‘skilled’) to broaden the scope and revealed further articles.

To retain a focus on core/hospital employed midwives, literature needed to meet the following inclusion criteria: published in English language (to ensure accurate interpretation), journal articles needed to be full text availability (to allow for comprehensive reading, engagement, and appraisal of the studies), however other literature was also included that focused on core/hospital employed midwives employed in high-income countries comparable to New Zealand (including Australia, United Kingdom (UK), Norway, Sweden, and the Netherlands), and fall between 2013 and 2019. The first review was undertaken before ethics approval and the commencement of the study, identifying 51 articles. Literature from 2013 onwards was chosen intentionally to capture the most contemporary evidence over a decade-long period in relation to core/ hospital midwives.

In line with the principles of an integrative review (Whittemore & Knafl, 2005), both empirical (e.g. qualitative, quantitative, and mixed methods studies) and non-empirical (e.g. theoretical papers, editorials, discussion pieces, and existing integrative reviews) were included. This approach was chosen to enable a broader and more nuanced understanding of the realities of core/ hospital midwifery practice. Inclusion was based not only on methodological design but also on the relevance, depth, and contribution of the literature to what is already known about the topic. All sources were required to be available in full text. Literature that focused solely on women and family or student midwives’ experience of childbirth, nurse or nurse/midwife, or unqualified persons were excluded from the review. However, multiple critical analyses of research that offered insight into core/hospital employed midwifery were included. The literature review was

updated in 2022, 2023, and 2024 using the same search strategy and inclusion criteria (see Appendix Aa).

The second method for locating literature was through snowballing of the literature that resonated and was relevant to my topic, as well as cross-checking the reference lists of key articles. Through this process I found a lot of information about stress and burn out, collegial support, teamwork, leadership, risk, medicalisation of childbirth, meaningful work, and philosophies, including living well.

Thirdly, recommendations regarding the philosophical underpinnings and methodology from my supervisors and other experts in the field of midwifery were followed. Review of the grey literature included literature specific to New Zealand; and then international, including the World Health Organization (WHO) and the ICM. Searches specific to the New Zealand context included the NZCOM, Te Tatau o te Whare Kahu (Midwifery Council), the MoH, published and unpublished theses, and found literature of interest. These sources identified gaps in the literature along with studies that had incorporated hermeneutics or Appreciative Inquiry which revealed valuable information.

Fourthly, I did a citation analysis and found several other articles of interest from the reference list reviews. This was important to locate key articles relevant to my topic that were not already identified.

While this review did not adopt the PRISMA framework, it aligns more closely with Whittemore and Knafl's (2005) modified framework for integrative reviews, in which "consideration of the quality of primary sources in an integrative review is addressed in a meaningful way" (p. 55). To maintain transparency and rigour, and to ensure an up-to-date and comprehensive exploration of relevant literature, a series of iterative literature searches were conducted between 2019 and 2024.

A summary of the search process, including the number of records, identified, screened, and included at each stage, is provided in Appendix Aa: Literature review summary. This table functions not as a checklist, but as a transparent audit trail, enhancing the credibility of the review by showing how decisions were made over time.

All literature meeting the inclusion criteria was collated and summarised in Appendix A, which details authors, country, research title, method, key findings and themes. From this synthesis, key aspects of the core midwifery role were revealed, including

autonomy, relationships with women and their families, the provision of midwifery care, support for normal birth, and the importance of collegial relationships and leadership. Factors that facilitated core midwives in practice included support for their well-being and job satisfaction, which are essential for sustainability and retention.

As I reviewed the literature, identifying what was already known about the role and work of core midwives, and noting gaps in the literature led me to refine my research question: what is the work of core midwives and what facilitates their role in New Zealand's large hosptials?

Fndings identified in the Literature Review

The findings from the literature review were summarised from each each study in a table (see Appendix A), and then similar findings were grouped to find the themes which emerged from the literature. Two main themes and several sub-themes were identified:

1. **The work of the core midwife:**
    - Professional autonomy
    - The midwife-woman relationship
    - Supporting the provision of continuity of care
    - The balance of supporting normal birth with managing risk
    - Leadership and collegial relationships
2. **What supports the work of the core midwife:**
    - Emotional well-being, satisfaction, and sustainability
    - Mitigating anxiety, stress, and burnout to improve retention

I commenced the literature review by uncovering what is already known about the work of the core midwife to understand the significance of what their role entails within the healthcare landscape and to pave the way for a deeper exploration in the subsequent sections. Apart from a few New Zealand articles, internationally employed midwives were referred to as hospital midwives rather than core midwives. Articles were included if the context aligned with hospital-employed midwifery in high-income settings comparable to New Zealand.

1. The Work of the Core Midwife

Professional Autonomy

The NZCOM (2015) emphasised professional autonomy as fundamental to all midwives, irrespective of the setting in which they work. In a survey of New Zealand midwives, Clemons et al. (2021) reiterated that autonomy should be embedded within midwifery practice. The concept of autonomy within the midwifery role is having "the freedom to make decisions, schedule work and determine, how and when to do that work" (Clemons et al., 2021, p. 30). Clemons et al. (2021) also highlighted the employed (core) midwives' supportive role for informed decision-making and advocating for the woman. Their survey revealed that core midwives often navigate between professional accountability, the hospital's protocols, and the woman's wishes. However, Clemons et al. (2021) found that core midwives faced challenges to their autonomy when working within hospitals (secondary/tertiary facilities), including organisational and institutional culture which threatened their provision of woman-centred care.

Another survey in New Zealand undertaken by Dixon et al. (2017), as part of the Work Health and Emotional Lives of Midwives (WHELM) study, reported that employed midwives have less autonomy and empowerment than self-employed midwives. Dixon et al. (2017) found that the partnership between midwives and other health professionals enhances empowerment and autonomy within the midwife's role. Both Clemons et al. (2021) and Dixon et al. (2017) emphasised difficulties that core midwives encounter in supporting and maintaining autonomy, particularly in hospital environments. However, while Clemons et al. (2021) highlighted the impact of collegial relationships that can both thwart and enhance job autonomy, it was the relationships within a team plus a self-confidence in their knowledge and expertise that supported autonomy. Dixon et al.'s (2017) work identified the need for further research regarding autonomy within hospitals.

Gilkison et al.'s (2017) qualitative study described the core midwife's role as "the backbone of New Zealand maternity services" (p. 36). This study emphasised the concept of professional autonomy highlighting "the skill of guarding normal while in a technological world" (Gilkinson et al., 2017, p. 33). Gilkison et al. (2017) reported core midwives' unique contribution to maternity care in New Zealand, particularly in supporting women's needs and maintaining them central to their care by adapting their philosophy within the medicalised birthing environment. The NZCOM (2019) also referred to autonomy and skills of clinical judgement for all midwives as central to their

role. In hospitals, care planning for the woman is made in conjunction with the obstetricians. However, core midwives advocate for the woman and support informed consent promoting woman-centred care. Gilkison et al.'s (2017) findings align with those of Clemons et al. (2021) regarding midwives adapting their practice within hospital environments. Clemons et al. (2021) emphasised that supporting midwives working in New Zealand's hospitals to practice within their scope fosters increases autonomy and affirms their identity as advocates for normal birth providing midwifery focused care.

Similarly, in Sweden, Nilsson et al. (2019) discovered that midwives working on labour wards faced challenges to practicing autonomously within institutional models of care. Midwives in their study valued the ability to practice what they considered as "real midwifery" (Nilsson et al., 2019, p. 10), caring for women without labour or birth interventions. In this Swedish ethnographic study, midwives identified the conflict for autonomous practice within their role which was thwarted by the contrasting midwifery and medical models affecting their freedom as autonomous practitioners. Likewise, Aanensen et al. (2018) in Norway and Hildingsson et al. (2023) in Sweden emphasised the importance of midwives' autonomy and empowerment in assisting women through clinical situations. Further, Bedwell et al.'s (2015) hermeneutic phenomenological research in the UK revealed the impact of workplace culture on midwives' confidence to practice, especially in hierarchical settings dominated by obstetricians. The findings suggest that autonomy correlates to the midwife's confidence levels and ability to undertake their role effectively. Effective leadership and collegial support, especially from senior colleagues, played a crucial role in building confidence and empowering midwives in their development. Trust was highlighted as being instrumental for sustaining midwives' confidence and their ability to provide safe care. These key points were echoed by Russell (2018) who undertook a literature review involving UK, Sweden, Canada, and Australia. The findings valued clinical leadership in supporting the midwife as the practitioner of normal birth and delivering midwifery-led care within hospital settings. These international pieces of literature highlight the importance of the midwives' confidence and their ability to practice within the hospital environment, especially when supported by effective leadership.

In Australia, Catling et al. (2022a) identified challenges midwives face when working within medicalised environments which can restrict autonomous practice, woman-

centred care, and adherence to the midwifery philosophy of care. Similarly, studies from both the UK and Australia highlight the complexity of the hospital midwife's role. Garner et al. (2019) and Geraghty et al. (2019) found that the work and role of the hospital midwife is multi-faceted, demanding, and complex, a finding echoed by Gilkison et al. (2017). These studies emphasise the clinical pressures that hospital midwives face, often where support structures and clarity of role boundaries are lacking.

The research collectively highlights the centrality of autonomy for core employed midwives, particularly in relation to their professional recognition and as a foundation in their ongoing ability to provide maternity care within hospital settings. These studies emphasised the significant influence of workplace culture in either enabling or constraining autonomous practice. Supportive collegial and interprofessional relationships characterised by mutual respect and open communication can foster environments where autonomy is enhanced and upheld. In contrast, hierarchical structures, rigid protocols, or dismissive team dynamics may erode core midwives' professional confidence and their capacity to practice autonomously.

The Midwife/Woman Relationship

Much of the literature regarding the role of the midwife focuses on the midwife/woman relationship as centred around partnership and being 'with woman', which underpins New Zealand's midwifery philosophy of care (Midwifery Council of New Zealand, 2011, 2014; NZCOM, 2015, 2019; Pairman & McAra-Couper, 2015; Pairman et al., 2023). The concept of partnership is fundamental to the midwifery professional statement by the ICM (2024) (see Chapter 1). Much of the New Zealand literature regarding partnership relates to the LMC model of care (Hunter, 2017; Hunter et al., 2018; Krisjanous & Maude, 2014; McAra-Couper et al., 2014). However, my review of the literature identified the midwife-woman relationship, which includes connecting 'with woman' and the concept of presence for being 'with woman', is part of the core midwife's role in New Zealand (Dixon et al., 2017; Gilkison et al., 2017), as is supporting and 'being with' woman (Gilkison et al., 2017; Miller & Bear, 2019). The Midwifery Council statement (MoH, 2023) regarding support and role of the midwife refers to the professional responsibility and duty of care with women. However, for core midwives who often have limited time with women, the NZCOM (2019) highlighted the importance of partnership with women,

alongside the LMC, obstetricians, and other team members involved with ensuring integrated care.

Miller and Bear (2019) asserted that partnership is a mutually negotiated relationship based on a need to be honest and open, honouring the woman's decision-making, and knowing of self for the provision of culturally safe care of women and their babies. Literature, including Australia and New Zealand studies, has highlighted the importance of the role of the core midwife in building effective relationships 'with woman' and family, along with improving outcomes for women and babies (Bradfield et al., 2018; Brady et al., 2019; Gilkison et al., 2015; Harvie et al., 2019; Miller & Bear, 2019). However, for hospital and core midwives, the relationship 'with woman' may only be short-term depending on the nature and context in which they work. The value placed on midwifery relationships with women and their families was revealed by Gilkison et al. (2017); although they referred to the challenges for core midwives of establishing and building partnership while caring for women often with complex and/or complicated issues. They emphasised the fundamental skill of core midwives of forming a connection 'with woman', many of whom they encounter for the first time and often in time sensitive complex situations. Their ability to cultivate unique skills, particularly trust and empathy, and to rapidly establish partnerships with women supports the professional philosophy of collaborative care 'with woman' and family.

Aune et al.'s (2014) qualitative study in Norway sheds light on the importance of midwives being mentally present, especially on first meeting women for gaining a rapport. Ten midwifery participants from two different maternity wards in a Norwegian maternity unit, who worked either full- or part-time over both day and night shifts, were interviewed. The findings revealed the midwives' ability to fully engage and be attentive to the woman's needs supported the provision of confidence and empowerment with women and their family. These abilities, according to Gilkison et al. (2017) and Aune et al. (2014), are crucial for establishing rapport, developing trust, and building relationships while supporting the provision of quality care, especially when women are facing multifaceted challenges. Thus, the midwives' skill in establishing rapport is pivotal for fostering effective relationships, particularly in the face of complex care situations.

The global significance of midwives being 'with woman' is reflected among professional organisations including the Australian College of Midwives (ACM, 2024), the UK Royal

College of Midwives (RCM, 2014), the NZCOM (2019), and the ICM (2024). Lewis et al.'s (2020) qualitative descriptive study, undertaken in an Australian tertiary obstetric unit, revealed the midwives' commitment to their professional values for working in partnership 'with woman' and the role they played in providing woman-centred care that they deserved. Workplace challenges aligning midwifery philosophy with practice and the time constraints hindering the provision of midwifery care were also noted by Clemons et al. (2021). Despite the limitations of time, core midwives play a crucial role in supporting informed decision-making and advocating for the woman. This research by Clemons et al. (2021) resonates with Gilkison et al. (2017) regarding the urgency of connecting and importance of forming a relationship.

Further research highlights the fundamental importance of the 'with woman' concept in midwifery practice and philosophy world-wide. In Australia, Bradfield et al.'s (2018) integrative literature review emphasised the significance of connection, trust, and empowerment in relationships with women, findings that align with subsequent phenomenological research by Bradfield, et al. (2019a) and Bradfield et al. (2019b). These studies reinforced the core themes of midwifery philosophy, including trusting relationships with women and their support partners, and the provision of woman-centred care. Similarly, research from both New Zealand and Australia reflects these themes. Gilkison et al. (2017) and Watkins et al. (2023) identified challenges midwives face in fulfilling their role and upholding midwifery practice 'with woman' within hospital birthing environments. Watkins et al.'s (2022) earlier mixed methods study also emphasised that trust and respect in collaborative interprofessional relationships foster positive role modelling and the ability to be 'with woman'.

The impact of workplace culture and professional demands on midwifery practice is also evident in Davis and Homer's (2016) qualitative descriptive study and Kruger and McCann's (2018) grounded theory research, both conducted in Australia. These studies highlighted the barriers midwives face in fully embodying their scope of practice and maintaining a commitment to woman-centred care. Bloxsome et al. (2020), also in Australia, reinforced the fundamental role of midwives in being present, listening, empowering, and advocating for women. Midwives in this grounded theory study referred to making a difference 'with woman' which centred on trust-building and relationship development.

The midwife / woman relationship is a core value of midwifery philosophy and practice, yet it is often challenged by the demands of the hospital setting. Core/ hospital employed midwives face daily pressures that can limit their ability to be 'with woman', a concept central to establishing meaningful connections with women and families. The busy nature of hospital environments can constrain midwives' capacity to be present, build rapport, and form trusting relationships. Nonetheless, their ability to empower and advocate for women remains vital to the provsion of respectful, effective, and woman-centred care.

Supporting the Provision of Continuity of Care

Continuity of care in New Zealand is associated with the model of care undertaken by LMC midwives, who provide primary care to women through pregnancy, labour, birth, and up to 6-weeks postnatally after birth. The philosophy of midwifery care in New Zealand incorporates the fundamental concept that continuity of midwifery care enhances and protects the normal process of childbirth (NZCOM, 2019). Core midwives contribute to this philosophy by supporting continuity during their rostered shifts (NZCOM, 2019). This may include providing primary care in hospital for women who do not have an LMC or working collaboratively with LMCs and obstetric teams when the services of the secondary or tertiary unit are required (MoH, 2011). As the New Zealand College of Midwives (2019) notes "continuity of care is ensured by detailed handovers from one midwife to another" (p. 9).

In New Zealand, Grigg and Tracy (2013) reported that core midwives have choice in where they work but working within the fragmented hospital environment limits core midwives' options to support the provision of continuity of care within hospitals. While their study is older, its relevance remains, as similar challenges persist in the New Zealand context. Notably, later research by Gilkison et al. (2017) reinforced Grigg and Tracy's (2013) findings, demonstrating that although core midwives technically have a choice in where they work, managers often move them around the unit to meet service needs. As a result, their ability to provide continuity of care remains constrained.

Lewis et al. (2020) further highlighted the significance of midwives 'being with' women in hospital settings to support continuity of care. Midwives expressed positive emotions when caring for the same woman across consecutive shifts, allowing them to experience some degree of continuity within the hospital environment. One midwife explained "I've

had a lady for the last couple of days… they got more confident with you being there" (p. 355); while another concurred "it does make it more enjoyable when you get the same woman two days in a row because you have a relationship with them" (Lewis et al., 2020, p. 355). However, Lewis et al. (2020) noted that hospital midwives' experience of supporting continuity differed from the New Zealand 'continuity of care' model. While their participants fostered relationships that increased women's confidence, their ability to maintain continuity was frequently disrupted by shiftwork, the workplace environment, and the unpredictable nature of the work in a birthing unit. These findings align with Gilkison et al. (2017), further underscoring the ongoing challenges midwives face in achieving continuity of care. The midwives expressed frustration when they lacked time to be present with the women they were caring for or provide meaningful continuity. This was further exacerbated by staffing shortages, which negatively impacted midwives' emotional well-being.

Aune et al. (2014) also highlighted the importance of continuity in midwifery and the emotional impact on midwives. Midwives were interviewed about their experiences of continuous presence with women during childbirth. The midwives' ability to be present 'with woman' in labour reinforced their sense of professional fulfilment, allowing them to work in alignment with their midwifery philosophy and feel like a 'good midwife'. However, both Aune et al. (2014) and Shallow et al. (2018) found that when midwives lacked the time to be present, provide care, and support women in labour, they experienced feelings of inadequacy. Shallow et al.'s (2018) action research in the UK, using focus groups, further exposed the strain midwives faced to be present with women. They noted the challenges when caring for multiple women in labour, revealing that the philosophy of 'one-on-one' care often became 'one-to-everyone'. These demands fostered feelings of fear and helplessness affecting personal and professional integrity. Further, it placed extra pressure on their ability to think and act instead of being able to focus on the woman's needs and support the provision of continuity of care.

Additionally, a qualitative descriptive and explorative design study in Sweden, Lundborg et al. (2019) interviewed 20 midwives who worked independently caring for women during normal labour and birth from one of four labour wards from different hospitals. Midwives referred to their knowledge and experience with normal labour and birth,

along with the expertise from the rest of the midwifery team when needed. Midwives highlighted the importance of women having continuous support from their midwife; however, they often cared for more than one woman in labour and birth which was further impacted by heavy workloads. While midwives valued their ability to provide continuous support to women, when possible, they reported further challenges which included hierarchical obstetric dominance affecting their professional relationships and ability to practice. Similarly, Tobiasson and Lyberg (2019), in their qualitative descriptive and explorative study including hospital-based midwives in Norway, highlighted the importance of being mentally present, having the time and space to provide and promote continuity of midwifery care in labour and birth. In this study, 18 midwives from four different hospitals cared for women suffering from fear of childbirth. The midwives described their role as meaningful; they wanted to help and care for women in the supportive way that was needed. They reported the need for being present in support of the provision of continuity of care within hospitals. However, the focus groups identified the themes of 'being present' and 'being alone' when caring for women afraid of childbirth. The midwives highlighted that feeling alone heightened their personal responsibility of care and feeling isolated in the birthing room which was compounded by lack of support from colleagues. The findings also highlighted midwives' feelings of guilt and failure as a midwife for their inability to prevent difficult situations in labour and birth which potentially exacerbated the woman's vulnerability. While midwives acknowledged their emotional challenges for continuous support in labour, they revealed their aspirations of midwifery practice supported continuity of care throughout childbirth and their inclination to remain with women, even if they birthed after their shift finished.

The literature underscores the importance of continuity of care as a core tenet of midwifery philosophy. However, within the hospital setting, continuity is often disrupted by the nature of the work and organisational factors such as shift patterns, staffing needs, and workload demands, which result in midwives being moved across different ward areas. Despite these challenges, the literature highlighted a sense of fulfilment when midwives felt they were able to uphold midwifery values and support continuity of care. The emotional reward of practising in alignment with their philosophy

was seen as significant in sustaining their identity and commitment for supporting midwifery care in hospitals.

The Balance of Supporting Normal Birth with Managing Risk

Coxon et al.'s (2015) editorial discussed the concept of risk in childbirth, referring to normality and the concept of risk as 'square the circle'. World-wide challenges for midwives in supporting normal birth within the hospital birthing environment have highlighted rising intervention rates within the medical and obstetric complexity. Coxon et al. (2015) referred to midwives having to expand their midwifery practice in support of normality while bearing in mind the concept of risk within childbirth. In New Zealand, Gilkison et al. (2017) emphasised that one of the skills of core midwives is guarding normal within the technological world. Participants in Gilkison et al.'s (2017) study referred to being able to adapt their philosophy for working within the medicalised birthing environments. The findings revealed that core midwives care for healthy women or those with complicated needs requiring specialised midwifery care in collaboration with the obstetric team. Core midwives also incorporated the provision of complex care for women and multiple obstetric emergencies while supporting normal birth within a medicalised environment. Gilkison et al.'s (2017) findings referred to the core midwives' skills of being prepared for anything and everything, responding competently to the changing clinical picture to keep women safe during their shift.

In Ireland, Begley (2014) emphasised the need to halt the rising trend of unnecessary interventions, particularly since midwifery practice is centred on promoting physiological labour and birth rather than advocating for routine use of interventions. While the global trend towards interventions in labour and birth is increasing, Begley et al. (2014) advocated that interventions should be reserved for cases of clinical necessity, carefully considering both their benefits and risks. Their findings suggest that when midwives advocate the philosophy of normal birth and strive to provide the best and safest care within hospital settings, unnecessary interventions are minimised.

However, Scamell (2016), in the UK, explored the challenges midwives face in promoting normal birth within a risk-dominated maternity culture. This ethnographic study, conducted across a range of intrapartum settings, including high-risk obstetric units and midwifery-led units, revealed that midwives associated childbirth with fear and risk, irrespective of their work environment. The concept of risk was perceived as both a

threat to maternal and neonatal safety and a justification for increasing reliance on risk technologies. Scamell (2016) found that although birth is recognised as a normal physiological process, its inherent unpredictability led to its classification as risky. The pervasive influence of morbidity and mortality statistics reinforced this perception, steering maternity care toward standardised models of care designed to eliminate uncertainty; thus, alleviating any unknown variables. These findings by Begley (2014) and Scammell (2016) both highlight the complex role of hospital midwives, who balance supporting midwifery care and promoting normal birth, while simultaneously managing institutional risk frameworks.

A more recent study in the Netherlands by Harmsen van der Vilet-Torij et al. (2024) adds another dimension to the discussion by examining the evolving responsibilities of midwives within obstetric care. This cross-sectional survey of 412 clinical midwives from 77 hospitals sought to gain insight into the current tasks and responsibilities of Dutch midwives. The study underscored concerns about midwives providing care for women with complex pathologies for which they were not always formally trained, often learning “on the job” (Harmsen van der Vilet-Torij et al., 2024, p. 810). Although the scope of midwifery training is tailored toward primary care and physiological birth, hospital-based midwives reported frequently managing induction of labour, analgesia requests, meconium-stained liquor, prolonged first stage of labour, and maternal hypertensive disorders. As a result, their day-to-day responsibilities often did not align with foundational midwifery training, raising questions about the concept of risk management, particularly how well their professional role corresponds with the embedded profile of midwifery practice in hospital settings.

Further challenges for midwives were raised by Healy et al. (2016), in Ireland, regarding the rising perception of risk in childbirth with obstetric dominance. Their integrative review highlighted how trust in normal births, central to midwifery philosophy, is thwarted by the rising rates of interventions and caesarean sections inherent with the medical model of maternity care. Similarly, Coxon et al. (2016) emphasised the midwifery philosophy in supporting normality, linking risk management in childbirth to the effects of unnecessary interventions. Clesse et al. (2018), in their systematic review, echoed Healy et al.’s (2017) qualitative study, referring to the ‘risk-lens’ of pregnancy, the rising culture of risk, and interventions in labour as imposing challenges on midwives

promoting normalcy. The medicalisation of childbirth is noted to contribute to the diminishing rates of normal birth within hierarchical and institutional frameworks in the maternity services. These findings align with Renfrew et al. (2014) and Renfrew (2021), who underscore the critical role of midwives in improving maternal and neonatal outcomes by working within their full scope of practice. They highlight that midwifery care, when grounded in its core philosophy, can reduce unnecessary interventions, support normal birth, and address broader concerns around risk, mortality and morbidity. Renfrew's (2021) *Lancet* article emphasised that even in the face of institutional challenges, midwives play a crucial role in delivering safe high-quality, evidence-based care to improve maternal and neonatal outcomes and well-being. Ultimately, the safety of mothers and babies is foremost, with core midwives continuing to advocate for and uphold the principles of normal birth to enhance safety within maternity care.

Continuing with the focus of midwives' provision of care in hospitals, Walsh et al. (2018) emphasised most low-risk women birth in obstetric units. This national survey of place of birth in the UK, found that hospital midwives are exposed to increasing intervention rates for women in labour and birth under the guise of managing risk. Carolan-Olah et al. (2015) identified most births in Australia also occur within a risk-averse, medical obstetric model of care. Their interpretative phenomenological research highlighted the normalisation and rising intervention rates including caesarean sections. In the *Lancet*, Miller et al. (2016) stressed the alarming rise in medicalisation; interventions were often unnecessary and not evidence-based, leading to "too little, too late (TLTL) and too much, too soon (TMTS)" (p. 2176). Spendlove (2018) in the UK, Skinner and Maude (2016) in New Zealand, and Gabriel et al. (2023) in Australia discussed the normalisation of interventions and the growing trend for women to be classified as 'high-risk'. These studies indicate the importance of providing woman-centred care and promoting normal birth within technocratic medical models, highlighting the challenges that hospital midwives face in advocating for their role.

Similarly, Kruger and McCann's (2018) research in Australia, noted challenges for midwives practising within the traditional medical model of care. Workplace culture, with increased interventions, places constraints on midwives' professional autonomy and effective collegial collaboration for influencing the understanding of risk, especially

regarding decision-making and the provision of quality care. Concerns and anxieties related to midwifery work, in the context of balancing the promotion of normal birth with managing risks, were expressed by Dahlen and Caplice (2014). Seventeen workshops throughout Australia and New Zealand supported over 700 midwives who voiced their fears that impacted on their confidence and passion for normal birth and exacerbated their anxiety, especially in situations that involved emergencies. Their concerns around childbirth revealed the challenges faced by core midwives who advocate for normal birth within risk-averse hospital environments. These findings align with Carolan-Olah et al.'s (2015) and Kruger and McCann's (2018) research emphasising the importance of supporting midwives in navigating complex, overburdened chaotic birthing environments with a culture of risk avoidance. These insights echo Coxon et al. (2016) and align with the findings of Russell (2018) and Gilkison et al. (2017), who emphasise the importance of supportive working environments and strong midwifery leadership. Such conditions foster morale and build midwives' confidence to facilitate normal birth, even within a risk-averse and high intervention dominated culture. Collectively, these studies highlight how midwifery leadership and effective collaborative communication can empower midwives to keep women and babies safe.

Peterwerth et al. (2022) described risk as the "possibility of unintended and negative consequences of decisions or actions" (p. 106). This German, qualitative study underscored how workplace environments, exacerbated by excessive workload demands and staff shortages, impact the concept of risk in childbirth. The 24 midwifery and obstetric participants valued self-confidence, capability and competence, particularly when providing care in high-risk birthing situations. Both positive and negative influences for being part of a team were highlighted but it was the trust in each other that was both supportive and enabled reciprocal learning when working together. Similarly, Marshall et al. (2015) revealed the necessity of strong leadership in promoting a culture that shares a midwifery philosophy for prioritising normal birth in hospitals. Their mixed methods study, conducted in 20 Hospital Trusts in England, emphasised the importance of the normal birth philosophy for reducing caesarean section rates. The influence of environmental and institutional factors significantly impacted midwives' practice which impeded normal birth within hospitals. The traditional medical model was noted as hierarchy dominant and risk-based fuelled by institutional factors which

opposed the midwifery model of birth and paradigm based on wellness. This conflict poses challenges for midwives and obstetricians, and women making important decisions about their care, and any resulting implications. Darling et al.'s (2021) systematic review in the UK further illuminated the hierarchical obstetric dominance and clinical intervention driven practice. The concept of risk and institutional surveillance, especially regarding decision-making, superseded midwifery autonomy and practicing within their scope. Across these three studies; Peterwerth et al. (2022), Marshall et al. (2015), and Darling et al. (2021), they identified the hierarchical dominance and institutional pressures that undermine midwifery autonomy and the provision of woman-centred care. However, they also suggest the potential for workplace institutional cultural change.

Collectively, the literature underscores how the traditional medical culture within hospitals perpetuates the technocratic model that aligns closely with the focus on risk. Midwives are positioned within institutional systems that increasingly medicalise childbirth with the normalisation of interventions and rising rates of caesarean sections, along with redefining women as ' high-risk' under the guise of safety. These studies reveal the tension between midwifery philosophies that support normal birth and institutional environments that prioritise clinical management of risk. Midwives endeavour to support woman-centred care and facilitate normal birth within the risk-averse technocratic obstetric culture.

Leadership and Collegial Relationships

Leadership plays a pivotal role in fostering a supportive and collaborative environment that cultivates strong collegial relationships. Gilkison et al. (2017) advocated the clinical leadership role within the core midwifery workforce for managing and shaping a unit's culture and embeds collegial support. This supportive network, referred to as a 'nest' by Gilkison et al. (2017) nurtures both midwives and the provision of care. Gilkison et al. (2017) also emphasised the variety of skills that core midwives develop to navigate a wide range of complex scenarios and emergencies. The diverse skillset of senior experienced core midwives, known as charge midwives, enabled them to make decisions supporting the care of women and babies for maintaining safety. Project Aristotle (Duhigg, 2016) highlighted the importance of mutual respect and trust for effective team collaboration aligning with Gilkison et al.'s (2017) findings. The strong

emphasis on unity highlighted psychological safety and dependability contributed to cohesive teamwork where each member was empowered to deliver their best work.

Carolan-Olah et al. (2015) further corroborated the significance of the leadership role echoing Bunford and Hamilton's (2019) UK qualitative study in facilitating a nurturing environment. These findings promoted effective communication and team collaboration for clinical decision-making and maintaining situational awareness. Further, Garner et al. (2019) emphasised the need for additional skills complementing clinical abilities and knowing each team member for effectively managing the labour ward. In relation to safety, both Garner et al. (2019) and Gilkison et al. (2017) referred to the skills of managing complexity, emergencies, and the high acuity of busy labour wards within diverse dynamic work environments. Gilkison et al. (2017 stressed the skill needed in these situations as the "helicopter view" (p. 35), especially when those core midwives were also in charge of the unit. The literature here suggests that supporting core midwives to develop these leadership skills are essential for competently managing situations alongside clinical proficiency.

Additionally, Robertson et al. (2018) advocated collaborative learning and fostering effective teamwork for improving babies' outcomes during labour and birth. These findings resonate with core midwives' clinical leadership skills and fostering effective collegial relationships. The Royal College of Obstetricians and Gynaecologists (RCOG) launched the Each Baby Counts project in 2015, highlighting the need for ongoing reviews. The progress report (RCOG, 2019) identified key challenges related to human factors and behaviour, workload pressures, workforce shortages, and communication errors. Key learning points focused on flattening hierarchies and promoting a culture of support with open communication where staff feel safe to speak up and voice their concerns. The final progress report (RCOG, 2020) similarly highlighted significant factors of communications, situational awareness, leadership and failure to escalate/transfer/act upon risk as required for effective teamworking. Together, the research by Robertson et al. (2018) and the findings from the RCOG reports highlight vital factors of team dynamics, leadership, and open communication in promoting effective teamwork and improving maternity outcomes.

More recent research in the UK by Harris et al. (2022) highlighted the need for enhancing teamwork in maternity services through vital skills of communication, team engagement, and the leadership role of midwives for working within multidisciplinary teams during labour and birth, especially in obstetric emergencies. Midwives enhance the workplace environment, contributing to a culture of collaboration, fostering successful teamworking and nurturing a supportive organisational culture. The significance of shared decision-making in maternity care was reported by Watkins et al. (2022) who emphasised the importance of positive role-modelling along with respect and trust as a basis for interprofessional collaboration. Similar sentiments align with Catling et al.'s (2017) qualitative research in Australia, emphasising the importance of a supportive workplace culture for feeling valued and promoting shared decision making and transparency within the organisation. The findings by Harris et al. (2022), Watkins et al. (2022), and Catling et al. (2017) stress the importance of collegial relationships for working collaboratively and providing high-quality care.

In continuing with the focus of interprofessional collaboration, Adcock et al.'s (2022) qualitative research in Australia focusing on supporting and sustaining collegial relationships stressed the importance of core leadership skills. Trust and mutual respect facilitated open communication and effective collaboration with an understanding for each team member's role and enhanced interprofessional relationships. Similarly, Russell's (2018) literature review in the UK and Hildingsson et al.'s (2023) study in Sweden revealed the transformational potential of leadership in fostering trust and effective communication, enhancing collegial support and interprofessional teamwork. Gilkison et al. (2017) similarly found that core midwives valued collegial relationships grounded in trust, which underpin effective teamwork. Additionally, in New Zealand, Norris (2017) underscored trust and respect with effective communication and interpersonal skills are fundamental for professional relationships and midwifery care handover. The handover was found to be a critical time for staff connectivity and effective collaboration. Romijn et al. (2018), in the Netherlands, similarly stressed the importance of interprofessional communication for sharing opinions and openly discussing new practices. These interpersonal skills focus on mutual respect, even when opinions may differ, fostering collaborative ways of working. Collectively, these studies highlight the importance of effective midwifery leadership, fostering trust-based

collegial relationships, and enabling interprofessional collaboration within maternity care.

The literature in this section emphasises the significant role that midwives play in cultivating a network of collaborative professionals who work seamlessly together and contribute to shaping a positive workplace culture. Hospital midwives nurture one other, and support team engagement through open communication, strong leadership, and collegial relationships.

This first theme in the exploration of the literature has underscored the value and complexity of the core/ hospital midwife's role. It has addressed their support for professional autonomy, the midwife-woman relationship, the provision of continuity of care, balancing normal birth with managing risk, and the importance of leadership and collegial relationship.

The second theme shifts focus to what supports and sustains core/ hospital midwives in their work. The subthemes explore the importance of emotional wellbeing, job satisfaction, and sustainability as well as strategies for mitigating anxiety, stress and burnout, all of which are essential to improving retention and supporting the future of the workforce.

2. What Supports the Work of the Core Midwife

The reviewed literature that explored the work of core midwives was further divided into two sections: Emotional well-being, satisfaction, and sustainability; and Mitigating anxiety, stress, and burnout to improve retention.

Emotional Well-being, Satisfaction, and Sustainability

Job satisfaction plays a crucial role in supporting midwives' well-being and sustaining them in practice. In the UK, Cramer and Hunter (2019) conducted a literature review of 44 papers, incorporating both qualitative and quantitative data, exploring the correlation between working conditions and midwives' emotional well-being. Their findings highlighted factors such as staffing levels, workload, working hours, collegial support, challenging clinical situations, and professional autonomy significantly impacted emotional well-being. The review also identified that organisational leadership plays a key role in addressing many of the workplace variables, thereby enhancing job satisfaction and emotional well-being. Notably, inadequate staffing

impacts on many workplace variables and exacerbates emotional distress, particularly when exposed to challenging or critical incidents.

More recently, Moran et al. (2023) conducted an integrative review of international literature on midwives' well-being and resilience in the face of workplace stress and adversity. Their findings reinforced the importance of a supportive work environment in promoting performance and job satisfaction. Stability in rostering adequate rest periods and balanced rotations between day and night shifts were identified as factors in promoting well-being. Professional relationships, including strong midwifery leadership, mutual respect, and collegial support, further enhanced job satisfaction. Additionally, flexible work options and models of care that align with midwifery philosophy were found to contribute to sustainability and resilience.

Likewise, in New Zealand, Mharapara et al.'s (2022) integrative review highlighted workplace factors which impacted on midwives' job satisfaction and was directly linked with well-being and performance. Further, midwives' well-being was linked to the absence of mental health problems. Supportive managers and colleagues, adequate resources (equipment and staff), and workplace cultures influenced core midwives' satisfaction, sustainability, and well-being. A supportive environment enhanced the provision of quality care and reduced midwifery attrition. Mharapara et al.'s (2021) earlier integrative study revealed that midwives' job satisfaction was positively influenced by a variety of factors and characteristics when working in a range of workplace settings. Supportive interactions, collegial collaboration, and professional recognition linked with expertise enhanced job satisfaction. However, the concepts of decision-making, autonomy, and empowerment were not associated with the core midwifery role. These findings highlight significant challenges in the workplace environment imposed on midwives.

Dixon et al. (2017) also explored the emotional well-being of midwives in New Zealand. While core midwives worked fewer hours than their self-employed colleagues, they reported that their satisfaction and well-being was directly correlated to the degree of autonomy, empowerment, skill ascertainment, and professional recognition they experienced. Similarly, these findings relating to job satisfaction align with Gilkison et al.'s (2017) findings that core midwives often felt unvalued. Gilkison et al. (2017) found

that core midwives developed midwifery skills and expertise to navigate the complexity and challenges within the workplace environment, which also helped to sustain themselves in practice. Gilkison et al.'s (2017) study emphasised the core midwives' unique skillset, and diversity of their work, and therefore, not "just a core midwife" (p. 36), underscoring the importance for them to recognise the value of their role while also being appreciated and valued by others. Davis and Homer (2016) in Australia further echoed concerns for the experiences, well-being, and sustainability of hospital-based midwives

Further studies from Australia include analysis from the WHELM project (Harvie et al., 2019) which found that midwives' satisfaction with their role was closely linked with the organisation of midwifery care. Realistic workloads, adequate staffing levels, and an appropriate skill mix enabled midwives to provide the quality of care that women deserved. A supportive workplace culture and environments were also essential in fostering positive collegial relationships, which significantly influenced midwives' emotional, mental, and physical well-being. Of note, earlier qualitative research conducted by Reiger and Lane (2013) in Australia emphasised the moral distress that midwives experienced when managing conflicting expectations in their role. Their study revealed that job satisfaction was achieved when midwives could work in safe and caring workplaces. Similarly, Foster et al.'s (2021) qualitative study identified that midwives across various workplace settings in Australia experienced moral distress when they felt unable to speak, conforming instead to hospital culture in ways that compromised their moral integrity. This distress had a cumulative effect, as midwives struggled to advocate for themselves, their profession, or women in their care.

Building on the significance of workplace environment, Geraghty et al.'s (2019) grounded theory study highlighted how workplace conditions influence midwives' sense of engagement and feeling valued, both of which correlated with job satisfaction. Participants described their work environments as 'war-like' with intolerable levels of stress. Many midwives revealed their commitment and engagement with work diminished when they were unable to work in the way they aspired to as midwives. Their stress was further exacerbated by staff shortages, poor skill mix, and unmanageable workloads, all of which made it increasingly difficult to fulfil their professional role and duty of care.

The impact of environmental factors aligns with the research findings of Harvie et al. (2019) regarding midwives' emotional well-being, especially when managing the acuity of a busy unit within a stressful working environment. However, Harvie et al. (2019) revealed that the provision of quality care with meaningful and positive relationships with women supports the emotional well-being of midwives and sustainability of midwifery practice. The literature suggests that midwives' personal and professional well-being aligned with their satisfaction and feeling cared for, as well as their emotional well-being and idealism of caring for women as they wanted to as midwives.

Earlier research by Jordan et al. (2013) and Yoshida and Sandall (2013) highlighted the impact of collegial relationships fostering a culture of 'belonging' for hospital midwives to reduce stress and provide the necessary support to keep practising. However, conflict in the workplace, either from work colleagues and/or managers, reduces midwives' confidence and negatively impacts their well-being and role (Bedwell et al., 2015; Hildingsson et al., 2013). Harvie et al. (2019) reported nearly 50% of the midwives surveyed had considered leaving the profession due to dissatisfaction with managers. Additionally, ongoing conflict, compounded with lack of staff or resources, reduced staff morale further exacerbating the attrition of the midwifery workforce, with one in three midwives considering leaving the profession (Hildingsson et al., 2013). Stressful working environments plus worries about health or the future are all associated with burnout for midwives.

Further concerns for midwives working in stressful workplace environments, particularly delivery suites, and who were also exposed to obstetric emergencies were raised by Whittaker's (2020) qualitative study in Ireland. Lack of support by both managers and colleagues left midwives feeling alone, 'let down', and unable to cope with their fears and emotional distress. As a result, the participants revealed their clinical practice as a midwife changed resulting in defensive and risk-focus practice, with changes in their decision-making and moving away from woman-centred care and normalcy of childbirth.

Midwives frequently worked with inadequate resources and staffing levels, which exacerbated the emotional toll of dealing with stressful or traumatic events. These challenging circumstances, according to Hildingsson et al. (2013, 2023), often exposed midwives to a reduced sense of professional recognition, further intensifying their

experiences of feeling overwhelmed, emotionally exhausted, stressed, and burned out. Similarly, an older qualitative descriptive study by Hunter and Warren (2014) in the UK, interviewed midwives to explore their understanding and experiences of workplace resilience. Factors that challenged their resilience included hospital politics, managerial control over practice, and challenges to their professional autonomy, all impacted considerably on their stress levels. Workplace conditions, inadequate staffing levels, unmanageable workloads, and missed meal breaks, along with stressed colleagues significantly influenced their ability to provide safe midwifery care. The findings align with Clemons et al. (2021) who noted that "high job autonomy influences work positively and increases job attitudes, work performance, and well-being" (p. 30), noting the daily challenges that core midwives face in their practice from their workplace environment.

Collectively this body of literature highlights how emotional well-being, job satisfaction, and sustainability, are tied to workplace conditions and the midwife's sense of autonomy and recognition. While core / hospital midwives demonstrate considerable resilience, their capacity to thrive is repeatedly challenged by system-level pressures, organisational demands,and a lack of adequate support. These tensions require attention if the profession is to retain and sustain its hospital-based workforce.

Mitigating Anxiety, Stress, and Burnout to Improve Retention

Findings from countries within the collaborative WHELM project, Australia (Fenwick, et al., 2018b; Harvie et al., 2019), UK (Hunter et al., 2019), Norway (Henriksen & Lukasse, 2016), and Sweden (Hildingsson et al., 2013) highlight the need to improve and support midwives' recruitment and retention for the ongoing provision of maternity care. Midwives in these studies emphasised the stress, anxiety, depression, and burnout that they experienced. This body of research identifies the need to ensure the midwife's emotional and mental well-being is paramount both for themselves and in caring for women and babies.

Dixon et al. (2017) revealed higher levels of burnout in core midwives than LMC midwives. This finding was significant as it challenged the assumption that being an LMC midwife was more stressful. Various factors associated with burnout for employed midwives included a lack of resources, inadequate management support, insufficient professional recognition, and limited development opportunities. Professional

recognition was linked with satisfaction, well-being, and mitigating anxiety and burnout to improve retention, suggesting it as significant and to be considered more closely. These findings raise concerns for the well-being and sustainability of the core midwife's role. Similar patterns were observed in the UK WHELM study (Hunter et al., 2019) where higher levels of stress, anxiety, depression, and personal and work-related burnout were reported among employed clinical midwives compared to the other collaborating countries. Notably, 83% of UK participants reported experiencing personal burnout, compared to Australia (65%), Sweden (43%), and Norway (20%). Hunter et al. (2019) highlighted specific risk factors for emotional distress, depression, and burnout; midwives aged under 40-years who rotated within the hospital system and had under 10-years of midwifery experience were deemed more vulnerable. These findings regarding the emotional well-being of early career midwives were highlighted by Cull et al. (2020).

More recently, Matthews et al.'s (2022a) cross-sectional survey in Australia emphasised the impacts of working as a hospital midwife in relation to burnout. Personal burnout was more prevalent in midwives under 35-years, with no children, and/or not having adequate support, aligning with the WHELM project. Those midwives who attained a midwifery qualification through university, under 10-years qualified, and undertaking rotating shifts were also exposed to work related stress. Another variant was client related burnout when acknowledgement and support for the role was inadequate. Midwives reported considerable levels of exhaustion and fatigue, with burnout impacting the midwife's emotional and mental well-being, job satisfaction, and quality of their work. Matthews et al. (2022b) identified leadership and mentorship for midwives enhanced their satisfaction for working in a tertiary maternity hospital. Organisational acknowledgment and support for undertaking their role was valued highly, enhancing job satisfaction and work experiences. The findings suggest that being younger and less experienced, requiring support and guidance for the work and role, exposes midwives to the risk of stress and burnout, also aligning with the WHELM project. Doherty and O'Brien (2023), in Ireland, echoed earlier Australian research by Jordan et al. (2013) and Mollart et al. (2013) highlighting stress and concerns for burnout among younger and less experienced midwives due to personal and work-related demands and factors.

Data sourced from an online survey, as part of the Australian arm of the WHELM study, addressed the emotional and professional well-being of midwives providing continuity of care and those not providing continuity (Fenwick et al., 2018b). The findings identified midwives providing continuity of care benefited both emotionally and professionally; yet there was no difference between the two groups regarding their satisfaction with time-off or work-life balance. However, the adverse effects of ill health with significantly higher levels of anxiety and depression, psychological distress, and burnout were reported by those midwives working in shift-based models described as providing fragmented care. In Canada, Sidhu et al. (2020) emphasised the significant concerns of burnout rates and retention of midwives in the profession. Their review highlighted that burnout was more prevalent in Australia and Western Canada, and lowest in Norway and the Netherlands. Those midwives working in caseload/continuity of care models reported lower rates of burnout than midwives who worked in different models. These findings relate to data gathered from Australian midwives through an online survey conducted by Dawson et al. (2018), in addition to Fenwick et al. (2018b) and Dixon et al. (2017) who emphasised the critical insights that these studies provide regarding the impacts of burnout.

Newton et al. (2021) also conducted a survey in Australia with midwives who worked in public hospitals; 20% worked in caseload models, 39% in hospitals with caseload, and 41% worked in hospitals without caseload. Midwives supported the continuity of care model expressing that flexibility, autonomy, and building relationships with women were important. However, concerns were raised regarding on-call work with regards to work-life balance and organising childcare. Midwives expressed their preference for working in the hospital model of care as they knew their shifts in advance facilitating their work-life balance. These findings relate to an earlier study by Newton et al. (2016) which highlighted the impacts of work-life balance are factors of choice for ways of working as a midwife. Fenwick et al. (2018a) further reiterated the importance of work-life balance to mitigate against burnout, with lower rates associated with having children. They recommended family-friendly work environments, especially for those with young children, and providing opportunities for clinical reflection. These findings suggest the need to support midwives with young children and to cultivate a work-life balance.

Cull et al. (2020), part of the UK arm of WHELM project, emphasised midwives' significant stress and pressure from unmanageable workloads and inadequate staffing levels. Midwives voiced their fears for not working as they wished or causing harm and reported having to work through their breaks and undertake unpaid overtime. Factors, including no break room facilities and not allowed a drink or toilet breaks, compounded their stress and feeling unable to 'switch off' or enjoy their 'time-off'. Midwives emphasised the value of teamwork and the protective nature of collegial relationships including mentorship and preceptorship, as providing a supportive network with the ability to debrief, reducing stress, and mitigating burnout. However, not all colleagues or managers were supportive, causing dissatisfaction and further stress, as discussed by Harvie et al.'s (2019). Despite these challenges, midwives expressed appreciation and joy in their work promoting their self-esteem. Kirkham (2015) emphasised the positive impact of workplace culture and organisation enabling midwives to develop resilience. The provision of a healthy work environment with support from managers helped to protect midwives from burnout and facilitated work-life balance, aligning with the findings by Dixon et al. (2017) and Sidhu et al. (2020) regarding the impact of support from managers or supervisors.

Creedy et al. (2017) underscored the importance of midwives' emotional well-being, highlighting the significant prevalence of those suffering with moderate to severe personal and work-related burnout. A survey of 1,037 Australian midwives identified the need for education to raise awareness to support their well-being, enhance work-life balance, and improve retention to ensure the provision of safe care. Hunter and Warren (2014) in the UK and Sidhu et al. (2020) in Canada echoed these findings, referring to the stressful nature of being a midwife and demands of the workplace. Doherty and O'Brien (2022a, 2022b) in Ireland also stressed excessive workload was the underlying factor for midwives experiencing burnout within the workplace, echoing Cull et al.'s (2020) research findings. In Australia, Pugh et al.'s (2013) survey of 1,600 participants found that nearly half expressed family commitments as a reason for changing jobs or leaving midwifery within the next 5-years. Other reasons included working conditions and role dissatisfaction, work-life balance, and career change. Matthews et al. (2022c) echoed the findings regarding work-life balance as a reason for changing jobs or leaving midwifery. Literature over the past decade suggests the need to support the midwife

undertaking their role safely while considering the significance of work-life balance on their personal well-being.

In an Australian qualitative study, Sheehy et al. (2021) identified the importance of managerial and midwifery support, particularly in providing intrapartum care. Practicing within their scope enhanced job satisfaction, while relationships with women and colleagues were key to sustaining midwives in practice. The role of supportive workplaces and organisational cultures with managerial and midwifery leadership was reinforced by Catling and Rossiter's (2020) survey, aligning with O'Riordan et al.'s (2020) survey in Ireland, and Sheehy et al.'s (2021) qualitative study in Australia. These studies emphasised the significance of supportive relationships, workplace cohesiveness, and debriefing in boosting morale and well-being.

Cronie et al. (2019) found that job satisfaction among hospital midwives in the Netherlands was linked to work-life balance, workplace relationships, and professional development. Compared to primary care midwives, hospital midwives were generally older, had more experience, and worked fewer hours. The literature highlights that midwives with longer service reported lower rates of stress, a concept that Mollart et al. (2013) suggested may be linked to their ability to develop coping strategies over time.

Garner et al. (2019) emphasised the fundamental importance of nurturing and sustaining collegial relationships to support midwives to develop clinical skills and provide quality care. Harvie et al. (2019) also revealed the need to support younger and less experienced midwives to remain in the profession. The two most common reasons cited for midwives leaving the profession included dissatisfaction with the organisation of midwifery care and/or with their role, lack of recognition and acknowledgement for their contribution to the maternity service. In Australia, Brundell et al. (2023) identified midwives' professional identity enhanced their job satisfaction and improved retention. Similarly, Doherty and O'Brien (2022b) in Ireland emphasised the importance of acknowledging the midwifery role and stressed the need for workplace initiatives to improve the workplace culture. Initiatives included having time and space to talk or be quiet, debriefing, reflection, and the need for good working relationships for reducing burnout and offering support where needed. Echoing these sentiments of valuing midwives through collegial support, Catling et al. (2022b) suggested group clinical supervision for enhancing and sustaining a supportive workplace culture.

The literature highlights a variety of differences and findings regarding shift work. For some midwives, shift work is beneficial for their sustainability and work-life balance. In New Zealand, the situation is unique in that midwives can choose to move between working in the hospital as a core midwife or as an LMC midwife (Grigg & Tracy, 2013). Midwives in Harvie et al.'s (2019) study claimed that working within hospital shift-based rosters restricted their work-life balance resulting in workplace dissatisfaction which was further exacerbated by expectations of working overtime. However, Yoshida and Sandall (2013) suggested that working shorter rostered shifts and not being on call appeared to be a protective factor from stress for hospital midwives. Henriksen et al. (2016), Prowse and Prowse (2015), and Sheehy et al. (2021) highlighted flexible rostering was linked with job satisfaction, work-life balance, recruiting and retaining midwives, and mitigating against burnout. However, Prowse and Prowse (2015) suggested flexible rostering contributed to the challenges faced by midwives who work full-time having to fit around other staff. Cull et al. (2020) emphasised scheduling shift patterns and work area were further valued by midwives especially for planning childcare and work-life balance. However, concerns were expressed when the roster was released last-minute, and midwives were frequently moved around the unit. Doherty and O'Brien (2022b) suggested that regular rotation of staff around the unit supported workplace culture and minimised burnout, but it was also linked to burnout for staff reporting resistance to change. The literature here highlights a variety of perspectives of shift work and patterns suggesting a steering to individual preference for work/life balance.

As I returned to the literature throughout the research process, the engagement became a generative and evolving dialogue that helped shape and reshape my understanding. Each re-reading offered fresh insights and deeper appreciation of the role of the core / hospital midwife. This process allowed the literature to inform, expand, and enrich my understanding of what is currently known. The evolving engagement highlighted recurrent themes and gaps, while also positioning this research as a response to the need for further inquiry. In this way, the literature review contributed to clarifying and justifying the research focus and the guiding question for this study.

To summarise, this literature review's findings are categorised into two main themes, each encompassing several interrelated sub-themes:

1. **The work of the core midwife:**
    - Professional autonomy: the core/hospital midwife's autonomy and responsibilities within the healthcare system.
    - The midwife-woman relationship: highlighting the significance of establishing a meaningful connection with women, emphasising the concept of being 'with woman' and the importance of presence within the childbirth journey in the maternity service.
    - Supporting the provision of continuity of care underlines the importance of supporting and facilitating continuity to ensure that women receive consistent and comprehensive support during their pregnancy and childbirth experiences.
    - The balance of promoting normal birth with managing associated risks includes comparisons between midwifery-led care and obstetric- led care, considerations of birth outcomes, sustainability of midwifery models, and approaches to support normal birth while addressing the rising intervention rates and medicalisation in maternity care.
    - Leadership and collegial relationships delves into the dynamics of leadership within the midwifery profession and explores the importance of collegial relationships which play a critical role in the provision of maternity care.
2. **What supports the work of the core midwife:**
    - Emotional well-being, satisfaction, and sustainability: personal and professional factors influencing midwives' satisfaction and sustainability.
    - Mitigating anxiety, stress, and burnout to improve retention: organisational and systemic factors affecting midwifery retention.

Conclusion

This literature review has highlighted the emotional toll of midwifery work, identifying stress, burnout, and workforce retention as pressing issues. The review's findings suggested that workplace culture, leadership, and organisational support play crucial roles in sustaining midwives in practice. While existing literature acknowledges these challenges, limited research specifically explores the experience of core midwives

working in hospital settings, particularly in secondary and tertiary hospitals in New Zealand. The unique pressures faced by core midwives, including how they navigate emotional and professional demands, remains underexplored.

A deeper understanding of the core midwife's role, including factors that enable them to provide effective care, is necessary to support their practice and sustain their emotional well-being. By addressing this gap, a proactive approach can be developed to enhance job satisfaction, minimise stress, mitigate against burnout, reduce attrition, and promote the long-term sustainability of midwives employed to work in hospitals.

This literature review underscores the significance of the core midwife's role within the maternity service while also revealing key gaps in existing research. These include the experiences of core midwives working in large hospitals, the everyday realities of their work, their skills and attributes, the support available within secondary and tertiary units, and their autonomy within an obstetric-led model of care. These gaps justify further exploration of the core midwife's experiences and identify what sustains them in their roles. Therefore, this study seeks to explore: "What is the work of core midwives and what facilitates their role in New Zealand large hospitals?" Insights from the research will inform models of core midwifery practice that better support midwives' emotional and physical well-being, strengthening midwifery care within secondary/tertiary hospitals in New Zealand.

Chapter 3: Methodology

This chapter outlines the research methodology used to explore the work and role of core midwives in New Zealand. While much existing research adopts a problem-solving or deficit-based lens, this study takes a strengths-based approach, exploring what works well and why, particularly amid increasing pressures within maternity services. Understanding core midwifery work and what sustains core midwives in their roles requires a methodology that highlights strengths and delves into their experiences (Cooperrider & Whitney, 2005, van Manen, 1990, 2014). Appreciative Inquiry aligns closely with the research question, facilitating recognition of the qualities, practices, and experiences that give meaning to core midwifery work. This approach seeks to uncover what supports core midwives in practice and to appreciate the significance of their role within the hospital environment.

To aid data analysis, a hermeneutic lens was incorporated, grounded in the philosophical notions of Hans-Georg Gadamer and Max van Manen. Gadamer's emphasis on understanding through dialogue offers a means of engaging with the midwifery participants' experiences (Gadamer, 2004, 2013), while van Manen's (1990, 2014) focus draws attention to the embodied and relational dimensions of midwifery practice. Together, Appreciative Inquiry and the hermeneutic philosophy provide a framework that allows for a deeper understanding of core midwifery work, capturing both meaning and experience.

This chapter discusses the justification for Appreciative Inquiry as the study's underpinning methodology and explores the relevance of hermeneutic philosophy, together with several philosophers whose ideas have informed this work. Ontology and epistemology are both considered, fundamental to understanding human existence and how knowledge is acquired, are addressed alongside social constructionism.

Consideration of Methodological Approach

Koch (1996) defined methodology as "the process for which insights about the world and human condition are generated, interpreted and communicated" (p. 174). This perspective highlights the importance of viewing methodology as a dynamic process rather than a set of procedures or techniques. It involves a comprehensive approach

through which researchers generate, interpret, and communicate insights about the human world.

To gain a deeper understanding of what core midwives do, I initially considered a hermeneutic phenomenological (HP) methodology, which seeks to uncover and examine the lived meaning of fundamental experiences. However, my desire to delve into the nuances of core midwives' experiences led me to hermeneutics. While both approaches involve examining experiences, HP focuses on understanding the essence of those experiences, and hermeneutics emphasis is on interpreting language and text. This interpretation is essential for uncovering the deeper meanings embedded in the narratives shared by the participants. After exploring the alignment of various methodologies with the research aims, I was drawn to Appreciative Inquiry. In accordance with Koch's (1996) view, this study embraces openness and appreciation for participants' diverse perspectives, aiming to engage with 'eyes wide open', to allow for a range of views and new insights. Thus, Appreciative Inquiry with a hermeneutics lens is well-suited to exploring and appreciating the experiences of core midwives.

I considered other methodologies that might offer different insights but found them less suitable. Quantitative methods were discounted as they would not capture the participants' subjective experiences. The Appreciative Inquiry's approach is more appropriate to explore these complexities, and the hermeneutic lens enables a rich interpretation. Mixed methods could have provided a broad perspective by combining stories and surveys but would not delve deeply into the participants' experiences. I also considered other qualitative approaches, such as grounded theory. However, I found that Appreciative Inquiry was the most fitting choice for exploring the work and role of core midwives as its focus on affirmation and appreciation closely aligns with my research objective of highlighting the positive contributions and aspects of their work.

Discovering the best of 'what is' and envisioning 'what could be' (Cooperrider & Whiteny, 2005) aligns with the research objectives. Watkins et al. (2011) described Appreciative Inquiry as "a coherent whole made up of our wishes for the future and our path toward that future" (p. 17). Cooperrider and Whitney (2005) advocated that the focus on discovering what works well both strengthens an organisation's potential and enables deeper insights by learning from successful practices as shared by the core midwives. Appreciative Inquiry has also been effectively applied in other healthcare

research (Burns et al., 2020; Egan, 2018; Holtrop et al., 2019; McSherry et al., 2018). To understand the knowledge and role of core midwives, a methodology that allowed me to view their role holistically, including their actions and what really matters in their everyday work, was essential to address the research question.

Appreciative Inquiry: Introduction and Application

Appreciative Inquiry is founded on the concepts of 'appreciate' and 'inquire' which Cooperrider et al. (2008) defined as:

> Appreciate: to value; recognize the best in people or the world around us; affirm past and present strengths, success, and potentials; to perceive those things that give life (health, vitality, excellence) to living systems.
>
> Inquire: to explore and discover… To ask questions; to be open to seeing new potentials and possibilities. (p. 1)

In the context of this research, 'appreciate' means identifying and valuing the strengths and contributions of core midwives. By focusing on what midwives do well and their impact, this study highlights the essential aspects of their role that support quality maternity care. 'Inquire' involves exploring the factors that enable these contributions, uncovering insights into how midwives' strengths can be further leveraged to enhance their practice and working environment. Applying Appreciative Inquiry in this way acknowledges the successes of core midwives and reveals opportunities to support and sustain their role within maternity care.

The collaborative approach of Appreciative Inquiry engages people in the "cooperative co-evolutionary search for the best in people, their organizations, and the world around them" (Cooperrider et al., 2008, p. 3). Unlike traditional problem-focused approaches, Appreciative Inquiry fosters a culture of optimism, appreciation, and shared responsibility to emphasise what works well (Cooperrider & Whitney, 2005; Cooperrider et al., 2008; Cooperrider et al., 2012). This generative approach is particularly valuable in midwifery, as it affirms core midwives' contributions while strengthening their sense of purpose and satisfaction in their work, creating an environment where their strengths are recognised and celebrated (Bushe & Kassam, 2005).

Originally introduced by Cooperrider and Srivastva (1987) as an organisational development strategy, Appreciative Inquiry has evolved into a widely respected

approach across various academic fields, including education and healthcare. It "embodies both a philosophy and a methodology" (Cooperrider et al., 2008, p. 81), offering a strengths-based, affirmative approach that promotes inquiry into possibilities rather than problems. By promoting co-inquiry and valuing collective wisdom, Appreciative Inquiry opens space for new perspectives to emerge, cultivating a culture of optimism and growth (Watkins et al., 2011). By focussing on successful practices and core values, Appreciative Inquiry enhances engagement, morale, and retention among midwives (Cooperrider & Whitney, 2005) contributing to the sustainability of the profession and the future of maternity care.

Before exploring the specific applications of Appreciative Inquiry in this study, it is necessary to understand the foundational principles that underpin its philosophy (Cooperrider & Srivastva, 1987). Understanding these principles will provide a clearer context for how Appreciative Inquiry was used in the study.

Core Principles Underpinning Appreciative Inquiry

The five core principles of Appreciative Inquiry articulate the fundamental tenets that underpin its philosophy (Cooperrider & Srivastva, 1987). These principles guide the research process by emphasising positivity and collaboration:

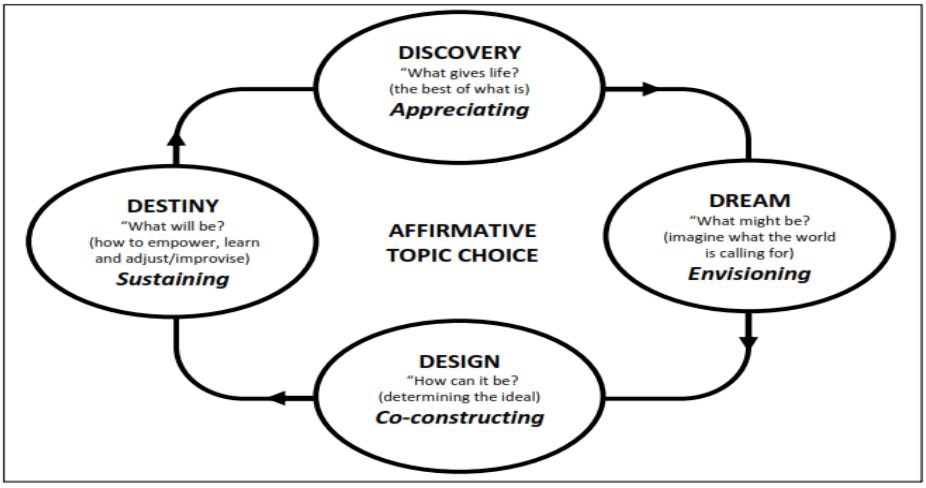
- ***Constructionist principle:*** Appreciative Inquiry views organisations as social constructs co-created through conversations, experiences, and interactions (Lewis, 2011). This principle emphasises the power of language, dialogue, and storytelling for making sense of the world and shaping reality through interactions with others. Knowledge and the organisation's destiny are interconnected as living social constructions.
- ***Principle of simultaneity***: Appreciative Inquiry encourages a generative inquiry process for understanding the topic of inquiry, engaging in meaningful dialogue, asking generative questions to explore and reflect on stories of success. Appreciative Inquiry leverages the power of storytelling whereby words create worlds and images, fostering an appreciative and forward-thinking perspective that inspires action (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010). Language and visualisation play a crucial role in understanding the present and envisioning a desired future (Cooperrider et al., 2008).

- ***Poetic principle***: The organisation's story (past, present, and future) offers varied learning, inspiration, and interpretation, reflecting its values, achievements, and potential. Poetry opens endless possibilities for interpretation, meaning, and sense-making. The language, stories, and metaphors humans use shape their understanding and influence what they envision as possible (Whitney & Trosten-Bloom, 2010). Researchers analyse narratives to identify themes for deeper understanding.
- ***Anticipatory principle:*** The images individuals hold of their future guide their thoughts, decisions, and actions (Trajkovski et al., 2013). The strength of Appreciative Inquiry lies in cultivating, inspiring, and generative visions of the future that foster meaningful action, emphasising the role of hope and collective imagination for generating insights.
- ***Positive principle:*** Underpins all the other principles and is fundamental to the process (Cooperrider et al., 2008). It involves the art and practice of asking generative questions and engaging people in ways that amplify strengths and possibilities (Cooperrider & Whitney, 2005). Data collection, analysis, and interpretation are oriented toward highlighting successes, strengths, and opportunities, fostering an environment of empowerment, discovery and collective strength (Cooperrider et al., 2012).

The '4-D Cycle' of Appreciative Inquiry

Appreciative Inquiry is guided by its core principles integrated into its four key phases (see Figure 1). Known as the '4-D cycle' (Cooperrider & Whitney, 2005), it fosters meaningful engagement by framing inquiry around strengths, aspirations, and future possibilities. These four phases are integral to supporting its suitability for exploring the role and work of core midwives in New Zealand, as it moves beyond challenges to illuminate what works well, what sustains midwives, and how they envision the future of their practice.

Figure 1: Appreciative Inquiry '4-D cycle' (Cooperrider & Whitney, 2005, p. 21).



Each phase of the '4-D cycle' builds upon the last, shaping a process of discovery, visioning, design, and sustainability.

- ***Discover***y: Aligns the strengths-based approach ensuring the research begins from a place of appreciation and insight; it focuses on discovering the essential strengths and the best of 'what is', appreciating the meaningful aspects of core midwifery work. In this study, core midwives share their experiences illuminating the key elements of what works well, how they navigate challenges, and what sustains their role; 'what they do and how they do it'.
- ***Dream***: Envisions the future by exploring aspirations, hopes, and possibilities, inviting participants to articulate their desired vision of the future, building on their insights from the discovery phase.
- ***Design***: Creating the envisioned future based on the strengths and opportunities already identified, this phase fosters commitment and a sense of ownership, bridging participants' aspirations into actionable steps.
- ***Destiny***: Embeds and sustains the envisioned future; maintaining the momentum through ongoing reflection, dialogue, and inquiry; aligning with maternity service developments and continuous professional growth.

The '4-D cycle' is central to the Appreciative Inquiry approach (Cooperrider & Whitney, 2005), affirming potential, fostering an appreciative perspective, and reinforcing its suitability for this research in several ways. It provides a flexible framework that ensures a comprehensive exploration from identifying strengths and achievements, inspiring

and valuing what works well, and building on these foundations to envision the future. Appreciative Inquiry focuses on what is thriving and moves toward it, understanding that in the forward movement the greatest value comes from embracing what is effective and appreciating the contribution of others.

In essence, the '4-D cycle' is a generative process that enhances the power of reflection, narrative, and the social construction of reality (Cooperrider & Whitney, 2005). Understanding this process highlights the significance of language and inquiry, which shape how experiences are shared and meaning co-created. This research explores how core midwives work, facilitating deeper insight into their role and envision the future.

This next section emphasises the centrality of shared experiences central to this study.

The Importance of Inquiry and Sharing Experiences

Appreciative Inquiry facilitates the sharing of core midwives' experiences, dreams, and aspirations, (Argyris & Schon, 1991), fostering imagination and innovation for a sustainable future. Through its inquiry process, Appreciative Inquiry emphasises the strengths and foundation that shape future possibilities; "human systems and organizations move in the direction of what they study" (Cooperider & Whitney, 2005, p. 19). Through this process Appreciative Inquiry validates contributions, empowering midwives by giving them a voice and fostering a 'yes' mentality that recognises strengths and values (Hammond, 1996; Hammond & Royal, 1998). Stories encourage openness, authenticity, and deeper insights into 'what gives life' (Cooperrider et al., 2012). By beginning with what works well, it paves the way for what is possible, introducing freedom of expression and language of possibility into "the front door of enthusiasm" (Ludema et al., 2006, p. 1), framing this research within appreciation and affirmation. This process nurtures respect and an environment of shared learning, celebrating existing strengths while encouraging growth and development grounded in the best of the past (Cooperrider & Whitney, 2005).

Thoughtfully crafted questions guide this process, leading to meaningful contributions and new insights (Watkins et al., 2011). Cooperrider et al. (2012) emphasised "the questions they most frequently and authentically ask; knowledge and organizational destiny are intimately interwoven, what we know and how we study it has a direct impact on where we end up" (p. 740). Therefore, the focus is on appreciation of what

works, generative questioning, shared ownership, and collaborative visioning; all of which cultivate open communication to promote and generate possibilities (Cooperrider & Whitney, 2005).

The interplay of narrative and relational knowing generates theory, as meaning emerges through experience, reflection, and dialogue (Crowther et al., 2017). Words do not simply 'mirror' reality, they shape it, reflecting the view that language is central to how individuals make sense of the world and co-construct meaning (Cooperrider et al., (2008). As Cooperrider et al. (2008) suggested words create worlds, aligning with Appreciative Inquiry's constructionist principle, which views reality as socially constructed through language and dialogue. The appreciative process cultivates 'an appreciative eye' toward past experiences, honouring and building upon the best of the past, energising researchers and participants (Hammond, 1996; Hall & Hammond, 1998; Hammond & Royal, 1998).

Ontology and epistemology are intertwined throughout this research, forming the philosophical foundations for understanding human existence and the acquisition of knowledge (Crotty, 1998; Gadamer, 2013; Smythe, 2012; van Manen, 2014). These will be discussed first, followed by an exploration of social constructionism and its relevance for the construction of knowledge.

Ontology and Its Importance

Ontology is the study of what exists and the nature of reality (Crotty, 1998). In the context of this research, ontology is particularly relevant for understanding the lived reality of core midwives' role, daily work, and professional identity. This study adopts an ontological stance that views the core midwife's role as fluid and shaped by relationships, experiences, and the broader social, institutional, and cultural contexts in which they practice. Rather than viewing the core midwife as simply a practitioner operating within a structured system, this research recognises core midwifery as a dynamic, interpretative, and relational practice, where meaning is constructed through interaction, intuition, and engagement with women and families.

The being of a core midwife is deeply intertwined with ways of knowing that extend beyond procedural knowledge. This ontological perspective provides insight into how core midwives interpret their role, shaping our understanding of what their work truly

entails. By examining the realities that they navigate daily, this perspective reveals the fundamental aspects of what it means to be a core midwife. Their identity is not solely defined by clinical tasks but by the deeper, embodied nature of their practice.

My ontological perspective, shaped by my own experiences, also plays a role in the research. As Gadamer (2013) suggested, understanding is the essence of being human. More than just acquiring knowledge, it is deeply connected to individuals' way of being. I recognise that midwifery is not merely a set of tasks but a relational and interpretative practice that requires attunement to both the seen and unseen aspects of care. Ontology provides a vital lens for appreciating the depth and complexity of the core midwife's experiences, illuminating how such experiences shape their identity within the maternity system.

Epistemology and Its Role in Research

Epistemology addresses the nature and scope of knowledge, focusing on how it is acquired and understood (Crotty, 1998; Dewing et al., 2017). In research, epistemology shapes how knowledge is generated, interpreted, and validated (Hartley, 2007). In healthcare research, various methods have emerged, each contributing unique understandings of the social world (Broom et al., 2007).

In this study, epistemology shapes how knowledge about the core midwife's role is explored, emphasising that knowledge is not objective or universally fixed but constructed through lived experiences, interpretation, and dialogue. Given this perspective, my understanding of midwifery is shaped from personal experiences and interactions with birthing women and their families which, in turn, inform my research methods and interpretations. Epistemology informs both methodology and methods by shaping how knowledge is validated and co-created through shared experiences (Crotty, 1998). The core midwife's role is shaped by professional experiences and perceptions, making it essential to adopt a research approach that values subjectivity, meaning-making, and co-constructed understanding.

In essence, my ontology and epistemology are intertwined, shaped by my own experiences and influencing my approach to this study. This study employs Appreciative Inquiry to explore and illuminate the strengths and meaningful aspects of core

midwifery practice, contributing to a broader understanding of their role in New Zealand.

Social constructionism

Social constructionism asserts that knowledge and reality are not inherently objective but are constructed through social interactions and shared understandings. In line with this view, Appreciative Inquiry emphasises that the way individuals describe the world and the images they hold shape their perception and experience of it (Cooperrider et al., 2008; Watkins et al., 2011). The research process of Appreciative Inquiry, therefore, aligns with social constructionism by fostering a collaborative and generative process where midwives' collective 'voices' are amplified through their stories of best professional practices and experiences. This approach emphasises dialogue and shared narratives in shaping organisational realities and meaning, envisioning a shared future through interactions with others.

My ontological stance is rooted in social constructionism, where reality is understood as subjective and constructed through human interactions and experiences. This aligns with my epistemological belief that knowledge is co-created through meaningful engagement with others. From this perspective, the focus of this research is to understand the midwife's role through the experiences and perceptions of those within the profession, drawing on the voices and stories of core midwives to illuminate the complexities of their work.

Applying social constructionist concepts, this research explores the core midwives' work and role, highlighting the social generation of knowledge, meaning, and identity (Whitney & Schau, 1998). Appreciative Inquiry is an appropriate methodology for this exploration within New Zealand's maternity service, as it focuses on affirmation and positivity, viewing challenges as opportunities and possibilities for growth (McArthur-Blair et al., 2018). By fostering appreciative questions, Appreciative Inquiry helps to build resilience and highlight achievements, creating a constructive environment for understanding (McArther-Blair et al., 2018).

Whitney and Trosten-Bloom (2010) note that Appreciative Inquiry does not ignore problems, rather it focuses on strengths, best practices, and future aspirations, which are more effective for achieving optimal outcomes. Cooperider et al. (2012) emphasised

that organisations thrive when relationships are viewed through an appreciative lens "when people take the time to see the best in each other" (p. 113). The framing of questions significantly impacts the reality humans create (Preskill & Catsambas, 2006; Watkins et al., 2011). This life-giving approach focusing on what works and strengthening potential (van der Haar & Hosking, 2004) supports this study's aims to uncover midwives' experiences and hopes for the future, offering a compelling methodology for understanding the core midwife's role.

Building on the foundation of social constructionism, the next section delves into hermeneutics which underpinned data analysis. Hermeneutics, with its focus on interpretation and understanding, complements Appreciative Inquiry for analysing the rich, qualitative data gathered from core midwives' experiences. This methodological synergy ensures a comprehensive exploration of core midwives' experiences.

Hermeneutics

The term hermeneutics is derived from the Greek word 'hermeutiikos' which means 'interpreting'. Initially concerned with the interpretation of biblical texts (Crotty, 1998), and used by Plato and Aristotle, hermeneutics is concerned with understanding and interpreting texts and spoken words. The connection between the text and the reader for interpreting and uncovering meanings through understanding inspired me. The potential of hermeneutic inquiry to uncover meanings through language is crucial for shaping understanding (Crotty, 1998) and inspired me to consider the merits of hermeneutics within data analysis.

van Manen (1990) referred to methodology as the theory behind the method; he called this the "pursuit of knowledge" (p. 28). It is this pursuit of knowledge that delves into the experiences of core midwives to reveal what matters; an exploration and understanding of what it is to 'be' a core midwife. Hermeneutics embraces and affirms the significance of meaningful moments that link humans to life. Gadamer (2013) explained "life is experienced only in the awareness of oneself, the inner consciousness of one's own living" (p. 254). This focus on meaning-making aligns with my research goals and research question.

In exploring the everyday experiences of core midwives in New Zealand, a philosophical approach aids interpretation of participants' words. By incorporating a hermeneutic

lens, a comprehensive understanding can be gained of the meaning embedded in their experiences. The next section delves into the symbiotic relationship between hermeneutics and Appreciative Inquiry, highlighting how this alignment enhances appreciation of the core midwives' work and role. The philosophical influences of Gadamer, van Manen, Aristotle, and Whyte will also be addressed.

Integrating Hermeneutics with Appreciative Inquiry

This study employs a philosophical approach to interpret the words and everyday experiences of core midwives, focusing on understanding their role within New Zealand. Hermeneutics aligns with Appreciative Inquiry through it shared emphasis on meaning, language, and understanding (Watkins et al., 2011). Often referred to as the 'art of interpretation', hermeneutics finds meaning in written and spoken words (Byrne, 2001), recognising that understanding is deeply rooted in language (Gadamer, 2013). This interpretative focus resonates with Appreciative Inquiry, which, by emphasising strengths and generative dialogue, reveals possibilities that may otherwise remain hidden within problem-focused approaches (Watkins et al., 2010).

The integration of hermeneutics with Appreciative Inquiry supports a deeper appreciation of what core midwives do, how they do what they do, and the significance of their work. Hermeneutics acknowledges that understanding is shaped by preconceptions, biases, traditions, and cultural frameworks (Gadamer, 2013). This philosophical approach underscores the notion that subjectivity, or the lens through which one views the world, influences how individuals interpret another's lived experiences. By adopting the hermeneutic lens, the complexity of these subjective interpretations allows for a more nuanced and contextual understanding of the core midwives' experiences (Sloan & Bowe, 2014; van Manen, 1990, 1997).

Hermeneutics, as a philosophy, highlights that interpretation is not merely about understanding "the texts of lived experience" (Sloan & Bowe, 2014, p. 1296) or dialogue but engaging with the deeper meanings that emerge from individuals' stories and experiences (van Manen 1990, 1997). In this context, hermeneutics aligns with Appreciative Inquiry's emphasis on dialogue and shared stories for meaningful interpretation (Watkins et al., 2011). Both approaches value the role of storytelling and dialogue for uncovering the richness of human experiences (Langdridge, 2007). van Manen (1990) stressed the importance of understanding human nature "to become

more fully who we are" (p. 12). Stories and narratives reveal core aspects, facilitating deeper insight and relevance for future educational experiences (Giles & Alderson, 2008), which aligns with Appreciative Inquiry's focus on strengths, appreciation, and the potential for sustainability.

Byrne (2001) and Gadamer (2013) stressed that humans experience the world through language, which serves as the medium for understanding and knowledge. This hermeneutic perspective is important in the current study as understanding and interpreting the participants' experiences and words require careful consideration of the language used and the meanings it conveys. Crotty (1998) articulated that "truth or meaning comes into existence in and out of our engagement with the realities in our world" (p. 8), suggesting that meaning is constructed differently by individuals based on their encounters with the same phenomena. Such an understanding reflects a constructionist epistemology and informs the interpretative stance in this research.

By integrating hermeneutics with Appreciative Inquiry, this study explores core midwives' experiences and reflects on the philosophical underpinnings that guide the interpretation of these experiences. This synergy ensures that the qualitative data gathered from the participants' stories and narratives are analysed thoroughly, revealing deeper, more meaningful insights into their profession and contributions to the maternity service. The philosophical grounding of this methodology acknowledges the subjective lens and aligns with the wisdom that aids in comprehending the core midwife's role.

Influences of Prejudices and Pre-understandings

Gadamer (2013) emphasised the importance of prejudices, traditions, background, and history to aid understanding (Byrne, 2001; Dowling, 2004; Kinsella, 2006). According to Gadamer (1989), hermeneutical understanding is historical understanding: "Understanding is to be thought of less as a subjective act than as participating in an event of tradition, a process of transmission in which past and present are constantly mediated" (p. 290). Hermeneutics acknowledges that pre-understandings, biases, and traditions influence one's understanding of the world (Gadamer, 2013; van Manen, 1990, 2014). As a result, researchers must recognise their involvement with the data, interpreting its meaning through an engaging and active process. The subjectivity of the researcher must be acknowledged due to the interpretative nature of constructing

knowledge and shaping the interpretation. Hermeneutics, as a philosophical approach, highlights the 'unique' aspects of the data by analysing the participants' words to develop a deeper understanding (van Manen, 1990).

I acknowledge my prejudices and preconceptions from professional experiences, clinical expertise, and traditions within the health and maternity service (see Chapter 1) as highlighted throughout the thesis. Additionally, it is necessary to note that study participants have their own prejudices and backgrounds which influence their understanding of their role within the profession. This next section focuses on the philosophical influences and their notions that underpin this research.

Philosophical Influencers

Hans-George Gadamer (1900—2002)

Gadamer, a renowned German philosopher published '*Truth and Method*' (1960), in which he articulated his philosophical approach known as Gadamerian hermeneutics emphasising the practical aspect of understanding. Gadamer was influenced by his mentor, Heidegger (1889-1976), a former student of Husserl (1859-1938). Husserl is said to have founded phenomenology, focusing on describing everyday experiences. Heidegger expanded hermeneutics into interpretation, seeking deeper meanings in everyday occurrences and exploring the concept of 'being' as grounded in lived experiences; 'being-in-the-world' as a unity of self and world (Gadamer, 1989).

Gadamer built on Heidegger's ideas, further developing the notion of understanding (Dowling, 2004). Gadamer viewed hermeneutics as a philosophy, rather than a process, that enables understanding to take place. His ontological approach centres on the concept of 'being-in-the-world' (Debesay et al., 2008). Gadamer (2013) emphasised that language is the medium by which all understanding is revealed, stating that "understanding is actually the achievement of language" (p. 386). For Gadamer (2013), genuine understanding occurs within the context of dialogue, where being present and open to the conversation is essential.

The hermeneutic lens, using Gadamer's notions of the 'Hermeneutic Circle', 'Fusion of Horizons', and 'Art and Play' helped to interpret the data in this research. These next sections delve into these notions and their importance for understanding, interpreting, and language which intertwines throughout.

The Hermeneutic Circle.

Within hermeneutics, the hermeneutic circle is a fundamental concept concerned with understanding and interpretation. It suggests that understanding a part of something requires knowledge of the whole, and understanding the whole is informed by knowledge of its parts (Gadamer, 2013). Kinsella (2006) emphasised that understanding and interpretation are essential to research. The hermeneutic circle recognises that interpretation is not a linear process but involves a back-and-forth movement between different levels of meaning (Gadamer, 2013). To understand the meaning of a specific element within a text, experience, or phenomena, one must consider it in relation to the broader context in which it exists. This process recognises the interdependent actions required to understand the meaning of the whole text and its parts (Gadamer, 2013). Simultaneously, understanding the broader context is enhanced by examining and interpreting the individual aspects.

The hermeneutic circle also acknowledges the influence of preconceptions and biases on interpretation. The interpreter brings their background, beliefs, and cultural framework to interpretation. These preconceptions can shape the way information is perceived and understood. Gadamer (2013) explained this as the "harmony of all the details with the whole is the criterion of correct understanding" (p. 302). Thus, the hermeneutic circle is a dynamic process of interpretation involving the interplay between the parts and the whole, with an ongoing dialogue between unique pre-understanding and emerging understanding to achieve a deeper understanding of meaning.

Fusion of Horizons.

Hermeneutic research emphasises subjective interpretations through meanings from texts, art, culture, social phenomena, and thinking (Gadamer, 2013). Gadamer proposed that every person has a horizon shaped by their beliefs, values, and cultural background and experiences. These horizons serve as the lenses through which individuals view the world, influencing their meaning-making and perspectives. Thus, horizons can differ among individuals.

Gadamer (2013) described interpretation using the hermeneutic circle where the interpreter's pre-understanding interacts with new understanding through engagement with the text or experience. He explained this as "the circular movement of

understanding" (Gadamer, 2013, p. 304). Understanding is achieved within a 'fusion of horizons', where one goes beyond their understanding and becomes open to the understanding of others (Jahnke, 2012). Vilhauer (2013) explored Gadamer's view of language as a social reality, emphasising that the horizon of understanding is constantly changing and that openness to new perspectives allows for different interpretations.

Gadamer (2013) asserted that the present horizon is continually formed by testing one's prejudices through encounters with the past and traditions; "the horizon of the present cannot be formed without the past" (p. 317). To have a horizon is to have a perspective upon the world. Gadamer (2013) stated, "the concept of the 'horizon' suggests itself because it expresses the superior breadth of vision that the person who is trying to understand must have" (p. 316).

Language provides a means of communication, allowing individuals to acquire a linguistic perspective. The power of language enables individuals to 'see' and 'see differently' acknowledging and revealing understanding from their own horizon. Gadamer (2013) suggested that interpretation extends beyond a single understanding, engaging with what lies outside one's horizon. As conversations unfold, meanings and understandings merge in a 'fusion of horizons', creating opportunities for change, new perspectives and horizons.

Gadamer's philosophy focuses on language to reveal 'truths', with understanding evolving through exposure to new experiences and insights. For Gadamer (2013), hermeneutics is about the conditions in which understanding occurs, constantly changing through new experiences or as experience is developed, bringing new insights and perspectives to light. He emphasised that "understanding is already interpretation" (Gadamer, p. 414), highlighting the importance of using the right language to convey preconceptions and allowing the text's meaning to emerge.

Art and Play

Gadamer's (2013) philosophy on art and play offers valuable insights into interpretation, particularly for understanding complex human experiences and realities. His perspective underscores the approach used to interpret the study's data. He asserted that "when we interpret the meaning of something we interpret an interpretation" (Gadamer, 1986, p. 68), emphasising that understanding is always shaped by layers of meaning. A work

of art, for Gadamer (1989, 2013), is more than its physical presence. It is a process of engagement that offers new insights, and perspectives leading to growth or transformation, and highlights the conditions under which understanding emerges from experience.

In this study, art serves as a metaphor for the participants' narratives, revealing deeper truths that might not be immediately apparent. This perspective helps capture and interpret the core midwives' subjective experiences and the meanings they embody. Likewise, Gadamer's (2013) concept of play provides a space for meaning to emerge through engagement, allowing for creating and exploration. Just as play transforms those who engage in it, the iterative process of interpretation in this study involves a dynamic to-and-fro-movement, a dialogue where the researcher is both shaped by and responsive to the participants' stories. Each encounter adds depth, enriching understanding and revealing new insights.

For Gadamer (2013), play is diverse, extending beyond physical activity to include linguistic play such as metaphor or irony or as "a play on words" (p. 103). Language is central to human understanding and existence, and how individuals engage with its playfulness influences interpretation. Understanding is not merely word translation but an active process of meaning-making, requiring creativity and imagination. A playful approach to research invites curiosity, openness, and the possibility of uncovering hidden meanings (Gadamer, 2013).

Integrating Gadamer's notions of art and play into the study enhanced data interpretation and deepened the understanding of the core midwife's role. Engaging with the participants' narratives allowed for capturing the diversity of expression and interpretation of the subjective aspects of their experiences that might not have been otherwise expressed. This approach aligns with Gadamer's (1976) view that language and communication are central to human understanding of social reality – "in all our knowledge of ourselves and in all knowledge of the world, we are always already encompassed by the language that is our own" (p. 62-63). Gadamer's insight is valuable for exploring the research question, aligning his perspective on understanding and interpretation with art and play, underscoring the significance of language and communication.

Max van Manen (1942—)

van Manen is a Dutch born Canadian scholar renowned for his contributions to qualitative research and hermeneutics, particularly the human sciences and education. His work draws from hermeneutic philosophy, emphasising the importance of understanding human experiences through lived experiences. van Manen (1990) often uses the terms phenomenology, human science, and hermeneutics interchangeably, highlighting how these fields inform the understanding of human existence.

His focus on pedagogy, psychology, and later nursing, highlights the connection between 'being' and practice (van Manen, 1990, 1997, 2016a). In the preface to his book 'Phenomenology of Practice' (2014), he noted, "nothing is more meaningful than the quest for meaning, the mystery of meaning, how meaning originates and occurs- as well as the meaning of our responsibility for others" (p. 13). van Manen's work emphasises the interpretive processes used to make sense of everyday life, focusing on the dynamic interplay between the researcher and the subject. He suggested that experiencing and reflecting on an experience simultaneously is impossible; "we are not reflexively conscious of our intentional relation to the world" (van Manen, 1990, p. 182). His notion of the nature of experience and the importance of being present, dwelling in experiences rather than rushing to interpretation (van Manen, 2016b), resonates with me in seeking a deeper understanding.

For van Manen (1990), the essence of an experience is revealed when a description of that experience reawakens or reveals "the lived quality and significance in a fuller or deeper manner" (p. 10). The idea of essence, what makes an experience that experience, is central to my research. Understanding the nature of an experience is achieved through the lens of reflection and interpretation, rather than merely through description (van Manen, 2016b). van Manen (2014) asserted that essence is not a fixed concept but is always shaped by interpretation and the meaningfulness derived from experiences.

Through reflective practice, I engaged with the experiences of core midwives, using an interpretative approach to uncover deeper insights and meaning while remaining mindful of my pre-understandings and biases. This hermeneutic process is crucial to bridge the gap between theoretical concepts and the practical realities of midwifery

practice as it seeks to interpret and allows for a richer understanding of the experiences of core midwives.

In line with van Manen, my own engagement with the data attuned me to the ontological nature of experiences, helping me to see the core midwives' experiences. This reflexive process was crucial for understanding the role of core midwives and for creating a space where their experiences could be revealed.

The 'Pursuit of Knowledge'.

In van Manen's (1990) approach, the goal is to capture and recall lived experiences, forming the "validating circle of inquiry" (p. 27). The experiences are linked in a way that they inform and are informed by the research process. As such, one becomes part of the tradition and aspect of the lifeworld. Delving into the core midwife's world to understand their work and role, with the unique lens to understand the way in which they experience their world as the act of reflection, is fundamental to hermeneutics. van Manen 1990) (asserted, "lived experience is the breathing of meaning" (p. 36). Indeed, lived experience is a way of being in the world; however, van Manen highlighted how these unique experiences are commonly hidden "behind the words, the speaking and the language" (p. 46). He emphasised the "pursuit of knowledge" (van Manen, 1990, p. 28), a mode of inquiry where the goal is to understand the underlying essence of experiences.

van Manen referred to the four lifeworld 'existential themes' that are paramount as the previous experiences of people can and do influence present and future experiences. The four themes originated from Merleau-Ponty's (1962) work—lived space, lived time, lived body, and lived human relation—and facilitated reflection on how people experience the world (van Manen, 1990, 2016a). Lived space refers to 'felt space'; it is the space in which humans are located; "we may say that we become the space we are in" (van Manen, 1990, p. 102). Lived time refers to subjective time (as opposed to objective or chronological time) as understanding can only be realised if grounded in time. Lived body refers to the notion of embodiment; "we are always bodily in the world" (van Manen, 1990, p. 103). However, consciously or unconsciously individuals may reveal or conceal aspects of themselves, including body language. Lived human relation is the impression of being physically present; "the lived relation we maintain

with others in the interpersonal space that we share with them" (van Manen, 1990, p. 104). These lifeworlds represent the different ways people experience and interpret their existence which intertwine and shape how individuals perceive their environment.

In wanting to explore and reveal the role of the core midwife, "we want to know that which is most essential to being" (van Manen, 1990, p. 5) and "will come face to face with its mystery" (van Manen, 1990, p. 6). There is an inseparable connection of individuals to their world (van Manen, 1990). Recognising that interpretations are influenced by one's pre-understandings and prejudices, relates interpretations to the meaningfulness of one's own experiences.

Aristotle (384—322BC)

Aristotle, one of the most influential Greek philosophers, made significant contributions to a wide range of subjects including natural sciences, philosophy, linguistics, economics, politics, ethics, logic, psychology, and the arts. His work profoundly influenced Heidegger, Gadamer, van Manen, and Frankl. A key aspect of Aristotle's philosophy is his concept of *phronesis*, or practical wisdom, which he viewed as essential for developing virtue and making ethical decisions (Gadamer, 2013; Lawn & Keane, 2011). Phronesis is a form of intellect that involves not just knowledge but the ability to apply that knowledge effectively in real-life situations.

For Aristotle, virtue is tied to functional ability, seen as an activity of the soul that aligns with reason, or *logos*. It involves the capacity to make morally sound decisions that enable individuals to live well, or to achieve *eudaimonia*, often translated as flourishing or well-being. Virtue, according to Russell (2015), is not just about moral correctness, but is developed through the practice of ethical actions, shaping moral character alongside the acquisition of skill. Core midwives embody virtue, contributing to a broader experience of competence and fulfilment for both themselves, and the women and families for whom they care.

In Aristotle's view, living a good life entails moral or ethical virtue, which is intrinsically related to *eudaimonia.* Unlike fleeting happiness, *eudaimonia* represents a fulfilled life achieved through the pursuit of virtue, moral decision-making, and meaningful actions. In the context of core midwifery, Aristotle's concept of *eudaimonia* enhanced the understanding of participants' happiness, fulfilment, and sense of meaning in their roles.

Through virtuous actions, midwives cultivate well-being for themselves and those they care for, ultimately contributing to the 'good life' (Bauer et al., 2008).

Aristotle proposed that living a good life is virtuous and moral to fulfil one's potential as a human being (Gadamer, 2013; Lawn & Keane, 2011). Aristotle's ideas are particularly relevant to midwifery practice, where midwives make critical, context-dependent decisions that affect the well-being of mothers and babies. Phronesis, practical wisdom, enables them to integrate knowledge, experience, and ethical reasoning in real-time. This capacity to balance technical expertise with compassionate care exemplifies Aristotle's vision of virtuous actions.

Victor Emile Frankl (1905–1997)

Frankl, a Jewish-Austrian psychiatrist, founded logotherapy, a school of psychotherapy that describes a search for meaning in life as central for human motivation. His concepts within logotherapy include freedom of will, 'will to meaning', and meaning of life – deemed motivational factors in humans (Percy, 2020). These concepts offer understanding of how core midwives navigate the emotional, ethical, and physical demands of their work. Even in high-pressure environments, they derive meaning from the relationships they build, the support they provide, and the impact they have on women and families.

Frankl's book, '*Man's Search for Meaning*' (2004), presents several concepts useful for highlighting the role and work of core midwives. He emphasised the fundamental drive for being human is the search for meaning. Even in the most difficult of circumstances, finding meaning in suffering and life's events is crucial for mental and emotional survival (Frankl, 2004). Frankl's ideas illuminated how midwives sustain resilience, fulfilment, and well-being despite the challenges they face.

Frankl influences a way of living highlighting the freedom of choice each person holds. He reflects a positive attitude towards one's circumstances, emphasising the will to live. Frankl's strength of mind, behaviour, and capacity to hope supported his sense of purpose as he tried to help others. His insight into the power of meaning through achievement, motivation of love, and the human spirit's power for courage and dignity in the face of unimaginable suffering is impactful. Frankl's insight and meaning of his

work sheds light on the commitment to live with purpose and a positive attitude, resonating with how core midwives exemplify passion and commitment for their role.

Frankl's concept of humour created a psychological distance allowing individuals to view their situation from a different, often lighter perspective. He highlighted how humour can diminish fear through sharing experiences by strengthening human connections and creating a sense of understanding. Frankl looked to a future in which the power of mind helps people see what they want and how they wish to influence their lives and preserve their own well-being. The way humour is used as a coping mechanism aligns with the ways core midwives alleviate stress and foster connectivity in challenging times. This study emphasises the importance of meaning-making and connection to sustain core midwives' professional commitment and personal well-being.

David Whyte (1955—)

Whyte, a renowned Anglo-Irish poet, speaker, and writer, explores the intersections of work, meaning, and human relationships. His poetry and prose create a doorway into his experiences for deeper reflection. Through his storytelling, Whyte (2002) illuminates imagination, encouraging individuals to find meaning and expression in their work.

Whyte's focus is on giving voice to human happiness and finding satisfaction, highlighting the human drive for relationships and sense of belonging (2002, 2009). He explores how people shape their identity through work and the connections they cultivate. In this way, participants in this study highlight how their professional identity as midwives is deeply intertwined with the relationships they foster.

Through his approach, Whyte offers insight rather than explanation, inviting reflection. It is his perspectives and ability to tell stories that inspire and offer a way for understanding, resonating with participants' stories. Through a conversational style of storytelling his work offers a way of engaging with reality, where the paths shape who individuals become. This resonated with the experiences of core midwives who navigate unpredictable and emotionally charged situations, finding purpose and connection in the process.

Integration of Justifications

Appreciative Inquiry's strengths-based approach was particularly well-suited to exploring the work and role of core midwives, as it emphasises appreciation, affirmation,

and the inspirational aspects of their practice (Cooperider & Whitney, 2005). Its principles, such as the constructionist principle (where reality is co-created), the principle of simultaneity (where inquiry and transformation occur together), and the poetic principle (which recognises that narratives shape reality), align with a holistic exploration that actively engaged midwives in reflecting on and shaping their professional experiences.

This Appreciative Inquiry approach fosters collaboration and inclusivity in research and peoples' energy (Watkins et al., 2011). By encouraging midwives to view their professional practice through fresh perspectives, Appreciative Inquiry invited the articulation of future possibilities (Bushe & Kassam 2005). I was inspired by Egan's (2018) use of Appreciative Inquiry in her doctoral research exploring the experiences of thriving among emergency department staff in a New Zealand hospital; this approach spoke to an openness and curiosity of wonder. The fast-paced and dynamic environment in which those staff worked, coupled with challenging workloads, resonated with secondary/tertiary birthing suites in New Zealand. The emphasis on affirmation, with its promise of dreams and possibilities, resonated deeply with my research intentions. Further, Appreciative Inquiry's focus on development by identifying and building on strengths seemed ideal for uncovering, embracing, and understanding the unique experiences of core midwives.

Understanding in healthcare requires moving beyond superficial insights to uncover deeper perspectives and meanings (Gadamer, 2013; Holroyd, 2008; Smythe & Spence, 2012). Hermeneutics facilitates this deeper comprehension, enabling a thorough reflection of the core midwife's role and how this knowledge can be applied. When combined with Appreciative Inquiry, hermeneutics enhances the insights gained, offering a pathway for sustainability and future development.

Summary

This chapter identifies Appreciative Inquiry as the most appropriate methodology for the research facilitating collaboration and inspiration. When integrated with hermeneutics, Appreciative Inquiry enabled a comprehensive understanding of core midwives' experiences, capturing the positivity inherent in midwifery philosophy. Hermeneutics complemented the Appreciative Inquiry's focus on affirmation, by deepening understanding of the core midwife's role and appreciating what works well.

This methodology promotes collaborative engagement and participation, fostering a shared vision and commitment across the organisation. By identifying and building upon strengths, expertise, and achievements, Appreciative Inquiry inspired innovation, emphasising a collective mindset for embracing possibilities.

Aided by the philosophical influences and notions of Gadamer, van Manen, Aristotle, Frankl, and Whyte, the focus centres around the interpretative nature of unique human experiences. The participants' experiences were all embedded within the heart of this study. Hermeneutics explores the meanings and interpretations that shape reality using language, stories, and shared experiences, bringing a variety of perspectives with multiple layers of meaning and depth of insight. Overall, this methodology seeks understanding enabled by a pursuit of knowledge, enhancing the wisdom revealed through lived experiences.

CHAPTER 4: METHODS

The purpose of this chapter is to outline the approaches and processes employed in the research. Grounded in Appreciative Inquiry, this study sought to understand the realities and experiences of core midwives by focusing on identifying strengths and the positive aspects that contribute to success and sustainability (Cooperrider & Whitney, 2005). The methods described here reflect the authentic ways in which information was collected and analysed to create new understanding and context. It is essential that the chosen methods align with the '4-D cycle' of Appreciative Inquiry (Cooperrider & Whitney 2005) and the research question, ensuring coherence with the methodology.

Langdridge (2007) defined method as the specific techniques used to undertake research. Appreciative Inquiry does not follow a defined set of steps; rather, it considers the entire process emphasising the broader context in which inquiry occurs (Cooperrider & Whitney, 2005). This flowing, ongoing process resembles something more natural and holistic than a pre-set order. The flexibility of its process—one that is cyclical, and dynamic—makes it suitable for fostering engagement, open-mindedness, and insight. Similarly, Gadamer (1975) and van Manen (1990, 1997) advocated a flexible approach for engaging in research rather than a fixed method. In this way, hermeneutics added depth to the study by enhancing understanding and interpretation.

The focus of Appreciative Inquiry on affirmation and what works well (Cooperrider & Whitney, 2005), aligns with van Manen's (1990) philosophy. Cooperrider and Whitney (2005) emphasised that change begins with the first question, and this study invited exploration while contributing to the body of knowledge in maternity care. The research question guiding this study is: what is the work of core midwives and what facilitates their role in New Zealand's large hospitals?

Study Design

This study centred on midwifery participants sharing their experiences through Appreciative Inquiry's '4-D cycle': discovery, dream, design, and destiny (Cooperrider & Whitney, 2005). Appreciative Inquiry fosters a comprehensive understanding of core midwives' work and roles by generating insight through its phases. This method is inherently inspirational and collaborative, enabling individuals to envision new possibilities and take action (Cooperrider & Whitney, 2005). The storytelling emphasised

in Appreciative Inquiry is enriching (Cooperrider & Whitney, 2005, 2008) and supports the researcher's inquiry by fostering a sense of wonder and openness to new possibilities.

Storytelling and the Importance of Language

This research leveraged storytelling as a key method, where midwifery participants shared their experiences through a conversational approach. These narratives highlighted the power of language in shaping understanding, revealing insights and conveying meaning. Stories generate value, instil hope, and align future visions with midwives' strengths and aspirations (Cooperrider et al., 2008). Through genuine, open dialogue, participants 'tell their story,' with language playing a crucial role in fostering connection and constructing understanding from shared experiences (Giles & Alderson, 2008).

Appreciative Inquiry emphasises the use of metaphors and narratives as empowering tools (Cooperrider & Whitney, 2008), encouraging fresh perspectives and illuminating future possibilities (Barrett & Cooperrider, 1990; Bushe & Kassam, 2005). Storytelling, deeply embedded in both Appreciative Inquiry and midwifery, is more than a method, it is a process (Hendry, 2009). It brings awareness to previously taken-for-granted experiences, illuminating the hidden gems of lived experience (Smythe & Spence, 2020; van Manen, 2014, 2016a). As stories unfold, they foster reflection, generate new perspectives, and create deeper meaning (Crowther et al., 2017; East et al., 2010).

Gadamer (2013) described language as "the medium of hermeneutic experience" (p. 401), highlighting that understanding is shaped through dialogue and engagement with the world. In this way, storytelling in midwifery is not just a means of communication but a way of interpreting and making sense of lived experiences. Storytelling, in this context, bridges the art and science of midwifery (Gilkison et al., 2015). Language, in turn, conveys the depth of meaning and insight essential to both midwifery and research. Through the sharing of experiences, this study captures the richness of core midwives' roles, reinforcing the profound connection between language, storytelling, and understanding.

Ethical Approval

Ethical approval was sought and granted on 11 November 2020 (approval number 20/321) from Auckland University of Technology (AUT) Ethics Committee (see Appendix B). Approval ensured that all research activities including participant recruitment, data collection, and analysis adhered to ethical guidelines.

Participant Recruitment and Selection

The inclusion criteria targeted core midwives employed in New Zealand's large hospitals (secondary/tertiary units) with at least 1.5-years of experience. It included charge midwives and those currently not practising (on maternity or parental leave, study break, retired within the last 3-years). Consideration was given to gather data from all over New Zealand to capture the diversity of the midwifery community. I endeavoured to recruit Māori participants with a Māori midwife advisor available throughout the study.

Purposeful sampling (also known as purposive and selective) was utilised as it permits the selection of key interviewees whose qualities or experiences provide the depth of detail required for the study (Patton, 1990). All midwives in New Zealand were invited to participate via an invitation (see Appendix C) sent through Midwifery Employee Representation and Advisory Services (MERAS). The invitation included a brief outline of the study, participant eligibility criteria, and researcher contact information. Upon expressing interest and confirming eligibility, potential participants received a participant information letter, overviewing the study, via email. Those who acknowledged their wish to proceed were invited for an interview. Each participant completed both the participant information letter and the consent form (Appendices D & E). The aim was to recruit between 12 and 20 participants.

Many midwives initially enquired but did not engage further and some who expressed interest did not meet the research criteria. The exclusion of these participants ensured that the study sample aligned with the research objectives. In total, 14 participants were recruited.

Data Collection

Rationale for Conducting Interviews

Interviews were chosen as the primary method for data collection as they allowed participants to express their perspectives freely, facilitating exploration and deeper understanding of participants' realities (van Manen, 1990). This approach aligns with both narrative and social practices, providing in-depth insights through storytelling (Bevan, 2014; Kvale, 2003; Kvale & Brinkmann, 2009). In the context of Appreciative Inquiry, interviews are integral for "creating space for new voices and new discoveries, and expanding circles of dialogue" (Ludema et al., 2006, p. 155). Interviews enhance the sense of engagement, enabling participants to share their stories and experiences fostering a sense of being heard, valued, and recognised (Cooperrider & Whitney, 2005; Whitney & Trosten-Bloom, 2018).

The conversational style of interviews, highlighted by Rubin and Rubin (2005), aligns with midwives' commitment to empathy and understanding. Interviews in Appreciative Inquiry harness the power of language to reflect on the past, explore the present, and envision future possibilities (Cooperrider & Whitney, 2005). By encouraging participants to express their experiences in their own words, interviews generate a holistic picture of their experiences and realities, providing rich insights into what matters most to them (Berg, 2007). Additionally, Gadamer's (2013) hermeneutics emphasises seeking insights beyond what is explicitly said, valuing authentic conversation as meaning unfolds in understanding.

Conducting the Interview

Interviews were arranged at mutually convenient dates and time, typically lasting approximately 1-1.5 hours, with extensions permitted upon participant consent. Each interview had a unique environment and mode of engagement, varying in format, including Zoom, face-to-face (in person), or telephone depending on the participant's location and COVID-19 restrictions. Zoom was particularly valuable, offering flexibility and accessibility across New Zealand.

Gadamer's (2013) philosophy of authentic conversations, where meaning unfolds through dialogue, mirrors Appreciative Inquiry's emphasis on inquiry and dialogue. Both approaches foster deeper understanding through meaningful conversations, a principle central to midwifery practice. The interviews were semi-structured allowing for

systematic data collection while maintaining flexibility in conversation. This approach enabled participants to share their insights and reflections freely, following the natural flow of dialogue (Galletta, 2013; Marshall & Rossman, 2016; van Manen, 1990, 1997). The conversational style resonated with midwifery practice, where women and midwives openly discuss childbirth experiences (Berg & Dahlberg, 1998; Lundgren & Dahlberg, 1998).

Interview Format

Interviews began with introductions and an explanation of the study's purpose, emphasising confidentiality, the voluntary nature of participation, and the importance of informed consent. Building rapport with participants was key and was fostered through being friendly and welcoming that encouraged openness. A conversational tone allowed for rich engagement, facilitating storytelling. The process was guided by the research question, with interview questions structured around Appreciative Inquiry's '4-D cycle' (Cooperrider & Whiteny, 2005) and open-ended questions (see Appendix F) to encourage participants to share their stories, insights, and aspiration in a relaxed manner. This framework provided both a theoretical foundation and a practical guide for data collection ensuring that each phase was fully integrated into the research process:

- **Discovery:** participants reflected on their work experiences when they felt most engaged and fulfilled. The aim was to uncover the values, practices, and experiences that are meaningful in their role
- **Dream:** participants were encouraged to envision their ideal future, exploring aspirations and visions for their profession. This process aimed to spark creativity, hope, and innovation, allowing participants to articulate their wishes and aspirations.
- **Design:** building on the insights from the dream phase, participants explored practical steps to bring their ideal future into reality, focusing on proposing the ideal for building their vision.
- **Destiny:** participants shared their thoughts on how to maintain and strengthen the momentum and build resilience towards sustaining their envisioned and desired future.

Each phase was designed to elicit stories and insight that highlighted the values, practices, and aspirations defining the core midwife role, generating rich data for analysis. The semi-structured format ensured consistency while allowing for organic conversational flow, fostering reflection and creativity through active listening. This approach mirrored van Manen's (1990) notion of 'real talk', where authentic dialogue reveals meaning. Gadamer's (1975) perspective of questioning as "the art of thinking" (p. 330) was similarly reflected with participants encouraged to share their knowledge and experiences. As van Manen (1990) noted; "we gather other people's experiences because they allow us to become more experienced ourselves" (p. 62), emphasising the value of the participants' insights.

As Preskill and Catsambas (2006) emphasised, asking the right questions, those that challenge assumptions, affirm strengths, and reflect on past successes, fosters creativity and innovation. This approach aligns with Appreciative Inquiry's focus on uncovering "the generative and life-giving forces" within systems (Watkins et al., 2011, p. 22). By asking "unconditional positive questions" (Cooperrider & Whitney, 2005, p. 3.), participants are motivated to share their best experiences and practices, uncovering the essence of the core midwife role (Cooperrider & Whitney, 2005).

Ethical Considerations

Building trust and openness with participants was crucial for gathering authentic meaningful data during the interview process. Meticulous care was taken to ensure no coercion or harm, fostering a safe environment for participants to share their experiences. The following measures were implemented to uphold ethical standards.

- Participants were given the opportunity to ask questions or clarify points in the participant information letter both upon recruitment and before the interview commenced.
- Participants were informed of their right to decline to answer questions during the interview.
- Participation was voluntary, and participants were made aware of their right to withdraw from the study prior to data analysis.
- Informed consent was obtained before commencing the interview.
- Confidentiality was paramount: pseudonyms were used to protect participant privacy as per ethics approval, ensuring their identities remained undisclosed.

Participants could choose their own pseudonyms. Any references to colleagues, length of working as a core midwife, workplace, or colloquialisms were removed from the data.

- Several participants requested transcripts of their interviews which were sent to them for review. They were given the option to make amendments or deletions and return the transcripts.
- All storage of data was maintained as per AUTEC approval.

Working with the Data

Insight and Reflections from the Interviews

Engaging with the data allowed me to deeply value the art of reflection and reflexive practice, both of which were essential for gaining insight and perspective following the interviews. Gadamer (1989) emphasised that true dialogue creates a space where conversation takes on a life of its own, allowing for new information to emerge. This concept was vital as I explored the core midwife's role, with participants revealing new insights and truths. Through Appreciative Inquiry, these truths acknowledged the often complex and multiple diverse nature of human experiences, emotions, and identities, highlighting their depth and significance.

Zoom interviews, like face-to-face (in person) interviews, allowed for visual engagement, fostering a sense of connection, and facilitating a conversational style. Despite the differences in format, the overall flow of the interviews remained consistent, with my heightened awareness of both verbal and non-verbal cues playing a key role in maintaining focus and presence. Observing body language and facial expressions during zoom and face-to-face interviews added richness to my understandings of the participants' experiences, deepening my sense of presence within the conversation. The synchronicity of time and shared space in zoom and face-to-face interviews strengthened rapport and helped build trust. I was particularly mindful of these moments, often noting how visual interaction contributed to the emotional resonance and interpretive depth of the dialogue.

In contrast, telephone interviews lacked visual cues and the sense of a shared physical or visual space which initially felt like a loss in terms of human connection. However, I adapted by relying more acutely on my listening skills, tuning into tone, pace, pitch, and

pauses which deepened my attentiveness to what was being said and how it was being said to capture the full depth of their experiences.

Each format had its practical considerations: zoom and phone interviews offered flexibility, eliminated travel time, allowed for a wider geographical reach, and accommodated participants' preferences for time and setting. While Zoom required reliable technology and interconnect connectivity, telephone interviews offered a valid alternative to manage any technical difficulties when needed. Regardless of format, I prioritised creating a safe and respectful space, always taking the time needed for consent and to answer participants' questions. I was careful not to rush, prompt or ask another question too quickly, recognising the silences were equally significant, offering space for participants to reflect and respond meaningfully. Attentiveness, across all formats, enabled me to grasp nuanced meanings and gain deeper appreciation of the rich information shared. Above all, I ensured the participant's privacy by being alone during each interview. Thoughtful selection of interview location, time, and format minimised external disruptions, enabling conversations to unfold naturally and ensuring that participants felt genuinely heard.

I was humbled when participants thanked me for being part of the study, often describing the interviews as therapeutic, particularly as they reflected on the enriching aspects of their role and their future aspirations. These conversations revealed the emotional complexity of their work. Participants displayed a blend of enthusiasm and passion for their role, evident in the warmth of their tone, gestures, and hand movements as they recounted various experiences, highlighting their skillset and response to different situations. Throughout the interviews, they also showcased their professionalism and expertise, particularly in their effective communication, empathy, and caring nature. Non-verbal cues were captured in a journal after each interview, providing additional insight and reflection these aspects.

Weaving of Philosophical Notions

While Appreciative Inquiry guided the overarching methodology, it did not provide a formal process for data analysis. To address this issue, I employed hermeneutics, drawing on the philosophical influences of Gadamer, van Manen, Aristotle, Frankl, and Whyte to offer theoretical grounding and interpretative guidance. Appreciative Inquiry and hermeneutics align in their emphasis on the generative power of languages. As

Watkins et al. (2011) suggested, “we create the world by the language we use to describe it and we experience the world in line with the images we hold about it” (p. 16) This quote highlights the significance of participants’ narratives in shaping their lived realities. By applying hermeneutics, I deepened the interpretative process, reinforcing Appreciative Inquiry as a “way of seeing and being in the world” (Watkins et al., 2011, p. 17). This combined approach uncovered deeper meanings, offering a richer understanding of the core midwife’s role and illuminating what truly matters to them.

Hermeneutics, as emphasised by Byrne (2001), was significant for understanding human nature and finding meaning through textual interpretation. In line with Gadamer’s (2013) view that language is the medium through which humans experience and understand the world, hermeneutics was relevant during data analysis, where participants’ spoken words were transcribed into written text. A transcriber was employed, and they signed a confidentiality agreement (see Appendix G). Analysis involved interpreting these texts of lived experiences and perspectives to explore the deeper meanings embedded within their words.

During the discovery phase, hermeneutics facilitated the interpretation of the participants’ descriptions of their roles as core midwives. This process involved uncovering their underlying values and motivations while focusing on meaningful aspects of the role that inform their practice. I employed the concept of the hermeneutic circle, which involves understanding the whole through the interpretation of its parts and vice versa (Gadamer, 2013). In this study, the individual participants’ stories were understood as parts of the whole, with the meaning of each part being interpreted in relation to the whole. The dream phase, where participants envisioned their future of what ‘could be’, was enriched by Gadamer’s fusion of horizons (2013), allowing me to bring together their perspectives and aspirations with my interpretative lens.

Throughout the process, Frankl’s (2004) emphasis on meaning and purpose along with Whyte’s (2002, 2009) reflections on meaningful work resonated strongly, especially as participants explored how their work could foster a deeper sense of fulfilment. In the design phase, Aristotle’s concept of phronesis; practical wisdom (Aristotle, trans. Irwin, 1985) guided the interpretative process, ensuring that the themes remained grounded in the realities of midwifery practice. Aristotle’s notion of doing ‘good’ (Aristotle, trans. Irwin, 1985) also supported a balanced approach to analysis, enabling a sensitivity to

ethical complexities while striving to remain true to participants' experiences. These were not just practical solutions but expressions of their deeper understanding for doing what is meaningful. In the destiny phase, participants articulated what they hoped the future would hold for core midwives. Frankl's (2004) notion of purpose and 'meaning-making' was critical for understanding the need to revisit and reflect, underscoring the significance of sustainability for the core midwife's role.

Data Analysis

To analyse the data, I employed a hermeneutic approach, engaging deeply with participants' narratives to interpret their experiences and uncover meaning. While Appreciative Inquiry provided the overarching methodological framework it did not prescribe a formal process for data analysis. Hermeneutics, grounded in the philosophical influences of Gadamer, van Manen, Aristotle, Frankl, and Whyte, offered an interpretative lens through which to navigate the richness of participants' stories.

Through an iterative process of reading, reflecting, and re-reading, I sought to uncover deeper layers of meaning embedded in the participants' words. Gadamer's emphasis on dialogue and openness to understanding was central to this approach, allowing insights to emerge through an ongoing fusion of horizons. van Manen's notion of intrigue and curiosity further supported this process, encouraging a reflective engagement with the data to explore the ontological significance of core midwifery practice.

A key part of analysis involved identifying themes, described acts as "knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes" (van Manen, 1990, p. 90). van Manen (1990) further explained that uncovering themes is about "recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work" (p. 78). In this study, themes did not emerge as fixed categories; rather, as evolving understandings shaped through interpretation and reflection.

By integrating hermeneutics into data analysis, this study moved beyond description into interpretation, revealing what core midwives do and how they make sense of their work. This approach honours the power of storytelling, recognising language as a generative force that shapes understanding and illuminates the complexities of midwifery practice.

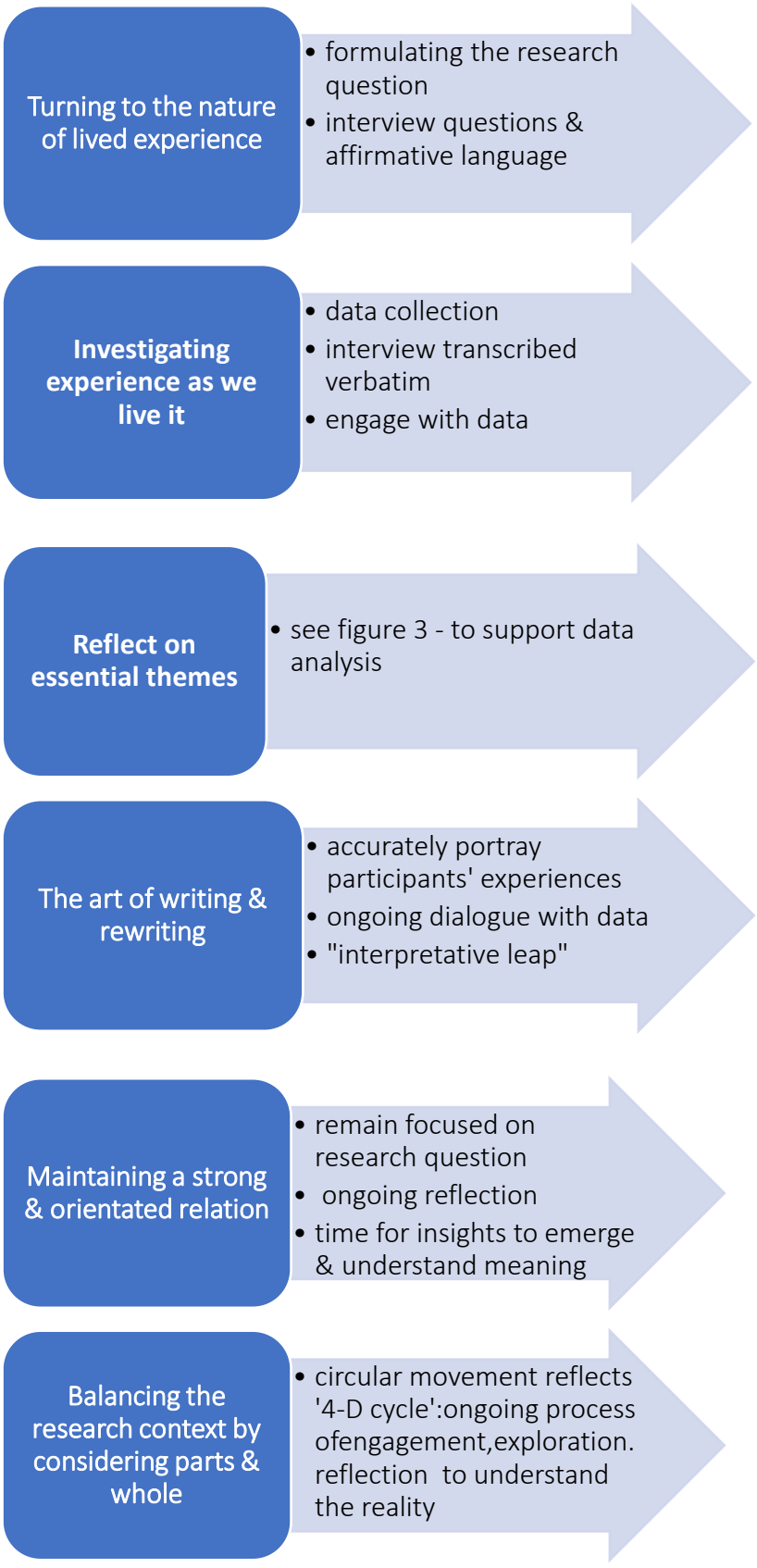
van Manen (1990, 2014) offered three approaches to identify and consider themes in text:

1. wholistic or sententious approach; consider the text as a whole to capture its fundamental meaning
2. selective or highlighting approach; highlight statements or phrases that are essential or revealing about the study's focus
3. detailed or line-by-line approach: what the sentence(s) reveal(s)

The hermeneutic approach is not a prescriptive "set of procedures, but to animate inventiveness and stimulate insight" (van Manen, 1990, p. 30). van Manen's 'six-step' framework (1990) guided the reflective analysis of the data, enabling a deeper exploration of the core values and experiences of core midwives. Robertson-Malt (1998) noted that this framework can be adapted to meet the specific needs of research.

The next section will outline van Manen's (1990) 'six-step' framework (see Figure 2), illustrating its role in facilitating hermeneutic interpretation and guiding the process in this research.

Figure 2: van Manen's (1990) 'six-step' framework.



1. Turning to the Nature of Lived Experience.

This study oriented towards practical aspects, seeking insight into everyday aspects of core midwives' experiences. These insights created meaning and significance that were previously hidden and, therefore, not recognised (van Manen, 1990, 2016b). It is in wanting to gain insight into the core midwife's world that fosters understanding of their experience (Kafle, 2011), aiming to "gather other people's experiences because they allow us to become more experienced ourselves" (van Manen, 1990, p. 62).

Midwives' experiences are embedded within a broader social and professional discourse, shaped by interactions within the midwifery community, cultural practices, and institutional expectations. Social constructivism offers a reminder that their understanding of reality is co-constructed through shared conversations, professional norms, and the provision of midwifery care. This aligns with Gadamer's hermeneutics (2013), particularly the idea that understanding is shaped by historical, linguistic, and social influences; meaning emerges through dialogue, reflection, and engagement with the surrounding world.

Appreciative Inquiry, grounded in a recognition of the wholeness of experience, provided the framework for this exploration. The journey began with formulating the research question and was sustained by a commitment to engage deeply with the participants' words. Turning to the nature of lived experience invited an ongoing, dynamic process that guided my engagement throughout the study.

The Appreciative Inquiry interview questions were carefully formulated within a semi-structured format to orient participants, ensuring that the research question remained central while conversations were anchored in their lived experiences. As van Manen (1990) cautions, without such orientation interviews risk becoming unfocused. Maintaining openness throughout the process enabled participants to express their experiences authentically and creatively. Gadamer's (2013) concept of play embraces this open-ended approach, where the formulation of questions creates space for insight and discovery. The affirmative language the participants used, expressing self-worth, appreciation, and respect, further shaped the interpretative process, revealing how they articulated their role in meaningful and enriching ways.

2. Investigating Experience as We Live It.

Data collection in this study was conducted through Appreciative Inquiry interviews, which encouraged participants to share their stories. During the discovery phase, participants reflected on and articulated their best experiences and strengths, revealing insights into their daily practice. This process required adopting a fresh perspective, setting aside preconceived notions and remaining attuned to the essence of their experiences. As van Manen (1990) describes, such openness involves intrigue, curiosity, and staying close to what is revealed.

Immediately following each interview, I began analysis; making notes, reflecting on what stood out and capturing key moments (Crowther & Thomson, 2020). The anonymised interviews were transcribed verbatim and printed for analysis. In preparing the transcripts, I removed repeated filler words (e.g. 'yeah' and ''and') and extraneous detail that did not contribute interpretively. This editing was undertaken carefully to preserve the integrity and rhythm of participants' stories while allowing meaning to emerge more clearly. As van Manen (2016a) suggests, refining narrative data in this way can support deeper engagement and interpretation, ensuring that the essence of participants' experiences is maintained throughout the analytic process.

Each interview was read and re-read alongside the audio recording to familiarise myself with their experiences. This iterative process deepened my connection to their stories, allowing insights to unfold naturally. Gadamer's (2013) concept of play suggests a dialogical openness in which understanding emerges through the 'back-and-forth' movement of conversation, mirroring the interactive nature of these interviews. Likewise, his notion of art serves as a metaphor for the participants' experiences, where each story is expressed much like a work of art. This perspective invited me to ask, *'what this is really saying?'* and to seek the deeper significance of their experiences.

Paying close attention to the way language was used: the words, tone of voice, pauses, and emotional undertones, enabled me to appreciate the richness of meaning beyond what was spoken. I highlighted significant words and phrases, made notes on the transcripts (see Appendix H) to collate emerging insights, and doodled with word clouds (see Appendix I). van Manen (1990, 1997) emphasised the skill in reading texts, reflectively, to explore what is meaningful and ask what they are 'telling you'. I used a

journal to document thoughts, emerging concepts, and themes, remaining focused on what was said so that nothing important was missed. The excitement in participants' voices, the urgency and emotion in their words, and the essence of their experiences drew my focus; I was fully engaged.

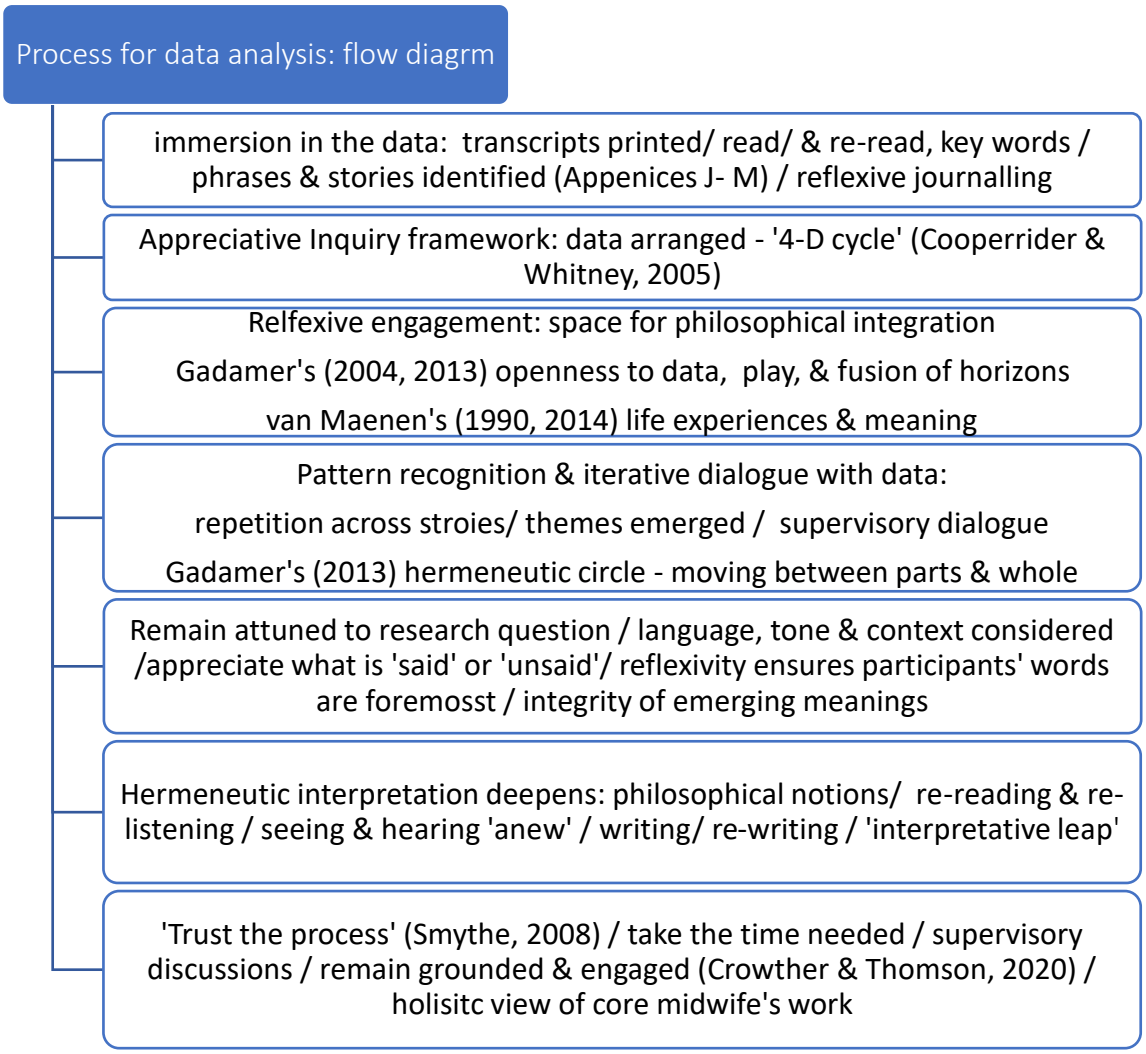
van Manen's (1990) 'existentials'; lived space, lived body, lived time, and lived human relation (relationality) provided a lens to guide reflection and understand the complexities of core midwifery. These dimensions helped situate participants' experiences within the broader human experience of care. Together, with Gadamer's (2004, 2013) philosophy, these existentials guided, reflected, and revealed the participants' truths. Throughout analysis I remained fully engaged, repeatedly immersing myself in their words with attentiveness and appreciation. These commitments ensured that their voices, emotions, and perspectives remained central, forming the foundation for deeper analysis in the steps.

3. Reflect on Essential Themes.

This step involved engaging deeply with the participants' reflections which allowed their emotions and context to emerge through ongoing engagement.to uncover the significance of their experiences. Guided by Appreciative Inquiry, the focus remained on identifying the core of their experiences; their strengths, values, and meaning within the data (Cooperrider & Whitney, 2005). This process aligned with hermeneutic philosophy, where understanding emerges through openness, interpretation, and sustained dialogue (Gadamer, 2013).

A visual representation of van Manen's (1990) framework is included in Figure 3, reflecting the flow between hermeneutic reflection and Appreciative Inquiry's phases Cooperrider & Whitney, 2005) which guided the data analysis. This process is not linear but one that flows and evolves, revisiting aspects as understanding emerges.

Figure 3: flow of data analysis.



Each participant's printed transcript was physically cut up and arranged within the framework of the '4-D cycle' of Appreciative Inquiry- Discovery, Dream, Design, and Destiny (Cooperider et al., 2008). Time was intentionally given to 'sit with' the data, I carefully examined each transcript, made notes, and re-read them, creating space for reflection and honouring the richness and details of participants' words. As I worked through the transcripts, significant words, phrases, and stories were marked (see Appendices J, K, L, & M), with attention to the language and emotional tone used by participants. Words and phrases from the transcripts were linked to the emotions they evoked. Rather than a linear process, this reflexive process evolved over time, guided by a commitment to remain open to participants' words, ensuring that the emerging themes authentically represented the core midwives' experiences (Dowling, 2006).

Guided by Professor Liz Smythe's advice to "trust the process" (personal communication, February 19, 2019) I stayed receptive to what the data might reveal. Allowing language to become a source of insight reflects Gadamer's (2004, 2013) emphasis on the importance of engaging with multiple perspectives and experiences to achieve deeper understanding. Time for thoughtful consideration, revisiting, contemplating, and letting meanings emerge gradually, aligns with van Manen's (1990) view of reflection as a thoughtful engagement with the experience. This iterative engagement with the data reflects the hermeneutic process of interpretation, where meaning deepens through returning to the parts and the whole (Gadamer, 2013).

Re-reading the transcripts ensured that essential aspects of the study were captured, while re-listening to the interviews allowed me to move beyond surface comprehension, uncovering deeper layers of meaning and intensity. At times, I felt as though I was hearing the data anew, from a different vantage point, stirring curiosity about 'something more'. Attentive listening allowed me to appreciate participants' experiences and insights, moving beyond my own pre-understandings with openness and curiosity. This reflective engagement algins with Appreciative Inquiry, emphasising what works well and the possibilities within participants' experiences. Interpretation is never definitive; rather, each engagement with the data reflects Gadamer's (2013) concept of play, an ongoing movement between reflection and analysis, always open to richer insights.

Philosophical notions continued to guide this interpretive process. Gadamer (2013) illuminates phronesis as a mode of understanding this is relational and context-dependent, underscoring the responsibility inherent in interpretation. The emerging themes revealed a holistic picture of the essential elements of the core midwife's role and work. Similarly, Crowther and Thomson (2020) noted the researcher's engagement with participants' myriads of stories is essential "for deeper interpretative analysis" (p. 6), where layers of meaning continuously evolve. Each interaction with the data provided opportunities for further understanding of the core midwife role. Reflexive discussions with my supervisors further enhanced interpretative awareness, offering fresh perspectives and deepening the analysis. This collaborative reflection facilitated a fusion of horizons (Gadamer, 2013), a merging of my own understanding with that of the participants' perspectives (Gadamer, 2013).

4. The Art of Writing and Rewriting.

This process of writing and rewriting became an essential interpretive act, refining understanding and deepening engagement with the data. This reflective and iterative process aligns with Appreciative Inquiry's emphasis on illuminating strengths and meaningful aspects of participants' experiences, ensuring that their voices were represented with authenticity and care. van Manen (1990) emphasised that logos, language and thoughtfulness are inextricably intertwined in research. Writing is a mode of inquiry where each act of rewriting opens new pathways to understanding.

Participants' narratives showcased their experiences. As Hendry (2009) noted, narratives are 'meaning- making', a perspective aligning with van Manen (1990, 2016a) and O'Brien (2010), who emphasised how storytelling enhances insight into human experience. For midwives, interpreting stories is an essential skill. Gilkison et al. (2015) suggested that within every narrative lies an opportunity for ongoing learning, prompting reflection and the application of theory into practice; merging the art and science of midwifery. In this study, the process of writing amplified the voices of core midwives, ensuring their experiences were both heard and thoughtfully interpreted.

Through their voices, I became fully immersed in reflexive analysis. The act of writing and re-writing, drew attention to their stories, enabling impactful and succinct articulation (Smythe, 2011). Meaning unfolded through ongoing dialogue with the data, where Gadamer's (2004) notion of conversation became integral. Understanding unfolded through what was spoken and through what was left unsaid. This interplay between the said and unsaid invited what Crowther and Thomson (2020) describe as an "interpretative leap" (p. 6), moving beyond surface-level reading of the data, to uncover deeper, often hidden meanings. Reflexive discussions with my supervisors further shaped this process, drawing on philosophical insights from Gadamer, Aristotle, and van Manen to illuminate the interpretive depth of the work.

Gadamer (2013) regarded poetic language as a form of understanding, where meaning arises dialogically (Gadamer, 1976). In keeping with this, van Manen (2014) emphasised the importance of language and role of writing, where reflective and poetic expression can capture meaning that might otherwise remain hidden. Writing became a creative and interpretive space, embodying Gadamer's (2013) play, a dialogical space where understanding unfolds dynamically. Poetry, alongside prose, offers a medium for

articulating meaning and insights, allowing interpretation to both express and reflect the participants' words, and capture the depth of their lived realities.

5. Maintaining a Strong and Oriented Relation.

Throughout the analysis I remained focused on the research question, ensuring that interpretations were firmly grounded in the participants' experiences, while upholding Appreciative Inquiry's emphasis on strengths and meaningful aspects (Cooperrider & Whitney, 2005). Printed transcripts were carefully examined for metaphors, phrases, anecdotes, and stories that held poignancy and relevance. These sections were cut out, highlighted, arranged, and repeatedly rearranged, as many narratives overlapped across themes and philosophical concepts. Remaining orientated to the research question ensured that each act of interpretation was connected to the study's purpose. Through this ongoing reflection and refinement, the essence and meanings of each story became clearer. Repetition of ideas across narratives signalled their significance and relevance, revealing shared understandings within participants' experiences. In cases where several participants' stories shared similar experiences, I selected the one that most vividly illuminated the theme.

Gadamer (2013) described horizons of possibilities as "the range of vision that includes everything that can be seen from a particular vantage point" (p. 313), illustrating how understanding expands and opens new avenues for interpretation. To support this process, I intentionally set aside time to sit and reflect on the data, allowing insights to emerge naturally and resonate. Gadamer's (2004, 2013) philosophical notions were instrumental in guiding interpretation, shedding light on the core midwife's work in ways that may have not been possible otherwise. Through weaving together diverse sections of the data, a collective understanding began to take shape, illuminating the significance of participants' experiences.

Both Smythe et al. (2008) and Gadamer (2013) emphasised 'trusting the process' and underscored this openness to truth as an unfolding understanding rather than a fixed certainty. Informed by the writings of Gadamer and van Manen, hermeneutics enabled a depth of understanding through the interpretative engagement with the data. This approach fostered an openness to perspectives beyond my own (Holroyd, 2008), enriching the study and providing a more comprehensive understanding of core midwives' experiences.

These actions in the data analysis process uncovered diverse perspectives about the core midwife's role, offering deep insights into their work, values, and sense of meaning. This collective understanding served as a horizon for interpretation (Gadamer, 2013), in the context of work's meaning. Whyte's (2002, 2009) reflections on work and self, further illuminated this stage of analysis, illustrating how the two are intertwined in the pursuit of meaning. He proposed that work itself can serve as a metaphor for commitment and purpose, notions that resonate closely with this study's focus. Whyte's (2002, 2009) perspectives guided me to remain reflexive and conscious of preconceptions that might limit interpretations. His insights on work's purpose interwove with other philosophical perspectives, particularly Frankl's (2004) notions of the search for meaning. Both Whyte and Frankl influenced the analytic process, particularly the discovery of significant meaning in life's experiences and the connection for uncovering deeper meanings within participants' stories. This philosophical interplay deepened the interpretive process, ensuring that analysis always remained grounded, oriented, and attuned to the participants' experiences. Reflexive discussions with my supervisors prompted further exploration, ensuring a continued, conscious focus to the research question.

6. Balancing the Research Context by Considering Parts and Whole.

The process of transitioning between the parts (individual themes) and the whole (the overall research study) reflects Gadamer's concept of the hermeneutic circle, where understanding arises through an ongoing interplay between specific elements and the broader context (Gadamer, 2013; Langdridge, 2007). This approach aligns with Appreciative Inquiry's focus on seeing the larger picture through an appreciative lens, valuing exploration and understanding within the context of strengths and opportunities.

In hermeneutics, interpretation is never final, but continuously evolving (Gadamer, 2013). Time was crucial in this process, each re-reading and repeated listening enhanced insight into the core midwife's role and practice. Revisiting each narrative within the context of the whole, reinforced the circular movement of understanding described by Gadamer (2013). His concepts of art and play encourage a fluid, evolving interpretation, where meaning unfolds dynamically through each interaction with the data. This circular movement mirrors the '4-D cycle' of Appreciative Inquiry (Cooperrider & Whitney, 2005)

where individual experiences continuously reconnect with the whole inquiry, reinforcing the interpretative process. Through listening, reading, and reflecting deepened my connection with the data deepened, ensuring that the themes emerged organically from engaging rather than being imposed or hastily interpreted (Crowther & Thomson, 2020).

Guided by receptiveness to wonder, attentiveness, and active listening the interaction between parts and whole reflects van Manen's (2016a) principles of openness to meaning and thoughtful reflection. Maintaining a sensitive stance towards participants' experiences are fundamental to interpretation and ensured that the research remained true to their realities. Through this engagement, I developed a comprehensive understanding of participants' experiences, grounded in context and expressed with sincerity and authenticity.

At the conclusion of each theme, a word map was incorporated to visually summarise the key words and phrases that emerged from the findings. These visual representations served as interpretative tools to honour participants' language and highlight the expressions that shaped each theme. Although not a feature of van Manen's (1990) 'six-step' framework, the use of word maps aligns with the hermeneutic intent to return to the words themselves (Gadamer, 2004) staying close to participants' original expressions. The word maps also highlighted connections between individual elements and their broader significance in understanding the context of the core midwife's role (Gadamer, 2004, 2013. Ultimately, the word maps brought together key aspects of the analysis offering a visual reflection of the interplay between parts and whole. This iterative movement mirrors my journey as the researcher, moving between the part (each participant's perspective and experience) and whole (the collective participants' experiences) to understand the reality of the core midwife's role and daily work.

Gadamer's (2013) notion of pre-understanding also played a crucial role in this process. Remaining aware of my own assumptions allowed me to engage with the data in a way that fostered authentic insight, ensuring that meanings emerged from the participants' words rather than being shaped by preconceived notions. This openness encouraged a more profound engagement with each of the participants' stories in context of the whole. The collaborative nature of the supervisory discussions further enriched the analysis, providing a reflective space where individual insights were considered within the broader research framework. This engagement mirrored Gadamer's (2013)

hermeneutic approach; a dynamic ever-deepening understanding that considers both individual expressions and overarching meanings are held in conversation. Through this interplay, the interpretative leap, described by Crowther and Thomson (2020), moved beyond literal meaning, uncovering insights that transcended the immediate context of the participants' narratives.

In summary, van Manen's (1990) 'six-step' framework enhanced Appreciative Inquiry by providing a flexible approach that encouraged ongoing reflection and engagement. The combination of Appreciative Inquiry and hermeneutics allowed for a nuanced approach to interpret core midwives' experiences, ensuring that the analysis was both insightful and contextualised. By incorporating van Manen's (1990, 2016a) and Gadamer's (2004, 2013) hermeneutic principles, this study illuminated the richness of core midwifery practice while remaining faithful to the authenticity of participants' voices. This synergism of Appreciative Inquiry and hermeneutics contributes to an impactful and meaningful exploration of core midwives' role in New Zealand.

Insider Researcher

I have a varied and extensive background of experience in midwifery. Therefore, it is imperative to acknowledge that I bring my own values, experiences, and expertise to the analysis highlighting the subjective nature and generation of my interpretations. Reflection is a key part of my practice, and in my current role I support others in reflective practices. I am open to new insights through understanding and uncovering different perspectives. To ensure study rigour and validity of data interpretation I made my own biases explicit (see Chapter 1). This is where the depth of analysis lies, aided by reflection in which the researcher looks into themselves and recognises what they bring to the research. I acknowledge that there is always something more, something hidden that is waiting to emerge. In bringing my own influences on this study it was vital that I continued to reflect on them to remain reflexive to the participants' narratives.

In the interviews, participants would often say "you know being a midwife?" I encouraged them to tell me in their own words their story, to uncover their 'truth(s)' and perspectives as if I was unfamiliar with their world. It was crucial to allow the

midwives to share their experiences in their own words, respecting their narratives and acknowledging that their interpretations and experiences can vary greatly.

As a researcher with 'insider' knowledge, I acknowledge my own traditions and perspectives as a core midwife. I recognise that my own experiences could influence the process. van Manen (1990) suggested that without these pre-understandings I would not have been drawn to this research. Smythe and White (2017) emphasised the importance of 'truth' and openness about professional and social backgrounds which shape individuals' language, ways, and insights for understanding. I read a variety of books and journal articles which expanded my understanding and enriched my interpretation of the midwives' narratives. van Manen (2014) illuminated the challenges and implications of knowing and being involved in the research. He emphasised that human science researchers are authors engaged with life experiences, where meanings resonate and reflect. My exploration of philosophical concepts that resonated with the midwives' stories enhanced the depth of analysis.

Rigour or Trustworthiness

Qualitative research emphasises understanding the complexity and richness of human experiences. While rigour and trustworthiness are often used interchangeably, trustworthiness is more aligned with qualitative data, depicting trust, fidelity, faithfulness, and confidence (Thomson & Crowther, 2022). In the current study, trustworthiness involved trust and confidence in the shared subjective experiences of the participants, which is essential for understanding the core midwife's role. It also encompassed my honesty and openness about my background, traditions, horizons, and preunderstandings, all of which are crucial for establishing trust.

The entire process of ensuring trustworthiness in this study—from ethics approval and participant information to consent, recruitment, and sampling to data collection, interview recording, transcription, analysis, and thesis writing—is significant. Cypress (2017) and Morse (2015) emphasised the importance of rigour, referring to the strength of the research design and adherence to procedure. Critics like Cypress (2017), and Rolfe (2006) have raised concerns about achieving rigour and trustworthiness in qualitative research. However, Thomas and Magilvy (2011) described rigour as somewhat contradictory "as qualitative research is a journey of explanation and discovery" (p. 254).

Crowther and Thomson (2020), along with Smythe and White (2017), emphasised the need for congruence in the research process, aligning purpose, methodology, and data reporting. Hermeneutic research, rooted in the interpretative tradition, seeks to understand the meaning of lived experiences and emphasises the researcher's active engagement with the data while acknowledging the subjective nature of interpretation. Trustworthiness involves transparency, reflexivity, and analysis aligning with hermeneutic principles. This study shares an openness with the reader revealing hidden truths through language, much like a conversation (Smythe & Young, 2008). Smythe and Spence (2020) invited readers to engage in this dialogue by participating in the journey of thinking and to "trust the process" (p. 7).

Trustworthiness is considered an ongoing process that needs to be embedded within the research journey (Thomson & Crowther, 2022). This consideration sits with hermeneutics for the iterative nature of reflection on understanding and remaining open. van Manen (2014) acknowledged that "the researcher is an author who writes from the midst of life experience where meaning resonate and reverberate with reflective being" (p. 391). Further, van Manen's (1990) '6-steps' framework highlights ways in which the researcher addresses trustworthiness. It is crucial to highlight the uniqueness of experiences as van Manen (2014) contended that this "moment is different and unique like every moment is always different and unique" (p. 257). It is always in the concreteness of one's own subjective experience which adds to the description of uniqueness and possibilities of one's interpretation for understanding (van Manen, 2014).

In this study, combining Appreciative Inquiry with hermeneutics ensured trustworthiness by supporting and presenting the research in a way that highlights the rich meanings within. The academic rigour comes from analysing the data and not merely letting the "data speak for themselves" (van Manen, 1990, p. 167). Engaging deeply with the data involved reflective practice through immersion and engagement with the transcripts, reading, writing, and reflexive discussions with my supervisors, and the use of van Manen's 'six-step' framework (1990). van Manen (1997) referred to the term rigour, not trustworthiness. He highlighted the texts of participants' stories in which he adopted specific criteria to assess rigour. These include:

- Orientation: the commitment to process; being curious and open to engage and empathise with the participants' world through their stories.
- Strength: the intense engagement with the text and dialogue to understand the essence and inherent meanings.
- Richness: the text's quality to narrate the participants' perceived meanings, capturing the nuances, emotions, and complexities about their experiences, uncovering layers of meaning for a comprehensive understanding of experiences and complexity of interpretations from the data.
- Depth: the ability to delve into interpretations to uncover underlying essences, explore the deeper meanings and values that shape individuals' experiences.

These four criteria emphasise my commitment to openness, engagement, and adherence to the validity of the study.

Pre-understandings and Interpretations

Recognising the subjective nature of understanding and interpretation is essential in this study and aligns with its philosophical underpinnings. Language plays a pivotal role in expressing human experiences (van Manen, 1990, 1997). My pre-understandings shape my perspectives and assumptions and acknowledging them is crucial. I have articulated my background, experiences, and perspectives, acknowledging my role as an experienced midwife and the potential impact this may have on data interpretation (see Chapter 1). van Manen (1990) asserted that knowing too much can lead to premature interpretation before fully understanding its significance. Similarly, Gadamer (1989) emphasised that pre-understandings and historical traditions are vital to interpretation suggesting that that historical awareness enhances knowledge and understanding, making my pre-understandings central to my role as a core midwife.

Engaging with literature and various philosophers broadened my understanding and challenged my pre-understandings. Open discussions with supervisors raised meaningful questions that often challenged my assumptions and prompted deeper reflection. These collaborative conversations fostered trust, openness, and honesty, ensuring consistency and thoroughness in the study. Gadamer (2013) emphasised the importance of revisiting pre-understandings throughout the reflective process. Reflexive discussions with supervisors, alongside journalling to document thoughts were invaluable for evolving understanding throughout the research process.

While hermeneutics does not provide measurable ways to identify the subjective nature of one's horizon and experiences, Thomson and Crowther (2022) argued that rigour cannot be measured, results cannot be replicated, nor can generalisable conclusions be reached. Therefore, researchers must employ strategies that enhance awareness of the interplay between their pre-understandings and interpretations. This reflexive awareness aligns with Kafle's (2011) metaphor of the prism "when we turn a prism, one part becomes hidden, and another part opens" (p. 191). The metaphor captures how understanding shifts with perspective, reveals new meanings, and depends on one's vantage point. This dynamic movement between parts and whole reflects the hermeneutic circle, where understanding arises through the interplay between one's self-understanding and understanding of the world (Oberg & Bell, 2012). The hermeneutic circle thus becomes vital for the generative and interpretive process of meaning-making (Gadamer, 2013).

In any understanding there is always a fusion of horizons (Gadamer, 2013). Horizons evolve with new experiences, offering fresh perspectives for reaching understanding. This study requires ongoing openness to new insights. As a researcher, being reflexive and engaging in continuous self-reflection to critically examine biases, assumptions, and preconceived notions is crucial. Regularly questioning how my preunderstandings may influence data interpretation ensured that this study was grounded in the research question.

In the early stages of data analysis, I recognised that my pre-understanding included a belief that supportive collegial relationships were crucial to the effectiveness and morale of midwives. I was particularly aware that I valued trust and respect highly in my own professional experiences. To ensure these preconceptions did not unduly influence my interpretation, I repeatedly questioned whether I was allowing these beliefs to overshadow other aspects of the participants' stories. For instance, during the analysis of interviews, where midwives spoke about collegial relationships, I had to consciously step back and ask myself if I was focusing too much on issues of trust and respect due to my own experiences. This reflection led me to re-examine the transcripts with a broader lens, ensuring that other themes were given equal attention. This self-reflection helped to ensure that the emerging themes were truly reflective of the participants' experiences, rather than being shaped by my own biases.

To manage and minimise the impact of my pre-understandings while interpreting the experiences of the midwifery participants, I employed several strategies:

- Engaging with diverse literature: broadened my understanding and challenged my preconceptions, allowing for a more nuanced approach to the research.
- Reflexive journalling: documenting my thoughts, reflections, and evolving understanding throughout the research process, I maintained a critical awareness of potential biases and assumptions.
- Supervisory feedback: regular in-depth and collaborative discussions often challenged my assumptions and prompted deeper reflection, ensuring the research was grounded in a balanced perspective.
- Data Review: revisiting the data and my interpretations allowed me to identify the interplay between my pre-understandings and new insights, ensuring that both were integrated thoughtfully.
- Focus on Appreciative Inquiry's principles: aligning with its strengths-based approach ensured that affirmative, inspirational, and meaningful aspects were highlighted, complementing the depth of reflection provided by hermeneutics.

Transparency, Reflection, and Reflexivity

Building on the discussion of pre-understandings, this section delves into the concepts of transparency, reflection, and reflexivity, in maintaining the research integrity. The researcher is inseparable from their presuppositions about the phenomena, making it imperative to acknowledge and integrate these throughout the research process (Gadamer, 2013).

Before data collection, I acknowledged my pre-understandings and professional relationship as a midwife in an interview with my supervisors. This interview was transcribed and reviewed before each participant interview to remain aware of my biases and stay open to the participant's perspectives. I was conscious to remain fully present to listen to their stories, what they were really saying, without making assumptions based on my own preunderstandings. For example, during one interview I noticed that I was particularly drawn to stories of midwives working collaboratively, which aligned with my own significant experiences in teamwork. I consciously shifted my focus to also explore where the midwives described their work but knowing when to call for help if needed. Doing so helped to ensure that I was not overemphasising the

importance of collaboration due to my own biases. This approach kept the research question foremost in my mind, allowing the participants' stories to reveal their meanings.

During analysis, this conscious connection was revisited regularly. For instance, while reviewing transcripts where midwives discussed their interactions with obstetricians, I recognised my tendency to highlight those relationships that fostered connectivity due to my belief in interdisciplinary collaboration. I therefore sought to capture the full spectrum of their experiences rather than selectively focusing on areas that aligned with my beliefs.

During the interviews, I experienced a sense of living the midwives' experiences as they spoke; I was fully engaged with their stories. While the interviews began formally to address the participants' questions, they quickly became more conversational, allowing the participants to feel more comfortable and open. Tone of voice, body language, and gestures added depth to their stories, conveying more than words alone. Midwives are renowned for their communication skills, essential for interacting with women and their families, and multi-professional teams. Despite initial concerns about the non-face-to-face interviews, the midwives were forthcoming with their stories and the energy from the interviews was infectious. Their stories allowed me to deeply experience what they were saying. The interviews elicited a range of emotions—laughter, excitement, occasionally tears of joy—adding impact beyond the spoken words. Face-to-face interviews also allowed me to observe participants' body language, gestures, facial expressions, and nuances, providing a richer understanding of their experiences. When I gave fewer prompts, participants shared their dreams, aspirations, and hopes for the future, expressing their wishes to be heard and to illuminate a brighter future for core midwives.

To ensure transparency, participants were given the opportunity to review their interview transcripts. They could amend or add to their responses, allowing time for reflection. This process provided a deeper appreciation of their perspectives, thereby supporting the integrity of the research. For some midwifery participants, this study was cathartic, highlighting the value of talking and contextualising their thoughts. They expressed a desire for the system to understand their value and worth as core midwives.

I listened to the joys and challenges, their strategies for coping with daily demands, and their efforts to maintain a work/life balance. Discussions with my supervisors and reflective journalling helped me analyse resilience and the value of 'being' and the feeling of freedom when 'off work'.

Challenges

This research encountered various challenges, primarily due to the COVID-19 pandemic, data collection difficulties, researcher bias and subjectivity, time and resource constraints, and a disruptive home environment. These will be addressed briefly.

COVID-19 pandemic: The COVID-19 pandemic began in Wuhan, China in December 2019, quickly spread world-wide (Piret & Boivin, 2021). Mandatory restrictions affected connecting in-person and focus groups were not feasible. Therefore, this study focused on individual interviews. Zoom was impractical for some participants, so telephone interviews provided an alternative; the absence of visual cues, facial expressions, and body language altered the sense of presence in their experiences.

Data collection: Maintaining the participants' focus on the research question was challenging, as many wished to discuss broader healthcare experiences. The conversational interview style and Appreciative Inquiry approach helped to refocus discussions.

Participant numbers and data quality: Qualitative research typically involves smaller sample sizes, and Appreciative Inquiry, nestled within the social constructionist paradigm, acknowledges complex and multiple truths. The goal was to explore core midwives' experiences rather than proving anything. With 14 participants, data saturation was reached, further interviews would not have provided new insights (Smythe & Spence, 2012).

Researcher bias and subjectivity: My personal and professional experiences, beliefs, and preconceived notions posed significant risk to the research process and interpretations. For example, as a midwife, I brought pre-existing ideas about what constitutes good practice and supportive teamwork, which could influence how I interpreted the participants' stories. Hermeneutic philosophy, like Appreciative Inquiry, advocates for an openness and creativity in the interpretation process, which challenges the notion of universal experiences and instead recognises individuality.

Time and resource constraints: Health issues, multiple periods of bereavement leave, and the pandemic's impact on staffing within maternity services led to substantial time and resource constraints. Study breaks were necessary and re-immersion into the research took time. My supervisors also faced health challenges coupled with work demands, affecting their availability.

Home environment: A busy home environment during COVID-19, with children studying at home and family members working remotely, made finding quiet time for study difficult. Balancing research work, clinical work, family responsibilities, including caring for grandchildren, and grieving all added complexity. Despite these challenges, these difficulties offered me unique opportunities for deeper reflection, and resilience, enabling a more thoughtful engagement with the research. Furthermore, they reinforced my resilience and commitment to completing the study as it is important to the profession.

Summary

The chapter outlined the practical steps undertaken in this study, with a deliberate effort to honour the uniqueness of core midwives' experiences and the depth of human understanding. The methods were carefully chosen to generate rich, meaningful insights rather than to follow prescriptive procedures. The approach was grounded in values and principles that emphasise integrity, respect, and the importance of doing what matters in both research and practice.

As both a midwife and researcher, I was guided by professional and ethical values that supported the integrity and trustworthiness of the study. This alignment between professional background and research philosophy informed the methods chosen and the interpretive stance adopted. The emphasis remained on bringing forward the authentic voices and experiences of core midwives, aiming to deepen understanding of their work and role.

Integrating Appreciative Inquiry with hermeneutics enabled deep exploration of the participants' experiences. This approach facilitated an interpretive process through which meanings and insights could emerge during analysis and writing. Hermeneutics required attentiveness to what lay beyond the spoken words, seeking to grasp what was most meaningful and significant. Through sustained reflection and engagement with the

data, this study illuminated the essential and often unseen contribution of core midwives within maternity care. This study is deeply aligned with my background, commitment, and passion for the research. The methods chosen ensured that the study captured the essence of the participants' experiences and contributed to a meaningful understanding of their role.

OVERVIEW OF THE 'DISCOVERY'

The current research was set within the context of large hospitals in New Zealand, focusing on the significance of the work and role of core midwives. Discovery is the first of the four phases in Appreciative Inquiry (Cooperrider & Whitney, 2005). Through the midwifery participants' experiences and stories, some of which were crafted into poems, the core midwife's world employing a hermeneutic lens was explored. Data analysis during this phase generated four themes regarding the core midwives' role and the work in supporting the maternity system and the provision of care for women, their baby, and family:

- Navigating human connection: 'with woman' and family
- Navigating teamwork: building strong connections
- Navigating with skill and versatility
- The navigator's role in 'making a difference'

Table 1 provides an overview of the forthcoming findings chapters and themes.

Table 1. *Overview of Discovery Chapters*

Theme	Chapter
Navigating human connections: 'with woman' and family	***Chapter 5:*** Reveals the profound relationships that core midwives develop 'with woman' and family. Within this theme is an exploration of core midwives gaining rapport and trust with effective communication skills.
Navigating teamwork: building strong connections	***Chapter 6:*** Sheds light on the collaborative dynamics and interprofessional relationships that core midwives cultivate within the hospital environment. The chapter explores navigating interdisciplinary collaborations, fostering a sense of teamwork and cooperation for working and coordinating care to ensure optimal care for women and their babies.
Navigating with skill and versatility	***Chapter 7:*** Emerges as a central theme which underpins the diverse expertise and adaptability of core midwives in responding to the unique needs and challenges of working in large hospitals. The participants highlighted the multifaceted skills, competencies, and clinical ability required to practise across the childbirth continuum.
The navigator's role in making a difference	***Chapter 8:*** Encapsulates the impacts and influences that core midwives have on the lives of women, their families,

Theme	Chapter
	and the maternity service landscape. The contribution to birth experiences, supporting women's choices, and 'being' there for woman make a difference. Participants highlight how working as a core midwife enables them to feel that they make a difference, and how they balance the demands of their work/ life.

CHAPTER 5: NAVIGATING HUMAN CONNECTIONS: 'WITH WOMAN' AND FAMILY

Connecting 'with woman' and family was a key theme in the participants' interviews, emphasising its critical role in navigating human connections within the core midwives' role. These connections go beyond routine tasks; they are at the heart of midwifery practice. Core midwives act as navigators, and their skills in creating a connection provides a foundation that enables them to understand what women need, navigate the maternity system, and advocate for the woman.

Connection is a fundamental aspect of being human, and for core midwives this connection takes on a profound significance as they navigate and hold the unique space for being 'with woman' and families during one of life's most transformative experiences. By forging meaningful relationships core midwives play an integral role as navigators on the journey into parenthood, creating bonds that are both personal and enduring. This sentiment is captured in the following poem, crafted from the midwives' stories. It reflects the depth of connection and the essence of their role:

"Being with" at the miracle of life
I'm a midwife
not just any midwife
'Core' is my life

It's navigating the connections
Human expressions
Empathy, compassion
Heartfelt interactions

Woman, family, the generations
Guiding through celebrations
Making time for conversations
An overall sense of integration

van Manen (1990) reflected how poetry captures the significance of words conveying truths, stating that "even in the most profound and eloquent poem it seems that the deep truth of the poem lies just beyond the words, on the other side of language" (p. 112). Similarly, the midwives' stories and narratives, explored throughout this chapter,

reveal deeper truths about their connections with women and families. By establishing relationships, core midwives navigate relational spaces with compassion and empathy, focusing on humanness. Doing so allows them to cultivate meaningful bonds and foster a sense of trust and connection.

In this chapter, participants highlight the importance of compassionate care, meaningful conversations, and the thoughtful use of humour—elements that are pivotal for building rapport, fostering understanding, and ensuring safety. These aspects intertwine enabling midwives to connect, to perceive and respond to the needs, values, and preferences of the women and families they serve, ensuring safety and support throughout the childbirth experience.

By exploring the diverse perspectives of the midwifery participants, this chapter demonstrates how forging strong connections is central to relationship-building and navigating holistic care. These meaningful relationships, tailored to each woman's unique situation, significantly enhance the sense of safety and the overall childbirth experience, and both are highly valued by core midwives (Ménage et al., 2017; Miller & Wilkes, 2014; Peters et al., 2020).

The subthemes in this chapter include the navigator's role in supporting and guiding:

- Establishing relationships: with women and families: "Making a connection", "Using humour", and "Walking blind into a room"
- Time, space, and presence to connect: "To sit and focus", "Stopping for a minute", "Great timing", and "Impactful relationships"
- Navigating connections: "Fostering meaning and value", and "Connecting for safety"

This chapter concludes in a cohesive summary of the insights presented, highlighting the profound role of connection in fostering safety, trust, and meaningful care within the childbirth experience.

Establishing Relationships: With Women and Families

Making connections and fostering trust are essential to establishing relationships in midwifery care, particularly in moments of uncertainty or vulnerability. For core midwives these relationships, no matter how short, are deeply significant. Hannah

shares her experience of caring for a young Māori woman, as she navigated the process of establishing rapport and trust with the woman and family.

> *She was a young Māori woman… and had come into hospital for augmentation. I really value, appreciate, and enjoy the opportunity to build rapport quickly, make time for her, whakawhanaungatanga, and breaking down barriers of a stranger coming in; a Pākehā woman coming into a birthing environment with whānau support there, and there's this new person, we're on this journey and it's all uncertain and we don't know what's happening. I really love that challenge of being able to kind of 'break the ice'… show them that I'm somebody they can trust that I'm on their side, it's not going to be a conflict… I just was able to explain to them what was happening and yes, the CTG is abnormal, and the doctors have said it's okay, we can continue, and this is what's normal about it and these are the reassuring features… I'll keep asking for help as I need it, keep asking for reviews… just being able to clearly communicate and build that strong relationship quite quickly was really satisfying… that would be one of the most satisfying parts of working in delivery suite is; I'm focused on you, you're my priority, I'm on your side, I have your best interests at heart, I'm not going to coerce you into doing something that you don't want to do. I'm going to offer you information and I'm going to tell you what I think, what I believe to be the safest, possible options and we'll go from there.*

Hannah reflects on the concept of whakawhanaungatanga, the Māori principle that underscores the establishment and nurturing of relationships, an essential aspect of the core midwives' role. Through this relational practice, midwives build trust and rapport, creating meaningful bonds that support both women and their families during the childbirth journey. Hannah highlights whakawhanaungatanga extends beyond rapport-building; it involves a deeper, active engagement in building respectful relationships with both women and families. Hannah speaks of wanting to be "*somebody they can trust that I'm on their side*", emphasising the importance of trust and advocacy at the heart of midwifery care.

For navigators in maritime or aviation, communication is paramount in fostering trust and confidence. Like navigators, core midwives must respond swiftly and adaptively, using impactful interactions to collaborate effectively. This is not just a process of communication for conveying information, it involves a respectful understanding and responsiveness to cultural practices, emotional nuances, and the unique needs of each situation. Gadamer's (2013) perspective on language as a means for "coming to an

understanding" (p. xvi) resonates here, highlighting the relational nature of midwifery care.

Hannah's approach underscores the importance of navigating these relational spaces and cultural practices, acknowledging the unity of women and families. This unity aligns with Bishop's (1995) focus on connectedness, engagement, and collectiveness valued within whakawhanaungatanga. Within midwifery practice, this relational approach fosters partnerships based on trust, respect, and shared decision-making, even within the technological complexity of hospital settings.

As navigators, core midwives must quickly assess the needs of women and families, creating pathways to ensure they remain open to support them, fostering the essence of 'I am here for you'. Whakawhanaungatanga, as Bishop (1995) described, is more than just a "process of establishing relationships" (p. 226), it is a culturally significant principle that prioritises meaningful connections, particularly in interactions with Māori. For midwives, like Hannah, this principle is central to providing holistic, compassionate care that honours both women and families. Bishop (1995) breaks down whakawhanaungatanga for understanding:

- Whānau (whaka**whanau**ngatanga) means family, represented by a connected, committed group with a common interest.
- Whanaugna (whaka**whanaunga**tanga) refers to relatives with a bodily or blood link.
- Whakawhanaunga (**whakawhanaunga**tanga) involves the kōrero (stories) for finding common threads.

For Gadamer (2013), "language is the universal medium in which understanding occurs" (p. 407). The understanding stems from engaging in language when Hannah highlights "*I'm on your side*". Hannah reflects on how midwives break down barriers and construct meaning 'with woman' and family by finding common threads, forming the basis for connection. This process aligns with the concept of whanaungatanga where relationships and kinship are established (A. Johns, personal communication, August 12, 2021). Through language and actions, Hannah navigates the complexities of relationships, embracing cultural sensitivity and meaningful connections.

The essence of whakawhanaungatanga is also expressed through the Māori concept of aroha, which embraces love, compassion, and empathy (Elder, 2020). Hannah's focus on acting on the woman's "*best interests*" highlights this empathic bond of

understanding, crucial to midwifery care. Elder (2020) further emphasised the deep emotional connection captured by aroha: "Our ancestors' wisdom reminds us of ways to experience real connectivity in the aroha intimately woven between us" (p. 118). Through understanding and embodying these principles, Hannah navigates relationships in a way that fosters genuine authentic human connections, a fundamental aspect of midwifery and significance of being with others.

The Navigator's Role in "Making a Connection"

The importance of making a connection is central to the core midwife's role, fostering bonds with both women and families. Pippi shares her story of observing a new graduate midwife engaging with a couple at the start of their admission to the hospital:

> *A couple walked into birthing suite, and she came and approached them. She said "hi" to the woman and then she put her hand out and shook the gentleman's hand, her partner's hand, and she said, "hi I am… what's your name?" …then she walked off to the room and chatting, smiling, and welcomed them.*

Pippi later spoke to the midwife:

> *"I really like what you did", I said. "I always say hello to them; I always try and include them… you shook their hand". I said, "that is making a connection". I said "from that moment that person then knows that you care about them, and you care what he has to say, and you brought him into the group, you haven't left him out and just focused on the woman. You've made sure that they are actually a couple and that you are interested in them as a family together". I was impressed with that …it's incredible that something so simple just by observing… and not let it just slide by, but take it on board and go right, that's something I am going to do.*

Pippi recognises the value of inspirational role models in navigating the learning journey and fostering shared knowledge. She witnessed a profound example of human connection going beyond social etiquette to foster inclusion of the partner in the shared experience of birth. Like a navigator charting the course for a ship, the core midwife bridges the gap between the clinical environment and the couple's personal experience ensuring a smooth transition into the birth space. This role as a skilled navigator reflects the essence of midwifery practice: guiding, connecting, and creating a safe and inclusive space for women and families. This seemingly simple gesture became a powerful moment of human interaction, as Pippi says "*from that moment on*", emphasising the meaning embedded in everyday actions, setting a tone of respect and fostering a bond for building meaningful connections.

van Manen (1990) highlighted praxis as “thoughtful action: action full of thought and thought full of action” (p. 128). The midwife’s actions exemplify thoughtful action, her invitation to the partner fostered a deeply intentional act, showcasing how relational practices can transform clinical spaces into one of inclusion and connection. In this way, praxis in midwifery is more than just performing tasks, it is understanding and responding to those in the birth space. The midwife’s seemingly small action became an embodied reflection of respect and awareness, reinforcing the relational and holistic nature of midwifery care.

van Manen (1990) also emphasised how “cultural and social conventions” (p. 103) shape experience of space, time, and body. In this case, the midwife’s ability to read the room and respond with considered action, just like navigators, altered the clinical environment, fostering trust and inclusion. The phrase ‘words are from the lips; actions are from the heart’ resonates here, as the midwife’s approach facilitated an emotional and relational engagement. Her gesture and words intertwined, reinforcing a relational approach that facilitated emotional and relational engagement with both the woman and partner, a key aspect of midwifery practice (Gilkison et al., 2017; Miller & Bear, 2019).

Like navigators, the midwife’s approach also underscores the importance of space and time in midwifery practice to be fully present. By welcoming the partner into the birth-space, she created a sense of belonging and shared experience. Drawing on van Manen’s (1990) notion of lived space, where people “move and find themselves at home” (p. 102), the midwife navigates both the physical and emotional space, helping the couple feel at ease in an unfamiliar environment. Through ‘lived other’, her presence becomes an anchor for the couple, guiding them through the physical space and emotional landscape of childbirth.

Navigating Emotional Connections: Using Humour

Another way that core midwives establish rapport is through using humour. Humour becomes a powerful tool that core midwives use to navigate emotional connections and provide holistic care. As navigators they balance clinical responsibilities with emotional awareness, ensuring that women and their families feel supported and empowered. Humour weaves through many aspects of their work, helping to ease tension and establish meaningful relationships in moments of vulnerability.

Lily illustrates the value of humour in easing a woman's distress, when her birthing experience did not unfold in the way she expected. Lily also supported a junior colleague during this situation, demonstrating the collaborative nature of the navigator role.

> *After talking with her for a while, she was very upset because she wasn't expecting this, so she hadn't shaved her legs that day. Apparently, she had really long hair on her legs, and she was very ashamed that we could see it. So, I just looked to my colleague and my colleague said to her, "oh, that's nothing just look at my leg!" She lifted her pants; there was almost no hair there and honestly by then I hadn't shaved my legs in 3-months. So, I raised my pants, and I said, "that's nothing, this is hair!" We managed to basically wheel her into c-section theatre, and she was laughing… She looked back at the whole experience, obviously that wasn't how she had planned to birth her baby, but when she was holding her baby she said, "oh I thought it was going to be so stressful and it was going to be a really bad experience but thank you for supporting me and making me smile and making me forget my stress". She felt she had received a really good service, and that's for me, what counts at the end of the day regardless of how the baby came out. Yes, a safe baby is very important, but I think that the fact that the woman and the family have had a good experience and felt respected and supported that's what makes it for me a holistic fantastic experience.*

This reflection illustrates how core midwives often navigate complex emotional situations with sensitivity and skill. Sensing the right moment, Lily and her colleague introduced humour in a way that shifted the atmosphere from anxiety to laughter, helping the woman feel seen, respected, and empowered. van Manen's (1990) concept of lived space emphasises the importance of timing and presence in human interactions, particularly how lived experiences are influenced by relational awareness. Here, the midwives used humour to connect deeply in the moment, sharing their own imperfections to normalise the woman's vulnerability. Their actions conveyed that 'you are not alone', fostering trust and mutual understanding.

Gadamer (2013) suggested that human interactions are deeply rooted in understanding and connection, particularly to the lived experience of others; "the feeling of life, it is the first truth of self-consciousness" (p. 254). This act of humour acknowledges the woman's emotional state, easing tension and creating meaningful connections with the woman. As the navigator, Lily, bridged the gap between clinical care and the woman's emotional well-being, highlighting the unique work of core midwives in balancing clinical care with emotional navigation.

Navigating humour in high-stress clinical environments, like childbirth, reflects a nuanced understanding of human emotions and interactions. Lily's response did not dismiss the woman's feelings but normalised her vulnerability, transforming an overwhelming situation into a shared moment of humanity. Gadamer's (2004) perspectives on knowing and doing intertwine as Lily interprets the spoken and unspoken needs of the woman, aligning her actions with a deep understanding of what matters most.

Lily's narrative reveals the tension between expectation and reality, the contrast between how the women envisioned childbirth and the reality she experienced, a common theme in childbirth. As navigators, core midwives provide 'wrap-around' support, helping women reconcile their expectations with the unfolding reality. In this case, humour became a tool for navigating the space between the woman's idealised vision of childbirth and the reality she faced.

Lily skilfully exemplifies her role in navigating this space, resonating with Brown's (2012) emphasis on "the space between where we're actually standing and the place where we want to be" (p. 172). Through humour, Lily helps the woman feel valued and supported, transforming a challenging moment into one of connection and fostering a positive birthing experience. For Gadamer (2013), dialogue and understanding are fundamental to human connection. Midwives must interpret the situation in real-time, gaining insight into what is unfolding and how to respond. Gadamer asserted that "language has a universal ontological signification. To be sure, what comes into language is something different from the spoken word itself. But the word is a word only because of what comes into language in it" (p. 491). In other words, midwives do not just use words, they shape meaning through their interactions.

Lily's story exemplifies the core midwives' ability to navigate the emotional landscape as they guide women through vulnerable moments. Through humour, midwives convey 'I hear what you are saying, I am here to help', reassuring the woman with empathy and strengthening the relational aspect of care. This guidance underscores the essential role of core midwives, both as navigators of clinical outcomes and facilitators of emotional connections that shape the birthing journey. As navigators, core midwives play a vital part in supporting women through the complexities of childbirth within a highly

technological setting, reinforcing that childbirth is not just a clinical event but a profoundly human and life-affirming experience.

The Navigator's Ability to Connect When "Walking Blind into a Room"

In the previous stories the importance of gaining rapport and forming meaningful connections with women and families was highlighted. In this story, Amy sheds light on the daily experience core midwives face: stepping into situations filled with uncertainty. She spoke of the need to form instant connections; a skill that core midwives must develop and refine. Amy likened this experience to "*walking blind into a room*" capturing the uncertainty and challenges that core midwives navigate daily. The ability to establish trust and understanding quickly requires core midwives to act as navigators: sensing, adapting, and guiding interactions to create a safe and supportive environment:

> *Sometimes we know the women… they have been in for assessment and might have met them one or two times… the high-risk women who come for repeat appointments or repeat admissions… or met them in a previous pregnancy… that's really nice when they walk in the door and they say "you delivered my last baby", but most of the time the core midwives are just 'walking blind into a room'… you've got to instantly try and gel with that woman… partner… the whole family that are in there and if you don't 'click'… sometimes even if you don't get on, if there's nobody else to swap you out with, then you're stuck in there for your whole 12-hour shift and that's really tricky. That's something that becomes a skill that core midwives learn over time.*

The metaphor '*walking blind*' encapsulates the experience of entering an unfamiliar space, facing the unknown, and potentially encountering challenging or emotionally charged situations. The imagery reflects the unpredictable nature of core midwifery, where midwives act as navigators, charting a course through uncertain environments with both sensitivity and skill. van Manen's (1990) existential theme of 'lived space' provides a lens through which to understand this experience, as 'felt space' is inherently subjective. Entering an unfamiliar setting can evoke feelings of "lostness, strangeness, vulnerability, and possibly excitement or stimulation" (van Manen, 1990, p. 102). Amy's reflections highlight the vulnerability core midwives experience in these moments, stepping into the space with heightened awareness and readiness to face whatever lies ahead.

As navigators, core midwives must quickly '*gel*' with women and families, a skill crucial to establishing rapport, trust, and meaningful connections. In situations where

connections are more challenging, core midwives draw on their resilience, balancing professional expertise with emotional attunement to create a safe and supportive environment for women and families. These moments emphasise the midwife's role as a navigator; actively guiding interactions, adapting to relational dynamics and fostering safety within the birthing unit.

van Manen's (1990) concept of 'lived body' also resonates here, as the core midwife's physical presence becomes a tool for navigating the unknown. Through sight, touch, and acute awareness of the environment, midwives embody this space with openness, patience and responsiveness. van Manen emphasised that "we are always bodily in the world" (1990, p. 103) meaning that one's physical presence allows them to experience and interact with others. For core midwives, this bodily awareness allows them to read non-verbal cues, sense emotions in the room, and adapt their approach to foster connection and trust.

The core midwife's bodily presence and ability to navigate complex 'lifeworlds' (van Manen, 1990) are critical to their role. Walking blind into the room may be challenging for some but, as skilled navigators, core midwives quickly develop the ability to 'see' and understand what is happening, responding appropriately to the unique needs of each woman and family. Their actions and awareness transform uncertainty into a sense of safety and trust, embodying Whyte's (2002) observation that "the territory of our work everyday by what we do and how we do it" (p. 25). By forging connections with women and families, core midwives mitigate the sense of blindness or uncertainty when entering a room. Their ability to navigate both the physical and emotional dimensions of this space underscores the essence of their role, transforming unpredictability into connection, care, and support.

Navigating Time, Space, and Presence to Connect

Like navigators, core midwives reveal how time is important, particularly when needing to focus on many things all at once. Participants emphasised the core midwives' ability to establish deep, meaningful connections with women and families, a skill that allows them to navigate the complexities of care both practically and emotionally. These connections go beyond communication; they are about creating a safe, empowering space where women feel truly understood. The following narratives explore the centrality of time in navigating this process. They reveal how midwives prioritise and

navigate presence to focus on the woman and family, navigating the landscape of care with the physical time needed to connect, and navigating the emotional landscape with the time that matters for fostering trust, understanding, and empowerment.

Navigating Opportunities "to Sit and Focus"

Hannah underscores the essence of presence, in connecting deeply with women and families through meaningful, unhurried interactions. For her, time and space to connect and focus are crucial for ensuring that women feel supported, empowered to ask questions, and confident in their decision-making.

> *Connecting with women and having sufficient time to connect… to sit down and explain to the woman and their family… in a woman-centred way, to ask me questions without feeling pressure or being hurried. I enjoy those opportunities to be able to just sit and focus on the woman and her partner, explaining the situation to them and really gaining their fully informed consent for where they are wanting their journey to go.*

Hannah's approach aligns with Gadamer's concept of ontological understanding, where comprehension is situated in time and context (Malpas, 2003). Time becomes an essential element of the core midwife's role as a navigator, enabling them to support and advocate for the woman's plan of care and childbirth journey she desires. By creating unhurried space for clear communication and mutual understanding, Hannah navigates the challenges of obtaining informed consent (Godbold, 2010).

In her role as a navigator, Hannah emphasises the importance of pausing to connect emotionally and allowing time to explain things and for women to ask questions, reflecting Gadamer's (2013) hermeneutic circle. This interplay between parts and the whole is central for understanding. For Hannah, the 'whole' is the trusting relationship necessary to guide the woman's childbirth journey, built from the 'parts' of attentive conversation, careful explanation, and genuine care.

Gadamer (2013) asserted that language is the key to connecting with others, particularly through the context of dialogue that fosters understanding. Hannah's narrative illustrates how effective communication enables her to navigate the care for women and families culminating in true informed consent. This process mirrors Gadamer's (2004) notion of "the ultimate miracle of language" (p. 166), where connection and understanding are achieved through reciprocal dialogue. As a navigator, Hannah's skill

in using time, language, and presence exemplifies the core midwife's ability to transform uncertainty into empowerment and support.

Navigating "Stopping for a Minute"

Continuing with the importance of time, Emma's reflection underscores the significance of creating a sense of calmness and building trust, helping women and their family adjust to the presence of a new midwife in the room. Emma reflects on the challenges of navigating the demands of a fast-paced hospital environment while prioritising meaningful connections with women and families in the clinical environment, even within a limited timeframe:

> *I think a good handover and then for the LMC to leave because if they stay you can't build a relationship with the woman easily because that presence is still there… whoever was coming in to replace me needed to build a relationship with the woman, it's really important and sometimes you only have a short time to do it… it's not about the LMC, it's not about the core midwife, it's about that poor woman whose having her care handed over. She just needs to look and go you're competent, you know what you're doing and you're friendly, you're on my side… what always works for me is before I start rushing in and doing things, because I find it grating when I see people walking in and you know start fiddling with drips and drains and things, before they've even talked to the women… if there's time, I try really hard to sit down so that the women is looking at me and her partner and just get them on board, just talk about this is who I am, this is what our goal is …so let's make a plan …stopping for a minute to let them take a breath and let them get used to the difference in the room because it's somebody new.*

Emma's practice reflects the core midwife's role as a navigator, skilfully guiding women and families through transitions in care. This role requires balancing chronos; the structured demands of the hospital environment with Kairos (Niles et al. 2021, Smith, 1969, van Manen, 2016b, 2018), capturing the opportune moment to foster care and human connections. By pausing to create space for understanding, Emma embodies Gadamer's (2013) concept of 'being present in the world', consciously prioritising relational care amidst the pressures of a technocratic environment. Her practice supports the fundamental importance of human connection and presence, as she guides women and families through their childbirth journey.

Emma's ability to form meaningful connections reflects the essence of being 'with woman' in a healthcare landscape increasingly shaped by medicalisation and technology (Gadamer, 2004). As a former LMC, Emma draws on her previous experience of having

the opportunity to spend more time building relationships, recognising the importance of smooth handovers during transitions of care between staff. Her approach ensures that the trust and connection established by previous caregivers is sustained, exemplifying the navigator's role of bridging the emotional and clinical landscapes of compassionate care, even within the constraints of time. In this way, she attunes herself to the needs of women and families, fostering understanding through dialogue and presence (Gadamer, 2004, 2013).

Emma's ability to pause and focus on 'being present' in the moment, as she seizes opportunities to connect, aligns with Van Manen's (1990) concepts of lived time, lived space, and lived other. These ideas emphasise the significance of shared moments and the relational dynamics that make clinical interactions meaningful. Even in a high-pressure, technology-driven setting, Emma maintains a sense of purpose and meaning, demonstrating how core midwives navigate space and time for caring as they focus on the human connection (van Manen, 1990).

Navigating the Landscape: "Great Timing"

Building on the concept of time, Elizabeth underscores the core midwife's ability to navigate the emotional landscape within the technocratic birth space. She seizes the moment to navigate situations where a relationship must be established quickly and effectively. She illustrates how, even under pressure, midwives connect with women by incorporating relationship-building into essential assessments:

> *That's the beauty of it as a core midwife you're meeting a total stranger, usually that has just turned up, that could have anything going wrong. So you're having to go back to your A, B, C and do all your primary assessments, talk to the woman and build a relationship. It doesn't mean that just because you haven't met them before, you can't establish a relationship with this person. It might not be great timing, but you've got to start somewhere to actually get them to participate, relax and also a bit of self-help for themselves to understand what's going on.*

Elizabeth's narrative underscores the core midwife's role as a navigator, skilfully balancing the demands of time, clinical priorities, and relational care. Like navigators, core midwives must simultaneously focus on multiple factors while maintaining clear, effective communication to foster understanding and safety. The urgency of assessing and responding to the woman's condition does not preclude the need to connect, even when timing is less than ideal.

Like navigators, core midwives reflect on the importance of being present; yet their role focuses on their ability to adapt to the constraints of time while focusing on the woman's needs and experiences, including understanding what is happening. Gadamer's (1998) "*Praise of Theory*" highlights that meaning comes from being "completely present" (p. 31) in the moment, suggesting that understanding arises through attunement to the immediate context. Despite simultaneous demands on her time, Elizabeth embodies this presence as she navigates the need to prioritise care while building rapport. She highlights the challenges of establishing connections within time constraints, reflecting the core midwife's unique skill in navigating the emotional landscape of childbirth.

Aristotle's view of time as infinite, with no beginning and no end (Malpas, 2003), offers a philosophical lens for understanding how midwives integrate relational and clinical tasks. Within the constraints of finite time, core midwives develop the ability to adapt and prioritise, ensuring that women's emotional and physical needs are met. Elizabeth's reflection exemplifies how midwives navigate the human aspects of care within a medicalised and technology-driven hospital setting, where meaningful human connections are as crucial as clinical expertise (Gadamer, 2004).

While Elizabeth acknowledges the urgency and certain order to things, with the need to accomplish many tasks simultaneously, she also emphasises the importance of relational care. Gadamer asserted that an awareness of time enhances understanding of existence (Vessey, 2007), and algins with Elizabeth's practice of remaining attuned to the present moment. Her reflection illustrates core midwives' skill as a navigator in balancing time-sensitive responsibilities and providing appropriate care, with the depth and richness of human connection in these moments (van Manen, 1990).

The Navigator's Role in "Impactful Relationships"

The participants shared rich stories highlighting the importance of time and quickly forming relationships with women and families while navigating the demands of clinical care within hospital settings. Pippi's story reflects the importance of time relating to the nature of time for making meaningful connections and fostering impactful relationships. Pippi illuminates her passion for this aspect of her role:

> *I loved meeting women, that's 'my calling'. I like the fact that you can meet these women and make instant rapport with them, that's my kind of 'core thing' you can just meet someone new all the time… I enjoy that you don't have to have a*

> *sustained relationship, yet you can have very impactful relationships just in that short time.*

Pippi reveals her sense of purpose and identity as a core midwife, emphasising that her "*kind of 'core' thing*" *is* the opportunity to meet new people and quickly build rapport which is fundamental to her role. For Pippi, time has great value, and her calling lies not in the length of relationships but in their depth. For her, forming meaningful connections is not merely a task, but an expression of self; a "*way of being in the world*" (van Manen, 1990, p. 104), where each moment carries meaning. Her ability to foster these relationships aligns with van Manen's (1990) notion of lived other (relationality), demonstrating how midwives prioritise human connection in their practice.

While core midwives often face significant time constraints, Pippi views time not in minutes or as a limiting factor but as an opportunity to "experience real connectivity" (Elder, 2020, p. 118), finding fulfilment in the authenticity and sincerity of each interaction. Whyte (2002) likened this to Wordsworth's poetry, which reflects "*a deeply personal experience*" (p. 67). Pippi's approach exemplifies the core midwife's ability to navigate with care and compassion, stressing the importance of the depth of connection.

Unlike LMCs, core midwives often have limited time with women; yet Pippi navigates this constraint to achieve what she values most. Whyte (2002) further enrichens this perspective with the reflection that

> work at its best is the arrival in an outer form of something intensely inner and personal; and the act of working itself- a bridge between the public and the private, a bridge of experience which can be an agony and an ecstasy to cross. (p. 68)

Pippi's role serves as this bridge, blending her inner calling with her professional practice, recognising that as a navigator her sense of purpose lies in these briefest yet profound encounters. Whyte's (2002, 2009) view of meaningful work as deeply tied to connection and belonging resonates with Pippi, as her relationships with women and families give meaning and value to her desire for the work.

Pippi's ability to create valuable and purposeful connections, even under time pressures, emphasises the core midwife's role as a navigator. She charts a course through the complexities of time, emotional needs, and clinical demands, ensuring that each

interaction with women and families becomes a significant, life-affirming experience. This capacity to navigate impactful relationships highlights the essence of core midwifery to meet each woman and family with empathy, making e very moment count.

Navigating Connections:

For core midwives, navigating the childbirth journey is about far more than clinical tasks or outcomes; it is an art of forging deep, meaningful connections with women and their families. These relationships, rich with emotional and personal value, lie at the heart of midwifery practice. In this study, the midwifery participants reflected on how the process of connecting with women and families fosters profound meaning and a sense of purpose in their work.

- **Fostering Meaning and Value**

Amy highlights the relational aspects of core midwifery practice, emphasising the joy and fulfilment that these profound connections with women and their families brings. She highlights the true essence lies in valuing authentic connection and engagement with the relationships she forms.

> *I love working with the women I love working with the families you know. The biggest thing you hear whenever you tell anyone you're a midwife is 'oh it must be so lovely working with all those babies'. It's actually not about the babies; it's about the women and about the families, and I love it when you see the same families again and they recognise you.*

In Amy's reflections, there is an interplay between the expected routines and tasks of the role and the moments of unexpected depth of connections that she experiences with women and families. These connections foster deep, profound meaning and value for her. Gadamer (2013) captured this interplay, noting that 'experience' encompasses both what we anticipate to "conform to our expectation" and a space for "new experiences that occur to us" (p. 361) when remaining open to new possibilities. For Amy, this duality sustains her work; the experience of fostering rapport and relationships along with the unanticipated depth of connection with families combine to fulfil her joy and commitment as a core midwife. Moments of appreciation from families deepen her sense of purpose, transforming routine work into a series of meaningful human connections.

Amy exemplifies the role of the core midwife as a skilled navigator, guiding emotional and relational experiences during the childbirth journey. She openly expresses a

synergism in her work with the women and families she cares for. Gadamer's (2013) concept of 'openness' finds relevance here, as both a philosophical foundation and a lived experience in which new understanding emerges through genuine human engagement. Amy's openness and receptivity to each family allows these connections to flourish. For Amy, her work transcends the physical act of delivering babies, to focus on engaging with women and families, bringing her joy and fulfilment.

van Manen (1990) observed that lived experiences, particularly significant events like childbirth, are inherently meaningful. Amy's reflections align with this perspective, as she emphasises how the experience of being with women and families enriches her practice. van Manen (1990) referred to life's experiences, times when life's profound significance become evident. These moments affirm Amy's relational essence of her role. For her, core midwifery is not just a job; she emphasises the profound impact of fostering meaningful connections. Through her words and actions, Amy illustrates how core midwives serve as navigators of both emotional and physical spaces for being with women during one of life's most unique and significant human experiences, enriching both their practice and the lives of those they serve.

Navigating the Relational Terrain: Connecting for Safety

This chapter has focused on how participant midwives referred to their everyday busyness of working as a core midwife and their role in navigating the relational terrain. They emphasised the importance of connection with women and families, particularly under time-pressure.

In this section, Emma shares her experience during a frantically busy shift marked by a lack of beds, insufficient staff, and rising tensions. Emma exemplifies the critical role of the core midwife as a navigator, balancing clinical demands with the need to connect deeply. Emma highlights the complex and challenging nature of the core midwife's work, and the significant impact that making connections can have on understanding, and for ensuring safety.

> *People were complaining because they had been waiting for hours to see a doctor and, quite frankly, I didn't blame them. It was terrible… people's husbands were coming out and growling… I was just going from one room to the other saying "you know I'm really sorry there is a wait, can I make you a cup of tea?" This woman was going to leave… It was really important to me that she did stay because for her health and for her baby's health, this is going to turn out so badly and I'm really worried… So, in the end I closed the door, she was in a two-bedded*

room… I closed the curtain; I gave the phone to someone else so that I didn't have to answer it. I just sat down with her… I said, "this is really rubbish, I know it's so hard for you, but I'm really worried about you, and if you go home, I'm going to lose sleep about you… I really, really want you to stay and I understand that this is not acceptable, you've waited so long, I'm giving you this form to write in, make it heard how this has been really difficult for you, that you have a life, and you've got other children that need care. I'm trying really hard to get someone to talk to you, but I do understand that this is hard. Is there any way I can talk you into staying?" And basically, the woman's partner said, "I think you just did". They had just been about to walk out the door, and they stayed. I just felt it was worthwhile my coming today… I had been 'putting out fires' all day. I really felt I just needed to tune out of what else was going on in the ward and just concentrate on this person and look them in the eye because we don't do that when we're really busy.

Emma speaks of "*putting out fires*" reflecting the urgency of navigating challenging environments. However, her ability to respond in these moments extends beyond quick thinking and action. Amidst addressing immediate situations within healthcare (Liu et al., 2019), Emma also prioritises connection. She does not rush by. Instead, she engages in meaningful conversations, listening attentively, and validating the experiences of the woman and her partner. This reflects Gadamer's (2013) concept of "coming to an understanding" (p. xvi). The ability to balance clinical demands with emotional presence highlights the core midwife's role as a navigator, where care goes beyond clinical expertise to include fostering a relational connection.

The process of connecting with women and families aligns with Gadamer's (2013) concept of 'play', where dialogue and engagement form an active, reciprocal process of co-creating meaning. Emma's role exemplifies this process, whether responding swiftly in a crisis or sitting with a couple to offer reassurance. Her skill lies in navigating urgency while making space for authentic conversations. As she fosters these moments of openness, Emma embodies the notion of 'play' as an engaged interactive process whereby understanding unfolds naturally.

Through her calm presence and professional approach Emma fosters a sense of safety and trust, empowering the couple to actively engage in their birthing journey. Gadamer (2013) noted that true understanding arises through open dialogue, where all participants contribute to a shared unfolding of meaning. Gadamer's notion of 'play' emphasises the dynamic process of dialogue and interaction, where understanding unfolds through back-and-forth engagement (Vilhauer, 2013). Language is central to this

process, as understanding can only emerge through a willingness to engage in the collaborative 'play' of dialogue (Gadamer, 2013). This interplay underscores the midwife's navigator role extends beyond simply imparting information; it is a relational experience.

Emma exemplifies the art of play through her role as a skilled navigator, facilitating a space where the woman, her partner, and herself are all engaged in the shared process of meaning-making. Emma facilitates this process by responding dynamically to the cues, needs, and emotions of those for whom she cares. Her presence and attentiveness illustrate the 'art' of midwifery, where emotional connection and clinical expertise hold equal importance. In this shared 'play' of understanding, Emma, the woman and her partner are all actively engaged. Gadamer (2013) stated "in language the world itself presents itself. Verbal experience of the world is 'absolute'. It transcends all the relative ways being is posited because it embraces all being-in-itself" (p. 466). Emma navigates this relational and clinical space, ensuring both the emotional and physical safety of both the woman and baby, while facilitating a shared understanding of everyone's needs.

While Gadamer (2013) emphasised the role of language in human connection and care, Aristotle added a deeper dimension, noting that "play itself contains its own, even sacred, seriousness" (p. 107). Even in light-hearted moments, profound understanding can emerge. Emma's actions reflect this experience as she brings depth and meaning to each interaction with the couple. The seriousness that Aristotle speaks of aligns with the gravity of challenging situations, particularly when core midwives, like Emma, are caring for women they have never met before. For Emma, this experience was not just another shift in a busy clinical setting, it was meaningful and *"worthwhile*". Her reflection highlights how 'play' fosters a space for understanding and connection, allowing the woman and partner to fully grasp the gravity of their situation. With Emma's guidance, they navigate the relational, emotional, and clinical within the context of busy technocratic environments (Niles et al., 2021).

For core midwives being present with women and families transcends the constraints of time and task-driven efficiency. Emma's reflection illustrates that even within the structured demands of hospitals, genuine connections remain possible. As a navigator, Emma brings a humanising presence to her care, balancing efficiency with the profound emotional needs of the women and families she supports.

Summary

The findings in this chapter revealed that core midwives, like skilled navigators, cultivate genuine human connections that transcend routine care and engage with the shared humanity of the childbirth journey. Participants emphasised that making connections with women and families are an essential aspect of their work and role, even within the constraints of a highly medicalised, technocratic environment. While childbirth unfolds in its own time, chronos, it is the Kairos moments, rich with meaning and significance, (Niles et al., 2021), that core midwives strive to create with women and families, defining the shared human experience of navigating these connections.

As navigators, core midwives balance the immediacy of medicalised environments with the depth of connection essential to effective care. This role requires them to swiftly and intuitively navigate the complexities of each encounter, often 'walking blind into the room', and relying on openness, sensitivity, and purpose. The Māori concept of whakawhanaungatanga (relationship-building) emerged as a guiding principle in this navigation, illustrating the deep cultural and relational roots of connecting with women and families.

Participants reflected on the way they foster quick yet meaningful connections, 'tuning into' what is said, observing body language, listening intently, and navigating each encounter with a sense of wonder and openness. These moments of deep engagement transform routine interactions into meaningful encounters. Additionally, humour emerged as a valuable tool in navigating delicate or challenging situations, highlighting the wisdom for knowing when and how to use it to foster trust and ease stress.

The word art below (Figure 4) illustrates the essence of connecting 'with woman' and family, visually capturing the participants' experiences of navigating these connections.

Figure 4: ***Navigating human connections: 'with woman' and family.***

This chapter underscores the role of core midwives as navigators of genuine human connection. Despite the challenges of a fast- paced, medicalised environment, the bonds core midwives form with women and families are essential for fostering relationships and providing meaningful care. The participants reflect the deeply human, relational heart of core midwifery; an art of navigating the 'being with' that transcends the clinical and reaffirms the shared humanity at the centre of childbirth.

CHAPTER 6: NAVIGATING TEAMWORK: BUILDING STRONG CONNECTIONS

This chapter continues the theme of connection by focusing on the vital role of teamwork in the practice of core midwives. Participants highlighted teamwork as a foundation for their practice with trust, mutual respect, and clear communication fostering successful collaboration. For core midwives, teamwork is more than just coordinating tasks, it is a dynamic, and adaptive process that requires them to navigate the complexities of professional relationships while managing the emotional and physical demands of their role.

The midwives shared how they rely on one another, finding that effective teamwork supports professional relationships and nurtures personal bonds. These connections build confidence and create a strong support network, enabling core midwives to navigate the challenges and demands of their work together with resilience and unity.

The following poem, inspired by the participants' stories, captures the spirit of teamwork and the essence of navigating connections with others:

Together we stand
We have each other's back and
Hand in hand
Side by side is our brand.

Rostered shifts, set hours
No matter the time or hour
The team, the humour
We don't need any armour.

It's knowing, trusting
Respecting, appreciating, supporting
Connecting, navigating, collaborating
It's all in teamworking.

The everyday work of core midwives goes beyond clinical skills; they are navigators, whose roles are deeply intertwined with fostering teamwork. The participants' stories illustrate that navigating teamwork is more than just a task. It is an ongoing, intentional process of building and sustaining strong collegial relationships. Creating a culture of

safety, trust, and mutual support requires adaptability, emotional intelligence, and a shared commitment to collaborate. Esprit de corps, camaraderie, humour, and shared responsibility are woven throughout their teamwork, reinforcing the core midwives' commitment to one another and the women and families they serve.

The subthemes in this chapter illuminate various dimensions of the navigator's role, as expressed through the participants' experiences. Each subtheme sheds light on how core midwives navigate their complex professional environment. They emphasise teamwork, trust, and collaboration as integral to shaping midwifery identity and fostering a culture of safety. This study found that the navigator's role in building effective teams included:

- Shaping midwifery identity: the role of teamwork in "*doing the right thing*"
- Fostering teamwork: "*asking for help*"
- Guiding the team: "*how to work with the whole team*"
- Building trust: essential for effective teamwork
- Camaraderie and collaboration: strengthening relationships
- Humour as a tool: supporting safety, teamwork, and resilience
- Being a team player: "*to pitch in*"
- Building a culture of safety: the navigator's role

The chapter concludes by synthesising these insights, bringing together the key themes explored through the participants' narratives.

Shaping Midwifery Identity: The Role of Teamwork in 'Doing the Right Thing"

Midwifery participants outlined the profound impact of their relationships with colleagues on their professional identity, confidence, and ability to navigate the complexities of their role. These connections build on shared experiences and mutual support; bonds that have shaped their professional growth and inspired them to foster the same development in others. Emma reflects on these dynamics, illustrating how the guidance and support of her colleagues have strengthened her confidence and sense of self. Now, as a more experienced midwife, she aspires to embody the navigator's role, guiding and mentoring the next generation of midwives to navigate their own paths for "*doing the right thing*" with confidence and skill.

> *I enjoy working with my colleagues because they've become part of my identity. I think as your colleagues become part of your identity because we've been through so much together. I enjoy the fact that I know where everything is, I know I'm fairly knowledgeable about the job, and so not much rattles me*

anymore. I don't get scared; whereas when I was new at the job, I would get nervous and keep asking people to check things that I was doing to make sure I was doing the right thing. Now I just feel confident that I do know what I am doing… I really, really enjoy working with my colleagues and the value of my own experience. I enjoy seeing some of the young ones coming through that are clearly going to be really good midwives… I don't mind if they come and ask me lots of questions because I did that myself when I was a junior midwife. I don't like it when they don't come and ask, and they don't know what they're doing, that makes me cross. I'm like 'don't put people's lives in danger' because you don't want to ask, I'm really approachable, and I think that I give good guidance and good advice.

Emma's professional growth exemplifies Gadamer's (2013) fusion of horizons, where her understanding evolves through meaningful dialogue and shared experiences with her colleagues. This interplay of perspectives highlights how Emma's sense of self and confidence have been shaped by the emotional and psychological support of her colleagues. Their guidance has shaped her confidence and growth for doing the right thing. Her interactions reflect an ongoing fusion of horizons as shared experiences and interactions with colleagues expand her understanding, creating a safety net where confidence and resilience can thrive. For her, the workplace is more than just a physical environment, it is a relational space where bonds and shared purposes create a profound sense of identity.

The navigator role emerges as Emma reflects on how the guidance of her colleagues empowered her development. She now aspires to nurture and guide less experienced midwives, offering the same support and reassurance that she once relied on. This shared commitment to nurturing growth and ensuring safety underscores the essence of the navigator role in midwifery which is built on teamwork, mentorship, and a sense of purpose. Aristotle's concept of philia relating to relationships with friends with an appreciation of them (Aristotle 4BCE/1985), offers a useful lens here to understand Emma's experience. As Annas (1977) and Torres (2021) suggested, philia encompasses mutual respect and shared virtue, fostering personal growth and collective well-being. Emma's relationship with her colleagues aligns with Aristotle's perspective; "acts of help and support for the friend and, on the other, valuable activities that they do together" (Szaif, 2011, p. 222). Aristotle emphasised relationships based on mutual respect and virtue are essential for personal growth. By mentoring and supporting others, Emma creates an environment where confidence, trust, and safe practice can flourish.

For Emma, the uncertainty of her early career, marked by the need to constantly check in and seek reassurance, has been replaced by confidence and a strong sense of responsibility. This transformation is rooted in the shared experiences and ongoing dialogue with colleagues that expand her understanding and build resilience. She is everything today because of those in that space who nurtured and supported her, fostering a collective strength that enabled her and her team to navigate and thrive in their roles. Molly reinforces this sense of interconnected development, emphasising the long-lasting impact of the relationships formed in the workplace: "*who you train with who you practice with, who you work with on a daily basis really shapes the midwife you become*".

Through these reflections, the navigator role in midwifery becomes evident. It is a role that balances personal and professional growth, mentoring, and navigating the complexities of midwifery practice. The relationships forged in this space shape individual midwives and strengthens the collective capacity of the team, creating a safety net where confidence, collaboration, and excellence thrive. Together, these insights underscore the profound importance of teamwork and camaraderie in fostering the identity of core midwives, enabling them to consistently do the right thing.

The Navigator's Role in Fostering Teamwork: "Asking for Help"

In the dynamic environment of core midwifery, the navigator role is a defining feature of safe and effective practice, particularly in fostering teamwork. Central to this role is the ability to recognise when to ask for help and feeling supported in doing so. This narrative highlights the often-unspoken reliance on interconnectedness within midwifery teams. Seeking help is vital aspect of fostering a culture of trust, safety, and mutual respect.

Grace's reflection highlights how midwifery teams rely on open communication and mutual support to navigate challenges and maintain high standards of care. By asking for help, core midwives enhance their own confidence and strengthen the collective capacity of the team, facilitating safety, professional development, and a shared commitment. Grace shares how this collaborative approach unfolds in her everyday work as a core midwife:

> *You're not expected to know everything as well, so actually asking for help is part of being a safe core midwife … "I don't know what this heart condition is, can we*

sit down and work out how we're going to do it together as a team, can I have support?" So, I think, actually asking for help and working as a team is a really important part of being a core midwife. It's not going to work if you try and do it by yourself.

Grace's reflection demonstrates the importance of teamwork as an essential feature for being a core midwife and reflecting the navigator's role as an operational necessity for ensuring and maintaining safety. The navigator's role encompasses deeply human acts, rooted in integrity in acknowledging and recognising the limits of their knowledge and emphasising how crucial if is for core midwives to ask for help especially when outside of the midwifery scope of practice. This process fosters a commitment to both confidence and professional growth while reinforcing the importance of teamwork in ensuring safe outcomes.

Grace's insights align with the concept of 'ubuntu' within the core midwife's world (Praeg, 2008). Ubuntu, with its various meanings of 'humanity', 'I am because we are', and 'I am because you are', captures the interconnectedness of effective teamwork and the profound impact that we have on each other. Grace refers to the philosophical underpinnings of ubuntu; to support each other and share knowledge. Grace's reflection illustrates how embracing this interconnectedness enables midwives to navigate challenges together, creating a culture of mutual respect and shared responsibility.

Nelson Mandela, in an interview with Tim Modise (2006), articulated ubuntu as being a way of life, a bond connecting all humanity, encompassing trust, respect, human dignity, caring, and compassion. Within the context of midwifery, Grace reveals the fundamental importance as a navigator creating a safe space for open communication, promoting mutual trust and respect for collaborating with the team. Ubuntu encourages a culture where team members feel heard, understood, and supported, an environment that encourages asking for help, removing stigma and feelings of awkwardness. Core midwives like Grace enhance both their own confidence and safety for colleagues, women, and their babies. As a navigator Grace embodies this philosophy, demonstrating the satisfaction and sense of belonging from being part of a supportive team. The sense of togetherness fosters an assurance of 'having someone's back'. This sense of belonging goes beyond presence; it involves recognising and valuing how team members influence and support one another, concepts that relate with ubuntu.

Grace acknowledges that she does not have all the answers. By seeking support, she demonstrates humility and respect, building authentic relationships within the team. The emphasis on effective teamwork where authentic engagement with one another is paramount is fundamental for the provision of safe maternity care (Harris et al., 2022). As Harris et al. (2022) noted, key aspects of teamwork include open communication, honest feedback, and opportunities for collaborative ways of working. As a navigator, Grace's actions highlight how core midwives thrive through mutual respect, creating an environment that promotes quality care, safety, personal fulfilment, and team effectiveness.

The Navigator's Role in Guiding the Team: "How to Work with the Whole Team"

Amy's narrative captures the intricate balance of the navigator role in supporting her team while allowing space for them to grow, a balance she refers to as "*keeping an eye on everybody*". In her role as a navigator, where safety and guidance are paramount, her vigilance is constant; she knows when to step back and allow her colleagues to make decisions.

> *You've got to 'have your eyes on the ball' all the time because there's a lot of rooms to be keeping an eye on, there's a lot of staff… you've got to make sure you're 'keeping an eye on everybody' and when to make that judgment call. So if you don't think that the registrars are coping or you think that they're going to make the wrong decision, then you've got to know when to actually just 'go over their heads' and just call the Senior Medical Officer …you've got to let the registrars try and make the right decisions because otherwise they're never going to learn and it's the same with the midwives… you've just got to know how to work with the whole team… It's a complicated, complex job… it's quite hard because of the turnover of the staff… trying to get to know everybody's personalities and how everybody works individually.*

Creating a safe environment and supporting staff to become confident and experienced is essential for providing safe, high-quality care. Amy embodies this process by "*keeping an eye on everybody*". As an experienced midwife, she is highly attuned to navigating the complexities of the clinical environment. Amy's approach reflects Gadamer's (2013) notion of *Bildung,* a continuous process of personal and professional development shaped by shared experience and teamwork. For her, *Bildung* is not only about her own growth but also about her responsibility to the team. As a navigator, she anticipates needs, balances support, and guides others as they navigate complex and dynamic situations. This aligns with Edmondson's (1999) concept of psychological safety which

refers to a shared belief that the team is safe for interpersonal risk-taking. Amy fosters an environment where colleagues are supported to navigate safely as they develop experience. This psychological safety is foundational in enabling learning, collaboration, and adaptability in high-pressure clinical settings.

At the same time, Amy understands that her colleagues, whether junior doctors or midwives, must make their own decisions and develop confidence in their roles. Yet, she possesses practical wisdom, phronesis, (Gadamer, 2004) allowing her to recognise when to step in to navigate safety. Amy balances between allowing her colleagues to learn through practice and knowing when to intervene. This practical wisdom blends moral judgement and timely action, requiring an ability to assess a situation and knowing when guidance is needed or when to take charge (Gadamer, 2004; Lawn & Keane, 2011).

Amy's narrative embodies the "helicopter view" of the team (Gilkison et al., 2017, p. 35), a skill that enables her to see the bigger picture and be one step ahead as she anticipates needs before they arise, fostering an environment of readiness and adaptability. These characteristics of leadership are vital when working in an environment that is dynamic and constantly changing (Baker et al., 2011). Amy highlights the essence of teamwork as a shared responsibility, where they can all practice their best, and decisions can be made quickly and effectively. She knows the strengths, skills, and personalities of her team members and uses this understanding to guide and support them, cultivating a trusting culture where staff can learn and grow. This practice aligns with the navigator metaphor as someone who steers as they lead and ensures the collective progress of the group. It also resonates with Gadamer's (2004) idea that moral knowledge goes beyond objective observation, it involves active engagement and responsibility in the situation. These concepts underscore Amy's reflective and situationally responsive approach to navigating leadership.

Amy's vigilance reflects a seamless, collaborative approach as she navigates a supportive environment for multidisciplinary teamwork, echoing another participant's experience as a navigator of interprofessional support and adaptability. Pippi, spoke of the team's ability to 'mix-n-match', enabling them to navigate the complexities of care together. This adaptability resonates with the trust Amy fosters, mirroring van Manen's (1990) perspective on the interconnectedness that defines human relationships and supports a web of team reliability.

By valuing each team member's unique contributions, Amy cultivates an atmosphere where safe practice thrives, bolstered by collegiality and emotional intelligence. Angelou's ethos of when you "know better, do better" (Douglas, 2019, p. 10) resonates deeply here. Amy exemplifies this principle, highlighting the collective strength of a supportive and interconnected team, where growth and learning are continuous and shared.

The Navigator's Role in Building Trust: Essential for Effective Teamwork

Participants revealed the importance of cultivating effective teamwork and the dynamic relationships they navigate in their everyday work. Central to their reflections was the significance of building trust with their colleagues; an aspect that enhances relationships rooted in friendship, mutual respect, and a shared appreciation for each other's unique strengths. These collegial bonds foster effective teamwork and create a supportive environment where midwives can thrive.

Amy shares how knowing one's colleagues can save precious time, especially in emergency situations, in which core midwives often participate. Within these situations she illustrates the importance of navigating safety through trust.

> *There's a lot of trust in it …99% of them I get on really well with …it was about 3 in the morning, and I rang this Senior Medical Officer [SMO], and I just said, "Room 2 head entrapment" and that's all I said. I didn't say anything else, and this SMO came like a ninja, sort of kicked room 2 door in, and came flying in because he knew exactly what was going on. I didn't have to do any other explaining… it's like war and peace before you get anyone to come but once everybody's been working together for a while and they know how each other work, it's about trust though.*

Amy's story highlights how trust within the navigator's role enables swift and immediate action, particularly in emergencies. Gadamer (2004) suggests that understanding emerges through dialogue and shared experiences, which, in turn, fosters trust. Over time, team members develop an intuitive grasp of each other's signals and responses, allowing them to act decisively in high-pressure situations. In these moments, trust becomes an essential foundation, built through collaboration and familiarity, enabling midwives and obstetricians to navigate safety through mutual understanding. Trust fosters a safe and supportive environment, allowing the navigator to guide the provision of safe, effective care. This aligns with Strömgren et al.'s (2016) observation that trust is

a critical component of workplace culture, strengthening relationships and supporting seamless teamwork in complex, high-stress environments.

Collaboration among healthcare professionals is particularly crucial in maternity care (Cronie et al., 2019) where optimising teamwork is essential for navigating safe care. Amy illustrates how a navigator's trust enables team members to understand the gravity of a situation without the need for lengthy explanations. van Manen (1990) reinforces this, noting the importance of tone and listening to "the way language speaks" (p. 111), not just through words, but also through silence and shared understanding. Amy's reflection exemplifies how over time; team members develop an unspoken language allowing them to act without hesitation.

Coyle (2018) further emphasised that "cohesion happens not when members of a group are smarter but when they are lit up by clear, steady signals of safe connection" (p. 26). These signals, combined with familiarity and mutual respect, have a profound impact on team dynamics, enabling the team to act decisively and cohesively. Amy's story reflects how familiarity and trust between members can transform teamwork into a seamless, almost instinctual process for navigating safety.

The navigator's ability to enhance team effectiveness stems from a deep understanding of their team members' knowledge, skills, and clinical expertise, allowing them to navigate safety with confidence and assurance, knowing that each member is trusted and can be relied upon. This kind of embodied knowing, the ability to act decisively based on deep professional relationships, demonstrates how trust functions as the navigator's compass. It fosters cohesion, accelerates decision-making, and ensures swift, unified action even amidst complexity and uncertainty.

Amy further reflects on the ease of working in a well-established team and navigating safe care:

> *We all knew each other, would work together on the same set shifts for years, we worked, it was like liquid; the team just flowed and if anything happened, you didn't even have to think, everyone just knew what to do and it was easy.*

Amys' reflection highlights the navigator role in action, where trust and shared understanding serve as the guide, enabling swift decision-making and seamless effort of effective teamwork in dynamic environments. This fluidity, grounded in shared experiences and trust, aligns with Aristotle's concept of phronesis, the practical wisdom

to act in real-world situations (Gadamer, 2013). Amy's reflection of a team that just flowed illustrates how practical wisdom emerges within a team when trust and shared understanding are present.

Trust embedded in these relationships develops through shared experiences, collaboration, and mutual understanding over time. Phronesis enables midwives to cultivate and sustain these trusting relationships, allowing them to act intuitively and effectively, particularly in high-pressure situations. This intuitive ability to 'spring into action' reflects their capacity to seamlessly navigate unpredictability without hesitation. It draws on the navigator role illustrating Aristotle's concept of phronesis (Gadamer, 2004, 2013) as the ability to make wise and practical decisions and navigate complex situations in dynamic and uncertain environments. Amy outlines how core midwives, like navigators, are adept in applying phronesis, through the interplay of experiences, understanding, and application in real world contexts. As navigators they seamlessly work together as a team, and practice wisdom emerges from reflective practice and ongoing interaction within a trusted team environment.

Camaraderie and Collaboration: Strengthening Relationships

The participant midwives shared stories of navigating teamwork and building strong connections within their professional environments. At the heart of these relationships was camaraderie, a shared sense of trust, mutual respect, and genuine friendship that fostered a culture of collegiality and strengthened teamwork. Camaraderie enhances collaboration and creates a supportive space where midwives can confidently practice, relying on one another with both routine and complex situations.

Lily's reflection illustrates how camaraderie enriches the professional and personal bonds between colleagues, making the workplace more than just a setting for collaboration, but also a source of joy and encouragement:

> *When I'm working with colleagues that are colleagues and friends… I like to think I 'get along' with everyone, but you always have colleagues who are also friends… We just love each other, we trust each other. We have very different characters and different ways to practice, but we gel really well… I just love it; it's those shifts that it doesn't matter if it's busy or if it's quiet. If it's busy you know you can do anything with (my colleagues) and it's going to be great… we're going to respect each other and work together really well. If it's quiet we're going to have great conversations and we're going to support each other… we hug each other and we're always smiling. It just makes going to work almost like a little holiday. So*

> *it makes me engaged to see that happening, working with colleagues that respect each other and that put the women and the baby on top of their priorities. They have a good sense of humour and you feel confident and completely free to be yourself and practice together… Step in for advice, and in an emergency if one of us is trying to do something and it's not working, if I'm trying to cannulate and it's not working and the second* [midwife] *is trying to remove the placenta and it's not working, we just look at each other and say how about we swap… We know there is going to be no judgement, no one's going to talk down to you and you always practice your best when someone is trusted, you're confident… When you work with colleagues who are supportive and you know that they are going to be there for you and you can ask for help, then you work your best.*

Lily's story is rooted in camaraderie, where professional relationships evolve into personal connections that uplift and inspire. These bonds resonate with Bloxsome et al.'s (2019) findings, which revealed the relationships midwives build with their colleagues play a key role in retaining them in the profession. Authentic, deep bonds of genuine connection cultivate a friendly, supportive environment that fosters engagement and resilience. Within this supportive culture, midwives can confidently work knowing that they have the backing of their team committed to a valued goal (Salas et al., 2000).

Buber's (1970) concept of the 'I-You' relationship provides a philosophical framework to understand these connections. This concept emphasises authenticity, mutual respect, and valuing one another as whole persons. For Lily, camaraderie mirrors the 'I-you' relationship, fostering togetherness, emotional safety, and a shared sense of purpose. These qualities enable her team to navigate challenges without fear of judgement, reinforcing their ability to collaborate effectively and support each other under pressure.

Lily emphasises the sense of emotional safety in the workplace as the team unites to 'lift each other up' reinforcing a sense of shared purpose. Buber's (1970) notion of "I-You" (p. 62) underscores meaningful connections that transcend mere functional interactions, allowing individuals to realise their full potential. Lily and her colleagues embody Buber's notion of togetherness, where their strengths and character contribute to the team's ability to navigate the complexities of their work. This relational dynamic aligns with the navigator role as core midwives must skilfully steer through both the clinical and interpersonal complexities of their work. Just as navigators rely on trust and

collaboration to ensure safe passage, midwives depend on camaraderie to create an environment where their strengths combine for effective and compassionate care. Lily speaks of how her team's ability to "*swap roles*" in emergencies without judgement underscores their collective strength, embodying the navigator's adaptive and collaborative nature.

For Lily, working with trusted team members transforms a potentially stressful environment into a place of joy and renewal. Her metaphor of work being "*almost like a little holiday*" reflects the restorative nature of camaraderie and trust. Holidays often symbolise spaces of relaxation, shared laughter, and a break from the burden of responsibility—parallels to the supportive teamwork she experiences. The absence of judgement and the presence of trust create a sense of freedom and authenticity, allowing midwives, like Lily, to practice at their best and feel valued. This dynamic also resonates with Brown's (2012) notion of connection where "connection is the energy that is created between people when they feel seen, heard, and valued; when they can give and receive without judgment" (p. 145). For Lily these bonds reinforce the unity of friendships and provide the foundation for navigating the emotional and professional demands of the work. Her story exemplifies how camaraderie, as part of the navigator role, transforms the workplace into a space of mutual empowerment, fostering resilience and a culture of appreciation.

Humour as a Tool: The Navigator's Role in Supporting Safety, Teamwork, and Resilience

Midwifery participants underscored the pivotal role of humour in the daily work of core midwives. Humour emerges as an essential tool for navigating the complex and often stressful environments within the technocratic birthing space. For participants, humour is more than a coping mechanism, it is a vital element of building connections, fostering camaraderie, supporting teamwork, and maintaining resilience. Humour plays a key role in dissipating stress, encouraging collaboration, and creating moments that help core midwives navigate the challenges inherent in their roles while safeguarding the well-being of the team.

Amy reflects on how humour serves as both a personal and collective strategy for navigating the daily challenges:

> *We all get on really well and I'm always the one for using humour, I always have. Sometimes humour is my protection …if something's happened, I'll make sure*

> *that everybody's okay, but then I always try and bring the mood up with a bit of humour… Trying to inject a little bit of humour sometimes just dissipates the stress levels and people feel like they can cope a little bit better with it… I use humour a lot to try and get us through… It's a really good day if all of my staff get a break that they're actually entitled to have… all had a chance at some point to have a bit of a catch-up, a bit of a laugh and a 'carry-on' because it's all about humour. It's only the humour that keeps you going in the place that I work, and it's not just the midwives; it's the ward clerks, orderlies, cleaners, HCAs* [healthcare assistants]*, we all get on really well as a team, and it's just nice if you manage to even just gather round everybody and just have a chat with everybody on your shift.*

Amy's reflections reveal how humour plays a central role in her daily interactions with her team. For Amy humour is her *'protection,'* a lifeline that helps her rise above moments of stress or times of difficulty. Viktor Frankl's (2004) insights on humour resonate deeply with Amy's experience. In '*Man's Search for Meaning',* Frankl emphasises humour as a vital tool for resilience, particularly in times of adversity:

> Humour was another of the soul's weapons in the fight for self-preservation. It is well known that humour, more than anything else in the human make-up, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds. (p. 54)

For Amy, humour helps her cope with stress; lifts her up to survive, resonating with Frankl's (2004) 'fight for self-preservation'; and serves to elevate the team's spirits. Amy recognises that there is a time and place for humour, and by sharing humour in the right moments she connects them in a way that boosts team morale. Humour is more than just a light-hearted tool; it helps strengthen the bonds and foster a shared sense of unity. Like Frankl (2004), Amy finds humour in challenging circumstances is a testament to her strength and resilience as a tool for survival. Frankl (2004) emphasised the "attempt to develop a sense of humour and to see things in a humorous light is some kind of a trick learned while mastering the art of living" (p. 55). Amy reinforces the bonds within her team to rise above challenges and protect their well-being.

Amy reveals that humour functions both as a coping mechanism and a unifying element for the team. She understands that humour can act as a powerful tool in navigating difficult times to manage the stress of their work. In this context, humour acts as both a shield and a bridge, a shield that protects herself and the team against the emotional

struggles, and a bridge that unites everyone. This insight is reflected in Frankl's (2004) philosophical understanding of humour "When we are no longer able to change a situation… we are challenged to change ourselves" (p. 116). Through humour, Amy exemplifies adaptability and strength. Her ability to navigate challenges with humour supports her own well-being and nurtures an environment of mutual care and respect. By lightening the mood and fostering connection, she helps her team navigate the pressures of their work together, ensuring safety, and maintaining a sense of camaraderie.

The ability to navigate challenges through humour reflects the core midwife's role as a navigator, guiding the team through difficult terrains with skill. For Amy, humour is an essential part of navigating her own well-being and the dynamics of the team, fostering trust, and creating a culture where everyone feels supported and valued.

Being a Team Player: *"To Pitch In"*

In this study, the midwifery participants used words like rapport, mutual respect, and support to convey working with their colleagues. They emphasised unity as essential for inspiring one another and building collegial relationships critical to fostering teamwork. Core midwives act as navigators, for women and families and within their team, creating a cohesive environment for promoting self-care and the provision of quality care to flourish. Amy reflects on her daily work, capturing this sense of togetherness:

> *It's the girls that you work with, it's the rest of the colleagues that keep you putting one foot in front of the other, and we're all really good at looking out for each other and helping out each other... There's no sort of, 'well I'm in this room and that's where I'm going to stay', everybody's quite happy 'to pitch in' and help each other out when it's really busy… it's really good…. you do have to support each other and it's not just about supporting your peers, it's about supporting everybody on the floor …from the cleaners all the way up to the Senior Medical Officer we're all working, there is no 'I' in team and we all have to work together. I like that when they get to be all grown up and they've got their big girl knickers on pulled right up and I just think I was a little part of that.*

Amy's narrative unveils the profound depth of relational dynamic within core midwifery teams, where emotional and practical interconnectedness transcends traditional notion of teamwork. Her reflections exemplify the core midwife's navigator role, fostering a relational space of trust and solidarity. Referring to her "*girls*", Amy underscores the familial closeness and connection within her team. Swensen (2018) highlighted the vital

role of esprit de corps, a shared sense of fellowship, mission, and purpose in sustaining team morale. This concept resonates deeply with the navigator role, where mutual support, care, and collaboration among team members are essential for navigating the challenges of midwifery work. Within Amy's narrative, she reflects on her purpose as she fosters a safe supportive space around 'her girls' that enables navigation through intense situations.

Amy's reflections align with van Manen's (1990) concept of 'relationality'—the connection with others in a shared space. She emphasises how the team represents more than just colleagues; they unite creating a shared space that uplifts each member. van Manen (1990) noted "the space in which we find ourselves affects the way we feel" (p. 102). For Amy, this lived space, shaped by mutual respect and support, cultivates a team synergy, which profoundly influences the team's ability to navigate challenges.

These relational bonds are vital for navigating the unpredictability of daily core midwifery work, creating a safety net where colleagues can depend on one another. Amy highlights the navigator's role in cultivating trust and camaraderie fostering a collective esprit de corps that energises the team to keep going. For Amy, teamwork is not just about completing tasks, it is about knowing her colleagues will step in and support each other, inspiring a shared enthusiasm to "*put one foot in front of the other*".

The willingness of everyone to '*pitch in*' reflects an ethos of mutual support, where each member's contribution is valued in navigating the safety net. This safety net is more than just a 'back-up' is an active, dynamic system of trust and shared responsibility. This sense of unity enables the team to navigate challenges with resilience and confidence. For Amy teamwork is not just about cooperation but creating a sense of belonging and emotional safety. Her metaphor of pulling on "*their big girl knickers*" captures the team's ability to inspire resilience and strength in one another, fostering a shared commitment to their work that sustains them even in the most challenging moments.

The navigator role emerges as a guiding force, strengthening the safety net by empowering the team to persevere through unpredictability, fostering connection, adaptability, and collective decision-making. These relational bonds intertwine with the safety net of mutual trust, forming a foundation for resilience and unity. Amy's experiences illustrate how this collaborative space enables core midwives to navigate

the complexities of their role with determination and shared purpose within a supportive, collaborative environment.

Building a Culture of Safety: The Navigator's Role

Participants explored the interconnections of the navigator's role and the core midwife's responsibilities, emphasising guidance, trust, collaboration, and respect. Susan's reflection highlights how confidence and courage are individual traits, nurtured through teamwork, that form the foundation for safely navigating the complexities of core midwifery. Susan spoke of working effectively as a team, revealing how confidence and a safe working environment are interdependent:

> *you need to have a fundamentally safe working space, like a safe culture where you feel safe enough as a core midwife, or maybe strong enough, or more confident in your midwifery skills and maybe strong enough as a person to understand the dynamics of tertiary core midwifery and have the sort of confidence to be part of that team that is tertiary core… I think core midwives are essentially quite strong, stable people who are able to advocate and communicate what they feel needs to happen.*

Susan's insights illuminate how a culture of safety is built on mutual trust, open communication, and building confidence within a supportive team. Her perspective aligns with O'Donovan and McAuliffe's (2020) emphasis on safety culture within healthcare, where staff feel empowered to voice concerns and contribute meaningfully. Confidence is fundamental to the work and role of the core midwife to work both independently and as part of a team. For core midwives, as navigators, this culture fosters individual growth and enhances teamwork to navigate the complexities of tertiary care with skill.

Through Gadamer's hermeneutic lens, the interplay of individual confidence and collective safety forms part of the lived experience of core midwifery. Gadamer (2013) asserted, "if something is called or considered an Erlebnis (lived experience) its meaning rounds it into the unity of a significant whole" (p. 60). For Gadamer, meaning emerges when individual experiences are integrated into a greater whole (Grondin, 2002), transforming lived experiences into shared understanding. Meaning, here, enables core midwives to meet challenges with courage and purpose. As Susan articulates, the courage to advocate and collaborate is essential for navigating the dynamics of tertiary care as part of the team. This echoes Brown's (2018) assertion that building courage

fosters resilience and strong connections within teams, aligning with the navigator's role of building a culture of safety.

Amy, in her interview, reinforces this concept by emphasising the importance of appreciation and connection in fostering teamwork: "*I'll always make a point of saying 'thank you'… we all have to work together collegially otherwise it just wouldn't work, it's about appreciating each other*". By fostering an environment of gratitude, she nurtures the bonds of teamwork and ensures they feel valued and supported for bringing out the best in each other; strengthening the team's ability to navigate unpredictable, high-intensity situations. van Manen (1990, 2014) underscored the importance of humanness in fostering meaningful connections and valuing others. Similarly, Brown (2012) supported the notion of connection and appreciation as foundational to resilience and collaboration, explaining that people are "hardwired for connection – emotionally, physically and spiritually" (p. 150).

As navigators, core midwives, like Susan and Amy, weave safety, trust, and collaboration into their teams creating a safety net; a network of support that ensures no one is left to navigate challenges alone. This safety net manifests in practical ways: the confidence to seek help without fear of judgement, the assurance that colleagues will step in when needed, and the collective resilience built through open communication and mutual appreciation. This interconnected support system enables midwives to adapt, respond, and provide the best care possible in the high-intensity birthing environment.

As Angelou's words suggest, these acts of connection and underlying sentiments can leave a lasting impression: "people will forget what you said, people will forget what you did, but people will never forget how you made them feel" (Douglas, 2019, p. 9). This emphasis on the navigator role transcends individual tasks, embodying a holistic approach where safety and teamwork intertwine, enabling core midwives to build a resilient collaborative culture.

Summary

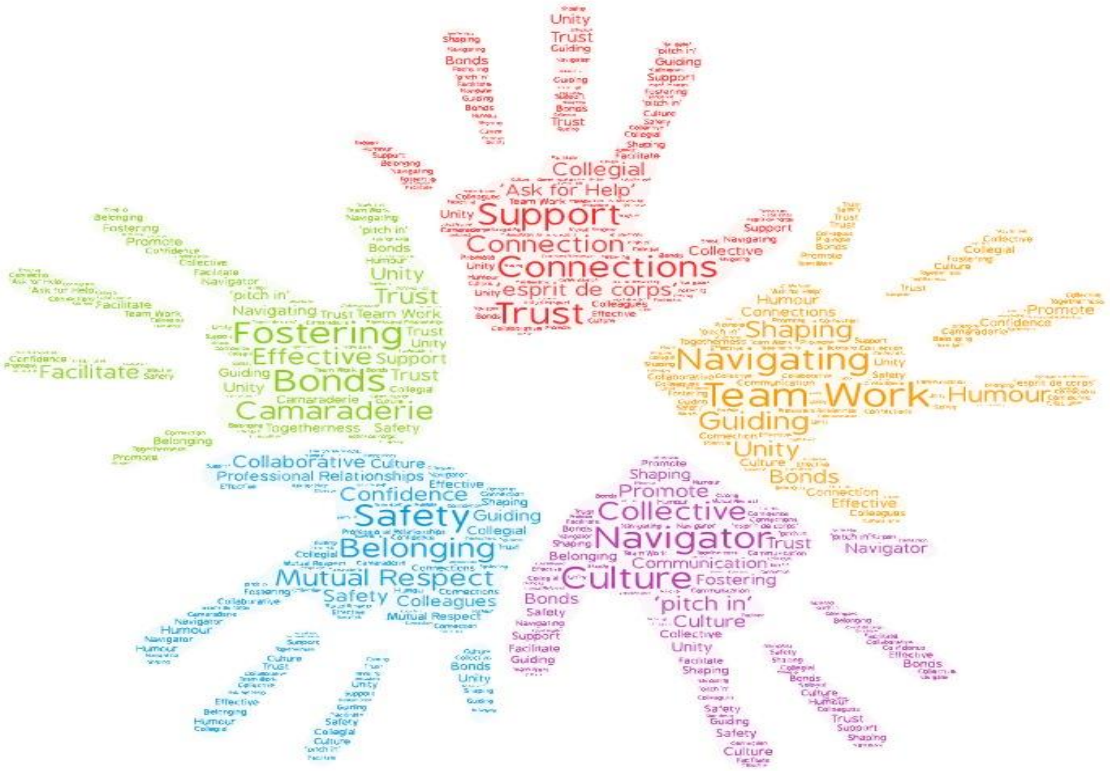
The midwives' reflections reveal that teamwork is a dynamic ongoing process that strengthens bonds within the team and enhances their ability to care for women and families. Core midwives work collectively with various teams, demonstrating an adaptable 'mix-n-match' approach. Their role as navigators involves fostering

professional relationships and promoting a culture where asking for help is encouraged. The culture of mutual respect and camaraderie supports the core midwife's role and enables effective collaboration.

Camaraderie and a sense of humour contribute to a strong *esprit de corps*, where trust forms the foundation promoting team cohesion. Surrounding the team is an 'umbrella of trust', confident that the team will always be there when needed, no matter what. It creates a safe and supportive workplace, facilitating core midwives to navigate their daily work. These elements are the foundation of a culture of support within the workplace. As navigators, core midwives continuously shape and guide their team through the demands of the birthing suite, ensuring that they provide safe, holistic care.

The word art below (Figure 5) visually represents the team members' hands fostering teamwork, reinforcing the essence of collective support and togetherness.

Figure 5: ***Navigating Teamwork: Building Strong Connections***



Participants spoke of a strong sense of belonging that fosters a 'work family.' Their meaningful connections add emotional fulfilment and enrich both personal and

collective experiences. Teamwork is experienced as the coming together—physically, emotionally, spiritually—to support one another, strengthening individual vulnerability and well-being. In this way, core midwives are not just navigating the clinical landscape but actively co-creating a culture of teamwork. Core midwives sustain this closeness with each other and the wider multi-disciplinary team, as they navigate care for women and families, reinforcing the collaborative culture within secondary/tertiary hospitals.

CHAPTER 7: NAVIGATING WITH SKILL AND VERSATILITY

Building on the previous themes, of the navigator's role in connecting with women and families and navigating teamwork, this chapter explores the core midwife's essential ability to navigate their role with skill and versatility. The theme highlights the wide range of skills, capabilities, and expertise core midwives require to provide appropriate care for women. These include clinical and practical skills, and interpersonal and communication abilities. Equally important is the adaptive and flexible nature of core midwives as navigators of care within the maternity service.

Study participants emphasise the importance of balancing their technical expertise and versatility as navigators with empathy and compassion. This combination enables them to meet the fluctuating and often challenging demands of working within secondary and tertiary facilities in New Zealand, supporting and safely guiding women and their families. As navigators, their ability to be flexible allows them to remain focused on the present while maintaining an awareness of the bigger picture as situations unfold. Their adaptability and responsiveness are critical, enabling them to swiftly react to unexpected changes or circumstances, and often navigating multiple tasks simultaneously, particularly in urgent or high-pressure situations where every moment matters.

The following poem, crafted from the participants' stories and experiences, reveals the essence of what the midwives are truly sharing.

Rushing here, rushing there
doing what I can 'cos I care.
Always prepared, ready for action,
bells ringing everywhere,
what's going on over there?

A sense of urgency, navigational efficiency,
another obstetric emergency,
'there's more layers to the core'.
Skills, versatility, and proficiency,
challenges, complexities, complicated pregnancy.

What about skills?
emergency drills,
'you really use your mind'.

Intuition, sixth sense, and womanpower wills,
it's self-reliance, there's no time for frills.

As core it's never dull,
wards are always full.
The busyness, the 'juggling' and keeping pace.
Get a break, no time,
'I'm fighting fires all the time.

Two hands that treat,
always thinking on your feet.
'Bobbing along with a smiley face'.
No time for the loo seat,
be resilient, stand the heat.

This poem reveals insights into the work and role of core midwives, bringing their authentic voices and truths to the forefront for deeper reflection and understanding (Gadamer, 2004). The role of a core midwife is multifaceted, requiring a unique blend of technical expertise and adaptability to navigate the complexities of care. Through the participants' voices, this chapter unpacks the profound meaning of their work. The gift of language and text allows these midwives to share their experiences, offering invaluable insight into the essence of their role (Gadamer, 2004).

The subthemes emerging from the participants' narratives include their role in:

- The navigator's acquisition of skills: navigating versatility and complexity with "*juggling*" *and caring;* navigating "*thinking on your feet*", *the navigator's role:* "*a pretty full-on job*" *and the navigator's expertise:* "*keep things as normal as possible*"
- The navigator's role in navigating knowing and intuition, gut instincts, 'woman power', and the power of nature
- Navigating the bridge between the two models of care: navigating "*I can do both*" and navigating the landscape of core midwifery
- The navigator's skill in being prepared for anything, navigating flexibility: "*incoming*"
- Navigating the safety net: air traffic controller

This chapter explores these subthemes, weaving the participants' narrative to provide deeper insight into the critical skills and dynamics that shape the core midwife's role.

These insights reflect the interplay between the parts and the whole for understanding. According to Gadamer (2004), the parts and the whole exist in a reciprocal relationship within the hermeneutic circle, where each informs and shapes the other, creating a spiralling motion of interpretation and understanding, weaving the elements into a cohesive picture. The chapter concludes with a synthesis of insights offering a cohesive picture of their experiences.

The Navigator's Acquisition of Skills

Midwifery participants revealed a diverse range of skills that are integral to their role as core midwives. These include interpersonal and communication skills alongside the ability to combine knowledge with practical expertise in managing complexity and ensuring safe practice. This section explores the navigator's skillset, emphasising how these abilities interweave to form a cohesive 'synergy of talents', enabling them to navigate the complexities of their role with confidence and adaptability.

Navigating Versatility and Complexity with "Juggling" and Caring

Inspired by Matilda's experiences and words, the following poem encapsulates the core midwife's ability to navigate versatility, empathy, cultural awareness, and clinical expertise. Matilda outlines how core midwives navigate complexity: juggling responsibilities, managing technology, and maintaining commitment to woman-centred care.

With heartfelt emotion I wear,
passion guides my hands, versatility in my belt,
empathy steadies my heart, awareness sharpens my mind,
a powerful blend of procedural skill and insight.
Each woman unique, each culture embraced,
non-judgemental, patient, empathic, speaking well with words that calm.
'Make a plan'. How's she feeling? What about meds?
Attuned to her voice, I lean in with compassion.
Is it baby we hear? CTG for most,
obs, scans, blood tests, IVs, iron infusions, diabetes?
Right form a must, liaising and reviewing,

LMCs, OBS, social workers, paeds, anaesthetics,

let's keep everyone in the loop.

"It's the constant variety of work" and "never-ending documentation",

Supporting families as I'm *"running around from room to room".*

It's "*really busy juggling all those monitors'* – "it's like being in ICU" and beyond!

Planned section or emergency, maybe vaginal birth.

Skilled in the scope, challenging and complex,

"One needs to stay calm under pressure, be quick thinking",

"it's definitely a core midwife's skill that's important"

This poem illuminates the essence of core midwives as navigators, charting a course through complexity while ensuring safety, connection, and responsiveness. The role demands adaptability to meet the diverse and dynamic needs of women and families, while navigating the technocratic demands of the hospital environment. Like skilled navigators, whose work focuses on attention to detail and precise calculations for monitoring and adjusting their course, core midwives must continuously assess, interpret, and respond to rapidly changing circumstances during the childbirth journey.

As navigators, the core midwife's range of skills ranges from collaborating with multidisciplinary teams, to reliance on technology and interpreting clinical data, while maintaining a compassionate focus on supporting women and families. Matilda's reflections align with van Manen's (1990) emphasis on lived experience, revealing how knowledge, skills, and heartfelt experience converge to shape their daily work.

Alongside responding to dynamic environmental challenges, their technical expertise showcases familiarity with navigation systems and tools. Matilda's insights reveal the inherent busyness for navigating the increasing reliance on technology, balancing its benefits with the humanness of caring. Her work is marked by 'juggling' an array of responsibilities as she navigates this fast-paced technocratic environment, while prioritising the safety and well-being of women and babies. Whyte (2002) articulated this combination and balance of skills:

> Technology's lifesaving and life-changing gifts only make sense when cradled by a network of human conversation, a robust conversation that forms a parallel human network just as powerful as our computer networks, holding any

technology to standards of sense and meaning, ethics and personal freedom. (p. 239)

While technological advancements enhance clinical practice, Gadamer (2004) urged they must not replace the deeply human aspects of care. Matilda articulates this balance, understanding the 'what and why' behind clinical actions while ensuring that care remains centred on women and families. As navigators, core midwives steer through complexity with skill and empathy to align both the technical and human dimensions of care.

Like navigators, who use barometers to measure pressure changes and predict weather patterns, core midwives attune emotional, professional, and systemic pressures in meeting the demands of their daily work. They rely on their knowledge and experience to anticipate, adapt, and respond, reflecting the depth of their expertise to promote safety. Matilda's reflection honours the rich tapestry of core midwifery; both the technical skill and emotional presence, illustrating how they navigate with precision, care, and expertise.

Beyond clinical proficiency, the role demands interpersonal and communication skills. The ability to navigate both clinical skills and emotional empathy, while remaining "*calm under pressure*" (Matilda) echoes van Manen's (1990) understanding as being deeply intertwined with being and feeling. Matilda's reflection illustrates the core midwife as a navigator, one who seamlessly blends technical mastery with heartfelt care, ensuring that both safety and the humanness of caring remain at the heart of practice.

Navigating "Thinking on Your Feet"

Core midwives draw upon their knowledge, skills, and experience to cultivate a dynamic and versatile skillset that equips them to meet the diverse demands of their work. The midwifery participants demonstrate how their range of interpersonal and clinical skills enables them to navigate the complexities of all areas of midwifery practice.

Susan employs a variety of skills and capabilities for "*thinking on your feet*", emphasising the importance of her skillset while recognising the need to "*step up*" and acquire new skills. The navigator is open and flexible in responding effectively to evolving situations, ensuring safety and support for the women and families in their care.

> *I enjoy the variety of the work… you end up looking after more than one woman, at least two to three, sometimes four, which isn't ideal but we're really short-staffed at the moment, so you're having to triage and really work with the medical team… even though we're working with the obstetric team, we still have a lot of leeway in what we do and how we look after women. I enjoy 'thinking on your feet' and having to 'really use your mind' and negotiate care with the team; that's a big part of what we do. Last night I had a woman, we delivered 32-week-old twins, we had a '26-weeker' that had to go to theatre quickly because she started contracting… we had a very unstable young woman on the ward who was very agitated… she wasn't in labour, she didn't require any sort of obstetric care from us, she was mentally unstable and unwell. It wasn't just normal midwifery management; you're having to pull on lots of different skills that either you learn, or you come into the profession with. I find that really challenging and really enjoyable with tertiary core; you're not just being a midwife, you're being a social worker, a doctor at times, having to 'really step up' I guess to the next level. You've got to be good at the complex and you've got to be good at the primary birth as well, so the range is really huge and because of the pace, acuity, and the volume of women, you've got to be quite efficient as well, you're having to 'wear a lot of different hats but wear them all really well'.* (Susan)

Susan enjoys the variety of work and complexity of her role as a core midwife, emphasising the need to quickly assess and act in rapidly changing circumstances. Like an aircraft or maritime navigator, she relies on an internal navigational dashboard, where clinical expertise, ethical reasoning, emotional intelligence, and situational awareness guide her through each shift. Just as a navigator depends on instruments to interpret conditions, a core midwife simultaneously reads and responds to multiple indicators. This dynamic nature of their role combines understanding, knowledge and skill in real-life settings (Gadamer, 2004). This requires them at times, to adopt various roles, including being a doctor, social worker, and advocate, while also providing compassionate care for distressed and vulnerable women.

Susan outlines the heartfelt qualities essential to foster connection and collaborate with the team. As a navigator, she acknowledges the need to "*really step up*", echoing Whyte's (2002) "willingness to go the extra mile" (p. 237). Such characteristics are woven into the versatility required to navigate complex situations and workplace demands, underscoring core midwives' diverse skills to engage meaningfully, balance urgency with calmness, and respond to the dynamic needs of their role. Engagement with a variety of talents aligns with Whyte's (2002) insight into the need "for qualities

from people that are touchstones of their humanity" (p. 236). Susan's reflections illustrate how these qualities, the touchstones of her lived experiences, shape her ability to connect, adapt, and navigate complex situations with confidence.

As a core midwife in a high-acuity setting, Susan, like a navigator, must navigate both the variety and complexity of her work. Tyreman (2000) referenced Aristotle's concept; *techne*, relating to the acquisition of knowledge-based skills or crafted knowledge that underpins the 'know how' of practice. For Susan, *techne* is about acquiring practical skills and applying them ethically and relationally. This balance allows her to navigate both the clinical and emotional complexities of her role, ensuring care is both effective and compassionate. Just as aircraft or maritime navigators liaise with their crew to plan routes and adjust course as needed, core midwives collaborate with their team to address the diverse and dynamic needs of women and their pregnancies.

Susan underscores the importance of applying knowledge, skills, and reasoning to the fullest extent. Like navigators, "*thinking on your feet*" and "*really use[ing] your mind*" are fundamental to navigating the core midwife's role. Amid the busyness of the work, *techne* enables Susan to respond effectively to challenges and complex situations, while caring for women with diverse and complex needs. As navigators modify their plan avoiding potential hazards and ensure safety, core midwives navigate challenges and uncertainties with skill and sensitivity.

Susan's ability to "*wear a lot of different hats but wear them all really well*" illustrates the versatility and expertise required to navigate her role. Whyte (2002) captured the essence of knowledge where diverse skills converge to create impactful care as, "It is always a privilege to see in one person, knowledge, imagination and articulation combined and a double privilege to be in conversation alone with that synergy of talents" (p. 16). Midwives, like navigators, do not operate in isolation. They collaborate with their team, anticipate challenges and adjust their approach to ensure the safest experience for women and families. The navigational dashboard metaphor highlights how core midwives integrate knowledge and self-awareness to effectively guide in a complex, every-changing environment. In this context, practical knowledge and wisdom shapes their actions to promote safety. Susan underscores this "s*ynergy of talents*" aligning with the navigator's ability for "*thinking on your feet*".

The Navigator's Role: "A Full-on Job"

Midwifery participants appreciated variety within their role and the fulfilment they find in their work. They shared stories illuminating both the challenges and rewards of being a core midwife. Grace's experiences offer a vivid portrayal of the complexity of her role as she navigates intricate clinical situations within this "*full-on job*". Through Grace's perspective, we see how core midwifery requires clinical expertise, resilience, and a deep sense of purpose, qualities essential to sustaining her commitment to this meaningful work.

> *It's a full-on job, I like the variety of work… the satisfaction of helping to fix a problem, whether it be with haemorrhaging, or a baby that comes out and needs resuscitation, or all of that, is just really interesting. One of the hardest parts of our job is how busy it is… I know other parts of the country struggle with feeling like we're so understaffed and you can only provide 'snippets of good care' because you're so stretched. I feel that is probably one of the most challenging parts and the other challenging part is working with women who have lost babies as well because to switch from - I've just had a woman with a loss to sometimes in the same day delivering a live baby - that can always be quite difficult… You've got to be responsible for what you do… be able to be task-orientated but also compassionate, you can't just go in and do something and walk out, there's a whole caring, compassionate side that comes with that.* (Grace)

Grace's reflection captures a balance between respect for the intensity of her role and a deep appreciation for its impact. She draws attention to the essential skills she employs daily; yet the variety and complexity of working as a core midwife remain central to her role. Aviation and maritime navigators are known for their problem-solving skills, ability to adapt in real-time scenarios, and team co-ordination through clear communication, especially in time sensitive situations. Similarly, Grace's satisfaction stems from the purpose she finds in "*fixing problems*", particularly in emergency situations or high-pressure situations that test her abilities. However, as a skilled navigator, her capacity to navigate emotionally demanding moments with profound compassion when women have lost their babies demonstrates her commitment and unwavering dedication to the women and families in her care. This reflects Gadamer's (2004, 2013) application of authentic understanding and therapeutic dialogue, emphasising the profound understanding for what is needed in caring for others, which is more than just physical care. Like navigators, Grace draws on inner

strength and maintains focus in the face of unpredictable demands, navigating the care needed in a way that truly matters.

Gadamer's (2013) concept of 'being' resonates here. As Grace navigates each moment with an intuitive understanding of the needs of those she serves, she embodies the essence of what it means to 'be' a core midwife. Unlike LMC midwives in New Zealand, who provide continuity of care, core midwives work differently across the continuum. Grace exemplifies the unique role of core midwives, embracing the variety and versatility inherent in this distinct model of care. Her openness to exploring these aspects aligns with Frankl's (2004) belief in purpose and meaning as fundamental to life. Mindful of the impact of her work, she is aware of her ability to navigate care in a way that matters. Grace finds meaning in managing complex cases, reflecting Frankl's (2004) view that purpose sustains fulfilment and satisfaction.

However, Grace also acknowledges the daily challenges she faces, particularly navigating the high workloads that impact the care she can provide. She is self- aware, flexible, and adaptable to various situations; yet she admits that being "*so stretched*" often only allows "*snippets of good care*". This aspect highlights the resilience required of core midwives, who, like navigators, must constantly prioritise. Grace's ability to balance compassion with the demands of her role aligns with Aristotle's ethics, where practical wisdom guides moral action (Gadamer, 2013). Like aviation or maritime navigators, she must navigate pressures with precision, ensuring that care remains compassionate despite the demands of the role.

Even as Grace enjoys working with complex cases and the chaotic, demanding nature of the birthing suite, she acknowledges the importance of balance for herself. She appreciates the diversity of work settings, recognising how pace and predictability shape her experience.

> *On the ward can be a lot more self-directed in terms of how you plan your day, what you're up to and you kind of have a bit more flow. Whereas birthing suite can be 0 to 100, and you just don't know what's going to come in the door, which is great, and I really enjoy that aspect of it, but after I've done it for 5 or 6 months, I'm just ready for a bit more of a predictable shift.* (Grace)

Grace navigates the dynamic demands of core midwifery, skilfully adjusting to the unpredictability of the birthing suite while recognising the need for balance.

Understanding her limits is essential to sustaining the meaning and joy she finds in her work. This self-awareness resonates with Gadamer's (2004) idea that "learning to be 'at home,' of establishing oneself, is precisely what living means" (p. 58). By acknowledging her boundaries, Grace navigates her professional work setting, taking time away from the fast-paced birthing suite to the steadier rhythm of ward work.

Moving between settings helps preserve Grace's passion and sense of purpose, even within her demanding role. Her ability to navigate the challenges of core midwifery reflects Gadamer's (2004) notion of caring and understanding, as she makes sense of her role through this lens. The ward, with its calmer pace, becomes Grace's 'home'. Gadamer speaks to the idea of making ourselves at home in the world we create and "to sustain the state of equilibrium" (p. 58). For Grace, this sense of 'home' provides stability and an opportunity for self-care, allowing her to recharge before returning to the unpredictable nature of birthing suite.

The Navigator's Expertise: "Keep Things as Normal as Possible"

The navigator's expertise draws on a broad range of skills applied in practice, fostering a sense of mastery. In the often-complex, technology-heavy environment of core midwifery, Bellas' ability to rely on her own expertise and judgement becomes a valuable asset. She recalls one of her most rewarding experiences, a day that embodied her passion and skill for midwifery.

> *Somebody came in completely 'unbooked'* [not booked at the hospital with an undiagnosed breech presentation], *had an absolutely brilliant breech delivery. It was smooth, no pain relief, just all natural. This was a really nice breech delivery. I was so pleased for her, she had a live baby, she didn't have a section, with all the 'toots and whistles' carrying on around her for breech births. For me this is something really special, to keep things as normal as possible and allow it to happen. There was just me, another midwife, and the woman. for me It was brilliant, had this really nice breach delivery, I just love a birth that turns out normal.* (Bella)

For Bella, this was more than just a successful birth; it was an affirmation of her expertise as a navigator, ensuring that birth remained as normal as possible while advocating for a positive birth experience. Her calm and skilled approach reflects Gadamer's (2013) interpretation of Aristotle's notion of phronesis (practical wisdom) and *techne* (practical skill), a balance of ethical judgement and professional capability.

Techne, as described by Aristotle, refers to the knowledge-based skills that enable practitioners to act competently and effectively. Bella's ability to manage a breech birth exemplifies this; she skilfully guided the woman through the process, knowing when to step back and when to intervene. However, technical skill alone is not enough. Aristotle regarded phronesis as an "intellectual virtue" (Gadamer, 2013, p. 20), the capacity for ethical and situational judgement. Phronesis allowed Bella to determine what truly mattered in that moment: supporting the woman's ability to birth naturally while remaining attuned to when intervention might be needed.

Like a navigator charting a course through unpredictable waters with a compass, Bella relied on both technical expertise and ethical wisdom, her moral compass, to exercise sound judgment and ensure the safest outcome. Drawing on her knowledge, experience, and understanding, she determined what should or should not be done. Just as navigators use instruments, experience, compasses, and navigational procedures to guide and adjust their path in response to changing conditions, Bella's expertise enabled her to navigate this situation, guiding childbirth safely. This blend of practical skills, ability to assess the situation, confidence in her skills, and ethical wisdom underscores her expertise to support the woman's ability to birth naturally and safely.

Bella's story highlights the delicate balance between professional autonomy and compliance with institutional guidelines. While breech deliveries typically result in a 'call to action' for an emergency caesarean, Bella's expertise and confidence allowed her to navigate within her scope of practice, ensuring safety while avoiding unnecessary interventions. This balance between skill, judgement, and autonomy aligns with Deci and Ryan's (2008) Self-determination Theory, which suggests that motivation, development, and wellness are enhanced when individuals experience competence, relatedness, and autonomy (Flannery, 2017; Roche & Haar, 2013). Bella embodies this balance: her ability to manage complex situations reinforces her expertise, her connection with women and colleagues strengthens her practice, and her autonomy in decision-making reaffirms her identity as a skilled, autonomous practitioner.

For Bella, "*keeping things as normal as possible*" is more than reducing interventions; it is about upholding the integrity of birth and ensuring safety, with a positive experience for women. Her unique combination of expertise, confidence, and compassion

strengthens her sense of purpose and reinforces her role as a navigator in core midwifery.

Navigating Knowing and Intuition

Continuing the themes of the navigator's expertise, this section focuses on how expertise is strengthened by intuitive knowing, and a deep awareness of when and how to listen to these insights. Midwifery participants emphasised intuitive knowing as part of their expertise in managing the navigator role. In this section, navigating "*sixth sense*" and "*woman power*", "*gut instinct*", and navigating the power of nature are explored.

Midwives, like navigators, rely on both external expertise and internal wisdom to guide their decisions. Many participants referred to knowing and intuition, with a deep appreciation for gut instincts and sixth sense as an essential aspect of their skillset, shaping their ability to respond in real-time to the needs of women in their care.

Navigating "Sixth Sense" and "Womanpower"

Pippi highlights the clinical expertise required of core midwives, and the ability to recognise subtle cues, trust their instincts, and "*make that call for help*" when necessary. Pippi draws attention to an awareness and listening to the voices of intuition to promote safety and reduce risk. Just as navigators sense shifts in the environment and adjust the course accordingly, midwives must listen to their inner alarm bells, ensuring they are one step ahead, and trusting in the ability to recognise when something is not quite right.

Knowing is part of a shared understanding. Pippi refers to 'womanpower', an exchange of shared strength, trust, and awareness between midwife and mother. She speaks to trusting what women say and encouraging them to tune into and trust their own intuition.

> *Having up to date skills is really important… there's skills like stopping a PPH* [postpartum haemorrhage] *to learn, know the skills to be one step ahead… so you can make that call for help right there and I think that's knowing normal from abnormal… it's a skill but also it's using part of that 'midwife-brain', the 'sixth sense' in some ways, and trusting in your knowledge, knowing where that boundary falls and keeping women safe and yourself… I think it's 'womanpower'… she'll go "there's something's just not right" or "I really need to birth my baby" … "something's up" and they're right. I very rarely have had one that said that, and it's not been right if they're actually listening to their*

> *intuition... It's listening to what inside you is telling… I encourage women in labour, I'll say I want you to really listen to your body and hear what it says to you and the same when they're caring for the babies… trusting that little voice inside you… its pre-empting something… it will tell you what's right and wrong… intuition also goes not just in you… it comes through your mother and your grandmother and your great-grandmother, it's something that comes in you that comes from beyond and the time before.* (Pippi)

One of the key parts of being human is the capacity to tune into thought, cognition, and value lived experiences. This human capacity for understanding, rooted in both conscious knowledge and intuitive knowing, enables midwives to make informed decisions. Participants emphasised that intuitive awareness is cultivated through engagement with compassionate care and practice. For Gadamer (2013), "life is experienced only in the awareness of oneself, the inner consciousness of one's own living" (p. 254). Pippi reflects this wisdom, where her knowledge, skills, and experience merge as intuition that empowers her as a navigator of safety to act decisively in clinical settings. Gadamer (2004) referred to this knowledge as human know-how, rooted in trust and experience, where intuition emerges as a practiced skill.

Intuition is complex, blending conscious thought, lived experiences, and embodied knowledge. Pippi's ability to pre-empt something, sensing when something is 'not quite right' and knowing when to call for help mirrors a navigator detecting an unseen shift in the environment, one that cannot be signalled by a light or safety buoy. The ability to synthesise experience into action aligns closely with the navigator's expertise, reading conditions, interpreting subtle signs, and adjusting course before danger arises.

Participants value this innate sense of knowing for both themselves and the women for whom they care. Like Pippi, they encourage women to tune into their own inner voices, the wisdom inherited through families, culture, and generations of women's experiences. Meyer (2013) underscored the interplay of physical, mental, and spiritual knowing passed down through generations in culture, story, and wisdom; a "new-old-wisdom" (p. 94) Gadamer (2004) similarly highlighted how experience enhances "the human capacity to learn and to bequeath human know-how to future generations" (p. 15).

Just as navigators use instruments, calculations, and real-time judgement to anticipate and respond to changing conditions, core midwives employ their diverse range of skills,

both technical and intuitive. This "*sixth sense*" is a form of knowing beyond logic or measurable evidence; a flash of insight allowing midwives to recognise subtle cues, anticipate risks, and take decisive action. The instinctive ability to stay one step ahead, such as making a critical call for help, mirrors the navigator's role of analysing conditions, applying techniques to guide the craft, avoid hazards, and steer safely through uncertainty. A navigator must attend to detail, assess risks, and adjust course for a safe journey. Similarly, core midwives employ all their tools, listening to the voices of intuition to detect when something is amiss, navigate care, and ensure safe passage through childbirth.

"It is Gut Instinct"

Participants reflected on gut instinct as an intuitive skill often developed from practice, reflection, and immersion in complex environments where uncertainty is common. Dottie reflects on the role and impact of gut instinct in her work as a core midwife. Although difficult to articulate, Dottie suggests the skill lies in the ability to tap into the innateness of knowing and navigating what is instinctively apparent.

> *It is gut instinct… you can't explain it to some people, people who get gut instincts understand… everything can be going well but your gut tells you to observe them more closely or that pain doesn't seem quite normal or that bleeding's a bit more than usual. Sometimes you have to follow your gut, more often than not it's right… when you can get a bad feeling about things… I think it's experience… maybe it is innate.* (Dottie)

Dottie's insights reveal the almost mystical nature of intuition where knowledge and lived experiences merge to make sense of the present moment. van Manen's (1990, 2018) notion of Kairos reflects those fleeting moments where clarity emerges, allowing one to see and act decisively. Humans are hard-wired for survival; instinct tells us what to do. Shaped by experience, knowledge, and a deep sense of awareness, gut instinct allows midwives to understand meaning or significance, with potentially serious consequences if ignored.

Dottie's reflection highlights the limitations of language in capturing the nuances of gut instinct, a challenge echoed by Gadamer (2013). Dottie refers to relying on instinct as a core midwife when faced with uncertainty, a 'gut feeling'; an awareness appropriate to a particular situation, signalling deviations from the norm and prompting immediate

action. This wisdom, cultivated over time, becomes a touchstone of the core midwife's navigator role, acting on deep-seated knowledge to safely care for women and babies.

Just as navigators rely on experience, expertise, and real-time judgement, midwives must trust their gut instincts when subtle hints in a clinical picture suggest potential risk. A barometer detects fluctuations in atmospheric pressure, signalling weather changes that may bring danger. Similarly, a core midwife's intuition senses changes in a woman's condition, prompting decisive action to ensure optimal care and safe outcomes.

Elizabeth echoed Dottie's this reliance on gut instinct commenting, *"as a core midwife you need to be able to actually pick that up and that just comes with time… behaving perfectly… then you get a feeling and go with your gut instinct*." The skill lies in trusting and acting upon innate capabilities and instincts to discern what is and what is not normal. Participants emphasised an openness to moments of meaning or significance that defy immediate explanation. Rilke (1987) described these times as 'moments of seeing-meaning'; "this kind of in-seeing, in the indescribably swift, deep, timeless moments of this divine seeing into the heart of things" (p. 77) These instances of profound connection and insight exemplify the essence of being human. Dottie exemplifies in-seeing as she trusts her instincts when things do not seem quite right and knows instantly what to do.

The ability to act decisively and intuitively underpins the navigator role, where core midwives guide women and families through the uncertainties of childbirth, ensuring safety and trust, while responding to the unique circumstances of each situation. The intuitive wisdom that emerges from these moments is an integral part of their practice, affirming the core midwife as a skilled navigator with technical expertise and practical skills.

Navigating 'The Power of Nature'

Continuing with the concept of knowing and intuition, Bella relays the power of woman and her own instincts with her innate sense of intuition. Bella's unique role as both a mother and core midwife, underpins her actions and the depth of her intuitive judgement without being swayed by other health professionals. The clarity of what Bella witnessed that night remains with her even after 40 years; an observable knowledge passed on with a conscious awareness of her expertise and wisdom.

> *There was one night shift as a relative junior midwife... I was pregnant with my second child. A birthing mother had collapsed with minimal response and was in ICU. When I went on shift the baby hadn't been taken to her. This did not sit well with me, so with my charge's permission I took the baby to ICU. I'd never been there before, so I rang the bell with much trepidation. I was admitted and was told they couldn't get a BP, and the family had been notified. This was her first child, and she hadn't held her let alone fed her. As I talked to her and told her what I wanted to do the ICU nurse said, "you can't feed the baby, she's on meds". I thought I don't care, mum needs baby, baby needs mum, so I proceeded to put babe to the breast. She fixed and sucked well. When they went to check her BP, they found a great improvement from previously. I never met her again until 40 plus years later; we met up, what a delight to meet mum and daughter. Mum had a normal delivery with zero incidences later, but to me I saved a mum and gave a daughter a mum. No-one knows what the outcome may have been had I not taken the bubs to ICU that night. It took the mum a long time to realise it was her daughter. When she first came around, she thought someone had lent her this baby. I was fortunate to be put in contact with her some 40 years later and we meet on and off. Such a special celebration. I love the power of nature.* (Bella)

Bella's narrative is poignant and powerful, reflecting her intuition and ability to act decisively with what she felt was right. Her actions embody 'womanpower' and an instinctive 'sixth sense', navigating the way forward with surety. Gadamer (2004), drawing from Plato's thinking, suggested, the ability to listen to one's own answers when facing the incomprehensible reveals wisdom.

Despite other staff trying to dissuade her, Bella made a judgement call and acted decisively. This unwavering trust in her instincts mirrors the navigator's reliance on their compass, guiding midwifery care with holistic, compassionate action. Through experience and openness, core midwives develop the ability to see and navigate beyond logic, embodying the art and science of their midwifery practice. This openness to new experiences reflects Gadamer's (2013) notion of openness to possibilities and acquiring new understandings. Bella's actions reflect an interpretative act, guided by her intuitive understanding of the mother's needs to be with her baby and vice-versa, an expression of both nurturing instinct and innate wisdom. Her empathetic response acted as a catalyst for the mother's recovery; an outcome rooted in Bella's innate sense of intuition and well of wisdom.

Bella focused on the bond between mother and child, embodying van Manen's (1990) emphasis on lived experiences and attached meanings. For Bella, it is the significance of

the impact a midwife can have on a mother and baby. She looked beyond the technocratic ICU environment, enabling what is profoundly natural—the bond between mum and baby. This connection reflects Gadamer's (2013) notion that some aspects of human experience defy language; instead, resonating through the shared, unspeakable power of the moment. Bella's common-sense approach as a navigator in this complex situation initiated something both natural and humanistic. Bella was captured within the temporality of the Kairos, a moment of opportune timing capturing her intuitive ability, like navigators who act decisively for doing the right thing (Niles et al. 2021; van Manen, 2014, 2018). Nevertheless, Bella's understanding of the connection between mother and child allowed her to facilitate a bond and, in so doing, revealed a miracle, a reawakening of the mother's life simultaneously with what is natural.

Navigating the Bridge Between the Two Models of Care

Core midwives require a diverse range of knowledge and skills to fulfil their complex roles. These abilities enable them to navigate the two distinct models of care: the medical technocratic world and the philosophical midwifery world. This section explores how core midwives adapt and move fluidly between these two worlds. As navigators, their unique skill set enables them to balance physiological birth with complex, high-pressure situations guiding women safely through the birthing journey.

Navigating "I Can Do Both…"

As a new graduate midwife, Emma was eager to expand her knowledge and skills. Her nursing background provided a solid foundation to draw upon in her role as a core midwife. This prior experience enhanced her ability to contribute to women's care, particularly in challenging situations that required clinical intervention.

> *There were skills that I learned, and you were given this opportunity to have a bit more input into the care… like putting in an IV line. As a nurse I didn't do that, but as a midwife I did, and it was something I wanted to be really good at, and delivering a baby, I wanted to be really good at that, and so I concentrated on that part of the woman's care. For a long time, it was labour and birth, and I think because I had been a nurse I liked the 'secondary-care aspect' of drips and drains, medications. I think to say that out loud is quite hard because I've been careful about saying that because people don't like it, they say; "oh you're supposed to be all natural" and it can be and it's beautiful but sometimes it's not and more often now, it's not… I can do both and I love looking after someone that's normal and has a normal birth and I will make sure that that woman gets everything she*

> *planned for because everything is normal; but then, if it's not normal, you can't, you've got to negotiate and work out how that works.* (Emma)

Emma's attentiveness to timing and critical thinking reflects Gadamer's (2004) emphasis on shared time to grasp the bigger picture. By spending time with women and families she ensures she fully understands and can support their needs. Similarly, van Manen (1990) underscored the "the power of thinking, insight and dialogue" (p. 16) as essential to understanding. Emma acknowledges her own confidence and abilities, which contribute to caring for women, particularly with complex needs. Her background, as both a nurse and midwife, enables her to navigate the landscapes of secondary and tertiary care. She embodies the navigator role; staying 'one step ahead', predicting how situations may evolve, navigating the medical world with the lived experiences of women and families.

Emma's reflection underscores that while supporting women's care is intrinsic to being a midwife (ICM, 2024), her skill lies both in providing care during normal births and in responding when the clinical picture changes. Her nursing background and midwifery training converge, enabling her to navigate the physiological aspects of midwifery care and the more technical "*secondary-care aspect*". Emma's evolving practice reflects Gadamer's (2013) view of tradition as a dynamic bridge between the past and present, constantly changing and reinterpreted with each new experience (Lawn & Keane, 2011). Emma draws on her past experiences while shaping her midwifery identity, continuously adapting her approach to meet the needs of each woman. For Emma, this balance is essential: she values the natural birth process while navigating safety within the medical world as she incorporates the "*secondary-care aspects*".

Emma's reflections also align with Whyte's (2009) idea that meaningful work requires an ongoing conversation between one's background and evolving aspirations. As a navigator of both physiological birth and the more medical aspects of care, she finds deep satisfaction in integrating these realms, viewing them as both a privilege and a responsibility. Yet, she consciously downplays her enjoyment of the secondary-care aspects, aware of the perception that midwifery should be "*all natural*". However, her ability to balance these elements is what makes her role as a core midwife so dynamic and valuable.

Emma's self-awareness underscores her versatility, enabling her to embrace the autonomy and responsibility that Hackman (1980) described as essential to meaningful wholes. She views her varied skills as integral to her whole practice, navigating seamlessly between the medical and physiological paradigms. Emma asserts "*I can do both*", and this synergy of skills, abilities, and adaptability exemplifies the depth of core midwifery practice to support each woman's situation. Emma captures the essence of the navigator role in which expertise is essential, always prioritising the unique needs of women and families.

Navigating the Landscape of Core Midwifery

Navigating the dynamic landscape of hospital-based midwifery, core midwives develop the skill to gauge when and how to act in the moment. They balance vigilance with respect for the physiologically normal birth process, responding to both expected and unexpected situations. In the previous section, Emma, drawing on her experience and abilities, highlights her role in navigating the care of women within the hospital environment. Here, Amy reflects on the challenges of her leadership role, one she navigates daily. Her insights highlight the importance of staying alert, ready to step in when necessary, and discerning the right course of action for each unique situation.

> *I'm usually just the ambulance at the bottom of the cliff so if it's all going pear-shaped or if you've got a problem that's going on in the room, or the CTG needs looking at, or the woman needs an assisted delivery, or there's some drama going on in the room that I need to get involved in, that's when I'm in a room. It's not very often I get the actual privilege of just delivering a baby and usually it's because I'm the only midwife that's been able to bring the number six baby woman from the front door who just pushes a baby out.* (Amy)

In these high-stress, critical moments, Amy often finds herself navigating between reactive and proactive care, balancing between intervening when necessary and respecting the natural progression of birth. She often steps in when things are "*going pear shaped*", making decisions that are informed by her experience and knowledge to navigate safety. Amy's reflection highlights the intense, high-pressure nature of her work, referring to herself as "*the ambulance at the bottom of the cliff*" *for* providing critical support during emergencies. Yet, like a navigator, she makes real-time decisions, adapting her approach based on the situation at hand, emphasising her ability to engage and navigate the care needed within the landscape of core midwifery.

Amy exemplifies Aristotle's concept of phronesis (Gadamer, 2013), as she responds when "*there's some drama going on*". Amy demonstrates practical wisdom as she quickly assesses complex situations, interprets unfolding events, and acts decisively. Wisdom emerges through an attuned awareness of the demands of each moment, knowing when to intervene, and enabling core midwives to navigate and prioritise safety. Gadamer's (2013) notion of understanding as an active, contextual process further underscores Amy's ability to balance between urgent intervention and supporting the natural process of childbirth.

Although Amy's direct involvement in normal births is rare, her leadership creates the space for it to occur safely within the hospital environment. The ability to adapt to emergencies while maintaining focus on the 'bigger picture' is a defining skill of the core midwife navigator, one that cannot be learned in a book. Gadamer (2004) emphasised the value of experience in developing the capacity to see the whole picture, a skill that core midwives rely on daily. Like navigators, core midwives must quickly assess complex scenarios, anticipate broader implications, and make informed decisions that ensure safety and precision.

As Whyte (2002) noted "everyday work has powerful life-or-death consequences" (p. 36). Amy exemplifies this reality, demonstrating a deep understanding of context, people, and consequences through her decision-making. Her adaptability and leadership illustrate the essence of the navigator role, charting a course through the landscape of hospital-based core midwifery. In this dynamic landscape, 'every moment counts', reinforcing the critical importance of the core midwife's ability to navigate their role with skill, wisdom, and presence.

The Navigator's Skill in Being Prepared for Anything

Participants emphasised that the core midwife's role is defined by a state of constant readiness. The previous section focused on the core midwife's ability to navigate care through the gap between the medical and midwifery worlds. This section explores their navigator's skill in being prepared for anything. Lily reflects on the skill of being prepared to respond at any given moment to support others. She draws a comparison to working in an Emergency Department (ED), noting that midwifery, like emergency care, can be highly unpredictable. Readiness demands both expertise and flexibility, poised for handling complexity and fast-paced, busy environments.

> *Well midwifery is like ED; for example, it's part of the hospital treatment that is unpredictable. You may have a very quiet shift one day because babies are just not being born, and then the next shift may be a lot of people in there so you need to reflect that in the acuity, and in some units where I've worked some duty managers were really stressed when the core midwife didn't seem busy enough… you are here for the day when the 'meconium* [newborn baby's faeces] *hits the fan' and then you can really utilise your skills at your best.* (Lily)

Core midwives navigate the unpredictable dynamics of their role with a unique synergy of skills, clinical expertise, and situational awareness. Their work is ever-changing, challenging, and dynamic. In both core midwifery and ED settings, uncertainty is constant; not knowing when or what might happen. Yet, they must maintain vigilance to respond to the demands of each moment. For Lily, the reality of core midwifery emerges in moments "*when the meconium hits the fan*" which epitomises praxis in action. These moments demand technical proficiency, an ability to remain alert, and adapt to shifting circumstances. This dynamic interplay mirrors Gadamer's (2004) view that understanding and human experience are shaped through active participation and reflection. Praxis, in this context, underscores the integration of theoretical knowledge with practical application, highlighting the unique impact of experience in developing the core midwife's ability to respond effectively to ever-changing situations.

Gadamer's (2013) concept of praxis provides valuable insights into understanding the core midwife's skills and expertise as they navigate their work. In Gadamer's hermeneutics, praxis is the fusion of theoretical knowledge and practical application, shaped through experience and reflection in real world contexts. Lily's reflections accentuate the unpredictable and often intense nature of the core midwife's role aligning with the navigator's skill in being prepared for anything. This unpredictability is a defining feature of their work, as they blend technical skills, clinical judgment, and adaptive decision-making. The navigator role demonstrates how core midwives seamlessly blend knowledge, skills, and reflective insight to respond to unfolding situations, often without the luxury of an early warning system. In this way, their practice embodies Gadamer's (2013) notion of praxis, where understanding emerges from knowing and actively engaging in the complexities of real-life care.

Similarly, Elizabeth notes the importance of being "*highly skilled because you never know what's going to happen*". This readiness for the unexpected is a defining strength

of the core midwife. The navigator role demands a blend of quick thinking, decisive responses, adaptability, and expertise, demonstrating the importance of navigating dynamic situations with confidence. It reflects praxis, the ability to adapt in real-time.

Just as navigators use a compass to orient themselves, core midwives must constantly adjust their course, sometimes making sudden 180-degree shifts to maintain safety in rapidly evolving situations. This ongoing cycle of action and reflection is central to praxis, where knowledge is constantly refined through real-world engagement. The practical experiences capture the essence of their work and illustrate the 'synergy of talents' required to navigate the complexities of this role. Whyte's (2002) words resonate here: "out of what is hidden we make the visible, and then call it work; work that makes sense of the hours we are privileged to live" (p. 223). In these moments of uncertainty, praxis and navigation converge, capturing the essence of the core midwife's work, bringing clarity and care to unpredictable and intense situations.

Navigating Flexibility: 'Incoming"

Amy's reflection highlights the core midwives' skill in responding to sudden, high-pressure situations, especially when navigating the complex, urgent, and unexpected emergencies that define their role. As navigators, core midwives expertly steer through these demands with a unique blend of clinical expertise, flexibility, and emotional intelligence. Amy's story, crafted from her lived experiences, vividly portrays the ability to navigate with flexibility.

> *Yesterday was 'mental' – ambulances coming left, right, and centre, and I was shouting "incoming" down the corridor as another ambulance came unannounced. One even came with the 'flying squad', I've never seen that before. These doctors in red overalls, it was a rural case, the woman had a massive antepartum haemorrhage, losing between 700mls to 1 litre at home. She wasn't booked with us, rather a private obstetrician. The flying squad decided that she wasn't stable enough and needed to come to us, much to the woman's frustration. She wasn't happy. We said, "it's all right, you're in the right place". We were trying to convince her that she was fine, she was safe with us, and that we all knew what we were doing.* (Amy)

Amy's illustrates her responsiveness and ability to maintain a balance of care and control, embodying Gadamer's (2004) ethics of care. Gadamer emphasises that care is a foundational human experience, grounded in interpersonal relationships, empathy and responsive to the needs of others: "We build our lives within the realm of 'care in

so far as we constantly concern ourselves with different things… constantly live in a state of concern" (p. 159). This perspective reflects the interconnectedness of the core midwife's role, requiring clinical expertise and the capacity to manage relational and emotional dimensions of care. Amy demonstrates this interconnectedness with pride; she captures the concept of navigating safety and providing care, emphasising the flexibility and showcasing the readiness to handle the unexpected, signifying when core midwives are at their best.

Amy's cry of "*incoming*" serves as a metaphor, conveying the urgent call to action inherent in her work. Her experience resonates with Heidegger's concept 'thrownness,' in which Gadamer explored (2013) as the state of being thrust into unforeseen circumstances. In these moments, the core midwife's readiness to respond, adapt, and empathise becomes critical, reflecting an understanding of how core midwives orient themselves within their day-to-day reality. Amy embodies thrownness as she reassures the distressed woman, addressing her frustration without dismissing her feelings, all the while rationalising the urgency of the situation. In navigating the moment, Amy balances the immediate clinical needs, the coordination of her team's response, and the woman's emotional state. Gadamer (2004) underscored the importance of dialogue: "the ability to listen to one another, the capacity to attend to another human being" (p. 166). Through attentiveness, Amy fosters trust, ensuring the woman felt seen and heard despite the chaos of the situation.

As a navigator, Amy's role transcends clinical competence. It involves creating a sense of safety, understanding individual needs, and guiding everyone through a complex scenario. Her support for her colleagues reflects a safety net, an essential structure of midwifery practice, where she reaches out to anchor them as they responded to the emergency. The safety net also provides reassurance to the distressed woman, who was in a state of thrownness, ensuring that even when thrust into an unfamiliar and unwanted situation, she is not alone. Amy's flexible and empathetic approach, grounded in clinical expertise and practical wisdom, encapsulates the essence of being a core midwife, navigating the complexities of care in challenging, high-stakes moments with empathy, preparedness, and flexibility to weave a safety net.

Navigating the Safety Net: The Air Traffic Controller

Participants emphasised the complex nature of the core midwife's role throughout their interviews, capturing the intense coordination to manage safety amid the often-chaotic birthing environment. In the previous story Amy illustrated her ability to navigate a multitude of skills while coordinating the complex care of a distressed woman. In this section, she elaborates on her role as a navigator, comparing it to that of an air traffic controller (ATC). Both roles involve crucial aspects of safety, requiring the ability to negotiate and manage multiple tasks, often simultaneously. Amy's navigational skills, akin to those of an ATC, enable her to support her colleagues, facilitate care for women and babies, and maintain safety, even in high-pressure situations.

> *My job's quite complicated and so the best way I can describe it is like being an air traffic controller, that's what I feel like a lot of the time, it's constantly trying to get everybody safely to the destination without anybody crashing into each other… because it's the only thing I can think of that actually explains the franticness of it sometimes… it's like a really, really busy airport and you've just got to try and make everything fit… you have to be a very good logistics manager to do the job that I do… you've got to be able to work with lots of different characters and you've got to be able to pitch what you want to a lot of different characters and lots of different levels of experience… I feel like I'm a duck, my feet are constantly going under the water, and on the top, I'm bobbing along with a smiley face, but I'm just trying to keep everything afloat and trying to keep everybody going you know… it's a quite stressful job. I do love it and I'm one of those people that likes a bit of drama, but sometimes the drama just tips over the edge, and it's not just the drama of the situations that are going on, it's all the underlying stuff that you're acutely aware of all the time*. (Amy)

Amy's metaphor of an ATC captures the essence of the core midwife's role in navigating safety and maintaining composure under pressure. The ATC metaphor vividly portrays the intricate responsibilities of leadership within the birthing unit, emphasising situational awareness, the ability to anticipate and mitigate risk with clear communication, and effective coordination in a multifaceted system. These qualities reflect the practical demands of the core midwife's role and invite deeper exploration of the philosophical dimensions of understanding and insight, as articulated by Gadamer's hermeneutics

Gadamer's (2004, 2013) philosophy centres on the dynamic interplay between parts and the whole, a process intrinsic to understanding complex situations. For Amy, the ATC

role metaphor is not just about managing discrete tasks but about cultivating a holistic understanding of the birthing unit's needs. She must consider how individual components— mothers, babies, families, and colleagues with their diverse skills— interact within the broader system. Her ability to interpret and synthesise these elements into cohesive action mirrors Gadamer's (2004, 2013) emphasis on understanding as an evolving process shaped by context and relationships.

The interplay between parts and the whole enables Amy, like ATCs, to see the bigger picture and navigate the space, supporting the needs of individuals while ensuring the overall flow and safety of the unit. Her ability to manage the complexity of clinical care, balance medical, relational, and situational awareness, mirrors the ATC's responsibility in constantly assessing risk, anticipating potential hazards and collisions, making safety the highest priority. Gadamer's (2013) hermeneutic circle, where understanding flows reciprocally between the parts and the whole, is reflected in Amy's ability to balance immediate demands with the priorities of care. Her leadership requires discernment and critical thinking, allowing her to navigate the complex, dynamic nature of the birthing environment safely.

Amy's role also functions as a safety net, both structurally and relationally within the birthing unit. Just as an ATC prevents mid-air collisions and ensures aircraft lands safely, Amy provides a layer of protection for both her colleagues and the women and families in her care. Her presence as a safety net helps foster a culture of safety. She also creates a space of stability and support amid the unpredictable nature of the technocratic hospital setting. This aligns with Gadamer's (2013) concept of insight, where deep understanding evolves through her lived experiences, shaping her understanding. For Gadamer, insight comes through a process of engagement, reflection, and self-knowledge. Amy's ability to make quick, insightful decisions in complex situations reflects Gadamer's (2013) assertion that "insight is more than the knowledge of this or that situation… Insight is something we come to" (p. 364). Her leadership requires not only clinical expertise but a deep interpretative awareness to navigate a myriad of challenges with insight.

Like ATCs, Amy's professional expertise exemplifies the notion of insight, as decisions are informed by intuition, experience, and a deep understanding of the birthing unit within the healthcare system. This understanding reflects Gadamer's (2013)

philosophical lens of interpreting. The context of the whole enables Amy to interpret subtle cutes, anticipate needs, respond to unfolding situations, balance the needs of her team, and maintain a sense of stability for navigating safe care for the families she serves amidst a chaotic birthing environment. This interpretation is ongoing, reflecting Gadamer's (2004, 2013) idea that understanding is always situated and dynamic.

The ATC metaphor also highlights the importance of communication and teamwork in maintaining safety and responding to dynamic changes in real time. Just as an ATC ensures the smooth flow of air traffic through effective coordination, Amy guides her team, fostering collaboration and mutual support. Her ability "*to pitch what you want*", reflects her leadership to balance authority with relational sensitivity creating a safety net for her colleagues and the families in their care. In this way, she functions in supporting the safety net, not just individuals but the entire system, ensuring that both the unit and the families they serve are grounded in safe, responsive care. Gadamer emphasised dialogue and the fusion of horizons where mutual understanding emerges through genuine engagement. Amy's navigation of the birthing unit is not merely a technical task but a deeply relational and interpretive process, grounded in the interplay between the parts and the whole.

The ATC's role requires vigilance, adaptability, the ability to anticipate potential issues, and the skill to manage complex issues, qualities that are equally vital for core midwives. Both must process vast amounts of information; prioritise tasks; juggle multiple tasks, often simultaneously; and make critical decisions under pressure. Amy's ability to navigate challenges are essential to stay one step ahead and manage dynamic situations. Just as ATCs are pivotal to supporting the overall navigational system, core midwives, like Amy, are integral to the maternity system, ensuring safety remains intact as they navigate high-pressure environments. Through the lens of Gadamer's (2004, 2013) philosophy, Amy's role as an ATC is about managing complexity and fostering insight, facilitating connection and creating a safe supportive environment where midwives and families can trust the system.

Summary

This chapter highlights the core midwife as a navigator integral to the childbirth journey. With professional efficiency, calmness, and an air of ease, they skilfully adapt and respond to the dynamic, fast-paced hospital setting. Their unwavering commitment to

the woman's journey anchors their actions, shaping how they navigate care amidst diverse, clinical scenarios and unpredictable challenges. Participants expressed appreciation for the variety and fulfilment they derive from their work, emphasising the satisfaction that comes from adapting to ever-evolving situations.

Figure 6 illustrates the core midwife's role as a navigator, capturing their vigilance, skill, and adaptability reflecting a safety net. They embody flexibility, versatility, and openness to every aspect of their work, while managing the multifaceted matrix of their workload, ensuring safety and care remain central.

Figure 6: ***Navigating with Skill and Versatility***

Through experience, core midwives cultivate a wide-ranging skillset that enables them to effectively navigate daily demands. They must think quickly and multi-task under

pressure, responding to intense or emergency situations while prioritising safety. Like an ATC, they remain alert, always anticipating and ready to address the unexpected with professionalism. Their role requires flexibility in responding to the evolving clinical needs of women, including complex or high-risk pregnancies. Constant vigilance and integrity underpin their practice, ensuring their expertise and proficiency to consistently uphold high standards of care.

As navigators, their versatility enhances teamwork, fostering engagement and collaboration among the diverse professionals in maternity care. Participants often likened their role to working in ED, where they navigate the relentless demands placed on them. Despite the intensity of their work, participants spoke of the enjoyment and sense of value they derive from their role. This emotional fulfilment serves as a safety net, helping core midwives sustain their energy and morale amidst the unique challenges of a secondary/tertiary hospital setting. Their expertise encompasses a 'synergy of talents', blending technical proficiency with human-centred attributes like, empathy, compassion, and interpersonal communication. This balance enables core midwives to navigate the clinical complexities of their work and the relational aspects of care with women and their families. As navigators of this complex and multi-faceted profession, core midwives embody adaptability and commitment to being 'with woman' and navigating safety.

CHAPTER 8: THE NAVIGATOR'S ROLE IN MAKING A DIFFERENCE

This chapter delves into the ways core midwives balance the demands of care and work/life harmony while creating meaningful impact in their role. The previous findings' chapters explored how core midwives navigate human connections: the first (Chapter 5) focused on forming meaningful connections with women and families, who are central to their care; the second (Chapter 6) examined the relationships with fellow core midwives and other health professionals, emphasising teamwork. The third, (Chapter 7) explored the skills and versatility required to navigate their role, particularly within the complexities of a technocratic hospital setting.

This final chapter explores how core midwives make a difference through their work. Participants shared stories of the satisfaction and joy they experienced in positively impacting women, families, their professional communities, and even their own well-being. For core midwives, making a difference is deeply tied to their sense of purpose, satisfaction, and self-worth, fostering a belief that 'I matter' as they navigated the complex landscape of care. This process often brought feelings of fulfilment, knowing their work was meaningful and impactful.

Participants spoke of making a difference by empowering women, enhancing their confidence, and ensuring their voices were heard throughout their birthing journeys. They provided emotional support, safeguarded their well-being, and fostered meaningful engagement in their care. Through these actions, core midwives navigated ways to improve physical, emotional, and experiential outcomes for those they cared for.

The focus on making a difference had a reciprocal impact on core midwives themselves, reinforcing their commitment to the profession and fostering a shared sense of achievement and purpose. Moments of connection and success nurtured their professional identity and well-being, emphasising the transformative nature of their role. This chapter culminates in how core midwives navigate their well-being and foster resilience in their demanding yet rewarding role.

The following poem encapsulates the midwives' narratives, distilling the essence of making a difference into poignant verses:

The lines on my hands, wrinkles on my face,
Etch stories of care and lives embraced
A vision of openness and wisdom deep,
A purpose to hold and promise to keep.
Empowering, nurturing, enriching and more
Opening a meaningful door

Time to wonder, to simply 'be',
Present, engaging, and unfolding,
The enigma of wholeness we stand,
Making a difference, lending a hand
A positive impact, a life worth living
Moments of meaning, endlessly giving.

This poem, along with the participants' stories, invites reflection and appreciation of the core midwives' role within the New Zealand maternity service. Their narratives highlight intertwining themes that define their work, including fostering meaningful experiences for women and families, empowering women in their birthing journeys, and navigating safety across the two worlds of obstetrics and midwifery. Their experiences reflect on these core aspects that shape their role and shed light on deeper, less overt aspects such as navigating moments of vulnerability with compassion and cultivating trust and connection in unpredictable and time-sensitive situations. These reflections illuminate the profound impact of core midwives in ensuring safe and empowering care. The subthemes emerging from the participants' stories include:

- Navigating space and support: *"the lights in their eyes"*
- Navigating moments that matter *"makes it all worthwhile"*
- The navigator's role in fostering understanding: "*speaking the same language*"
- Navigating safety:
    - "*making a difference for when things don't go to plan"*
    - to "*come through the other side"*
- Navigating core midwives' well-being: creating safe havens for sustainability
    - work/life balance
    - what matters: to *'walk the path'* with women
    - resilience: *"respect each other"*
    - navigating safety through humour

Navigating has emerged as the overarching role of core midwives, encompassing diverse actions and responsibilities to make a meaningful difference. The following stories illustrate their profound contribution, offering rich insights into their experiences within secondary and tertiary maternity care. The chapter concludes with a summary that brings together the key elements of the midwives' narratives.

Navigating Space and Support: "The Lights in Their Eyes"

Core midwives play a pivotal role in fostering confidence within women, their families, and colleagues. The theme of support and safety resonates through Lily's reflection on her practice where she feels she made a difference, finding joy in empowering women, particularly those who doubt their abilities. Lily illustrates how the core midwife navigates the physical and emotional space of the birthing process, offering support that enhances safety and fosters confidence.

> *The best days for me are the days that I feel I have made a positive difference in the women I am working with, in the sense of more than just specific skills. The days that I really enjoy are the days that I spend quite a lot of time one-on-one with women, regardless whether they are in labour and birth or antenatally or postnatally, but women who are maybe doubting themselves or especially the ones who think: "oh I cannot do this" or "I am not strong enough", and you have the possibility to support them in a way that allows them to believe in themselves and that's 'the lights in their eyes' when they manage to do something that they thought they couldn't do, whether it be having the baby vaginally or succeeding breastfeeding the baby or anything that they came in feeling low self-confidence… and you and the family and your other colleagues allow this to happen basically. Those days I go home feeling I have made a difference, so those are very good days.* (Lily)

Lily illustrates how the core midwife navigates the changing landscape of birth, responding to emotional and physical cues toward confidence and safety. She recognises vulnerability and transforms it into empowerment, navigating a supportive space through unhurried, compassionate care. Guided by their inner compass, midwives orient women through moments of self-doubt and uncertainty. Attentive to each woman's needs, Lily embodies Gadamer's (2004) concept of 'therapeutic dialogue', where "attentiveness, namely the ability to sense the demands of an individual person at a particular moment and to respond to those demands in an appropriate manner" (p. 138). Through her genuine openness, Lily fosters trust and empowers women to recognise their own strength, which she refers to as '*the lights in their eyes*'. Lily

practices what Gadamer (2013) called the “ultimate miracle of language” (p. 166); truly hearing and understanding each woman as she exemplifies his concept of compassionate concern. Moving beyond clinical care, Lily’s attentiveness cultivates a relational understanding that is essential for promoting well-being and safety for women and their babies.

Gadamer’s (2013) ontological pillar of understanding underscores the therapeutic and meaningful essence of authentic human connections, emphasising that understanding emerges through dialogue and shared presence. This philosophy aligns closely with the experiences of core midwives who skilfully navigate the complexities of their role to establish genuine connections with women, even within constrained timeframes. In this sense, navigation is a deep, dialogical process, allowing core midwives to guide women towards a place of confidence and strength.

Matilda, captures the significance of time in creating understanding:

> *Empathy is really just being with the woman, putting time into understanding each one’s situations, spending time getting to know them. They will then feel easier about asking questions, expressing their anxieties… very satisfying, it makes a difference, people are often scared and it’s a whole new field for them.*

Core midwives, like Lily and Matilda, embody the navigator’s role, recognising and responding to each woman’s needs, sensing when to steer a conversation toward reassurance, when to pause and listen, and when to gently challenge self-doubt. This form of navigation requires constant vigilance and adjustment, attuning to the woman’s emotions, interpreting her unspoken concerns, and responding in ways that foster confidence. Their expertise as navigators supports them to make a timely and impactful difference for the women and families in their care.

While their time with each woman and family may be brief due to the nature of their role, Matilda’s account suggests that their care fosters a sense of safety and trust, enabling women to voice their concerns of “*I am not strong enough*” and feel heard. Although the data do not directly include feedback from women, the midwives’ reflections align with Gadamer’s (2013) view of understanding as transformative, a process that holds the potential to contribute to authentic well-being. This perspective highlights how midwives perceive their actions as meaningful and impactful, even in short interactions.

For Lily, fulfilment comes from navigating a difference through uplifting women's self-belief. Her sense of satisfaction aligns with Aristotle's notion of eudaimonia, often translated as flourishing or living a good life. Aristotle (Aristotle 4BCE/1985) viewed eudaimonia as a state of well-being achieved through the pursuit of meaningful and virtuous actions. Lily's joy stems from supporting women to recognise their own strength and capabilities, which brings purpose and meaning to her role as a core midwife. Pursuit of well-being extends beyond Lily's personal sense of satisfaction to encompass the lives of the women she supports. Through her compassionate and attentive approach, she creates an environment where women are supported and valued. By transforming moments of vulnerability into opportunities for growth and confidence, Lily exemplifies how they foster relational connections that enrich both their professional fulfilment and women's experience of care.

In this study, core midwives are not merely performing tasks, they are actively engaging in relationships that cultivate empowerment and confidence, which they see as central to their practice. This relational approach suggests that the pursuit of well-being extends beyond their own personal fulfilment to include a shared journey of growth and meaning with the women they care for (Disabato et al., 2016). Even within constrained timeframes, Lily's practice demonstrates how core midwives strive to create meaningful connections that contribute to a shared sense of flourishing for both midwife and woman. Her work embodies virtues such as compassion, integrity, and authenticity, where empowering others also enriches her own sense of purpose. Alignment with her authentic self and role makes her work both meaning-rich and relational, helping each woman feel valued and strong, while affirming her ability to make a difference.

Navigating Moments that Matter "Makes it all Worthwhile"

The previous story explored the transformative power of vulnerability and empowerment through Gadamer's (2013) concept of language and understanding, as well as the navigation of safe care within the limitations of the healthcare environment. Continuing with the theme of 'making a difference', this section focuses on the moments that define core midwives' practice, emphasising the significance of time and presence.

Beth's reflection illustrates how seemingly ordinary, yet profoundly meaningful, interactions bring a deep sense of fulfilment. These moments of connection, support,

and empowerment are central to Beth's role, reinforcing the essence of midwifery care in supporting women's early transition to parenthood.

> *I just feel I've done the job really well and I've been really effective, and I've been busy… when I help a woman with a breastfeeding problem and I help them get it sorted out, that feels amazing… [or] a woman's been tearful and miserable and I've helped her to feel better, by whatever I've done, that's where I get the satisfaction from my job… making a difference, that's what makes it all worthwhile really. My role is empowering women, she's the one that's got to go home with a baby and feel good about herself… helping that woman feel good about what she's doing.* (Beth)

Beth's reflection highlights the need for sensitivity as she supports women through pivotal moments, echoing van Manen's (1990) emphasis on lived experiences and their profound significance. For Beth, these moments influence her own sense of satisfaction, where she feels she made a difference. The joy of seeing a new mother succeed at feeding independently, exemplifies more than the application of a technical skill but a deeper fulfilment rooted in connection, guidance, and trust.

Beth delves into how core midwives navigate the childbirth journey with women and families, embodying their constant presence rather than stepping in only at the point of crisis. This journey resonates Gadamer's (2004) concept of the "balancing act of life" (p. 55) where an awareness of health and well-being as interconnected with one's entire life becomes central. Like Beth, Gadamer (2004) emphasised the importance of emotional well-being and the need to restore equilibrium in a way that considers the whole person. Beth's holistic approach, whether through breastfeeding support, comforting the tearful, or empowering women to believe in themselves, reflects this philosophy of treating someone in the 'right way'. For Beth, the 'right way' lies in creating an environment where women feel valued, confident, and capable. Her care captures the essence of balance within the childbirth journey, recognising each woman's needs, and fostering emotional resilience.

Beth emphasises that her role extends beyond clinical tasks to creating moments of emotional support which, together, provide her with a profound sense of purpose. However, time for core midwives is often in limited supply due to their demanding workload. Grace has similar insights.

> *The thing that made a difference was I felt I could sit in and do a full breastfeed with them and I wasn't running into a room latching a baby, running out of a*

> *room to do the next thing. That I could actually sit down and do a bit of education with them and talk them through that brand new mum stuff while they were feeding their babies.* (Grace)

Grace demonstrates how she navigates time within the space to prioritise being with the woman, emphasising the actions taken to make a meaningful difference. Even in brief interactions she exemplifies Gadamer's (2004) idea of treating someone in the 'right way', restoring balance and fostering a supportive and meaningful environment. This satisfaction resonates with Frankl's (2004) perspective on finding meaning through right action and conduct enabling mothers to feel supported and well cared for.

Both Beth and Grace reveal that navigating time and space to be present offers them a sense of accomplishment to fulfil their responsibilities as core midwives, reinforcing their role as navigators in midwifery care. Despite the pressures of a demanding workload, they find ways to foster connection, confidence, and emotional resilience in women. This sense of purpose aligns with Frankl's (2004) suggestion that a true sense of purpose is found in accepting responsibility for fulfilling life's tasks; "life ultimately means taking the responsibility to find the right answer to its problems and to fulfil the tasks which it constantly sets for each individual" (p. 85). Discovery of meaning offers insight into the lived experience of what truly matters. Their role in supporting women at such a pivotal moment in their lives is profoundly meaningful.

Like skilled navigators, core midwives continuously assess and ensure the care meets women's and families' individual needs, ensuring that amidst the fast-paced clinical environment, they create moments that matter, offering guidance, reassurance, and empowerment when most needed. Ultimately, both Beth's and Grace's reflections illustrate how making a difference gives their role and a sense of satisfaction and meaningfulness.

Navigating Understanding Through '*Speaking the Same Language*'

The previous section delved into the themes of vulnerability, empowerment, and the moments that define core midwives' practice, showcasing the profound impact of time, presence, and meaningful interactions. Building on these concepts, this section focuses on the navigator's pivotal role of communication in making a difference.

Emma emphasises the role of effective communication as a tool for relaying information and an essential part of a core midwife's practice. She articulates how clear

communication helps women understand their medical situation, the importance of hospital care, and the necessity of follow-up actions. Her reflection reveals how communication fosters a sense of being heard and respected, ultimately building trust and strengthening engagement.

> *The other thing is the women because …99% of the time probably, the women, they might not say it, but they clearly appreciate what you've done for them and sometimes you can put a different face on the peoples' thoughts of the medical profession. If you can communicate with a family in a way they can really appreciate, they go "ah no one's ever explained stuff for us properly or talked to us about why we're here or why it's important we come here". You have that ability to change someone's view of engaging with the medical profession just by being a good communicator, speaking the same language, so that they understand you're not judging them, and you want them to come back, you want to see them. They're not a nuisance you know; they didn't come here just to make you irritable, but sometimes that's the impression they get… so that always makes me feel good… It does make a difference.* (Emma)

Emma's role as a language navigator shapes women's and families' perceptions of the hospital maternity system and bridges the gap between medical discourse and the family's lived experience. She navigates the space between clinical expertise and personal meaning, balancing technical language with relational care and institutional language and everyday understanding for the woman. Emma tunes into the woman's responses, sensing when explanations need refining or reassurance is required, and when a pause allows for understanding. As a navigator, she does more than translating complex medical language, she guides the conversation, ensuring that information is received and meaningfully integrated into the woman's experience.

Emma navigates between two worlds: the technical obstetric and the reality of the woman's experience. She adjusts her language to foster trust, ensuring the woman feels heard and valued. Emma echoes Gadamer's (2013) affirmation that "language is the medium in which substantive understanding and agreement takes place" (p. 402). Emma can steer the conversation towards reassurance while ensuring that critical information is not lost. Similarly, van Manen (1990) affirmed talk as "the concrete stuff of human discourse" (p. 23), emphasising that language is more than a tool for transmitting information, it is a lived, embodied experience that shapes human relationships and understanding. Emma's conversations with women and families are an act of interpretation, tuning into the woman's verbal and non-verbal responses,

adjusting the dialogue in real-time to ensure understanding. Emma continuously assesses the woman's level of comprehension, clarifying, simplifying, or emphasising key points to ensure she feels heard.

Emma's reflection, "*you can put a different face on the peoples' thoughts of the medical profession*" highlights how stress and anxiety can distort understanding. Her role is to help women grasp the meaning behind medical language, ensuring that their well-being is preserved, and they understand the significance of medical decisions. In so doing, she makes a difference as she bridges perspectives between obstetric language and the family's reality, embodying van Manen's (1990, 2016a) idea of discourse as an integral relational aspect of care.

Emma links the space for connections and communication with 'real talk', meeting the women's needs by speaking the same language. This mirrors Gadamer's (1975), notion of 'unconcealment', an openness for understanding. Emma's presence fosters awareness of what is going on for understanding, which is more likely to promote engagement with healthcare. The process of understanding is coming to an agreement, whereby both the woman's and midwife's perspectives can influence and enrich each other. Gadamer (1975) referred to this as a fusion of horizons, where new insights and interpretations arise through open dialogue.

> I can neither transcend my own horizon nor project myself fully into the other's horizon; the new experience I gain in an open dialogue with another can at best incite a re-examination of my own beliefs and thus broaden my horizon. Such is the movement of horizon understanding. Because it is an ongoing process which involves self-formation no less than the understanding of the other, one never fully understand. (Gadamer, 1975, p. 277)

Emma exemplifies fusion when she reflects "*speaking the same language so that they understand you're not judging them, and you want them to come back, you want to see them*". As a core midwife, Emma navigates between the medical profession's biophysical focus and the woman's human-centred world. While she understands the medical world, Emma's practice is firmly grounded in fostering trust and connection, evident when the woman says, "*ah no one's ever explained stuff for us properly or talked to us about why we're here*". By translating medical explanations into language that

resonates with the woman, Emma helps her understand the importance of engaging with medical care while alleviating feelings of being a burden.

Emma's role extends beyond translation; she ensures the woman grasps the key points in her care, where every interaction enhances the woman's understanding and well-being. By building on what the doctor said, Emma strengthens collaborative teamwork. For Emma, making a difference is about supporting the woman to feel informed, valued, and central in her care journey.

Navigating Safety

In the previous section, the importance of communication was emphasised, especially the core midwife's role in bridging understanding between the medical profession and women. This section illustrates the essential role core midwives play in supporting women throughout their birthing journey as they navigate from normal into complex care, guiding and safeguarding the childbirth process. Their presence and expertise are crucial, particularly when complexities arise. The following stories demonstrate how core midwives adapt their approach in response to individual needs, creating safe and meaningful birth experiences that leave a lasting impact.

Navigating "Making a Difference for When Things Don't Go to Plan"

Grace reflects on the core midwives' role in guiding women through unexpected and challenging situations, moments that demand the navigator's technical expertise and deep empathy. She highlights the satisfaction derived from making a meaningful difference, particularly for women facing complex social or medical challenges.

> *I enjoyed feeling like I was making a difference for women whose pregnancies weren't going to plan… just like a friendly face, someone they can rely on, and know your scope quite well within the hospital, that's what I enjoyed… normal birth and normal labour are lovely and great, and you need midwives to do that, but you also need midwives to understand the complexities that the women have. I think feeling like I was making a difference for when things don't go to plan… There was a woman that came in… with quite a complex social background who came in with a high blood pressure… she was 32 weeks, severe pre-eclamptic and she'd had a stroke from having a seizure a couple of weeks before… it made me so aware of the lack of understanding and health literacy on her side, and then on our side… right this is where we at, walk her really slowly through what her diagnosis was and what our plan was and how we could best support her* [and her other children] …*putting her kids needs before her own needs and actually*

> *not understanding how unwell she was… walking with her through that to kind of make her understand and also put the supports around her.* (Grace)

Grace's reflection emphasises the importance of midwives who support normal births and navigate complexities that arise when things do not go as expected. She captures the unique skills required when navigating complexity, whether addressing critical medical needs or fostering relationships that respect and acknowledge the woman's understanding and personal challenges. In this space, Grace's role as a navigator extends beyond medical understanding to the emotional support the woman needed to grasp her health situation.

Grace's approach to balance technical knowledge with empathetic care is what defines her as a midwife navigator. She emphasises that the role extends medical understanding, it is about creating trust, guiding women through uncertainty, and ensuring their emotional and medical needs are met, as exemplified in her approach; "*right this is where we at, walk her really slowly through what her diagnosis was and what our plan was and how we could best support her*". By fostering a friendly, supportive environment, Grace exemplifies the core midwife's role as both navigator and educator, helping women understand their health in ways that might not have been possible without this compassionate, one-on-one approach. Her ability to create a sense of safety demonstrates the balance between clinical precision and human-centred care. It is in navigating relational care that the focus of navigating safety becomes evident: navigating holistic care here includes the whole family, one that is individualised and navigates complex, diverse needs.

Gadamer's (2013) concept of practical wisdom offers a lens for understanding Grace's approach. Practical wisdom involves blending theoretical knowledge with empathy and allows Grace to adapt thoughtfully and appropriately to each unique situation. Grace exemplifies the integration of technocratic expertise with the ethical and relational dimensions of midwifery practice, where forming quick yet meaningful connections can significantly impact the overall experience. Grace's focus on the depth of the engagement required when pregnancies deviate from expectation reveals her strength lies in ensuring that women feel seen, respected, and supported. Her ability to foster trust and understanding amidst uncertainty creates a shared path toward navigating safety and reassurance. This practical wisdom showcases how core midwives adapt their

expertise in real-time to meet each woman's unique needs, applying both medical and emotional support based on the woman's specific context.

Making a difference is fundamental to what Grace values in her role, supporting and navigating women through the emotional and complex childbirth journey. Grace demonstrates how language helps women, even when they cannot control their journey. She explains

> *It's the making the difference… turning potentially really awful situations or things that weren't how they were expected… putting some positivity and explaining things well for them and making sure they still feel at the centre of their journey even if they can't control the journey… that's why I do what I do.* (Grace)

For Grace, improving the experience for women, especially in unexpected situations, is a core skill. By enabling women to feel central and maintain a sense of control, core midwives, like Grace, enhance women's experiences, regardless of the environment or situation. As van Manen (1990) articulated "human experience is only possible because we have language" (p. 38). For Grace, making a difference lies in ensuring the woman's experience in the hospital is positive. Her sensitivity to the nuances of language and her ability to explain complex situations compassionately are defining skills. van Manen (1990, 2014) underscored the heartfelt experiences that elicit sensitivity and compassion, offering a lens for understanding what facilitates the work of core midwives within the hospital setting: "the art of being sensitive - sensitive to the undertones of language; to the way language speaks" (van Manen, 1990, p. 111), as they guide the woman through a safe journey. It is through language, sensitivity, and the ability to clearly explain complex and challenging situations that Grace makes a difference, bringing meaning and purpose to her role. This is why she does what she does.

Navigating Safety and Satisfaction to "Come Through the Other Side"

Participants reflect on times when they feel they have truly made a difference, finding satisfaction in meaningful moments through their work. Amy's story offers insight into the deep emotional fulfilment core midwives experience when positive birth outcomes are achieved. On one shift Amy was supporting a colleague who was mentoring a new graduate midwife.

> *Some births you just get that 'ahh thing'… this lovely family, and it's been a really nice birth, and everybody's really happy… everyone's emotional. It still gets to*

> *you after all these years, and I love that… I like to know I've made a difference. If there's been something going on and I've managed to do something, so that there's been a good outcome at the end of it, then I get a lot of satisfaction from that. It's not about delivering babies or cuddling babies, it's about knowing that a woman has walked through the door and walked out the door at the other end and nothing dramatic, or something dramatic might have happened, but she's actually come through the other side of it. You feel like you've made a difference… There was a family the other day and she'd been transferred from a primary unit. She really didn't want to be there… so you're already up against it because they don't want to be in the facility… when I walked in and I looked at the trace* [heart monitoring], *I thought 'oh this baby's got the cord wrapped round its neck a couple of times' because it had been perfectly fine and then all of a sudden it just plummeted… the grandmother was really, really anxious… "we need to do an episiotomy, the baby will come out and everything will be fine, it will have cord around the neck"… the baby popped out and the grandmother said "thank god you came in you made everything fine and you knew what you were doing and you were really confident".* (Amy)

Amy's illustrates the role of the core midwife as a navigator, skilfully guiding women and families through the complexities of childbirth. She navigates the challenges of a situation where the family did not want to be in hospital, balancing clinical priorities with emotional and interpersonal dynamics, much like a navigator steering a vessel through unpredictable waters. Her ability to read the "*trace*", anticipate potential complications, and communicate effectively with both her team and the family reflects the navigator's capacity to read the environment and respond swiftly to real-time situations.

Amy highlights the core midwife's ability to navigate diverse tasks and synthesise vast amounts of information. Her clinical expertise, leadership, and relational skills mirror a navigator's challenge of charting a course through intersecting responsibilities. By interpreting the environment, anticipating challenges, and adjusting her actions, Amy embodies the multifaceted role of a navigator who balances expertise with empathy, and navigates team dynamics, to ensure safety while addressing the unique needs of the woman and her family.

Effective communication is central to both the navigator's role and the core midwife's practice. Just as navigators liaise with air traffic controllers and their crew to relay critical information, Amy's communication fosters trust and understanding, demonstrating the power of meaningful dialogue (Gadamer, 2013). Her reassurance to the grandmother,

exemplifies how a navigator projects calmness and professional proficiency in high-pressure situations. While trust is often associated with the continuity of care model, where long-term relationships between women and their LMC midwife foster connection, Amy's role as a core midwife requires her to establish trust quickly in time-sensitive situations. Swift establishment of trust showcases a unique skill, akin to a navigator's ability to guide a ship or a plane safely through unforeseen challenges.

Amy's ability to adapt to unpredictable situations and foster trust illustrates how the navigator's role demands sharp perception, swift decision-making, and emotional intelligence. Her actions demonstrate the importance of navigating physical safety and the emotional landscape of childbirth, ensuring that each family feels valued and secure on their journey. Within this role, Amy exemplifies a navigator's capacity to adapt in real-time, using techniques and tools to guide the 'craft,' avoid hazards, and optimise safety throughout the journey. Like a navigator charting a safe path through complex terrains, Amy ensures the family reaches their destination safely.

As a compassionate navigator, Amy balances technical expertise with relational care, guiding women and their families through the complexities of childbirth. Her willingness to step into challenging situations and her commitment to their well-being highlights how compassion and resilience shape her impact as a core midwife. Her navigator's skillset also includes the art of creating a meaningful experience for the family. Amy's '*ahh*' moments bring her profound satisfaction as she guides women and babies "*through the other side*". This language of passage and transformation aligns seamlessly with the navigator's ability to ensure safety within life's pivotal events. These moments of calm presence and expertise transcend clinical skill as Amy navigates family dynamics to make the experience both safe and meaningful.

Navigating Core Midwives' Well-being: Balancing Care and Sustainability

For core midwives, navigating their well-being and creating a sustainable work/life balance are crucial for maintaining resilience and purpose in their demanding roles. This section focuses on exploring what facilitates and sustains the core midwife's role in New Zealand's large maternity hospitals. Their stories reveal a profound sense of privilege, joy, and the unique value their work brings, while emphasising the importance of collegial support and personal balance as essential foundations for well-being. This section highlights that making a difference in midwifery extends beyond clinical

responsibilities to include a deep commitment to being present with women and families, especially in complex or challenging situations and how they facilitate this in their work.

Navigating a Work/Life Balance

Participants speak to the critical importance of maintaining a work/life balance to sustain their well-being and ability to be present in the world. Molly appreciates the stability that comes from working rostered shifts, seeing them as key to her ability to 'clock off' at the end of the day. For Molly, this structured time allows her to navigate the competing demands of work and home life with a sense of control.

> *We've got a lot of stability and sustainability to get through as a core midwife… the key thing for me is knowing that I can clock off at the end of my shift, so that's my major draw card is going to work knowing what hours I'm working and then being able to walk out of those doors and be done with it for the day. I think that sustainability for me is huge in my 'pixel work/life balance' because I've got two young children under 5, so knowing that I don't always get the shifts that I want but I know what shifts I am getting so I can plan around my life better, not being on call, being able to turn off, actually being present with my family when I'm home rather than work always being stuck in the back of mind.* (Molly)

For Molly, time is fundamental to sustaining her role as a core midwife and identity as a mother. The stability of rostered shifts enables her to plan her life around her family, preventing work from being ever-present in her mind. Navigation of time aligns with Whyte's (2009) concept of the relationship between self and work, where people engage in an 'internal marriage' with their work and negotiate its place in their lives. Whyte explained this commitment as cultivating the "internal skills which help us pursue, come to know and then sustain a marriage with the person we find on the inside" (p. 52). Molly's ability to structure her time reflects her skill as a navigator of both her personal and professional lives, allowing her to effectively manage and engage with both.

Similarly, Matilda values the flexibility of shift work which plays a significant role in sustaining her practice. She values the ability to manage her work schedule, noting that the option to request a roster with specific hours, and balance her work and personal life make a difference: "*I appreciate being able to work the 8 hours and have a roster I can request, so have that work/life balance*". Matilda's perspective highlights how midwives' resilience is nurtured when they can balance work and personal life. Having

choice in work arrangements empowers them, much like a navigator charting their own course through personal and professional demands.

Molly and Matilda's reflections underscore the significance of structural and systemic factors in supporting core midwives' well-being. The ability to rely on predictability of rosters and the absence of on-call demands enables them to effectively manage their professional and personal responsibilities. It aligns with Gadamer's (2013) focus on understanding and self-reflection, as both participants demonstrate an acute awareness of their needs and priorities in navigating their roles.

Molly's reflection reveals a profound understanding of how her role as a core midwife interweaves with her identity as a mother. Her story echoes van Manen's (1990) concept of home as a personal and nurturing space. Molly's metaphor of "*pixel work/life balance*" suggests that balance is achieved through the careful assembly of interconnected moments of work and home life. It implies that sustainability is the result of mindful navigation, where balance is achieved through ongoing adjustments and negotiation of competing demands. This metaphor reinforces the concept that maintaining work/life balance is a dynamic evolving journey, one that requires meaningful engagement and self-awareness, much like navigating a vessel through shifting waves in the ocean.

By working shifts, Molly can prioritise family connection and maintain professional fulfilment. This balance is key to sustaining her role as a core midwifery, reflecting the larger themes that sustainability is not only about professional fulfilment but also about creating a supportive workplace that recognises core midwives' dual commitments to their personal and professional lives. A sense of balance helps to sustain individual practitioners, prevent burnout, contribute to workforce retention, and improve morale; aligning with findings by Dixon et al. (2017) and Sidhu et al. (2020).

Molly and Matilda's stories illuminate how work/life balance is a dynamic and deeply personal negotiation. By achieving this balance, they demonstrate how sustainability in core midwifery extends beyond professional competence to encompass personal well-being, family connection, and a sense of purpose. Their narratives reflect that core midwifery, much like navigating a complex journey, is about balancing multiple roles and

responsibilities, and is as much about caring for the caregivers as it is about caring for women and families.

Navigating What Matters: To 'Walk the Path' with Women

Susan reflects on core midwifery as both a privilege and a deeply rewarding role, bringing satisfaction through its meaning and impact. She speaks of her work as fulfilling because of the joy and purpose it brings. Susan emphasises the unique demands of core midwifery; for doing something worthwhile, particularly in complex situations.

> *At the end of the day there's a lot of job satisfaction that sustains midwives, it's a very worthwhile thing to do …it's a very rewarding profession, it's a real privilege to bring life into the world, whether it's as complex and in theatre or whatever the situation, it is a real privilege to be a midwife and I think that sustains midwives when it's hard and it's tough… we sustain each other… It's about the women… our colleagues and that keeps people in the profession… It's being resilient, it's having passion for your job, it's having job satisfaction, it's having a real passion for being a midwife… It's wanting to be there time and time again for the woman, when their pregnancy has taken a very different complex path, it's about wanting to walk that path with women, all the time even when it's hard… Anybody can look after a well woman having a baby, any midwife can do that but it takes a really special midwife to walk a really complex path with a woman… there's more at stake, 'you're having to bring more to the party as a midwife'… you can really make a mark on a woman at the start of her family if it's been a positive experience, so it's wanting to be part of that, it's wanting to put somebody on a right happy healthy path.* (Susan)

For Susan, the role of the core midwife extends far beyond clinical tasks. It is about the profound privilege of supporting women, particularly during challenging situations, while navigating her unique position of being 'with woman'. She finds shared strength and camaraderie with colleagues, building resilience and drawing fulfilment from the ability to make a positive impact.

Susan's reflections resonate with van Manen's (1990) emphasis on relationality and care, embodying a compassionate engagement with others. Her commitment to 'walk the path' with women, even when in difficult circumstances, illustrates a deep sense of purpose and resilience that sustains her in her role. Susan also highlights the importance of collegial support, observing how midwives sustain each other in tough times. This aligns with van Manen's assertion that human connection is a source of purpose and meaning: "in a larger existential sense human beings have searched in this experience

of the other, the communal, the social for a sense of purpose in life, meaningfulness, grounds for living" (p. 105).

For Susan, the shared experience of being 'with woman' is deeply meaningful, creating a lasting impact on the families she supports. She embraces the opportunity to connect deeply, even when the situation is complex and challenging. Susan sees her role as more than just a job; it is her '*passion*'. Her dedication is evident in her desire to set women on a "*right happy healthy path*" as they embark on their childbirth journey. This passion for her work reflects Whyte's (2009) idea of bringing love and work together:

> Once you have experienced the real essence at the beginning of the affair with a work, the, as in a marriage, is to keep the work, the company, the initial image with which we fell in love, alive. We want to be surprised again and again by where our work takes us and what kind of person we are becoming as we follow it. (p. 80)

Susan finds happiness through job satisfaction and builds resilience in the face of challenges. Her passion ignites her ability to adapt, motivated by the unpredictability and diversity of the work and role, as well as the personal growth midwives achieve through their work. This interplay of passion and resilience underscores how core midwives make a positive impact while sustaining themselves in their profession.

Building on these themes, Susan's insights align with Gadamer's (2013) exploration of tradition and its relevance in the present. For Susan, midwifery represents the merging of professional practice with lived experience. Her ability to leave a positive mark and facilitate a smooth transition into family life highlights how core midwives make a meaningful difference.

Susan's reflection suggests the role of a core midwife is akin to providing a map, guiding women and families through unfamiliar terrain, helping them navigate both the joys and complexities of childbirth. Just as navigators review the landscape ahead to anticipate and respond to obstacles, core midwives interpret the unique needs of each woman, offering reassurance as they navigate their childbirth journey. This map is dynamic and adaptable, with paths that converge and intersect in response to the woman's needs and ensuring safety for her and her baby. In this context, as navigators, core midwives

embrace the uniqueness of their role, navigating the paths between their world and that of women and families they support.

Core midwifery is not just about walking the path with women and families, but about empowering them through knowledge, advocacy, and compassionate support. In many ways, Susan helps women and families draw their own maps and navigate safely through their birth journey. Their role as navigators ensures that even in the most challenging circumstances, women feel seen, heard, and guided with confidence. Susan's story demonstrates that being a core midwife is grounded in resilience, passion, and a deep commitment to making a difference. It is this passion and adaptability that sustain her and her colleagues, continuing to shape the heart of core midwifery across New Zealand.

Navigating Resilience: "Respect Each Other"

Participants' stories illustrate how core midwives navigate the complexities of their roles, both in supporting women and families and in safeguarding their own well-being. They reflect on the importance of resilience, connection, and maintaining a work/life balance, recognising that resilience is not merely about enduring difficulties but actively shaping supportive environments.

Lily challenges the view that resilience is 'coping' with passive endurance, reframing it as an active process of navigating respectful, interprofessional relationships. For Lily, resilience should not mean tolerating poor workplace behaviours; rather, fostering a culture of mutual respect and collaboration.

> *It's important to have resilience, but I don't think a midwife should be expected to have resilience in the sense of 'oh you just cope with this bad thing happening'… I'm talking about interprofessional relationship, I've been in this situation when I was told' oh well this person has always been like this, you must have to put up with them'… I do think resilience is good to have as a skill, but I don't think it should be expected because they should all work together, and part of our skill is being able to work with your colleagues and respect each other and treat each other as you expect yourself to be treated.* (Lily)

Lily's story positions core midwives as navigators of resilience, steering through workplace dynamics to foster trust and anchor collaboration, shaping professional relationships, and cultivating respectful workplace environments. Lily's narrative reflects the words of Angelou in asserting their collective worth: "everybody is worth everything" (Douglas, 2019, p. 16), highlighting Lily's experience of resilience through

connections with colleagues at work and emphasising that midwives are 'social beings' (Lewis et al., 2020).

Gadamer's (2013) concept of an expanded horizon suggests that understanding is enriched through dialogue and shared experiences. Lily's emphasis on mutual respect and connection illustrates this process, as interactions and experiences with colleagues broaden her perspective on navigating resilience as a collective endeavour rather than an individual burden. It aligns with research on resilience in nursing wherein camaraderie and teamwork supported them throughout the shift and boosted their ability to navigate workplace challenges (Cooper et al., 2022).

In the hospital environment, trust functions as a navigational anchor, enabling core midwives to engage confidently with their roles while preserving their well-being. Trust is actively built, sustained, and reinforced through interactions forming the foundations of workplace culture, vital for job satisfaction and resilience (Strömgren et al., 2016). By working together, core midwives establish a sense of unity and purpose, helping them safely navigate personal and professional challenges. This shared experience reinforces their ability to navigate adversity with strength and adaptability, contributing to a culture of support, knowing they can rely on each other in any situation, aligning professional competence with personal fulfilment.

Whyte's (2002) insights illuminate this evolving process, suggesting that fulfilment is more than what is accomplished; it is also about who people become through the work itself. Lily recognises that navigating resilience is an ongoing process of self-discovery, shaped through relationships and shared challenges, contributing to their personal and professional growth, sustaining their ongoing involvement in their role. Whyte (2002) asserted that "the consummation of work lies not only what we have done but who we have become while accomplishing the task" (p. 5). His view highlights that resilience is a dynamic, evolving skill cultivated through navigating interprofessional relationships, shaping midwives' identities, sense of purpose, and capacity to navigate life's challenges.

Participants' reflections on resilience and work/life balance reveals how core midwives integrate resilience into their professional and personal lives, navigating challenges through teamwork, mutual respect and trust. Lily's reflection highlights how their ability

to navigate adversity with adaptability and strength reinforces a culture of mutual respect and support. Effective interprofessional collaboration is essential for navigating challenges, fostering resilience, and maintaining a shared focus on safety.

Navigating Humour: A Tool for Safety and Resilience

In the face of relentless demands, participants likened navigating the realm of core midwifery to being in battle, with humour serving as a vital tool for fostering safety and resilience. For Amy, humour makes a difference; it binds her colleagues together, cultivating a safety net that helps them navigate the intensity of their workload. Her skill is in recognising a sense of urgency, for when and how to deploy the safety net to bolster personal well-being and safety, maintaining a sense of unity amidst chaos.

> *If somebody doesn't come to help us, people are going to die, and I will document that. Suddenly people arrived, not to work on the floor though, just to come to see if anyone needed a hand with anything or a break and then they all scuttled off with their clipboards again… left us in the same predicament again… everyone just needed a 10-minute sanity break and a slurp of water… Then back you go, back into the trenches… there's a lot of smiling and waving goes on, then they float off back into their ivory towers… meanwhile the trolls on the floor are just digging away… The other day it was horrific, and I shouted to one of the girls "Oi, how's your trench foot going?" "I do feel like I'm in the trenches". "I know it's like a bloody war zone in here, terrible". Anyway, it is what it is, nobody died… so winning on that front. Oh, it quite often feels like a battle. I felt like I fought and lost a bloody battle yesterday when I came home from work, I couldn't even get up the stairs, I was like a crab trying to get up… I was so tired. I had been on my feet running from when I left the house at 6 o'clock until I got home at quarter past eight last night.* (Amy)

Amy's story underscores how humour acts as a lifeline to foster resilience for core midwives to navigate and endure the physical and emotional toll of their work together. Amy's metaphor of "*trenches*" reflects the battle-like environment of busy chaotic days, and where breaks are scarce. Shared jokes help her, and her colleagues navigate resilience to keep going. Using humour aligns with Frankl's (2004) notion of humour as an elixir to make things bearable, helping to preserve sanity amid adversity.

Amy's skill as a navigator is in recognising the precise moment when humour is needed, deploying it not as a momentary release, but as a tool to recalibrate the emotional climate, re-energise colleagues, and sustain safe, cohesive teamwork. Her skill involves navigating the opportunities for building bonds among colleagues through humour,

providing the emotional glue that allows them to persevere together. Each shared laugh or light-hearted moment becomes a thread in a safety net, enabling Amy and her colleagues to sustain their efforts and face ongoing challenges.

Other participants echo Amy's sentiments. Grace speaks of how "*it does get tiring at the same time when you feel like you're fighting an uphill battle all the time*". Frankl (2004) further emphasised, "we must never forget that we may also find meaning in life even when confronted with a hopeless situation" (p. 116). Strong bonds can be forged in wars, and for Amy these bonds of connection are what weave the threads of the safety net, supporting them through the day together. Going through something that is time critical heightens the senses and feelings of and for everyone. Emma, too, relates her experience to a 'war' underscoring the importance of purpose in sustaining her commitment despite feeling undervalued.

> *We are special and there's so few of us… we're really important people, we just don't have that status… the hospital relies on that we're good people and we'll keep doing what we're doing, it doesn't matter what and that's true we will… I personally feel like I've had a bit of a war with midwifery.* (Emma)

The battle of core midwifery is one of navigating resilience and shared commitment. The metaphor of war underscores the emotional toll and the deep connection among midwives who endure together, bringing humour and humanity to their essential work. Frankl (2004) suggested that finding meaning in one's work, love, and courage in hardship is essential for well-being. For these core midwives, their sense of purpose lies in the support they provide to each other and the women and families they serve, even when feeling unrecognised. In this way, navigating humour is not just about survival, it is about shaping a culture of mutual support and resilience, transforming high-pressured, stressed environments into one where safety and well-being are actively encouraged.

For Amy, meaning is reflected in the skills of navigating humour as she advocates for her colleagues' well-being and their shared purpose of supporting women and families safely. van Manen (1990) articulated the meaning of experiences as layers of significance that emerge as one reflects on the experiences for understanding. Amy's actions, calling for breaks and acknowledging stress, illustrate her ability to navigate humour as a bridge between exhaustion and endurance, ensuring that amidst the pressures of their work, core midwives remain connected, resilient, and safe.

Summary

This chapter has highlighted the significant difference core midwives make as navigators of secondary and tertiary maternity care in New Zealand. Through their narratives, participants offer valuable insights into their experiences and the profound impact of their work. The concept of making a difference emerges as a key theme woven throughout their role.

Participants emphasised that core midwives do not merely 'assist' in a clinical sense; rather, they navigate women and families through one of the most intimate and transformative experiences of their lives. This guiding role is deeply embedded in midwifery philosophy, as they strive to enhance care, improve situations, alleviate concerns, and offer reassurance with calmness and professionalism.

Navigating these complexities involves fostering connections, whether through advocacy for women's choices, creating a safe and supportive environment, or building trust, enabling them to make a meaningful impact. Even brief connections can enhance care, boost morale, and bring a sense of fulfilment to their work. Participants underscore their ability to navigate both emotional and clinical landscapes, managing time effectively, ensuring that each interaction, no matter how fleeting, is an opportunity to make a difference, even amid busy and complex clinical environments.

The sense of purpose that accompanies making a difference defines the core midwife's role, encompassing practical tasks as well as relational and emotional aspects of care. As navigators, core midwives carefully attune to each situation while adapting to the unique needs and uncertainties of each birth. Their role highlights that making a difference is as much about the journey as the outcomes. It is the careful attention, presence, and connection in every encounter that creates a sense of safety and confidence, resonating deeply with the core midwife's sense of purpose and meaning.

The navigator's role in making a difference reflects how participants perceive their roles, offering insight into the resilience they cultivate to sustain their practice. Ultimately, a sense of purpose highlights the fulfilment and engagement that comes from making a difference in the lives of the women and family they support. As they navigate complex care and relationships, core midwives must also ensure their own resilience and support systems, fostering a sustainable and fulfilling practice. As navigators, they foster their

own well-being and safety, navigating a safety net that collectively supports them in sustaining their resilience. Maintain a sense of stability and work/life balance is crucial in sustaining their ability to navigate core midwifery's demands.

Humour acts as a vital lifeline, reinforcing the bonds within the safety net for nurturing the emotional and physical well-being of midwives with their collaborative support networks. The safety net also nurtures their ongoing commitment to care for women and families. Figure 7 encapsulates the essence of the navigator making a difference, illustrating the hands of the core midwife embracing humanity, care, and connection, supporting and preserving authentic lived experiences.

Figure 7: The Navigator's role in Making a Difference

Throughout their narratives and experiences, midwifery participants expressed that making a difference brings shared moments of humanity and gratitude. Stories of mutual respect, appreciation, and recognition illustrate the overwhelming sense of

purpose and positivity that comes from helping, supporting, and improving outcomes for women and families; being present in these pivotal moments as life unfolds, embracing the wonder and humanness of each experience. This deep sense of purpose and fulfilment embodies what it truly means to make a difference.

CHAPTER 9: DREAM

The 'Dream' cycle follows 'Discovery' within the '4-D cycle' of Appreciative Inquiry (Cooperrider et al., 2008). Discovery underscored the role of the core midwife as a navigator and now, to dream, is to ponder and build on the best of what is for the 'what if?' Participants expressed their hopes and aspirations centred around facilitating and sustaining the navigator role within the challenges of the technocratic hospital environment. To refresh, the discovery themes were: Navigating human Connections: 'with woman' and family; Navigating teamwork: building strong connections; Navigating with skill and versatility; and the Navigator's role in making a difference. These themes will continue to be explored throughout the dream cycle.

Figure 8 below offers a visual representation of this chapter. It provides the reader with a creative opportunity for openness and wonder, invoking a dreamy feel to the beginning of the chapter. It represents the words and themes the midwives voiced in their dreams. The midwives' collective voices invite the reader into the essence of each theme. A crafted poem, along with the summary, brings the dream cycle together, offering an authentic invitation to further contemplate the insights from the midwives' dreams.

Figure 8: Dream

The word art creates the essence of dreaming, representing hopes and dreams for the collective future (Cooperrider & Whitney, 2005). 'Somewhere over the rainbow' is an expression revealing that there is something better ahead, a mythical journey, a rainbow of light and colour, a treasure trove to achieving one's dream. Judy Garland sang the ballad 'Over the rainbow', relaying the emotional words and message of being somewhere else, dreaming of something different, echoing the midwives' words, illuminating their thoughts, and inspiring what matters.

Somewhere over the rainbow, way up high,
And the dream that you dare to dream, why, oh why can't I?

(Yip Harburg, 1939; Lyricist)

Following the discovery phase existed an ongoing energising sense of happiness and excitement with an abundance of enthusiasm for the possibility of 'what if?' Granted freedom to outline their thoughts and ideas for the future, participants' wishes, reveal what is important. Resonating with the possibilities and positivity of Appreciative Inquiry, the participants expressed meaning and purpose with possibilities of a different reality for enhancing their role as core midwives.

Participants demonstrated unique ways and manners of 'being' in the interview which facilitated genuine and effective conversation (Gadamer, 2013) and brought an authenticity of meaning to each conversation. Gadamer (2013) referred to dialogue as being unpredictable, revealing what is unique to the individual. Asking open-ended questions allowed midwives to express future aspirations. While the overarching study question - 'what is the work of core midwives and what facilitates their role in New Zealand's large hospitals?' was framed in the present, the interview was guided using Appreciative Inquiry's '4-D cycle'. In particular, prompts in the dream phase encouraged participants to reflect on what might be or what they hoped for in the future. These prompts invited participants to express their aspirations and ideal vision of core midwifery.

The midwife participants represent only a fraction of the core midwives in New Zealand. However, with each conversation collective voices grow stronger, highlighting the dreams and aspirations tied to the future of midwifery. These dreams reflect a deep sense of wonder and appreciation, underscoring a shared desire for midwives to feel valued, heard, and understood. Ultimately, these dreams offer an opportunity to forge

a stronger connection between individual midwives and the profession, moving forward with purpose and intention.

Navigating Human Connections: 'With Woman' and Family

> The best gift anyone can give I believe, is the gift of sharing themselves.
>
> (Oprah Winfrey, 2004).

This study reveals that navigating connections 'with woman' and family is an essential aspect of the core midwife navigator role. Participants envisioned ways to enhance this connection, emphasising the importance of an environment that nurtures relationships and supports a relationship centred approach to care.

A key aspiration was the creation of a purpose-built unit, a setting designed to support midwives in navigating care while fostering meaningful connections. Midwives aspired to optimise opportunities to guide and support, ensuring that women and families feel valued, prioritised, and well cared for throughout their childbirth journey. Understanding what truly matters in these connections is central for navigators to convey that 'you matter, you are our priority, and we will do our best for you'.

Participants emphasised a vision where families are fully integrated into the childbirth experience, reinforcing a safe and welcoming space that builds trust and respect. Elizabeth envisioned a purpose-built unit where midwives and families remain in one space throughout the birthing journey, allowing for continuous connection. She expressed:

> *The vision for the new build for the staff is that we'll work on one floor which is great …for the women to walk while they're in labour… their own birthing room and that'd be where they'd stay for their stay. I believe the family should be able to be part of it and there should be able to be at least one person stay overnight.* (Elizabeth)

Ensuring sufficient staffing was central to midwives' dreams. They recognised that the ability to navigate relationships and care requires time and presence, as Beth noted, "*a huge part of being a midwife is to look after a woman through her labour*". Midwives envisioned a space where they could navigate birth experiences more effectively, ensuring they had the time, resources, and autonomy to support physiological birth and navigate the things that matter. They dreamed of a midwifery-led unit that allowed for uninterrupted midwifery presence and birthing rooms that were conducive to support

physiological childbirth, safeguarding privacy and dignity, and equipped with aids, appropriate furnishings, and an ambiance that reflected women's choices.

The physical environment plays a crucial role in how midwives navigate and facilitate connections. An inviting, well-designed space helps women and families feel at ease within unfamiliar hospital settings, promoting a feeling of welcome and reinforcing a sense of belonging and security. Susan spoke about the importance of navigating the birth space in a way that enhances the experience:

> *Just having a really welcoming feeling in there… there's a nice vibe in there, people want to look after them… we want to give women a really good experience… we want them to say, "hey we've been to… and it was great, the midwives were really great" …we're wanting to do a good job, we're wanting women to go away with a really good experience.* (Susan)

For Susan, providing a "*good experience*" is directly linked to the navigator role, guiding women and families through their journey, ensuring they feel supported and that they matter. Creating an environment where women feel safe, comfortable, and well cared for reinforces the navigator's role in fostering trust and meaningful relationships. Midwives also envisioned dedicated spaces where families could gather comfortably, featuring homely furniture and a calming atmosphere that supports the emotional and relational aspects of care. These elements contribute to the well-being of women, their families, and the midwives themselves.

Elizabeth reflected on how the navigator role is profoundly tied to midwifery aspirations from the beginning of their careers:

> *My dream is always to be able to go back to where we have our visions as students and felt that we were able to contribute a lot… my dream would be for the women to have as much care as they needed and all the resources to be able to help.* (Elizabeth).

Her words highlight how midwives navigate their role with a strong sense of purpose, staying connected to their original passion and commitment. Elizabeth refers to being able to practice safely when she is in tune with what really matters, reflecting the essence of caring, connecting, and being 'with woman'. At the core, these dreams are about navigating the complexities of care while ensuring women and families are safe, supported, and respected. As a navigator, midwives bring together clinical expertise,

relational presence, and environmental awareness to create the conditions for a positive birth experience that includes and values the whole family.

Navigating Teamwork: Building Strong Connections

> Lean on me, when you're not strong I'll be your friend, I'll help you carry on.
> For it won't be long, till I'm gonna need somebody to lean on.
>
> (Bill Withers, 1972; Singer/songwriter)

The midwives' vision for navigating teamwork centred on having more core midwives with a balanced skill mix on each shift. While versatility and expertise are essential, the emphasis here is on building strong connections. Teamwork enables core midwives to navigate the complexities of each shift, anticipating support needs, and adjusting course in real-time to provide the best care for women and their families. Acting as navigators, they steer their teams through clinical demands ensuring no one works in isolation and a safety net for both women and midwives.

Participants expressed the need for increased staffing, both in midwifery with a variety of skills and expertise, plus non-clinical staff in support roles to enable more manageable workloads and create a more effective and sustainable team network.

> *Twice as many staff… or maybe 75%... when you're busy that there's a resource midwife to come and help you, someone to support you with clinical tasks or when it comes to birth time there's a second midwife in the room, not just if there's an emergency but to get things organized and ready and prepared… having a 'buddy', …some people say "oh this is a complex patient, I think it would be good if we had two midwives in the room", a lead midwife and an assist… that would make everything easier and I think we would learn so much from each other as well observing each other's practice in action.* (Hannah)

Dottie's vision of pairing new graduates with experienced midwives reflects a navigational approach, guiding, mentoring, and ensuring safety in learning:

> *Try to allocate according to the experience so if somebody was high acuity you'd try and put somebody that was trained to look after them but also the new grads have to learn as well, so if you could couple them up with another core midwife that was more experienced so they could buddy up together and still learn but still work within a safe environment.* (Dottie)

Beyond more staff, participants dreamed of introducing dedicated clinical support roles to bolster navigating the safety net, such as a resource midwife or 'buddy' to provide immediate assistance. Having additional roles strengthens teamwork, enhances learning

opportunities, and cultivates an environment where the whole team navigates together. The safety net facilitates wrap-around support, promoting collegiality and fostering a learning culture to ensure safe and effective care, as Susan explains, "*properly staffed tertiary units… to support each other and alleviate the pressure of everything we do so it would be really great to come to work*" (Susan). A well-supported team promotes morale, job satisfaction, and a sense of unity. Midwives value working together, actively navigating relationships, shifting demands, and complex clinical environments to maintain a cohesive team with an effective safety net for women in their care. Lisa highlighted the significance of having 'floating' support to improve teamwork and learning:

> *More manageable workloads and it would be so nice if we had, like I know we've got a charge midwife who's supposed to be this person but they're so busy as well, if you had someone who was a floater… for every shift and they just hopped around helping everybody when you need that, helping the new grads suture and instil the skills that you just have to get on and learn on your own and then knowing that you have that support, I feel like we'd all just feel like we're all working in a team rather than feeling like you're in it alone.* (Lisa).

Effective teamwork also allows core midwives to spend meaningful time with women and their families. When they have time to connect, they work to their professional capabilities, skills, and strengths.

Participants referred to ways to come together and cultivate meaningful bonds within the team which includes midwives, LMCs, and staff within the secondary and tertiary facilities. Teamwork builds on existing collaborative efforts while incorporating ways to promote effective relationships for longevity. For teamwork to happen, having the right environment and space to foster a network of support and a culture of togetherness is vital. Teamwork facilitates and strengthens connections for supporting team members and navigating effectively together. Creating an environment that fosters trust, and camaraderie is vital for looking out for each other. Pippi discusses how navigating teamwork is not just about clinical challenges but how the team treats, supports, and uplifts each other in the workplace:

> *Chocolate cake of course always good …the entire ward should stop for a morning break and everyone that is on that ward at that moment comes in and meets together. It doesn't matter who it is, the 'hearing people'* (staff who test newborn baby's hearing)*, the ward clerk, the cleaner, the doctors, anyone that's there, all stop and then they'd actually communicate and talk… it would probably*

make for a much more interprofessional workplace, and camaraderie and trust, could build on that too. (Pippi)

Participants envisioned the opportunity for everyone to have a break together as an essential part of navigating team cohesion. Time to come together facilitates collegiality, offering a chance to recharge, reflect, and engage in meaningful conversations. Fostering a culture of welcome, connection, appreciation, and kindness strengthens the bonds within the safety net. This connectivity promotes a sense of belonging to a team that cares and looks out for each other which, in turn, fosters the feeling that you matter. Feeling valued and supported enhances workplace well-being and encourages openness for sharing insights, celebrating successes, and hearing what is going well. Pippi illustrates a 'circle of care' fosters a culture of support and unity within the MDT encouraging asking for help for maintaining psychological safety.

The other thing that I'd love is I feel that at the end of the day it would be really nice if either once a week or you know at the end of a shift of when you're doing hand over or something... if there was an opportunity to do almost like a 'circle of care' and see how people are doing, that just takes 5-minutes. (Pippi)

The '*circle of care*' invites a caring way of checking in and/or out at the end of the day for everyone's well-being. Doing so enhances mutual respect and understanding of everyone's capacity for work and identifies any emotional or well-being concerns. It also fosters understanding of what the team enjoys, generating and sharing ideas to focus on unique possibilities and appreciation for moving forward. 'Caring for the carers' is paramount for the team's well-being with interprofessional team building enhancing camaraderie and 'esprit de corps', the bonds for effective teamwork.

Beyond teamwork within core midwifery, participants emphasised the need for navigating professional relationships. Midwives must navigate the relationships between core and LMC midwives, working to strengthen collaboration, ensuring that transitions in care are smooth and that both work as a unified team to safeguard the well-being of women and families. As navigators they chart a course toward mutual respect, shared responsibility, and fostering collegiality with LMCs.

My dream would be to have better relationships with our LMC colleagues, and the dream would be for us to sort of realise that we are all midwives and we're all one and not sort of pick at each other about things and be on the same team. I think would be my dream for a core midwife. I think if that were to happen a lot of other problems would fall out of the equation… the positives that would come

> *out of that would be a lot less stress on everybody… women would have a lot more involvement from the midwives they have chosen to be their midwife. There probably would not be such a huge divide between us.* (Molly)

Molly highlights the benefits of interprofessional collaboration, improving care, and strengthening the midwifery community. As navigators, core midwives bridge professional roles, fostering respect and unity for a seamless safety net. Connecting core midwives and LMCs under a shared purpose ensures women and families receive integrated holistic care as they navigate the complexities of their role to ensure care flows seamlessly.

Ultimately, fostering teamwork in midwifery is about creating an environment where midwives feel supported, valued, and empowered. Teamwork is not just about navigating workloads; rather, it is about creating a strong safety net for women, families, and midwives alike. By navigating daily challenges together, they cultivate a culture of belonging and mutual support, sharing knowledge within the safety net. The safety net they weave ensures that women and families experience competent care which is deeply connected and responsive. Teamwork is an ongoing act of navigating relationships, hierarchies, and the unpredictability of each shift. Navigating teamwork requires midwives to be attuned to the needs of their colleagues, stepping in when support is needed and ensuring that every woman receives appropriate care. The ability to pivot, delegate, and anticipate challenges is integral to the navigator role, ensuring that the safety net is responsive to everyone's needs

Navigating with Skill and Versatility

> It is not just WHAT or HOW you do things that matters, what matters more is that WHAT and HOW you do things is consistent with your WHY. Only then will your practices indeed be best.
>
> (Simon Sinek, 2009, p. 166)

Midwives spoke passionately about their skills, the versatility in their work, and their dedication to their role in the discovery chapter. Participants underscored navigating with skill and versatility within maternity care; yet, alongside this pride was a yearning for greater recognition by the profession and the broader maternity system. As navigators, core midwives possess a variety of clinical and interpersonal skills enabling them to steer through high-acuity situations caring for women and families with

versatility and flexibility. Participants expressed a deep desire for their expertise to be fully recognised, valued, and actively supported.

> *Be recognised that all of the skills… everything we do on a daily basis, that's everyone's dream though right... we are taking responsibility for two lives is a huge fact of our skills… we are autonomous practitioners that we are a specialised health professional, specialised in maternity and that's what derives from this is that we are actually specialists in our own field… for midwives to feel valued from you know a government perspective, it's about our pay cheques that we are getting you know.* (Molly)

Recognition acts as a guiding compass for core midwives, reinforcing their role in safely navigating the birthing environment. When their skills and identity are acknowledged, whether through professional titles in maternity care, pay equity, or leadership opportunities, their purpose is affirmed and motivation to continue in their roles strengthened. Molly underscores the core midwife navigator is the 'right midwife, right time, with the right knowledge' competent and confident in the provision of care for women (NZCOM, 2019).

Within a hierarchical medical obstetric system of maternity care, the core midwife's identity as an autonomous practitioner of normal birth, confident in their midwifery expertise (Simpson & Downe, 2010), is worthy of being recognised. Core midwives have developed specialist skills to fulfil the role and be able to undertake the work as "*not everybody can come and work in our environment*" (Susan).

> *Tertiary core midwives are never really recognised and in the limelight for the really amazing job that they do, they're midwives plus, plus, plus they've got a lot of extra skills and just being valued and that recognition is absolutely key… we recognise how skilled we are between us… maybe somebody flying the flag for core tertiary midwives a little bit higher would be great, I don't think we talk about how awesome we are sometimes, we just put our head down and we just get on with it… just having that recognition of the complexity and how skilled we are.* (Susan)

Participants echo being skilled and versatile reflects their ability as "*midwives plus, plus*" who just get on with the work at hand; yet *"flying the flag for core tertiary midwives"* is suggested for reaching out to the wider New Zealand wide network of health. Participants also emphasised the importance of educating students about navigating the role of core midwives, encompassing their training to cater for working as core midwives and navigating care for women with complexities and a variety of complications:

> *Our complexities are getting more complex, our women are getting sicker, more obese and more unwell. We need really good midwives to care for those women too, so often them both 50, 50 equal and then new grads will come out with a lot more confidence and knowledge about how to care for the unwell women as well as the well women.* (Molly)

Both Susan and Molly, like other participants, link the core midwife role to being worthwhile and meaningful. They envision feeling valued grounded in the acknowledgement of their identity, being recognised for their expertise as a navigator within secondary and tertiary facilities and feeling that their contributions are valued and rewarded. "*We're in a clinical specialist role most of the time and we're diagnosing, treating, prescribing… Staffing and pay. I think that would make everybody a lot happier*" (Hannah).

For many, recognition is not just about status but about the practical realities of career progression, remuneration, and professional development. Participants envisioned a system where core midwives could build on their experience with pathways to reflect their depth of expertise, along with extra education and training for professional development and ability to expand their role, opportunities to upskill with various roles for career progression, and choice of variety of education and specialist roles.

> *More education opportunities for core midwives… I want to see more opportunities for midwives. I'd love to see more of the midwifery consultant roles coming up like you do with your neonatal nurse practitioners and see specialist midwives in mental health and the midwives do extra training in obstetrics and be able to do kiwi cup deliveries and that's what I'd like to see is more midwives being able to take on elective education, but more of that complexities plus the more specialist midwifery roles would be awesome… expanding our scope even more would be really good.* (Grace)

Dreaming here is about being valued for the role and work; what they do and the importance of how and why they do it, while choices enable them to expand their identity within the maternity system.

> *Being able to work in different environments, different countries, different cultures, different sectors of society with people with different cultures, different languages and different backgrounds.* (Lily)

Their dreams enhance satisfaction and motivation for meaningful work. Variety combines work and travel options and maximises learning opportunities for core midwives to increase their skill set while taking advantage of opportunities available

within New Zealand's secondary and tertiary units. Other opportunities for support suggested were in the form of debriefing and clinical supervision for maintaining the core midwife's ability to undertake the role and work with a focus on skills and strengths to be flexible and versatile.

While participants emphasised their ability to navigate 'being in charge', being a navigator entails managing the challenges and stress that accompany this invaluable and unique role. Participants dreamed of financial recognition; however, pay is an extrinsic motivator and an easy way to enable the feeling of value which does not last. What is of real value is the deeper longer lasting feeling 'I matter and I'm important and I want to be seen, and I belong'. However, pay was deemed as essential for living well and for doing the work they do.

> *Happy because you'll be well paid… actual pay recognition, especially for those that take charge… it needs to be equitable for equivalent male job… if you're in birthing suite a lot of times you're saving people's lives… however, for that responsibility and stress and pressure of it and the fact that you continue to do that… it's not just that we love to come to work, and do it, we love what our job is.* (Pippi)

As a leader, being in charge, involves navigating a variety of clinical and interpersonal skills along with a managerial focus. This role influences and shapes the meaning and value of work (Rosso et al., 2010). Participants referred to 'saving lives' as one aspect of the core midwife's role. In some professions, saving lives is rewarded by being called a 'hero' and given a medal for their service. In midwifery, the responsibility of saving lives is all in a day's work; 'we know what we do'. However, this responsibility highlights the need for more skilled experienced midwives.

> *There would be a lot more of us on each shift and the skill mix would be appropriate… the core midwives should get a lot more than they do because they work really, really hard… we're professional midwives… we work in the hospital saving lives every day.* (Amy)

The part that core midwives play in saving lives is again referred to as the midwives reiterate what they bring to the profession. Their skills include being versatile to quickly adapt to the changing clinical picture and needs which can also require a multi-disciplinary interprofessional teamwork approach to support each other for best practice. Belonging to the team and putting one's skills to the best use is satisfying and valuable in the long term. It strengthens an organisational culture with the right values

and makes a difference to everyone involved. It is valuable and meaningful work. This is what matters to the midwives. These are their dreams.

The dreams shared by participants reflect their desire to be recognised. As navigators they guide, adapt, and ensure safe passage through the ever- changing journey of labour and birth. Their work is both an art and a science and their role is to be celebrated, valued, and resourced appropriately.

The Navigator's Role in Making a Difference

> You may say I'm a dreamer. But I am not the only one.
>
> (John Lennon, 1971; Lyrics: "Imagine", singer, songwriter)

Making a difference draws together strengths, opportunities, and potential. It encapsulates the deep sense of purpose midwives find in their work; protecting and nurturing the emotions that bring joy and fulfilment. Participants envision a future where they have time to be present in moments that truly matter, where their care extends beyond routine tasks to create meaningful experiences that shape women's and families' lives. Their dreams and aspirations embrace a future where midwives are empowered to make a difference, enhancing their deeper purpose of being 'with woman' and ensuring that care is meaningful.

Their dreams centre on the importance of sharing stories and embracing the richness of lived experience. They speak of seemingly ordinary experiences that, upon reflection, reveal themselves as extraordinary, bringing fascination, connection, and lasting memories. Acts of kindness, respect, and care elevate these moments, giving midwives a sense of purpose and fulfilment. Building on the best aspects of their work, participants imagined a future with more opportunities and time to do what matters most—to embrace opportunities to come together to relive moments and experiences of 'meaning-making' fundamental to making a difference, and finding joy in their contributions to women, families, and their colleagues.

Midwives emphasised their role is more than just fulfilling the job description and performing tasks, it is about making a meaningful impact. It is doing what is needed in the right way, at the right time, with the right intentions, and to the best of one's ability to make a difference. This desire to make a difference shaped their dreams of the future.

> *A really good day for me is when we have adequate staffing, and I get the time that each woman needs, to really provide the care that I really want to give to them. That makes my day when I know I've provided the standard of care that I want other than just doing the tasks that I need.* (Molly)

Building on the best moments and the good days, midwives envision a future where meaningful experiences become the norm rather than the exception, where time to be present, to care and connect, is protected and valued. At the heart of midwifery is relationship-centred care, and participants envisioned a future where they always have time and space to be truly present with women and families. Making a difference is facilitated by the essence of 'being with woman', offering unwavering presence and support during labour. Matilda said, "*I prefer to 'be with' the women giving what I can*", while Emma noted, *"the crux of everything is the women that are in our care*".

For core midwives, navigating care and having time to be present fosters a sense meaning as they navigate the provision of holistic family care. Participants imagined a future where they feel supported in their role as individuals, creating a culture that nurtures both caregivers and those they care for:

> *Help the staff because if you've got a happy workforce, they're going to work better for you. That's going to have a knock-on effect on the women and the families. Improve the workspace makes all the difference.* (Dottie)

The midwives' dreams extend beyond individual well-being to a collective vision of caring for the carers, one in which a strong, resilient workforce provides the best care possible. Participants highlighted the importance of collegial relationships, mutual support, humour, and fostering a positive work environment where they feel valued and empowered. When core midwives thrive, the entire system benefits, creating a ripple effect of encouragement, hope, and well-being.

The theme of valuing each other reflects a desire for greater equity across midwifery practice. Participants envision a future where all midwives, regardless of their setting, are recognised and respected for their contributions:

> *We need to value each other. I would love there to be way more independent midwives and way more hospital midwives, so that we were much more equal in terms of how the Midwifery Council works for us, the College of Midwives supports us… all of the different unions. 'Let's treat us all as if we're equals and trust each other more'.* (Emma)

Emma's words highlight the importance of respect, trust, and fairness, virtues that shape the foundation of midwifery and professional relationships. Aristotle viewed virtue as the essence of excellence and moral character, essential for both induvial fulfilment and well-being. The participants' vision aligns with this philosophy, emphasising a future where midwives are recognised, supported, and empowered within a system that values their role. By envisioning a culture of care, not just for the women and families they serve, but for themselves and their colleagues, midwives dream of a profession where making a difference is not an occasional achievement but a daily reality.

Pulling It All Together

The following poem brings together the essence of the dreams.

Dreams reflected in a mirrored orb
Murmurs of mattering
Expressions of heartfelt emotions
Worthwhile, meaningful
Landscape of felicitous frames
Appreciation, acknowledgement, autonomy,
Reflections of reality, recognition
Transcend 'just a midwife'
Secondary/Tertiary Specialist surely?
'Caring for the carers;' connections, belonging
Kinship & relationships valued
Workforce and workload matrix
collaboration of minds, broaden horizons
Ways of thinking, sharing, illuminating the way
Ascension of minds.

This dream phase brought together the dialogue between the interviewee and the researcher, the power of genuine conversation that flowed from the discovery to the dream phase. For Gadamer (2013), language appears to connect voices. It is the interpretation of meaning from speech that gives life to, and through, dialogue. Understanding is always part of the dialogue and, for Gadamer, this merging of horizons, or 'fusion of horizons', occurs through the engagement of dialogue. The horizon of the past (the discovery, the best of what is) embraced into the present an understanding of the midwifery participants' truths to take into the dreams and wishes for core midwives.

This fusion of horizons culminates in the words of a song by singer-songwriter Ed Sheeran: “So open your eyes and see. The way our horizons meet”. It is the way that one experiences and understands the lived experience of the core midwife’s world that brings a sense of meaning and purpose to the role (van Manen, 1990); thus, aligning hermeneutics with this study. Caring and protecting each other is fundamental for connecting and belonging; the aspects of humanness that are essential for living. This chapter is the culmination of the core midwives’ vision, their horizon. ‘Let your dreams be bigger than your memories’ reverberates the dream cycle of Appreciative Inquiry.

Summary

The participants’ dreams illuminate their vision for the future of core midwifery. Their aspirations reveal a collective voice, one that seeks knowledge, connection, and the ability to navigate their roles. These dreams, built on the themes of the discovery phase, bring the core midwife’s role to life through shared hopes, experiences, and possibilities, bridging between medical and midwifery paradigms within the broader health system.

At the heart of their dreams is the desire to make a meaningful difference for women and families. Core midwives envision a future where they always have the time and presence to truly be present ‘with woman’ and family, offering care that is deeply personal and fulfilling. They dream of a more sustainable workload, and more skilled midwives that allows them to practice in alignment with their values.

A strong sense of pride emerged as participants reflected on the impact of their work. They seek acknowledgement and recognition for the expertise, skills, knowledge and emotional support they bring to their roles as navigators to ensure safe and supportive care. Their ability to be versatile, adaptable, and part of a high-functioning team enhances their effectiveness and job satisfaction. Equally important is the aspiration for a learning culture, one where knowledge flows between experienced midwives, students, and junior staff. Participants emphasised the value of mentorship, role modelling, and ongoing education in shaping competent, confident midwives who carry forward the professions’ traditions while embracing new ways of working.

In essence, the dreams articulated in this study reflect what matters most. Elder (2020) captures this sentiment:

> Truly listening, hearing, being totally present is such an underrated part of human evolution. It can be a superpower… when we are not talking and we deliberately focus on listening we have to stop, we have to be still, when we stop, we can actually really notice how we feel in ourselves, what we are thinking. (p. 188).

This study provided an opportunity for core midwives to pause and reflect, sharing their deepest thoughts, feelings, and aspirations. Their dreams reveal both the challenges and the boundless potential within midwifery.

CHAPTER 10: DESIGN AND DESTINY

If you're going to live, leave a legacy.
Make a mark on the world that can't be erased.
(Maya Angelou, Poet). Douglas (2019, p. 20).

Choosing Appreciative Inquiry for this study was fundamental to valuing the crucial role of core midwives in New Zealand, and the ways they shape and influence maternity care. Reflecting on Maya Angelou's words, this study presents an opportunity to leave a legacy and make a lasting mark by celebrating the contributions of core midwives and the meaningful work they do within the maternity system.

In this chapter, the last two phases of Appreciative Inquiry, design and destiny, will be revealed. The design phase offers the opportunity to take the data generated from the interviews, the core midwives' wishes and inspirations from their dreams, to enhance the role of core midwives moving into the future. The destiny phase focuses on the future. Appreciative Inquiry signifies moving forward with intent, generating a path forward and ensuring sustainability.

The discovery phase identified the core midwives' role as navigators with ways in which their role was facilitated. The themes centred around the navigator's role: 'Navigating human connections: 'with woman' and family;' 'Navigating teamwork: building strong connections;' Navigating with skill and versatility; and the 'Navigator's role in making a difference'. These themes of shared knowledge flowed through the dream cycle for envisioning what might be.

The design cycle involves crafting ways of incorporating dreams; the collective wisdom for guiding the future (Cooperrider & Whitney, 2005) and focuses on 'what should be', seeking practical actions to get there. In the interviews participants were asked, "if the maternity service was managed by you what changes would you make to facilitate the core midwife to undertake their role?" The destiny phase focuses on innovating 'what will be' which is evident from the data produced for strengthening the concept and sustaining momentum.

In the interviews, participants offered practical pathways and actions for realising their visions, which are illustrated in Figure 9. Their aspirations encompassed direction, optimising connections, collaborations, safety, and support, alongside ongoing

professional development to expand expertise and sustain personal and profession well-being. Midwifery participants articulated their dreams for nurturing the core; what truly matters for core midwives. At the heart of these dreams were relationships with woman and family, and with colleagues; the essence of connecting, being present with others, and, ultimately, being human. Participants also envisioned drawing on opportunities to incorporate their collective knowledge to foster good morale, peer support, a positive unit layout and culture, and a feeling of belonging. These visions formed the foundation for the design phase, shaping the visual representation in Figure 9.

In congruence with the navigator's role, this design continues the theme of navigation, with navigational tools used to capture the concepts for this chapter. These navigational tools form the foundation for core midwives' role and synergism for the day-to-day reality and practicality of work. They reveal the design of 'how to?' complementing the dream cycle of Appreciative Inquiry (Cooperrider & Whitney, 2005). They are the core design of participants' dreams captured within a navigator's reality.

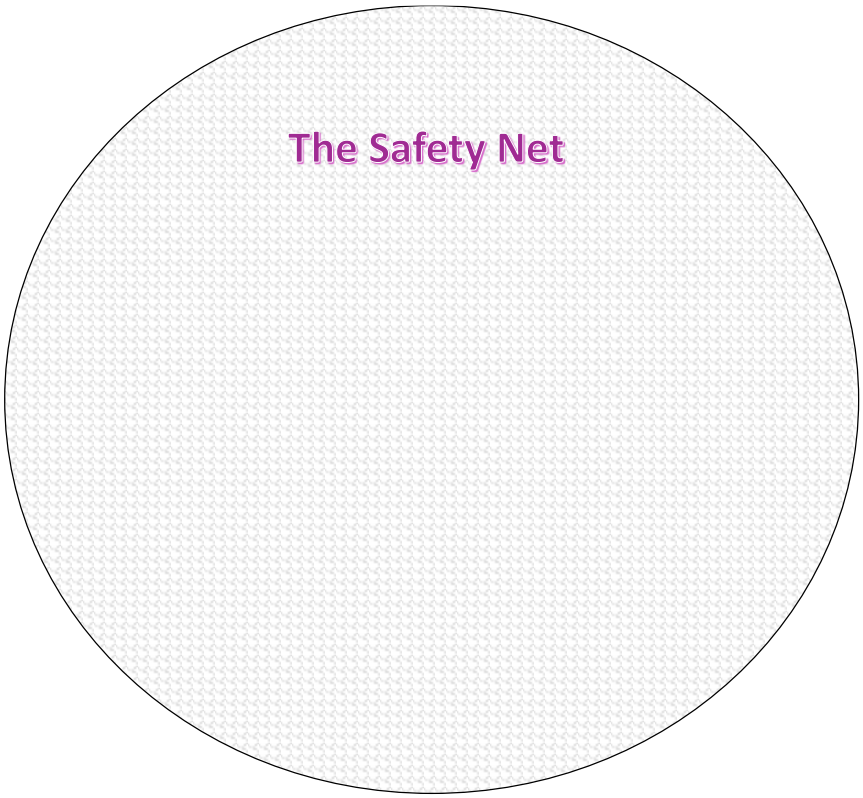
Figure 9: ***Core Midwives: Navigators in Maternity Care in New Zealand***

Figure 9 offers a symbolic and holistic visual representation of the navigational tools that emerged from the participants' stories and reflections. These tools' the compass, ship's wheel, barometer, anchor, buoy, and life ring, all supported within the 'safety net' do more than illustrate abstract concepts; they convey the daily realities of core midwifery practice in New Zealand's large hospitals. Each symbol reflects the practical wisdom, intuitive strengths, and shared understandings expressed by participants, capturing how these qualities sustain their work and the essence of the core midwifery role.

The navigational tools are presented in this chapter and explored in greater depth in Figures 9.1 through to Figure 9.12. Each symbol embodies a distinct facet of what it means to navigate the complexity, responsibility, and relational depth of this role. Emerging from participants' words, experiences, and aspirations, these images illuminate the values and practical knowledge embedded in their work.

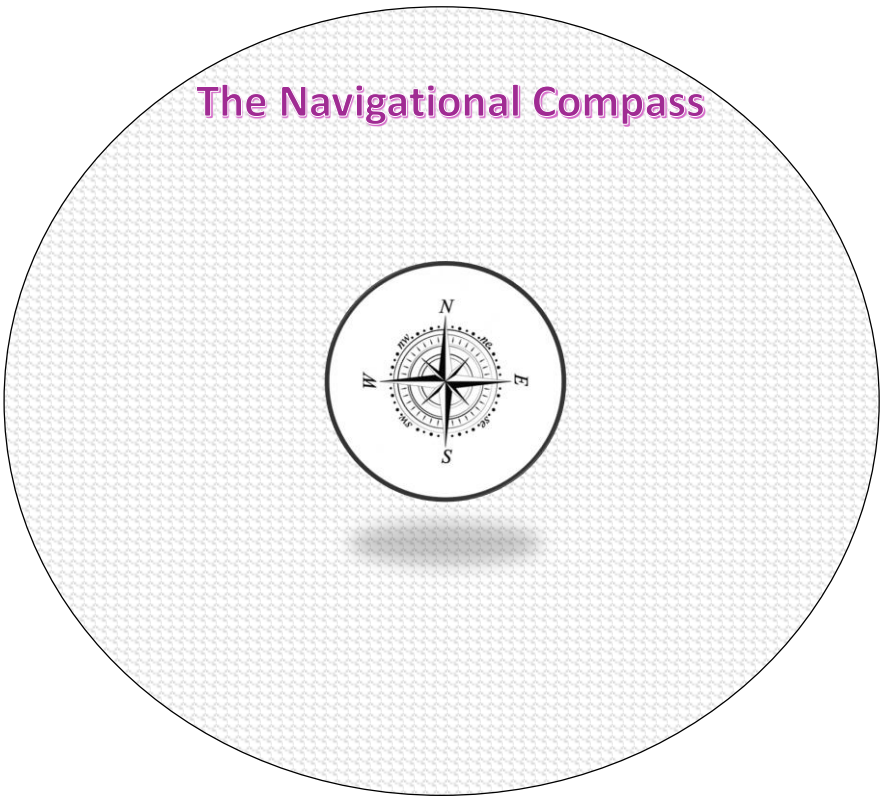
The section that follows explores these metaphorical tools as functional interpretive gateways; symboles that speak directly to the design phases of Appreciative Inquiry to achieve their wishes (Cooperrider & Whitney, 2005). They illustrate and give form to the participants' aspirations for a sustainable and strengthened future. In doing so, they help articulate the design for the future and the pathways to achieving the dream, offering a visual and conceptual bridge between appreciative visioning and the core midwifery role.

Figure 9.1: The Safety Net



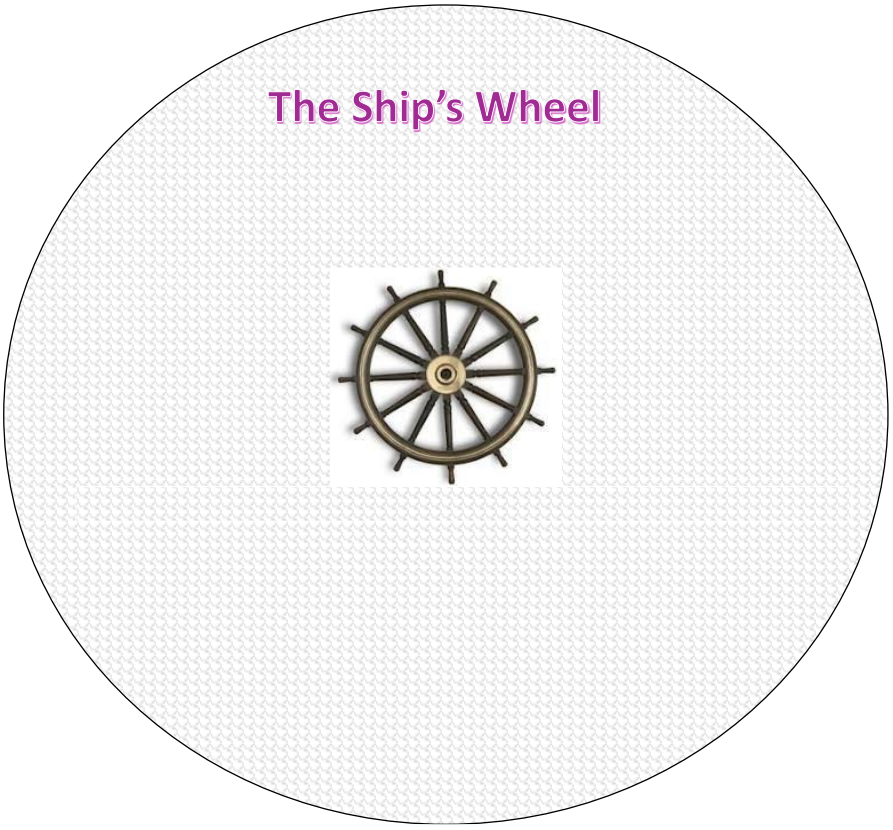
- Represents the navigator's role in creating a protective, responsive, and intuitive space ensuring safety at individual, team and systemic levels
- Symbolises the midwife's ability to navigate uncertainty and anticipate needs especially in challenging conditions
- Acts as a stabilizing presence within the dynamic birthing environment – fosters effective teamwork, skills, expertise, knowledge, experience, effective communication, versatility, and the MDT intertwine the safety net.
- Represents the guiding principles to foster safe and respectful maternity care
- Ensures both physical and emotional safety for women and families

Figure 9.2: The Navigational Compass



- Symbolises direction amidst uncertainty
- Reflects how core midwives draw on instincts, experience, and philosophical grounding to orient themselves in ever-changing birthing environments
- Represents the guiding principles, practical wisdom, and intuitive knowledge to keep them on course
- Reflects the balancing of clinical expertise, relational sensitivity, and ethical decision-making, orienting towards holistic and culturally safe care
- Signifies interprofessional collaboration, enabling them to stay grounded in midwifery values and relational care

Figure 9.3: The Ship's Wheel

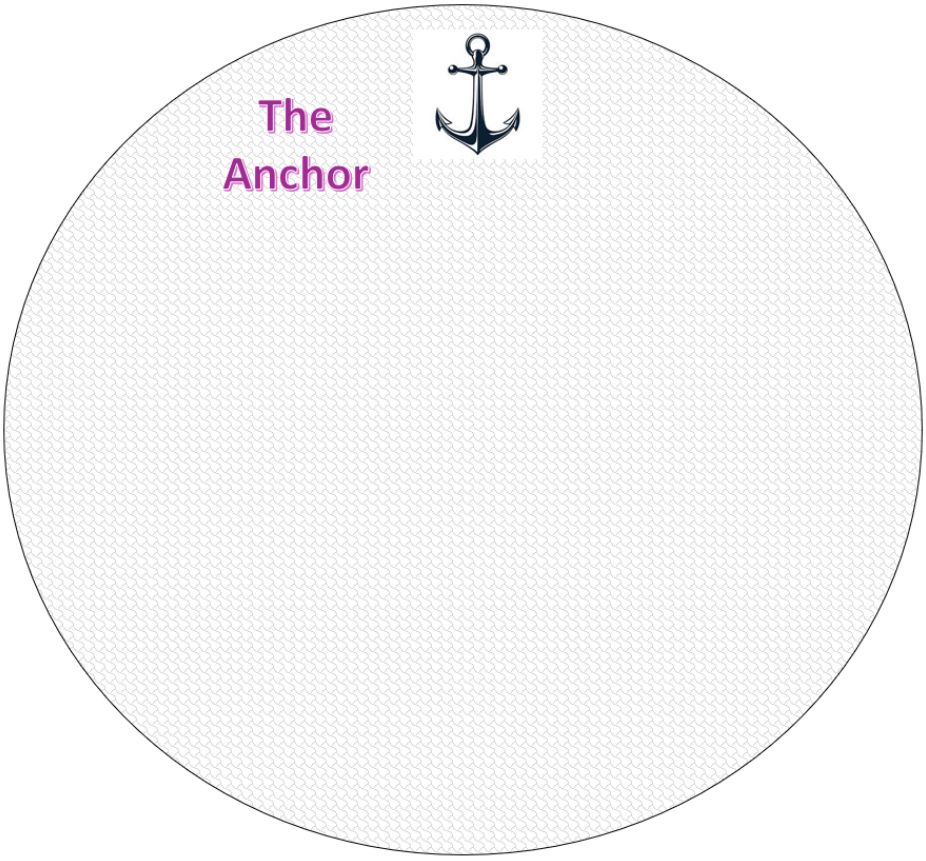


- Represents the navigator's role in 'steering' the course of care, to guide the childbirth journey safely
- Enables a dynamic response to the landscape of childbirth
- Represents navigating the hands-on, individualized, one-on-one care with women and families
- Allows navigators to adjust to each woman's needs, complexities, the birthing environment, and unforeseen, unpredictable challenges
- Reflects the interplay between intuition, clinical skill, and wisdom
- Enables navigators to identify what extra help, support, education, professional development they may need and steer a course to that path

Figure 9.4: The Barometer

- Detects pressures - symbolising how midwives assess the environment and anticipate changes
- Represents clinical awareness, emotional intelligence, and advocacy – gauging stress levels, workplace conditions, acuity and intensity workload pressures
- Reads the emotional, physical, and systemic environment pressures for immediate support
- Reflects the workforce workload and physical well-being - sensing when midwives or teams are under too much pressure and need extra support

Figure 9.5: The Anchor

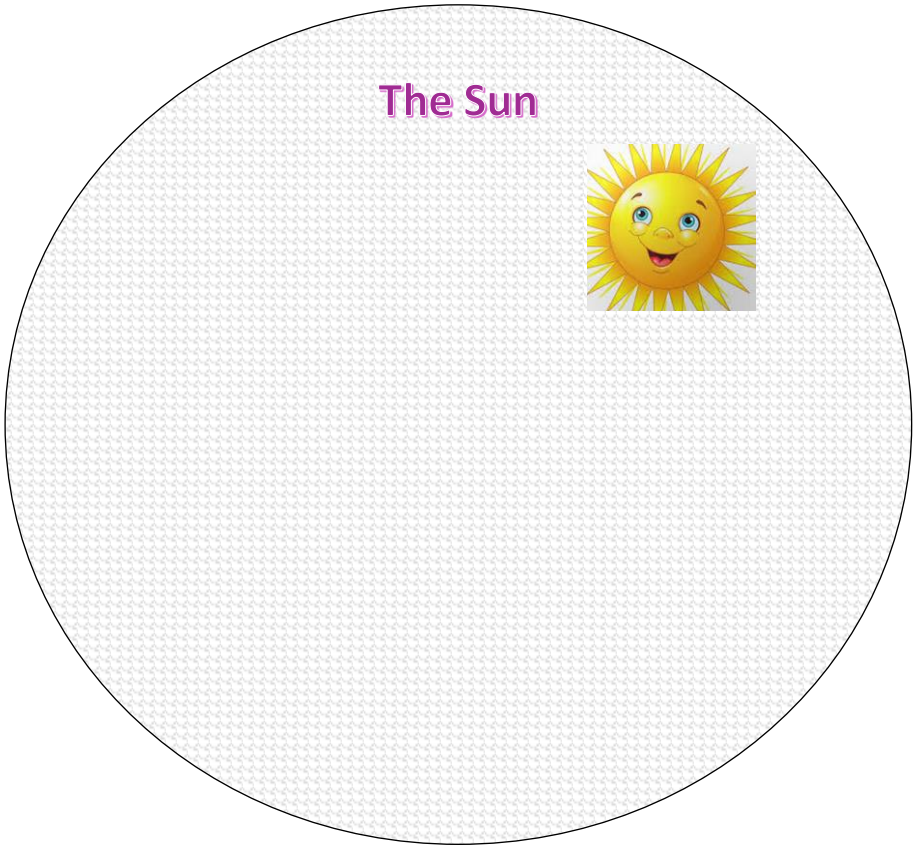


- Represents the navigator's grounding presence – offering stability and guidance through the childbirth journey.

- Just as an anchor prevents a ship from drifting, the navigator provides a steady, calming, reassuring, and empowering presence drawing on knowledge and experience

- Reflects basic foundational knowledge and skills required for core midwives

Figure 9.6: The Sun

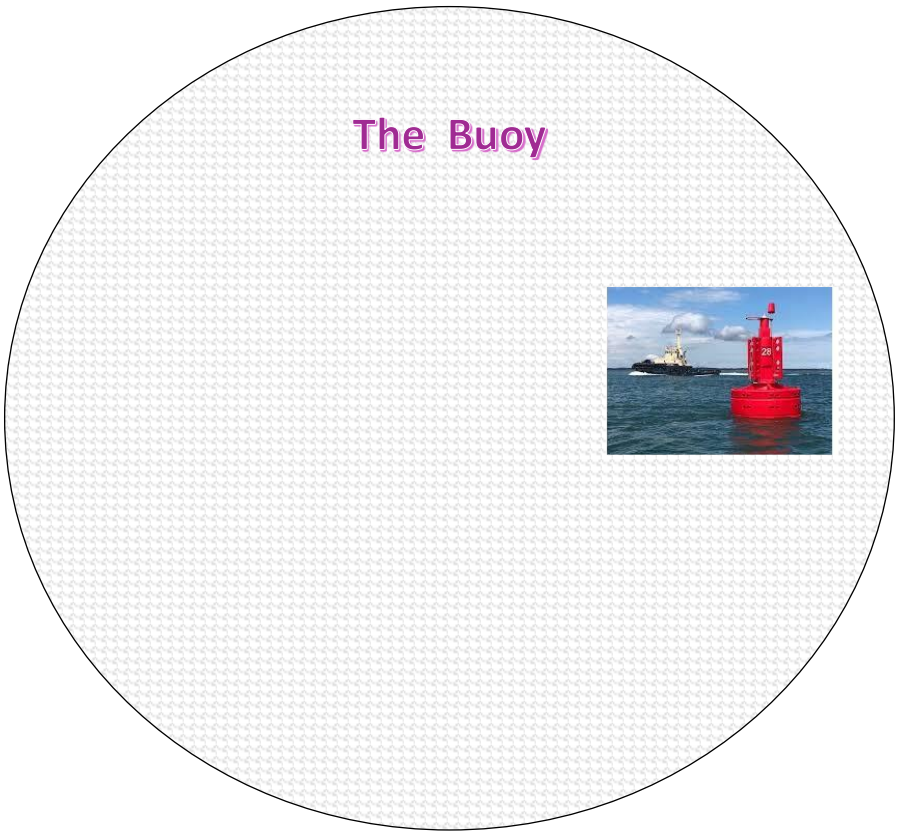


- Symbolises the navigator's role in illuminating and focusing on caring for women, families, babies, midwives and wider team network

- The sun encompasses optimising emotional, physical, mental health, and spiritual well-being

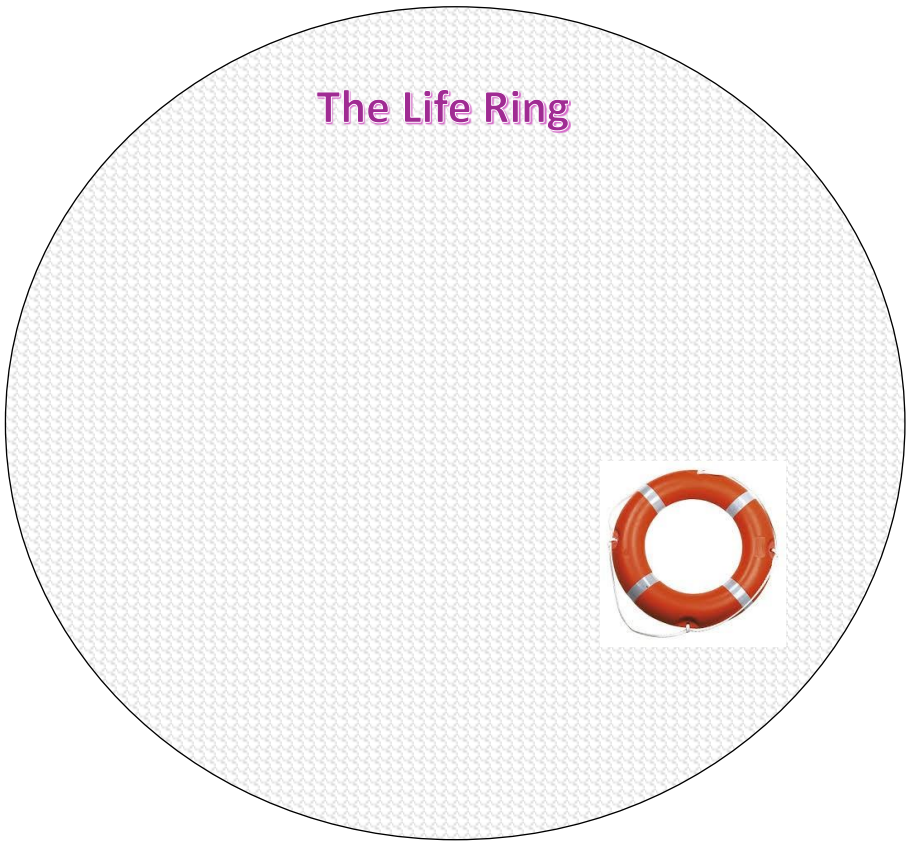
- Considers factors to support well-being and work/life balance initiatives: mindfulness, meditation sessions, self-care initiatives, wellness relaxing areas for staff to rest and eat, mental health days, availability of debriefing and clinical supervision, flexible working options, care packages for pregnant staff and aged over 60, free parking, on-site 24-hour creche

Figure 9.7: The Buoy



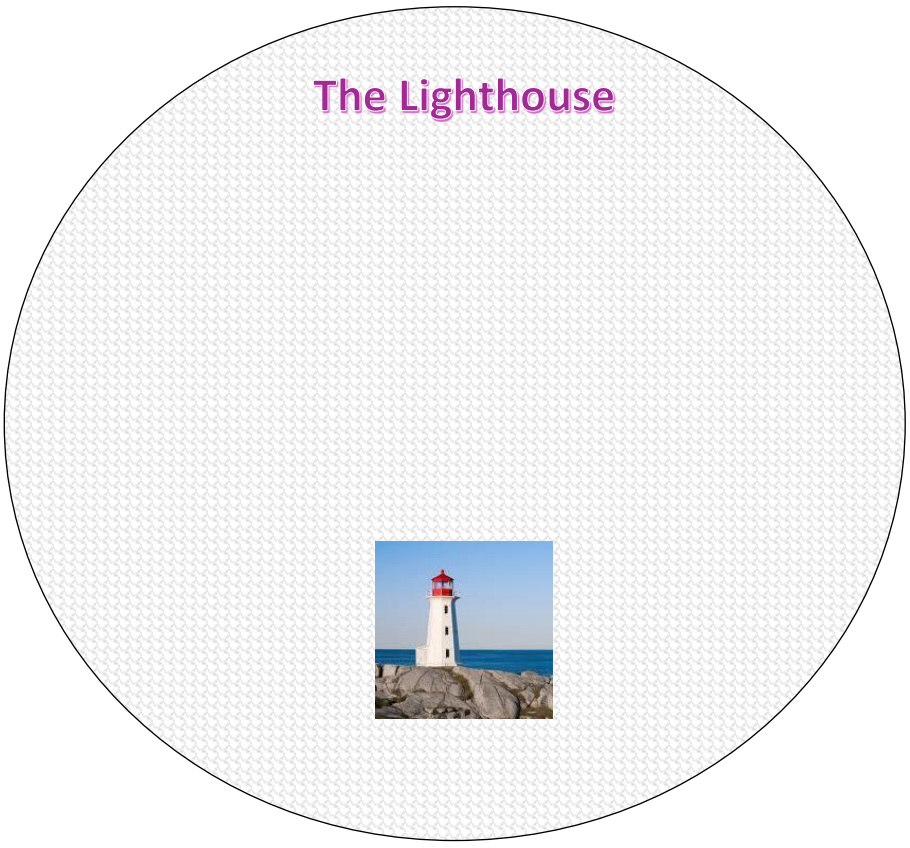
- Symbolises guidance, stability, and marking safe passage
- Represents the navigator's role in supporting women and families throughout the childbirth journey
- The buoy remains anchored optimising outcomes, fostering a safe, positive birthing experience for women and families
- Represents a guiding factor for staff, the navigator draws in the safety net for collaborative support and expertise in challenging situations and high-acuity environment of technocratic hospital settings
- While a buoy requires precise placement to be effective, midwife navigators require clinical expertise, adaptability, and versatility to foster a safe, empowering environment

Figure 9.8: The Life Ring



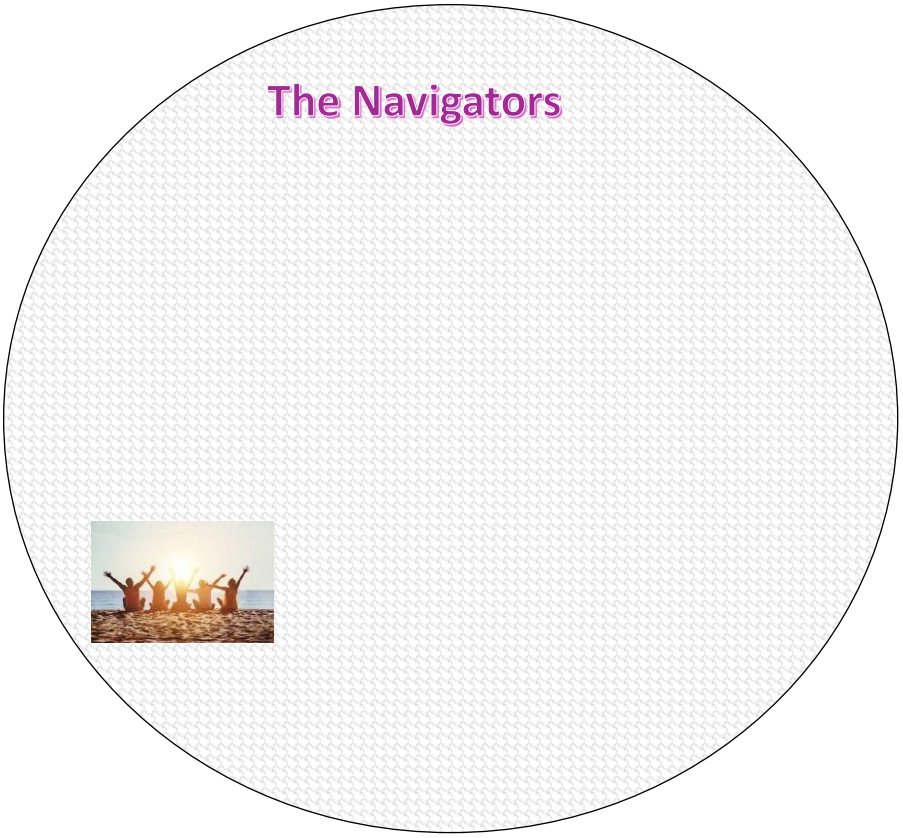
- Represents the wider network of personal and professional support within the maternity system prompting a holistic response
- Includies the Midwifery Council, Midwifery College, MERAS, EAP, and Occupational Health to ensure staff are valued and cared for
- Provides guidance on principles, scope of practice, regulations, and supportive supervision
- Addresses work place concerns - including working conditions, safe staffing levels, appropriate skill mix
- Offers essential lifelines when needed – to meet a variety of different needs

Figure 9.9: The Lighthouse



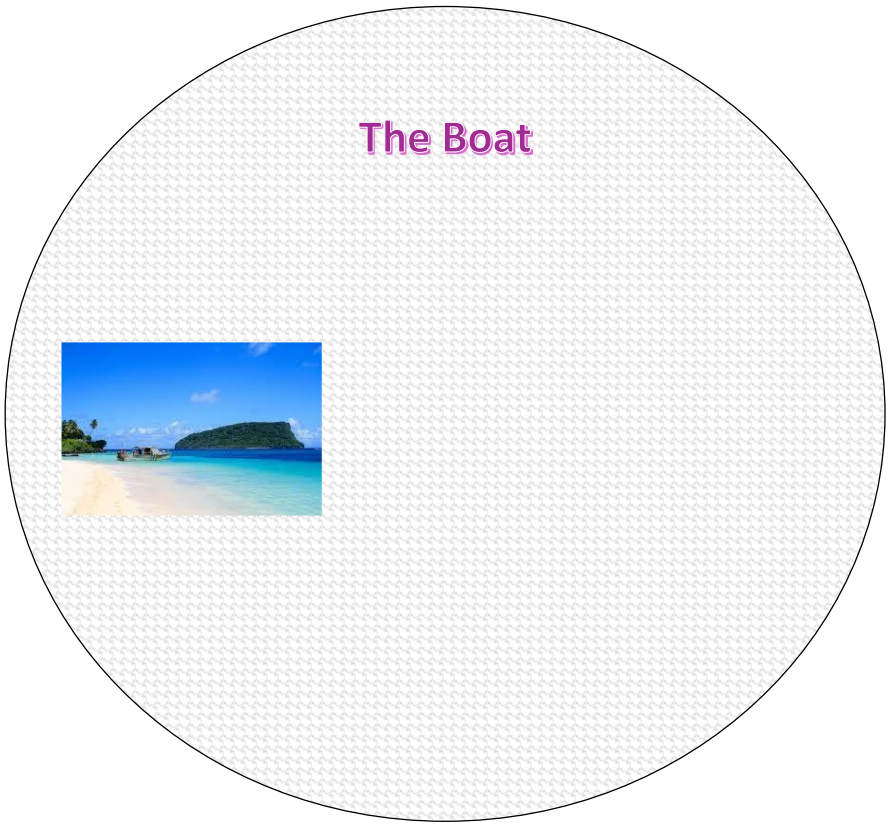
- Represents a beacon for detection and early warning system of potential hazards - alerting the midwife navigator to respond to uphold safety within the unit
- Represents 'Warning light' to optimise outcomes and for safe passage of women and babies through childbirth
- Represents a beacon for teamwork collaboration: midwifery and medical with effective communication, and ensuring the safety net is in place
- Alerts midwife navigator to consider escalating concerns, consult senior leadership, send an SOS for extra midwifery support
- Alerts individual core midwives to their need for education, training, up-date knowledge and skills and consider professional development
- Like lighthouses built solid and fit-for-purpose – the staff-hub design needs to reflect workflow and functionality to work effectively

Figure 9.10: The Navigators



- Creates a culture of teamwork for support as a safety net
- Focus on building strong workplace relationships and fostering friendships
- Emphasises togetherness, unity, collaborating, empowering, supporting, guiding, belonging, and nurturing
- Navigate MDT meetings and planning care
- Navigate interprofessional team building and support with interprofessional teams
- Support the appointments of clinical and non-clinical roles to ensure effective teamwork
- Focus on 'caring for the carers' – team 'get-togethers' / morning tea

Figure 9.11: The Boat



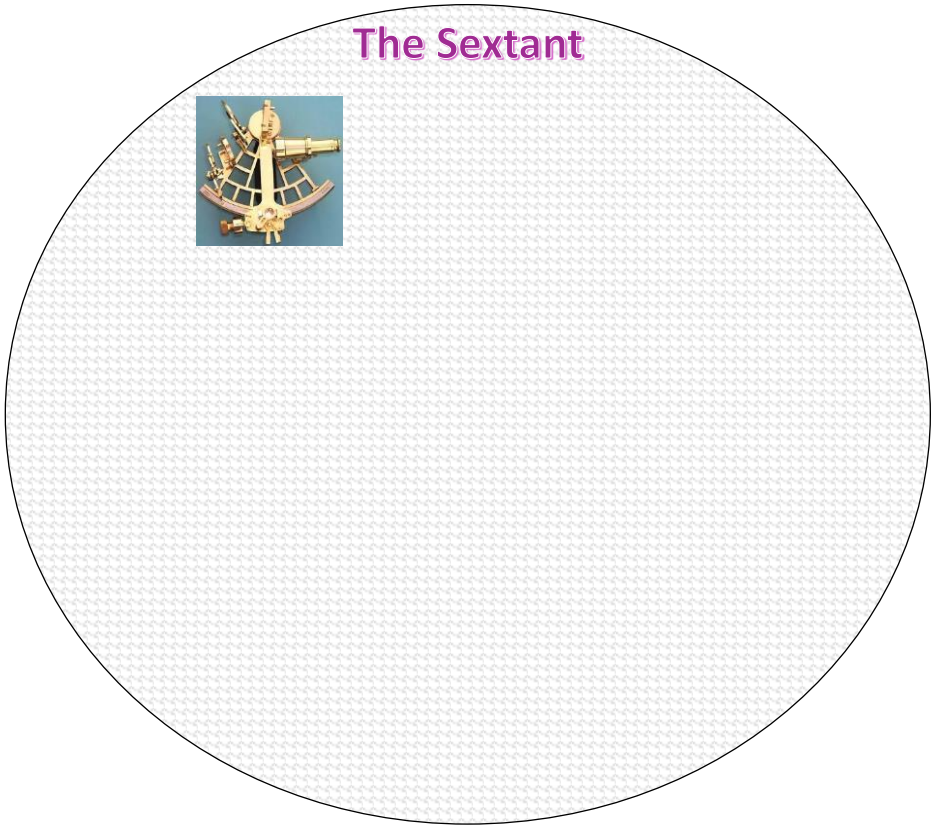
- Represents clinical leadership and management for safe passage throughout the childbirth journey - optimising well-being and outcomes of mothers and babies

- Leadership provides clear direction, navigating teams through complexity to safety, offering direction and guidance to the team spirit. Fosters positive role-modelling and valuing each team member

- Management steers with clinical leadership fostering safety, trust, and clarity with acknowledgement and role recognition. Prioritises supportive collaborative network, ensures safe staffing levels, skill mix, and optimising professional expertise of navigators. Supports work/life balance, ensures fairness, transparency regarding annual leave/ rostering and roster requests

- Collectively fosters supportive non-judgemental environments for debriefing – support structure for critical incidents, challenging situations, operates an open-door policy- to listen and address staff concerns and suggestions

Figure 9.12: The Sextant



- Functions as tool for navigating educational needs - training, up-dating, professional development
- Focuses on MDT approach for undergraduate and postgraduate training, education, and simulation
- Defines undergraduate core midwife navigator role training alongside undergraduate LMC role training
- Defines and recognises pay enhancements of tertiary education achievements
- Symbolises guidance, with opportunities for defined career pathways and roles: champions, preceptors, 'buddies'
- Symbolises need for accuracy, competency, deep reflection, critical thinking, decision-making, practical clinical skills, grounded in knowledge, experience and expertise to navigate safe care
- Ensures availability of well-being study days to foster self-care, resilience, sustainability

The designs represented in Figure 9 through to Figure 9.12 incorporated what the participants indicated as the importance of navigating the connections with women and families, and teamwork for working efficiently and the provision of safe, quality care. The opportunities generate inclusivity and togetherness for being part of something that enhances the feeling of belonging. Making a difference involved various areas in which the designs could make things better and more meaningful. The designs also revealed the midwifery participants' wishes to be appreciated for the work that they do by making this role more visible and understood by everyone.

The designs suggested including ways to improve communication and collaboration between midwives and other healthcare professionals, as well as providing more opportunities for professional development and training. Indeed, they suggested that adopting ways to better support the emotional and mental well-being of midwives would aid retention. Thus, these designs bring further insight and perspective into the profession with a variety of ways that could embed aspects of the midwifery participants aspirations into the role and work of the core midwife. Overall, the design phase is an important feature of Appreciative Inquiry in creating a sustainable future for core midwives.

Bridging Design into Destiny

The ideology of Appreciative Inquiry is that it is a continuation, revealing hope and future possibilities, not a means to an end. Rather, as is true with all research, particularly qualitative research, Appreciative Inquiry invites curiosity; questioning what is important and where to from here. Thus, an evolving appreciative process for opening avenues allows for the changing times of the core midwife's world, developing, transforming, evolving, and adapting again. It is taking the knowing into possibilities for being and doing to expand horizons for the future.

Following the design phase, the next phase in Appreciative Inquiry is destiny. The destiny phase is a way for moving forward, linking opportunities of change and transformation. Inclusivity of positivity with possibilities is at the heart of connectivity which intertwines throughout the current study and is congruent with appreciation of the role of the core midwife.

Destiny Phase

This study sought to explore the work and role of the core midwife using Appreciative Inquiry. The evolving paths within this journey started with the research question which is central to this process. It is the wealth of the midwifery participants' knowledge, bringing their ideas, wishes, and dreams into generating the design with practical actions and solutions to process destiny, the future.

Focusing on the first phase, discovery showcased what really matters for being a core midwife and to the profession. The four main themes; 'Navigating human connections: 'with woman' and family;' 'Navigating teamwork: building strong connections;' Navigating with skill and versatility; and the 'Navigator's role in making a difference'. revealed the essence of what it is to be a core midwife. Analysis revealed an interconnectedness with revolving ways of intertwining the themes enriching the best of what is and what truly matters.

The dreams provided insight into a better future, and designs were based on the solid foundation of strength, courage, and hope for the future. They incorporated the practicality of dreams, the specific actions for doing and opening opportunities to what is fundamental, and the good things that matter which centre around relationships, nurturing, and midwives supporting each other to do and be what is needed. The design of Appreciative Inquiry, the practical 'how to', flows to destiny, continuing the process over time.

Destiny reveals the midwifery participants' mark for elaborating the role for the future; the life-long journey of changing and growing. The destiny phase is one of hope and excitement with ownership for the future (Ludema et al., 2006). It is making a difference for the role and work of the core midwife for sustainability in the future.

As with the dream and design phases, Figure 10 captures the midwifery participants' words for the destiny phase. These words convey what they believe will make a meaningful difference – affirming strengths, appreciating what is valued, and articulating hopes for what lies ahead. In doing so, they embody the forward-looking energy of the destiny phase, where participants imagine and commit to their vision into the future.

Figure 10: Capturing Destiny

Just as the first question of Appreciative Inquiry initiates change by prompting reflection on what works well, the process continues beyond the destiny phase. In this study, the rich data generated during discovery, together with the recommendations from dream, informed the design phase. What has been revealed as important for core midwives forms a foundation for moving forward, guiding actions and priorities. This highlights the need for the profession to continually check-in and returning to what matters most. Indeed, ways of asking questions and generating ideas enable ongoing evolvement for the future. Within destiny there is the need to consider:

- How to sustain and evolve core midwifery practice?
- What is the touchstone for revisiting to check if the designs are still effective?
- How are core midwives checking, recognising, and taking into consideration what is valued and matters for professional and regulatory bodies, given their impact on how they work?
- What does destiny look like now in the context of the core midwife's work and role?
- How do core midwives ensure that decisions made within the midwifery profession and within their units prioritise connecting, teamwork, skillset, versatility, and making a difference as fundamental aspects?

- Are the designs fit for purpose?
- Are the designs working for what was intended?

The destiny phase is an ongoing process of questioning what is known and exploring how to revisit what matters. The following recommendations were generated from the collectiveness of the midwifery participants' themes, dreams, and design for sustainability. It is in revisiting these recommendations that destiny is ongoing and continually flows:

- Enriching the experience for woman and family coming into hospital
- Foster connectivity and well-being of colleagues within MDT for interprofessional effective teamworking
- Enable making a difference every day and in meaningful ways
- Enhance the 'circle of care' to become 'infinity care'; an ongoing evolving process of monthly or bi-monthly 'check-in'; place and time of trust to be honest about what is working well and what can be done to help
- Enhance job satisfaction and resilience with sustainability for core midwives within the profession

Within Appreciative Inquiry, destiny is not an end to the '4 D-cycle' (Cooperrider & Whitney, 2005), but an evolving process of change and transformation. It embodies the spirit of Appreciative Inquiry, an openness to possibility and a commitment to seeing the best in people and situations. Like life itself, Appreciative Inquiry, is a journey; a freedom to explore new directions, remain open to potential, listen to fresh ideas, and envision the wonders of all the tomorrows and developing new paths. Within the core midwifery profession, the decisions that shapes this future, ensuring sustainability, adapting to challenges and making a difference are central to their professional identity and purpose.

Summary

The design phase brought forward practical suggestions and aspirations that aligned with the midwifery participants' hopes for the future. This phase built on the strengths and successes of the core midwives, both past and present, while shaping possibilities for 'what might be.' The foundations laid in discovery and dream flowed into design, offering tangible steps toward transitioning these visions into reality—destiny.

Participants shared what mattered most to them, shedding light on their unique experiences, sense of 'being', and everyday realities. Through open and honest reflection, they voiced their values and priorities, allowing these insights to be acknowledged, shared, and lived by others. Recognising and celebrating these contributions safeguards their achievements and invests in the future for this role.

At the heart of safeguarding is connection between midwives, women, families, and the profession itself. Creating space for shared experiences fosters appreciation, affirmations, and a renewed commitment to giving one's best as a core midwife. This sentiment is powerfully reflected in the Māori proverb:

'He aha te mea nui o tea o? He tangata, he tangata, he tangata'

What is the most important thing in the world? It is people, it is people, it is people.

This proverb speaks to the essence of midwifery, the deep connection between midwives. The core midwife navigator role is sustained through relationships, guiding, and supporting others while also nurturing themselves. These moments of care and connection are the foundation of destiny.

CHAPTER 11: DISCUSSION

This study, guided by Appreciative Inquiry, explored the work and role of core midwives within New Zealand's large hospitals. Through the lived experiences of midwifery participants, wisdom has emerged to illuminate the often assumed, hidden, or overlooked contributions of their role that sustain maternity care. These insights, reframe our understanding of the pivotal role core midwives hold within New Zealand's maternity system. Far beyond task-based responsibilities, their practice involves navigating organisational pressures and working within an intricate and dynamic environment to ensure the safety and well-being of women, babies, and their families.

This study addressed the research question 'What is the work of core midwives and what facilitates their role in New Zealand's large hospitals?' It also set out to achieve the following aims:

- understand the role of the core midwife
- capture the specific skills, attributes, and expertise of core midwives
- inform education programmes, midwifery and maternity managers regarding the role of the core midwife
- provide a resource for those considering core midwifery as a profession

These aims have been met by generating rich, practice-based insights into the multi-faceted and relational nature of core midwifery in New Zealand's large hospital settings.

First, the work and role of core midwives have been explored. At its essence, core midwifery is deeply relational, grounded in 'being human' and authentically connecting with women, families, fellow midwives, and colleagues. These connections form the foundation of their work, enabling them to navigate the unpredictable and often high-pressure realities of hospital settings. The metaphor of the navigator emerged through which to understand the core midwives' unique role as they steer through the complexities and demands of practice.

Second, the specific skills, attributes, and knowledge base of core midwives have been illuminated, including their ability to foster safety, apply intuition, and communicate across interprofessional teams. Working within medicalised, technologically driven

secondary/ tertiary units, they continually adapt to the challenges of a dynamic and evolving environment.

Third, the findings offer practical insights for midwifery and maternity managers, educators, and policy makers. The need to support, retain, and prepare core midwives for the complexity of their role within an often fast-paced and multifaceted workplace is highlighted.

Lastly, by bringing visibility to the values and purpose underpinning core midwifery work, this study provides a valuable resource for midwives considering this professional pathway. They navigate competing priorities while upholding safety, while drawing on versatility, expertise, intuition, and compassion to uphold safety and meet the needs of those they serve.

Outlining the Discussion Chapter

This chapter presents the findings of this study which explored the work of a core midwife and what facilitates their role. It includes recommendations for practice, future research, and education; discusses the study's strengths and limitations; and reflexive insights for further understanding from the research process. The chapter concludes by emphasising the significance of the study and its contribution to core midwifery practice in New Zealand. This chapter begins with an overview of the findings and like previous chapters poetry is interwoven, guiding the discussion along with the importance of Gadamer and van Manen's philosophies to deepen understanding of the core midwife's navigator role. First, a brief understanding of the role of a navigator is outlined.

The Role of a Navigator

The navigator role traditionally involves guiding a ship or aircraft through complex routes, ensuring that the journey remains safe, efficient, and free from hazards (Crassidis, 2022). Navigators are responsible for charting the course, monitoring equipment, and maintaining effective communication, while responding to changing circumstances. Beyond its literal meaning, the navigator role also symbolises the ability to guide through uncertainty, drawing on knowledge, foresight, and skills to help others reach their destination. Historically, navigators such as the Dutch explorer Abel Tasman, who first sighted parts of what is now known as New Zealand in 1642, demonstrated

careful planning and courage to explore the unknown, exemplifying traits of exploration, precision, and adaptability (McNab, 1914).

Overview of Findings

In addressing the study's research question, the findings revealed the core midwives' role as navigators. The navigator metaphor encapsulates the essence of core midwifery, illustrating both what core midwives do and the factors that facilitate their role. As navigators, core midwives embody the principles of midwifery philosophy, drawing on their diverse skill set, relational expertise, and unique abilities which enable and facilitate them to navigate safety, while prioritising meaningful care for women and their families within the technocratic hospital setting.

The theme of navigation weaves throughout the core midwife's work, integrating the various aspects that define their role. It represents both a process of caring and a dynamic interplay of skills, wisdom, and relationships which, when combined with their relational expertise, significantly facilitate the provision of safe maternity care. The navigator role also intertwines the key themes explored in this study: Navigating human connections: 'with woman' and family; Navigating teamwork: building strong connections; Navigating skill and versatility; and the Navigator's role in making a difference. These themes collectively represent the essence of the core midwife's work and, along with their unique expertise, supports them in their role and sustains them by fostering a sense of accomplishment and fulfilment as 'good midwives.'

Core midwives skilfully weave connections to cultivate partnerships with fellow colleagues, women and their families, nurturing the contributions of everyone in this shared space. Through these attributes, core midwives uncover the gems of human nature, the significance of meaningful interactions, and the profound impact of their role of navigating well-being and safety within the shared space of birth and life.

Through this study, the interconnectedness of the core midwife and their navigator relationships have emerged as both a source of energy and meaning, enriching every aspect of their work. The core midwives' ability to weave relationships into the fabric of their daily practice reflects their unique capacity to navigate personal and professional relationships, fostering a sense of safety and trust within the complexities of the technocratic hospital environment.

Poetry provides a unique lens for reflection and insight, allowing deeper connection with human experiences. The following poem, crafted from the data, weaves together the themes of this thesis and invites contemplation on the core midwife's role and the elements that sustain it. It serves as a guide for the discussion that follows, revealing the essence of navigating safety amidst life's complexities.

I wander amidst birth's sacred dance
With unwavering focus to advance
Navigating the labyrinthine course
Where skills converge with outstretched force

Caring in an unfamiliar land
Horizons shaped by a steady hand
A tapestry of trust and care
A safety net in paths we share

Rooted deep in strength and grace
To guide life's journey and embrace
Navigating paths both known and new
Versatility shines in every view

Beyond the 'core' meaning extends
Answering life's calls as destiny intends
a silence of presence
Illumination in essence

Empowered and entrusted, their compass inside
Ancestral wisdom, forever their side
Legacies bloom in stories retold
Embraced in hearts as treasures of old

The poem encapsulates the concept of navigating as central to the core midwife's role situated in the hospital environment, shaped by the obstetric, technocratic medical model. In bringing this study to a close, the discussion chapter considers what lies behind and beyond the words within the poem (typed in purple as in the poem). The poem highlights the central concept of 'navigating through' which underpins this study. The findings illuminate the core midwife's role as a navigator, one who guides women through the uncertainties of labour and birth, ensuring safety, comfort, and connection.

The role extends beyond technical skills, encompassing relational, emotional, and practical guidance through the complexities of maternity care.

The Navigator's Perspective: Insight, Practical Wisdom, and Connection

This section deepens understanding of how core midwives navigate practice, drawing on history, intuition, and practical wisdom to navigate the complexities of their work. Integrating Gadamer's (2004, 2013) and van Manen's (1990, 2016a) philosophies enriches the understanding of these everyday lived experiences, bridging theory and practice to offer deeper interpretation of the study's findings; shedding light on seemingly ordinary moments that are often overlooked.

Navigating within the labyrinth of the childbirth journey, core midwives carefully create and cultivate spaces that foster connections and an appreciation of experiences to be with others and be human. Gadamer's (2004, 2013) emphasis on language as the medium for understanding highlights the importance of dialogue in revealing meaning. Through conversation, the significance of their role as navigators of care emerges. They navigate relationships with women, families, and their wider network of health professionals and midwives in maternity care. The acquisition of interpersonal and clinical skills by core midwives reflects Gadamer's (2013) notion of 'Bildung' showcasing their development of unique capabilities and the cultivation of talent for 'being'. These skills culminate in a synergy of talents that align with Gadamer's (2013) notion of praxis, where practical application of knowledge in real-time situations shapes and defines meaningful interactions.

For Gadamer (2013), ways of 'being' underscores openness to new perspectives and lifelong pursuit of learning. The core midwife engages in Aristotle's notion of phronesis, practical wisdom (Gadamer, 2004, 2013) that is deeply contextual and attuned to the human experience, leading to virtuous actions that shape the well-being of others. Their actions extend beyond physical care to encompass emotional support and foster meaningful connections through their interpersonal skills. This is where kindness becomes transformational, fostering trust and meaningful connections with women, families, and colleagues to promote well-being.

Like Gadamer, van Manen (1990) emphasised the importance of insight and dialogue, concepts reflected in the navigator role. His existential knowledge emphasises lived

body, lived time, lived space, and lived other (relationality), revealed through human connectedness with and for others within practice. Similarly, 'esprit de corps' and camaraderie are significant for fostering friendships and trusting relationships enabling core midwives to navigate the complexities of their roles, foster belonging, and sustain their professional identity. This understanding deepens through Gadamer's (2013) hermeneutic circle, where the interplay of individual and collective experiences shapes evolving insight.

Reflections on past traditions and histories, central to Gadamer's (2013) hermeneutics pave the way for understanding how core midwives' ways of knowing, intuition, and experiences shape their present their present practice. This evolving understanding, shaped through Gadamer's (2013) hermeneutic circle, aligns with Appreciative Inquiry's cyclical nature, emphasising the continuous refinement of knowledge, new possibilities for practice, and a forward-looking approach to midwifery practice.

Relational Navigation in Core Midwifery

This section ties a human science perspective to the findings, offering a holistic lens to interpret the core midwife's role. Human sciences and Appreciative Inquiry share a focus on interconnectedness and wholeness, both crucial for navigating life's experiences and aspirations (Cooperrider & Whitney, 2005; Gadamer, 2013; Whitney & Trosten-Bloom, 2010). Navigation in the core midwife's role goes beyond responding to clinical demands; it encompasses the cultivation of meaningful connections. Their ability to build trust and read the emotional landscape allows them to navigate care responsively, ensuring women feel seen, heard, and central to their care. The sense of wholeness is demonstrated in the core midwife's skills and versatility, which aligns with phronesis (Gadamer, 2004, 2013), emphasising the application of practical wisdom making a difference as they navigate their work.

Navigation in midwifery is not just about moving through spaces or making clinical decisions, it is a deeply relational process. Core midwives navigate relationships with women, families, and the broader healthcare system, forming quick, yet impactful, connections that allow them to adapt fluidly to each situation. My findings underscore the significant impact of kindness and genuine compassion in fostering these connections which, in turn, nurture relationships and enhance the well-being of women and families. This relational care aligns with Gadamer's (2013) emphasis on finding

meaning through dialogue. These connections, enriched by kindness, promote trust, evoke uplifting emotions, and empower women throughout their childbirth journey. Physiologically, this process mirrors the release of oxytocin during childbirth, which facilitates mother/baby bonding and reinforces the core midwife's role in creating a supportive, safe environment.

The core midwife's expertise and human qualities work in synergy; illustrating that the whole is greater than the sum of its parts (Duhigg, 2016). Their resilience and adaptability reflect practical knowledge and the ability to navigate care 'with woman', embodying an approach that enhances trust and empowerment. These findings reveal how core midwives sustain their practice through a balance of wisdom, care, and adaptability, enriching their contributions in the fast-changing, high-pressure environment of secondary and tertiary hospitals in New Zealand.

The following sections delve into the multifaceted nature of the core midwife's role as a navigator. This role comes to life through their ability to form meaningful connections, skilfully integrate midwifery philosophies, and balance the demands of both midwifery and medical paradigms. These sections explore key concepts of the navigator role, including guiding the childbirth journey, ensuring safety, navigating complex systems, and navigating teamwork. Additionally, the interconnected factors that enable and empower midwives to navigate these challenges effectively is explored. First, the synergy of the core midwife as a navigator is examined.

The Core Midwife as a Navigator

This study revealed that the cornerstone of core midwifery lies in the navigator role. The role extends far beyond clinical expertise; it embodies the ability to navigate situations with compassion and empathy, fostering a space where women feel seen, heard, and supported within this *'unfamiliar land'*. *As navigators they embody* the ability to navigate changing circumstances and respond with compassion, empathy, and skilled decision-making. Like maritime or aviation navigators, core midwives operate with profound awareness, deep knowledge of their systems, and context in which they work. This knowledge, combined with their tools and relational skills *'where skills converge with outstretched force'*, enables them to fully understand and support the needs of women and their families within the secondary/tertiary hospital setting. +

Importantly this role answers the research question by illustrating how core midwives navigate the complexities of their practice. Acting as guardians, of '*birth's sacred dance*', they ensure care remains centred and compassionate; yet their ability to combine clinical expertise with empathy, and even humour, fosters positive childbirth experiences, even in challenging circumstances. Participants highlighted how humour eased tensions, alleviated stress, and strengthened bonds between midwife and woman. Such moments underscore the essence of the navigator role, responding to the unique needs of each situation with individualised and compassionate care.

Navigating the Childbirth Journey

My findings highlight the significant contribution of core midwives as navigators of the childbirth journey, a deeply significant event. Working alongside women, they support and plan care that honours physiological processes while remaining vigilant to potential complications. Their unique ability to guide women through the landscapes of childbirth reflects their central role as navigators. This role becomes especially critical as hospital environments are often overwhelming, '*unfamiliar*' spaces for women and families.

Core midwives embody the navigator role; being 'with woman' in both practical and emotional ways as they '*guide life's journey and embrace*', constantly adapting to the changing needs and circumstances of each situation. Their responsibilities extend beyond the technicalities of birth to include a 'tapestry of trust and care' -a unique capacity for meaningful connection, attentiveness to individual needs, and the ability to foster trust and safety. As navigators, they provide steady guidance through childbirth's transformative experience, where the birth of a mother occurs alongside the birth of her baby. In doing so, they safeguard the sacredness of childbirth, offering a steady hand through '*birth's sacred dance*'.

The navigator role often requires core midwives to juggle multiple responsibilities while responding to each woman's needs. Unlike LMC midwives, who focus on one woman at a time over an extended period, core midwives often navigate care for several women simultaneously. This demands the ability to adapt swifty to dynamic and often unpredictable changes within the environment, as well as the evolving needs of women and families. Their capabilities foster trust and stability, ensuring smooth transitions of care even in high-pressure environments. At the heart of this practice is a profound relational capacity, which becomes particularly vital in times of uncertainty.

In hospital settings core midwives' ability to establish brief but meaningful connections, even in challenging circumstances, reflects a sense of 'calling' as they 'answer life's calls as destiny intends'. Built on meaningful connections, these relationships, anchored in empathy, foster trust and intimacy, enable women to feel valued and central to their care. This unique capacity to connect swiftly sets core midwives apart from LMC midwives, whose relationships develop over a longer period. The immediacy and depth of these connections, often formed in fluctuating and demanding environments, demonstrate the emotional and practical dimensions of their role as navigators.

Participants emphasised the importance of nurturing both the emotional and physical well-being of women throughout the childbirth journey. Compassionate care lies at the core of their practice, leaving lasting impressions that endure beyond the immediate experience. The stories and moments shaped by core midwives reflect this enduring impact where '*legacies bloom in stories retold*'.

Building on the core midwives' role as navigators, the next section explores their pivotal role in safeguarding women and families through the concept of a safety net.

Navigating Safety: The Core Midwife as a Safety Net

Navigating safety and creating a safety net form the foundation of the core midwife's role as a navigator. While navigating safety focuses on real-time decision-making, navigating as a safety net reflects the broader relational framework core midwives construct to safeguard the childbirth journey. Responding in real-time to complex situations and clinical emergencies is a defining feature of their role within secondary/tertiary units.

Navigating safety is a key aspect of this study, intricately woven into the core midwives' role as navigators. '*Horizons shaped by a steady hand'* highlight the unwavering focus and composure core midwives maintain amidst the unpredictability of childbirth. With their unique skill set, core midwives display their abilities as navigators, skilfully juggling the demands of hospital care to support women in their childbirth journey. This balance ensures safe and responsive care for women and families, fostering an environment of trust, adaptability, and teamwork. As navigators, they are prepared for anything. Responding swiftly often involves navigating between two differing models—the obstetric, medicalised model and the midwifery physiological model—while maintaining

focus on the woman's and family's experience. Positioning core midwives within the umbrella of navigating safety within the maternity service highlights their ability to navigate midwifery care while supporting the philosophy of continuity of care. This concept, a cornerstone of midwifery, is particularly challenging in the hospital setting where core midwives strive to integrate the demands of their work with the principles of supporting continuous care, safeguarding the woman's journey at the centre of their experience.

With a deep understanding of what matters most, core midwives support and navigate safety. Individually and collectively, they navigate seamless transitions of care, during or at the end shifts, with colleagues, or across care models. Supported by effective communication and detailed handovers, they ensure the continuance of navigating safe care. Their 'illumination in essence' reflects their capacity to foster calmness amidst chaos, a quality that strengthens their role in ensuring safety. The safety net they create is both individual and collective, encompassing interwoven threads of expertise and their unique ability to navigate the complexities of care while fostering unity within their team. This shared ethos of 'we are all beside you as one' ensures that navigating safe care is never carried alone. Collective reassurance, even amidst change, reflects their humanity and strength as they respond to the demands of their role and demonstrate their commitment to safeguarding women and families.

The navigator role highlights core midwives' adaptability, emotional intelligence, and commitment to the well-being of those in their care. Through these qualities, core midwives create a safety net that protects and uplifts those within, while empowering women and families in the transformative event of birth. The safety net concept includes the individual's skills and their ability to recognise when to seek support. It underscores the importance of adaptability and interpersonal communication in ensuring the safety of women and babies. Safety is both physical and emotional reassurance that empowers women and families during childbirth.

As navigators, core midwives embody *'illumination in essence'* steering through unpredictability of childbirth reflecting *'the labyrinthine course'*. Their actions as navigators are deeply rooted in professionalism and an '*unwavering focus*' to navigate safety with skill and compassion. Their work forms a *'tapestry of trust and care'*, cultivating a sense of security within the multidisciplinary medicalised, technocratic

environment. Their guidance in charting the path, embodies their ability to anticipate problems, assess risks, and make critical decisions ensuring the journey remains as smooth and safe as possible.

Integral to navigation of safety is core midwives' profound sense of knowing. More than simply clinical knowledge, knowing is a fusion of intuition, experience, and instinct that empowers '*their compass inside*'. Guided by '*ancestral wisdom, forever their side*', core midwives draw upon inner voices that speak to them in moments of uncertainty, allowing them to remain one step ahead. This wisdom serves as a guiding presence, adeptly charting the course through complex and unpredictable situations where '*versatility shines in every view*'. Rooted in their inner compass and collective support, the safety net enables them to '*answer life's calls as destiny intends*', illustrating their ability to address the demands of their role and make a profound difference in the lives of those they serve.

Like navigators, core midwives possess the ability to maintain professional poise within challenging circumstances, ensuring that emotional and physical needs are met amidst technological demands. 'Rooted deep in strength and grace' their 'silence of presence' fosters calmness amidst the noise, chaos, and busyness of the environment, enabling them to remain attuned to what really matters. Empowered by their inner voices and strengthened by their collective expertise, core midwives also recognise when to call for help. This knowing, rooted both in instinct and experience, underscores their ability to identify moments that require additional support to maintain safety. In these moments they weave as a safety net, where effective teamwork becomes a vital thread in navigating safety.

The safety net combines clinical safety with fostering teamwork, emphasising core midwives' ability to act with precision. As they navigate '*paths both known and new*' they safeguard the experience for women and their families, constantly assessing and anticipating. Thus, core midwives proactively address and mitigate risks to navigate care safely. This ability is significant, as it fosters a culture of support through their presence and purposeful actions, particularly in navigating complexity safely. Through these interactions core midwives create a safety net, offering guidance and protection, ensuring the journey is both compassionate and safe.

These sections have explored the core midwife's role as a navigator, noting the emphasis in navigating safety and guiding women and families through the birthing journey. The next section addresses other aspects of the navigator's role, particularly in navigating the system, navigating complexity, and navigating teamwork. The ability to navigate these three aspects within the navigator's role incorporates navigating as a safety net to protect and guide women and their families through the unpredictability of childbirth.

Navigating the System: The ATC

Navigating captures the variety of core midwives' clinical, interpersonal, and communication skills intertwined with their versatile capabilities. The navigator role makes a difference, particularly within the complexity of childbirth and in time-sensitive situations as they 'navigate the labyrinth course'. Building on the concept of navigating safety lies a generative metaphor that offers deeper insight into the essence of the core midwife's role, likening it to that of an ATC. This role offers a lens to illuminate the intricacies of the core midwife's unique skill set, guiding everyone safely to their destination amidst the hospital setting. Like an ATC, midwives maintain clarity and control amidst the complexities of maternity care, ensuring that each 'flight', the woman and family's journey, safely reaches its destination.

Like an ATC, core midwives ensure the visibility of everyone coming into birthing suite and working out how to land safely, align their care, support the journey, and then leave; much like the take-off and landing of aircraft. The core midwife's skill, as the ATC, is supported by a 'helicopter view', balancing the broader landscape of care with attention to fine details. Having this vantage enables them to anticipate and manage competing priorities, adapt to changing circumstances, and make swift, informed decisions. Prioritisation is a key element within the ATC role, to quickly assess situations, identify urgent needs, and allocate resources efficiently. This may involve escalating care, delegating tasks, or seeking additional support, actions vital to maintaining safety in high-pressure environments.

Effective communication is crucial in the ATC's role, enabling seamless collaboration with the MDT for strengthening the safety net and bridging gaps between care models, ensuring safe passage and quick responses to evolving situations. Much like an ATC guiding planes through shared airspace, core midwives coordinate transitions of care to ensure both physical and emotional safety. Their unique skillset and intuitive wisdom

facilitate them to react and adapt quickly to the demands of childbirth. Just as an ATC assigns roles and coordinates actions for safe outcome, core midwives rely on trust, respect, and shared purpose to maintain the continuum of safety. Remaining calm under pressure, despite the 'chaos' and busyness of the skies, the ATC role is essential to instil trust and reassurance in women and families.

Combining emotional intelligence with clinical expertise, core midwives provide care that is both precise and compassionate. This perspective is essential for navigating complexity within a busy, technocratic environment and ensuring clarity amidst chaotic or emergency situations. Framing the core midwife's role through the ATC lens makes visible their ability to manage complexity with precision and empathy; thereby, supporting care provision and optimising the well-being of the mother and baby dyad.

Participants emphasised the ATC's ability to negotiate and direct the team to support the safety net by guarding the woman and ensuring continuity, even in the short interactions, typical of shift-based care. This role is distinct within the maternity service, embracing the concept of being 'with woman' while navigating the challenges to provide holistic care, albeit very different to the LMC model of care. As the ATC, the core midwife reflects the pivotal role in navigating safe, positive childbirth experiences, ensuring that every journey is navigated with skill, care, and unwavering focus.

Navigating Complexity: Straddling Between Paradigms

Gadamer's (2004) insights reveal the challenges posed by technology in healthcare. He highlighted the demands of balancing technology with human connections and interventions with health. For core midwives the presence of technology is where their skill of navigating within the technocratic medical world becomes evident. They skilfully balance technological advancements with the humanistic aspects of midwifery care, ensuring that emotional connections and the essence of humanity are not overshadowed. My findings reveal that core midwives embody this balance, advocating the midwifery philosophy while facilitating their commitment to women and families in their care.

As core midwives navigate care, they promote being 'with woman' and their expertise ensures that women and babies are supported within the hospital environment. They guide care amidst rapidly changing clinical scenarios including managing complexity,

particularly in high-risk or complex pregnancies. Their role as navigators of care, especially when complexity arises, involves juggling technology and interventions within the backdrop of the medical model. They navigate the complexity of the intersecting midwifery and medical technocratic models within the birthing environment to keep women and babies safe. As navigators, their ability to 'straddle' paradigms *'with unwavering focus'* reflects their adaptability and emotional intelligence, ensuring women and families are central to their childbirth journey.

Navigating Teamwork Within the Safety Net

The teamwork culture among core midwives exemplifies the concept of navigating teamwork within the safety net. Participants highlighted the importance of knowing when to call for support, trusting the charge midwife's judgement and relying on the MDT to 'have their back'. The collaborative nature of teamwork strengthens the safety net, cultivating psychological safety and allowing core midwives to focus on providing high-quality care while fostering dependability within the team.

Core midwives 'see' from a different vantage point to LMC midwives; a collectiveness working to consider the woman's needs in their care. Alongside the MDT, core midwives 'work together as one' and cultivate relationships. They navigate and coordinate a collaborative network for optimising smooth transitions of care, offering reassurance and maintaining mutual respect.

Navigating teamwork highlights the collaborative aspect of the navigator role, emphasising that core midwives are not working in isolation. Just as ATCs coordinate with pilots, ground crew, and others to ensure safety, similarly, navigators are responsible for providing and adjust flight paths considering weather patterns, airspace restrictions and efficiency for navigating the safe route. These roles emphasise the importance of core midwifery as a fundamental part of a larger system, where effective teamwork is crucial to navigating the safety net.

Core midwives quickly establish trusting relationships with women and families, further enabling continuity of care within the team. The ability to connect deeply and quickly facilitates continuity of bonds within relationships when a core midwife's shifts change. The teamwork approach ensures seamless integration of care with staff working together to maintain mutual trust and respect for reassuring women and families. This

collaborative approach supports navigating the continuum of care accentuating the core midwife's role over the LMC. Additionally, the study participants found a resilience in the relationships with women and their families that supported them in their daily work.

Navigating Effective Communication and Using Humour

This section focuses on aspects of the core midwife's 'toolkit' that were found to be fundamental in supporting the navigator role. Like navigators in aviation, the need for effective communication makes a significant difference, especially within time-sensitive situations like raising the alarm to changing clinical pictures. In situations like these, the importance in cultivating a safety net, alerting the network of support, to adjust or escalate care pathways is essential.

Communication, like humour, offers a space for dialogue and understanding, contributing to a *'tapestry of trust and care'*. The interplay of communication and humour illustrates how core midwives navigate the intersection of the medical and midwifery paradigms. While communication supports clinical precision, humour adds a layer of humanity, creating a balance between the technocratic model and the deeply personal aspects of childbirth. This ability of the navigator mirrors the 'straddling' construct by addressing both the clinical and emotional needs of care.

Drawing on Frankl's (2004) concept of humour as a tool for self-preservation, core midwives navigate using humour to fostering resilience. Humour provides emotional relief and creates a light-hearted atmosphere amidst the intensity of complexity and reframe challenging environments. The skill lies in when and how to incorporate humour within the clinical setting. The navigator's application of humour enabled possibilities for seeing beyond the physicality of what is happening and enriching meaning-making moments, even if brief. The ability to use humour effectively enriches the core midwife's practice, creating opportunities for insight and deeper connection with others. These connections, especially with fellow midwives and the broader MDT, are vital in supporting and navigating as a safety net.

Summarising the Navigator Role Within the Hospital Setting

The core midwife's role as a navigator emerges as a crucial safety net in the maternity care environment. Navigating encompasses a unique skill set that balances connection, intuition, effective communication, humour, and adaptability for making a difference

which supports safety. This role encompasses navigating relationships within MDTs to foster effective, seamless care, and ensure safety, even in time-constrained or high-pressure situations. Within this complexity, core midwives advocate for normality and physiological childbirth. Their work balances two intersecting paradigms: the midwifery philosophy of physiological childbirth and the medical technocratic model, with the woman and family firmly at the centre of their approach.

Linking My Findings to Other Studies

My findings highlight core midwives' ability to navigate care safely for and 'with woman' through the technocratic hospital environment while upholding woman-centred care. As autonomous practitioners they supported the woman through normal labour and birth. As navigators they advocated for the woman when complexity and risk was apparent in the obstetric medical model.

In this way, my findings align with Naughton et al. (2021) who identified the need for supporting women with "the right care, by the right health professional, at the right time, in the right place" (p. 1). The navigator's role, as revealed in my findings, extends beyond the provision of midwifery care. It encompasses navigating safety and serving as a safety net, further emphasising Naughton et al.'s (2021) statement, as core midwives embody their role through their responsibilities and purposes in coordinating and collaborating with the MDT to support safe, appropriate care.

My findings also highlight how core midwives' expertise and versatility enhance their ability to navigate the intersection of midwifery and medical models of care within secondary and tertiary hospital facilities. Their efforts aim to optimise well-being and ensure the safety of women and babies which aligns with Naughton et al.'s (2021) observation that "Midwife Navigators work in synergy with all midwifery and maternity models of care in what is currently a fragmented system working at philosophical cross purposes" (p. 1).

Additionally, in my findings the navigator role fulfils a crucial function as a safety net for guidance and support amidst the woman's changing clinical picture. The ATC metaphor highlights their ability to maintain a 'helicopter view', enabling them to observe, anticipate, and respond promptly to what unfolds within the facility. This role helps prevent women 'falling through the gaps,' a significant risk noted in Naughton et al.'s

(2021) integrative review. They identified barriers to woman-centred care for women with complex pregnancies and suggested that navigators would support their seamless transition of care through the maternity system.

My findings revealed that core midwives have an in-depth understanding of the maternity system which promotes teamwork to support the care of women and babies. Fostering collegial relationships within the MDT and understanding their specific skillset and expertise, supports the core midwife as they navigate the confines of the hospital environment. As navigators, they know when to call upon the MDT when safety challenges and risk arise. These findings are congruent with Hartevelt (2023) who emphasised that navigators in nursing were experienced and skilled in physically and psychologically supporting patients who may need to transition through health services or across locations.

Similarly, findings by Austad et al. (2021) regarding Obstetric Care Navigators (OCN) for facilitating communication, advocacy, and coordination of care, revealed that OCNs were trained in conflict de-escalation and labour support with skills of language interpretation to support pregnant women who needed to transfer from primary rural care to hospital care when complications arose. In this way, navigators supported bridging the gap between services, aligning with the navigator's skills in my study, especially when women transferred from primary to secondary/tertiary care or when straddling the two models of care.

Moreover, Hartevelt (2023) highlighted how navigators' knowledge equipped them in understanding the challenges and often complex situations faced by patients engaging with the health system. The navigators assisted with connecting and building relationships which facilitated health service engagement, including planning appointments and consultations with family members. The nurse navigators supported in a variety of ways to improve quality of life for very unwell patients with complex health conditions. They were described as the modern-day Mary Poppins (Hartevelt, 2023). My findings emphasise the complexity of the core midwife's role that combines flexibility and adaptability to cope with the challenges of the workload and workplace environment. In optimising care for women and babies, the core midwife incorporates all their clinical skills, knowledge, and experience for working collaboratively with the MDT.

In my study, the concept of navigating requires effective communication for cultivating positive relationships among interprofessional healthcare teams that are important for the provision of quality safe care. Effective communication is particularly important for negotiating the boundaries of midwifery care for woman in normal labour in a tertiary hospital. My study participants emphasised the importance of positive relationships, echoing findings from Cassie et al.'s (2021) Appreciative Inquiry in New Zealand regarding the primary/secondary interface between midwives and obstetricians. Cassie et al. (2021) identified three themes: negotiating differing philosophies, clarifying blurred boundaries, and the importance of three-way conversations. When clarifying philosophical differences and blurred boundaries, effective communication promoted respect and collegial interface with the various roles. Their focus on the three-way conversation between woman, midwife, and obstetricians aligns with my study's emphasis on interprofessional communication and collaboration.

Continuing with the impact of a positive workplace environment, my findings highlighted supportive colleagues, and a respectful workplace environment facilitated core midwives in their work and working autonomously. Collegial relationships built on trust and mutual respect enhance workplace culture and the midwife's skills include navigating and interacting with the MDT within the hierarchical pressures of the environment. These supportive relationships influence effective collaborative teamworking in the care of women and their babies. Riskin et al.'s (2015) randomised controlled simulation study of 24 NICU teams underscored the importance of respectful, civil communication and collaboration. Although an older study, its findings are particularly noteworthy due to the robustness of its design and its enduring relevance in demonstrating how respectful, effective communication enhances team effectiveness, particularly in high-pressure environments. In congruence with my findings, respectful effective communication remains a cornerstone of team performance and optimal care for women and their babies.

Participants in my study highlighted how collegial relationships shaped morale and workplace culture. The friendships they cultivated fostered compassion, positive feelings, motivation, and mutual respect and trust, all of which intertwined with the concept of the safety net. Work felt 'like a holiday' because they always knew they had

each other's backs. These relationships were instrumental in fostering effective teamwork, resilience, and a supportive environment that sustained them in practice.

However, while strong collegial relationships can enhance workplace culture, research also highlights the negative impact of workplace incivility. Lewis's (2023) literature review identified the prevalence of interprofessional incivility among physicians and nurses, noting that such behaviour negatively affects both the recipient and their colleagues. Similarly, Green (2025), found that incivility impacts staff's physical and emotional well-being, performance, quality of service delivery, and patient safety. Lewis (2023) also reported that incivility has both psychological and clinical consequences, contributing to stress, strained workplace relationships, poor teamwork, increased adverse events, and medical errors, decreased quality of care and patient satisfaction, and even patient mortality.

My findings highlighted the crucial support provided by workplace colleagues, particularly when friendships were also present. Effective teamwork and interprofessional collaboration contributed to feelings of belonging, and the confidence to speak up and ask for help when needed. Despite the importance of collegial support, research indicates a rising trend in workplace incivility. Porath (2022) found that 76% of respondents reported experiencing incivility at least once a month. Stress was identified as a key factor, with 73% of respondents attributing their rudeness to stress and 61% linking it to workload burden. The widespread impact of incivility underscores the need for appreciation and recognition in the workplace, as these factors help mitigate burnout, reduce attrition, and promote physical and mental well-being.

Turner and Sherrer (2024), in an opinion piece, also reported alarming rates of workplace incivility, building on earlier data by Porath and Pearson (2013). Similarly, Guppy's (2024) literature review emphasised the need to address rising incivility rates, which are directly linked to medical errors, poor team communication, increased costs, decreased staff morale and retention, and compromised patient care. Guppy also stressed that in the UK National Health Service, one-third of staff are affected, highlighting the urgent need for change.

While these reviews and research highlight the devasting impact of incivility on well-being and morale, my findings demonstrate that fostering a supportive, friendly, and

collaborative work culture enhances care, safety, and overall resilience. Keller et al.'s (2020) literature review found that less experienced staff were more vulnerable to incivility. However, my findings contrast with this, as participants spoke of a workplace culture where they felt able to speak up, ask for help, and step in for each other.

Turner and Sherrer (2024) noted that workplace incivility costs the organisation US$12 million annually. However, the financial burden pales in comparison to the profound human cost, as incivility deeply affects workplace relationships and well-being. The motto of 'civility saves lives' resonates strongly here, as its impact extends far beyond monetary costs. Core midwives in my study recognised the profound impact they have in various workplace situations. Their experiences reinforce the value of civility, care, and respect in fostering a cohesive and supportive work environment and providing high-quality care fostering positive outcomes.

My study findings highlight how core midwives see beyond and within, navigating the concept of harnessing collective knowledge and application of this wisdom to practice. While they know that many processes and guidelines bind health professionals' practice, they are aware that their practice happens between individuals and in environments that are usually stressful, busy, and intense. They carry the knowledge that they are dealing with a complex situation and a variety of health professionals in the MDT.

In focusing on communication, my findings highlighted the skill of connecting quickly in a variety of situations for building a partnership founded on trust between women and midwives. This trusting relationship is fundamentally important for supporting the woman, especially when navigating from the midwifery philosophy of care to the medical model of obstetric care when complex care is required. It ensures a seamless transition and one in which the woman is supported by the core midwife. Baldwin et al. (2019) emphasised the navigator role as instrumental in addressing the fragmentation of care for women between hospital and community by offering seamless transition of care; and acknowledged the significance of navigators being experienced health professionals, both in nursing and midwifery. Midwifery navigators were found to possess the expertise and authority required for supporting women with chronic or complex conditions to navigate their care through the intricacies of the health system.

In my findings core midwives uphold the principles of midwifery philosophy and practice, including advocating for women's autonomy and supporting natural birth when appropriate. They create a culture that emphasises positive role modelling and providing high quality midwifery care as they navigate the childbirth journey. Participants in my study referred to the importance of autonomy, particularly within the hierarchical medical technological birthing space. This focus aligns with a variety of international studies that have explored the impact of a medicalised work environment on physiological labour and birth. Confidence was noted by Bedwell et al. (2015) to be fundamental when caring for women transitioning between midwifery and obstetric care. Bedwell et al. also referred to "the comfort zone" (p. 172) where familiarity and experience, influenced by supportive workplace environments and cultures, help build midwives' confidence to practice. Confidence was closely linked with autonomy, with practitioners' control over their own practice being enriched by a sense of 'knowing' derived from self-awareness and experience (Bedwell et al., 2015).

Similarly, participants in my study emphasised that confidence, combined with experience, a diverse skill set, and the practical ability to adapt to any situation, was crucial to providing effective care for women and families. These attributes, enriched by intuition and deep sense of 'knowing,' align with Gilkison et al.'s study (2017). Notably both my findings and Gilkison et al.'s (2017) study emphasised the critical skill of guarding 'normal' within the medicalised technocratic environment of the hospital. Additionally, core midwives in my study demonstrated diverse skills and expertise for managing complexity, unexpected events, or critical emergencies, always prepared and ready to act. Gilkison et al. (2017) similarly highlighted these attributes, recognising the vital role core midwives play in maternity care and referring to them as the "backbone of New Zealand maternity services" (p. 36).

My findings highlighted that core midwives are skilled navigators upholding the midwifery philosophy and practice within technology driven hospital environments. Their ability and skill for being ready for everything, intertwined with their intuitive wisdom, embodies the fundamental concept of being present 'with woman' and family navigating a variety of situations. Their unique essence as navigators, straddling the two models of midwifery and medical, allows them to integrate their expertise with their abilities and proficiency within the birth space. As core midwives engage with the 'place',

they acknowledge the impact of their presence on their practice while shaping the dynamics within that environment. This resonates with Mellor's (2021) research which described the concept of place as "a core shaper" (p. 164) influencing midwives' practice. Indeed, Mellor asserted the importance of "being there" (p. 164) which served as a fundamental shaping factor. Additionally, Mellor (2021) emphasised the importance of relationships between midwives and obstetricians which aligned with my findings in which the concept of 'being there' briefly captured the importance of 'being present' prioritising meaningful connections and proactively engaging 'with woman' and family. Despite the demands and busyness of their work, they captured the essence of intentionality; holding space and time to think and see beyond, to create opportunities for doing what is important, what matters, and what makes a difference.

Despite working in a technologically driven high-risk environment, core midwives prioritise holistic care that considers the medical aspects and incorporates the psychosocial needs of the woman and family. Indeed, my findings highlighted the collaborative efforts of the MDT, including midwives and obstetricians, as an influence and supportive factor in the provision of care for woman. Other influences that shaped their decision-making included midwifery experiences, attitudes, and knowledge base, along with intuition and the ability to navigate the working environment to keep woman at the centre of their care. These findings echo those by Daemers et al. (2017) who noted five concepts that influenced decision-making including: viewing the woman as a whole person, viewing the midwife as a whole person, collaboration between maternity health professionals, sources of knowledge, and the organisation of care. In their qualitative research Daemers et al. (2017) revealed the collaborative efforts of teamworking could be challenging, especially regarding the differing philosophies and care provision. With my study, several factors had an influence on the core midwife's decision-making, including their experiential knowledge and clinical practice which focused on the midwifery philosophy regarding woman-centred care and included the family. These findings were also highlighted by Daemers et al. (2017) who noted the relationship with the partner when considering the woman as a whole person.

My findings revealed that core midwives were often challenged as they upheld their autonomy within their scope. Daemers et al. (2017) also revealed challenges that shaped the midwife's decision-making from the MDT, especially when conflict arose between

medical and midwifery models. Furthermore, in the concept of navigating and decision making, my findings highlight that the core midwives navigate the labyrinth which can be viewed as straddling the midwifery philosophy and the medical technological model which is, in essence, promoting normality while being able to negotiate with the obstetricians when needed or as appropriate. In this way, Coxen et al. (2015) asserted "it is not clear whether or to what extent individual practitioners can work in both models simultaneously, 'manging' risk whilst promoting 'normality'" (p. 57). Thus, my findings highlight how core midwives promote woman-centred care and midwifery philosophy of practice while balancing the demands of the organisation and the maternity system within which they work. In this sense there is not a competing model but a way that the core midwives are able to traverse effortlessly to protect and promote normal birth as autonomous practitioners.

Resilience is fundamental to sustaining this demanding role. The ability to navigate challenges relies not only on individual attributes such as self-efficacy, work/life balance, self-care, humour, and optimism but also on broader organisational support structures. My findings highlight the important of resilience, a concept strengthened by colleagues, and wider network of teamwork relationships. This aligns with Cooper et al.'s research (2020) in nursing, which emphasises the role of professional support in fostering resilience. The capacity to adapt, maintain perspective, and manage workplace stressors is essential for midwives to continue providing compassionate high-quality care. As core midwives engage in this demanding and dynamic role, resilience becomes a crucial component in sustaining professional practice, maintaining emotional well-being, and fostering a supportive work environment.

Recommendations

The findings illuminate how core midwives navigate clinical uncertainty, balance relational and technical expertise, and adapt within complex environments. The navigator metaphor offers a compelling lens through which to understand their expertise, decision-making, and relational skills. The midwifery participants' insights provide a platform from which to make informed recommendations that are practically grounded and reflect a high level of clinical proficiency, emotional intelligence, and commitment to midwifery philosophy and teamwork.

In response to this study's findings, the recommendations outlined in this thesis are designed to inform educational frameworks, and workforce planning. They emphasise the need to recognise and foster the unique expertise of core midwives, support professional growth and leadership opportunities, and ensure that core midwifery is understood as a vital, skilled, and rewarding pathway within the midwifery profession.

In doing so, this study offers a valuable resource for educators, managers, and prospective midwives, grounded in the experiences and wisdom of its participants. It provides both practical and philosophical insight into the realities of core midwifery, positioning their work as essential to the sustainability and integrity of maternity care in New Zealand.

The consideration of these recommendations, as well as ideas for further research emerged naturally through the dream and design phases of Appreciative Inquiry. Participants stressed the importance of recognition and acknowledgement of the core midwife role with the need for a career pathway. Notably, my findings relate to the core midwife being a resilient navigator, attuned to the needs of others, while very aware of their own well-being.

Brown et al.'s (2024) longitudinal multi-methods study in Australia explored resilience, well-being, burnout, and staff retention. Midwife navigators were senior experienced staff whose focus included person-centred care, building partnerships, coordination of care, and contributed to service improvement. There was a focus on connection with others and the supportive factor from colleagues and management was vital to ensure their well-being and resilience. Furthermore, a clear and identified professional pathway for the navigator role was fundamental for the sustainability of the profession, recognising the unique experiences and expertise of navigators (Brown et al., 2024).

Participants in this study similarly highlighted aspects of their role that they enjoyed which enhanced their satisfaction and facilitated their work. The strength of using Appreciative Inquiry emphasised a deep concern of caring for and valuing others, which made a difference. The need to embed 'caring' into 'caring for the carers' impacts the individual and values the profession. Therefore, measures to evaluate and improve workforce well-being are necessary for sustainability of this valuable profession and to ensure the maternity care of future women and babies.

Recommendations for Practice

- Promote the navigator role for core midwives to strengthen collaborative teamwork and enhance the midwifery philosophy within secondary/tertiary birthing environments
- Support core midwives returning to practice by; enhancing access to clinical skill refreshers, mentorship, and confidence-building pathways for navigating within the maternity system
- Increase clinical support for students and newly graduated midwives working in core settings
- Develop internships and bonding pathways to foster student interest and preparation for core midwifery roles
- Develop internships and defined career pathways for core midwives, including clinical specialist roles in education, research, leadership, and management
- Support paid recognition for tertiary education
- Implement strategies to support caring for the carers, recognising the emotional and relational expertise involved in core midwifery. Ensure support structures such as peer support, reflective spaces, well-being initiatives and managerial recognition are in place to sustain well-being

Recommendations for Future Research

- Explore the meaningfulness and sustainability of core midwives' work and role across primary, secondary, and tertiary settings
- Investigate the interface and collaborative relationships between core midwives, obstetricians, the MDT, and LMCs within secondary/tertiary facilities
- Investigate the impact of shiftwork hours and patterns, and address workplace variables that impact on core midwives' work/life balance, sustainability, resilience, and retention

Recommendations for Education

- Utilise the research findings to support midwifery undergraduate and postgraduate education programmes, and support midwifery, and maternity managers to understand the core midwife's role

- Develop multidisciplinary integration of education and simulation workshops to develop expertise, enhance clinical decision-making processes, teamwork, and confidence in complex settings
- Develop a core component with paid internship for core midwifery as options for students wanting a career as a core midwife instead of an LMC
- Promote holistic care delivery and midwifery philosophy in hospital birthing environments to enhance autonomous practice and advocating for women within a complex setting
- Enhance training in interpersonal and communication skills, particularly for interacting with woman and family, collaborating with the MDT, and managing challenging and complex situations

Study Strengths and Limitations

This research explored the role of the core midwife working in secondary/tertiary facilities in New Zealand, where most core midwives are employed. Including participants from all large maternity hospitals across the country ensured a broad perspective, avoiding the limitations of a localised study. A national scope allowed for a richer understanding of core midwife's role across various contexts.

An Appreciative Inquiry study with a hermeneutic lens proved to be both a strength and a limitation. This strength-based approach encouraged participants to appreciate, reconnect with, and affirm what works well in their practice, fostering forward-thinking perspectives. Hermeneutics enhanced this process by uncovering deeper meanings within participants' experiences. The strength is remembering the things that matter and the reasons that they are there, strengthening the appeal for work, particularly for those whose job in healthcare is their very being. Participants emphasised what brought them joy and purpose, including the emotional connections and intimacy of the work; what helps them; and what matters/is worthwhile within their everyday work and the human-centred nature of midwifery.

Appreciative Inquiry encourages positive reflection, which proved particularly valuable in enabling participants to re-evaluate their experience, affirm what matters and imagining future possibilities. This process also illuminated the significance of humour in sustaining midwives, fostering connectedness, and navigating workplace challenges. Participants emphasised that reflecting on core values and what works well was

therapeutic and allowed them to reaffirm their commitment to the profession. However, a potential limitation of Appreciative Inquiry lies in its focus on the positive, which might overlook alternative perspectives or challenges. Familiarity with more traditional approaches that offered a 'fix'/problem solving focus would reveal different data regarding the core midwife's role. While global issues like midwife shortages, workplace stress, and the COVID-19 pandemic may have predisposed participants to focus on negativity, the strength-based approach encouraged them to reframe and focus on affirming the positive and appreciation. Nonetheless, this may have minimised the exploration of nuanced or unresolved issues or aspects of the core midwife's role.

The study's validity and reliability were reinforced through trustworthiness and reflexivity. Trustworthiness was maintained by aligning the study's purpose and methodologies with its findings (Crowther & Thomson, 2020). Acknowledging my biases, influences, and perspectives, including what I hear, think, and interpret, further upheld the integrity of the research process.

Another strength was the use of reflexivity throughout the study which is a fundamental part of hermeneutic data analysis (Crowther & Thomson, 2020; Sloan & Brown, 2014). Continuous engagement through journal writing, reflection, and regular check-ins with myself and my supervisors was necessary to maintain fidelity to the participants' narratives. This ongoing commitment allowed me to value the data and remain as true as possible to the midwifery participants' voices. While hermeneutics and Appreciative Inquiry do not seek to solve problems, or offer fixed approaches, strength lies in exploring and enriching the understanding of lived human experiences (Smythe, 2012). Considering the future is a strength of this research as the future transforms as it evolves, adapting to life's changes and nuances of what makes things unique and meaningful.

A key strength of this study lies in its in-depth exploration of core midwives' experiences working in New Zealand's large hospitals, offering rich insights into their role and what sustains them in practice. It highlights their significant contribution as navigators and the factors that facilitate their daily practice and contributes to the growing body of knowledge on core midwifery. This study builds on and complements recent research by Hooper-Smith's (2022) study on the experiences of hospital midwives, while Mulheron (2022) examined what keeps new graduate midwives working in tertiary

hospitals. Together, these studies highlight both the contribution of core midwives and the limited recognition of their identity within maternity services, a gap that warrants further investigation. While this study illuminates important aspects of core midwifery, its limitations reflect the need for complementary and varied methodologies to explore other dimensions of the core midwife's role, ensuring a fuller understanding of its scope and contribution.

Closing Thoughts for Further Understanding

In exploring the core midwife's work and role, the participants revealed their experiences and feelings with ways in which this mattered and were valued by them. The essence of meaningfulness was portrayed in what they do and why they do it. At the heart of their work was the woman and her baby. The core midwives embody genuine care in their interactions, fostering respectful open communication, and authenticity for building strong relationships based on trust. Building meaningful relationships quickly is a crucial skill to effortlessly navigate the birthing environment, particularly when unfamiliar to the woman and family.

Four main themes: 'Navigating human connections: 'with woman' and family', 'Navigating teamwork: building strong connections', 'Navigating with skill and versatility', and 'The Navigator's role in Making a difference'—emphasised the embedded essence of what it is to be a core midwife. Analysis revealed an interconnectedness with revolving ways of intertwining the themes enriching the best of what is, what fundamentally matters. The findings suggested the core midwife's identity was more than just about 'being' a midwife working in hospital. Rather the role encompassed a variety of responsibilities, skillset, and abilities that enhance their impact on others and enable their skill as navigators to make a difference.

The midwives in my study revealed that they care about what they do and will go out of their way to make sure that they are present, even in those times when many things need to happen all at once. In these circumstances, the busyness and demands of the unit, the enculturating language of the environment and work could easily take over. There is a sensitivity and generosity to consciously ensure that whatever is happening a connection is also essential. Being in tune to what core values really matter to a person, the living experience of what could be described as ordinary everyday things that matter

in life, is very much linked to what existentially matters, reminding us of the uniqueness of lived experiences and being human (Gadamer, 2013). Hopes and dreams for an idealistic view, as in this study, the midwives resurface the consideration of what matters, and the dream is relived. This is the 'crux'; the enthusiasm of what is meaningful, the ordinary of daily living, the lived experience of what core midwives do already.

The participants' stories highlighted a depth of wisdom in considering how to make their dream a sustainable reality, envisioning a new horizon positively impacting both core midwives and the maternity system. In synthesising different perspectives, the concept of wholeness enriches the understanding for 'being' a core midwife. Their expertise and experience intermingled with a variety of interpersonal skills and attributes enabling the core midwife to navigate effectively between the midwifery and obstetric worlds. It is being able to straddle the gulf between these two worlds that the core midwife can bridge the gap between the two domains. Their ability to navigate signifies their priorities for holding what is unique and meaningful, and prioritising women and families' experiences as central for care provision.

For Gadamer (2013), understanding aligns with the different contexts in which humans bring their own insights and perspectives; "insight is more than the knowledge of this or that situation… Insight is something we come to" (p. 364). In this way, multiple truths are possible, just as lived experiences and pre-understandings are unique to each other. For Gadamer (2013), knowing and being are inextricably linked, just as parts and unity of the whole of the concept, as in the hermeneutic circle, whereby traditions and practices highlight a current perspective or horizon as their present situatedness. In this study, the findings highlighted the collective of core midwives and MDT that was often necessary in caring for women and their babies with complexities or complications. Similarly, the collective of each individual core midwife's skills and abilities combined to emphasise their expertise and ability to care holistically for women and babies. Emphasising the 'truths' of the participants' words in this study signifies a unique blend of science and philosophy, fusing the art and science of midwifery with stories that give light to their horizon and enrich their whole 'being'.

Conclusion

This study adds new knowledge for understanding the work and role of the core midwife, and the factors that facilitate their practice. The stories revealed what they do but also how they do it, and what sustains them within busy hospital environments. The culture of the workplace, collegial support, and effective teamworking enable core midwives to uphold the midwifery philosophy of care in promoting normal birth within an obstetric unit. Participants' stories reveal how these human connections are central to their sense of purpose and fulfilment. Of significance are the variety of stories about holding onto midwifery philosophy even when interventions are needed, keeping the woman and family at the centre, drawing strength from camaraderie, and finding joy and satisfaction in their work.

The participants underlined the core midwives' ability to navigate maternity care within a hospital setting. Core midwives draw on deeply embedded, often intuitive, competencies and practical wisdom to maintain safety of women and babies. This professional role has a profound influence and impact on others, carving sacred spaces for birth and nurturing unique, heartfelt and meaningful experiences. Their focused approach as navigators aids the woman's transition into motherhood and helps families establish generational legacies.

The ability for core midwives to engage and navigate across the boundaries of midwifery within a medicalised obstetric unit is fundamental. Moreover, emotional intelligence and integrity support vulnerability into strength for exposing weakness(es), mistakes, and asking for help. These factors help in building trust and mutual respect to strengthen team unity and the feeling of belonging which promotes psychological safety. Furthermore, teamwork promotes and enhances safety for all health care professionals and, ultimately, the women and babies in a core midwife's care.

This study is a cyclical process revisiting the past, the discovery, the stories that invoke memories showcasing the best, and highlighting the dreams for the future. The design revealed the excitement and possibilities, the many truths that the participants likened to 'Pandora's box'. These truths are continually being updated and know no bounds to what can be achieved. Having enough of the right people with the same ambition and values working to accomplish the common goal is positively empowering and liberating for enabling more opportunities. Thus, there is a need for a never-ending cycle of

affirmations requiring those able to see beyond and willing to transform the future a bit at a time. Destiny reveals dream-inspired possibilities for the future with an ongoing need for re-evaluation of what is practical and working, adapting the designs as needed. The rainbow of hope and treasures that bring optimism and newness; feelings of what matters; and highlighting achievements of the past, present, and being open to those still to come, is an infinite loop.

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APPENDICES

Appendix Aa: Literature review summary

Summary of literature search and screening process (2019 – 2024), aligned with Integrative Review Principles (Whittemore & Knafl, 2005)

Literature search year	***Records identified***	***Duplicates/ Excluded***	***Full text screened***	***Eligible studies***	***Included studies***
2019 (initial search)	584	332	104	51	51
2022 (update 1)	358	162	122	77	77
2023 (update 2)	379	182	137	89	89
2024 -2025 (update 3)	245	145	136	96	96

Appendix notes

The initial literature search was conducted in August - September 2019, covering publications from 2013- 2019 across multiple databases. The number of records identified reflects results after applying refinements such as date range, language, and setting. Subsequent update searches were conducted at three additional points to ensure the review remained current and relevant. The second search, conducted in 2022, included literature from 2020 and 2021, up to September 2022, and re-evaluated earlier sources. A third search in 2023 included new studies and literature while the final updated search at the end of 2024 continued until thesis submission in March 2025.

The inclusion of both empirical and non-empirical sources reflects the integrative approach taken. This allowed for a comprehensive synthesis of diverse forms of evidence relevant to the role and experience of core midwives.

The purpose of this table is not to replicate a PRISMA flowchart, rather it aligns with the principles of an integrative review (Whittemore & Knafl, 2005). The iterative and layered approach reflects the evolving nature of literature engagement, where inclusion is determined not only by set dates but also by the relevance and resonance of studies within the research topic. Including this table was considered important to enhance transparency, trustworthiness, and credibility in the review process.

Appendix A: Summary of Reviewed Literature

Authors & country	Research title	Method	Key findings	Key themes
Aanensen, E. H., Skjoldal, K., Sommerseth, E., & Dahl, B. (2018). Norway	Easy to believe in, but difficult to carry out—Norwegian midwives' experiences of promoting normal birth in an obstetric-led maternity unit	qualitative explorative/descriptive 10 midwives 2 obstetric-led birth units	3 main themes: • personal attributes and attitudes • lack of time • focus on procedures and technology threatened the use of midwifery skills and prevented midwives from promoting normal births	*Professional autonomy*
Adcock, J. E., Sidebotham, M., & Gamble, J. (2022). Australia	What do midwifery leaders need in order to be effective in contributing to the reform of maternity services?	qualitative descriptive purposive sampling telephone interviews 13 midwifery leaders	Importance of midwifery leaders Relationships and support 'core leadership skills and education are essential' • 'motivation and commitment' • 'relationships' • 'bringing the vision to life' • support and commitment	*Leadership and collegial relationships*
Aune, I., Amundsen, H. H., & Aas, L. C. S. (2014). Norway	Is a midwife's continuous presence during childbirth a matter of course? Midwives' experiences and thoughts about factors that may influence their continuous support of women during labour.	qualitative in-depth interviews 10 midwives 2 different maternity wards	3 main themes: • relational competence • the midwife's ideology • the culture and philosophy of the maternity unit ➢ being mentally present ➢ building relationships with women ➢ perception as a 'good midwife' ➢ workload challenges and lack of time left them feeling inadequate	*Midwife/ woman relationship* *Supporting the provision of continuity of care*
Bedwell, C., McGowan, L., & Lavender, D. T. (2015). United Kingdom	Factors affecting midwives 'confidence in intrapartum care: A phenomenological study	qualitative, hermeneutic semi-structured interviews 12 midwives	Colleagues influenced: • perceived autonomy • sense of familiarity could enhance confidence • emotional intelligence	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
			• support • effective leadership • education	*Professional autonomy* *Emotional well-being, satisfaction, and sustainability*
Begley, C. (2014). Ireland	Intervention or interference? The need for expectant care throughout normal labour	literature review	Benefits of interventions Use in response to clinical need and not routine	*The balance of supporting normal birth with managing risk*
Bloxsome, D., Bayes, S., & Ireson, D. (2020). Australia	"I love being a midwife; it's who I am": A Glaserian grounded theory study of why midwives stay in midwifery	grounded theory 14 midwives	"I love being a midwife; it's who I am" "The people I work with make all the difference" • "I want to be 'with woman' so I can make a difference" • "I feel a responsibility to pass on my skills, knowledge and wisdom to the next generation"	*Midwife/woman Relationship*
Bradfield, Z., Duggan, R., Hauck, Y., & Kelly, M. (2018). Australia	Midwives being 'with woman': An integrative review	literature review	Midwifery practice and philosophy 3 themes: • "with woman" • relationships practice •	*Midwife/woman Relationship*
Bradfield, Z., Hauck, Y., Duggan, R., & Kelly, M. (2019a). Australia	Midwives' perceptions of being 'with woman': A phenomenological study	descriptive phenomenology. 31 midwives	3 main themes: • professional identity • partnership • woman-centred practice ➢ being 'with woman' ➢ midwifery practice ➢ connecting	*Midwife/woman Relationship*
Bradfield, Z., Hauck, Y., Kelly, M., & Duggan, R. (2019b). Australia	Urgency to build a connection: Midwives' experiences of being 'with woman' in a model where midwives are unknown.	descriptive phenomenological in-depth interviews 10 midwives integrative review	• building a connection • enable partnership • provide woman-centred care	*Midwife/woman Relationship*

Authors & country	Research title	Method	Key findings	Key themes
Brady, S., Lee, N., Gibbons, K., & Bogossian, F. (2019). Australia	Woman-centred care: An integrative review of the empirical literature		3 main themes: • clinical practice • maternity service • education	*Midwife/woman Relationship*
Brundell, K., Vasilevski, V., Farrell, T., & Sweet, L. (2023). Australia	Language used to describe the Australian midwifery workforce: A change opportunity to improve professional identity	article	3 main themes: • identity • skills and strengths • job satisfaction and reduce midwifery attrition	*Mitigating anxiety, stress, and burnout to improve retention*
Bunford, D., & Hamilton, S. (2019). United Kingdom	How delivery suite co-ordinators create situational awareness in the multidisciplinary team	qualitative	Creating a safe clinical environment: • fostering situational awareness • effective leadership skills • collaborative communication with the multidisciplinary team • facilitate joint decision-making and care planning	Leadership and collegial relationships
Carolan-Olah, M., Kruger, G., & Garvey-Graham, A. (2015). Australia	Midwives' experiences of the factors that facilitate normal birth among low-risk women at a public hospital in Australia	interpretative phenomenological purposive sampling 22 midwives	Obstetric models of care and midwives are employed: • risk-adverse, with high rates of intervention and caesarean section • barriers to facilitating normal birth • factors facilitating normal birth	*The balance of supporting normal birth with managing risk* *Leadership and collegial relationships*
Catling, C. J., Reid, F., & Hunter, B. (2017). Australia	Australian midwives' experiences of their workplace culture	qualitative descriptive group and individual interviews	Impact of negative environmental cultures Importance of positive workplace cultures	*Leadership and collegial relationships*
Catling, C., & Rossiter, C. (2020). Australia	Midwifery workplace culture in Australia: A national survey of midwives	national online survey of Australian midwives 322 eligible midwives 150 provided qualitative responses	3 main themes: • many midwives felt disengaged and unsupported by managers • challenges for midwifery practice • poor workplace culture resulted in ➢ limited resources ➢ poor communication ➢ time pressures ➢ lack of leadership ➢ inadequate staffing levels ➢ poor management ➢ midwives felt disempowered and despondent about their workplace	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
Catling, C., Rossiter, C., Cummins, A., & McIntyre, E. (2022a). Australia	Midwifery workplace culture in Sydney, Australia	Australian midwifery workplace descriptive statistics qualitative responses	• workplace, relationships with managers and colleagues • negative workplaces • time constraints ➢ staff resources ➢ limited autonomy ➢ impacted woman-centred care and ability to work autonomously ➢ midwives' intention to leave the profession	*Professional autonomy*
Catling, C., Donovan, H., Phipps, H., Dale, S., & Chang, S. (2022b). Australia	Group clinical supervision for midwives and burnout: A cluster randomized controlled trial	randomised controlled trial of 12 maternity sites all midwives to complete 6-monthly surveys	Clinical supervision for reducing burnout and fostering positive perceptions of workplace culture	*Mitigating anxiety, stress, and burnout to improve retention*
Clemons, J. H., Gilkison, A., Mharapara, T. L., Dixon, L., & McAra-Couper, J. (2021). New Zealand	Midwifery job autonomy in New Zealand: I do it all the time	online survey registered midwives	Core midwives' challenges • supportive positive work culture • midwifery expertise • collegial relationships • relationships with the woman/whānau	*Professional autonomy* *Midwife/woman relationship* *Emotional well-being, satisfaction, and sustainability*
Clesse, C., Lighezzolo-Alnot, J., De Lavergne, S., Hamlin, S., & Scheffler, M. (2018). France	The evolution of birth medicalisation: A systematic review	systematic literature review	• concept of medicalisation • factors • the impact of the birth medicalisation • humanisation of birth • experiences related to childbirth	*The balance of supporting normal birth with managing risk*
Coxon, K., Bisits, A., & Sandall, J. (2015). United Kingdom	Call for special issue of midwifery on risk in childbirth	editorial	rising intervention rates in obstetrics, and women with medically complex pregnancies • 'square the circle' of normality and risk • Midwives' ability to support normality • safety to women and babies	*The balance of supporting normal birth with managing risk*
Coxon, K., Homer, C., Bisits, A., Sandall, J., RM, H., & Debra Bick, R. M. (2016). United Kingdom	Reconceptualising risk in childbirth	editorial	• risk-based practice early 'just in case' • risk-averse practises ➢ unable to 'support normality' ➢ feeling fearful ➢ professional identities	*The balance of supporting normal birth with managing risk*

Authors & country	Research title	Method	Key findings	Key themes
Cramer, E., & Hunter, B. (2019). United Kingdom	Relationships between working conditions and emotional well-being in midwives	systematic search 41 papers were from 13 different high-income countries, 1 study from the World Health Organization	Labour ward - demanding and rewarding • specific skillset • workload • complex needs • emotional distress of midwives ➢ high attrition rates ➢ Burnout	*Emotional well-being, satisfaction, and sustainability*
Creedy, D. K., Sidebotham, M., Gamble, J., Pallant, J., & Fenwick, J. (2017). Australia	Prevalence of burnout, depression, anxiety and stress in Australian midwives: A cross-sectional survey	online survey 1037 respondents	• personal burnout • work-related burnout • client-related burnout. • depression, anxiety and stress. • physical and psychological exhaustion	*Mitigating anxiety, stress, and burnout to improve retention*
Cronie, D., Rijnders, M., Jans, S., Verhoeven, C. J., & de Vries, R. (2018). Netherlands	How good is collaboration between maternity service providers in the Netherlands?	online survey midwives and interprofessional	Good collaboration between health care professionals • negotiating • organisational constraints of hierarchies and scheduling suboptimal collaboration • maternal deaths • adverse incidents • negative consequences	*Leadership and collegial relationships*
Cronie, D., Perdok, H., Verhoeven, C., Jans, S., Hermus, M., De Vries, R., & Rijnders, M. (2019). Netherlands	Are midwives in the Netherlands satisfied with their jobs? A systematic examination of satisfaction levels among hospital and primary-care midwives in the Netherlands	online survey of all practising midwives (103 hospital midwives; 405 primary-care midwives	For hospital midwives: working hours per week, work/life balance, workplace agreements, potential for development, total years of experience.	*Mitigating anxiety, stress, and burnout to improve retention*
Cull, J., Hunter, B., Henley, J., Fenwick, J., & Sidebotham, M. (2020). United Kingdom	"Overwhelmed and out of my depth": responses from early career midwives in UK to the Work, Health and Emotional Lives of Midwives study (WHELM)	free text responses from midwives UK arm of the Work, Health and Emotional Lives of Midwives project	• pressure from heavy workload and poor staffing • early career midwives' burnout & intention to leave the profession • positive collegial relationships • negative working relationships • pride and self-esteem	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
			• control over their shift pattern and area of work	
Dahlen, H. G., & Caplice, S. (2014). Australia	What do midwives fear?	17 workshops held in Australia and New Zealand supporting over 700 midwives to develop skills to keep birth normal	739 fears were reported: • death of a baby (n=177) • missing something that causes harm (n=176) • obstetric emergencies (n=114) • maternal death (n=83) • being watched (n=68) • being the cause of a negative birth experience (n=52) • dealing with the unknown (n=36) • losing passion and confidence around normal birth (n=32) • consistency between the 17 groups of midwives regarding top fears held	*The balance of supporting normal birth with managing risk*
Darling, F., McCourt, C., & Cartwright, M. (2021). United Kingdom.	Facilitators and barriers to the implementation o f a physiological approach during labour and birth: A systematic review and thematic synthesis	systematic literature review 32 studies included	Dominance of risk-based approaches in obstetric units and risk-averse culture	*The balance of supporting normal birth with managing risk*
Davis, D. L., & Homer, C. S. E. (2016). Australia	Birthplace as the midwife's workplace: How does place of birth impact on midwives?	qualitative descriptive study focus group midwives in Australia and UK publicly funded maternity services providing labour and birth care in different settings	Birthplace impacts on midwives in Australia and United Kingdom: • practising with the same principles • creating ambience: controlling the environment • workplace culture: being watched • workplace culture: ‘‘busy work’’ vs ‘‘being with’’ • midwives’ response to place	*Midwife/woman relationship* *Emotional well-being, satisfaction, and sustainability*
Dawson, K., Newton, M., Forster, D., & McLachlan, H. (2018). Australia	Comparing caseload and non-caseload midwives’ burnout levels and professional attitudes: A national, cross-sectional survey of Australian midwives working in the public maternity system	national cross-sectional survey 542 responses from midwives from 111 hospitals	• 220 midwives worked in a hospital without a caseload model • midwives working in caseload had significantly lower burnout scores in the personal, client-related burnout subscale and work-related burnout subscales • midwives working within caseload had a more positive attitude, compared with both midwives working in a hospital without caseload	*Mitigating anxiety, stress, and burnout to improve retention*
Dixon, L., Guilliland, K., Pallant, J., Sidebotham, M., Fenwick, J., McAra-Couper, J., & Gilkison, A. (2017).	The emotional well-being of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings	online survey of practising midwives in New Zealand 1073 midwives responded with 44% (n=473) self-employed, 42% (n=452)	Employed midwives: • worked fewer hours • had significantly higher levels of anxiety, work, and personal-related burnout	*Professional autonomy*

Authors & country	Research title	Method	Key findings	Key themes
New Zealand		employed, and 14% (n=148) both self-employed and employed	• lower levels of autonomy, empowerment, and professional recognition Associated with burnout • inadequacy of resources • lack of management support • lack of professional recognition • lack of development opportunities	*Emotional well-being, satisfaction, and sustainability* *Mitigating anxiety, stress, and burnout to improve retention*
Doherty, J., & O'Brien, D. (2022a). Ireland	A participatory action research study exploring midwives' understandings of the concept of burnout in Ireland	a 2-phase participatory action research study	Midwives defined burnout as: • persistent stress and exhaustion • reduced individual coping abilities • reduced motivation • lacking empathy • and/or efficacy is unique to the individual and is primarily, in the midwifery context, caused and inextricably linked to excessive workload	*Mitigating anxiety, stress, and burnout to improve retention*
Doherty, J., & O'Brien, D. (2022b). Ireland	Reducing midwife burnout at organisational level—Midwives need time, space and a positive work-place culture	participatory action research study 21 practising midwives	Recommendations, to reduce or prevent burnout • improving workplace culture • increasing support and acknowledgement • offering time and space for debriefing and reflection • regular rotation of staff Consistent staff shortages are a barrier	*Mitigating anxiety, stress, and burnout to improve retention*
Doherty, J., & O'Brien, D. (2023). Ireland	Giving of the self and Midwife Burnout–An exploration of the consequences of being 'with woman' and how individual midwives can reduce or prevent burnout	action research study 21 practising midwives	Specific characteristics of burnout: • younger • less experienced midwives Need for: ➢ self-awareness ➢ basic self-care skills	*Mitigating anxiety, stress, and burnout to improve retention*
Duhigg, C. (2016). United States of America	What Google learned from its quest to build the perfect team	data review	• understanding and influencing group norms were the keys to improving Google's teams • the right norms could raise a group's collective intelligence	*Leadership and collegial relationships*
Fenwick, J., Sidebotham, M.,	The emotional and professional well-being of Australian midwives: A comparison between those providing	online survey	• continuity lower scores burnout subscales • higher scores Autonomy/Empowerment subscale	*Mitigating anxiety, stress, and burnout to improve retention.*

Authors & country	Research title	Method	Key findings	Key themes
Gamble, J., & Creedy, D. K. (2018). Australia	continuity of midwifery care and those not providing continuity	862 midwives working in continuity (n=214) & not working in continuity (n=648) data collected as part of the Australian arm of (Work, Health and Emotional Life of Midwives (WHELM study)	• no difference between the groups in terms of satisfaction with time off and work-life balance • midwives working in shift-based models providing fragmented care are at greater risk of psychological distress	
Fenwick, J., Lubomski, A., Creedy, D. K., & Sidebotham, M. (2018). Australia	Personal, professional and workplace factors that contribute to burnout in Australian midwives	online survey 1,037 responses were received and 990 analysed	• high prevalence of moderate to severe personal (n=643; 64.9%) and work-related burnout • midwives reported a lack of satisfaction with work–life balance were also more likely to report personal and work-related burnout • family-friendly work environments work–life balance	*Mitigating anxiety, stress, and burnout to improve retention*
Foster, W., McKellar, L., Fleet, J.-A., & Sweet, L. (2021). Australia	Exploring moral distress in Australian midwifery practice	Qualitative semi-structured interviews 14 midwives	3 key themes identified: • experiencing moral compromise • experiencing moral constraints, dilemmas and uncertainties • professional and personal consequences	*Emotional well-being, satisfaction, and sustainability*
Gabriel, L., Reed, R., Broadbent, M., & Hastie, C. (2023). Australia	"I didn't feel like I could trust her and that felt really risky": A phenomenographic exploration of how Australian Midwives describe intrapartum risk	phenomenographic in-depth semi-structured interviews 14 midwives	Intrapartum risk Women labelled as high-risk Challenges within the midwife-woman relationship	*The balance of supporting normal birth with managing risk*.
Garner, J., Murray, S., & Parisaei, M. (2019). United Kingdom	Prioritisation on labour ward	review article	• complexities of working on labour ward and priorities to management • specific skillset • maintaining situational awareness • quality handover • members know who each member of the team is, and their level of experience • decision-making • the 'helicopter' view • skills of prioritisation and time management • SBAR communication tool and safety huddles	*Professional autonomy* *Leadership and collegial relationships* *Mitigating anxiety, stress, and burnout to improve retention*
Geraghty, S., Speelman, C., & Bayes, S. (2019).	Fighting a losing battle: Midwives experiences of workplace stress	grounded theory	• 'Fighting a Losing Battle' • practice environments as 'war like' work-related stress	*Professional autonomy*

Authors & country	Research title	Method	Key findings	Key themes
Australia		21 in-depth individual face-to-face interviews with registered midwives	• opportunities to 'do' midwifery • stressful environmental	*Emotional well-being, satisfaction, and sustainability*
Gilkison, A., McAra-Couper, J., Fielder, A., Hunter, M., & Austin, D. (2017). New Zealand	The core of the core: What is at the heart of hospital core midwifery practice in New Zealand?	qualitative descriptive 22 core midwives	Core midwives highlight: • the importance of effective relationships with woman, whānau, colleagues and managers • build unique and specific skills: ➢ connecting quickly with women ➢ anticipating ahead to keep women safe ➢ managing complexity ➢ being prepared for everything ➢ managing a unit ➢ flexibility and adaptability in work ➢ midwives felt invisible and undervalued at times	*Professional autonomy* *Leadership and collegial relationships* *Emotional well-being, satisfaction, and sustainability* *Supporting the provision of continuity of care*
Grigg, C. P., & Tracy, S. K. (2013). New Zealand	New Zealand's unique maternity system	discussion paper	Describes New Zealand's maternity system: • continuity of care • home and hospital: antenatal, labour, and postnatal • primary and secondary care • woman-centred • autonomous practitioners	*Supporting the provision of continuity of care* *Mitigating anxiety, stress, and burnout to improve retention*
Harmsen van der Vliet-Torij, H. W., van Heijningen-Tousain, H. J., Wingelaar-Loomans, E., Engeltjes, B., Steegers, E. A., Goumans, M. J., & Posthumus, A. G. (2024). Netherlands	Tasks and responsibilities of clinical midwives in Dutch	Cross-sectional national survey 412 midwives in 77 hospitals	Highlighted current tasks and responsibilities of hospital-based midwives. • Midwifery training focused on primary care and physiological birth • Provision of care for women with complex pathologies • "on the job" learning	*The balance of supporting normal birth with managing risk*
Harris, J., Beck, M. S., Ayers, N., Bick, D., Lamb, M. B. W., Aref-Adib, M. M., Kelly, T., Green, J. S. A., & Taylor, C. (2022).	Improving teamwork in maternity services: A rapid review of interventions	scoping review	10 interventions ➢ 6 training courses ➢ 3 involving observational or diagnostics instruments ➢ 1 focused on teamwork in obstetric	*Leadership and collegial relationships*

Authors & country	Research title	Method	Key findings	Key themes
United Kingdom				
Harvie, K., Sidebotham, M., & Fenwick, J. (2019). Australia	Australian midwives' intentions to leave the profession and the reasons why	qualitative and quantitative data part of the Australian arm of Work, Health and Emotional Life of Midwives (WHELM) project	Almost half considered leaving the profession: • 'dissatisfaction with the organisation of midwifery care' • and/or 'dissatisfaction with my role as a midwife' ➢ early career midwives most likely to consider leaving the profession ➢ were dissatisfied with managers ➢ constrained by a fragmented medicalised system	*Emotional well-being, satisfaction, and sustainability* *Mitigating anxiety, stress, and burnout to improve retention* *Midwife/woman relationship*
Healy, S., Humphreys, E., & Kennedy, C. (2016). Ireland	Midwives' and obstetricians' perceptions of risk and its impact on clinical practice and decision-making in labour: An integrative review	integrative review	Assumption of abnormality in the birthing process unnecessary intervention and surveillance 2 sub-themes: ➢ risk perception ➢ personal fears and values	*The balance of supporting normal birth with managing risk*
Healy, S., Humphreys, E., & Kennedy, C. (2017). Ireland	A qualitative exploration of how midwives' and obstetricians' perception of risk affects care practices for low-risk women and normal birth	qualitative semi-structured interviews purposive sample of 25 midwives and obstetricians	Progressive culture of risk and medicalisation • professional autonomy and hierarchy • midwifery-led care • risk management • 'risk-lens'	*The balance of supporting normal birth with managing risk*
Henriksen, L., & Lukasse, M. (2016). Norway	Burnout among Norwegian midwives and the contribution of personal and work-related factors: A cross-sectional study	cross-sectional study: 1500 midwives 598 completed	• long-term exposure to personal and/or work-related • younger and single midwives	*Mitigating anxiety, stress, and burnout to improve retention*
Hildingsson, I., Fahlbeck, H., Larsson, B., & Johansson, M. (2023). Sweden	How midwives' perceptions of work empowerment have changed over time: A Swedish comparative study	comparative cross-sectional cohort study of national samples of midwives 475 midwives recruited	• perception of their skills and education • advocating for and empowering women • support from team and manager • midwifery-led practice • communication with managers • lack of professional recognition • younger age, shorter work experience and working in labour wards or postnatal wards lower perceptions of empowerment	*Leadership and collegial relationships* *Professional autonomy*

Authors & country	Research title	Method	Key findings	Key themes
Hildingsson, I., Westlund, K., & Wiklund, I. (2013). Sweden	Burnout in Swedish midwives	Survey random sampling 1000 midwives 475/978 eligible midwives (48.6%) returned the questionnaire	• midwives' age <40 years, work • 1:3 midwives had considered leaving the profession • lack of staff and resources • variables ➢ work mates' conflict and/ or managers ➢ worries about the future ➢ worries about own health	*Emotional well-being, satisfaction, and sustainability* *Mitigating anxiety, stress, and burnout to improve retention*
Hunter, M. (2017). New Zealand	What enables safeguards and sustains midwives who provide labour care in primary units in Aotearoa-New Zealand	doctoral study	• collegial support • confidence and trust overrides fear secondary/tertiary region in a manner that holds understanding and respect	*Leadership and collegial relationships*
Hunter, B., Fenwick, J., Sidebotham, M., & Henley, J. (2019). United Kingdom	Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors	online survey 1997 midwives responded to the survey, representing 16% of the RCM membership	Significant levels of emotional distress: • 83% personal burnout • 67% work-related burnout • client-related burnout 15.5% • high levels of burnout, depression, anxiety, and stress > 40years & < 10 years experience	*Emotional well-being, satisfaction, and sustainability* *Mitigating anxiety, stress, and burnout to improve retention*
Hunter, B., & Warren, L. (2014). United Kingdom	Midwives' experiences of workplace resilience	exploratory qualitative descriptive study	Workplace adversity: • national shortage of midwives • rising birth rate • increased rates of women with complex care needs • managing and coping • self-awareness • building resilience	*Emotional well-being, satisfaction, and sustainability*
Jordan, K., Fenwick, J., Slavin, V., Sidebotham, M., & Gamble, J. (2013). Australia	Level of burnout in a small population of Australian midwives	questionnaire all registered midwives (n=110)	• almost 30% moderate - high levels of burnout • 50% personal burnout and work-related burnout Differences • years of experience • area of work • employment position and work area	*Mitigating anxiety, stress, and burnout to improve retention* *Emotional well-being, satisfaction, and sustainability*
Kirkham, M. (2015). United Kingdom	Midwives' working time: Propping up the system within the NHS	report to date	• culture and organisation of the workplace • a controlling workplace	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
Kruger, G. B., & McCann, T. V. (2018). Australia	Challenges to midwives' scope of practice in providing women's birthing care in an Australian hospital setting: A grounded theory study	grounded theory 17 midwives semi-structured interviews	Promoting normal birthing: • midwife-led scope of practice • promoting and maintaining healthy birthing • optimising scope of practice	*Midwife/woman Relationship* *The balance of supporting normal birth with managing risk*
Lukasse, M., & Pajalic, Z. (2016). Norway	Norwegian midwives' perceptions of empowerment	cross-sectional study 1500 midwives were sent a questionnaire, 1458 were eligible	Facilitated by: • supportive management • autonomous professional role • equipped for practice	*Mitigating anxiety, stress, and burnout to improve retention*
Lewis, L., Barnes, C., Roberts, L., McLeod, L., Elliott, A., & Hauck, Y. L. (2020). Australia	The practice reality of ward-based midwifery care: An exploration of aspirations and restrictions	qualitative descriptive study focus groups	Midwives' frustrations: • compromised by the practice realism of the ward • working environment • emotional distress carrying a burden. • two burdens disengagement and what have I missed?	*Midwife/woman relationship* *Supporting the provision of continuity of care*
Lundborg, L., Andersson, I.-M., & Höglund, B. (2019). Sweden	Midwives' responsibility with normal birth in interprofessional teams: A Swedish interview study	explorative, descriptive, and qualitative design focus group interviews 20 midwives working in interprofessional teams in labour wards in mid Sweden	Responsible • knowledge and experience, expertise • continuous support Challenges • undermined by obstetricians • lack of midwives • stressful working environments	*Supporting the provision of continuity of care* *Emotional well-being, satisfaction, and sustainability*
Marshall, J. L., Spiby, H., & McCormick, F. (2015). United Kingdom	Evaluating the 'Focus on Normal Birth and Reducing Caesarean section Rates Rapid Improvement Programme': A mixed methods study in England	mixed methods 20 participating hospital trusts semi-structured telephone interviews	Caesarean section rates included: • a shared philosophy prioritising normal birth • clear communication across disciplines • strong leadership	*The balance of supporting normal birth with managing risk*
Matthews, R. P., Hyde, R. L., Llewelyn, F., Shafiei, T., Newton, M. S., & Forster, D. A. (2022). Australia	Who is at risk of burnout? A cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia.	cross-sectional survey of permanently employed midwives tertiary maternity service in Melbourne 257/266 midwives (97%) responded and identified individual and workforce characteristics, and	Burnout affects: • physical and mental health • job satisfaction • quality of work • exhaustion and fatigue • 68% experiencing personal burnout	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
		occupational stressors associated with burnout	• 51% work-related burnout • 10% client-related burnout • aged ≤ 35 years • inadequate support and acknowledgement	
Matthews, R., Hyde, R., Llewelyn, F., Shafiei, T., Newton, M., & Forster, D. A. (2022). Australia	Factors associated with midwives' job satisfaction and experience of work: A cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia	online cross-sectional questionnaire surveyed midwives employed in a tertiary hospital in 2017 73% response rate; 96% permanently employed midwives responded	• leadership and mentorship • acknowledgement and support • negative attitude about professional support and client interaction • professional development ➢ inadequate acknowledgment ➢ needing more support	*Mitigating anxiety, stress, and burnout to improve retention*
Matthews, M. R., Forster, D., Hyde, M. R., McLachlan, H., Newton, M., Mumford, M. S., … & Cullinane, M. (2022c). Australia	The state of the midwifery workforce in Victoria–a population-based cross-sectional study of maternity managers and midwives	online, population-based cross-sectional survey 56% managers of Victorian maternity services and 20% midwives	• 1:5 midwives unsure stay in the midwifery profession, over a quarter leave the profession in the next 5-years • almost 40% of midwives thinking about leaving the profession • 73% reported difficulties in recruiting midwives	*Mitigating anxiety, stress, and burnout to improve retention*
Mharapara, T. L., Staniland, N., Stadler, M., Clemons, J. H., & Dixon, L. (2021). New Zealand	Drivers of job satisfaction in midwifery—A work design approach	latent multiple regressions were performed on data 327 LMC, 255 employed midwives, 123 in 'mixed-roles'	Midwives' job characteristics satisfaction: • decision-making autonomy • empowerment • professional recognition	*Emotional well-being, satisfaction, and sustainability*
Mharapara, TL., Clemons, J. H., Greenslade-Yeats, J., Ewertowska, T., Staniland, N. A., & Ravenswood, K. (2022). New Zealand	Toward a contextualized understanding of well-being in the midwifery profession: An integrative review	integrative review	• well-being in the midwifery profession • responsible for their own well-being	*Emotional well-being, satisfaction, and sustainability*
Miller, S., & Bear, R. J. (2019). Australia	Midwifery partnership.	book chapter	Partnership benefits: • mutually negotiated relationships • openness • self-awareness • reflexive • knowing and supporting women's choices	*Midwife/woman relationship*

Authors & country	Research title	Method	Key findings	Key themes
			• improves outcomes for women and babies	
Miller, S., Abalos, E., Chamillard, M., Ciapponi, A., Colaci, D., Comandé, D., ... & Althabe, F. (2016). World Health Organization, Geneva, Switzerland	Beyond too little, too late and too much, too soon: A pathway towards evidence-based, respectful maternity care worldwide	article in a systematic review of evidence-based clinical practice guidelines	• right amount of care at right time • respects, protects, and promotes human rights Concerns: • too little, too late • too much, too soon	*The balance of supporting normal birth with managing risk*
Mollart, L., Skinner, V. M., Newing, C., & Foureur, M. (2013). Australia	Factors that may influence midwives work-related stress and burnout	all registered midwives (n=152) working in 2 public hospital maternity units within the same health service district	Significant differences burnout levels.: • years in the profession • shifts worked • midwife's workload • midwife's uptake of physical exercise • ^ profession and exercised less	*Mitigating anxiety, stress, and burnout to improve retention*
Moran, L., Foster, K., & Bayes, S. (2023).	What is known about midwives' well-being and resilience?	integrative review of international literature.	Identified factors to promote well-being and satisfaction • Importance of supportive workplace • Strong leadership • Collegial relationship	*Emotional well-being, satisfaction, and sustainability*
Newton, M., Dawson, K., Forster, D., & McLachlan, H. (2021). Australia	Midwives' views of caseload midwifery–comparing the caseload and non-caseload midwives' opinions. A cross-sectional survey of Australian midwives	national cross-sectional survey of midwives in public hospitals providing birthing services response rate 14% midwives from 111 hospitals	Barrier of on-call work Positive influencing factors: • flexibility • autonomy • building relationships • exposure to the model provides insight into understanding how the model works, which can positively or negatively influence midwives' views	*Mitigating anxiety, stress, and burnout to improve retention*
Newton, M. S., McLachlan, H. L.,	Understanding the 'work 'of caseload midwives: a mixed-methods	Mixed-methods approach	Caseload midwifery was a 'different' way, involving activity-based work, working on-call, fluid navigation between work and personal time and avoiding burnout. Caseload midwives to be 'real' midwifery,	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
Forster, D. A., & Willis, K. F. (2016). Australia	exploration of two caseload midwifery models in Victoria, Australia	caseload midwives and midwives working in 2 standard level models at 2 hospitals		
Nilsson, C., Olafsdottir, O. A., Lundgren, I., Berg, M., & Dellenborg, L. (2019). Sweden	Midwives' care on a labour ward prior to the introduction of a midwifery model of care: A field of tension	ethnographic	Challenges to midwives' autonomy Medical and institutional needs Contrasting models of care	*Professional autonomy* *Emotional well-being, satisfaction, and sustainability*
Norris, M. (2017). New Zealand	What works well at the interface of midwifery care handover: A qualitative study	qualitative 7 midwives	• professional relationships • trust and respect • working collaboratively • effective communication	*Leadership and collegial relationships*
O'Riordan, S., O'Donoghue, K., & McNamara, K. (2020). Ireland	Interventions to improve well-being among obstetricians and midwives at Cork University Maternity Hospital	survey: all doctors in training (n=28) & midwives (n=69) working in delivery suite; tertiary university teaching maternity hospital	Well-being was assessed by measuring burnout, compassion fatigue, and perceived stress 6-months post- intervention: • posters promoting self-care • team bonding sessions, • end of shift meetings	*Mitigating anxiety, stress, and burnout to improve retention*
Peterwerth, N. H., Halek,M., & Schaefers, R. (2022). Germany	Intrapartum risk perception–a qualitative exploration of factors affecting the risk perception of midwives and obstetricians in the clinical setting	qualitative focus 24 midwives and obstetricians providing labour care in the clinical setting	Risk is described as the "possibility of unintended and negative consequences of decisions or actions" Midwives and obstetricians: • individual perception • dyad of obstetric health professional & woman • part of a team • part of an institution. Topics of risk factors: • structural and organisational • lack of staff • excessive workload	*The balance of supporting normal birth with managing risk*
Prowse, J., & Prowse, P. (2015). United Kingdom	Flexible working and work–life balance: Midwives' experiences and views	report article	Important • positive and negative consequences • working full-time / those without caring commitments felt disadvantaged to fit their work around the part-timers • expected to cover extra work • discontentment and resentment	*Mitigating anxiety, stress, and burnout to improve retention*

Authors & country	Research title	Method	Key findings	Key themes
			• important for recruiting and retaining midwives	
Pugh, J. D., Twigg, D. E., Martin, T. L., & Rai, T. (2013). Australia	Western Australia facing critical losses in its midwifery workforce: A survey of midwives' Intentions	cross-sectional survey 1,600 midwives employed in the public and private health sectors throughout Western Australia were invited to participate: 712 responded (44.5%), 1/5 of the State's registered midwives.	Almost half moving jobs and/or leaving midwifery within next 5-years Intending to move jobs: • family commitments • working conditions • role dissatisfaction Intending to leave midwifery: ➢ retirement age ➢ poor workplace culture ➢ work-life balance ➢ career change ➢ family commitments Improve midwifery retention: ➢ flexible work arrangements and workloads ➢ remuneration ➢ staffing ➢ caseload ➢ workplace culture ➢ accessible professional development ➢ models of care to strengthen midwives' relationships with clients and colleagues	*Mitigating anxiety, stress, and burnout to improve retention*
Reiger, K., & Lane, K. (2013). Australia	'How can we go on caring when nobody here cares about us?' Australian public maternity units as contested care sites	qualitative interviews and observational methods	Midwifery identity and work ideals. • 'uncaring' workplaces • 'moral distress' associated with managing conflicting expectations in health workplace	*Emotional well-being, satisfaction, and sustainability*
Renfrew, M. J., McFadden, A., Bastos, M. H., Campbell, J., Channon, A. A., Cheung, N. F., Silva, D. R. A. D.,	"Midwifery and quality care: Findings from a new evidence-informed framework for maternal and newborn care	mixed-methods approach	• efficient use of resources • improved outcomes • midwives educated, trained, licensed, regulated • effective interdisciplinary teamwork and integration across facility and community settings	*The balance of supporting normal birth with managing risk*

Authors & country	Research title	Method	Key findings	Key themes
Downe, S., Kennedy, H. P., & Malata, A. (2014). United Kingdom				
Renfrew, M.J. (2021). Scotland	Scaling up care by midwives must now be a global priority	Article	Potential of midwives to save lives and optimise physiological birth Scope and knowledge of midwives educated	*The balance of supporting normal birth with managing risk*
Robertson, L., Knight, H., Prosser-Snelling, E., Petch, E., Knight, M., Cameron, A., & Alfirevic, Z. (2018). United Kingdom	Each baby counts– lessons learned and future directions	eligible babies include those born at term following labour with stillbirth, Neonatal death, or brain injury	Local units to address • systematic failings • resources to support units • shared learning between units	*Leadership and collegial relationships*
Romijn, A., Teunissen, P. W., de Bruijne, M. C., Wagner, C., & de Groot, C. J. (2018). Netherlands	Interprofessional collaboration among care professionals in obstetrical care are perceptions aligned?	cross-sectional study	Interprofessional collaboration Obstetricians, clinical midwives, nurses, and primary care midwives	*Leadership and collegial relationships*
Russell, K. (2018). Multi country	Factors that support change in the delivery of midwifery led care in hospital settings. A review of current literature	narrative review of literature 8 papers from UK, Sweden, Canada, Australia	• clinical leadership • role of the midwife as the practitioner of normal childbirth	*Professional autonomy* *The balance of supporting normal birth with managing risk* *Leadership and collegial relationships*
Scamell, M. (2016). United Kingdom	The fear factor of risk–clinical governance and midwifery talk and practice in the UK	ethnographic	risk management fear factor of risk impacts midwifery practice	*The balance of supporting normal birth with managing risk* *Midwife woman Relationship*
Shallow, H. E., Deery, R., & Kirkham, M. (2018). United Kingdom	Exploring midwives' interactions with mothers when labour begins: A study using participatory action research	participatory action research 72 participants: 28 midwives	3 themes: • 'formulaic discourse as self-protection' • 'one to one or one to everyone'	

Authors & country	Research title	Method	Key findings	Key themes
			• 'interactions and time'	*The balance of supporting normal birth with managing risk*
Sheehy, A., Smith, M. R., Gray, J., & Ao, C. H. (2021). Australia	Understanding workforce experiences in the early career period of Australian midwives: Insights into factors which strengthen job satisfaction	qualitative in-depth semi-structured interviews 28 midwives	• 'sinking and swimming' • 'needing a supportive helping hand' • 'being a midwife … but' • job satisfaction • scope of practice • midwife-woman relationship	*Mitigating anxiety, stress, and burnout to improve retention*
Sidhu, R., Su, B., Shapiro, K. R., & Stoll, K. (2020). Canada	Prevalence of and factors associated with burnout in midwifery: A scoping review	scoping review 27 articles	• high workload • exposure to traumatic events • fewer years in practices Organisational support: • improve work-life balance and emotional well-being • continuing education awareness	*Mitigating anxiety, stress, and burnout to improve retention.*
Skinner, J., & Maude, R. (2016). New Zealand	The tensions of uncertainty: Midwives managing risk in and of their practice	critical realistic approach using mixed methods	The model is a 3-legged birth stool for the midwife which describes how she makes sense of risk in practice. The seat of the stool is being with women legs are 'being a professional', 'working the system', and 'working with complexity'. The struts which hold the stool together are 'story telling'	*The balance of supporting normal birth with managing risk*
Spendlove, Z. (2018). United Kingdom	Risk and boundary work in contemporary maternity care: Tensions and consequences	ethnographic	"Risk work" impact on obstetricians and midwives	*The balance of supporting normal birth with managing risk*
Stodart, K. (2014). New Zealand	Staffing woes cut hospital midwives to the core	report in NZCOM journal	Stresses and demands of midwifery Complexity and acuity of pregnant mothers Low morale, stressed, and exhausted staff	*Mitigating anxiety, stress, and burnout to improve retention*
Tobiasson, M., & Lyberg, A. (2019). Norway	Fear of childbirth from the perspective of midwives working in hospitals in Norway: A qualitative study	qualitative descriptive and explorative study 18 midwives focus groups	Fear of childbirth • desire to protect and help • "being present" • "being alone" • clinical supervision	*Supporting the provision of continuity of care*

Authors & country	Research title	Method	Key findings	Key themes
Walsh, D., Spiby, H., Grigg, C. P., Dodwell, M., McCourt, C., Culley, L., Bishop, S., Wilkinson, J., Coleby, D., & Pacanowski, L. (2018). United Kingdom	Mapping midwifery and obstetric units in England	National survey	• Most low-risk women continue to birth in OU • Increased risk caesarean birth • Increased rates of interventions • maternal satisfaction is decreased	*The balance of supporting normal birth with managing risk*
Watkins, V., Nagle, C., Kent, B., Street, M., & Hutchinson, A. D. A. (2022). Australia	Labouring together: Clinicians' experiences of "working together to get the best outcomes" in maternity care	mixed-methods multi-site case study approach cross-sectional surveys	• shared decision making • collaborative teamwork. • midwives' positive attitude • positive role-modelling • interprofessional respect and trust	*Leadership and collegial relationships*
Watkins, V., Nagle, C., Yates, K., McAuliffe, M., Brown, L., Byrne, M., & Waters, A. (2023). Australia	The role and scope of contemporary midwifery practice in Australia: A scoping review of the literature	scoping review	Key themes: • partnership with women • the professional role of the midwife • contextual influences upon midwifery practice • balance of risk avoidance in childbearing • challenges for midwives working within the hospital • midwifery support for professional autonomy	*Midwife/woman relationship*
Whittaker, D. (2020). Ireland	Midwives experience of providing midwifery care following their involvement in an obstetric emergency	qualitative design face to face semi-structured qualitative interviews 10 midwives	3 themes: • 'I wasn't coping great even though nobody would've seen' • 'there's no doubt it has affected my practice' • 'lack of midwifery management support'	*Emotional well-being, satisfaction, and sustainability*
Yoshida, Y., & Sandall, J. (2013). United Kingdom	Occupational burnout and work factors in community and hospital midwives	statistical analysis of survey data from all midwives working at one Hospital Trust in England (n=238) multiple regression analysis	(1) high levels of occupational autonomy were a key protective factor of burnout; (2) working hours were positively associated with burnout; (3) support for work-life-balance from the Trust had a significant protective effect on the levels of burnout	*Emotional well-being, satisfaction, and sustainability* *Mitigating anxiety, stress, and burnout to improve retention*

Appendix B: Ethical Approval

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

11 November 2020

Andrea Gilkison
Faculty of Health and Environmental Sciences

Dear Andrea

Re Ethics Application: **20/321 An exploration of the work of core hospital midwives in the New Zealand Maternity service: An appreciative inquiry study with a hermeneutic lens**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 11 November 2023.

Non-Standard Conditions of Approval

1. Send through an up-to-date version of the Information Sheet for AUTEC records

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be reviewed by AUTEC before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: Tracy.walker@aut.ac.nz

Appendix C: Study Advertisement

RESEARCH STUDY ON CORE MIDWIVES

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Research participants needed:

Are you a registered midwife who works in a secondary or tertiary birthing unit in New Zealand, and would you be interested in helping us understand what is the work of core midwives and what facilitates their role in everyday practice?

Your information will contribute to an understanding of what core midwives do with respect to how they work in everyday life, the importance of what they do and the essential skills needed to provide the midwifery care.

Your information will be confidential and there is no identifiable risk to you participating. The interview will be via Zoom or in person (dependent on location and travel restrictions.)

If you are interested, please contact me for further information:

tracy.walker@aut.ac.nz or 021 133 8511

Appendix D: Participant Information Sheet

Participant Information Sheet

You are invited to take part in this research. Please read this information before deciding whether or not to take part.

Project Title

An exploration of the work of core hospital midwives in the New Zealand maternity service: An appreciative inquiry study with a hermeneutic lens.

An Invitation

Kia ora, my name is Tracy Walker, I am currently a MDES (Midwifery Development and Education Service) midwife working in Auckland (joint appointment through Auckland University of Technology and Counties Manukau Health). I also work bureau as a midwife for Counties Manukau Health. I wish to invite core midwives working in New Zealand' s large maternity hospitals to take part in this study exploring the important work of core midwives. The study is part of the researcher's Doctor of Health Science degree. at AUT university. My supervisors are Dr Andrea Gilkison and Dr Marion Hunter. Your participation in this study is voluntary and whether you choose to participate or not will neither advantage nor disadvantage you. You may withdraw at any time prior to completion of the interview.

What is the purpose of this research?

This research study is looking at the work core hospital midwives do, how their role is facilitated and to identify the information needed to sustain their role in the future. Ultimately the aims of the study include to understand the role of the core midwife, to capture the specific skills, attributes and expertise of core midwives, to inform education programmes and midwifery and maternity managers regarding the role of the core midwife. It will also provide a resource for those considering core midwifery as a profession. The findings of this research may be used for academic publications and presentations.

How was I identified and why am I being invited to participate in this research?

You may have seen an advertisement inviting employed core midwives in New Zealand to take part in this study. Information to participate and contact details were on the advertisement regarding this study from the Midwifery Employee Representation Advisory Service (MERAS). The purpose of undertaking this study is to reveal the work of core midwives and to establish what facilitates their role in large hospitals.

The inclusion criteria for this study will be core midwives currently employed within New Zealand who work in either secondary or tertiary hospital birthing units with at least 1 year of midwifery experience. This includes charge midwives and those currently not practising (including those on maternity or parental leave, study break, retired or left midwifery within the last 3 years and therefore not practising).

The exclusion criteria includes employed core midwives under 1 year of midwifery experience which includes the midwives undertaking the Midwifery First Year of Practice (MFYP), those midwives who do not work in birthing units and any midwife with whom I have a line- management relationship or works closely within a supervisory capacity (this includes midwives undertaking MFYP, returning to practice midwives or updating their scope of practice on birthing suite whom I would normally work with due to my role.)

How do I agree to participate in this research?

An information letter will be sent to you and if you agree to take part in this study, you will be interviewed by myself (Tracy Walker), either face to face or via zoom depending on location and Covid restrictions as per the Ministry of Health Guidelines. If face to face a consent form will be provided for you to complete before the interview commences. If on zoom, then a verbal consent will be audio recorded separately from the interview. The interview will be audio recorded digitally with your consent.

Your participation in this research is voluntary. You can choose not to answer any question or stop the interview at any time. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

If you decide to take part in this study this will involve you taking part in an interview. The interview is expected to take approximately 1 hour. Opportunity will be given to ask questions and a consent form will be completed before the interview begins. If Māori participants would like the support of a Māori midwife during the interview this is available.

You will be asked questions exploring the work of the core midwife, what facilitates your role and what the ideal for the future looks like for core midwives. The information is confidential, and your identity will not be revealed in any documents, reports or presentations. The interview will be recorded digitally and transcribed by a transcriber who has signed a Confidentiality Agreement. The information will be transcribed and returned to you if requested. The interview transcripts and any summaries from the study will be stored on a password protected site and only accessed by the researcher and the supervisors for this study.

What are the discomforts and risks?

We do not anticipate any risks to you from taking part in this study. However, sometimes sharing your thoughts, opinions and experiences may make a person feel uncomfortable. Should counselling be required this will be available through AUT University.

How will these discomforts and risks be alleviated?

AUT Health Counselling and Wellbeing offers three free sessions of confidential counselling support for adult participants who live in Auckland in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling. If outside of Auckland, counselling from the Employment Assistance Programme (EAP) will be available through your DHB.

Employees do not have to seek permission from their employer to access the programme, they can seek help directly by calling free to EAP services 0800 327 669. The employee assistance programme service is totally confidential. EAP Services strictly adheres to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

What are the benefits?

The study will highlight the work of the core midwife and identify factors as to how their role may be facilitated within the hospital environment to support and sustain current and future core midwives throughout New Zealand. This research study is part of the Doctor of Health Science degree.

How will my privacy be protected?

The participant's identity is confidential and will not be revealed in any reports or presentations (pseudonyms will be used). No data will be collected about ethnicity or place of work. The Māori Midwife Liaison Advisor will complete the Appendix D confidentiality agreement if they attend for interview. Information provided in the interview specifically any information about your practice will be confidential. The transcripts from the interview will only be seen by the researcher (self), my supervisors or the transcriber (who is required to complete a confidentiality form). The participant's identity and contact details plus the transcripts, audio recording and summaries will be stored in a password protected site.

What are the costs of participating in this research?

The only cost to the participant is their time. The interview is expected to last approx 1 hour.

What opportunity do I have to consider this invitation?

2 weeks will be given to consider this invitation.

Will I receive feedback on the results of this research?

If requested a summary of the findings will be provided and sent via email.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Andrea Gilkison, 09 921 9999 ext 7720

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Tracy Walker 0211338511

Project Supervisor Contact Details:

Andrea Gilkison, 09 921 9999 ext 7720

Approved by the Auckland University of Technology Ethics Committee on type the date final ethics approval was granted, AUTEC Reference number type the reference number.

Consent Form

For use when interviews are involved.

Project title: **An exploration of the work of core hospital midwives in the New Zealand maternity service: An appreciative inquiry study with a hermeneutic lens.**

Project Supervisor: ***Dr Andrea Gilkison, Dr Marion Hunter***

Researcher: ***Tracy Walker***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated ____/__/__
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on *type the date on which the final approval was granted* ***AUTEC Reference number*** *type the AUTEC reference number*

Note: The Participant should retain a copy of this form.

Appendix F: Interview Questions

Proposed questions: Formulated using the Appreciative Inquiry framework

Discovery: "What gives life?"

What was the best day you have ever had as a core midwife? What made it the best? What are the positive aspects?

Tell me how you make a positive difference within your role?

What do you value most about being a core midwife?

What do you see as the key skills you need as a core midwife, the ones you use every day?

Tell me about the positive aspects of a typical day as a core midwife, what do you enjoy doing?

Tell me about the most positive professional relationship you have had at work, what made it positive and why?

If you could only teach one thing to a core midwife, what would it be and why?

Tell me about a time when you made a positive contribution or difference to your practice?

What are the necessary qualities and attributes of a core midwife?

Tell me about a time when you felt most engaged at work and what facilitated this?

Tell me what 3 things are important to help you undertake your role?

Dream: "What could be?" Creating a vision of a preferred future

if you could make your "dream" of the future for the core midwife come true, what would it look like?

Design: "What should be?" Proposing what the ideal would look like

If the maternity service was managed by you, what changes would you make to facilitate the core midwife to undertake their role?

Destiny: "What will be?" Strengthening the concept and sustaining momentum for positive change; innovating what will be

This will be evident from the data produced.

Appendix G: Transcriptionist Confidentiality Agreement

Confidentiality Agreement

For someone transcribing data, e.g. audio-tapes of interviews and for Māori midwife liaison

Project title: **An exploration of the work of core hospital midwives in the New Zealand maternity service: An appreciative inquiry study with a hermeneutic lens.**

Project Supervisor: ***Dr Andrea Gilkison, Dr Marion Hunter***

Researcher: ***Tracy Walker***

- ○ I understand that all the material I will be asked to transcribe is confidential.
- ○ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ○ I will not keep any copies of the transcripts nor allow third parties access to them.

Signature: .....

Name: .....

Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Project Supervisor's Contact Details (if appropriate):

Dr Andrea Gilkison

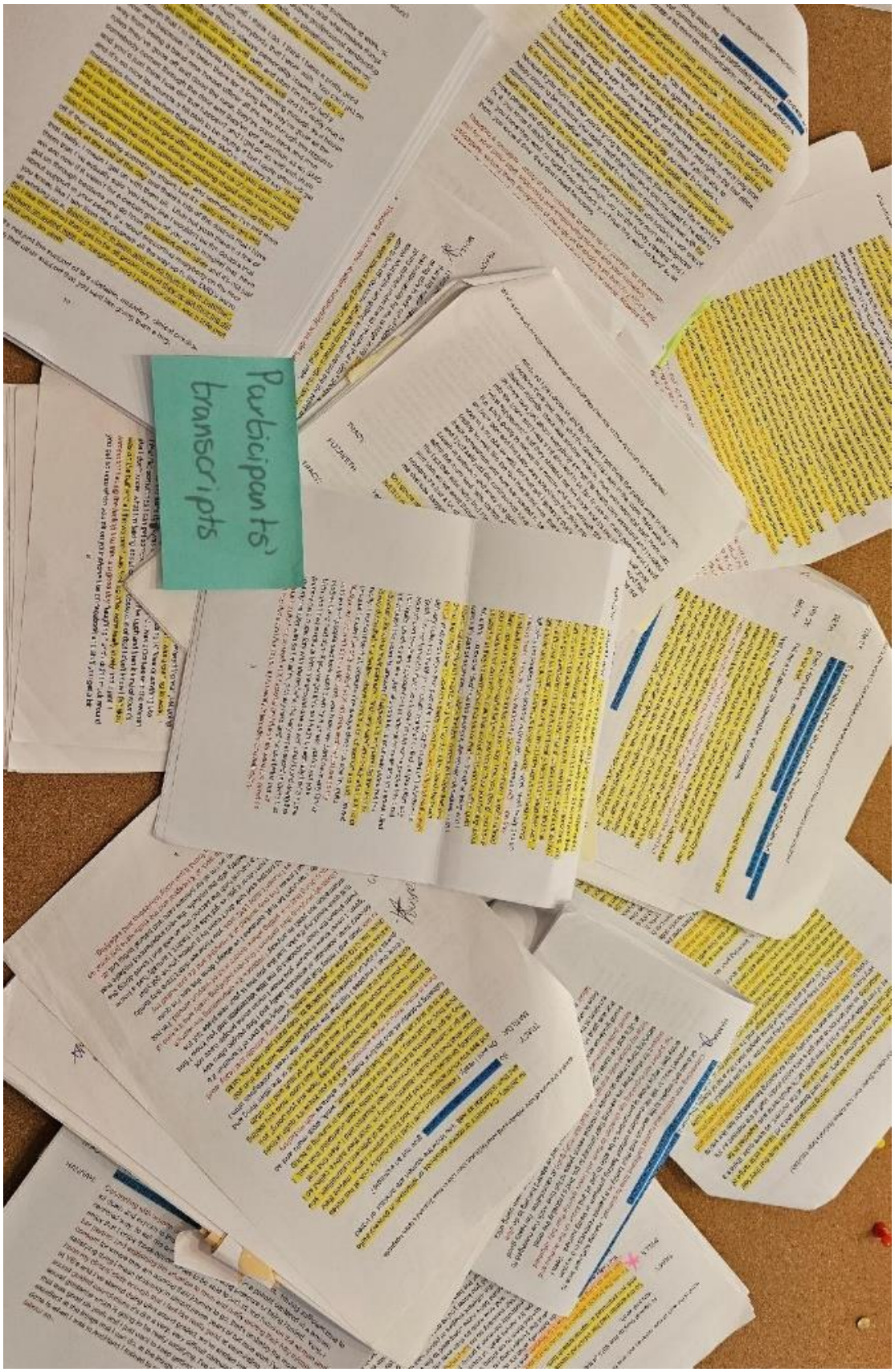
Auckland University of Technology

Tel 09 921 9999 ext7720

Approved by the Auckland University of Technology Ethics Committee on ***type the date on which the final approval was granted*** ***AUTEC Reference number*** ***type the AUTEC reference number***

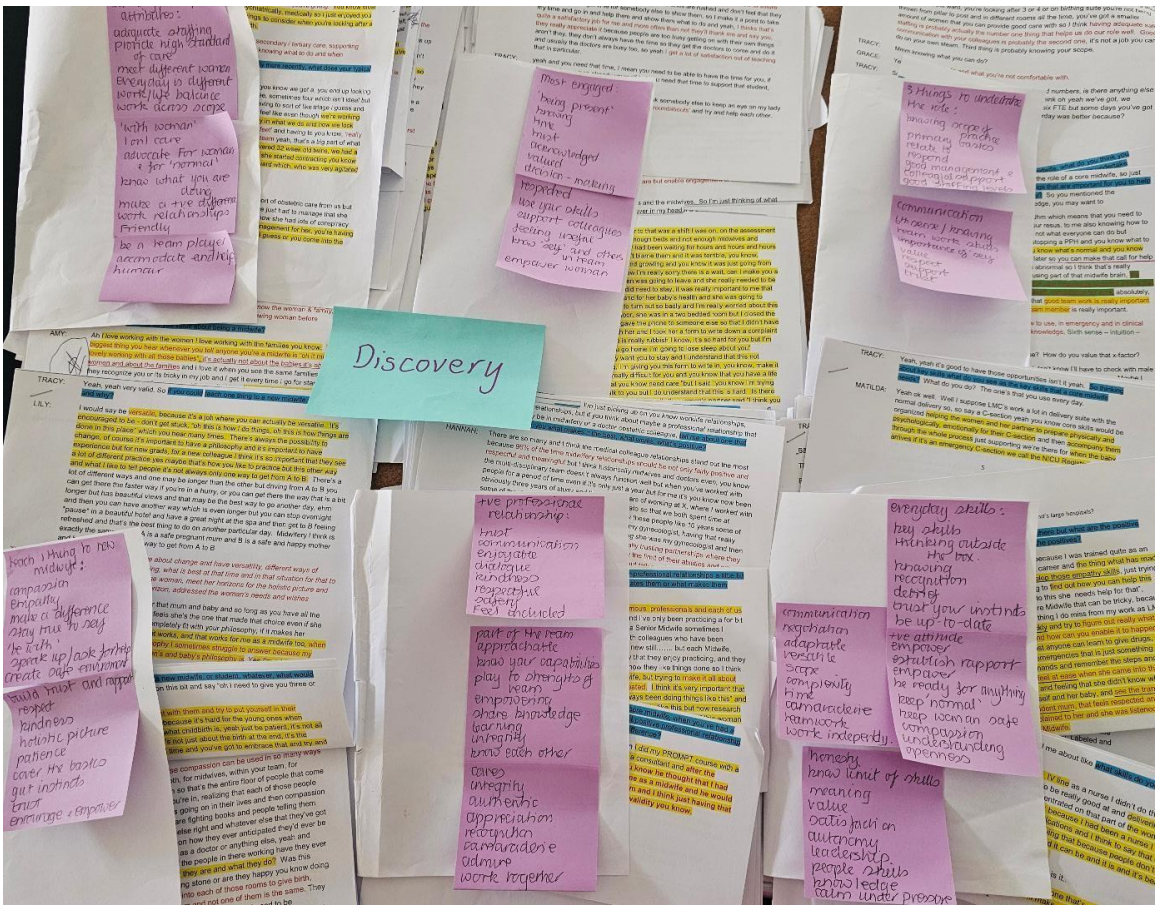
Note: The Transcriber should retain a copy of this form.

Appendix H: Participants' Transcripts

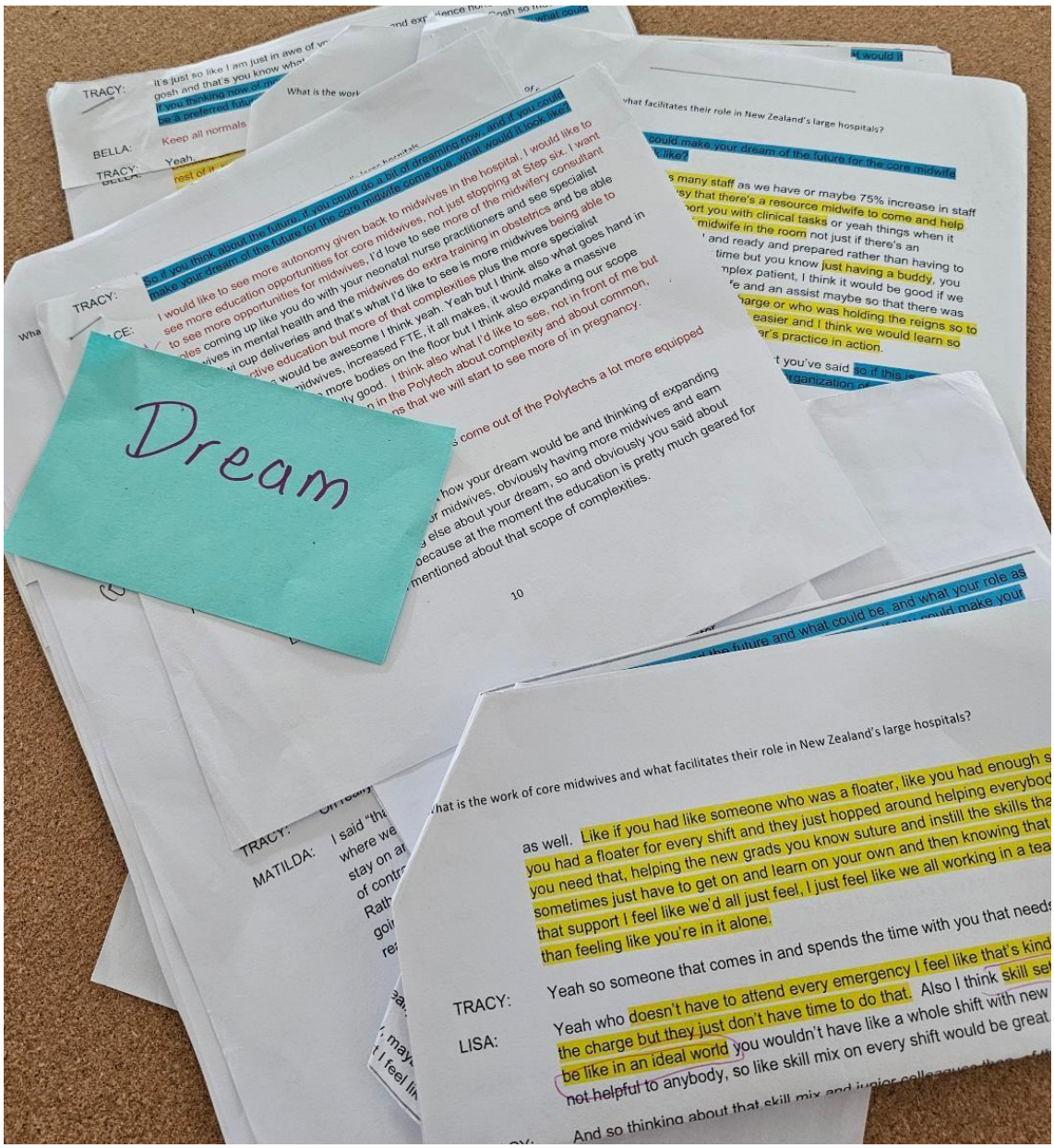


Appendix I: Doodle with Word Clouds

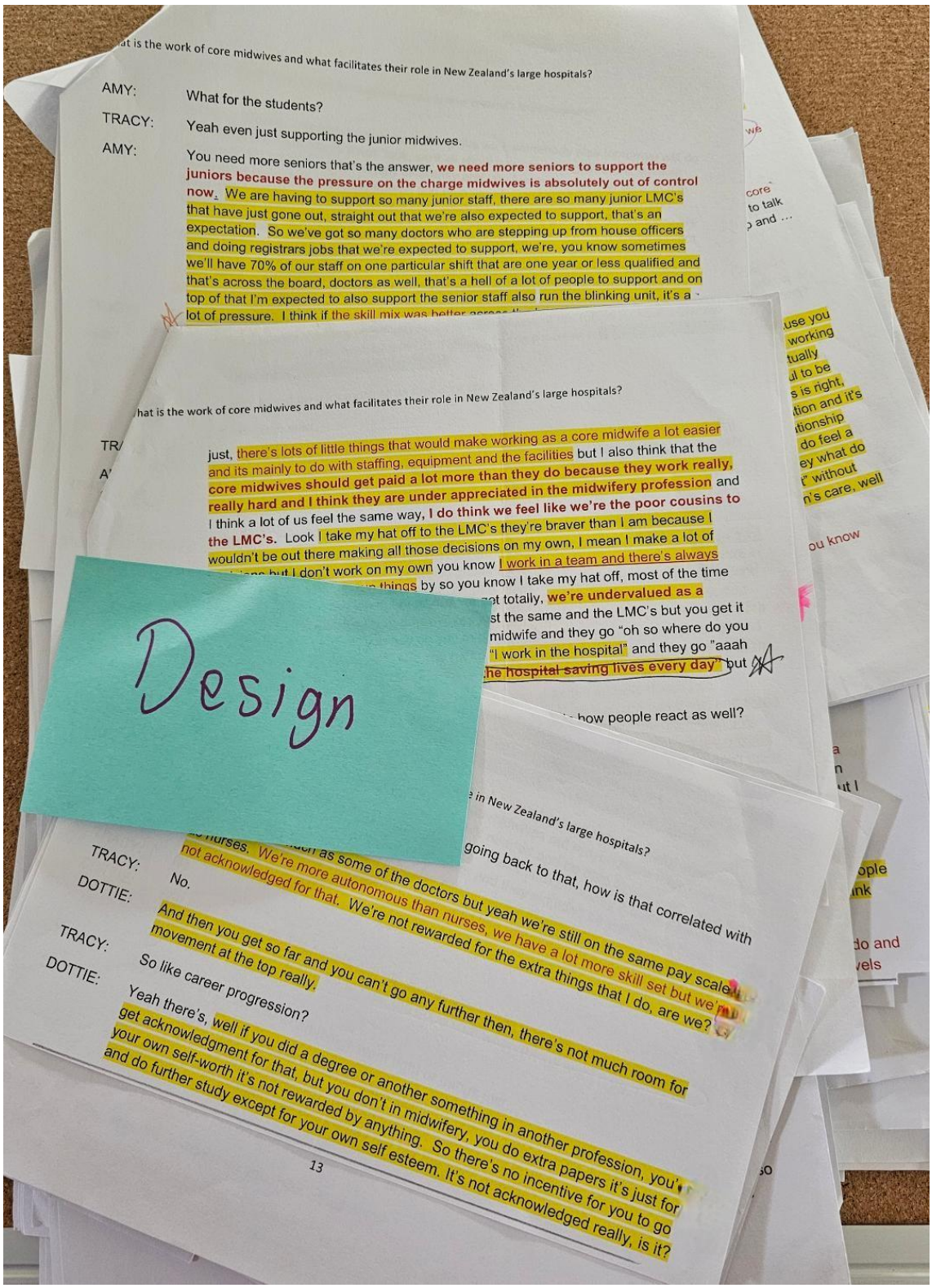
Appendix J: Discovery Phase



Appendix K: Dream Phase



Appendix L: Design Phase



Appendix M: Destiny Phase