

A pregnant perspective: Exploring the experience of first-time pregnant employees in the workforce in Aotearoa New Zealand

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A pregnant perspective: Exploring the experience of first-time pregnant employees in the workforce in Aotearoa New Zealand

# **A pregnant perspective: Exploring the experience of first-time pregnant employees in the workforce in Aotearoa New Zealand**

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## Abstract

This research explores the experiences of women who were pregnant while in the workforce for the first time. The study was designed within an interpretivist epistemology and data was gathered using semi-structured face-to-face interviews with 12 women who had been pregnant at work.

There were three influential factors which shaped participants' experiences. Firstly, the relationships and interactions that they have with other parties in the workplace, including managers, co-workers as well as customers and clients, and most importantly the relationship between perceived levels of support in the workplace and a positive pregnancy experience. Particularly important is accommodating the physical challenges and limitations of pregnancy in a way that prioritises the wellbeing of pregnant employees and their unborn babies. Secondly, the findings highlight the internalised, often invisible, challenges which pregnant employees face. Finally, the organisational culture and the impact of COVID-19 also had a notable impact on the experiences.

In light of these findings, the study provides a framework for understanding, and improving, a pregnant employee's experience, as well as highlighting a potential link between the workplace pregnancy experience and the likelihood of the pregnant employee returning to their role after their parental leave. Recommendations are also made, including that organisations proactively engage with pregnant employees to understand their perspectives and challenges, in order to best support them as they navigate the uncharted territory of balancing their pregnancy and wellbeing alongside maintaining their professional identity and credibility. Additionally, recommendations are given for organisations to have appropriate policies and procedures in place to empower pregnant women, and to set clear expectations relating to the conduct of other parties in the workplace.

Further research could explore the potential links between the type of experience a pregnant employee has and the likelihood of them returning to work. Other research areas include potential differences between first and subsequent pregnancies for individual women, as well as expanding the selection criteria to include a more varied pool of participants and perspectives.

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## 1. Introduction

### 1.1 Background

My focus for this thesis is an exploration of the experiences of women navigating pregnancy in the workplace for the first time. This topic stems from my own experience of being pregnant in the workforce. In 2018, while working full time as a Human Resource Manager, I became pregnant. Despite the protections provided to pregnant women at work, and my employer appearing supportive, I found myself subjected to loaded, inappropriate comments and excluded from business processes and decision making, things which I would have been involved in pre-pregnancy.

As an HR professional, I was aware of my rights while pregnant at work but it struck me that there were many other women out there who were not as familiar with the legislation as I was. In speaking with mothers from my antenatal group after our daughter was born, I was told of other unpleasant experiences, including one mother who had her pay rise reversed when they found out she was pregnant and another who felt she had been denied a promotion because of her pregnancy.

More than half of New Zealand women who get pregnant are in some form of paid work during their pregnancy (HRC, 2005) and with the demographic of the New Zealand workforce continuing to shift to include a higher overall number of women in the workplace, this is likely to increase. In June 1994, the participation rate of women in the workforce was 54.5% (Stats NZ, 2018). By 2018 this participation rate had increased to 62.8% which, at the time was the highest recorded employment participation rate for women in New Zealand (Stats NZ, 2018). This participation rate has continued to rise and in December 2021, had reached 66.5% (Stats NZ, 2022) with significant gains in both the older workers as well as within the primary childbirth and child rearing age bracket of 25 – 49 years (Flynn & Harris, 2015). Despite the increasing prevalence of women in the workplace, and the inevitability that many of these women will become pregnant at some point in their working career, it proved difficult to obtain data directly pertaining to the number of pregnant women currently in paid employment. Data that were available from the US Census Bureau reports 80% of women working while pregnant worked up until one month or less before their due date (Salihu et al., 2012).

In 2017, then New Zealand Prime Minister Jacinda Ardern made national and international headlines by announcing that she was pregnant. Ardern stated that she intended to take six weeks parental leave before returning to her role and having her partner, Clarke Gayford, take over as primary caregiver for their child. A thematic analysis of international media coverage of Ardern's pregnancy and the subsequent birth of her child while in office touted the event as "a sign of change for all working women/mothers around the world," (Galy-Badenas & Sommier, 2021, p.14).

With an increasing number of women in the workforce there is a strong likelihood that the number of pregnant women in the workplace at any given time will also increase, and therefore, understanding how to support pregnant women is likely to become an important issue for employers moving forward.

## 1.2 Legislative Protection in New Zealand

In New Zealand, the rights of pregnant women at work are protected by three primary pieces of legislation, one of which also covers the provision of parental leave and employment protection during the period of parental leave. The first of these, the Parental Leave and Employment Protection Act (1987), specifically addresses the issue of pregnancy in the workplace in New Zealand. One of its purposes, is to "protect the rights of employees during pregnancy and parental leave" (s. 1A (b)). The Human Rights Act (1993) further specifies protection for the pregnant employee, listing "sex, which includes pregnancy and childbirth" as a prohibited ground for discrimination (s.1(1)(a)). The Health and Safety at Work Act (2015) is the newest piece of legislation which provides protection to pregnant women in the workforce. While it is not specifically focused on pregnant employees, it requires that "workers and other persons should be given the highest level of protection against harm to their health, safety, and welfare from hazards and risks arising from work or from specified types of plant as is reasonably practicable" (s. 3 (2)). The Act further defines the term "health" as referring to "physical and mental health" (s. 16).

Parental leave and employment protection was introduced to New Zealand in 1980, providing 26 weeks of (unpaid) leave for employees who had worked for at least 15 hours per week for the previous 18 months. When New Zealand introduced paid parental leave in 2004, it was one of the last remaining OECD countries to do so. The only OECD countries that lagged behind New Zealand were Australia, who introduced paid parental leave in 2011, and the United States of America, who still do not have any legislative paid parental leave

provisions. (Ravenswood & Kennedy, 2012). The introduction of paid parental leave by the Government followed a significant increase of women in the workforce as outlined in section 1.1.. Currently, for those who qualify, New Zealand legislation provides for up to 52 weeks of parental leave of which up to 26 weeks is paid for by the Government and the remaining 26 weeks made up of either leave entitlements from the employer or unpaid leave. Anecdotally, many employers offer additional paid leave in the form of salary ‘top ups’ for the Government payments or additional weeks of leave at full salary.

Although there are strong legislative protections for pregnant employees in place, the presence of legislation does not in itself guarantee a positive workplace pregnancy experience just by its existence, and an increasing prevalence of anecdotal recounts of unpleasant experiences as discussed in the next section, would also indicate that this is not the case.

### 1.3 Rationale for study

Pregnancy is often touted as one of the most exciting times of a woman’s life. The anticipation of a new arrival is something people look forward to for many years. When it comes to navigating pregnancy in the workplace however, women can face a veritable minefield of challenges, judgments, and biases from others, all while trying to navigate their own world and their changing identity in life and the workplace. Despite starting a family being an important stage of life, literature on the topic of pregnant women in the workforce has historically been limited, though there has been an increasing number of articles on the topic beginning in the early 2010s and continuing through to the current day.

As previously discussed, pregnant women are an increasing part of the workforce, and many women now return to work following the birth of their first child. This is a phenomenon not regularly seen in previous decades, where women would leave the workforce at the end of their first pregnancy and often not return until they were finished having children, if they returned at all. There are many reasons for this including increasing financial pressure on families as well as increasing support for pregnancy and childrearing to fit alongside building a career, rather than just ‘instead of a career’.

The experience of being pregnant at work is one of the factors that impacts a woman’s decision to return to the workforce following maternity leave, as well as whether she will return to her substantive role or look for a new one. In a time anecdotally hailed recently as ‘The Great Resignation’ (NZ Herald, 2022), employers can ill afford to lose experienced,

valuable staff members. Understanding the experience of being pregnant at work from the employee's perspective can help employers to determine what they can do to better support and retain pregnant employees. This not only impacts the life and experience of pregnant employees in a positive manner, but also assists the organisation in retaining valuable talent in a world where people are widely viewed as being a major source of competitive advantage.

Much of the literature that is available casts pregnancy in the workplace in a negative light and tends to focus on the negative experiences (Greenberg et al., 2009). Compared to non-pregnant women, pregnant women tend to be perceived as more forgetful and emotional (Longhurst, 1999), less productive (Kawaguchi, 2019), less committed (Hebl et al., 2007) unreliable (McDowell, 1997, p.31) and irrational (Gatrell, 2011). Despite its alleged prevalence, other than research focused on the law, there has been little research into the experiences of maternity harassment at work (Kawaguchi, 2019) or the experience of being pregnant at work from the perspective of the pregnant employee.

Similarly, despite the protection provided by the previously outlined legislation, there is evidence that pregnant employees continue to experience unpleasantness which is at best ignorant and at worst could amount to intentional harassment or discrimination. In 2005, the Human Rights Commission published the Employers' Guidelines for the Prevention of Pregnancy Discrimination in response to rising numbers of both complaints as well as enquiries from employers looking for advice on how to deal with situations relating to pregnant employees. The Commission's guidelines focus primarily on how to accommodate pregnant employees in a way that creates a fair working environment but is also legally sound. However, even with these guidelines in place, in 2011 – 2012, the Commission reported 102 complaints relating to pregnancy and the workplace (NZ Herald, 2013). These statistics were provided to a journalist as part of an Official Information Act request and have not been updated since, so while not entirely current they give the best available indicator of the New Zealand situation.

Stories relating to unpleasant or discriminatory experiences of, and behaviours towards, pregnant women at work can be easily found across New Zealand media. Recent stories located on the NZ Herald website included *Waitress fired for getting pregnant awarded \$25k (2022)*; and *Sacked while on maternity leave, restaurant manager wins \$23k for unfair dismissal (2023)*. Stories found on Stuff.co.nz include *Are pregnant women really protected from being fired? (2022)*; and *Pregnant woman asked to work while on maternity*

*leave then unjustifiably dismissed, Employment Relations Authority finds (2023)*. These articles are by no means an exhaustive list, simply the most recent.

However, there is very little research literature that specifically looks at pregnancy in the New Zealand workplace, and none that discusses it from the perspective of the pregnant employee. Internationally, the perspective of the pregnant employee is also underrepresented, with the focus tending to be more on the organisation's view of pregnant employees. This study aims to understand more about the experiences of pregnant women at work in Aotearoa New Zealand, and in doing so, help to address some of that gap by providing insights into the experience of being pregnant at work for the first time in New Zealand, specifically from the perspective of those experiencing the pregnancy.

As briefly mentioned earlier, there is also a personal reason for choosing this topic. I suffered from severe morning sickness known as hyperemesis gravidarum during both my pregnancies. I found the experience of being pregnant and unwell at work was an unpleasant one where I was not supported. With my first pregnancy, I vomited for five weeks up to 12 times per day, and with my second pregnancy I was off work for over a month and on reduced hours for two months due to vomiting and nausea. With both pregnancies I needed IV fluids to treat dehydration and was admitted to hospital during my second pregnancy. While my employers appeared supportive as the morning sickness progressed, I found myself increasingly fearful for the security of my job, primarily due to cryptic comments regarding my time off, along with being excluded from decision-making that would have included me prior to the pregnancy.

Based on my experiences, I want to help employers to understand how much of an impact their actions (or lack of), and words can influence the experience of pregnancy in the workplace, and in turn the commitment that pregnant women have to the organisation, and their willingness to return post-maternity leave.

## 1.4 Research question

The purpose of this research is to seek to understand women's' experiences of being pregnant in the workforce for this first time. The research also seeks to add to a very small body of qualitative literature focused on the first-hand experience of pregnancy in the workplace. The specific research question is:

*How do women in Aotearoa New Zealand experience being pregnant in the workplace for the first time?*

## 1.5 Structure

This thesis is structured into six chapters, with the first being this introductory chapter. Chapter Two is a review of existing literature relating to the topic and provides an overview of current research focused on pregnancy in the workplace. Chapter Three provides an overview of the methodologies, world views and research design for this research. Chapter Four reviews the research's findings and identifies the main themes which emerged from the data. Chapter Five discusses these themes and provides links between the findings and the literature examined in Chapter Two. The final chapter, Chapter Six, draws conclusions, discusses implications for practice, outlines the limitations of the research, and identifies potential future research options.

## 2. Literature Review

### 2.1 Introduction

This chapter is organised into four main sections; Search Strategy (2.2), Pregnancy in the workplace (2.3), The experience of the pregnant employee (2.4) and Discrimination (2.5). The first section describes the search strategy used to locate relevant articles using online journal library catalogues. The second section looks at the current views of pregnancy in the workplace, focusing specifically on perceptions of pregnant employees, the perpetuation of ‘traditional’ gender roles, the incongruence of pregnancy and the ‘ideal worker’, and finally on the disclosure of pregnancies to employers. The third section examines the literature pertaining to the experience of being pregnant from the perspective of the pregnant employee and the challenges they face, looking at their own changing personal identity and navigating pregnancy and motherhood in the workplace. The final section discusses pregnancy related discrimination and looks at the different ways in which women can experience this discrimination.

### 2.2 Search strategy

An initial search for literature involved using key terms and their variations within Google Scholar, SCOPUS and Web of Science, and the Massey University online library catalogue. Keywords and variations used included “maternity” AND “workplace”, “pregnant” AND “workplace” and “pregnancy” AND “workplace”. The same combinations were then used again with the word “employment” replacing “workplaces”. The search also encompassed sources not covered by these databases, such as newspapers and news websites, grey literature, government agencies and agency reporting, as well as non-governmental organisations (NGOs).

Much of the literature these searches yielded was focused on workplaces that dealt with pregnant women as clients of their workplaces, such as doctors, obstetricians, hospitals, and midwives. These results were largely discounted where the focus was on the employees and not the pregnant women, leaving 177 documents for further review. A further search was then conducted using these search terms combined with the words “New Zealand” or “Aotearoa” to locate literature specifically focused on the New Zealand environment. This yielded only seven results, and none that focused on the perspective of the pregnant employee. These 177 articles were collected in a spreadsheet, and each was reviewed and coded as either relevant,

possibly useful, or not relevant, and notes were also added. The criteria for determining their relevance included being focused on pregnancy in the workplace, as many articles focused more generically on motherhood in the workplace, which is a related but ultimately different experience than that of pregnancy in the workplace. Articles that focused specifically on fetal health and wellbeing from a clinical perspective, as well as those that focused on physical workplace hazards or took a strong case law/legislative perspective, were also excluded.

Articles that were selected were those that either focused on pregnancy in the workplace, regardless of whose perspective was discussed, articles which focused on the views, beliefs or judgements about pregnancy in the workplace, articles in a relevant topic field which had methodological similarities, as well as articles which were able to provide background and context to the experience of pregnancy in the workplace; for example “*Hostile and benevolent reactions toward pregnant women: Complementary interpersonal punishments and rewards that maintain traditional roles*” (Hebl et al., 2007).

Although there is a large amount of literature which discusses the overarching topic of pregnancy in the workplace, literature focusing specifically on the perspective of pregnant employees themselves is a lot sparser. The extant literature has a strong focus on:

1. The impact of work and work stress on pregnancy health, specifically focusing on preterm labour and low infant birth weight
2. Discrimination experienced by pregnant women at work but primarily told from the perspective of an employer or outside party. Much of this also had a legal angle that looked at the information from a case-law/litigious point of view.
3. Perceptions by others of pregnant women at work
4. Women’s return to work following their pregnancy/maternity leave.

As the research question sought to understand women’s experiences of pregnancy in the workplace, literature which fell into the category of being more focused on the medical concerns around pre-term labours and low birth weights was excluded. Any literature focusing heavily on the litigious/legal ramifications or legislative application related to discrimination was also excluded.

Following this process, some 34 documents (research articles and other publications) remained and were included in the literature review. A further literature search was conducted following data collection to ensure that any new research or related documents

were incorporated. Two articles which were directly relevant to the experience of pregnancy in the workplace were added to the literature review as a result.

The structure of the literature review formulated as a natural and iterative process while I was reviewing the literature. It became apparent during the literature review that the majority of extant articles fitted under the umbrella of three main themes. These included pregnancy in the workplace as perceived by others, the experience of the pregnant employee, and a large body of literature focused on discrimination against pregnant employees.

## 2.3 Pregnancy in the workplace

As discussed in Chapter One, the number of women in the workforce is steadily increasing. In the current economic climate, there is an increased need for people to be in the workforce to ensure basic needs, such as housing, food, schooling and medical care, are met. Having pregnant employees is an unavoidable reality of having women in the workforce, yet there seems to be limited discourse at the intersection of childbearing and work.

Atkhar and Khan (2020) provide a description of this discourse when they say, “even though women form a large part of the labour force, they are being discriminated against at the workplace just due to their unique biological ability to bear children” (p.620). Their statement reinforces the views of McDonald et al., (2008) who, in their research, found “substantial empirical evidence that women continue to be restricted and disadvantaged in the workplace and do not participate equally with men because they perform the unique reproductive function of bearing children” (p.229).

### 2.3.1 Pregnancy stereotypes

There are three stereotypes which may be precursors for discriminatory behaviour experienced by pregnant women in the workforce (Gueutal et al., 1995). These are:

1. Fear that a candidate’s ability to the job will be impacted by their pregnancy.
2. Fear that the workload of other employees will increase as a result of the pregnant employee’s reduced capability.
3. Concern as to whether a pregnant employee will return from work following their parental leave.

The first two stereotypes provide a useful lens for reviewing the literature pertaining to the experiences of pregnant employees as they relate directly to the view and beliefs that others hold regarding pregnant employees in the workplace, and as such may help to develop

an understanding of what pregnant employees experience, as well as why they have those experiences. Less focus is given to the third point as this falls outside the scope of the current literature review and research.

The first stereotype is the concern that employers have regarding a pregnant employee's ability to do their role effectively for the duration of their pregnancy. Although it is commonly believed by employers that higher sick leave is often taken by pregnant employees (Edwards, 1996; Gatrell, 2009), research suggests that the opposite is true and that pregnant women will often remain at work despite being unwell, in an attempt to appear well and stave off perceptions of incompetence tied to sick leave, and specifically pregnancy-related sick leave (Gatrell, 2009; Longhurst, 2001; Warren & Brewis, 2004). Gatrell (2009) termed this phenomenon 'pregnant presenteeism'. Pregnant women will often work through periods of illness without complaint, going so far as to say, "but you shouldn't take time off work if you are feeling sick due to pregnancy, you should just get on with it and work through it – especially if you want to keep your place" (Gatrell, 2013, p.635). Women see it as imperative that pregnancy not impact their work and that they downplay their pregnancy status to achieve this (Gatrell, 2009). While women do appear to use more sick leave during their pregnancy, the likelihood of this can be reduced by supporting the employee to find other, more suitable tasks for them for the duration of their pregnancy (Salihu et al., 2012).

Pregnant workers are often viewed by organisations as someone who can no longer be relied on, and their dedication may be called into question now that they have things in their lives other than work (Buzzanell & Ellingson, 2005). Most often these judgements came from the women's direct supervisors, with women sometimes feeling that their supervisors were "out to get you" (Buzzanell and Ellingson, 2005, p.277). In contrast to this perception however, in a blind research interview, 71 participants who were pregnant employees and 71 participants who were not pregnant employees, were selected from a large bank to be rated by a panel. The results showed that pregnant women were rated higher compared to non-pregnant employees, as well as when compared to their own pre-pregnancy rating (Gueutal et al., 1995). The findings were surprising and at odds with their hypothesis that pregnant employees would be rated less favourably than non-pregnant employees and appears to be an outlier when compared to the general narrative of the literature which posits pregnant women as ailing (Langan et al., 2017; Gatrell, 2009). This disparity may be due to other literature focusing primarily on women in managerial positions, roles which are perceived as less 'traditionally female' and suggest that where a female employee occupies a more traditionally

female role, such as many members of their study did, leniency relating to pregnancy when rating their performance may be provided (Gueutal et al., 1995).

The imperative to appear healthy and reliable while pregnant is strong (Gatrell, 2009) and may at least partially be an attempt by pregnant women to stave off perceptions of incompetence. Even when deemed seriously ill to the point of needing in-patient hospital treatment, women continue to choose to remain in the workforce. Gatrell (2009) refers to “a compulsion to pretend to line managers and colleagues that they were ‘functioning normally’ and to present, at work, a body that appeared to be ‘healthy’ and ‘reliable’” (p.478). Pregnant women share fears that pregnancy may cause their bodies to be unreliable, providing grounds for exclusion or ill-treatment.

The need to dispel the perception of not being committed to the job is often very challenging for women early in their pregnancy when they are most vulnerable. Women may try to schedule doctor or antenatal appointments before or after work to avoid having to negotiate the conflict at work (Salihu et al., 2012) or create complex arrangements when appointments are required during the day to avoid looking like their commitment is waning (Greenberg et al., 2009). This concern appears to be well placed, with managers citing time off during pregnancy for doctor and antenatal visits as a source of frustration, as well as feeling that pregnant employees at times abuse this system and take more time off than required (Akhtar & Khan, 2020). In contrast to this, an earlier study found that it is possible that a woman may actually overcompensate for her pregnancy by working harder and that she may be highly motivated to perform to ensure her presence is missed and to increase job security (Gueutal et al., 1995), though some of this difference may be accounted for when considering the societal shifts that have occurred in the 25 years since these findings were published.

Motherhood can also impact the perceived ability of a woman to do their job well (Correll et al., 2007). Two groups of panellists were given identical CVs with the only difference being that some in the experimental group were altered to indicate that the applicant was a mother. Women with children were judged as 10% less competent and 15% less committed than women without children (p.1136). Mothers were also recommended for salaries of an average of \$11,000 (7.4%) less (p.1136), deemed less promotable, were less likely to be recommended for management and were more likely to be admonished for being late to work. Participants in the research recommended only 47% of mothers be hired, while

recommending 84% of non-mothers (p.1136). In stark contrast to this, being a father was found to be advantageous to men, with fathers being given more leeway regarding attendance, being viewed as more committed, and being offered “significantly higher” salaries than non-fathers (p. 1317). This positive impact of fatherhood on men’s careers is possibly because men are seen to be able to blend the role of father with their professional role far better than women (Gatrell, 2013).

Pregnancy causes many physical changes to a woman’s body and these changes can mean that, for some women, changes must be made to the work they do to ensure that they or their unborn baby are not put at risk. These ‘accommodations’ as they’re often referred to, can change momentarily and range from being a change that does not require significant adjustment or that does not hinder work, through to serious illness requiring absence from work, significantly different duties, or even taking on completely different roles (Buzzanell & Ellingson, 2005). Four women spoke to the New York Times about their employers refusing physical accommodations and blamed this for their subsequent miscarriages (Silver-Greenberg & Kitroeff, 2018). These anecdotal recounts are corroborated by research from Denmark which showed that the risk of miscarriage increases with the frequency of lifting and the total weight lifted per day (Juhl et al., 2013).

Pregnancy accommodations tend to be initiated by the employer from a health and safety perspective, a collaboration between the pregnant employee and their employer, or are medically advised (Wheeler et al., 2020). Examples of these accommodations include employers not requiring pregnant employees to do heavy lifting, though women may refuse such accommodations in an attempt to prevent being labelled as lazy or uncommitted (Salihu et al., 2012). There is an increased likelihood that positive or supportive behaviour would be observed in large or multinational companies rather than in small businesses (Akhtar and Khan, 2020), though this is not always the case. Langan et al., (2017) found that Canadian policewomen, employees of a very large organisation, were given very little support or accommodations. They were often asked to do menial tasks such as those given to employees under investigation or injured, resulting in a feeling of carrying a stigma viewed as detrimental to their status and future career opportunities.

The second stereotype discussed is the perception by others in the workplace that their workloads will increase because a colleague or co-worker is pregnant. Pregnant women can feel a sense of shame and guilt for leaving their colleagues “high and dry” (Langan et al.,

2017, p. 242) as roles are often not backfilled, meaning the remaining team members have to work harder to pick up the slack. Resentment towards pregnant women sometimes occurs as other employees expect that their own workload will increase due to belief that the pregnant woman's commitment would wane (Hebl et al., 2007). This can lead to having to deal with difficult behaviours and attitudes expressed by other staff towards the pregnant women (Akhtar & Khan, 2020). Pregnant women are often aware of the concern colleagues may have that the pregnancy may lead to them having to pick up the workload slack, and have reported feeling guilty when they were too tired or busy to perform their duties and had to ask colleagues for help (Alstveit et al., 2010). As a result, women may suppress their own needs and "suck it up...work through it" for the good of the organisation (Greenberg et al., 2009, p.47). Women often feel the need to challenge the idea that being pregnant leads to less commitment and dedication to work and are at times concerned that their pregnancy may also add strain to workplace relationships (Salihu et al., 2012).

Much of the research which discusses concerns that employees have about their workloads increasing due to colleagues getting pregnant is based in other countries where any paid parental or maternity leave is the financial responsibility of the organisation. As a result, the positions of pregnant employees in these countries are often not backfilled, leaving a long-term gap in the workforce. This differs significantly from organisations in the New Zealand context, where paid parental leave is a Government scheme and the employer is not responsible for any parental leave payments unless they choose to offer these as a bonus over and above the legislative requirements of the Parental Leave and Employment Protection (2002). The provision of Government paid parental leave means that it is not an additional cost to organisations to backfill the pregnant employee's role during their period of leave, so potentially may lead to an increased willingness to backfill the role due to it being cost neutral to the organisation.

Although outside the scope of this research, it is worth briefly discussing the third stereotype surrounding a pregnant woman, which is concerned with whether she will return to work following the period of maternity leave. These doubts about whether a pregnant employee will return to the role, when they might return and in what capacity they might return can contribute to negative perceptions and attitudes towards pregnant women (Akhtar & Khan, 2020). Supervisors worry both about covering work during the period of leave, as well as when/if the woman would return to the role (Halpert & Burg, 1997). Unsurprisingly,

women are more likely to return to their roles if their supervisors have been forthcoming with support (Salihu et al., 2012).

Women are often viewed differently upon their return to work (Buzzanell & Ellingson, 2005) and many find that their position has been unfavourably revised while they were away, with changes including work becoming less strategic and more operational, and a reduced ability to exert influence and be involved in decision making (Gatrell, 2013).

### 2.3.2 Perceptions of pregnancy in the workplace

A large volume of research indicates there are many negative stereotypes regarding pregnancy in the workplace (Cheung et al., 2022). Studies have shown that pregnant bodies in the workplace can be seen to incite feelings of revulsion or fear amongst employers (Tyler, 2000), even, somewhat unbelievably, amongst other pregnant women (Warren & Brewis, 2004). Anecdotally, pregnancy outside of the workplace is viewed as primarily a happy and positive life event. Pregnant women are often described as ‘glowing’ and ‘beautiful’ and the event or experience of pregnancy as ‘magical’, ‘special’, ‘wonderful’ and other such terms, and yet, the perceptions of pregnant women in the workplace seems to be vastly different than that of the pregnant woman as an entity separate to her work.

Pregnancy is often described as being ‘in a condition’ leading to perception of pregnancy and reproduction as disease or malady (Longhurst, 1999). Even the colloquial term ‘fall pregnant’ indicates that it is something undesirable (McDonald et al., 2008). In the United States, in a further use of language that conjures up negative connotations, pregnancy is often equated with disability (Buzzanell & Ellingson, 2005), so much so that workplace pregnancy protections in America were first covered by the 1985 Parental Leave and Disability Act. Some states in America still include pregnancy in the category of ‘temporary disability’ within their legislative protection (Palley, 2016).

Negative attitudes and perceptions of pregnant women appear to be shared by both senior employees and managers as well as those at the same level as the pregnant employee (Akhtar & Khan, 2020). While the reasons for this will differ between individual managers and organisations, contributing factors may include the fact that pregnancy is often viewed by managers as a threat to the business’s continued ability to be able to function and make a profit (McDonald et al., 2008), and that there is a common belief that pregnant women are burdens and liabilities, and that their pregnancy demonstrates that they are not committed to the organisation (Salihu et al., 2012).

The biological changes and physical demands of being pregnant can also create conflict for women as they challenge workplace demands (Gatrell, 2009). Gatrell (2013) coined the term ‘leaky maternal bodies’ to explain some of these challenges. The term refers to the maternal body changes which can cause metaphorical and physical leakage. Metaphorical leakage refers to the overload of maternal hormones which can manifest as emotional behaviours. Physical leakage refers to the bleeding, breastmilk, breaking waters, crying and vomiting all of which are associated with pregnancy. The perception of this leakage and the fear and disgust it can incite in colleagues can lead to an enormous amount of pressure for pregnant women to not ‘spill over’ and be seen to be out of control in the measured environment that is the workplace (Gatrell, 2013).

Given that pregnant women feel they must constantly battle these negative biases in the workplace (Greenberg et al., 2009), it is unsurprising that they report being embarrassed by being pregnant at work (Warren & Brewis, 2004). Women must often repeatedly negotiate their work schedules to accommodate appointments and not look uncommitted (Greenberg et al., 2009) and actively work to reduce the supposed gap between their ideal professional identity and how they feel others might perceive them during their pregnancy (Greenberg et al., 2009). Another way pregnant women manage these perceptions is through pregnant presenteeism, referred to earlier, keeping the barriers between private and public clear (Gatrell, 2013) and to demonstrate that they are still able to complete their role, lest they be pigeonholed and looked down upon for being pregnant and uncommitted. Pregnant women may use supra-performance as a means of coping with stereotype threat – a phenomenon that occurs when members of a group are concerned about their conduct confirming negative biases that exist about their group (Lavaysse & Probst, 2021). Pregnant women in the workplace must bear the unique challenge of trying to manage the crossing of their private world of reproduction and the public realm of their organisation (Gatrell, 2013). With this comes a constant pressure to erase their pregnant bodies from the workplace if they wish to be treated on a basis equal to that of men (Longhurst, 2001).

While outside the scope of this research, which focuses on employees who are pregnant and already employed rather than those who are pregnant and seeking work, it is worth briefly discussing pregnancy and recruitment. Many of the experiences and judgements experienced by pregnant employees and mothers seeking work are very similar to those already in employment, specifically the perceived value and competence of a pregnant employee. There appears to be subtle discrimination against mothers within the hiring

process (Cheung et al., 2022). Specifically, female job applicants with children received more negative feedback in their interview call-back messages and were rejected from roles more quickly when compared with male and childless female applicants. They found that mothers also experienced more interpersonal hostility. Recruitment and selection similarly reveal biases with some panels selecting a male candidate over a female candidate, based purely on potential pregnant issues (Akhtar & Khan, 2020).

Organisations can hold a negative view of hiring pregnancy-aged women due to the perceived costs and human resources issues surrounding pregnancy in the workplace, and in particular the issues related to the increased absences expected of a pregnant employee and the subsequent division of the workload required (Akhtar & Khan, 2020). In a sample of eight pregnant small business owners, managers and executives, views ranged from a positive attitude through to displaying outright hostility towards not only pregnant women, but mothers in general, with concern about additional duties being the basis for much of the hostility (Akhtar & Khan, 2020).

### 2.3.3 Traditional roles and the incongruency of pregnancy and motherhood and work

The workplace is seen and accepted as a primarily masculine public arena where pregnancy and maternity leave are non-normative events, and the ‘ideal worker’ in this masculine environment is the young male who is fit and committed to work (Buzzanell & Ellingson, 2005).

Clearly, pregnant women do not fit the narrative of this ideal worker. Pregnancy is generally an adhered to traditional female stereotype which, in turn, has led to challenges for pregnant women. Women are traditionally stereotyped as being less competent, more childlike and requiring more care and assistance than men, subsequently leading them to be viewed as less suitable for work (Hebl et al., 2007). Further, being put into the ‘traditional female role’ reduces the level of perceived competence of the pregnant employee (Hebl et al., 2007). Research has identified the perceived incongruity of the ‘traditional’ female role with the ‘ideal worker’ role and the ‘masculine’ nature of the work environment as being a possible source of friction and the unpleasant experiences shouldered by pregnant employees (Buzzanell & Ellingson, 2005). Gatrell (2013) reflects on this, stating that “women feel they must manage their bodies to comply with social expectations in the workplace and ‘prevailing masculine’ cultures” (p.263).

This perceived incongruity between roles may be exacerbated by the belief that the pregnant woman's focus will shift to the wellbeing of herself and her child, causing her loyalty and dedication to the workplace to be called into question (Buzzanell & Ellingson, 2005). There is a historical view that being a pregnant employee or mother and being able to effectively care for family and dependents are mutually exclusive activities, and that both cannot be done well at the same time (McDonald et al., 2008). This is a perception carried through from a time during which men worked and women stayed home to raise the family. This model worked well when a family could survive on one income, but with the average house value to income ratio in New Zealand at 7.8 times (CoreLogic, 2023), inflation skyrocketing to 6.7% annually for the March 2023 quarter (Stats NZ, 2023), and the official cash rate at a 15 year high of 5.25% (Reserve Bank of New Zealand, 2023), there is often no choice for many families but to have two working parents to survive. Despite this, society can be unkind in its judgement of women who engage in work. A pregnant woman seeking full time work is "likely to be perceived as violating traditional gender roles," (Hebl et al., 2007, p.1509). When women choose the workplace and more traditional male behaviours, rather than the expected behaviour of childrearing and staying at home, (Hebl et al., 2007) they can be depicted as neglecting their homely and childcare duties (Verniers & Vala, 2018).

Pregnancy in itself, even outside of the workplace, can elicit benevolent reactions which range from those that are more pleasant, such as extra attention, through to those which can be damaging, such as patronising behaviours which lower or diminish a woman's performance (Hebl et al., 2007). Pregnant women are more likely than non-pregnant women, to experience polarised behaviour, either hostile or benevolent, and more likely to receive hostility from others when they engage in behaviours that are viewed as non-traditional (Hebl et al., 2007). Pregnant women fulfilling a traditional role, such as shopping, elicit more benevolent reactions, whereas pregnant women in a non-traditional role, that of a job applicant, elicit more hostile reactions (Hebl et al., 2007). Some examples of this hostile behaviour are also given by Gatrell (2010) who found the pervasive employer's view of the pregnant body as being physically and/or intellectually ailing, in turn leading to a woman's performance potentially being assessed lower. This was also discussed in the research by Langan et al. (2017), where a participant stated that if a woman becomes pregnant before she has proven herself, upon her return she would be deemed "useless forever" (p.240).

### 2.3.4 Disclosing pregnancy

Disclosing personal information at work can be a key turning point in the individual's working life (Little et al., 2017). Accordingly, disclosing pregnancy is a challenging part of navigating pregnancy in the workplace. This can be for several reasons, many related to the biases, stereotypes and concerns about discrimination that have previously been discussed in this review.

It is suggested that the selection of timing for a pregnancy disclosure is done quite specifically for reasons of self-preservation, and concern about how the disclosure might be received (Verhoff & Buzzanell, 2022). Women appear to hold off having conversations about their pregnancy with colleagues and supervisors until they are further along in the pregnancy and have had time to gauge potential responses (Salihu et al., 2012). This is exceptionally challenging for women as many physical and psychosocial challenges related to pregnancy, such as morning sickness, hormonal fluctuations and mentally processing the new pregnancy and its implications, happen in the first few weeks after conception. Not disclosing pregnancy until later can also make it difficult for women to attend their antenatal appointments, with many coming up with excuses as to where they are going. The delay in discussing the pregnancy may also be intentionally timed around any promotions or pay rises that may be on the horizon (Salihu et al., 2012). Women may also believe that announcing their pregnancies would have a negative impact on how they were perceived at work and so are careful about timing the announcement of their pregnancies, often keeping it secret for as long as possible (Langan et al., 2017).. Similarly, Gattrell's (2009) research, showed that all the participants noted that after they announced their pregnancy, they felt their colleagues and employers' views of them changed and felt there was an assumption that they would soon be ailing, and that they were under surveillance by their employers anticipating negative changes in their performance.

The impact of a supervisor's reaction to pregnancy disclosure can also have a significant impact on the experience of the pregnant employee (Little et al., 2017). Supervisors who react to the disclosure with excitement and make accommodations for the pregnant employee can increase the level of positive emotions the employee experiences (Little et al., 2017). Responses of this nature have both an immediate and long-term impact on the levels of perceived supervisor support. Supervisors expressing excitement to an employee disclosing pregnancy was so important that employees remain positive in their recollection of their

pregnancy experience, even if they employer did not provide any further accommodations (Little et al., 2017).

## 2.4 The experience of the pregnant employee

Women often feel that being pregnant makes them invisible in the organisation, and that they are often excluded from discussions about the future and given less responsibility even while still in the workplace (Alstveit et al., 2010). On top of these concerns about the way others might perceive them, women must also navigate the changes to their identity as they move into motherhood for the first time, as well as navigating these changes within the workplace.

Alongside the issues at work, women must deal with their own changing identity as they move from being childless to being mothers. Women are faced with balancing the importance of career versus family and the impact of the pregnancy on their aspirations both as a professional and now as a mother (Greenberg et al., 2009). The birth of a first baby triggers an irrevocable change in a woman's life and her identity (Alstveit et al., 2010), but at the same time women are concerned that it may pose a threat to their professional identity (Bailey, 2000).

Organisations and managers are generally not good at supporting women with advice and information on how to manage their career expectations alongside the balancing of maternity and life as a new mother (Gatrell, 2013). Women acknowledge that sometimes their careers take a back seat as the position of family in their life and their role of being a mother becomes more important than the role they held in the workplace, and that the importance of their professional identity diminishes in light of their pregnancy (Greenberg et al., 2009).

Navigating motherhood and impending motherhood at work is a new and challenging experience, and while many women have the best intentions of working through, each pregnancy is unique and being a pregnant employee for the first time is uncharted territory for the individual. Many women find being pregnant and working more exhausting than they had expected and struggle with feeling responsible for their work, their own health and the health of their baby (Alstveit et al., 2010). This mirrors the findings of research by Bailey (2010) who also found that women struggled with the experience of balancing their priorities after becoming pregnant, and reassessing where work came in the picture. 'Role strain' is

created when a woman adds ‘mother’ to her already existing role of employee and at times there is conflict between these roles (Salihu et al., 2012). Being seen as an object body can also lead mothers to experience a destabilisation of their workplace status, all the while having to navigate between being a good mother and good worker, though the two are at time incongruous (Gatrell, 2013).

First time mothers are often unprepared for the impact that pregnancy has on their organisational status. At times women feel torn between the need to conduct themselves in a manner that maintains their professional appearance, and the feeling that in doing so, they are acting in contradiction to their own perceived requirements of good mothering, which can create conflict both personally and externally (Greenberg et al., 2009). Despite the attempt to keep the boundaries between work and their personal life clear to help them navigate pregnancy in the workplace, women also continue to receive invasions into their personal life. Women are often made to feel uncomfortable by comments and questions from colleagues, bosses, and clients about how they are doing and how they are feeling (Greenberg et al., 2009). These covert attacks pregnant women experience relating to their legitimacy and professional identity may be driven by members of organisations who hold biases against pregnant women (Greenberg et al., 2009).

## 2.5 Discrimination

Being pregnant for the first time brings a plethora of new experiences. Some are positive and exciting, such as seeing the baby for the first time on scans, while others are less exciting and enjoyable, with morning sickness being probably the most famous of these. One new and unpleasant experience women may find themselves facing is discrimination in the workplace once their pregnancy becomes known.

A systematic literature review of relevant literature from 1990 - 2010 by Salihu et al., (2012) found “pregnancy discrimination to be prevalent and represented a large portion of claims brought against employers by women” (p.88). It is likely that, with the increasing number of women in the workforce, there may also be increasing maternity harassment in the workplace until organisations make workplaces places where pregnant women can work comfortably and where their ‘pregnant’ status accepted (Kawaguchi, 2019).

There is conflicting research on the impact of male-dominated workforces when it comes to the experience of maternity-related harassment. Being a male dominated workplace does

not impact the likelihood of an employee experiencing maternity harassment (Stainback et al., 2011). However one of the biggest barriers to women's career progress is male domination of senior executive positions, gender-based stereotyping and discrimination (Akhtar & Khan, 2020). While female employees theoretically have access to the same opportunities for promotion and salary increases as men, this sometimes will only hold true for as long as they can continue to work like men and when they can no longer do this, such as when they become pregnant, then discrimination and harassment often ensue (Kawaguchi, 2019).

McDonald et al. (2008) sum up women's experiences well, stating that "misplaced but commonly held attitudes towards pregnant women, and the negative behaviours which result, makes them vulnerable to discrimination and disadvantage, despite the outlawing of such treatment," (p. 231). Even when outright discriminatory behaviour is banned, such as it is by several pieces of legislation in New Zealand, women may find themselves the recipients of unfounded biases, with shorter and cooler interactions replacing the outright discrimination (Hebl et al., 2007). This hostile interpersonal behaviour can be as equally upsetting and uncomfortable for women as the discrimination but is often harder to spot or identify and not something that can be legislatively governed. As such is more likely to pervade than formal discrimination (Hebl et al., 2007).

There are many ways pregnant women, or any person, can be discriminated against. For pregnant employees, these fit on a spectrum all the way from minor issues, such as exclusion, through to more serious issues, such as bullying or constructive dismissal. Discrimination is often received from someone with greater seniority than the complainant, and can include constructive dismissal, unsavoury comments about physical changes, unsolicited or disagreeable changes made to working conditions, less access to opportunities and benefits, problems arising from the physical constraints of the pregnancy and less favourable work appraisals (McDonald et al., 2008). There is difficulty distinguishing acts which may be perceived as pregnancy discrimination, such as changing hours and unfavourable job appraisals, from objective business decisions which may be perceived as an effective way of legally pushing a pregnant woman out of her employment. Pregnancy discrimination can impact women significantly, including having earnings impacted through dismissal, reduction of hours even when they wish to keep working, and feeling coerced to resign (Wheeler et al., 2020). Other impacts include loss of bonuses and promotions (Salihi, 2012; Halpert & Burg, 1997), losing responsibilities and projects (Greenberg et al., 2009; Correll, 2007), being

excluded from decision making, having their roles marginalised, and having a constraint on their professional career (Greenberg et al., 2009; Gatrell, 2013). Unsurprisingly women who have less than desirable pregnancy experiences the first time round often feel that, in subsequent pregnancies, they are able to maintain more control over these experiences and their positions (Gatrell, 2013).

Having a Master's or Bachelor's qualification or a longer organisational tenure can lower the risk of experiencing nonverbal maternity harassment, whereas being a permanent full-time employee is likely to increase the risk. Employees in organisations with clear job descriptions may have less risk of maternity harassment due to more clarity around role responsibilities and less opportunity to make subjective decisions about pregnant employees' performance (Kawaguchi, 2019).

## 2.6 Summary

In many aspects of life, pregnancy is viewed as a positive and exciting experience, however this is not always the case when pregnancies appear within workplaces. The literature in this area paints a relatively dismal picture of the views, beliefs, and experiences of pregnancy in the workplace. While much of the relevant literature focuses on the perspective of managers, organisations and peers, rather than the perspective of the individual experiencing the pregnancy, the little research that does consider the pregnant employee's experience almost exclusively highlights the negative components of the experience.

The literature highlights commonly held negative stereotypes about pregnant women in the workplace, including beliefs that pregnancy will impact a woman's ability to do her job, that her pregnancy will create additional work for colleagues, as well as a scepticism as to her likelihood of returning to the workforce after her parental leave period (Gueutal et al., 1995). This, among other reasons, mean pregnant women must often battle perceptions of them as burdens and liabilities, as well as questions about their commitment to the organisation (Salihu et al., 2012). These views often so strong they can impact the decision to even hire women of childbearing age (Akhtar & Khan, 2020). It is possible that some of these negative views and beliefs about pregnant working women are related to perceived violations of the 'traditional' gender roles, and the incongruity of this traditional female role with that of the 'ideal (young, fit, committed, male) worker (Buzzanell & Ellingson, 2005). Concern about these beliefs and, subsequently, consideration of the impact their pregnancy may have on their organisational status can play an important part in when women decide to disclose their

pregnancy (Langan et al., 2017). On top of the professional challenges pregnant women must also navigate personal issues in the workplace, such as feeling invisible and excluded (Alstveit et al., 2010), they must navigate their changing identity as they shift from worker to mother (Greenberg et al., 2009), something they are generally not well supported by their organisations to do and prepare for (Gatrell, 2013).

Given the challenges highlighted above, it is unsurprising that many pregnant women face workplace discrimination related, in some form, to their pregnancy. Even where outright discrimination is banned, pregnant women often find themselves facing hostile and upsetting behaviours in the workplace (Hebl et al., 2007). The literature highlights numerous ways that discriminatory behaviour can manifest, including but not limited to constructive dismissal, being overlooked for promotions, being forced to change hours of work, and having less access to opportunities in the workplace (McDonald et al., 2008).

The experience of being pregnant in the workplace from the perspective of the employee is not one that is well documented. The literature that does exist focuses almost exclusively on the perception others in the workplace hold of pregnant employees, rather than the perspective of the pregnant employees themselves. Where the view or experience of the pregnant employee is discussed, it tends to focus primarily on the unpleasant challenges and struggles of being pregnant in the workplace, leaving a large knowledge gap when it comes to understanding what factors contribute to or shape the experience of these employees; good, bad or otherwise.

## 3. Methods

### 3.1 Introduction

In this chapter I discuss my research design and explore the philosophical worldview and research paradigm which underpin this and include a general discussion of qualitative research. I describe the process followed for data collection, as well as my rationale for why these data collection methods were used, which included ethical and best practice considerations, particularly for the selection and interviewing part of the process. The last section of this chapter discusses the process used for the data analysis.

One of the big and unforeseen external factors that delayed the completion of this thesis was the outbreak of COVID-19 in New Zealand which impacted on the research throughout its duration, through lockdowns, fear of the illness and public contact, and enforced self-isolation for COVID positive patients and their household contacts. All of these factors contributed to challenges with recruitment, such as not being able to meet for interviews, interviews being cancelled due to COVID-19 cases requiring household isolation, and ultimately resulted in delays to the timeline for completion of this research.

### 3.2 Research design

A research paradigm is a philosophical way of thinking, or a set of assumptions held about the world (Kuhn, 1962). The views and beliefs of a researcher will influence which paradigm a researcher chooses, and this will in turn inform their research design (Crotty, 1998). Bell et al. (2019) further state that a paradigm is used to “describe a cluster of beliefs and dictates that, for scientists in a particular discipline, influence what should be studied, how research should be done and how results should be interpreted” (p. 594).

This research, its approach, and design are based on my own philosophical worldview. My career in Human Resources, specialising in employment relations, has meant I have developed a worldview which holds that each person has a different interpretation of the same reality, with that interpretation being based on their individual values, beliefs, experiences and perceptions of the world. A large part of my working career has been focused on mediating disagreements between people with differing points of view and trying to bring them towards a consensus, understanding that each party’s reality, though different, is equally as true for each of them.

Ontology is concerned with how a researcher views the world and their beliefs and philosophical assumptions about the nature of reality (Kivunja & Bawa Kuyini, 2017). It is concerned with the question of whether there is a single true reality or multiple realities (Wagner et al., 2012). I identify with a constructionist ontological view, which holds that an individual's reality is constructed by the individual (Scotland, 2012). This is one of the philosophical assumptions which informs the research design of this study, as is the view that each person's reality is different, and as such reality is subjective and based on the individual's view of the world (Guba & Lincoln, 1994).

Epistemology concerns itself with truth and the nature of knowledge (Wagner et al., 2012) This research is underpinned by my own interpretivist and subjective epistemological assumptions. Interpretivism is concerned with developing understanding of the individuals' experiences of the social world (Kivunja & Bawa Kuyini, 2017). One of these key assumptions is the belief that different people exposed to the same events or experiences may create and attribute different meanings to these experiences (Crotty, 1998). It is the interaction between humans and the world around them through which reality is created and therefore understanding of the social world can only come from understanding the view of individuals who are participating in that world (Cohen et al., 2007). These ontological and epistemological viewpoints contributed towards the selection of qualitative research methods.

### 3.2.1 Qualitative research

Best practice evidence holds that the selection of methods and methodologies be guided by the ontological and epistemological beliefs of the researcher (Bell et al., 2019). The ontological and epistemological assumptions underlying this research align with the interpretivist paradigm and interpretivism in turn aligns with qualitative research methodologies (Pulla & Carter, 2018). The focus of qualitative research is to use the experience of interacting with participants to derive meaning and generate theory from that experience (Kivunja & Bawa Kuyini, 2017) and to provide understanding of, and insight into, behaviour, as well as to explain actions from the perspective of the participant without dominating the participant (Scotland, 2012). It puts the emphasis on words and images and views a social reality that is constantly shifting, and that what emerges in that reality is the creation of each individual (Bell et al., 2019). It emphasises a predominantly inductive approach, in that theory is generated based on the data collected (Scotland, 2012). Qualitative data looks to answer 'how, where, when, who and why' in a way that allows theory to be

built through the collection of non-numerical data (Pulla & Cater, 2018). Common collection methods include interview (group or individual), focus groups, case studies, observations, and inductively analysed artefacts and documents (Wagner et al., 2012). The decision to conduct semi-structured interviews as a means of data collection, to allow participants to provide their views of their experiences in a way that is accurate and meaningful to them and their individual reality, was guided by the purpose and best practices associated with qualitative research.

### 3.3 Data collection

#### 3.3.1 Participants

The first step in collecting data was to ensure that the participants recruited had experiences that were relevant to the topic of study and able to assist in answering the research question. In order to do this, I established participation criteria and used these criteria to ensure participants were relevant to the study. This is referred to as purposive sampling (Bell et al., 2019). The criteria for participants in the study remained consistent throughout the process and did not change based on the information collected.

To address my research question, I needed to interview women who were or had been pregnant for the first time while working. I made the decision to limit the study to women who had not returned to work to reduce the chance that their memory of being pregnant at work may be tainted by the events that had occurred since they had returned. For similar reasons, I restricted the participants to those who had left work within the last 12 months to reduce the potential impact of time fade on their memories, known as cognitive distortion (Halpert & Burg, 1997). However, women's stories of the events surrounding their pregnancy, birth, and the context around this have been shown to remain accurate over long periods of time (Sterk et al., 2002) so cognitive distortion was less of a concern. These criteria were included in the Participant Information Sheet (Appendix I) which was used to help participants assess their suitability for participation as well as to outline the interview process.

This study needed several participants, because the experience of one single person does not allow the social world to be understood (Kivunja & Bawa Kuyini, 2017). While I initially aimed to obtain 20 participants, interventions such as COVID-19 and time pressure meant that I stopped at 12 participants. This is consistent with the minimum interview sample size

recommended by Guest, Bunce, & Johnson, 2006 as cited in Onwuegbuzie and Collins, 2007, p. 289.

Of the 12 participants who took part in the research, one had resigned from her role since her maternity leave had started, one was facing redundancy while on parental leave, and one was actively looking for another role due to not wanting to return to the workplace. The other nine were intending to return to the roles they had previously been in (refer to Figure 1 for further demographic details). The youngest baby amongst the participants was just six weeks old, ranging right through to the oldest at 11 months. The tenure of the women in their roles before finding out they were pregnant also ranged significantly – from Angela<sup>1</sup> who had only worked for her employer for a few weeks, through to Fern who had worked for her employer for 15 years. Three of the participants had had assisted pregnancies (IVF), and while the gestation they chose to disclose to their managers varied from three weeks through to three months, the disclosure of the pregnancy to co-workers was at 12 weeks or later for eight out of 12 of the participants.

While the participants were not asked directly to classify their experience, based on the data collected, two had neutral experiences which contained notable positive and negative components with neither outweighing the other, two had predominantly negative experiences and eight had predominantly positive experiences.

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<sup>1</sup> Names have been changed to protect the privacy of participants

A pregnant perspective: Exploring the experience of first-time pregnant employees in the workforce in Aotearoa New Zealand

<b>Name</b>	<b>Role</b>	<b>Industry</b>	<b>Baby's age</b>	<b>Tenure when pregnancy confirmed</b>	<b>Told employer</b>
Daisy	Registered Nurse	Hospital (ICU)	11 months	11 months	12 weeks
Fern	Coordinator (Manager)	Big box retail (hardware)	10 months	15 years	12 weeks
Grace	Accounting Clerk	Accounting	10 months	Five years	10 weeks
Sophia	Constable	NZ Police	Seven months	Eight years	Eight weeks
Ivy	Retail assistant	Big box retail (hardware)	Six months	10 years	Four weeks
Cara	Manager	Tuition	Five months	12 years	Three months
Lisa	Mail Officer	Post	Five months	10 years	Four weeks
Angela	Barista	Hospitality	Three months	A few weeks	Three weeks
Krystal	Bar Manager	Hospitality	15 weeks	Three and a half years	13 weeks
Jessica	Service delivery manager	Bathroom ware sales	Three months	Six years	Seven weeks
Hope	Training Manager	Accounting	11 weeks	Three years	Six weeks
Briana	HR Manager	Hospitality	Six weeks	Five years	11 weeks

Figure 1 - Table of participants and demographic details

### 3.3.2 Recruitment

Recruiting for participants was both straight forward and challenging at the same time. I made two attempts to recruit participants. The first attempt at recruitment, a Facebook group post, was unsuccessful. The second Facebook group post received a much more positive response. Upon reflection there were significant differences in the posts, with the first one very academic in tone and lacking any form of engagement or energy. I believe this reflects my mental state at the time when I was struggling with postnatal depression, something that had not been identified at the time. In contrast, my second post was more energetic and engaging. I believe the writing style, as well as the offer of a free coffee (a gesture to recognise their time), was the difference between the markedly different responses to the two ads which had the same image content. Copies of both posts are attached as Appendix IV.

As discussed in the introduction, I had originally intended to complete 20 interviews, however the impact of COVID-19 prevented this being possible. When I had completed 10 interviews, I noticed that the responses had already been identified, suggesting theoretical saturation. I conducted another two interviews, and found nothing new, but had reached the minimum number of participants that is recommended for interviews (Guest, Bunce, & Johnson, 2006 as cited in Onwuegbuzie and Collins, 2007, p. 289). I terminated my data collection phase at that point.

### 3.3.3 Interviews

Interviews can be used to understand how people perceive things, the meanings they attribute to different experiences and how they construct their own reality (Punch & Oancea, 2014). This aligns well with my interpretivist paradigm which seeks to understand the social world as it is experienced by those in it (Wagner et al., 2012). I considered focus groups as an option for the collection of my data but ultimately selected semi-structured interviews due to the private and personal nature of the content. I was concerned that women would not want to talk openly in front of others about these private experiences, and potentially their employers, especially if they were intending to return to work and the experience had been negative. I was also concerned by the potential of other, more dominant parties to drown out the voices of the quieter participants, a problem identified by Dilshad and Latif (2013).

Semi-structured interviews were chosen as they allow a sufficient level of direction which ensures that the answers given and data collected carries suitable relevance to the

research topic and that all participants are asked the same questions (Bell et al., 2019) and they also allow participants to follow avenues of emergent discussion and pursue topics which hold the most relevance and importance to them (Jamshed, 2014). Another benefit that drew me towards semi-structured interviewing is that it allows the researcher to ask additional probing questions based on the responses given by the participant as opposed to having to adhere to a specific set of questions which may be too prescriptive (Bell et al., 2019).

Before commencing data collection, I conducted a pilot interview. Piloting allows a researcher to both practice their interviewing technique and skills as well as ensure that the data collected is going to be sufficient to answer the research question (Janghorban et al., 2013). To complete the first pilot interview, I approached a friend who had commenced her maternity leave but was yet to have her baby. Running through the process with her, including consent and information forms, allowed me to see whether everything flowed logically and made sense to someone who was not involved in my study. It provided insight into the experience my participants would have, and to ensure I was comfortable with the duration of the interview, which was found to be around 45 minutes. Some of the issues the first pilot highlighted were the lack of flow between some of the questions and the difficulty matching the answers to the topics and concepts identified in the literature review. The questions did not obtain the information required to answer the research question. This resulted in me returning to the literature, adjusting the angle of my focus, and rewriting the sections of my literature review and in turn lead to some adjustment and rewording of some of the interview questions as discussed previously.

After completing the rewrite of my questions, I conducted a second pilot interview with my ex-supervisor, Dr. Kate Blackwood, who had gone on maternity leave in the time since my thesis had started. Kate provided both an opportunity for me to explore my comfort level with the questions, as well as being able to provide unique and valuable feedback on the structure of the questions.

While recruiting enough research participants was more straightforward than I expected, there were other unexpected challenges that arose. All 12 interviews were scheduled to be completed by early August, however researcher and participant illnesses and young children combined, resulting in numerous postponements.

The approach for conducting interviews changed from inception to completion. Initially I had intended to conduct the interviews in a public location. However, upon reflection following conversations with Kate in my second pilot interview, I realised that public locations would likely make transcription difficult due to background noise. I offered all participants the option to choose between meeting somewhere public, coming to my home, or me visiting them at their home. One person chose to come to me and the other 11 all requested that I visit them at their home. All participants were at home with only their child at the time of the interviews.

In order to help participants feel at ease, I brought them a coffee or hot drink of their choosing and often talked about my maternity experience and my children with them in an attempt to build commonality and help them feel I could relate to and understand them. I made an effort to engage in a relaxed, social discussion with participants before the interview in order to build this rapport.

All participants had previously read and agreed to the participant information sheet and the consent form. The majority of the interviews lasted between 35 – 50 minutes, with a few being slightly shorter around 20 minutes and one lasting just over 10 minutes. In all situations, the participants were asked the same questions, with exploratory or probing questions as required. It became apparent quite quickly that some people had much more to say and were more willing to talk than others. All interviews were recorded for intelligent verbatim transcription to allow me as the researcher to listen more actively to the participants during the interviews (Edwards, 1996).

### 3.4 Ethics

After completing the initial Massey Ethics screening questionnaire, it was identified that this research would require full ethics approval from the committee. This was required primarily because the nature of the discussions had the potential to bring up unpleasant or challenging negative experiences for participants, which could potentially cause harm to one or both parties, given that revisiting unpleasant experiences can potentially be traumatic for both the interviewer and the interviewee (Fahie, 2014).

Avoidance of harm (non-maleficence) is one of the five ethical principles that need to be considered when conducting research with human participants (Massey University, 2017). Following some minor amendments, the full approval from the Massey University Human

Ethics Committee was granted on 14<sup>th</sup> July 2021 and is attached as Appendix III. Because avoidance of harm was the primary trigger for the research requiring full ethical approval, I reiterated to participants, where relevant, that there are organisations who can provide support and pointed out that these organisations were detailed on the participant information sheet. This was also managed through using a self-referral process whereby participants needed to initiate the contact and had to approach me to participate. Avoiding harm in this context also meant ensuring that participants did not feel concerned as to whether they could attend with their baby, given the likelihood that many participants would have already given birth. For this reason, participants were offered their choice of location. I offered regular verbal reassurance to participants that they were welcome to take as many breaks as required to tend to the needs of their baby. Most did take a break to attend to their baby at some point and the large majority had their babies present for the interviews.

Obtaining informed consent was another important ethical consideration (Iphofen, 2009). Information regarding consent was included in the participant information sheet which was signed before the interviews took place, and read once again at the onset of the interview. Consent was sought before recordings were commenced, and participants were also given a specific timeframe within which they were permitted to withdraw their interview from the research findings, should they change their minds. I reminded participants at the beginning of the session that they were welcome to let me know if there were any questions they did not want to answer and were able to withdraw or take a break at any stage of the interview if they wished to do so.

### 3.5 Data analysis

I transcribed and formatted all interviews myself and then completed thematic analysis of the data using the Nvivo 12 software. When completing the thematic analysis of the data, I used Braun and Clark's (2006) six step method which includes: familiarisation with the data; generation of initial codes; search for themes; reviewing of themes; definition and naming of themes; and production of the report.

The first familiarisation with the data was during the transcription. Transcribing the data allowed me time to reflect on it and, as the number of interviews increased, to start reflecting on connections or points of interest that appeared. I read and reread the transcripts multiple times, including listening to the recordings while reading the transcript on at least

one occasion for each interview. This not only increased my familiarity with the data but also ensured the accuracy of the transcription.

Following familiarisation with the data, the next step was generating the initial codes (Braun & Clarke, 2006). Given that the purpose of this research was to explore and understand the experience of pregnancy in the workplace, inductive analysis was used whereby the codes and subsequent themes were not directed but, as Creswell (2014) identifies, were emergent from the data. This process allows for unexpected themes to emerge from the data (Roberts et al., 2019). To ensure the process followed was robust, I tracked the coding process which included recording all codes present at the end of the final coding and then the combination/recombination of these following additional read throughs.

On several occasions I also met with my supervisors to check my coding process and to get their feedback. One session yielded the useful feedback that some of my codes were too generic and that this would make it difficult to allocate or understand them when it came to the write up. An example of this included the code for “COVID-19”. Upon getting this feedback, I returned to the data and reviewed everything coded “COVID-19”, eventually separating this out into four separate codes as below.

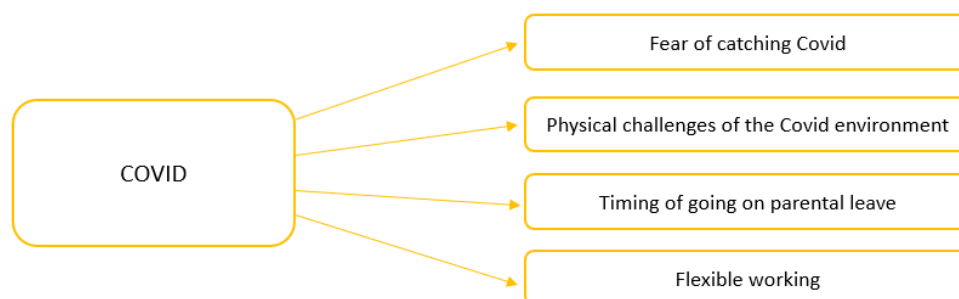


Figure 2 - Revision of 'COVID-19' code to more specific codes

This happened for several of the other codes, including ‘organisational culture’, ‘managers were supportive’, and ‘managers were not supportive’. This breaking down of the codes into more detailed codes ultimately made the process of writing up the findings and discussion much easier.

Once the inductive coding process described above had been completed, I began the search for themes. The themes were generated inductively as opposed to being deductively generated from existing theory or prior research (Bell et al., 2019).

Some of the themes had already started to emerge during the coding process. I tracked the process of organising the codes into themes as I worked through to decide which ones were relevant to the research question and how they fit together. Much of this was done by saving documents with different dates showing the different iterations and changes as I moved through the coding process. An example of how one of the themes was developed is demonstrated in the figure below.

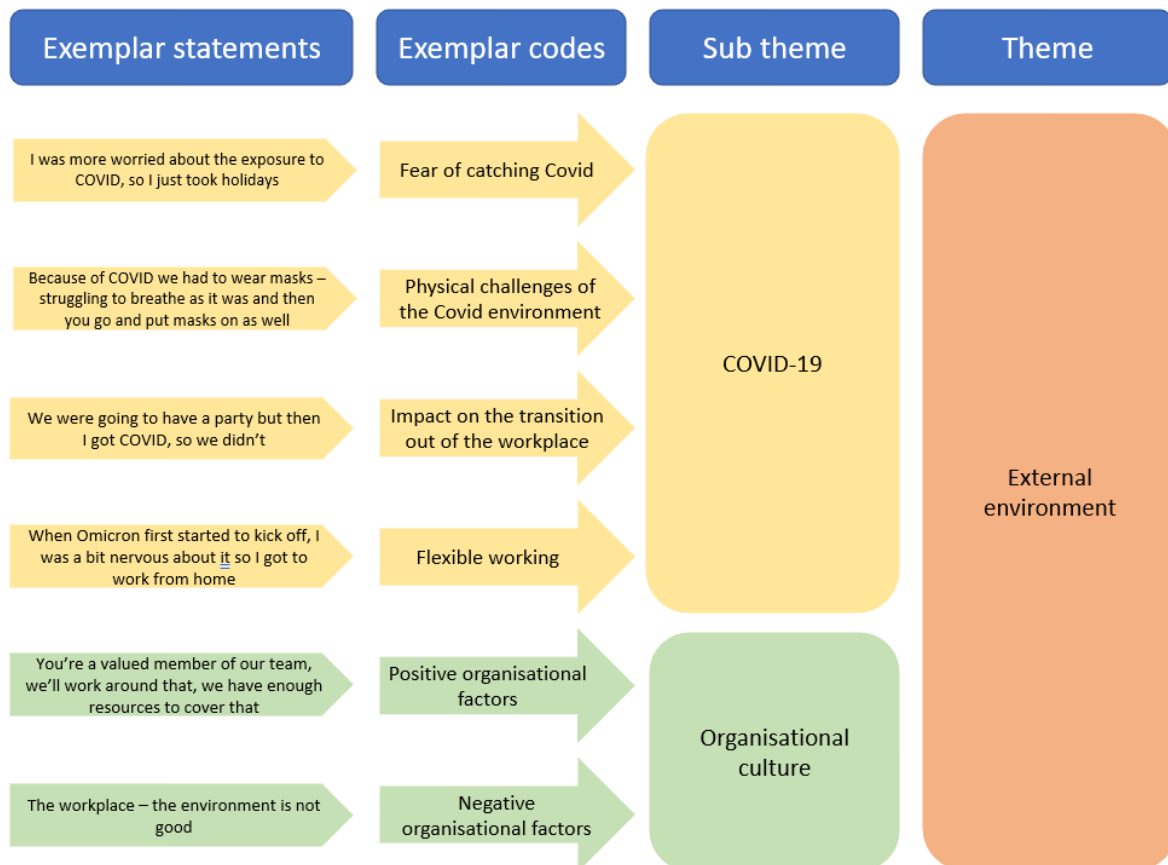


Figure 3 - Example of coding process for a full theme

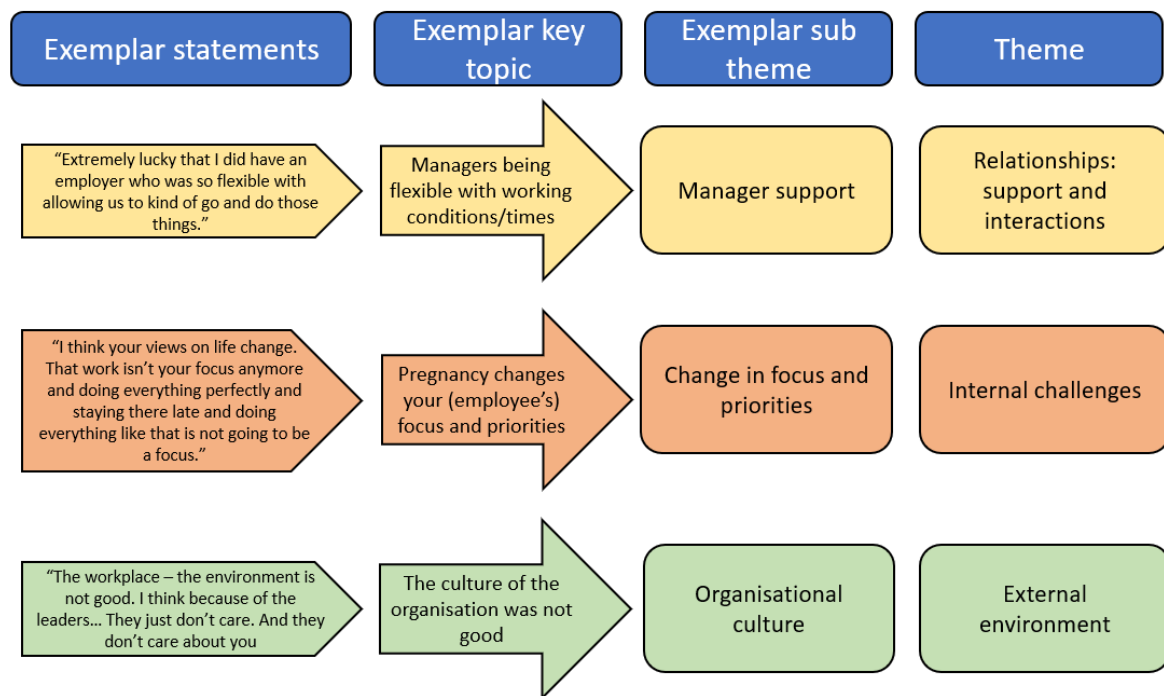


Figure 4 - Example of coding process for each theme

**Figure adapted from O'Brien and Linehan (2018)**

The initial set of themes were, upon review, too specific and several of the themes I had developed were able to be combined into larger themes that encompassed those ideas. This happened both in the first stage creation of themes, and again following the completion of the findings write up. During the initial theme naming, three themes appeared which I roughly titled “personal beliefs or challenges (physical)”, “personal beliefs or challenges (mental)” and “personal beliefs or challenges (mental – future)”. Once the first review was done, I could see that these themes were all sub-themes of the overarching idea of “Internal challenges”, and they were subsequently integrated into this theme.

Initially the behaviour of and relationships with management, co-workers and third parties were written up separately. Upon review, it became apparent that there were many crossovers between the content and codes of the different themes, albeit named slightly differently. These were finally brought together and combined to demonstrate elements of sub themes under the overall theme of “relationships with other parties in the workplace.”

Once the themes had been produced, I began the write up. During the write up I ensured that any organisation names, town names, or other identifying features were removed to protect the anonymity of participants. All participants were assigned pseudonyms. Direct

quotes were included to help give the reader a good understanding of the participants' recounts, as well as to create a strong linkage between the ideas being presented and the original data (Nowell et al., 2017). Once the findings had been written up the discussion was then woven into the findings. Linking the findings to literature to brings credibility and merit to the selection of themes (Nowell et al., 2017).

## 4. Findings

The previous chapter outlined the research design including the data collection, participant recruitment, challenges during the process, and finally the process used to analyse the data collected. This chapter details the findings of the research, structured under the three main themes that emerged from the data.

The focus for this research was on understanding the experiences of first-time pregnant employees in the workplace, and the factors that shaped or impacted this experience. The research examined these experiences from the perspective of pregnant employees and identified several internal factors, external interactions and contextual factors that are formative in shaping these experiences.

### 4.1 Overview of key themes

Three key themes were identified as being significant in helping to understand how women experience being pregnant for the first time in the workplace in Aotearoa New Zealand. These themes were:

- Relationships: support and interactions with other parties
- Internal challenges
- The external environment

These themes draw attention to the experience of being pregnant in the workplace for the first time through the eyes of the participants and provide a framework which allows consideration of how different factors may shape or impact on that experience. The themes do not sit in isolation of each other, instead the data seems to indicate that there is a level of interdependence and impact that each may have in shaping the other, highlighting the importance of considering the experience as a whole, not just as three separate parts.

The themes will be discussed in more detail in the next section. At the beginning of each theme is a diagram showing the derivation of themes from sub themes and sub themes from codes to aid in the understanding of how the themes and sub-themes were developed.

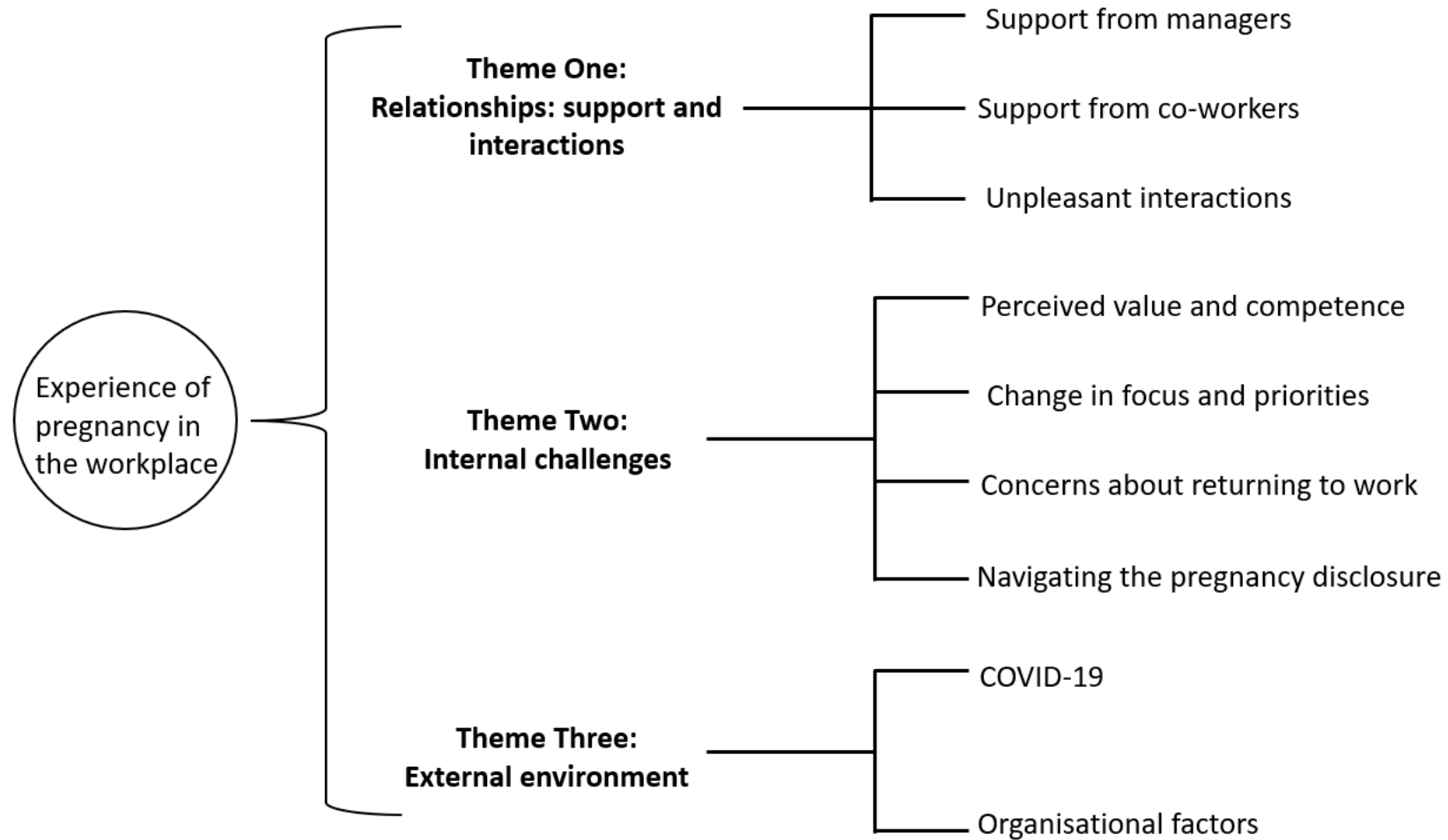


Figure 5 - Theme tree showing themes and sub-themes

## 4.2 Theme One: Relationships: support and interactions with other parties in the workplace

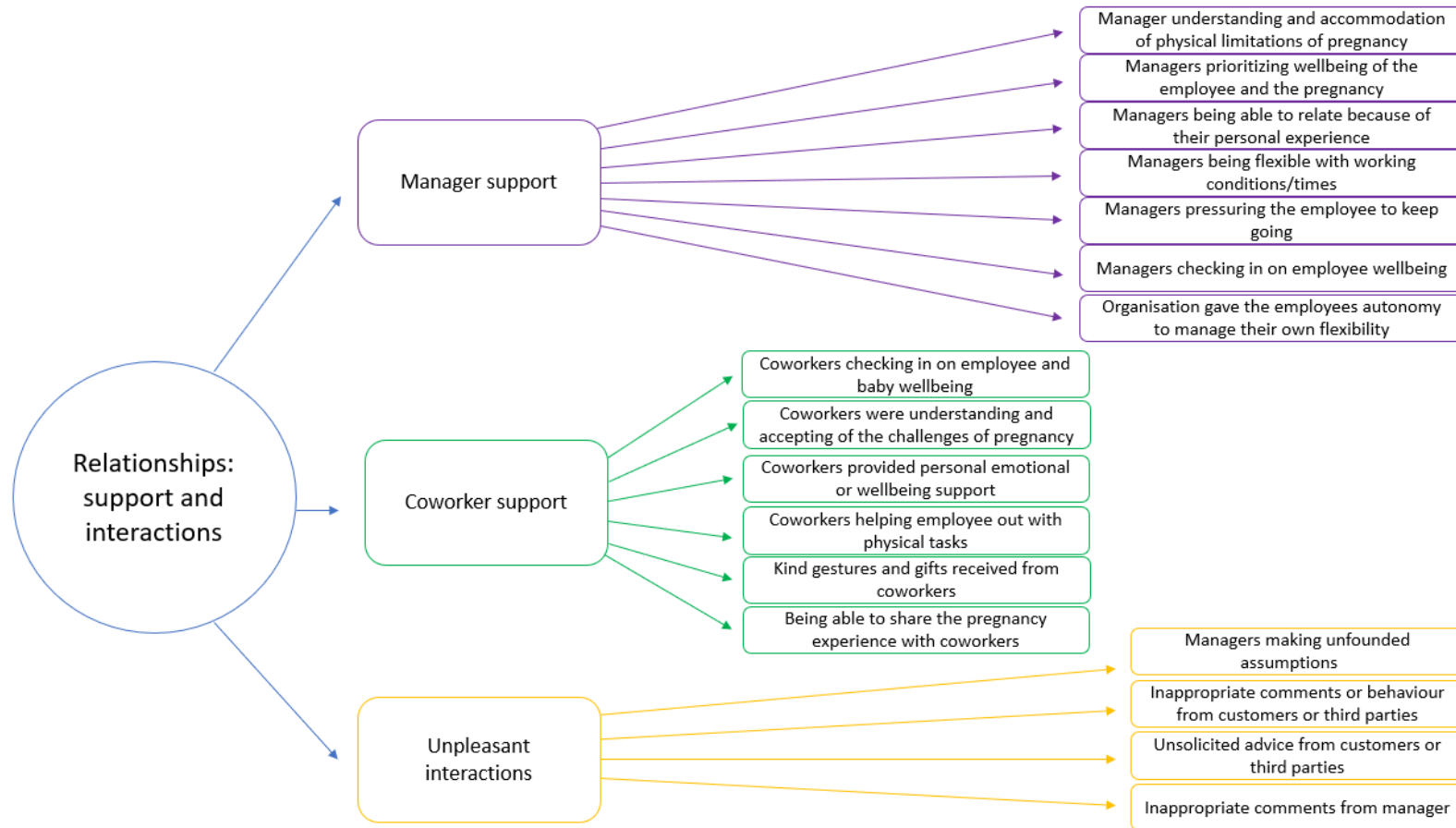


Figure 6 - Theme tree showing theme derivation for Theme One: Relationships and interactions with other parties in the workplace including themes, sub-themes and codes

The impact and influence of relationships, specifically related to supports and interactions with other people in the workplace was identified as having the most significant impact on the experience of being pregnant in the workplace for the first time. The specific relationships and interactions mentioned included those with managers, co-workers and third parties such as clients and customers and these are discussed in the following sections.

#### 4.2.1 Support from managers

The presence or absence of support from managers dominated many participant discussions. The majority of participants discussed the importance of workplace flexibility provided by their managers, as well as the discussions around support which accommodated the physical challenges and limitations of pregnancy. The importance of these accommodations was strongly connected to pregnant employees feeling empowered by managers to act and work in a way that did not put their or their baby's wellbeing at risk.

Nine of the participants referenced the degree to which they felt their managers had or had not shown understanding and a willingness to accommodate the physical limitations of pregnancy. Managers who were understanding and provided accommodation were also seen by participants to be prioritising the wellbeing of pregnant employees and their babies, which was reflected upon very favourably and contributed to a positive experience. Much of the reference to the importance of wellbeing was made indirectly rather than being overtly articulated, and only became apparent during the data analysis phase. The main challenges participants required understanding for were related to their reduced ability to do certain tasks, such as limitations resulting from morning sickness or restrictions relating to heavy lifting or other similar physical impediments.

When it came to accommodations and support, even small gestures were appreciated, such as:

- Being allowed to wear non-uniform clothes when she grew out of her uniform (Sophia),
- Being given a footrest and a Swiss ball to make her desk more comfortable (Grace)
- Being given a standing desk when sitting became too difficult (Jessica)

- Doing fewer hours than normally required during busy times, such as stocktake, since she tired more easily, as well as not being expected to lift heavy items once her pregnancy became known (Fern).
- Not having to interact with potentially aggressive patrons. *“Us two girls who were pregnant were not allowed to check vaccine passes... they didn’t want anyone to put me or the other girl in a risky situation.”* (Angela)
- Ensuring rosters were done so the pregnant participant had support for physical tasks (Angela)

Sophia, Grace and Jessica all recalled comments from their employers which made them feel supported and empowered to look after themselves, leading to a perception that their managers prioritised their wellbeing over work which was viewed very favourably. Sophia’s manager enabled her to go home whenever she was feeling unwell or tired, with Sophia recalling that she felt he was *“really supportive of me looking after my health.”* Sophia attributed her positive experience directly to her *“supervisor and my colleagues in my immediate work group just being so caring and asking questions and checking in and making sure I was ok”*. Grace similarly expressed her gratitude for management support for her wellbeing, recalling she *“never had to be scared that they were going to say no, that I can’t do whatever is best for me and my child.”*

Angela and Christie both worked in hospitality, and their work included heavy lifting (e.g. bringing in the outside umbrellas or lifting kegs), cleaning and hours on their feet. Both were appreciative of the managers’ views that they should not do this work, and for the assistance from their colleagues, who picked up that load. Angela, for example, was moved from waiting tables to the register, and was rostered with someone who could do the heavier tasks. Christie similarly received extra assistance but was most grateful for the understanding shown when she was experiencing morning sickness, recalling *“knowing I could sort myself out before having to do my job... and my job comes second, and they understood that was really good.”* When asked how she would describe her experience of being pregnant at work for the first time, Christie’s response focused heavily on the support she received, specifically mentioning both reduced physical capabilities as well as morning sickness. Christie recalled *“I just liked that I could still work, still have the support and know that people are going to have my back like if there’s things I can’t lift or there’s something I can’t do.”*

Ivy and Lisa, whose experiences are described as ‘negative’, talked at length about the lack of understanding and accommodation and the pressure from management to ‘keep going’. Unsurprisingly this led to the participants feeling that work was being prioritised over their wellbeing, and ultimately a negative overall experience for those participants. Ivy’s request for light duties was declined, and she started to develop stomach pains due to continuing in her substantive role. When asked what would have improved her experience of being pregnant at work, Ivy specifically stated:

*“Having more support... I would have to lift 10L pails of paint, sometimes 20 or more a day. I had to keep doing that right up until I had a breakdown and my manager saw and then told me to get someone else to do it.”*

As well as the physical pains, Ivy also reflected that she would have appreciated being put somewhere that allowed her to work to her full capacity for the duration of the pregnancy instead of being made to feel like a burden on others in the workplace. Because of this failure to accommodate her physical requirements, Ivy felt pressured to keep going, even when she was getting pains in her stomach, and to put both her health and the health of her baby at risk as a result.

Lisa had a similar experience with her managers not willing to accommodate the physical challenges of pregnancy and felt constantly pressured to pick up overtime and do additional work she felt was beyond the capability of her pregnant condition. Discussion of the lack of support and accommodations dominated Lisa’s interview. For Lisa, the experience was so severe, it resulted in her contacting Worksafe and having them come into the workplace to assess the situation. Lisa felt that *“they [her managers] just treat it (pregnancy) as another injury, and they aren’t very good with people who are injured or people who can’t do their job to 100%.”* Lisa felt that her workplace said all the right things, telling her that there was support in place, but in practice nothing was offered and the little support she did receive was as a result of her asking for or demanding it. Lisa’s doctor and her midwife supported her claim that the pain and bleeding she was experiencing resulted from heavy lifting, but when Lisa told her manager she was not doing overtime as a result, the manager responded *“I understand ... I’m not happy about it.”*

This theme supports the notion that how women experience being pregnant at work for the first time is closely linked with the quality of the relationships in the workplace. Of particular importance within these relationships and relevant interactions, are the presence or absence of

unsolicited comments and questions, emotional support in the workplace; particularly from co-workers; and the support and accommodations required from management to ensure they felt empowered to do what was right for them. Participants strongly emphasised the importance of how these relationships played out as a formative part of describing their experience being pregnant in the workplace for the first time.

Another form of management support that was highly valued and contributed towards a positive experience for participants was the flexibility those managers provided. The importance of flexibility was discussed by nine participants, and one additional participant talked about the lack of flexibility being an issue. Different types of flexibility were important to participants, including flexibility to work from home to avoid COVID-19, to reduce hours as the pregnancy progressed and working became more difficult, to decide when they would take parental leave and to attend appointments related to the pregnancy.

Pregnancy scans and midwife appointments, of which multiple are required even for a normal pregnancy with no complications, often fall within ‘normal’ office working hours, and having flexibility to navigate attending these appointments was something many participants valued. Lisa was the only participant who discussed a lack of flexibility and recalled having to schedule all her pregnancy-related appointments outside of work hours because of this. Although only a small gesture in the overall experience of workplace pregnancy, it had a memorable impact on participants’ experiences, with most of them having very clear memories of how the situation was handled.

Other examples where flexibility was valued includes when Angela had to leave work suddenly during her shift due to complications, her manager said *“take a sandwich and go.”* The support made Angela feel *“included and appreciated,”* and when she had to finish work suddenly at 34 weeks, the willing support of her managers helped to cement Angela’s workplace pregnancy experience as a positive one.

*“I knew they didn’t have a replacement for me yet... They were just really accommodating with the fact that they knew they would struggle over that weekend and instead of making me feel bad, which is what I expected, they were totally chill with everything.”*

Grace was very grateful for the flexibility her employer offered because a midwife shortage in their remote location meant she and her partner had to travel an hour and a half in

each direction all their appointments. Grace recalled feeling *“extremely lucky that I did have an employer who was so flexible with allowing us to kind of go and do those things.”*

Sophia and Fern appreciated the flexibility their employers gave them to do what they felt was right for them. Sophia’s experience of being pregnant at work was *“better than what I expected,”* and when asked why, she specifically credits the flexibility her manager gave her to do what she felt comfortable doing.

#### 4.2.2 Support from co-workers

Emotional support provided by co-workers improved participants’ perceptions of their experience of being pregnant at work, with 11 of the 12 participants mentioning their behaviour and being appreciative of how that made them feel. The one participant who did not mention support from co-workers (Briana) worked in an independent and highly autonomous role with only a very small number of co-workers whom she connected.

Interestingly there are many parallel supports, behaviours and gestures described in the context of both managers and co-workers. This appears to indicate that the support itself is what is notable for the participants rather than who it was exhibiting those behaviours.

Being able to share the experience of pregnancy with their colleagues was something that participants valued and felt positive influenced their workplace pregnancy experience. When asked what made their experience positive, both Hope and Daisy talked first about their co-workers checking in on the wellbeing of them and their growing baby. Other examples of support that participants valued included co-workers showing interest in how things were going, particularly after scans; asking how it had gone and how the baby was doing. For Sophia, a big positive she recalled was when *“my supervisor and my colleagues in my immediate work group just being so caring and asking questions and checking in and making sure I was ok.”*

Discussion around the importance of emotional support related primarily to relationships with colleagues as opposed to managers, indicating that this was where participants tended to lean into for their emotional support in the workplace. Many of the participants talked about co-worker support following the question *“overall how would you describe your experience of being pregnant at work for the first time?”*, demonstrating a perceived link from the participant’s perspective between this support and their perception of their workplace pregnancy experience as a whole. Hope directly correlates her positive

pregnancy experience with the support of her co-workers and views the experience as positive overall despite experiencing challenges, such as high workloads, which could easily have led to a more negative perception of her experience.

Some of the other challenges the participants talked about needing support for were related to their reduced ability to do certain tasks. This reduced capability generally came as either a result of morning sickness or of restrictions relating to physical limitations such as heavy lifting.

Daisy, a nurse, talked about the difficulty of having to put needles into patients while she battled morning sickness, but recalls *“people were really good about it if I needed to step out... my workmates especially made sure I was doing ok.”* When asked about how she would describe her experience of being pregnant at work for the first time, Christie’s response focused heavily on support, specifically mentioning both reduced physical capabilities as well as morning sickness.

*“I just liked that I could still work, still have the support and know that people are gonna have my back like if there’s things I can’t lift or there’s something I can’t do then someone is going to come in and pick the torch up and carry it on... Just the support and the understanding of people because I got really bad morning sickness and things like that and knowing I could sort myself out before having to do my job.”*

Feeling unwell and dizzy and having to leave work in a busy hospitality role, Angela expressed her gratitude for the support of her co-workers, including their response to her guilt for leaving them when they were busy:

*“They never made me feel bad for having to go. Whenever I’d ask about how things went after I left, they’d say totally fine and again didn’t make me feel bad for leaving. Whereas in previous employments even without being pregnant, you leave early, and you’re made to feel like you’re a burden.”*

Gifts and kind gestures were also valued by participants. Gift giving appeared most important to participants when it was outside of the ‘normal’ farewell event, including an instance where a co-worker gifted Fern a number of baby items they no longer needed for their baby in order to help her out. Emma described a particularly kind gesture she experienced from one of the other nurses on shift during her pregnancy, where the nurse got an ultrasound machine so Emma and her husband could see their baby for the first time. Lisa

valued the support she received from other co-workers who had previously expected her to help them out because of her younger age. She recounted:

*“As soon as they found out it was just that grandmother switch or grandfather switch in their head just went on... their perception of me changed it went from ‘oh you’re just a baby you don’t what you’re talking about’ to ‘look you’ve got the glow going on, what can we do to help’.”*

### 4.2.3 Unpleasant interactions

The receipt of comments, questions and unsolicited advice negatively impacted the participants' experiences. The prevalence of comments regarding the conduct of third parties is particularly interesting and most of this discussion came after the question ‘During the time you were pregnant at work, can you think of any experiences or interactions related to your pregnancy (positive or negative) that stand out?’ The participants discussed a few positive experiences relating to supportive comments, but mainly focused on the awkwardness and unpleasantness of dealing with the negative comments and invasive questions.

Invasive questions and behaviours were one of the main interpersonal interactions that impacted participants, with four out of the 12 participants talking about them specifically. The persistence of these invasions led to participants feeling uncomfortable and frustrated, ultimately leading to them feeling as though they had to develop techniques and workarounds to prevent the invasions and associated discomfort.

Grace recalled having clients who would touch her pregnant stomach without permission and recalled the difficulty of trying to balance respect for the client relationship with her personal preference not to be touched. Some of the invasive questions included asking how participants were planning to give birth and whether they were planning to have an epidural (Angela) as well as whether their pregnancy was planned (Grace). It was not just the nature of the questions that were invasive but the frequency with which they were repeatedly asked the same questions such as ‘when are you due?’ or ‘what are you having?’ Ally recalled feeling that *“they (clients) felt that they were allowed to ask you personal questions.... I know some of my clients very, very, very well but I still don’t want to talk about my fertility issues with them. It’s none of their business.”*

Grace became so frustrated with third parties querying whether her pregnancy was planned and the inappropriateness of the question that she began to provide an equally uncomfortable and inappropriate answer to make the questions stop.

*“I started giving people real intense answers... such as ‘we were just having a lot of sex and it just happened’ and just to watch their expressions... if you’re going to make me uncomfortable, I’m going to come back at you and make you equally uncomfortable. Because it’s not OK.”*

The invasive questions made participants feel as though they had no privacy while they were pregnant in the workplace. Angela specifically recounted older ladies looking at her hand to check if she was married once they realised she was pregnant. Ally reflected on these continued invasions and the feeling that being pregnant in the workplace made people feel entitled to information about her, recalling: *“I don’t think it’s fair on women that we have to share so much personal information about ourselves when we’re pregnant and there was a lot I didn’t want to share with people.”*

The inappropriate comments made to pregnant participants by managers, colleagues and third parties also negatively impacted their experiences. Comments primarily included unsolicited advice relating to their pregnancy or motherhood, comments about their physical appearance as well as being subjected to the other women’s birth trauma stories.

Ivy and Christie had experiences that were classified as negative overall and both women talked about inappropriate comments they received from their managers being a large part of this negative experience.

When asked if her perception of the workplace had changed because of the experience she had being pregnant at work, Ivy recalled that she did feel differently about her manager, and was readily able to recall some of the most upsetting comments that had contributed to this feeling, including:

- Her manager telling her *“I’m giving you a year’s notice that when you come back, you’ll be doing hours that suit the business and not hours that suit you.”*
- When she presented the manager with a medical certificate stating that she was not to do any heavy lifting due to stomach pains, her manager responded, *“that’s a real pain in the arse, isn’t it?”*

Inappropriate comments from managers were one of the most significant factors in Lisa's negative experience as well, and Lisa felt many of the comments were intended to "guilt trip" her for not doing overtime or work which she found difficult. They included comments such as:

- *"We can't get through this day without you".*
- *"We would have got through it today if every one of you'd been pulling your weight".*
- Snide remarks about pregnant people about what pregnant people (Lisa included) could and could not do, for example *"they can't do this, they can't do that".*
- *"Oh no they can't do that because they're feeling precious today."*

The comments were so impactful they drove Lisa to tears at times. She recalled:

*"I bawled a few times...I walked off the floor I felt like I can't do this. And in response to that all I got was 'oh well you know your emotions are high, you've got hormones running through you'."*

Grace reflected on her experience and said:

*"I don't know what it is about pregnancy and children... There's this really awesome unspoken connection you get with all these other mothers... But on the other side you've got this – I don't know what it is – but it kind of opens up these doors for every single person in the world that has ever existed to criticise you, to impart their "wisdom" and to tell you all of these things that you may not actually give a shit about."*

Some of the advice and comments also related to the tasks associated with pregnancy and motherhood. Grace received advice about breastfeeding, particularly people telling her she had to breast feed and trying to explain why. Sophia found it tended to be women who had had children who were often negative, making comments such as *"oh get ready for no sleep and sleepless nights"*. Much of this advice, the comments and the warnings, left participants feeling nervous and apprehensive about what was to come.

Participants also endured unpleasant comments about their physical appearance, specifically their increase in size; something they did not want to hear and did not know how to respond to. Example comments included:

- *“I didn’t even know you were pregnant – I just thought you always looked like that.”* (Angela at 30 weeks pregnant)
- *“You’ve got really big.”* (Sophia)
- *“She stood next to me one day and she was like ‘hello fatty... it’s the only time in someone’s life where it’s cute to say that’.”* (Daisy)

Women also seemed overly willing to share their birth trauma story with the expectant participants. Ally had a client, who was also a mother, who insisted on sharing her birth story repeatedly.

*“(She) came in and just told me horror stories about her birth delivery... I don’t wanna hear this.... To the point where I said to my colleague ‘look if you see her come in can you chat with her’... every time she picked up her son – he came twice a week – she would have a new horror story for me.”*

Hearing the traumatic birth stories and warnings was upsetting and often scary for the first-time expectant mothers, so much so that some participants, such as Ally above, went out of her way to avoid having to interact with those third parties.

The relationships that participants had with others in their workplace, and in particular the support they received from their managers and co-workers, was one of the most significant factors that shaped their experience of being pregnant at work for the first time. Participants often equated managers’ willingness to accommodate the physical challenges of requirements of their pregnancies with managers being supportive of letting participants act in a way that prioritised the wellbeing of them and their unborn child, both of which were viewed very favourably. Support from co-workers encompassed primarily emotional supports and connecting with peers over shared experiences or colleagues showing interest in the pregnancy and its progression. Unpleasant interactions, including inappropriate comments and unsolicited advice, amongst other things, also had a notable impact of participants’ experience. While some of the unpleasant interactions were with managers and colleagues, many came from an unexpected and surprising source; third parties such as customers and clients and were generally quite upsetting for participants.

### 4.3 Theme Two: Internal challenges

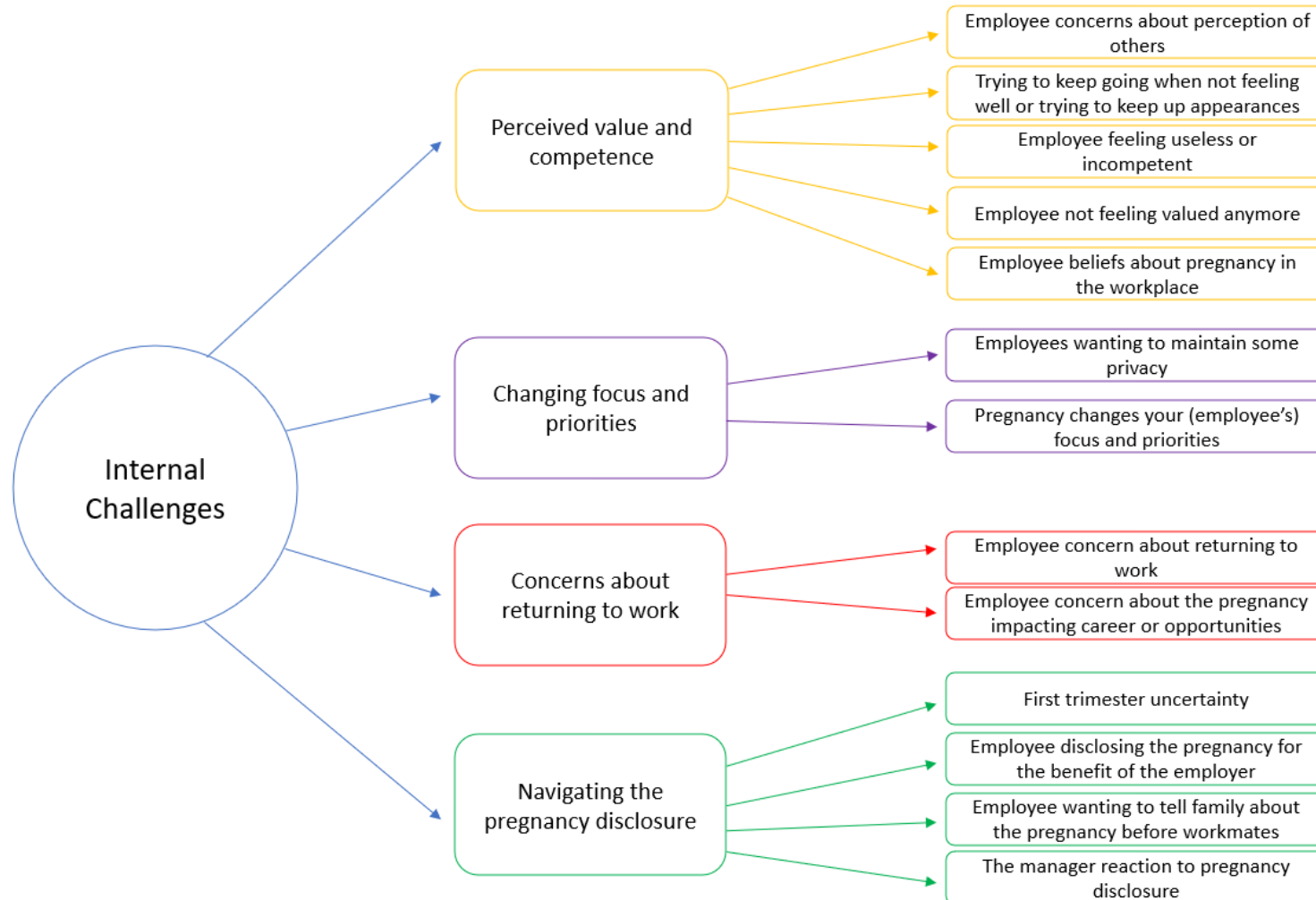


Figure 7 - Theme tree showing theme derivation for Theme Two: Internal Challenges, showing themes, sub-themes and codes

Many of the points discussed by the participants during the research related to their own internal battles and challenges during their time being pregnant at work. Some of these were realised but many were also concerns that did not come to fruition, often based on preconceived beliefs about pregnancy in the workplace or the experiences of other individuals. There were many internal challenges which shaped the participants' experiences. These included: processing the changing shift in priorities, often solely from work to having to balance work with the baby's wellbeing and impending motherhood. There were also the challenges with participants' own views related to their internal perceived value and competence in the workplace as their bodies began to change and become less reliable; the experience of choosing how and when to navigate the disclosure of their pregnancy; and concerns about returning to work. Often these concerns about returning to work had root in the experience participants had had of being pregnant at work.

#### 4.3.1 Perceived value and competence

Many participants harboured strong concerns about their value in the workplace while pregnant, and these concerns were often based on the perception they felt others had of them and their work. For some participants, these mental stressors arose out of pre-existing beliefs about pregnancy in the workplace, evidenced by several participants articulating that their worries stemmed from stories and anecdotes they had heard from others regarding the treatment of pregnant employees. Fern, who had the only positive pre-conceived beliefs about the treatment of pregnant women in the workplace, reflected that:

*“As women, if we said we were going to have babies then we wouldn't get the promotion or we'd be looked down on because of it...we're now in an era where it's not such a crime to have a family and a career. I focus a lot on my career and now I'm focusing on having a family, but I still want to have both.”*

Many of the negative beliefs were developed based on the comments and experiences of friends and family, and these beliefs, in turn, shaped participants' expectations of what being pregnant in the workplace would be like.

Hope had not expected her experience of being pregnant at work to be as positive as it was, instead expecting it to be *“handled differently... in more of a negative way... I was expecting 'oh you're pregnant you can't do this'.... Kind of being limited.”* Hope did acknowledge that many of her views were based on experiences in her home country of

South Africa, a country which had significantly fewer legislative protections for pregnant women than New Zealand does.

Angela had expected to be “*guilt tripped*” for requiring time off for reasons related to her pregnancy, and felt “*being pregnant in the workplace has such negative connotations, especially in hospitality,*” while Christie, who also worked in hospitality, echoed this, stating “*from the outside I suppose you’d think it wouldn’t be (a positive experience during pregnancy) because it is such a demanding restaurant/pub.*”

Over half of the participants (seven out of 12) were concerned with how others would perceive them while they were pregnant in the workplace, and many expended large amounts of time and energy trying to allay the concerns they perceived others would have about them. Daisy went out of her way to avoid showing weakness during her pregnancy. Daisy described herself during her first trimester as “*a bit useless*” and articulated her desperation to not be perceived as “*a flop*”, while also acknowledging that the behaviours of other pregnant women in her workplace had shaped her expectations of herself.

*“Someone had talked about her in her first pregnancy and how amazing she was and how she worked... and given birth two days later. The other one... she was just amazing. She’s a really strong woman and I was like ‘I want to be like her’. She had a miscarriage though and she had felt it start but had finished her shift because she felt ‘I can’t go home there’s no staff.’ So, I kind of had that in my head, that she’s that strong so I want to be like her because everyone looked up to her, but I think that was more my perception.”*

This perceived need to hold herself to this self-imposed standard led Daisy to push herself harder than she would have liked and agreed that she would not be so worried about that in her next pregnancy.

Angela was also concerned that her managers and co-workers would perceive her useless or incompetent because of her pregnancy, recalling:

*“People have opinions about you and your pregnancy...I didn’t want to be ‘the pregnant girl’, I’m a person too and my work ethic and what I do day to day has not got anything to do with my pregnancy.”*

Jessica felt that there was perception that as a pregnant woman she would be “*a bit more hormonal and unbalanced*” and both Fern and Sophia were concerned they would be

perceived as 'lazy' for taking time off. In her role as a police officer Sophia was also concerned that she would have decisions made about her and her work because of the perceived risk of having a pregnant woman in policing work. Both Angela and Daisy recalled feeling frustrated at the behaviour or comments of others insinuating that they were not capable of doing their jobs.

Given their concerns about the perception of others, it is unsurprising that the women, at times, felt incompetent or no longer valued because of their pregnancies, with several becoming frustrated by continued assumptions about what they were or were not capable of.

Ivy recalled that *"when I couldn't do that (extra hours) anymore I felt like I wasn't as valuable,"* and Jessica was excluded from decision making, finding herself pushed aside by her replacement and recalling being made to feel *"like it wasn't my team anymore and as if I was never going back to it... it's not cool. I have full intentions of going back into work and back into this role."*

Feeling like burdens, like they were seen as incompetent or not valuable members of the team were all examples of some of the ways in which the participants felt that their competence and value was questioned, which for many contributed negatively towards their overall experience of being pregnant in the workplace.

#### 4.3.2 Change in focus and priorities

Almost half (five out of twelve) of the participants felt that their perceptions of life, their areas of focus and their priorities had changed while they were pregnant in the workplace. This generally reflected a shift from prioritising work to prioritising their own and their baby's wellbeing, which ties closely to the previous section discussion on the importance of participants feeling empowered to prioritise their baby's wellbeing. This shift in focus had an impact on how women felt about being pregnant at work, and how they perceived the actions of others.

Eight participants discussed the wellbeing of their babies, making comments that either directly or indirectly indicated that they had wanted to ensure nothing they did would present an unnecessary risk to their pregnancies. Worrying about the safety of their baby shaped how they perceived different aspects of their workplace pregnancy experience. Three of the participants said that their desire to keep their baby safe informed their decision as to when they disclosed their pregnancy to their manager. Angela recalled that she *"wanted to*

*make sure that I didn't put myself at risk by handling chemicals or lifting things that were too heavy... I was essentially able to do my job without having to compromise on my health."*

For Lisa, the concerns around keeping her pregnancy safe were related to the workload pressures she was under. Lisa told her managers *"As soon as I find out, I'm going to let you guys know because I'm going to be instantly dropping doing as much of that as I can because I'm not risking it."* Lisa's concerns were well founded, as she ended up in hospital multiple times for pregnancy-related reasons, one of which was a bleed which hospital staff specifically linked to over exertion at work in the form of too many hours and too much lifting.

Cara summarised the phenomenon quite succinctly when she said *"I think your views on life change. That work isn't your focus anymore and doing everything perfectly and staying there late and doing everything like that is not going to be a focus"*. Grace described the experience as *"a huge mental shift that's hard to explain to anyone who hasn't been through it."*

Both Lisa and Ivy talked about the changes they made to their hours and the change in their commitment level to doing overtime hours once they became pregnant, making comments such as *"before I would do everything and work really hard and help everyone and then once I got pregnant and couldn't do everything and all the extra hours,"* (Ivy); and *"my life revolved around work. I was doing like 60 – 70-hour weeks. And then I started backing off from that to the point where I was doing my bare minimum and that was it,"* (Lisa). Christie also recalled that she always focused on work and then when she found out she was pregnant, she had to worry about other things instead.

This change in focus could potentially provide insight into why the accommodations and support (or lack thereof) that the participants felt they received from their managers was such an important factor.

#### 4.3.3 Concerns about returning to work

All participants were still on maternity leave at the time of the interviews and of the 12, five of the participants were concerned about going back to work. For those five, concerns had arisen before their maternity leave had started and were directly related to the experience they had while pregnant at work. Negative experiences during pregnancy were linked to an unwillingness to return to their roles at the end of their parental leave, and this

was primarily influenced by the relationship the participants had with their managers and the behaviour and treatment they received from those managers during their pregnancy. While not all five of the participants had experiences which were classed as negative overall, they did have parts of their experience that they considered negative, and it was these negative experiences within their overall experience which contributed to them developing concerns about returning to work.

Briana's employer was not backfilling her role, instead choosing to divide it up between existing staff. Briana reflected that, had her employer hired somebody to backfill her role, she would *"have less worry about going back as well because I dread going back to what I have to go back to."* Cara described her concern, after hearing her manager offer her role to other people, that she wouldn't even have a job to come back to.

Before she went on parental leave, Daisy, who has now resigned from her role, discussed what a return to work would look like with her manager, and specifically linked the lack of support to her decision to resign.

*"My boss said, 'whatever you want to return to, however many shifts we'll make that happen' and then not very long before I left, she said... 'I don't really want you doing that because you're not experienced and night shift isn't going to give you the experience you need, and two shifts a week isn't really enough to grow that experience... I think knowing that she felt like I couldn't come back and do shifts that worked for me was a really big part of my decision (to not return to work)."*

Christie, who ended up in hospital at times during her pregnancy with bleeding because of overwork, explained that *"both me and my partner have discussed it and the mental stress alone is not worth going back. I don't want to go back if I can absolutely avoid it."*

Ivy, whose unpleasant experiences were outlined earlier in the chapter, described how she currently felt about the idea of going back, stating:

*"It just made me not want to go back at all. I've been really stressed and worried my whole maternity leave about having to go back... It's given me a lot of anxiety and made me a worry wart... I'm going back in five weeks and been applying for other jobs... My whole maternity leave I've worried about what it was going to be like. I knew it was going to be a problem going back and now that's exactly what's happening is everything I was worried was going to happen."*

For all five participants, their experience of how they were treated at work was such a significant factor that it impacted on whether they ultimately even wanted to return to the workplace once their parental leave had finished.

On top of the concern about whether they wanted to return to their role, there was also an element of concern as to what their roles and careers might look like if they did return, and how their pregnancy might impact their future career options. Sophia was concerned that once she hit 12 weeks pregnant that she would be stuck in a desk job, however she was able to make the decision for herself about what type of work she felt comfortable doing and for how long. Jessica feared *“that it would impact my career like earlier on that I’d get pulled off of projects or that I wouldn’t be involved in things,”* and Christie was concerned she would be replaced and unable to return after parental leave.

#### 4.3.4 Navigating the pregnancy disclosure

Disclosing their pregnancy to their managers, although a very small point in time, was something that many participants felt strongly about. Participants were asked when they disclosed their pregnancy to both their managers and co-workers, and why they chose that time. The uncertainty around early pregnancy was a significant factor that the pregnant participants had to navigate when choosing when to disclose.

The participants spoke about their concern regarding losing the pregnancy and the heightened risk of miscarriage during the first trimester, making comments such as; *“In case anything happened – like lost baby or anything like that,”* (Daisy); *“everyone tries to wait for that 12 weeks in case you have a miscarriage or anything,”* Fern; *“12 weeks is when your risk of miscarriage drastically reduces so I wanted to wait until then to tell most people,”* (Grace). Daisy also reflected on how she felt it wasn’t ‘socially acceptable’ to disclose her pregnancy until 12 weeks. Having now been pregnant in the workplace, she noted that this perception had very much changed, stating: *“Now I couldn’t care, especially having been through a first trimester, it’s just so much easier telling people why I felt crappy.”*

Other reasons for participants choosing to disclose their pregnancy when they did were related to benefiting the employer, wanting to keep themselves safe and wanting to ensure that family members had been told before employers and co-workers. Angela wanted her managers and co-workers to know why she was suddenly saying no to doing tasks she had done previously, and Hope’s employer was planning to open new branches in new

locations so she told them as early as possible so they could factor in her being available to train the new staff.

For four of the women, it was important that their family knew before their employer, so this played a part in when they chose to disclose their pregnancy in the workplace. Both Fern and Grace lived in self-proclaimed small towns and were concerned that, if they told their employer first, their family would find out through the local grapevine, with Grace recalling *“by telling everyone else, I was also acknowledging the fact that now my town knew so it was when I was comfortable that everybody was going to find out.”*

It is clear from the recollections of participants that a lot of consideration goes into the timing of when they disclose their pregnancy, and that there is a heightened sense of anxiety relating to potential loss of the pregnancy in the first twelve weeks which is a large challenge for pregnant women to navigate as they experience being pregnant at work for the first time.

While some of the challenges participants faced while pregnant were visible and obvious, there are a number of internal challenges, which impacted on the pregnancy experience, which are not so obvious. Because these internal challenges that participants battled with are hidden from others in the workplace they could easily be overlooked by outsiders. The most significant of these challenges was the perception the pregnant participants held in regard to her value and competence in her role, not just the view she has of herself but also the views which others in the workplace hold of her too. At the same time, she must navigate a constant juggle of priorities as her focus shifts from one which was often solely focused on work, to one which must balance work with her impending motherhood and the wellbeing of herself and, in turn, her unborn child. Often participants were questioning their desire or willingness to return to work following maternity leave before they had even left, and their decision as to whether to return appeared, in many cases, to be linked to the type of experience they had while pregnant in the workplace. Finally, a surprising amount of consideration goes in to deciding when to disclose a pregnancy to managers, with the primary concern participants held being around when was deemed the ‘safe zone’ for the pregnancy, or the point at which it was considered ‘socially acceptable.’ These challenges, which are significant even in isolation, must also be navigated alongside the participant’s continued efforts to perform to an acceptable standard in their role, and represent an invisible pressure which is then added to the substantive workload they carry.

#### 4.4 Theme Three: External environment

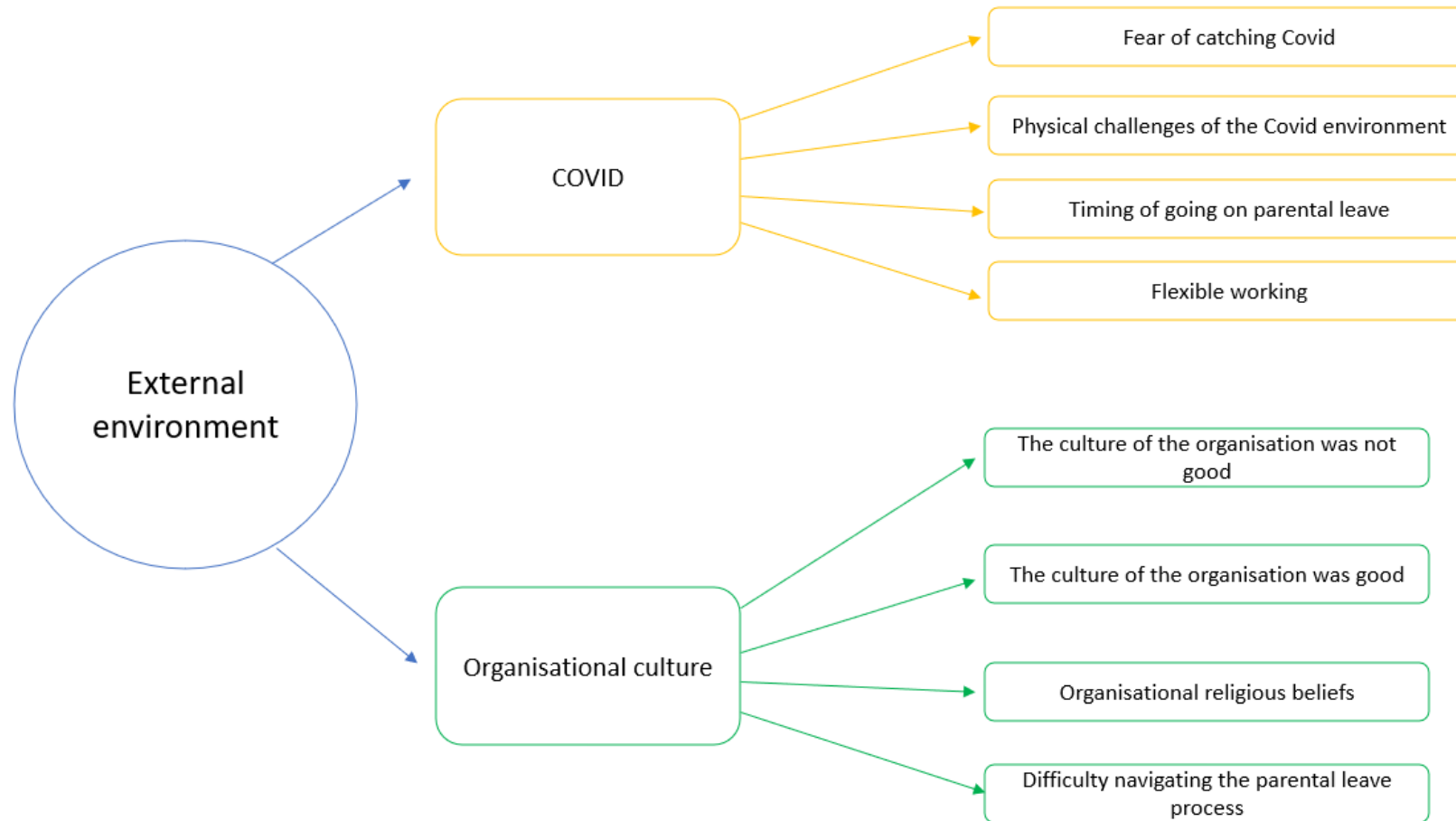


Figure 8- Theme tree showing theme derivation for Theme Three: External Environment, showing themes, sub-themes and codes

The external environment also informed how participants experienced pregnancy at work for the first time. The term covers factors which the participants did not have control over but also did not directly have anything to do with other parties with which participants had relationships within the workplace.

#### 4.4.1 COVID-19

Despite not being a focus of any interview questions, there was an incredibly strong response from participants regarding the impact of COVID-19 on their experience of being pregnant at work. 10 out of 12 participants mentioned COVID-19 and its impacts in some form, many more than once. This is hardly surprising when we consider the impact that COVID-19 has had on people since it arrived, and it is worth briefly considering this environment before going on to discuss the findings.

New Zealand Doctor (2022) provides an overview of the relevant COVID-19 timeline. The Delta strain arrived in New Zealand in August 2021, with the country going into Level 4 Lockdown on 17 August 2021, dropping to Level 3 on 31 August 2021 (until 7 September 2021, for the region where the participants lived). Vaccine passes were introduced on 22 November 2021 and remained in place until 4 April 2022. Omicron, with its higher transmission rates, was identified and named a variant of interest on 26 November by the World Health Organisation (WHO) and was first reported in New Zealand on December 16, 2021, followed by several months of high case numbers and associated public health crises. One of the criteria for participants of this study was that they had to still be on parental leave at the time of the interview and have started that parental leave within the last 12 months. Based on when the interviews took place, the age of the babies at the time of interview and a standard 40-week pregnancy, the participants would likely have been pregnant during the window of November 2020 and July 2022 which encompasses the arrival of Delta, Omicron, vaccinations, mask mandates and vaccine passes in New Zealand. Given the timeline of the COVID-19 outbreak and the participant criteria, it is unsurprising therefore that so many participants recount COVID-19 impacting their experience.

Fear of catching COVID-19 was a real concern for many participants. Grace recalled her fears, stating she *“felt a little bit uncomfortable being close to anybody because of COVID... I was more worried about the exposure to COVID, so I just took holidays.”* On top of the concern about catching COVID-19, Grace also recalled the fear and uncertainty surrounding pregnant women getting the COVID-19 vaccine.

For Jessica, it was the location of her workplace that heightened her concerns about catching COVID. Her office was next to a medical facility with an exemption meaning that family members with positive cases in their household were still allowed to come to work. Jessica felt that she was at higher risk of catching the virus, recalling *“It’s already a high-risk pregnancy there’s just no way that I’m doing it (coming into work).”*

Several participants were allowed to work part time or full time from home because of COVID-19 and were grateful for this because it made a difficult time in their pregnancy experience much easier for them. Cara was able to work from home, as was Jessica. Jessica’s husband, who worked for the same company, was also allowed to work from home to help limit their exposure to COVID-19, and Jessica noted that her employer had recently done the same thing for another pregnant employee as well.

The introduction of mandates for both vaccinations and masks created a challenging environment for pregnant employees, especially within the hospitality sector. Both Angela and Christie worked in busy hospitality environments during their pregnancies and struggled with consequences of the mandates operating in their industry. Angela was subjected to angry patrons who she declined access to the premises due to the lack of (then mandated) vaccine passes for hospitality settings, with some becoming violent. To mitigate this risk, Angela’s employer ensured that pregnant employees would not be checking vaccine passes. Christie found wearing masks so difficult she got an exemption from her midwife after fainting twice at work because she couldn’t breathe. This caused customers to complain about her lack of mask wearing. Fortunately for Christie, her employers were supportive. Mask wearing also presented a challenge for Ivy who similarly recalled nearly fainting. Ivy, who had intended to work up to 38 weeks, ended up leaving work two weeks earlier due to the difficulty of wearing a mask in the middle of summer, on her feet all day in a building with no air conditioning.

The arrival of Delta and then Omicron on New Zealand shores meant several participants missed the normal workplace farewell experience. Due to COVID-19, Cara didn’t even make it to the date she intended her parental leave to start, recalling *“I got COVID... positive test on Saturday but I left Thursday feeling ill and my parental leave was due to start the Wednesday but obviously I was at home with COVID.”*

Hope found herself unable to have a proper handover of work as she transitioned onto parental leave because of the chaos caused by COVID and, as a result, ended up working on

parental leave, including the night she went into labour as well as for several days at home after the birth.

The discussion with participants demonstrated that, unsurprisingly given the level of impact that COVID-19 has had in every corner of society, its presence impacted how women felt about being pregnant in the workplace, as well as how they were able to conduct their work, and ultimately added yet another layer of complication and concern to an already significant new experience.

#### 4.4.2 Organisational factors

The organisational culture and values also shaped the experience of being pregnant in the workforce for the first time, with nine participants discussing it in some form. It is possible that some of the other behaviours and factors discussed in the first theme point, relating to relationships, may in part be driven by values shaped by organisational culture.

The responses which discussed organisational culture and values generally came following the question in which participants were asked to describe their work environment. Most did not overtly use the words ‘culture’ or ‘values’ but instead referred to it more vaguely through phrases such as *“that’s just what the general atmosphere is there,”* (Lisa) or *“quite a good place to work,”* (Jessica). The description of positive and negative values that some participants provided could vary at times depending on whether they were discussing their immediate team or the organisation, but overall, their perception of the organisational culture did not seem to change because of their pregnancy.

Four participants referenced the culture or values of their organisation being negative and connected this to some of the key experiences that shaped their experience of being pregnant at work. Daisy described her working environment as toxic, recalling that that feeling of toxicity impacted everybody in the workplace. Ivy recalled: *“the workplace – the environment is not good. I think because of the leaders... They just don’t care. And they don’t care about you.”* Lisa said there was a lot of bullying in her workplace and attributed the pressure she was put under to do her job to the organisational culture. *“You just do it (keep working),”* Lisa recalled, going on to note that her adherence to the organisational pressure to carry on waned once she became pregnant. *“I had just done it for so long... I couldn’t anymore.”*

Five of the participants spoke about the positive organisational culture and values they experienced while being pregnant at work, generally attributing positive and supportive actions or behaviours they experienced to those organisational values.

Fern spoke about several different organisational factors that contributed towards her positive experience. Amongst these she included the organisation's culture of flexibility, stating *"I felt like they were quite flexible even before I was pregnant. I almost knew going into the pregnancy that hopefully we would still have that same kind of flexibility."* Fern also spoke of the values of teamwork, respect and caring which she felt were demonstrated throughout her pregnancy. Fern also valued being able to have an open and transparent conversation with her manager and the life stage she was at without fear of impacting her job, recalling that they told her *"you're a valued member of our team, we'll work around that, we have enough resources to cover that."*

Jessica described her organisation as *"a pretty good place to work,"* and in part attributes her positive workplace pregnancy experience to the organisational values which in turn stem from the employer's religious beliefs. Jessica believed her employer's religious beliefs, within which the role of women is to bear children, meant they saw her pregnancy as important and supported her accordingly.

The organisational support for applying for parental leave was also a factor. Three of the participants found the experience of applying for parental leave, both the paid leave from the Government and/or the internal parental leave application, difficult. Christie found the process *"way more stressful than I thought it was going to be... it wasn't as straight forward as I assumed it was going to be – there was lots of waiting and hearing back from people."*

Participants often found the lack of guidelines frustrating. Even though Sophia's employer had a booklet on applying for parental leave, she still found the process very unclear and struggled to find somebody who could tell her what to do or who could explain what she needed to do where. She recalled having to follow up multiple times with different parties. Fern found it difficult to understand what leave she was entitled to from her employer, what she was entitled to from the Government and how the two interplayed, recalling that the process was *"quite stressful on me. Am I going to be able to pay my bills, what am I entitled to?"*

This theme demonstrates that the external environment, which is largely out of the control of the participants, impacted how they experienced being pregnant at work for the

first time. COVID-19 events unsurprisingly had significant implications for how the participants structured their roles or were able to complete them, and the organisational culture and values influence participants' experiences by setting the tone for how they were treated by others in the workplace, with an apparent link between organisational culture and the important interactions within relationships that were identified in the first theme.

## 4.5 Summary of findings

This chapter has explored the three main themes which highlighted the major factors which shaped the participants' experience of being pregnant at work for the first time.

Interpersonal relationships, including those with their managers, co-workers and external parties such as customers and clients, were the dominant factors shaping the workplace pregnancy experience. The most important component of these relationships, specifically for managers and co-workers, was the presence (or absence) of support, and in particular, support that enabled participants to prioritise their wellbeing and that of their unborn child over the external demands of their job or the organisation. The second theme, internal challenges, demonstrated that these internalised experiences were also a contributing factor. These included things such as a changing focus and priorities for the participants, concerns about the perceived level of value and competence they held in the workplace, the process of navigating the pregnancy disclosure and concerns about returning to work. The final theme discussed the impact of the external environment on participants' experiences, specifically discussing the impact of COVID-19 and the organisational culture. COVID-19 had a significant experience on how pregnant women were able to complete their roles while working during pregnancies, and the organisational culture helped to set the tone for how participants were treated by colleagues and managers within their organisation, with many of the interpersonal interactions described in the first theme linking into observations participants made about their organisational culture. The next chapter will explore these themes further, linking them to the research question and relating them to literature in the field.

## 5. Discussion

This thesis explores the research question "How do women in Aotearoa New Zealand experience being pregnant in the workplace for the first time?"

My study has provided evidence that the experience that women have being pregnant at work for the first time is shaped significantly by their relationships with other people and the different interactions and actions that occur within those relationships. On top of the relationships, there are several internal factors and challenges that pregnant women must navigate, including changing priorities and a shifting focus between personal and work, as well as concerns around their value and competence as perceived by themselves as well as others. The external environment also has a role to play. Alongside the organisational culture, COVID-19 has had a significant impact for those women whose pregnancy coincided with the pandemic's arrival and evolution in the community.

The following chapter will explore the themes related to the research question and, in doing so, address the research question that was posed in this thesis.

## 5.1 Theme One: Relationships: support and interactions with other parties in the workplace

Interpersonal relationships, and the actions and interactions that made up those experiences, had a significant role in shaping the experience of pregnancy in the workplace for the first time. There was extensive discussion by participants about the impact different relationships in the workplace had on them. While good relationships with supervisors and co-workers have been identified as helping to reduce maternity bias in the workplace (Jr. Arena et al., 2023), overall, there is very little research which looks at the impact of these relationships from the perspective of the employee. The findings of this research add new angles and perspectives to the extant body of literature which examines pregnancy in the workplace.

Both positive and negative interactions from employers towards pregnant women were noted, although the majority were positive experiences. This contradicts much of the research which casts workplace pregnancies in a negative light, highlighting discrimination, hostile reactions and negative connotations towards pregnant women (Alstveit et al., 2010; Hebl et al., 2007; McDonald et al., 2008; Langan et al., 2017; Salihu et al., 2012), as well as the narrative of many anecdotal media publications (Silver-Greenberg & Kitroeff, 2018; Stuff, 2023; Neal, 2023) which predominantly recounted negative experiences and a lack of accommodations and support during pregnancy. When I started this research, and based on my reading of the literature, I had expected to encounter more negative experiences than positive ones, expecting people with negative experiences to be more interested in talking

about them. One possible explanation for the high number of positive experiences is that participants may have been motivated more by helping with the research, rather than because they particularly wanted to share their experience.

Managers who prioritised the wellbeing of the participant and their unborn baby were an important part of creating a positive experience for participants, which is consistent with the findings of Hackney and Perrewé (2018) which demonstrated that the actions of a manager in helping pregnant women to manage their stress and to support them as they navigate pregnancy in the work has a critical impact on the wellbeing of them and their unborn child.

Participants valued experiences in which they were supported to do what was right for them and they were able to look after the wellbeing of themselves and their unborn child, even when it left other staff with more work to do. Pregnant women can often feel guilty for leaving their colleagues “high and dry” when they feel unable to pull their weight at work (Langan et al., 2017, p. 242), or when they feel too tired or busy to perform their duties (Alstveit et al., 2010) so it is unsurprising that the findings demonstrated a high level of gratitude when support was provided by managers, in spite of any extra work that this might create. The importance and relevance of this link is evidenced both anecdotally (Silver-Greenberg & Kitroeff, 2018) and in research (Juhl et al., 2013). In a study very similar to the present one, Alstveit et al. (2010) also discussed the linkage between the two, stating “information about the changes caused by pregnancy and support at the workplace are necessary in order to ensure the well-being of pregnant employees.” (p.547).

The biological changes and physical demands of being pregnant can create conflict for women as they challenge the demands placed on women in the workplace (Greenberg et al., 2009). Although employers may not always know how to accommodate pregnant employees (Langan et al., 2017), the findings of this research have reiterated the importance of ensuring, for both the individual experience and the continuation of workplace productivity, that organisations find a way to flex in these situations and come up with ways of making things work for all parties.

The effort made by different parties to demonstrate empathy and understanding or to offer some form of support was a notable positive influence on the experience of participants, and all the women who took part in this research talked, in some form, about the importance or value that they placed on this support. The experiences described by participants in this

research are consistent with findings by Sanguanklin et al. (2014) which showed that, for pregnant women experiencing job strain, perceived support from the workplace, family or social groups was negatively correlated with distress. Manager and co-worker support (or lack thereof) for pregnant employees can have a direct impact on the employee's wellbeing and experience of pregnancy in the workplace.

The support that the women described receiving varied from case to case and looked different for each of them, indicating that support looks different for each person, and that organisations would be best to approach it in this way when seeking to support pregnant women, rather than taking a 'one size fits all' approach. Although the majority of participants kept their pregnancy to themselves for the first trimester, a period of time when they also described experiencing a lot of their challenges such as morning sickness, they recalled the value they placed on being able to be open with their colleagues and have their support during this difficult period. This echoes other findings which demonstrated that the challenges of early pregnancy are made worse if women are not able to open up about the pregnancy (Salihu et al., 2012).

Lack of support was not something that was widely discussed, and it is difficult to know if this is because all the women felt supported or if they felt the need to carry on and not focus on the lack of support, especially given women's tendency to suppress their own needs and "suck it up" or "work through it" for the good of the organisation (Greenberg et al., 2009, p.47). The guilt of asking for assistance (Alstveit et al., 2010), was also evident in this study, with many participants voicing concerns about being labelled 'lazy' or other equally negative labels. This phenomenon creates an extra burden for women and highlights the need for the extra dispensation from managers. The benefits of having the discussion around additional support early in the pregnancy was also noted in this study, reinforcing suggestions that early intervention can lead to an increased positive perceived level of support and a positive experience for the employee (Little et al., 2017).

Support in the form of flexibility both to attend appointments as well as structure their work in a way that suited their pregnancies was an important factor for most of the participants when reflecting on their experience of being pregnant at work for the first time. Giving pregnant women more flexibility has a positive impact on both their emotional and financial wellbeing (Palley, 2016) and the importance of this flexibility was demonstrated in several of the examples discussed by participants in this research. This included examples

where managers were accommodating of appointments during worktime and allowed employees to make up the time/hours where required rather than requiring them to take the time off and reduce their pay as a result. Many of the participants articulated how much they valued this; however, this level of support does not appear to be the norm documented in much of the research, which tends instead to indicate that women often try to schedule appointments before or after work to avoid having to negotiate conflict at work (Greenberg et al., 2009). While one participant described challenges relating to having to schedule appointments outside of worktime, the overall findings of this research demonstrated that the majority of participants who required flexibility were given it, in contradiction to the findings of Greenberg et al. (2009). This could reflect the evolution of views over time or may be the result of the difference in sample populations, given Palley (2016) focused specifically on pregnant women in social work, in contrast with the work of Greenberg et al., (2009) which involved women from a cross-section of industries.

The receipt of unsolicited advice, invasive questions or inappropriate comments were discussed quite extensively by participants, and these interactions appear to have had a notable negative influence or impact on the experience of being pregnant at work. Participants in this research discussed the challenges of trying to maintain professionalism and continue in their roles, while having to constantly navigate unsolicited advice and inappropriate comments. These provide good examples of the challenges women face as they attempt to establish and negotiate the barriers between their public and private life, challenges which women face anyway but which can become more difficult and pronounced when the maternal body suddenly becomes a public object in the workplace (Greenberg et al., 2009).

Some of the questions asked by co-workers were viewed as supportive because of the close relationship participants described with their colleagues, even though the very same questions were described by other participants as invasive and uncomfortable to deal with when they came from people the participants did not consider close. This would indicate that potentially the relationship between the parties is more important in predicting how these questions will land, as opposed to it being about the actual questions themselves.

Despite the prevalence of this topic in the research findings there is, on the whole, very little literature available which discusses the pervasiveness or impact of these behaviours on pregnant employees. The research that does exist indicates that the giving of unsolicited advice to pregnant women is generally not well received (Longhurst, 1999) and shows that

the nature of the comments and advice received by women during pregnancy often made them feel uncomfortable, even when this came from a place of wellbeing or support (Greenberg et al., 2009), both of which are consistent with the experiences of participants in this research.

It is worth noting that one of the main topics discussed in the literature review which was related to workplace relationships and interactions but did not appear in the findings, and that is the large body of research concentrating on the discrimination that women experience during their pregnancy in the workplace. Given the prevalence of literature in this area, it was surprising that there was very little discussion of pregnancy discrimination in the interviews, with only two participants talking about having overall ‘negative’ experiences and none specifically referring to their experience as discriminatory. A possible explanation for this is that much of the literature that is currently available on the topic is done outside of the New Zealand environment. The reduced prevalence of discussion around discrimination may, at least in part, be due to some of the legislative protections that New Zealand has in place, protections which are not equal across the world and are especially lacking in the United States where a large portion of the literature came from. Greenberg et al. (2009) also note that the majority of literature on the topic of pregnancy in the workplace tends to intentionally focus on the negative aspects of pregnancy, which may be why discussion of discrimination is overrepresented in literature relative to the lived experiences of pregnant women. In contrast, this research sought to understand experiences of pregnant women without filtering or focusing the ‘type’ of experiences.

## 5.2 Theme Two: Internal Challenges

The identification of the internal challenges which women face when navigating pregnancy in the workplace for the first-time highlights something that would otherwise be very difficult to see, let alone understand, from the outside. The experiences and fears that the participants shared have provided an intimate and privileged view into the private world of pregnant employees, a world which, as previously mentioned, women tend to suppress for the good of the organisation (Greenberg et al., 2009).

The majority of participants were concerned about the perception that others might have of them as they moved through their pregnancy in the workplace, as well as whether they still had value to the organisation. This is unsurprising given that research has clearly documented the negative perceptions of pregnant employees, including research by Akhtar &

Khan (2020) who found that there was a negative view of hiring pregnancy aged women before they even worked at the company, primarily due to the perceived costs and human resources issues surrounding pregnancy in the workplace.

In their discussion, participants highlighted issues relating to stereotypes which other parties may have about pregnancy and many of these paralleled those highlighted by Gueutal et al., (1995) including fear that pregnancy will alter a candidate's ability to perform a job; fear of the impact of the pregnant employee on the workload of others; and uncertainty as to whether the candidate will return to work after maternity leave as expected. Given these parallels, it is possible that the awareness of the stereotypes which employers might have about them have shaped and influenced their expectations of being pregnant at work.

The participants expressed concerns about being seen as incompetent, concerns which are consistent across literature. Langan et al. (2017) point out that women face many of these challenges, such as being inherently perceived as weak and having to prove themselves, before they even get pregnant, and that the struggle against them continues, as the participants of this research have described, as they transition to motherhood. Many women are so concerned about being labelled as lazy or uncommitted that they refuse accommodations offered to them, including extra time off or their right to reassignment (Salihu et al., 2012). When it came to needing to schedule appointments during work hours, the participants often tried to work around their work schedules, consistent with women spoken to in research by Buzzanell and Ellingson (2005) which found women would often create complex arrangements to make the appointments work to avoid negative perceptions.

Participants recalled their desperation to not seem useless, and their commitment to turning up to work and doing their roles, despite often not feeling well, which is an excellent example of what Gatrell (2013) terms 'pregnant presenteeism'. In fact, Gueutal et al. (1995) proposed the hypothesis that pregnant women may, as some of the participants in this study have indicated, work harder to ensure that their presence is missed and to try and improve their job security. Pregnant women in the workplace can also suffer from stereotype threat, which is a phenomenon where an individual is so concerned with confirming a negative stereotype about them or their group, that they may use supra-performance as a coping strategy (Lavaysse & Probst, 2021). The experiences recounted by women in this research, particularly those who refer to 'pushing through,' may be examples of stereotype threat at play.

As well as being concerned about the perception of others, participants also highlighted internal concerns about their own feelings of competence and whether they felt valued in their roles. These concerns echo Alstveit et al. (2010) who found that an “inability to perform and cope with the demands at work in the usual way could give rise to a feeling of failure and of being of less value in their profession,” (p. 543). The level of concern that participants have about feeling valued and competent is therefore unsurprising, especially given research shows organisations feel that they cannot rely on women once they become pregnant (Buzzanell and Ellingson, 2005), and the perceived need for pregnant women to push through periods of ill health to ensure they are still viewed as valuable and reliable (Gatrell, 2009). Similar to the examples provided by participants in this research, pregnant women are often told not to overdo it and became frustrated as a result of this perceived overstepping of boundaries’ (Longhurst, 1999), feeling that it is implied they were not capable of doing their job. It is unsurprising that these concerns around value and competence have arisen given the standard experience of pregnant women at work often involves being excluded (Gatrell, 2013), being resented (Akhtar & Khan, 2020) and perceived as a burden (Salihu et al., 2012). These may also serve as examples of some of the experiences relayed to pregnant participants by family and friends which in turn helped to shape participants’ beliefs around what they are likely to experience while pregnant at work.

The challenge and struggle of balancing being a good mother with being a good employee, which was recounted by several participants in the findings, is a phenomenon repeatedly cited in research (Alstveit et al., 2010; Hebl et al., 2007; Verniers & Vala, 2018; Salihu et al., 2012). Although they voiced and articulated it in different ways, there was a strong theme amongst the responses which related to this shift in focus, findings which are in keeping with the research by Greenberg et al., (2009) in which women recounted feeling that the position of family and the role of mother became more prominent in their life than their career, and that their pregnancy lessened the importance of their professional identity. Further research by Buzzanell and Ellingson (2005) also discussed this change in priorities, proposing that employers may call an employee’s dedication to her work into question once she becomes pregnant, as there is an expectation that her focus will shift to the wellbeing of her and her baby.

Although a number of participants acknowledged that their focus had changed, and managers may believe for themselves that the pregnant woman has made a choice between family and career (Halpert & Burg, 1997), many of the participants still expressed their

willingness to return to their roles and the desire to be both a mother and an employee, not just one or the other.

Returning to work was a topic discussed primarily by those who held concerns, rather than those who were content with the idea about returning to work at the end of their parental leave. Although there are several articles which discuss women's concerns that their positions may be changed or unfavourably revised following their return to work (Gatrell, 2013; Correll, 2007; Halpert & Burgh, 1997) and a number of articles discussing the employer's concerns about whether the pregnant employee would return following parental leave (Halpert & Burg, 1997; Akhtar & Khan, 2020; Gueutal et al., 1995), there is very little literature which talks about the pregnant woman's view of returning to work. One article by Salihu et al., (2012) discusses the statistical relationship between employer supports and the likelihood of the employee returning but does not explore the concerns from the employee's perspective.

Other than Salihu et al., (2012), the findings of research are some of the first to discuss the link between the experience of being pregnant at work and the likelihood of returning to the role post-maternity leave. The findings showed that an unsupportive employer decreased the likelihood of the participants returning to their roles following parental leave, and those that who had a positive experience were more optimistic about their return to their substantive role, a phenomenon which is also evidenced by a positive correlation between supportive employers during pregnancy at work and an increased likelihood of the pregnant women returning to work (Salihu et al., 2012). Participants were also concerned about the impact of their pregnancy on their career even if they did return to work. This is consistent with other research findings which have showed that women returning to work following the pregnancy have found that they did not generally hold the same ground as what they had previously, either because of changes in assignments or changes in perceptions of them (Langan et al., 2017), otherwise they felt their careers had been constrained by their pregnancies (Greenberg et al., 2009; Gatrell, 2013).

The issue of pregnancy disclosure is one that was historically sparse in terms of research, but which has seen a rise in interest and published literature in the field in recent years. As a result of the increased focus on this area, and in particular research by Little et al. (2017) which found strong correlations between supervisor reactions to pregnancy disclosures and the subsequent experience of pregnant employees, specific questions were

added to the interview guide to focus on this and understand the importance of this milestone for participants. Given this documented link, it was an unexpected and surprising finding that, for participants in this research, the reaction of the manager or supervisor to the disclosure of their pregnancy did not seem to have any impact on their experience. Participants in the present study did not seem concerned by the response of their managers, nor did they really describe the reactions in a manner that indicated the response had had any lasting impact on them.

The findings did reveal that the participants tended to keep their pregnancy to themselves, or a very small group of people, for the first trimester. There are several possible explanations in the literature for why the participants chose to disclose their pregnancy at the point they did. Participants reflected on how it was not viewed as ‘socially acceptable’ to disclose a pregnancy until 12 weeks, with many of them disclosing their pregnancies quite quickly after this. This may be due to the ‘psychological contract’ Sabat et al. (2022) discuss, in which concealing a pregnancy for too long can be viewed by others in the workforce to be a breach of the perceived psychological contract about notifying others of the pregnancy. Research has also shown that a pregnant women’s concern about confirming negativity bias about her condition (stereotype threat) reduced when pregnancies were disclosed earlier (Lavaysse & Probst, 2021). Sabat et al. (2022) also purport that earlier disclosures and less concealment behaviour are correlated with less pregnancy discrimination. The discussion by participants of discrimination experiences in this research was almost non-existent, so it is possible that the fact that almost all the participants disclosed their pregnancies as soon as they viewed it ‘acceptable’ may go some way towards explaining this phenomenon as well.

### 5.3 Theme Three: External environment

The findings related to COVID-19 were unexpected in the sense that when this thesis was first conceived, COVID-19 did not even exist; however, they make complete sense in the context of the impact that COVID-19 has had on most areas of peoples’ lives over the last few years.

Some of the concerns participants raised related both catching COVID-19 while pregnant, as well as the inconsistent messaging around the safety of getting the COVID-19 vaccination while pregnant. Though the research studies available which discusses COVID-19 and the vaccine are still limited, there is evidence to suggest that participants’ apprehension towards the vaccines were well founded. Unvaccinated pregnant women were

identified as being at heightened risks of contracting severe COVID-19 and developing implications for the baby (Brillo et al., 2021). There has also been an acknowledgement in research that the revision of advice, sometimes radically, around the safety of vaccinations while pregnant, may have caused confusion amongst both healthcare providers and patients (Brillo et al., 2021).

The provision of working from home, flexible working, mask use and change of work duties, which were options provided to participants, are all recommended by Worklife Law (2020) as reasonable requests that pregnant women could make to their employers during the pandemic, indicating that the requests by participants for their employers to make relevant accommodations were not unreasonable. The findings paint an interesting picture of the potentially large impact that the virus has had on the experiences of first-time pregnant employees, among others, and provides insight and paves the way for potential future research into the impact that COVID-19 has had in this field. This is particularly worthy of note given that, unprompted, 10 participants spoke about it in their interviews.

Organisational culture can be described as ‘the way we do things around here’. (Conley & Wright, 2016) describe a link between levels of discrimination that are present in an organisation and the culture of the organisation. Participants in the present research also identified this link with many attributing the treatment that they received, both positive and negative, to the overall culture of the organisation. As positive organisational cultures can influence several factors, such as employee creativity (Ogbeibua et al., 2018) and individual and organisational performance (Kuo & Tsai, 2019), it is not surprising to see the participants draw connection between their experience of pregnancy in the workplace and organisational culture.

Research participants only discussed one organisational practice that made things difficult, and this was the challenge of navigating the application for parental leave. While only a small factor in the large scheme of their pregnancy, research has identified the importance of organisational influence on maternity experience, and in particular reducing pregnancy bias (Arena Jr. et al., 2023).

## 5.4 Framework and summary

There is very little literature related to pregnancy in the workplace, with most studies coming from countries outside New Zealand, and primarily focusing on the perception others

have of pregnant employees, primarily the view of managers and co-workers. The present study highlights the experience of being pregnant in the workplace for the first time, from the perspective of the pregnant women themselves. It examined what their experiences of being pregnant at work for the first time were, by seeking to understand and identify which factors they felt had influenced and shaped that experience.

This study has highlighted the importance of workplace relationships not just in ensuring a positive workplace pregnancy experience, but also in promoting the overall wellbeing of both the soon-to-be mother and their unborn child through the provision of support, understanding and accommodations. It has also discussed the impact of the internal challenges a pregnant woman faces and must navigate, such as questioning her value and competence and having to wrangle shifting priorities and a change in focus, challenges which are often invisible to everyone else. The final factor which shaped the experience of pregnant women was that of the external environment, a factor which in turn was dominated by the arrival of COVID-19 in New Zealand.

Given the gap in literature pertaining to the experience of being pregnant in the workplace from the perspective of the pregnant individual, a framework (Figure 9) has been designed to address this gap in understanding, based on the findings of this research. The framework puts the pregnant employee at the centre of the circles, as the unit of analysis for this research was the individual who was pregnant during their employment. The three concentric circles surrounding the individual reflect the three themes identified in this research which are the three main factors that shape and impact the experience of being pregnant at work for the first time.

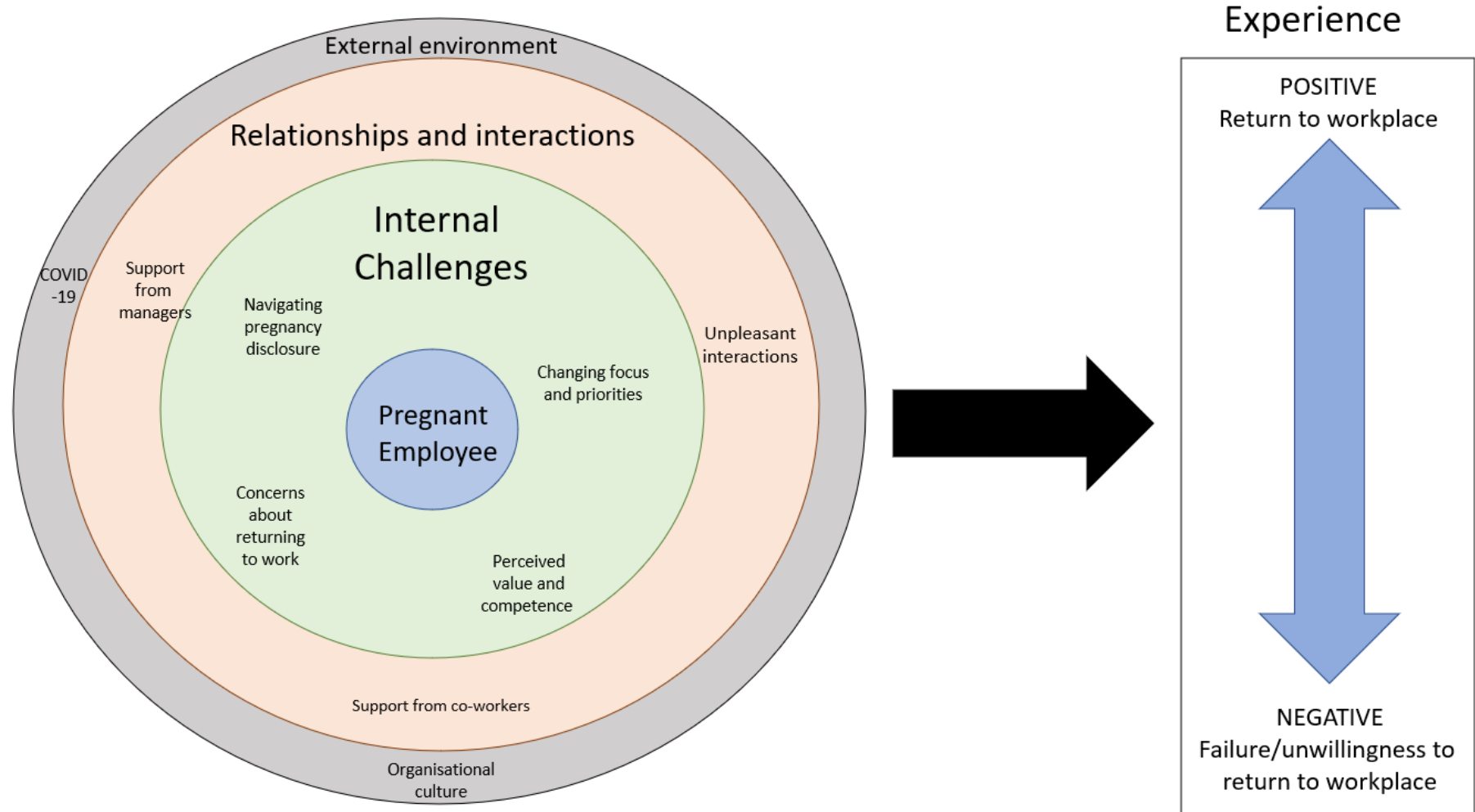


Figure 9 – Framework demonstrating the factors which shape the experience of pregnant employees, and how these factors impact on return to work intentions

The innermost circle represents the factor closest to the pregnant employee which is the internal challenges they face. These include the value and competence that the pregnant employee places on themselves, but also perceives others to have of them, as well as their challenges of balancing new and conflicting priorities, their concerns about returning to work, and how to navigate disclosing their pregnancy in the workplace. The middle circle represents the next closest factor which shapes the pregnant employee's experience, and that is the relationships and interactions they have with others, including managers, co-workers and third parties. The level of flexibility, support, and accommodations for the physical challenges of pregnancy were most valued by participants, often because this was viewed as participants being supported and empowered to act and work in a way that prioritised the wellbeing of them and their unborn child. Support for physical challenges was also important from colleagues, but additionally the provision of emotional support and a sense of a shared journey was also important. The outermost circle is that which, although still important, is furthest from the pregnant employee and their experience, and that is the external environment. For this research in particular, this circle and theme encompassed the impact of COVID-19 on how the participants worked and the experiences they had during their pregnancy, as well as the organisational culture and how that impacted on them, in particular how it may have played a part in how they were treated by other in the organisation. It is possible that there may at any given point in time be other factors in any of the circles, but certainly within the external environment, which could impact on or help to shape the experience of being pregnant for the first time. While technically outside the scope of this research, the framework also includes a proposed link between the type of experience a pregnant employee has and their willingness to or likelihood of returning to work following their period of parental leave. The findings of this research suggest that there may be a higher likelihood of returning to work where the experience of being pregnant at work for the first time was more positive, and vice versa; where the experience was more negative this may decrease the likelihood of or the willingness of pregnant women to return to their role. These experiences are not dichotomous and are likely to exist on a continuum, and as such are represented in the framework by a double ended arrow, representing the continuum, within the box which encompasses the type of experience the individual had. This link provides a direction for further potential research and is discussed in more detail in Section 6.4 below.

Ultimately the findings of this research have produced the first framework through which the experience of pregnant women in the workplace can be examined and, in doing so, would

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ideally serve as a basis for further research but also could help to improve the experience of pregnant women in the workplace by providing a way for employers to consider, and ideally better support, pregnant employees.

## 6. Conclusion

The previous chapter discussed the themes from the main findings and linked these to relevant literature and the research question. This final chapter discusses the limitations of the study and potential directions for future research, as well as implications for practice for managers and organisations.

### 6.1 Review

This research sought to explore the experiences of first-time pregnant employees in the workplace through the use of semi-structured interviews. The findings demonstrated that this experience is shaped by a combination of factors. These include the relationships and interactions that pregnant employees have with other workplace parties, specifically the level of support provided by managers and co-workers and the level to which they felt empowered to act in a way which prioritised the wellbeing of them and their unborn child. Navigating invisible, internal challenges also impacted the experience participants had, in particular learning to navigate their changing focus, perceived impacts on their value and competence, as well as concerns about disclosing their pregnancy and returning to work. Finally, the experience was impacted by the external environment the participants worked in, including the impact of COVID-19 and the organisational culture. These factors combined to be the dominant workplace factors that shaped the pregnancy experience. While experiences exist on a continuum, the findings of this research appear to indicate a potential link between the type of experience a pregnant employee has, and the likelihood of them returning to the workplace following their parental leave, though further study is required to firm up this link.

### 6.2 Theoretical contributions

This research provides a theoretical contribution towards the understanding of the experience of pregnant women, mainly with regard to understanding what factors in the workplace are most likely to shape and influence a woman's perception of her pregnancy experience. It also provides a framework for identifying and understanding these factors which can be used to examine how a pregnant employee's experience may be impacted. The findings add to the understanding of how pregnant women's experiences in the workplace are shaped, in particular how the level, or lack of, support that she receives is instrumental to this. Further, the importance of supportive and positive relationships in shaping this experience, particularly relationships with managers and co-workers, is highlighted.

The findings of my study also demonstrate a potential link between the overall nature of, and subsequently the employee's perception of, the experience of pregnancy in the workplace, and the likelihood of the employee returning to that workplace following their maternity leave. They indicate that where women are supported by positive relationships to manage the physical, internal and external environmental challenges, they are likely to have a more positive view of their experience and subsequently more likely to return to the workplace following their parental leave. The reverse also appears to be true. The framework (Figure 9) provides a representation of these factors at play and is a new way in which the experience of pregnant women in the workplace can be examined and, potentially, predicted.

### 6.3 Implications for practice

There are many implications arising from this research for employers when it comes to supporting pregnant women in the workplace. Most importantly the research shows that interactions and relationships with other people in the workforce have a significant impact on the overall experience that pregnant employees have in the workplace.

Understanding that a woman will naturally be concerned about the safety of her pregnancy and the wellbeing of her unborn child is relatively straightforward. Less straightforward are the ways in which employers can help pregnant women to navigate her pregnancy and these concerns. There are several considerations an employer needs to make regarding the challenges a pregnant women experiences, and in deciding which support is most appropriate, it is recommended that the employer seek to do this by first understanding those concerns, priorities and worries from the perspective of the impacted individual. Some of the steps which can be taken to alleviate these challenges and stressors for pregnant women are very simple, such as supporting and accommodating requests for flexible hours, light duties, or anything else noted on a medical certificate.

The study suggests that many of the challenges and concerns that shape the experience of first-time pregnancy in the workplace for women could potentially be resolved through reassurance from the employer and having open, honest discussions with pregnant employees to understand what is going on for them, what concerns they have, and figuring out how the employer can support them and work to alleviate some of these concerns.

Understanding how the behaviour of other parties in the workplace can impact pregnant woman is also very important. The behaviour of customers and clients must be

considered too, though this is likely to be much more difficult to regulate and manage than the behaviour of managers and employees who are subject to organisational processes, policies and standards.

Some of the things that can be done to improve the experience women have with others in the workplace include:

- Taking steps to ensure that the employee continues to feel like a valued contributor, and to reassure them about their future career prospects.
- Understanding that disclosing pregnancy is a challenging time for women and the way that a manager responds to this disclosure can impact that woman.
- Respecting the woman's right to privacy
- Avoiding invasive questions, inappropriate, presumptuous comments and giving unsolicited advice
- Regularly checking in on the employee's wellbeing and the wellbeing of their pregnancy in a way that is not invasive
- Demonstrating empathy and understanding for the challenges pregnancy presents
- Providing accommodations wherever possible to support employees through the physical challenges of pregnancy
- Being as flexible as possible in terms of women reducing hours and needing to attend appointments
- Prioritising the wellbeing of employees and their pregnancy over work tasks
- Sharing the experience of the pregnancy with co-workers and others as and where appropriate

Many of these steps and behaviours have their grounds in the organisational culture. Throughout the research many women referred to their experience and how it fit within the constructs of 'how we do things around here', with the overall tone and culture of the organisation pervading through a lot of the behaviours. It comes as no surprise that having a strong organisational culture of support, empathy, and comradery would help to increase the expression of some of the behaviours outlined above.

## 6.4 Limitations and future research

Most of the material covered in the literature review discussed the negative side of workplace pregnancy and issues such as discrimination. Going into this research, my

expectation was that negative experiences would dominate the data and reflected the trends seen in the literature, when almost the opposite occurred. Further research could seek to obtain more data from more varied participants to provide representation for a great variety of experience types. Due to the nature of experiences, they are not dichotomous and a larger sample size, combined with research going across different geographical locations and socio-economic status may yield a boarder range of results for comparison. This could be combined with obtaining quantitative data to focus on understanding the prevalence of the different types of experience, potentially at different key stages throughout the workplace pregnancy experience and could also help in the interpretation of the data and findings produced by this research.

This research also only looked at the experiences of first-time employees. It would be interesting to understand whether the experience of being pregnant at work differed in subsequent pregnancies. There is already a case building for this possibility, with participants in the current research referring to the fact that they would do things differently a second time round, following the experiences of their first pregnancy. This potential research avenue is also supported by extant research by Gatrell (2013) in which pregnant women found their ability to hold their ground in their second pregnancy much easier, having had less than desirable experiences during their first pregnancy at work.

Looking to understand any similarities or differences in experience based on industry (i.e. blue collar versus white collar), tenure and seniority of role would also be an interesting perspective and would add to the understanding of factors that impact the experience women have of being pregnant in the workforce. Similarly, it would be interesting to understand if lesbian women have the same or different experiences.

COVID-19 also had a significant impact both on the results but also the completion of this research. While not unique in the sense that everyone was impacted by it, it is a unique period of time to have been conducting research. The implications it has had and will continue to have on many aspects of our life are likely not yet well understood. Based on the information relating to the impact of COVID-19 on the experience of the participants, it would be interesting to focus specifically on the impact that COVID-19 had on pregnant employees, potentially to compare or contrast these experiences against those of women who were not pregnant during the pandemic.

Finally, and perhaps most significantly, the process of completing a thesis for the first time has in itself identified some limitations. Upon reflection, it is clear that there were things I could have done differently. I believe that my schedule of interview questions could have been tighter and more focused. This is primarily driven as a result of the learnings I have had going through the process of writing up my findings and developing a framework. The writing of this thesis has, understandably, made my understanding of the process and objectives much clearer. One of the key learnings that I will take away from this thesis experience is the importance of appreciating the connections between the research question and the data collection process at an early stage of the research.

## 6.5 Concluding Statement

The present research sought to explore the experiences of first-time pregnant employees in the workplace. The findings show that the type of experience a first-time pregnant employee has is influenced by relationships and interactions participants had with other parties in the workplace, the internal challenges they are required to navigate, and the impact of the external environment. The findings of this research provide information which can be used to shape organisational practice, policies and procedures, and in doing so, improve the experience of pregnant women in the workplace. While general suggestions based on the findings have been provided, the findings suggest that ensuring that a pregnant employee has a positive experience is ideally done by employers engaging with pregnant employees to understand the world from their perspective and what they believe they need, before making decisions and assumptions about what the correct courses of action might be. My study supports an imperative for future research to understand the potential link that was demonstrated between the type of experience an employee has, and their likelihood of returning to that workplace following the completion of their parental leave.

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## Appendix I – Participant Information Sheet



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### PARTICIPANT INFORMATION SHEET

#### Exploring the experiences of first-time pregnant employees in the workplace

My name is Ashleigh Barnett. I am a Massey University student completing my thesis as part of my Masters of Business Studies. I am inviting you to participate in my thesis research entitled "Exploring the experiences of first-time pregnant employees in the workplace."

The purpose of this research is to understand the experience of working while pregnant for the first time.

I want to hear from employees who can clearly recall their experience of being pregnant in the workplace

This research has come about because although there are tens of thousands of live births recorded in New Zealand each year and record numbers of women participating in the workplace, there is very little known about the experience of pregnant employees in the workplace. The findings of this research, which will ensure participant identities remain anonymous, will be shared with participants and may be disseminated more widely through academic publications.

#### Participant Identification and Recruitment

To ensure that the information obtained is relevant to the research topic I would like to speak to you if you:

1. Worked for the same employer throughout your pregnancy;  
AND
2. Were/are pregnant for the FIRST time;  
AND
3. Are currently pregnant and have begun your maternity leave OR have had your baby but are still on maternity leave;  
AND
4. Can clearly recall your experience of being pregnant at work.

I am looking for approximately 20 women to participate in this research.

#### Project Procedures

If you agree to take part in this study you will be asked to discuss your experience of being pregnant at work. The interview will be face to face, last up to one hour and, with your permission, will be digitally recorded for transcription by myself.

If you have experienced workplace experiences which have negatively impacted your wellbeing in any manner please feel free to contact:

- Lifeline (phone 0800 543 354)
- 1737 Need to talk? (text or call 1737)
- Depression Helpline (phone 0800 111 757 or text 4202)
- Anxiety (phone 0800 269 4389)



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#### Data Management

If you wish to receive a copy of the findings you will have the option to opt in to do this at the interview. If you do this, a summary of the research findings will be sent to you following the conclusion of the research. No details which would identify you or your organisation will be published. All raw data will be stored securely in either locked drawers or password protected digital files and will be retained for five years following the completion of the research, following which time it will be destroyed.

#### Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until one week after the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

#### Project Contacts

I will be responsible for conducting the research on this project.

If you would like to participate in this research or have any questions about the project please contact me using the details provided below.

Ashleigh Barnett (Researcher)

Email: [Ashleigh.Barnett.1@uni.massey.ac.nz](mailto:Ashleigh.Barnett.1@uni.massey.ac.nz)

Phone: [REDACTED]

Supervisor Details:

A/Prof Kaye Thorn (Supervisor)

09 213 6395

[K.J.Thorn@massey.ac.nz](mailto:K.J.Thorn@massey.ac.nz)

Associate Professor David Tappin (Co-supervisor)

09 213 6384

[D.C.Tappin@massey.ac.nz](mailto:D.C.Tappin@massey.ac.nz)

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/19. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email [humanethicsnorth@massey.ac.nz](mailto:humanethicsnorth@massey.ac.nz).*

## Appendix II – Participant Consent Form



### PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read and I understand the Participant Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

I agree to the interview being sound recorded Yes  No

I wish to have my recordings returned to me Yes  No

I wish to receive a report of the findings Yes  No

Contact details (to return transcript and/or send report)

\_\_\_\_\_

#### Declaration by Participant:

I agree to participate in this study under the conditions set out in the Information Sheet.

I \_\_\_\_\_ hereby consent to take part in this study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix III – Ethics Approval

Human Ethics Application NOR 21/19 Approved > Inbox x



humanethics@massey.ac.nz

to Ashleigh.Barnett.1, humanethics, D.C.Tappin, K.Blackwood

Wed, Jul 14, 2021, 12:45 PM



HoU Review Group  
Dr Kate Blackwood  
ReviewerGroup  
A/Pro David Tappin  
Dr Kate Blackwood

Researcher: Ashleigh Barnett  
Title: Exploring the impacts of workplace experiences on the wellbeing of first time pregnant employees

Dear Ashleigh


Thank you for the above application that was considered by the Massey University Human Ethics Committee: Human Ethics Northern Committee at their meeting held on 14/07/2021. On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested. If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

If you wish to print an official copy of this letter, Please logon to RIMS (<http://rims.massey.ac.nz>), and under the Reporting section, View Reports you will find a link to run the Ethics Committee Report.

Yours sincerely  
Professor Craig Johnson  
Chair, Human Ethics Chairs' Committee and  
Director (Research Ethics)

## Appendix IV – Facebook Posts

 **Ashleigh Barnett**  
October 1, 2021 · 🌐

Hi all

My name is Ashleigh Barnett. I am a Massey University student completing my thesis as part of my Masters of Business Studies. My research is entitled "Exploring the impacts of workplace experiences on the wellbeing of first time pregnant employees".

This research relies on women self-referring to the study and I am looking to begin recruitment from today (1 October 2021) and will be recruiting 20 women to partake in an interview lasting approximately one hour. As the interviews will take place in person the prospective participants will need to be based in Palmerston North.

The purpose of this research is to understand what workplace experiences have a significant impact, either positive or negative, on the wellbeing of first time pregnant employees at work, and what these impacts are.

I want to hear from employees who have experienced notable workplace experiences which they feel have had a significant impact on their wellbeing while they have been pregnant for the first time in the workplace. This research has come about due to the fact that although there are tens of thousands of live births recorded in New Zealand each year and record numbers of women participating in the workplace, there is very little known about the experience of pregnant employees in the workplace.

Following the completion of the research you would (should you wish) be provided with a short summary of my findings.


If you have any questions or would like any further information please don't hesitate to contact me via email at [ashleigh.barnett.1@uni.massey.ac.nz](mailto:ashleigh.barnett.1@uni.massey.ac.nz) or via phone on [REDACTED]. Getting in contact and requesting information does not mean you are committed to being involved.

Please feel free to share details of this study with anyone you know who may fit the criteria.


Thanks so much!

Ashleigh

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 21/19



MASSEY UNIVERSITY  
UNIVERSITY OF NEW ZEALAND



MASSEY BUSINESS SCHOOL

### First time mum on maternity leave?

I am seeking women to partake in my Masters study looking at workplace experiences and their impact on pregnant employees' wellbeing.


If you:

- are/were pregnant for the first time and;
- are on maternity leave and;
- worked for the same employer for your whole pregnancy and;
- able to recall experiences that had a significant positive or negative impact on your wellbeing

I'd love to hear from you!

For more information contact  
Ashleigh Barnett  
Phone: [REDACTED]  
Email: [ashleigh.barnett.1@uni.massey.ac.nz](mailto:ashleigh.barnett.1@uni.massey.ac.nz)

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/19

 **Ashleigh Barnett**  
June 17 · 🌐

Kia Ora e te whānau!

I am looking for some amazing ladies/wāhine to help me out with my Masters research!

I tried to get things kicked off last year but my own children ended up meaning this got put on the back burner but we're ready to go now!

Interviews will be approximately 45-60 minutes and can be done at a location of your choice to ensure we can work around your baby/pēpē. This includes your own home if that's easier. Each interview also includes a coffee or hot beverage of your choice ☺

If you have any questions or would like some additional info please comment here, email me or send me a PM 📧

I will be looking to schedule interviews from week commencing 27 June 2022 but times/days are flexible around you.

Please feel free to share with anyone who fits the criteria and may be interested! I look forward to hearing from some of you 🙌

**\*\*All information is collated and themed. Although quotes may be used, the identity of individuals and their organisations will not be disclosed and will remain confidential\*\***

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## *First time mum on maternity leave?*



Seeking women to partake in a Masters study looking at the experience of being pregnant in the workplace


If you:

- are/were pregnant for the first time
- are on maternity leave
- worked for the same employer for your whole pregnancy


I'd love to hear from you!

Contact Ashleigh Barnett: FB PM OR  
[ashleigh.barnett@massey.ac.nz](mailto:ashleigh.barnett@massey.ac.nz)





MASSEY UNIVERSITY  
UNIVERSITY OF NEW ZEALAND



MASSEY BUSINESS SCHOOL

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern Application NOR 21/19

## Appendix V – Interview Schedule (original version)

### **Interview schedule**

#### **Section 1: Demographics**

- 1.1 What is your current title/role?
- 1.2 What industry do you work in?
- 1.3 How would you describe the seniority of your role and your responsibility level within your company?
- 1.4 How long had you worked in this role?

#### **Section 2: Timing**

- 2.1 How long had you worked for your employer before you got pregnant?
- 2.2 How far along did you find out about your pregnancy?
- 2.3 When did you tell your employer you were pregnant?
- 2.4 When did you tell your co-workers that you were pregnant?
- 2.5 At what gestation did you start your maternity leave?

#### **Section 3: Experiences of workplace interactions**

- 3.1 From your perspective what does wellbeing mean?
- 3.2 Is this perspective of wellbeing different now than it was before you became pregnant?
- 3.3 Can you please describe your overall experience of being pregnant while working?
- 3.4 When thinking about the time when you became pregnant and when you left work to go on maternity leave, can you tell me which workplace interaction(s) you recall being significant? Who was this interaction with and what happened?
- 3.5 What was the impact of this interaction(s) on your wellbeing?
- 3.6 At what point in your pregnancy did this interaction(s) occur?
- 3.7 Before becoming pregnant how would you have described your workplace?
- 3.8 Would you still describe your workplace the same way now?

3.9 (If there are any differences) Why do you think this has changed?

3.9.1 What has been the overall impact on your wellbeing of all the workplace interactions you experienced while being pregnant at work?

3.9.2 Is there anything else you would like to add that you think is important or relevant that we haven't discussed yet?

## Appendix VI – Interview Schedule (final version)

### **Interview schedule**

#### **Section 1: Demographics**

- 1.5 What is the name of the role you were in before your parental leave?
- 1.6 What industry is that role in?
- 1.7 How would you describe the seniority of your role?
- 1.8 Would you say that your role had a lot of responsibility?

#### **Section 2: Timing**

- 2.6 What is your current gestation OR how old is your baby now?
- 2.7 How long had you worked for your employer before you got pregnant?
- 2.8 How far through your pregnancy were you when you found out about it?
- 2.9 When did you tell your direct manager you were pregnant?
- 2.10 Why did you tell them when you did rather than earlier/later?
- 2.11 When did you tell your co-workers that you were pregnant?
- 2.12 Why did you tell them when you did rather than earlier/later?
- 2.13 At what gestation did you start your maternity leave OR resign from your role to have your baby?
- 2.14 Was this different from when you intended to start your maternity leave/resign? If yes, why?

#### **Section 3: Experiences of workplace experience**

- 3.10 Overall how would you describe your experience of being pregnant at work for the first time?
- 3.11 Were there any situations where you believe you were treated differently (positively or negatively) as a result of your pregnancy?
- 3.12 Before you got pregnant how would you have described your workplace environment and relationships?
- 3.13 Did your perception of your workplace and your relationships change as a result of your pregnancy? If so, how?

3.14 During the time you were pregnant at work, can you think of three experiences or interactions that were related to your pregnancy somehow, that stand out the most for you during this time, that you feel were related to your pregnancy? (positive or negative).

3.14.1 What was the impact of each of these experiences on you? (And when did they occur)

3.15 Is there anything else you would like to add that you think is important or relevant that we haven't discussed yet?