"Doing" is never enough, if "being" is neglected: exploring midwives' perspectives on the influence of an emotional intelligence education programme: a qualitative study.

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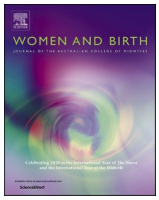

'*Doing*' is never enough, if '*being*' is neglected. [1] Exploring midwives' perspectives on the influence of an emotional intelligence education programme, a qualitative study

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ABSTRACT

Background: The role of the midwife is emotionally demanding with many midwives experiencing high levels of stress and burnout, and a great number considering leaving the profession. This has serious implications for the delivery of high-quality, safe maternity care. One of the major factors leading to job dissatisfaction is the conflict between midwives' aspiration of truly '*being*' with the woman and the institutional expectations of the role which focuses on the '*doing*' aspects of the job. '*Being*' present to a woman's psychological needs, whilst meeting the institutional demands, requires high levels of emotional intelligence (EI) in the midwife. Therefore, enhancing midwives' EI could be beneficial.
EI education programme: An EI programme was made available to midwives with the intention to promote their emotional intelligence and enable them to utilise relaxation techniques for those in their care.
Aim: To explore midwives' perspectives on the influence of the EI education programme on their emotional wellbeing and experiences of practice.
Method: The study took a descriptive qualitative approach. Thirteen midwives participated in focus group interviews. The data were analysed using thematic analysis.
Findings: The overarching theme of '*The Ripple Effect*' included three themes of '*Me and my relationships*', '*A different approach to practice*' and '*Confidence and empowerment*'. The programme was seen to create a positive ripple effect, influencing midwives personally, their approach to practice, and feelings of confidence in their role.
Conclusion: EI education can reduce emotional stress in midwives, enhance their empathy and feelings of confidence, thus, improving the quality of care they provide.

Statement of significance

Problem or issue

The role of the midwife is emotionally demanding with many midwives experiencing high levels of stress, burnout, and considering leaving the profession. This is of critical concern to the profession and has serious implications for the delivery of high-quality, safe maternity care.

What is already known

Evidence suggests emotional intelligence (EI) is positively linked to wellbeing and has an inverse relationship with stress, and EI education may increase EI. However, little is known about the influence of EI education on midwives.

What this paper adds

This qualitative study provides insight into midwives' perspectives on the influence of an EI programme on their emotional wellbeing and experiences of practice.

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Background

The contemporary role of the midwife is emotionally demanding with many midwives experiencing high levels of stress, burnout, anxiety, and a great number considering leaving the profession [2–5]. This is of critical concern to the profession and has serious implications for the delivery of high-quality, safe maternity care. One of the major factors compromising midwives' emotional wellbeing and leading to job dissatisfaction is the conflict between midwives' aspiration of truly '*being*' with the woman and the institutional expectations of the role which focuses on the '*doing*' aspect of the job [6–10]. '*Being*' mentally and emotionally present to a woman's psychological needs, whilst meeting the institutional demands, requires high levels of emotional intelligence (EI) in the midwife. EI refers to the ability to recognise one's own emotions and those of others whilst also managing emotions effectively in the self and in relationships [11,12]. Evidence suggests that EI is negatively related to job stress in midwives [13] and that EI levels can be a predictor of midwives' ability to cope with stress [14]. In addition, EI is essential to the process of empathy [12] which is a prerequisite for the delivery of compassionate and person-centred maternity care [15]. Indeed, the significant role of EI in midwifery practice has recently been recognised by the Nursing and Midwifery Council [16].

Evidence suggests emotional intelligence can be increased through education [17–19]. Indeed, providing EI education for populations such as medical and nursing students has been shown to correlate with increased EI and reduced perceived stress [20,21]. However, there is a paucity of qualitative research exploring participants' experiences of such educational programmes. In addition, the influence of EI education on midwives has remained underexplored in the literature. The current study, therefore, aims to explore the views of midwives on the influence of emotional intelligence education. The study will answer the following research question:

'*What are midwives' perspectives on the influence of an EI education programme on their emotional wellbeing and experiences of practice?*'.

EI education programme

A 4-month programme delivered over six group sessions (total 24 h) was made available to midwives. The programme objectives were to (1) increase midwives' EI and (2) enable them to embed relaxation practices in the care they provide. The theoretical foundation for the programme was the tripartite EI model [22] which includes three levels of (1) having knowledge of emotional regulation strategies, (2) developing the ability to apply emotional regulation strategies during implementation exercises, and (3) achieving the trait level when the individual can apply these strategies in real life emotional experiences and cope in emotional situations. These three levels were addressed by:

(1) Explaining the physiological aspects of human emotions, and the influence of 'incorporating relaxation practices in daily life' on psychophysiological processes. Further, the philosophy underpinning the concepts of self-recognition, self-awareness, self-management, empathy, conscious communication, and therapeutic relationships were discussed.
(2) Practising a range of strategies including meditation/relaxation practices to enhance self-awareness and the management of emotions and relationships. These relaxation practices could also be utilised in midwifery care to alleviate emotional distress in childbearing women.
(3) Using case-based learning to practice the learned strategies in simulated situations. The 3-week gaps between the sessions allowed time to practice the learned skills in midwives' personal and professional lives.

Details of the programme including the mode of delivery and content are presented in Table 1.

The study investigator (MT) ran the programme. MT is a midwifery academic with experience of education and research in the topic area. She had designed and delivered similar programmes to approximately 100 midwives and over 500 student midwives between 2014 and 2022. The EIP presented in this study was devised based on the findings of service evaluation of these programmes and in view of the existing literature in the field [11–15].

Method

Design

The study took a descriptive qualitative approach [23] using focus group interviews.

Setting and participants

The study was carried out in the Northeast of Scotland. In the UK, midwives are the lead professional in providing maternity care across the childbirth continuum [15]. Midwives from different community teams in one NHS health board were recommended by their line managers to take part in EIP as a part of their continuous professional development. The programme was delivered to two cohorts of midwives (cohort 1: 9 midwives - May to September 2022 and cohort 2: 6 midwives - September 2022 to January 2023). All 15 participants were invited to the study of whom 13 (86.6%) agreed to take part. Seven midwives from cohort 1 and six midwives from cohort 2 participated in focus groups 1 and 2 respectively. Guest et al. [24] suggests a sample size of two to three focus groups is likely to capture at least 80% of themes on a topic.

Table 1
The outline of EI programme.

Session number (Mode of delivery)	Content
1 (6 hrs- in person)	o Introduction to the programme, hopes and expectations o Physiology of human emotions o Practice of the relaxation o Setting aims and activities for the next three weeks o A handout and audios for further practice at home and work were provided.
2 (2 hrs-online)	o Sharing experiences & reflections o Recapping session 1 o Self-recognition, self-awareness, and the underpinning philosophy o Conscious (verbal land non-verbal) communication; bringing self-awareness into communication o Setting aims and activities for the next three weeks. o A handout and audios for further practice at home and work were provided.
3 (6 hrs- in person)	o Sharing experiences of self-awareness & conscious communication o Recapping Sessions 1&2 o Emotional Intelligence in Midwifery o Embedding relaxation practices and therapeutic silence in midwifery care o A handout and audios for further practice at home and work were provided.
4 (2 hrs-online)	o Sharing experiences o Role of self-recognition in relationships o Influencing teams and the organisation
5 (2 hrs-online)	o A short relaxation exercise o Sharing experiences o Preparation for assessment (a reflective essay)
6 (6 hrs- in person)	o Sharing experiences & reflections o Recapping the previous sessions o Discussing the relevant research evidence o Going forward; plans

The participants were diverse in terms of age, seniority, and workplace rurality. They were all female and aged from 23 to 58 ($M = 42.86$, $SD = 13.57$), with between 1 to 30 years ($M = 17.43$, $SD = 12.76$) of work experience as qualified midwives. The participants were from five different rural and urban community midwifery teams.

Data collection

Focus groups were used for data collection because compared to an equivalent number of individual interviews, they avail a large amount of data within a limited time frame, and the process of sharing views in focus group discussion can yield more insights [25]. However, it is acknowledged that participants in a focus group might modify their responses according to what they perceive as socially expected by the group, or certain participants may dominate the discussion [25]. These issues may prevent gaining authentic insights from individual perspectives [26]. As the effectiveness of a focus group heavily depends on the skills of the facilitator [27], the focus groups were facilitated by a researcher experienced in running focus groups.

Focus groups were conducted immediately after completion of the programme for each cohort in a conference room in the hospital, where the EIP sessions were held. Focus groups 1 and 2 lasted 80 and 65 min respectively. A semi-structured topic guide with open-ended questions was developed. The main questions included in the topic guide are presented in Table 2. When required, these questions were followed by a series of supplementary questions such as 'can you tell me more about this?', 'in what way?', or 'how did you know that?' for a deeper exploration of the experiences.

During the focus groups, all participants had the opportunity to share their perspectives. To avoid interview bias, a researcher outside the programme delivery team conducted the focus groups. The focus group interviews were digitally recorded and transcribed verbatim.

Data analysis

Reflexive thematic analysis [28] was used to analyse the data. Thematic analysis is a method for systematically identifying and organising qualitative data into themes and offers clear guidelines and flexibility [29]. The six phases of reflexive thematic analysis included familiarisation; coding; generating initial themes; reviewing and developing themes; refining, defining, and naming themes; and writing up [30]. However, it is critical to note that reflexive thematic analysis is not a linear process, but an iterative one, with shifting back and forth between the different phases [29]. A hybrid approach to thematic analysis was taken, combining deductive and inductive reasoning [31]. The deductive element involved engagement with EI literature which set the expectation that attendance at the programme may influence the participants' EI. However, the codes and themes were inductively generated from the data gathered. The data were analysed by a team of three researchers and findings were reflexively discussed and debated to reach consensus. Use of reflexivity, an audit trail, member checking and thick descriptions in interpreting the data facilitated trustworthiness of the study [32].

Table 2
Topic guide.

Topic guide questions
o Can you tell me about your experience of attending the programme?
o Can you tell me about how attendance at the programme has influenced you personally, if any?
o Can you tell me about how attendance at the programme has influenced your relationship with others (at home or work), if any?
o Can you tell me about how attendance at the programme has influenced your practice as a midwife, if any? Can you give me an example of this?
o Can you tell me about how attendance at the programme has influenced your feelings towards your role as a midwife, if any?

Ethical considerations

The study was conducted in accordance with the principles of good clinical practice and Data Protection Act (2018). Ethical approval from Robert Gordon University Research Ethics Committee (Ref: 212211) was obtained. Participation in EIP was recommended to midwives by their line managers which they could accept or decline. The midwives were informed that participation in the study was voluntary, and they could withdraw from the study at any time (prior to data analysis), without explanation. All participants signed a consent form and confidentiality was assured. Pseudonyms were used to ensure anonymity. Midwives could partake in EIP regardless of their participation in the research study.

Findings

As shown in Table 3, an overarching theme of '*The Ripple Effect*' was generated that included three themes of '*Me and my relationships*', '*A different approach to practice*' and '*Confidence and empowerment*'. The participants viewed the influence of the programme on them and their relationships as creating a ripple effect that impacted their approach to practice and their feelings of confidence and empowerment in their role as midwives. The names for the themes emerged from the data and are often the participant's own words.

Bev suggested,

The one thing about relaxation, I would say is the ripple effect of it. It has a massive ripple effect that you aren't even aware of, and it can go beyond what you expect. (Cohort 1).

Fig. 1 presents the overarching theme of 'The Ripple Effect' and its components.

Theme 1 – Me and my relationships

The influence of the programme on '*Me as a person*' was described as unexpected. The programme appeared to facilitate '*Developing self-awareness and self-management*', and '*Enhanced relationships*'.

Me as a person

Interestingly, most midwives attended the programme, expecting to learn skills they could use for women, however, the positive effects on themselves were unexpected. They commented the programme's focus on them 'as a person' distinguished it from other mandatory trainings for midwives.

Veronica described her expectations of the programme,

'I thought it was more going to be based on having to deliver a session to women through all kind of childbirth spectrum.' (Cohort 1)

Yvonne described the influence on her as an individual as a surprise.

'I'm surprised at how helpful it was for me, as a person as well as me as a midwife.' (Cohort 2)

Attending the programme was collectively described as a positive experience, and different from other professional trainings. Bev said,

Table 3
The generated themes and sub-themes.

Overarching theme	Themes	Subthemes
The Ripple Effect	1) Me and my relationships	a) Me as a person
		b) Developing self-awareness and self-management
		c) Enhanced relationships
	2) A different approach to practice	a) A culture of presence
		b) Utilising relaxation techniques in practice
	3) Confidence and empowerment	

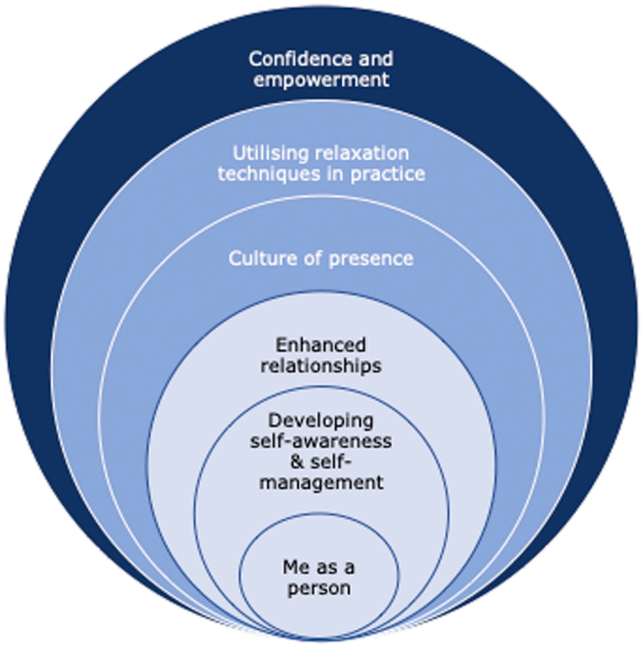

Fig. 1. Overarching theme of '*The Ripple Effect*' and its components.

Theme 1) Me and my relationships: The influence of the programme on '*Me as a person*' was unexpected and led to '*Developing self-awareness and self-management*', and '*Enhanced relationships*'.

Theme 2) A different approach to practice: The programme had a ripple effect permeating midwives' practice too, prompting them to adopt a '*Culture of presence*' and to '*Utilise relaxation techniques in practice*' (for self and for women).

Theme 3) Confidence and empowerment: Women's positive experiences of this approach to their care increased midwives' '*Confidence and empowerment*' in their role as midwives.

'It's been a quite positive experience for me.' (Cohort 1)

Celina stated,

'*It's kind of over and above the normal mandatory statutory training that we do.*' (Cohort 2)

And Amelia added,

'Never done anything like this before.' (Cohort 2)

Developing self-awareness and self-management

Midwives explained what self-awareness meant to them and how such awareness contributed to the management of one's thoughts and emotions. They described the development of self-awareness through the programme as learning to shift from habitual thinking to becoming the observer of the thinking mind.

Celina said,

'Yeah, just (developed) a greater self-awareness … just differentiating between 'the thinker' and 'the observer'. (Cohort 2)

Self-awareness meant paying greater attention to the present moment rather than being immersed in thoughts about the future. Jude commented,

'In my personal life, (now) I'm trying to be more present in the moment and stop, kind of not let my thoughts go ahead of me, and I'm trying to just pull back and then be present in the now.' (Cohort 1)

They felt their learning led to a better understanding and management of one's own thought processes. Yvonne suggested,

'The things we learned about how to look at ourselves really helped, just to understand my head better, like, you've got to let the thoughts be there and accept them, and say yes, I see you, I'm thinking that, but not letting the thoughts overwhelm you.' (Cohort 2)

Increased awareness of one's own thoughts and emotions helped prevention of high stress levels. Amelia said,

'It's more just, like when I feel I'm getting stressed, I'm more aware of it and I can stop it.' (Cohort 2)

Nina explained how her learning experience improved her emotional wellbeing,

'On a self-reflecting kind of aspect, it is making myself a calmer and more relaxed person rather than getting stressed and overthinking. This course has kind of helped me change as a person, to see things differently, not overthink as much, and just take a breath and calm down. I think it's been a great kind of learning experience as a midwife as well.' (Cohort 2)

Midwives provided examples of stressful clinical situations where they had managed to alleviate their stress and deal with the situation efficiently. Celina provided an example,

'She was having late decelerations and so, that initial panic, thinking about so many things in my head … my on-call midwife was 45 min away and I knew ambulances were always going to be an issue. So, it was just that kind of initial panic. But then taking that step back and I've never experienced anything like that before, it was a really strong feeling where I felt like I was almost out with my body looking at the situation and just telling myself, alright, this is what you need to do, and this is the order you need to do it in. It's just taking that step back from being 'the thinker' to become 'the observer' and dealing with the situation.' (Cohort 2)

Enhanced relationships

Self-awareness had an enhancing impact on midwives' relationships. They became more aware of how they came across and could adopt a relaxed state which affected those whom they encountered.

Neave said,

'It's just made me more aware of like how I'm coming across.' (Cohort 2)

Bev elaborated on this,

'So, it's made me less defensive, talking to medical staff as well. So, if I'm uptight you're feeling it, then that's not going to work.' (Cohort 1)

They could listen better to and recognise other people's emotions including their family members, colleagues, and clients, with a positive influence on relationships. Amanda explained,

'Because you can relax yourself, then, we're a lot more open to taking more time for other people and really taking on what they're saying. I should say you're not thinking about what's next that you're going to do, I'm picking up on like nonverbal cues, to ask people actually "do you want to say anything?" "Is there actually something going on with that?". I think if you yourself come across a lot more open and a lot more relaxed, they're a lot more willing to divulge things to you, whether that be like staff or women.' (Cohort 1)

Their relationships with their family members were positively impacted too. Bev said,

'It changed my relationship with my youngest daughter, that's a winner for me that she's managed to break through that, to talk to me about her emotions.' (Cohort 1)

Amanda added,

'Because you can relax yourself, like, I'm a lot more aware of my partner when he's had a stressful day. Before (attending EIP), I think I was probably a lot more self-centred than I'd probably realised, like a lot of people are.' (Cohort 1)

Theme 2 – A different approach to practice

Participants stated that the programme had enabled them to adopt a '*Culture of presence*' and '*Utilise relaxation techniques in practice*' (for themselves and for women).

Culture of presence

Midwives commented on bringing a culture of presence into their practice which was perceived to be at odds with the current culture within the maternity service. This culture was regarded as conducive to facilitating childbirth physiological processes and preventing the midwife from intervening unnecessarily.

Participants recognised a culture of *'keep going attitude'* within the NHS and that the EI programme enhanced their awareness of this cultural behaviour, leading to a culture of taking time to '*be with woman'*, a culture of presence. Veronica stated,

'*I think in the NHS, we definitely have a culture of just keep going attitude, keep going on to the next shift, onto the next clinic or whatever you're working.'* (Cohort 1)

She compared her previous and current behaviour when approaching care,

'It's just given me an opportunity to make the most of little pockets of time, whether I'm taking bloods or, you know, when a woman coming in the labour, just taking five minutes or 10, just with the woman, just explore how she's feeling. And go into that a bit deeper as maybe what I would have done before, just taking that moment together. Yeah, and not being in such a rush, I think that has definitely helped.'

Jude explained how the change of such cultural attitude was materialised in her practice.

'So, instead of being like, oh, I just want to get this visit over and done with, I've got all this extra stuff to do, it's been quite nice to be like, actually, I want to take a longer time, I want to sit with this woman, which is so then I'm getting a bit more job satisfaction.' (Cohort 2)

Bev associated the prevailing culture within the NHS with high levels of stress in practitioners,

'*We've got everybody running about in stress … I feel we're managed very stressfully.*' (Cohort 1)

Shona highlighted the importance of promoting a culture of self-awareness in the workplace.

'We need to work on the culture of not causing our own anxiety. That's about different way of saying it, but you know actually being more self-aware.' (Cohort 1)

The culture of presence was conducive to allowing time and silence whilst avoiding interference with the natural processes. Bev said,

'*For me it is to allow those silences and allow women to have their own time without me having to intervene and say something.'* (Cohort 1)

Amanda identified fear in the midwife as a common reason for intervening behaviour and that the midwife's control over her own emotions can change this,

'*I think it's just the fear that we have in ourselves that what if something goes wrong … it (use of self-relaxation practices) has impacted on myself and how I approach women. (Now) I'm a lot more willing to just let them have 10 min to do what they need to do … not so willing to just jump in and tell them to do this and that.'* (Cohort 1)

They recommended a collective approach to the EI education that includes different members of the maternity team. Celina suggested,

'*Make it mandatory for all midwives.'* (Cohort 2)

Veronica debated that including hospital-based midwives could enhance the impact on women's childbirth experiences,

'*If you have midwives based in hospital, the impact will be rising'* (Cohort 1).

Bev said,

'*I would like to see managers on the course because I feel we're managed very stressfully.'* (Cohort 1)

Shona added,

'*I would like to see some medical staff doing it. I'd like to see that the students are coming through and doing these things too.'* (Cohort 1)

Utilising relaxation techniques in practice

Participants suggested understanding the evidence and practising relaxation techniques themselves and with peers enabled them to introduce these techniques to women too. They believed women welcomed and benefited from this approach to their care.

Amelia stated,

'I think just from learning, like the theory behind it has been really beneficial. Because that's the way my brain works. I like to see there is evidence that it works, and why we offer it to women.' (Cohort 2)

Celina suggested,

'*My favourite was the actual practical session, I really felt that was quite empowering.'* (Cohort 2)

Nina shared:

'That allowed us to feel what the woman feels like, to pretend to be a participant in the class.' (Cohort 2)

Yvonne appreciated the peer-practice,

'*Getting the chance to practice with each other, just added to our confidence and how we can help women and their families.'* (Cohort 2)

Midwives innovatively used the relaxation techniques in their practice for a range of situations. For example, Neave managed to settle down a conflicting situation by using self-relaxation techniques. She stated,

'I had this couple came in for the first appointment and they'd had a really negative experience with her first baby. He was really angry; they came in the room like completely standoffish … I was really stressed. So, I started thinking about the breathing techniques, and I thought I'd just be quiet for a few minutes, it felt like forever, but just sat, relaxed my shoulders, listened and after about five minutes, that atmosphere completely changed. I've never had that before. They were like laughing and like fine by the time that they left. It completely changed the whole experience and I thought, that's because of that course I've been on.' (Cohort 2)

Amelia suggested how the use of self-relaxation by the midwife could influence women's emotions,

'I'm like using it in practice without even knowing. So as soon as women come in, she's like stressed, you can actually calm her down instantly, just like taking a breath yourself and the woman instantly, mirrors you she's like, uh, okay.' (Cohort 2)

Midwives also introduced the relaxation techniques to women in a range of clinical situations. For example, they used their learned skills to improve the experiences of care for women with needle phobia, when performing membrane sweeps, for high blood pressure, in the latent phase of labour or when assisting with breastfeeding. They suggested this approach was effective and positively impacted women's experiences. Shona commented,

'*I have found that (relaxation practices) particularly with women who are stressed about things like blood tests or sweeps, it works 9 times out of 10.*' (Cohort 1)

Midwives described their experiences of using the techniques for women as positive experiences for themselves too. Gemma shared,

'I had a really wonderful experience with a lady who had hypertension. So, at that point, they were going to section her because her BP (blood pressure) was through the roof. She'd been medicated and hadn't worked. I went in and said, 'have you ever tried anything like relaxation?' she said, 'I don't think I'd be into that sort of things.' I said, 'listen, give it a go, see how you get on'. I sat with her and did some very simple deep breathing exercises with her and then showed her the (relaxation) audios. I came back 40 minutes later; her blood pressure had dropped. The obstetricians were saying 'we don't need to take her to theatre, what have you done?', such a simple, simple thing.' (Cohort 1)

They explained how they had influenced women's emotions of fear and confidence, and therefore, the childbirth outcomes. Jude said,

'*… she had a long latent phase and said "I just don't want to go home. I'm too scared". I said, "do you want to try some relaxation?". I think doing that little relaxation with her made her more relaxed and reaffirmed that she could do it at home. Then she did go home and came back four hours later fully dilated where she was only one centimetre when she went home. Yeah, it worked. She just needed that confidence to do it herself.*' (Cohort 2)

Yvonne had innovatively used the techniques for women postnatally. She said,

'*I've used it as like an almost miniature relaxation just the other day in postnatal room when I was helping with breastfeeding.*' (Cohort 2)

This approach seemed to have tacitly permeated midwives' day-to-day practice. Justine suggested,

'I think you don't realise until you really think about how often or how the little bits you bring into different situations, but just such little snippets that you probably do bring in now, that feels quite normal. But you probably wouldn't have really addressed that before, whether it's just a conscious breath or to get them to focus and relax a wee bit for a procedure, whatever it may be.' (Cohort 2)

They believed women welcomed and benefited from this approach to their care. Amelia commented,

'*So as soon as you offer to calm them down and do the breathing, they're really into it, I've never had anyone say no, or like I don't want to do that. it's been really beneficial.*' (Cohort 2)

Shona added,

'*The feedback that I get after mine (the relaxation sessions) is that 'I had such a good sleep that night.'* (Cohort 1)

Jude commented on the influence on birth experience:

'… it worked, and she came in and she had a positive birthing experience.' (Cohort 2)

Gemma concluded,

'*We know it works from the feedback we get from women. They love it, it's always a 100% yeah, fantastic, it wasn't a waste of time. So, you kind of know you're doing something right, something good for them and for yourself as well.*' (Cohort 1)

Theme 3 – Confidence and empowerment

Women's positive experiences of utilising relaxation practices and the feedback they provided appeared to empower midwives and enhanced their confidence and satisfaction with their role.

Amanda commented,

'It's just kind of given me that belief in my role and the power that we have as midwives.' (Cohort 1)

Yvonne suggested,

'I guess it has made us realise what an impact we can have. How we can use these skills for families that we didn't have before. So, it's really added to your confidence.' (Cohort 2)

Jude said,

'*It's kind of like being able to do the extra mile with my patients which then I'm getting a bit more job satisfaction.*' (Cohort 2)

They felt they had made a meaningful difference to women's experiences and that of themselves.

Celina said,

'*And the difference we can make to somebody's experience, taking it from something that can potentially be very negative, to turn that round to making it a positive experience and helping them cope and manage.*' (Cohort 2)

Nina added,

'*And yourself as well.*' (Cohort 2)

Justine explained how women's positive feedback can influence the midwife,

'In your practice, sometimes we're so swamped all the time, and nothing feels very positive but then you're getting that positive feedback and that just really gives you a bit of a boost.' (Cohort 2)

Justine continued to suggest this positive feedback motivated further use of the learned skills in practice, leading to positive feelings about her role.

'It's been really enjoyable, and something that you're really keen to keep going and bringing into your practice. I think that then has an overall difference in how you feel about things … it just keeps your enthusiasm and thinking well, I actually did a good job there.' (Cohort 2)

They felt the programme had empowered them to speak out for women and for themselves. Shona said,

'*I suppose it's given us a little bit of a voice to speak out more for natural birth and for women to have faith in themselves, definitely.*' (Cohort 1)

Bev added,

'*And the midwives.*' (Cohort 1)

Discussion

The study findings made a unique contribution to the existing knowledge by providing insight into midwives' perspectives on the influence of EI education and shedding light on 'how' and 'why' this influence may occur. The participants viewed the influence of the programme on them and their relationships as positive and creating a ripple effect that impacted their approach to practice and feelings of confidence and empowerment in their role as midwives. The findings suggest the influence occurred first through 'recognising and reducing stress in self', and second by 'having the skills to identify and alleviate emotional distress in those they cared for'.

Participants suggested taking part in the programme caused a change of perception about the self, recognising the conditioned thoughts, emotions, and resultant behaviours as '*the thinker*'. They frequently described self-awareness as the ability to '*step back*' and become '*the observer*' of the conditioned self, '*the thinker*'. This ability led to self-management and reduced emotional stress, where the habitual

thoughts and emotions lost their power over the self. Previous research indicates EI is positively linked to wellbeing [33] and has an inverse relationship with stress [34,35], emotional exhaustion [36] and burnout [37] in health professionals.

In addition, there is evidence that EI education may have the potential to increase EI in populations of medical and nursing students [20,21], despite the lack of evidence on the influence on midwives. Further, due to the paucity of qualitative studies in the field, our understanding of the processes involved in such influence is lacking. The current study by targeting the midwives' population, taking a qualitative approach, and exploring how self-awareness may lead to self-management has addressed some of the current gaps in existing knowledge.

Participants stated that self-management and the resultant calmness in the mind were the foundation for enhanced empathy. Due to reduced stress in self, they were more able to identify and feel the emotional distress in others. Empathy is defined as 'the ability to share someone else's feelings or experiences by imagining what it would be like to be in that person's situation' [38] and is the foundation for compassionate care [39]. Over recent decades, there has been an increased emphasis on the need for empathy and compassion in healthcare professionals [40,41]. Ménage et al. [42] suggest compassion is a powerful intervention that reduces childbearing women's suffering and helps them to feel safer and more able to cope. Therefore, a high degree of empathy in midwives is recognised as a necessity for the delivery of high-quality and compassionate maternity care. However, as midwives deal with emotionally distressing situations, high levels of empathy (in absence of the emotional management skills) may place them at risk of experiencing emotional exhaustion, burnout, and compassion fatigue [5,8,43]. A survey of 1997 UK midwives found that UK's midwifery workforce is experiencing significant levels of emotional distress and burnout [1]. The present study findings suggest although by calming their own emotions, midwives were more able to empathise with the woman, this did not appear to cause increased stress in them. Conversely, they felt equipped with stress management skills and thus confident in their own ability to alleviate emotional distress in women and improve care outcomes. When interacting with distressed clients, by '*stepping back*' from being '*the thinker*', they could better recognise the increased stress in themselves. Then, by using their self-relaxation skills, they consciously changed the focus of their attention from stress to calmness. This alternative focus was described as '*being present*', it was contagious and had a calming effect on women too.

Participants stated it was such experiences that motivated further use of their gained skills. It could be suggested that the joy of '*being present*', connecting '*with the woman*' and alleviating her emotional distress may have been greater than the emotional labour caused by enhanced empathy.

Further, they actively guided women to use relaxation practices in various clinical situations to calm their emotional distress and help them cope. Goleman [11] uses the term 'emotional brilliance' to describe one's ability to calm distressing emotions in others. Midwives viewed utilising relaxation practices as having the potential to transform women's childbirth experiences and outcomes, which led to experiencing a range of positive emotions in the midwife too. The influence of implementing relaxation techniques in midwifery practice on the emotional wellbeing of midwives seems to be an underexplored area in previous research.

Strengths and limitations

The study was novel in exploring the influence of EI education on midwives and in taking a qualitative approach to explore their experiences. Another strength of the study was the wide diversity of the participants in terms of their age, seniority, and workplace rurality. On the other hand, having a small sample and including only community midwives from just one health board may limit the transferability of the findings. In addition, although midwives believed their new approach to practice had enhanced the quality of care they provided, the study was limited in providing first-hand evidence of women's experiences of the care they received.

Conclusion and implications

Equipping midwives with emotional management skills, by reducing emotional stress, enhancing empathy and feelings of confidence in their role may improve their emotional wellbeing and experiences of practice. These changes may also influence the quality of the care they provide. Therefore, implementation of evidence-based EI education in midwifery undergraduate curricula and midwives' continuous professional development should be considered. Such an approach may contribute to a more sustainable midwifery workforce that can provide high-quality and compassionate care. Large-scale, multi-centred and longitudinal studies are needed to further investigate the effectiveness of EI education for the current and future midwifery workforce in both short and long term. Future research should also explore the influence of EI education for midwives on the maternity care quality, childbirth experiences and outcomes.

Ethical approval

The study was conducted in accordance with the principles of good clinical practice (GCP) and Data Protection Act (2018). Ethical approval from Robert Gordon University Research Ethics Committee (Ref: 212211) was obtained. The date of approval: 20/05/2022.

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CRediT authorship contribution statement

MT, TH, and KFM collectively contributed to the conception, design, and conduct of the study as well as analysis and interpretation of data and drafting the manuscript.

Declaration of Competing Interest

None.

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