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To cite this article: Joseph Mfum Manukure, Francis Annor & Angela Anarfi Gyasi-Gyamerah (29 Jan 2024): 'Leaving the child behind was not easy': lived experiences of mothers returning to work after maternity leave in Ghana, *Community, Work & Family*, DOI: [10.1080/13668803.2024.2309367](https://doi.org/10.1080/13668803.2024.2309367)

To link to this article: <https://doi.org/10.1080/13668803.2024.2309367>



Published online: 29 Jan 2024.



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'Leaving the child behind was not easy': lived experiences of mothers returning to work after maternity leave in Ghana

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ABSTRACT

This study explored the lived experiences of employed mothers returning to work after maternity leave in the Ghanaian context. Using a qualitative research approach, in-depth interviews were conducted with 21 employed postpartum mothers who had returned to work within one year after birth. Using reflexive thematic analysis, four themes were generated that speak to mothers' experiences of returning to work after maternity leave: setting the stage for work return, embracing the emotions of work return, re-adapting to the workplace, and impact on personal and family health. Mothers' return to work after maternity leave was preceded by extensive physical and psychological preparations including childcare arrangements that enhanced their readiness for paid work. Despite such preparations, most mothers experienced their return to work as emotionally challenging marked by feelings of sadness, guilt, and frustration. Childbirth and return to work also negatively impacted mothers' work performance as well as their personal and family wellbeing. Moreover, combining the increased responsibilities associated with childbirth and work demands emerged as a major source of stress for postpartum mothers. These findings underscore the need for policies, organisational practices, and comprehensive support structures that facilitate mothers' return to work after maternity leave.

ARTICLE HISTORY

Received 5 February 2023
Accepted 18 January 2024

KEYWORDS

Maternity leave; postpartum mothers; return to work; job re-entry; work-family stress

Introduction

A considerable part of women's working life overlaps with a critical period of family life, childbirth. Following childbirth, women usually take a temporary break from paid work, often through job-protected maternity leave, to aid recovery and enable them to care for the newborn. Therefore, re-entry into paid employment after maternity leave constitutes 'a common biographical transition in women's lives' (Wiese & Heidemeier, 2012, p. 317). This transition has been characterised as a stressful phase in life that presents physical, emotional, and mental health challenges for most women (Cheng et al., 2021; Millward, 2006; Spiteri & Xuereb, 2012). Postpartum women often report physical and psychological health problems including sleep deprivation, body pains, depression, and anxiety (Falletta et al., 2020; Johansson et al., 2020). These physical health and emotional

challenges may linger for some mothers when they return to work, especially when the maternity leave duration is short (Petts, 2018). Early return to work after childbirth may also deprive mothers of the opportunity to spend time with their infants and adversely affect the continuation of breastfeeding (Chang et al., 2021; Dutheil et al., 2021; Weber et al., 2011). The uneasiness and guilt associated with leaving their babies in the care of another person may make mothers reluctant to return to work after childbirth (Houston & Marks, 2003; Millward, 2006; Nowak et al., 2013).

Due to their disproportionate involvement in care work, especially in societies that emphasise the traditional gender-role ideology, job re-entry after childbirth also increases the burden on women, who predominantly combine domestic work and paid work. Strain resulting from meeting demands associated with paid work and household activities can lead to work-family conflict, with myriad negative consequences (Shockley & Singla, 2011). Wiese and Ritter (2012) reported that family-related stress, emotional instability, and insufficient preparation for work return increased daily return regrets among employed postpartum women. Moreover, upon their return to work after childbirth, women face many challenges at the workplace such as discrimination, organisational transformations, and reduced performance (Gatrell, 2013; Halley et al., 2018). In other instances, some postpartum women lose their job status upon their return to work (Houston & Marks, 2003). Reduced opportunities to participate in administrative decisions and career-enhancing activities at the workplace have also been reported among women returning to work after childbirth (Spiteri & Xuereb, 2012). These adverse experiences can result in increased absenteeism, decreased job satisfaction, and turnover (Greenhaus et al., 2001).

Although mothers' return to work after childbirth has received some empirical attention, few studies have explicitly examined mothers' experiences of transitioning to work after maternity leave (Alstveit et al., 2010; Costantini et al., 2021, 2022; Ladge & Greenberg, 2015; Millward, 2006). These studies have provided insights into the complexities of the return to work experiences for mothers. For instance, Millward (2006) found that mothers' transition to work after maternity leave was characterised by a tension between living up to ideals of being a good mother and concerns about being committed employees. More recently, Costantini et al. (2021) underscored the emotional challenge and difficulties associated with combining work and family for mothers returning to work after prolonged maternity leave. They further highlighted the importance of social support in managing the emotional dilemma associated with mothers' return to work. In their study among first-time mothers, Ladge and Greenberg (2015) explored how mothers manage efficacy uncertainties including self-doubt and concerns about motherhood and work-related competence in their return to work experiences. The study highlighted the importance of organisational support and proactive personal adjustment tactics in reducing the uncertainty experienced by new mothers as they transition to the workplace after childbirth. In an earlier study, Seiger and Wiese (2011) found that emotional support received from one's partner was significantly associated with emotional well-being in terms of higher positive affect and lower negative affect.

However, previous studies on mothers' return to work experiences have been predominantly Western-focused. Conspicuously absent from this stream of research are studies from the sub-Saharan African context. Given variations in maternity protection and leave policies, labour market dynamics, and cultural values across contexts, extant research on

women's job re-entry experiences may not readily apply to non-Western contexts. There is a paucity of research that explores the experiences of postpartum mothers during the transition to work after maternity leave in African contexts. Understanding women's experiences in their transition to work after maternity leave is important, especially in national contexts where macro and organisational policies are far from family-supportive. Such is the case in Ghana, where the present study was conducted.

In Ghana, the labour force participation rate for women is estimated at 65.3% (World Bank, 2023), though women's participation in economic activities has been noted to occur predominantly in the informal sector often in the form of self-employment (Annor & Burchell, 2018; Oheneba-Sakyi & Takyi, 2006). The nature of self-employment with its inherent autonomy enables schedule flexibility that facilitates work-family integration. In contrast, for the small but significant proportion of women employed in the formal sector, the emphasis on efficiency coupled with the lack of flexible working arrangements constrain the integration of work and family roles (Annor, 2014; Aryee, 2005). Despite women's involvement in paid employment in Ghana, there remains a dominant traditional gender norm that ascribes housework and childcare as women's responsibilities (Annor & Burchell, 2018). Women's disproportionate involvement in childcare in Ghana is also perpetuated by the absence of statutory paternity leave provisions, which constrains men's involvement in housework especially after childbirth.

Additionally, compared to some countries in the Global North, Ghana has a relatively shorter maternity leave duration. Specifically, women are entitled to 12 weeks of paid statutory maternity leave after birth, which can be extended by two weeks in situations where a woman experiences complications during childbirth (Ghana Labour Act 651, 2003). Although data on maternity leave take-up rates and duration are lacking, some women in Ghana combine maternity leave with any accumulated annual leave to have a slightly longer leave (Aryee, 2005). The extended family remains an important source of childcare support in Ghana. For example, it is customary for family members (e.g. one's mother, in-laws, grandmothers, etc.) to provide childcare support during and beyond the statutory maternity leave period. However, for some parents, this source of support is difficult to access due to migration and the gradual weakening of extended family networks in Ghana (Oheneba-Sakyi & Takyi, 2006). It is, thus, not uncommon for employed mothers to depend on paid childcare services, especially in urban settings though they tend to be expensive.

Ghana's cultural system highly values procreation, driven by the desire to extend family lines, ensure social security in old age, and other related factors. This cultural imperative is epitomised by the preference for large family sizes (Aryee, 2005), which is reflected in the country's total fertility rate. The total fertility rate in Ghana as of 2023 was estimated to be 3.9 children per woman (Ghana Statistical Service, 2023a), dropping slightly from 4.2 in 2014 (Agbaglo et al., 2022; Gbagbo & Ameyaw, 2023). Compared to many countries in the Global North, Ghana's total fertility rate is considerably higher. For mothers in particular, having a large family could amount to increased time, emotional, and physical demands associated with housework. Working mothers in Ghana may also have care obligations to elderly family members as a cultural imperative, which adds to their household demands.

Given the aforementioned labour market and sociocultural circumstances prevailing in Ghana, transitioning to work after maternity leave may be more challenging for employed

women in the Ghanaian formal sector compared to their counterparts elsewhere in the Global North. Although some studies exist on mothers' experiences in combining child-caring and employment in Ghana (e.g. Waterhouse et al., 2017), to the best of our knowledge, no study has explored mothers' experiences of transitioning to work after maternity leave in the Ghanaian context. Therefore, the present study sought to explore the lived experiences of employed women who returned to work after maternity leave in Ghana. By drawing on data from working mothers in Ghana's formal sector, this study contributes to understanding the complexities of the transition to work experience in an African context. The study is guided by the Bridges transition theory, which is discussed in the succeeding section.

Theoretical framework

As mentioned earlier, we draw on Bridges' transition theory (Bridges, 2003; Bridges & Bridges, 2016) in interpreting mothers' return to work experiences in this study. Bridges' transition theory was originally proposed to explain the process through which individuals and organisations transition through change. Transition is viewed as an internal event that entails reorganising oneself in response to a disruptive event (Bridges, 2003; Bridges & Bridges, 2016). Bridges defined transition as a psychological process in which people 'internalise and come to terms with the details of the new situation that the change brings about' (Bridges & Bridges, 2016, p. 3). According to Bridges, transition involves three stages: the ending, the neutral zone, and the new beginning.

Bridges believed that all transitions begin with an ending, a period in which individuals recognise the significance of letting go of an old role or identity to make way for a new role (Bridges & Bridges, 2016; Poronsky, 2013). As individuals let go of the present and begin to appreciate the sense of loss, they may experience negative emotions including depression, disorientation, anger, and anxiety (Gill & Shanta, 2020; Poronsky, 2013). The neutral zone represents a period between individuals' old self and their new sense of self. Bridges depicted the neutral zone as a time in which 'critical psychological realignments and repatterning take place' (Bridges, 2003, p. 5). This stage may be characterised by a sense of uncertainty and vulnerability as individuals navigate between old roles, routines, and relationships and enter new roles, routines and relationships that are not yet fully established (Poronsky, 2013). The last stage, the new beginning, involves adapting to the new role and creating a new identity (Bridges, 2003; Bridges & Bridges, 2016). The new identity is a product of renewed understanding, values, and attitudes underpinned by a drive towards a new direction (Gill & Shanta, 2020).

Bridges' transition theory offers valuable insights into mothers' experiences of returning to work after maternity leave though it was originally developed for broader organisational changes. In applying Bridges' transition theory in this study, we consider mothers' return to work after maternity leave as a form of individual transition, as it involves significant changes in roles, routines, and responsibilities. The process of returning to work after maternity leave involves adaptation to and negotiation of multiple roles as mothers move from being primary caregivers to take up work responsibilities (Alstveit et al., 2011; Costantini et al., 2022). The additional demands that ensue call for a significant adjustment in routines, which can overtax mothers' psychological resources, resulting in conflict and distress (Costantini et al., 2021). An important part of this process is the need

for mothers to relearn work procedures or routines and develop new skills to adapt to changes that may have occurred at the workplace in their absence.

While Bridges views transition as a linear progression, this assumption seems to oversimplify the transition process, especially in the context of job re-entry for mothers. The process of returning to work after maternity leave could be non-linear, marked by disruptions, shifts in course, and potentially unique trajectories of events (Portela Pruaio et al., 2019). The notion that major life transitions follow non-linear, multidimensional pathways is recognised in contemporary discourse on life course constructions (Bernardi et al., 2019; Portela Pruaio et al., 2019; Te Riele, 2004). Mothers' return to work experiences could be expected to be less uniform due to differences in societal constraints and opportunity structures. For example, the availability of reliable and affordable childcare, parental leave policies, and flexible working arrangements may shape mothers' work return decisions and experiences (Costantini et al., 2021).

Moreover, by focusing on the psychological aspect of individuals' responses to change, Bridges' theory seems to overemphasise individual agency and ignore the effects of structural constraints on the transition process. The interplay between personal agency and structural factors aligns with the life course principle of agency within structure. As noted by Elder et al. (2003, p. 12), individuals' choices and actions occur 'within the opportunities and constraints of history and social context'. Thus, while individual agency is recognised as a central element in life transitions (Bernardi et al., 2019; Tomlinson et al., 2018), the effectiveness of personal strategies and decisions is shaped by macro-level and structural factors within familial and organisational settings. For example, societal gender norms and expectations regarding the division of household labour influence the extent of mothers' involvement in domestic labour during and after maternity leave, which could influence their transition to work experiences (Annor, 2016).

Methods

Design and participants

A qualitative research approach was used to investigate postpartum mothers' experiences of transitioning to work after maternity leave. This approach involves the investigation of a phenomenon in an in-depth and holistic manner through the collection of rich, narrative materials using a flexible research design (Polit & Beck, 2017). The qualitative approach provides the opportunity to have an in-depth understanding of a phenomenon that is, the return to work of postpartum women after childbirth (Moser & Korstjens, 2017). The phenomenological design, which is suitable for investigating several individuals' common experiences (Wilding & Whiteford, 2005), was adopted in the study. It is primarily concerned with describing people's personal experiences of a particular phenomenon and interpreting the psychological processes that may underlie these experiences (Groenewald, 2004). This design, therefore, allowed for probing into the lived experiences of postpartum mothers in their transition to work through face-to-face semi-structured interviews.

The study's participants were employed postpartum women working in Accra. Accra has a large representation of formal business in Ghana, and given its cosmopolitan nature, the city offers a good opportunity to reach employed mothers from varying

backgrounds. The study participants were selected through purposive sampling, a non-probability sampling technique in which participants are selected based on specific pre-determined criteria (Groenewald, 2004). In this study, participation was limited to employed postpartum mothers who had returned to work after childbirth in not more than a year. This sample was selected to participate in the study since their experiences would be quite recent and less distorted as compared to those who gave birth more than a year ago. We first sent a letter introducing the research and the researchers to selected organisations to gain access to mothers who could participate in the study. A few participants were also recruited through snowballing, a non-probability sampling technique that involves earlier participants recommending the researcher to other participants (Naderifar et al., 2017).

The participants included 21 women, 10 of whom were first-time mothers. This sample size was not determined in advance but was informed by guidelines on sample size in qualitative research, particularly data saturation, a point at which new data did not seem to contribute new insights (Bartholomew et al., 2021; Vasileiou et al., 2018). The women were employed in various formal sector organisations including banks, insurance companies, telecommunication companies, pharmaceutical services organisations, educational institutions, and health service institutions. Details of the participants are presented in Table 1 with their names replaced with pseudonyms to conceal their identities.

All the participants were married and aged between 27 and 40 years, with a mean age of 31.7 years. As of the time of the study, the ages of the children for whom the participants took maternity leave ranged from four months to 12 months with an average age of approximately 9 months. The work tenure of the mothers ranged from 1 year to 19 years, with an average work tenure of approximately 6 years. In terms of level of education, most of the participants ($n = 19$) had at least a bachelor's degree, one had a higher national diploma (HND), and one had completed senior high school (SHS). We acknowledge the implications of the study's strong focus on highly educated women, given that only 5.9% of females in Ghana have a tertiary level of education (Ghana Statistical Service, 2023b). The mothers in this study may have a greater level of agency and access to a greater resource pool to manage the challenges involved in transitioning to work after maternity leave compared to less educated women. However, the focus on highly educated women in this study, albeit not deliberate, could be a reflection of the tendency of formal sector organisations to require tertiary-level qualifications for employment.

Procedure

Ethics clearance was obtained from the Departmental Research and Ethics Committee in the Department of Psychology at the University of Ghana (ref #: DREC/003/19-20). We also obtained approval from the selected organisations to gain access to potential participants for the study. Women who met the inclusion criteria were invited to participate in the study. Written informed consent was obtained from each participant and participation in the study was entirely voluntary. Most of the employed postpartum mothers agreed to be interviewed in their homes. Data were collected through face-to-face semi-structured interviews with the aid of an interview guide, which was made up of open-ended questions that captured the mothers' experiences in transitioning to work after

Table 1. Demographic details of study participants.

| Participant | Age | No. of children | Length of break from work | Position | Years Worked | Child's Age (months) |
|-------------|-----|-----------------|---|---------------------------------|--------------|----------------------|
| Ama | 33 | 2 | 12 weeks maternity leave + 1 month annual leave | Marketer | 8 | 12 |
| Esi | 31 | 1 | 14 weeks of maternity leave + 1 month of annual leave | Administrative officer | 7 | 10 |
| Beth | 36 | 2 | 12 weeks of maternity leave + 1 month of annual leave | Senior Administrative assistant | 11 | 12 |
| Eva | 38 | 3 | 12 weeks maternity leave + 1 month annual leave | Senior Administrative Assistant | 12 | 12 |
| Bella | 32 | 2 | 12 weeks maternity leave | Accounts officer | 6 | 12 |
| Freda | 27 | 1 | No formal maternity leave | Consultant | 5 | 5 |
| Beck | 33 | 2 | 12 weeks maternity leave + 1 month annual leave | Executive officer | 8 | 5 |
| Helen | 32 | 2 | 12 weeks maternity leave | Customer Service Executive | 7 | 12 |
| Tina | 32 | 2 | 12 weeks maternity leave + 5 months annual leave | Teaching Assistant | 4 | 12 |
| Kate | 30 | 2 | 12 weeks maternity leave | Procurement officer | 6 | 4 |
| Lois | 28 | 1 | 12 weeks + 10 days annual leave | Treasurer | 3 | 10 |
| Ako | 28 | 1 | No formal maternity leave | Teaching Assistant | 3 | 7 |
| Jane | 40 | 4 | 12 weeks maternity leave + 2 weeks annual leave | Teacher | 19 | 4 |
| Lisa | 29 | 1 | 12 weeks maternity leave + 1 month annual leave | Administrator | 4 | 4 |
| Mara | 27 | 1 | 12 weeks maternity leave | Nurse | 5 | 10 |
| Sara | 30 | 1 | 12 weeks maternity leave + 3 months annual leave | Document verification officer | 3 | 11 |
| Doris | 30 | 1 | 12 weeks maternity leave | Assistant Revenue Officer | 3 | 5 |
| Sedi | 36 | 1 | 12 weeks maternity leave | Document verification officer | 3 | 10 |
| Dora | 31 | 2 | 8 weeks maternity leave | Cleaner | 6 | 12 |
| Yaa | 28 | 1 | 8 weeks maternity leave | Accounting Assistant | 4 | 10 |
| Vic | 35 | 3 | 12 weeks maternity leave | Investigator | 1 | 6 |

Note. The names used are pseudonyms and not the participants' real names.

childbirth. The semi-structured interview method provided the opportunity to probe further into issues raised in the course of the interview (Kvale & Brinkmann, 2009). The interviews were conducted by the first author and were audio-recorded with permission from the participants. The interviews lasted between 20 and 50 min with an average duration of 35 min.

Data analysis

Data were analysed following Braun and Clarke's reflexive thematic analysis approach (Braun & Clarke, 2012, 2019). Following the transcription of the interviews, the first and second authors read the transcripts several times to familiarise themselves with the data and proceeded to code the transcripts in collaboration for richer interpretative meaning. The coding was mainly inductive; data extracts were coded based on the authors' interpretations rather than a predetermined list of codes. We adopted an experiential approach in interpreting the data to emphasise participants' subjective experiences in their transition to work after maternity leave. The coded data extracts were organised based on their underlying meanings to form potential themes and sub-themes. Examples

Table 2. Themes, sub-themes, and examples of codes.

| Themes | Sub-themes | Examples of codes |
|---------------------------------------|--------------------------------|--|
| Setting the state for work return | Childcare arrangements | <ul style="list-style-type: none"> • Own mother provides childcare • Hiring a nanny • Taking the child to daycare • Expressing breastmilk • Providing supplementary food |
| | Personal preparations | <ul style="list-style-type: none"> • Buying new clothes; eating a lot • Preparing mentally • Talking to the baby |
| Embracing the emotions of work return | Back-to-work blues | <ul style="list-style-type: none"> • Low motivation to return • Eagerness to close from work • Dilemma about returning |
| | Emotional trauma | <ul style="list-style-type: none"> • Emotional breakdown (crying) • Sadness • Worried • Traumatizing |
| | Frustration | <ul style="list-style-type: none"> • Stressful • Tiring • Worst feeling • Frustrations |
| Re-adapting to the workplace | Changed workplace relations | <ul style="list-style-type: none"> • Feelings of alienation at the workplace • Negative comments • Feeling lost • Changes in work procedures • Problems with supervisors |
| | Decline in job performance | <ul style="list-style-type: none"> • Forgetfulness • Divided attention • Inability to meet targets • Pressure to finish work • Excluded from certain assignments |
| Impact on personal and family health | Concerns about parental health | <ul style="list-style-type: none"> • Distorted sleep patterns • Difficulty coping • Weight gain • Waist pain • Falling sick |
| | Child health challenges | <ul style="list-style-type: none"> • Inadequate breastfeeding • Torturing the child • Poor health of the child |
| | Work-family stress | <ul style="list-style-type: none"> • Negative effect on social life • Increased family responsibilities • Intentions to quit the job • Lack of bonding with the child • Lack of personal time |

of the codes are shown in [Table 2](#). Similar codes were combined to form a theme. Further, each theme was reviewed against the data extracts and in relation to other themes. Finally, names were assigned to the themes and narrative explanations were provided alongside relevant quotes from the data. The themes and sub-themes were interpreted based on how they fit within Bridges' transition theory. Overall, the analytical process

was iterative with the authors navigating back and forth across various phases of the analysis to generate the final themes.

Findings

We identified four main themes that describe mothers' transition to work after maternity leave. We labelled these themes as *setting the stage for work return*, *embracing the emotions of work return*, *re-adapting to the workplace*, and *impact on personal and family health*. The themes and sub-themes are summarised in [Table 2](#) and explained in the succeeding sub-sections.

Setting the stage for work return

Except for two mothers who had no official maternity leave because they were in temporary employment, the mothers in the study benefitted from statutory maternity of 12 weeks. To extend their break from work, some mothers took their accumulated annual leaves in addition to their maternity leave. Overall, the mothers in the study were on break from work for periods ranging from two months to eight months. This break from work meant that they became adjusted to the home environment. Consequently, returning to work at the end of the maternity leave period entailed significant preparations. For mothers in this study, these preparations involved making arrangements for childcare and getting themselves physically and psychologically ready for job re-entry.

Childcare arrangements

Childcare arrangements emerged as one of the essential preparations mothers make before returning from maternity leave. Family members served as the most dominant and preferred source of childcare support for mothers. In most cases, the family members that provided the support moved into the home of the support receiver. The following excerpt illustrates this form of childcare arrangement:

I discussed it with my mum. ... So, two months after birth she also moved to this place. When I'm off to work, she also takes care of the boy and stuff, the feeding and everything. So that was the arrangement. But after (some time), she also moved out. (Lois, 28 years, 1 child)

To Lois, the presence of her mother provided a sense of security, comfort, and assurance that her child would receive adequate care when she returned to work. Ama, a mother of two, also narrated how fortunate she was to have her mother take care of her children when she returned to work after her maternity leave on two different occasions. She said: *The fact that my mum was taking care of the child also helped me too ... So I was fortunate to have my mum take care of both kids. That alone was very helpful (Ama, 33 years, 2 children).*

Unlike Ama, some mothers were not as 'fortunate' to have a family member take care of their children when they returned to work after maternity leave. In some cases, nannies were hired to provide childcare services at home. Although less preferred than family members, it was the only option for some mothers, as one mother put it: *... I had to get a nanny ... Yeah. I think I don't have a choice (Doris, 30 years, 1 child).* In a few instances, mothers did not find the alternative of hiring nannies helpful due to poor

performance or mistrust and therefore resorted to taking their babies to paid childcare centres. Such was the situation for Esi, as evident in the extract below:

Well, my mum is not around so I had to get a trusted person: a nanny sort of while I came to work. Then after a while, my baby started schooling because the nanny was not helping. (Esi, 31 years, 1 child)

Childcare arrangements also involved making provisions for feeding the baby while the mother is away. Most mothers adopted a proactive approach by storing breastmilk and making available supplementary foods needed to feed the baby in their absence.

I had to seek the services of a midwife for a while to teach the nanny how to administer the milk. So, I leave breast milk at home in addition to the formulas. So, in case she runs out of breast milk, and I don't get home early, she gives her the formula. (Doris, 30 years, 1 child)

The above extract illustrates the mothers' commitment to ensuring that the nutritional needs of their babies are met appropriately. This is seen in the mother's recognition of the need to provide appropriate instructions to her baby's caretaker. By combining breastmilk and formula, the mother also ensures that her baby has an adequate supply of food while she is working.

Personal preparations

Alongside childcare arrangements, mothers also engaged in physical and psychological preparation to facilitate their readiness for work. It is common for mothers to experience significant bodily changes such as weight gain following childbirth. Many mothers demonstrated awareness of these changes and recognised the need for adjustment to adapt to their changed bodies. Acknowledging their physical changes, some mothers adopted a proactive approach to self-care, adaptation, and adjustment by ordering new clothing and footwear, as illustrated in the extract below:

But because I had given birth and had gained weight, I had to make arrangements for new clothes, and shoes because my whole system had changed. My old clothes and shoes no longer fit, so I needed to make arrangements for that. (Esi, 31 years, 1 child)

To other mothers, the purchasing of new clothing was a physical reminder that they were due to resume work. Such was the case for Eva, who said: *I had to buy new clothes, buy new shoes. Yeah, just tune your mind that you are coming to work* (Eva, 38 years, 3 children). Mothers also engaged in psychological preparation by frequently reminding themselves about their impending resumption. Some indicated that they pretended as though they had resumed work for some time before the actual resumption day. These psychological preparations also served as a coping strategy to withstand the emotions associated with leaving the child behind, as illustrated in the following quotes:

Psychologically, I had to prepare myself too. For four months or five months, I usually did not wake up early because I couldn't sleep early. Probably around 4.00 am that the baby is sleeping, that's when I also sleep, and I wake up at 7 am. Now, I have to come to work so I have to wake up earlier than that. So, I had to prepare myself psychologically to wake up a bit earlier. (Vic, 35 years, 3 children)

In the above extract, Vic acknowledges an end to the daily routine she had become accustomed to during her maternity leave. The extract signifies her willingness to adjust to the

demands of her work schedule. She accepts the reality of the impending change and makes the necessary psychological preparations to adapt to the change. Generally, child-care arrangements and personal preparations signify mothers' recognition of the imminent change to their maternal identity.

Embracing the emotions of work return

Although most of the mothers had prepared physically and psychologically for their return to work after maternity leave, the transition was an emotional experience for them. They expressed varying emotions shortly before and after resuming work. These experiences are captured under three sub-themes: back-to-work blues, emotional trauma, and frustrations.

Back-to-work blues

Several mothers reported feeling less enthused about returning to work after maternity leave because they had become strongly attached to the home. For other mothers, inadequate childcare support at home contributed to low motivation to resume work. One mother narrated her hesitation to resume work, noting: 'If I had my way, I wouldn't have resumed work' (Ako, 28 years, 1 child). Another mother said:

You get up in the morning and you will be like "eii, I've resumed work!". So, you have to prepare yourself. It's difficult when you are on leave and you want to resume because your body is used to the home. You are getting up and you don't have any commitment; you are not in a hurry and all that. So, it takes a while. (Eva, 38 years, 3 children)

The above extract suggests an element of surprise in the transition to work after maternity leave. This, perhaps, stems from the short duration of maternity leave in the Ghanaian context. Eva acknowledges the need to let go of the routine she was used to during her maternity leave and adjust to a new schedule that involves meeting work demands and childcare needs.

Emotional trauma

The eventual return to work was described as traumatising. Many mothers thought their babies were too fragile to be left in the care of another person and were anxious about how they would cope in their absence. This was common among mothers who left their babies in the care of people other than close relatives. For some mothers, this anxiety manifested in calling home on several occasions to check up on their babies while at work. One mother described her emotional experience as follows:

The first day I left my baby, I cried in the car. ... I kept on calling every hour to ask about my baby. I couldn't wait for the 2:30 pm ... The day I was supposed to resume work I stood in the house looking at them for about thirty minutes. I didn't want to leave them because they are so fragile: they are eating just breast milk. (Bella, 32 years, 2 children)

Sharing her emotional struggle of leaving her child at home, Helen expressed a sense of helplessness realising that she is unable to console her child whenever she calls the house and hears the cry of the baby. She said:

Leaving the child behind was not easy but you have to manage. Leaving a three-month-old child, the girl will cry. When you call, sometimes you can hear her cry. There's nothing you can do. (Helen, 32 years, 2 children)

Frustrations

Most of the mothers wished they could spend more time with the babies, but this was impossible due to the short duration of their maternity leave. For some, the inability to spend time with the child and observe their development contributed to frustrations, as in the case of Eva. She noted:

It is the worst feeling ever because ... everybody wants enough time with his or her child to make sure that the child grows up the way he or she wants. I wanted to also exclusively breastfeed her and I'm not there physically to give her the breast milk. And I was so worried about the infections. ... I was just called out of the blue to return to work, and I just had to rush, look for a school for her and start. So, the stress level even reduced my breast milk production, a whole lot of things. The first few months were hell for me. I was having headaches, I was tired, and I couldn't plan my life, but I'm coping. (Ako, 28 years, 1 child)

It is evident from the above extract that an early return to work after maternity leave introduces a dilemma for mothers. In the case of Ako, this dilemma was related to the practice of exclusive breastfeeding, which is recommended by the WHO for the health of the baby for 6 months. She linked the frustration of her early return to work to a reduction in breast-milk production, which made it impossible to practice exclusive breastfeeding. Since her return to work was unexpected, she was forced to take her child to a daycare centre. She expressed worry about the health of her child in the daycare environment.

Re-adapting to the workplace

This theme depicts changes in the workplace to which mothers had to adjust upon their return to work after maternity leave. Part of the changes were related to workplace processes and personnel, while others were related to individual-level changes such as mothers' skill level and work efficiency.

Changed workplace relations

Several mothers narrated their struggles with changes that had occurred at the workplace including working with new people and adapting to new operational procedures. Some reported experiences of alienation and feelings of being at a loss. These changes, however, necessitated personal agency in re-learning workplace procedures and learning to work with new people. One mother noted:

In the initial stages, it was like a new thing. I mean, you've been home for long so you come and you meet new faces, new ways of doing things and all that from how you were doing it before you went away ... It was a new thing. I had to learn quickly because I wanted to adjust quickly. (Esi, 31 years, 1 child)

The above extract illustrates the mother's willingness to adjust to the new and unfamiliar situations she encountered upon her return to the workplace. Rather than perceiving the changes as hindrances, she considered them as challenges that needed to be surmounted to facilitate her job re-entry transition. For some mothers, the presence of supportive co-

workers was vital in facilitating their adaptation to the changes they encountered upon their return to work. For example, Mara (27 years, 1 child) shared her experience of how her colleagues updated her on new processes that had been adopted at the workplace while she was on leave. She noted: 'Oh definitely, my co-workers will say "right now, we have changed this. This is what we now give"'. There were, however, experiences of negative attitudes from colleagues and management that hindered mothers' adjustment to the workplace. For example, some mothers narrated being accused of using childbirth as an excuse to stay out of work whenever they requested to take time off to attend to their children.

I was just like why am I even at work? One time I was like maybe I can stop working and take care of my baby, after all, the baby is more important than the work. I think that day, my baby wasn't well, so I called my boss and she thought I was making excuses with the baby. (Doris, 30 years, 1 child)

The above extract illustrates the mother's internal struggle with the transition process as she is torn between whether to prioritise her family or her work. This struggle is deepened by concerns about her child's health and her boss' lack of appreciation or empathy regarding her childcare needs, which constrained her adjustment to the workplace. Doris' experience also depicts mothers' need for workplace flexibility and support to accommodate their family needs and facilitate their transition to work.

Decline in job performance

The challenges associated with adjusting to the workplace after maternity leave further manifested in mothers' descriptions of their job performance. There were several instances in which mothers observed a decline in their job performance when they returned to work. Divided attention featured prominently in mothers' descriptions of reduction in their job performance. Leaving the child at home emerged as a major source of work distraction and loss of concentration for mothers after resuming work. 'I was here but my mind was also in the house' was Sara's description of how leaving her child at home interfered with her ability to focus on work tasks. For some mothers, divided attention, coupled with the pressure to leave work early to attend to their babies, often resulted in poor execution of work tasks, as evidenced in the following extract:

I kept on calling every hour, ... calling to ask about my baby. ... When you are a nursing mother and you resume, you close at 2:30 p.m. But I couldn't wait for 2:30 to leave the office to see my baby. In the first three weeks, my work was full of mistakes. ... I resumed on 22nd December, and I realised that I had to be correcting mistakes somewhere in February. From December to January what I did, most of them were mistakes and I was correcting them. Some of the mistakes were coming from me, others from my colleagues because they had their work to deal with alongside mine. So, some of them made mistakes in doing mine and all that. (Bella, 32 years, 2 children)

Beyond highlighting the mother's experience of divided attention and its impact on her efficiency at the workplace, the above extract also highlights an important organisational initiative – reduced working hours – that should facilitate mothers' adjustment to work after maternity leave. However, for some mothers, the reduction in working hours did not seem to go with a corresponding reduction in workload. The consequence of this

arrangement was increased work pressure on mothers, as they often had to intensify efforts to complete their regular work tasks, making them more susceptible to errors. In a few cases, the reduction in job performance seems to be associated with a lack of adequate organisational resocialisation. For example, one mother attributed her struggle with adjusting to the workplace to a lack of participation in activities such as training workshops while on maternity leave and after her return to work. She noted:

I missed workshops, some of which involved capacity building and that would have helped me. This is a department I haven't been in a long time. So, this would have been something that would have helped me in my new role. And now due to the childbirth, if they are going out of the region for a workshop I would not be considered because of the child. So, I will get to miss all that till the child is a bit old. (Vic, 35 years, 3 children)

Having experienced a change in work role after maternity leave, Vic expresses a desire to relearn and familiarise with her new role. However, having a child meant that she was often excluded from capacity-building activities that involved travelling to distant locations. While this arrangement may be well-intentioned, to enable mothers to attend adequately to childcare needs, for Vic, it seemed to have the unintended consequence of constraining her ability to re-adjust to the workplace and gain essential skills for career development.

The decline in work efficiency sometimes resulted in feelings of frustration and guilt among mothers. Such was the case of Tina, who compared her job performance before and after maternity leave. She perceived a significant reduction in performance after the leave. She expressed a sense of guilt, which emanated from her inability to live up to her expectations to contribute to the overall performance of the organisation. Tina's experience is captured in the following extract:

Before I took a break from work, I was performing better than now. Oh, hands down. Because then, I'll come to work earlier and close late. You know the working hours alone ... so, I'll say I was performing better earlier than now. It's difficult; difficult in the sense that I feel like I'm eating into the company's time and I feel like I'm not giving them my best. Sometimes it hurts me because it's not fair. I feel like it's not fair, knowing that I can do more than I am doing right now but not able to do it because the baby is around and all that. Yeah. (Tina, 32 years, 2 children)

Impact on personal and family health

This theme addresses the health implications of mothers' return to work experiences. It draws together narratives depicting how the transition to work after maternity leave adversely influences the health of mothers as well as that of their babies and partners. It also captures how mothers navigate work and family roles following their resumption of work after maternity leave.

Concerns about parental health

Participants shared varied experiences of how childbirth and their return to work adversely impacted their health. Most mothers experienced inadequate sleep resulting mainly from breastfeeding and taking care of the child at night as well as increased responsibilities at home and the workplace. Such experiences are depicted in the following extract:

Last time, I wasn't feeling too well. I was having headaches. My whole body was aching, my eyes. Then I went to the hospital. I was in a really bad shape. They asked me: "are you having a baby?" and I said yes; "do you wake up at night?" I said yes; "Are you a worker?" I said yes. And she said there's "nothing wrong with you. You haven't rested. Go and rest". So, I took some few days off. So, I decided that from now on, my baby will be sleeping with my mum. If he cries at night, she will rather feed him. You know, stress can kill. They have been saying it but I've never. ... it's just recently that I went to see the doctor and I realised that stress can kill. And since then, I've been okay. (Sedi, 36 years, 1 child)

A few mothers also narrated instances in which their partner's health was negatively affected due to their involvement in childcare activities. One mother narrated how her husband suffered back pain from frequently carrying the baby on his back. She said:

Oh, but my husband's health: body pains all the time. And it's getting very severe. I don't know how to go about it, because he's (the baby) heavy. (Yaa, 28 years, 1 child)

Child health challenges

Work return made it difficult for mothers to adhere to exclusive breastfeeding. Consequently, most mothers practised exclusive breastfeeding for only the maternity leave period. One mother stated:

Well, the World Health Organisation says we should breastfeed our kids for six months and the maximum maternity leave that you will get from most corporate institutions is four months ... So the other two months that you will have to breastfeed the child tend to be challenging. (Ama, 33 years, 2 children)

A consequence of inadequate breastfeeding was the loss of weight among babies. For example, one mother noticed that her son *was not gaining weight properly; his weight had been on and off* (Beth, 36 years, 2 children). Some mothers mentioned that work return led to inadequate bonding between them and their babies, as they are away from home most of their day. One mother said:

Sometimes when you wake up at dawn, you will see that the child needs you so you the mother have to stay in the house and take care of the child. So, it means it is affecting the child. If I were in the house, the way I would take care of the child ... When I leave the child with someone, the person cannot take care of the child as I the mother will do. (Helen, 32 years, 2 children)

Work-family stress

Most of the mothers narrated difficulties with combining work and family demands. In a context where women are often seen as responsible for household duties even while nursing a baby, combining work and childcare was stressful. One mother noted that *you will have to cook, wash ... all the house duties are still on you even after birth* (Ako, 28 years, 1 child). Many mothers indicated they sacrificed their time and minimised their participation in social activities to have adequate time to cater for their children. For example:

... My social life was a bit affected. Because I'm with the children, I don't need to really go out on weekends, maybe let's visit friends. I prefer to use that time to relax in the house and probably sleep. It has affected my social life. Sometimes I want to go somewhere but who will take care of these children? (Beth, 36 years, 2 children)

The extract above portrays mothers' recognition of the shift in their social life and priorities resulting from their return to work after maternity leave. It also illustrates mothers' considerations related to childcare, their acceptance of a new reality that involves dealing with multiple demands, and a willingness to embrace a lifestyle that focuses on self-care and nurturing their children. For a few mothers, the challenge of combining work and family after maternity leave emanated from stressful commuting. Those who live farther from the workplace lamented that using public transport to work was stressful, and caused lateness to and from work. One mother said:

The difficult aspect is that I don't have a car, so I struggle. My husband drops me off at a point, and I pick 'trotro' (public transport). It delays. Even though I leave the house around 6:30 a.m., I get to the workplace around 9 o'clock. (Beck, 33 years, 2 children)

The extract above highlights the inefficiency of the public transport system in Ghana's major cities including Accra and how it intersects with individuals' work and family lives. Slow vehicular movement during the early morning due to traffic congestion makes commuting stressful. For mothers with young children, stressful commuting added to the burden of meeting work and family demands.

Work-family stress negatively affected concentration, worker-supervisor relationship, and work performance as well as increased lateness to work and agitations at the workplace for several mothers. One mother said:

You can't work. Little things irritate you. And when that happens, you are not able to concentrate on work and get the best out of it. So, if you don't sleep properly at night, it affects your output. ... I've had two occasions where my supervisor called me and talked about it that I wasn't doing something right. I think it was because, during those two times, I was extremely pressured. ... I don't have enough sleep. (Esi, 31 years, 1 child)

Summary of findings

Our findings suggest that childcare arrangements form an important part of mothers' transition to work after maternity leave in the Ghanaian context. Mothers in this study mostly relied on family members as their preferred choice of childcare. For most mothers, the initial phase of the transition to work experience was largely emotional characterised by expressions of sadness, guilt, and frustration. Mothers' narratives on their experiences at the workplace also point to challenges with re-adapting to the workplace in terms of changes in workplace relations and self-perceived reduction in performance. Concerns about their health, the health of their child and their ability to integrate work and family life were also evident in mothers' accounts of their transition to work after maternity leave.

Discussion

Although the study's findings broadly align with Bridges' transition theory, especially the first two phases of the theory, they also reflect an interplay of personal choices, institutional and structural factors, and societal expectations that act to facilitate or constrain the transition process. This interplay of factors contributes to making mothers' experiences in their return to work after maternity leave non-linear. To a large extent,

Bridges' transition theory served as a heuristic for organising and interpreting the narratives around mothers' return to work experiences. Thus, the transition experiences discussed under the three stages are by no means confined to those stages. Rather, they reflect what appears to be most important to mothers at particular stages in their journey to work after maternity leave. It is important to acknowledge that some of the experiences may transcend different stages. For instance, although childcare concerns are critical at the initial stage of the transition for mothers, they could continue to shape mothers' subsequent experiences at the workplace and how they combine work and family responsibilities.

For mothers, the transition to work after maternity leave begins with extensive physical and psychological preparations geared towards enhancing their readiness for paid work. As stated earlier, childcare arrangements featured prominently in mothers' narratives about their preparations for returning to work. Childcare arrangements have been noted to be an important part of women's decision to return to work after maternity leave (Coulson et al., 2010). Access to childcare support minimises the burden of childcare on mothers and reduces the emotional dilemmas associated with their return to work (e.g. Costantini et al., 2022; Houston & Marks, 2003). In this study, mothers' preference for informal support particularly from family members seemed to be underpinned by non-financial considerations such as quality of care, familiarity, and trust (cf. Klerman & Leibowitz, 1990; Nowak et al., 2013). It also underscores the importance of the extended family as a source of support in the Ghanaian context. Mothers opted for formal childcare or nannies mainly when close relatives were unavailable, which suggests a lack of confidence in formal childcare or non-family members performing childcare roles. In Ghana, although early childcare centres are gaining popularity, especially in the cities, there have been concerns about the quality of services rendered by these institutions. Mothers' attempt at preparing themselves physically and psychologically underscores their recognition of the impending change in their identity as mothers in line with the ending zone in Bridges' transition theory.

The transition to work after maternity leave involves a great deal of emotional stress and grief for mothers as they come to terms with being separated from their infants. Akin to work return blues, mothers expressed low enthusiasm to return to work, which could be due to a lack of emotional and physical preparedness as well as the uneasiness that comes with leaving the child at home. Similar to previous studies suggesting that women tend to report emotional problems on their return to work after maternity leave (Falletta et al., 2020; Millward, 2006; Moffett, 2018; Parcsi & Curtin, 2013), the transition to work for most mothers in this study was marked by sadness, guilt, regret, and frustration. In the context of Bridges' transition theory, these emotional experiences also fit within the ending zone, which involves women accepting the change and acknowledging the emotions associated with leaving the parental role (Bridges, 2003; Bridges & Bridges, 2016). Mothers seemed to experience a dilemma occasioned by the necessity to accommodate the identity of a working mother (Costantini et al., 2022; Spiteri & Xuereb, 2012). However, these emotional experiences seemed to be attenuated for mothers with reliable childcare support, especially support from family members. This underscores the influences of structural factors on mothers' return to work experiences.

The emotional challenges associated with the transition to work among mothers in this study are rooted in macro-level influences particularly the relatively short maternity leave

duration in Ghana. As highlighted earlier, the three-month maternity leave duration does not afford mothers adequate time to bond with their children and prepare for their transition to work. In this case, anxieties about how their babies would survive in their absence could aggravate any existing emotional problems mothers may be experiencing after childbirth. As noted by Ladge and Greenberg (2015), shorter maternity leave duration may undermine mothers' ability to 'integrate the physical, mental, and logistical demands of being a mother and a professional' (p. 979). Previous studies (e.g. Nowak et al., 2013) also suggest that leaving the baby in the care of another person induces guilt feelings in working mothers. Also, inadequate psychological preparation for work return could be associated with mothers expressing regrets about returning to work. This finding corroborates Wiese and Ritter (2012) who argued that insufficient preparation for work return and shorter maternity leave contribute to daily return regrets among mothers.

We also found adjustment to workplace changes as an important phase of mothers' transition to work after maternity leave. Adjustment to workplace changes entailed relearning workplace procedures and dealing with negative attitudes and discrimination in the form of accusations of using childbirth as an excuse for staying out of work. Additionally, personal changes such as loss of job skills, forgetfulness, and divided attention undermined mothers' efficiency, resulting in a reduced sense of adequacy at the workplace. Such negative experiences further add to the motherhood penalty experienced by career women. Previous studies have also identified discrimination among maternity leave returnees in other countries (e.g. Brand & Barreiro-Lucas, 2019; Gatrell, 2013; Halley et al., 2018). These workplace experiences fit broadly within the neutral zone in Bridges' theory. The neutral zone is marked by feelings of confusion and uncertainty as mothers navigate the process of establishing a new identity at the workplace. There was a need for mothers to re-orient to the workplace by relearning job requirements, re-establishing relationships with colleagues, and adjusting to the demands of work.

Mothers' perceptions of their inability to meet performance expectations seemed to orchestrate a personal sense of psychological contract breach (Millward, 2006). Similar experiences have been reported in other studies (e.g. Spiteri & Xuereb, 2012; Wiese & Knecht, 2015). Reports of low performance among mothers could imply that mothers may be unprepared at the time they resume work, given the relatively short leave duration in Ghana. Such an explanation raises questions about mothers' motivation for resuming work after maternity leave. In Ghana, mothers have a fixed maternity leave duration with little opportunity for extension. Thus, mothers' decision to return to work at the end of their maternity leave may be motivated by a need to safeguard their job security. While some women may exercise agency in cutting back on work by adopting part-time employment (Hakim, 2002), this is not feasible in a context where part-time employment is uncommon or poorly regulated (Crompton & Harris, 1998), reflecting the interplay between personal agency and structure in shaping life transitions. Thus, in a context like Ghana with a relatively high unemployment rate and poorly regulated part-time employment, employed mothers have limited options in terms of alternative jobs (Annor, 2016). Other factors such as the inherent satisfaction of work could also underpin mothers' decision to return to work (Jahoda, 1982). It is also possible that mothers

reporting a reduction in performance had unrealistic expectations about their performance before resuming work.

We also found that the need to compromise, by letting go of certain social engagements, was evident in the mothers' narratives about their experiences of combining the multiple roles of childcare and household chores with paid employment. Experiences of work-family stress seem to fit within the last stage of Bridges' transition theory, the new beginning. This stage involved creating a new balance between work obligations and parenting and finding ways to integrate the new role with the previous identity. Mothers linked their experiences of work-family stress to inadequate support and traditional gender roles. In Ghana, traditional gender norms, which ascribe housekeeping and its related activities to women, often result in women receiving less support from their partners (Annor, 2014). Returning to work also had negative health implications in the form of inadequate breastfeeding, loss of weight, lack of bonding, and inadequate sleep among both mothers and babies. Infants' weight loss could be attributed to their adjustments to the introduction of baby foods and a new caregiver when mothers return to work. Indeed, past research has shown that maternal employment may interfere with adherence to exclusive breastfeeding with attendant negative effects (e.g. Chang et al., 2021).

Limitations

Our study is limited to highly educated women employed in formal organisations. In Ghana, formal sector employees are entitled to some work benefits such as paid maternity leave, which employees in the informal sector may not enjoy. Moreover, mothers with higher education are more likely to occupy higher positions in organisations that attract higher income. They may be better able to navigate challenges such as childcare arrangement and have a better work-family balance. The situation for relatively less educated mothers and those in the informal sector may be different. Thus, the findings of this study may not apply to working mothers with lower levels of education and those in the informal sector. Additionally, although the adoption of a qualitative approach enabled an in-depth exploration of the lived experiences of participants in the study, we are unable to establish direct relationships among the key concepts identified in the study. Studies adopting quantitative approaches would be useful for establishing such relationships. In effect, there is a need to develop comprehensive measures that capture mothers' experiences in work return as well as factors that facilitate or constrain work return.

Implications for practice

Our study is one of the few studies to explore women's experiences of returning to work in the African context and, to the best of our knowledge, the first in Ghana. Our findings bring to focus the need to reconsider issues related to parental leave provisions, especially in Ghana. As indicated earlier, Ghana has one of the shortest maternity leave durations in the world and there is no statutory provision for paternity leave. Calls for the extension of the maternity leave duration in Ghana have been echoed in academic literature and media discussions with concerns about the cost implications to government and private employers. Our findings suggest that the relatively short period of maternity leave does not afford women adequate time to recover and prepare for paid work

after childbirth. The productivity and health implications of early return to work after maternity leave, as found in this study, underscore the need to revisit the issue of maternity leave extension in the country.

The findings from the study underscore the need for employers and human resource practitioners to develop comprehensive strategies that would ease women back into employment and cater for the lapses created by childbirth. For instance, organisations could provide retraining and orientation to mothers upon their return to work after maternity leave to facilitate their adjustment to changes in the workplace. Managers could also support returning mothers by setting weekly targets and engaging in performance monitoring when they return to work, whereas mothers on the other hand can set daily targets to help improve their performance. This would not only enhance the performance of mothers returning from maternity, but it will also help minimise the cost associated with inefficiency.

It emerged that the health of partners who play active roles in childcare is negatively impacted. Thus, access to paternity leave would enable fathers to contribute to childcare, which can facilitate mothers' transition to work after childbirth. Also, this study adds to the calls for the enactment of family-friendly policies and provision of breastfeeding facilities in workplaces. These facilities keep mothers closer to their babies and curb the loss of concentration that emanates from thinking about the babies left behind while working, which could enhance the performance of mothers returning from maternity leave.

Finally, although the Ghana Labour Act (Act 651, 2003) proscribes discrimination based on gender, race, colour, ethnic origin, religion, etc., the study's findings suggest that mothers returning to work after maternity leave are sometimes treated unfairly. This points to the need for employers to institute measures to ensure that mothers are accepted and not denied certain work activities that will help with their career progression. In this regard, supervisors and employees need to be trained to be more sensitive and accommodating of the needs of mothers returning to work after childbirth.

Conclusion

The transition to work after childbirth is a critical moment in the lives of many working women. Mothers undergo a wide range of experiences such as negative emotions, job-related changes and family-related changes. These experiences, when not well-managed can hinder mothers' return to work and affect productivity as a whole. Employed mothers face workplace myriad challenges that constrain their adjustment to the workplace in their job re-entry transition. The challenges mothers experience during this stage in their working lives also affect their families. The study underscores the need for increased support for employed postpartum mothers to facilitate their return to work after maternity leave.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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