



“Am I too emotional for this job?” An exploration of student midwives' experiences of coping with traumatic events in the labour ward



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ABSTRACT

Background: midwifery is emotionally challenging work, and learning to be a midwife brings its own particular challenges. For the student midwife, clinical placement in a hospital labour ward is especially demanding. In the context of organisational tensions and pressures the experience of supporting women through the unpredictable intensity of the labour process can be a significant source of stress for student midwives. Although increasing attention is now being paid to midwives' traumatic experiences and wellbeing few researchers have examined the traumatic experiences of student midwives. Such research is necessary to support the women in their care as well as to protect and retain future midwives.

Aim: this paper develops themes from a research study by Davies and Coldridge (2015) which explored student midwives' sense of what was traumatic for them during their undergraduate midwifery education and how they were supported with such events. It examines the psychological tensions and anxieties that students face from a psychotherapeutic perspective.

Design: a qualitative descriptive study using semi-structured interviews.

Setting: a midwifery undergraduate programme in one university in the North West of England.

Participants: 11 second and third year students.

Analysis: interviews were analysed using interpretative phenomenological analysis.

Findings: the study found five themes related to what the students found traumatic. The first theme *Wearing the Blues* referred to their enculturation within the profession and experiences within practice environments. A second theme *No Man's Land* explored students' role in the existential space between the woman and the qualified midwives. Three further themes described the experiences of engaging with emergency or unforeseen events in practice and how they coped with them (*“Get the Red Box!”*, *The Aftermath* and *Learning to Cope*). This paper re-examines aspects of the themes from a psychotherapeutic perspective.

Key conclusions: researchers have suggested that midwives' empathic relationships with women may leave them particularly vulnerable to secondary traumatic stress. For student midwives in the study the close relationships they formed with women, coupled with their diminished control as learners may have amplified their personal vulnerability. The profession as a whole is seen by them as struggling to help them to safely and creatively articulate the emotional freight of the role.

Implications for practice: for midwifery educators, a focus on the psychological complexities in the midwifery role could assist in giving voice to and normalising the inevitable anxieties and difficulties inherent in the role. Further research could explore whether assisting students to have a psychological language with which to reflect upon this emotionally challenging work may promote safety, resilience and self-care.

Introduction

Midwifery work is emotionally challenging. It involves being witness to, and sharing in moments of joy as a baby is welcomed into

the world, and it involves being emotionally present for parents as they undergo loss and/or trauma. In addition the midwife carries professional responsibility for the physical and psychological safety of the mother and her baby (NMC, 2015).

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It is increasingly recognised that midwives are at risk of experiencing work-related psychological distress (Mollart et al., 2009; Leinweber and Rowe, 2010; Beck and Gable, 2012; Mollart et al., 2013; Rice and Warland, 2013; Sheen et al., 2014; Beck et al., 2015; Pezaro et al., 2015; Sheen et al., 2015; Sheen et al., 2016a, 2016b; Mander, 2016).

Midwives who are exposed to traumatic events when working in unsupportive, hierarchical cultures often ‘soldier on’ in silence and standards of maternity care are jeopardised (Pezaro et al., 2015). In addition Sheen et al. (2015) conducted a survey of UK midwives which found that a third of those who had experienced a traumatic perinatal event, where the mother and/or baby are thought to be at risk of serious injury or death, reported clinically significant symptoms of post-traumatic stress disorder.

Those learning to become midwives may be more vulnerable to secondary traumatic stress due to their student status and their intensely empathic relationships with women (Davies and Coldridge, 2015:863). For students, clinical placement in a hospital labour ward is especially demanding because the process of labour is unpredictable, and a labour which appears to be unfolding normally can rapidly become complicated (Brunstad et al., 2016).

In this paper we apply two models of psychological containment from psychoanalytical thinking to the role of the student midwife in the hospital labour ward. The findings from our study (Davies and Coldridge, 2015) which depicted traumatic elements for students in the context of NHS labour wards are considered from these perspectives. We examine how student midwives articulated their relationship with labouring women and the complexities of this in practice.

Psychoanalytical thinking has been applied to midwifery practice at times over the last fifteen years (Taylor, 2010; Hall, 2011; O’Higgins, 2011). Midwives have been presented as able to take on aspects of the maternal containment function (Bion, 1962; Winnicott, 1978). Containing functions in this paper refer to psychological processes and the environment of care rather than to any concepts related to physical restraint. For Winnicott (1978), the concept of “holding” involves a physical spatial relationship between child and mother that translates into a psychological experience of being held; this holding enables an infant sense of self to cohere from within the envelope of non-intrusive maternal care.

For Bion (1962) containing is an unconscious process where a mother who is open to receiving the unrefined projections of an infant’s feeling states e.g. feelings of anger and fear, can transform them into feelings that can be mentalised and understood by the growing infant. This is enabled by a process of expansive, non-defensive receptivity to unconscious feelings in the infant (Bion, 1962).

From a psychoanalytical perspective the facilitating psyche of the midwife can assist in the building of the mother’s capacity to process her anxieties in the birth process. Midwives achieve this in a number of ways. They set aside their own needs when supporting women (Hall, 2011; O’Higgins, 2011) and they provide environmental safety and create a trusting relationship (Carolan, 2011). They are also seen as able to think on a labouring woman’s behalf (O’Higgins, 2011). On a physical level they provide soothing, holding and appropriate touch (Hall, 2011). A containing role for maternal anxieties is further established when midwives acquire practice experience and learn to tolerate in themselves feelings of inability to help and loss of control (Hinshelwood and Skogstad, 2000).

This paper develops themes from a research study reported in full elsewhere (Davies and Coldridge 2015). The study explored student midwives’ sense of what was traumatic for them during their undergraduate midwifery education and how they were supported with such events. This paper re-examines the themes from a psychotherapeutic perspective.

Setting

A midwifery undergraduate programme in one university in the North West of England.

Design

A qualitative method using interpretive phenomenological analysis was selected in order to facilitate an open exploration of the topic (Smith and Osborn 2008). This approach elicits the lived experience of participants, giving voice to the perceived meaning of these experiences to them (Biggerstaff and Thompson 2008). A small sample size is considered appropriate for this kind of in-depth examination (Pietkiewicz and Smith, 2014). Student midwives from a university setting were interviewed by two researchers, a midwife and a psychotherapist. The semi-structured interviews centred on their perceived traumatic experiences in practice.

Participants

11 second and third year students on the midwifery programme participated in the interviews.

Data collection

Posters were displayed on the midwifery department website of the researchers’ university and information was also distributed by midwifery lecturers. Potential participants were sent information sheets about the project and were offered opportunities to discuss it prior to the interviews. Participants were given a minimum of 48 hours following the initial meeting in order to decide about participation. The duration of each interview was 45–60 minutes and all interviews were audio-recorded in the university setting. Students were also invited to bring along any materials e.g. pictures or prose which they felt represented their experiences (Warne and McAndrew, 2010).

Data analysis

The interviews were transcribed verbatim. Interviews were analysed using interpretive phenomenological analysis (Smith and Osborn, 2008). Transcripts were analysed independently by the researchers. Their individual thematic analyses were subject to iterative process of identification and distillation of themes. The approach also took into account the respective subjectivities of the researchers including their different but complementary professional backgrounds. This professional dialectic opened the door to a potentially deeper level of understanding of the data (Ashworth, 2008).

Ethical considerations

University ethical approval was obtained. The researchers were sensitive to the currency of any of the traumatic events described and identifiable material was edited out of the transcripts. Prior to the interviews participants were screened for recent traumatic incidents bearing in mind the potential for re-traumatisation if events took place within in a four week period prior to the interview (Sijbrandij et al., 2006) and students were offered guidance on seeking support.

Findings

The study found five themes related to what was traumatic for the students. The first theme *Wearing the Blues* referred to their enculturation within the profession and experiences within practice environments. A second theme *No Man’s Land* explored students’ role in the existential space between the woman and the qualified midwives. Three further themes described the experiences of engaging with

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