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# Exposure to traumatic events at work, posttraumatic symptoms and professional quality of life among midwives

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ABSTRACT

*Objective:* in their line of duty, midwives are often exposed to traumatic births that may lead to symptoms of compassion fatigue (CF), which includes burnout (BO) and secondary traumatic stress (STS).Conversely, midwives derive pleasure and great satisfaction in seeing the positive effect they have on their clients. This experience is known as compassion satisfaction (CS). Together, CS and CF comprise the professional quality of life (ProQOL). The aim of this paper was to study midwives' professional quality of life and traumatic experiences. The highly stressful environment of midwives may also include primary exposure to traumatic experiences and therefore PTSD levels were also assessed.

*Method:* the participants ($N$=93) were professional midwives from four medical centers in Israel. The participants answered selfreport questionnaires that assessed their ProQOL and PTSD symptoms.

*Findings:* results indicated relatively high levels of CS which may mitigate, at least to some degree, the negative aspects of CF. PTSD levels significantly and positively correlated with STS and BO. Sixteen per cent presented with PTSD symptoms of clinical significance. Also, seniority was significantly and positively correlated with BO and PTSD symptoms.

*Conclusions:* high ProQOL was found amongst the participants, with more than 74% scoring on the high range of CS. Nevertheless, we recommend further research and implementing strategies to maintain or further enhance CS and decrease CF levels. Finally, a more comprehensive understanding of the development of PTSD amongst midwives is vital in order to minimize its occurrence in the future.

## Introduction

Health care workers who are exposed to traumatic events may be at an increased risk for compassion fatigue (CF) (Hinderer et al., 2014). According to Stamm (Stamm, 2012), the concept of compassion fatigue is comprised of burnout (BO) and secondary traumatic stress (STS). In contrast, compassion satisfaction (CS) measures the positive aspects helpers feel about their role (Stamm, 2012; Jacobson et al., 2013). Together, these concepts comprise Stamm's *professional quality of life* (ProQOL) concept and measure, which reflects the positive and negative aspects helpers feel towards their role (Stamm, 2012). Much knowledge has emerged regarding the ProQOL of health care workers, especially amongst nurses (Lauvrud et al., 2009; Hooper et al., 2010; Kim and Choi, 2012; Lee and Yom, 2013). Yet, to the best of our knowledge, research on ProQOL of nurse-midwives is scarce. Although midwives share some commonalities with other health-care professions, they have a very distinctive relationship with their patients (Rice and Warland, 2013). This close relationship with 'the woman' may act as a double edged sword. On the one hand, midwives enjoy a very close emotional relationship with their patients, a source of satisfaction for them, and on the other, they often bear witness to traumatic births and other potentially traumatic related events. Thus, midwives are a group with unique characteristics which demand a further investigation. Therefore, we set to help fill in the knowledge gap and provide a description of the ProQOL of midwives.

In the current study, we first explore on the concept of ProQOL.

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Second, we survey recent literature regarding midwifery care and midwives' professional quality of life from previous studies employing different measurements. Additionally, as post-traumatic stress disorder (PTSD) might be linked to the experience of CF(Stamm, 2012; Hinderer et al., 2014) it was also considered and reviewed in the current study.

## Professional quality of life

The concepts STS and CF are often used interchangeably in the literature (Dominguez-Gomez and Rutledge, 2009). However, for the purpose of this article, STS, similarly to BO, is described as a component of CF.

### *Secondary traumatic stress (STS)*

STS was initially defined by Figley (1995) as stress 'resulting from knowledge about a traumatizing event experienced by a significant other' (p. 10) and 'from helping or wanting to help' (p. 10) that other. Figley (1995) has stressed that in STS the exposure is secondary and not primary, he writes 'the event experienced by one person becomes a traumatizing event for the second person' (p. 11). Therefore, health-care professionals, such as nurses and other health care workers who provide care for trauma patients, may develop STS. Symptoms of STS are typically rapid in onset and associated with a particular event; they may include fears, sleep difficulties, intrusive images of the upsetting event or avoiding triggers of certain events (Stamm, 2012). Symptoms of STS may also include a sense of helplessness and confusion and feeling isolated from supporters.

### *Burnout (BO)*

Similar to STS, BO is seen as a process, not an event, and is often seem as composed of three dimensions: emotional exhaustion, depersonalization and lack of professional efficacy (Bianchi et al., 2015). Burnout may result from prolonged distress at work caused by an ongoing incongruence between the job requirements and the worker's resources (Maslach et al., 2001). BO includes physiological responses such as exhaustion, headaches, and hypertension, as well as emotional responses such as emotional exhaustion, depression, and anxiety (Maslach et al., 2001). Additional responses include impaired job performance, reduced self-confidence and self-efficacy, increased addictions or dependencies and interpersonal difficulties (Taris, 2006; Schaufeli, 2007). There can also be a sense of reduced personal accomplishment and purpose, feelings of helplessness and hopelessness (Maslach, 1982).

Exposure factors such as seniority (years in profession), long work hours or length of assignment and caseloads with high percentages of trauma patients have been associated with increased levels of CF (Boscarino et al., 2004; Creamer and Liddle, 2005; Lauvrud et al., 2009).

It is important to note that CF is not a diagnosis, it differs from post-traumatic stress disorder and other mental disorders; according to Stamm 'people can experience negative effects of secondary exposure without developing a psychological disorder such as PTSD' (Stamm, 2012, p.1), and people may suffer from post-traumatic stress disorder (PTSD) or some other disorder, such as depression, that is linked to their experience of CF. A similar distinction has been made in this study, and the association between CF and PTSD was examined.

### *Compassion satisfaction (CS)*

CS denotes positive feelings helpers feel towards their work, which some suggest might mitigate and serve as a protective factor against CF (Stamm, 2012). Falk's (2014) review suggests that CS positively correlates with self-care, training, education and peer support; mixed results were found regarding seniority, negative correlations were found for social-work students, while positive correlations were found amongst social work professionals.

## Nurse-Midwives

In recent decades, there has been a re-orientation in midwifery care. 'Being with the woman', 'woman-centered' care and 'partnership with women' are emerging terms associated with midwifery care (Carolan and Hodnett, 2007). There is a wealth of evidence for advantageous outcomes for the childbearing mother when care is provided in and through a close relationship with a midwife (Hodnett, 2002; Sandall et al., 2015). Midwives consider their relationship with the childbearing woman as a major source of job motivation and satisfaction (Kirkham et al., 2006), and argue that this relationship is the very essence of midwifery care and defines its distinctive nature (Leinweber and Rowe, 2010).

However, this close relationship may take a toll; midwives may become secondary witnesses to trauma while listening to patients tell their history of sexual assault, domestic violence, alcohol and drug abuse and memories of childhood trauma (Mollart et al., 2009). Midwives describe the impact of repeated exposure to women's disclosure of trauma and the emotional impact of this repeated exposure on their ability to manage their own emotions (Mollart et al., 2009). A midwife's duty involves listening, supporting and validating the woman who is expressing her feelings and sharing her experiences. These midwives reported being profoundly affected by hearing women recount their traumatic experiences supporting women who suffered various forms of victimization, and who suffer from chronic despair, and witnessing women's inability to improve their difficult life circumstances (Gould, 2005; Mollart et al., 2009). Midwives identified feelings of frustration and stress as a result of repeated disclosures and reported intrusive thoughts that impacted their personal and family lives (Mollart et al., 2009). They also reported feeling helpless and overwhelmed in coping with their patients' complex family situations. As a result, some midwives even reported experiencing difficulties in their interpersonal relationships and sleep problems that may indicate compassion fatigue or burnout (Gould, 2005; Mollart et al., 2009).

### *Compassion fatigue studies*

Previous studies of midwives compassion fatigue, i.e. secondary traumatic stress and burnout reveal troubling results. Specifically, recent studies of burnout, which have employed the Copenhagen burnout inventory, a rating scale that distinguishes between work-related, client-related and personal burnout and focuses on exhaustion as a key characteristic of burnout, have shown that in Sweden (Hildingsson et al., 2013), 39.5% out of 475 midwives scored high on the personal burnout, and 15% scored high on work and client related burnout subscales; and in Australia (Sidebotham et al., 2015), a study of 1037 midwives found high personal and work related burnout scores. Furthermore, in a UK study (Sheen et al., 2015), which have employed the known Maslach burnout inventory, out of a sample of 421 midwives, 68%, 77% and 40.4% reported on moderate to high levels of burnout on the different subscales of emotional exhaustion, depersonalization and personal accomplishment, respectively.

Additionally, recent studies of STS, which have employed the secondary traumatic stress scale, a rating scale that measures STS related symptoms in health care workers who are in contact with traumatized populations, have shown for example, that in a sample of 453 labor and delivery nurses, 35% reported on moderate to severe levels of STS (Beck and Gable, 2012); And in a later study, in a sample of 473 certified nurse-midwives of the American midwifery certification board, 42% reported on moderate to severe levels of STS (Beck et al., 2015).

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