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DISCUSSION

'Midwives Overboard!' Inside their hearts are breaking, their makeup may be flaking but their smile still stays on

Sally Pezaro [a,*], Wendy Clyne [b], Andrew Turner [c], Emily A. Fulton [d], Clare Gerada [e]

[a] Faculty of Health & Life Sciences, Coventry University, United Kingdom
[b] Research Development Lead in Health, Faculty of Health & Life Sciences, Coventry University, United Kingdom
[c] Centre for Technology Enabled Health Research, Children and Families Research, Faculty of Health & Life Sciences, Coventry University, United Kingdom
[d] Centre for Technology Enabled Health Research, Faculty of Health & Life Sciences, Coventry University, United Kingdom
[e] The Hurley Group, London, United Kingdom

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ABSTRACT

Problem: Midwifery practice is emotional and, at times, traumatic work. Cumulative exposure to this, in an unsupportive environment can result in the development of psychological and behavioural symptoms of distress.
Background: As there is a clear link between the wellbeing of staff and the quality of patient care, the issue of midwife wellbeing is gathering significant attention. Despite this, it can be rare to find a midwife who will publically admit to how much they are struggling. They soldier on, often in silence.
Aim: This paper aims to present a narrative review of the literature in relation to work-related psychological distress in midwifery populations. Opportunities for change are presented with the intention of generating further conversations within the academic and healthcare communities.
Methods: A narrative literature review was conducted.
Findings: Internationally, midwives experience various types of work-related psychological distress. These include both organisational and occupational sources of stress.
Discussion: Dysfunctional working cultures and inadequate support are not conducive to safe patient care or the sustained progressive development of the midwifery profession. New research, revised international strategies and new evidence based interventions of support are required to support midwives in psychological distress. This will in turn maximise patient, public and staff safety.
Conclusions: Ethically, midwives are entitled to a psychologically safe professional journey. This paper offers the principal conclusion that when maternity services invest in the mental health and wellbeing of midwives, they may reap the rewards of improved patient care, improved staff experience and safer maternity services.

Summary of Relevance:

Problem
There is potential for midwives to experience work-related psychological distress. This is of salience, as poor psychological wellbeing in midwives is linked to poorer maternity care.

What is Already Known

There is a paucity of support for midwives, who could be at an increased risk of psychological distress due to the fact that they are exposed to poor organisational cultures and traumatic professional events.

What this Paper Adds

This paper illuminates the scale of work-related psychological distress within midwifery populations. It also outlines the salient issues in practice, and highlights the need for effective staff support for safer maternity care.

* Corresponding author at: Centre for Technology Enabled Health Research (CTEHR), Faculty of Health & Life Sciences, Mile Lane, Coventry CV1 2NL, United Kingdom. Tel.: +44 7950035977/1234241714.
E-mail addresses: sally@pezaro.co.uk, sallypezaro@gmail.com, pezaros@uni.coventry.ac.uk (S. Pezaro).

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1. Introduction

Depression, burnout, anxiety and stress, account for one quarter of all episodes of sickness absence in National Health Service (NHS) staff.[1–3] The Francis report demonstrates the extent to which poor staff wellbeing directly relates to poor quality services.[4] Poor staff health can lead to an increase in medical errors,[5] infection rates,[1] and mortality rates.[6] This is not compatible with safe and effective patient care.

As with other health service staff, midwives are known to experience higher levels of stress and trauma than the general working population due to the nature of their work relating to human emotions, patient suffering and, in the developed world, relatively infrequent death.[7–13] Therefore, midwives in psychological distress may display behaviours that are out of character, and experience symptoms of burnout, depression, secondary trauma, Post-Traumatic Stress Disorder (PTSD) and compassion fatigue in line with other nursing populations.[14–16]

Much emphasis is placed upon providing support for the patients and carers who become a part of a traumatic clinical incident. However, limited attention has been paid to the 'second victim', the healthcare professional involved, who may experience similar levels of psychological and emotional distress.[17–19] We define a traumatic clinical incident as any event experienced within the clinical setting that causes either physical, emotional or psychological distress and/or harm. This traumatic event is perceived and experienced as a threat to personal and/or patient safety and/or to the stability of a known reality. Many of the same symptoms can be identified in both patients, families and midwives during the aftermath of trauma. These include initial numbness, detachment, depersonalisation, confusion, anxiety, grief, depression, withdrawal, agitation, and flashbacks of the event.[20] These symptomologies are not compatible with quality patient care.

Recent position papers have set out clear visions for improved staff wellbeing.[21–23] Yet the emotional trauma of caring often remains unrecognised, undervalued, and staff are often left unsupported.[24–28] This paper focuses on midwives' experiences of work-related psychological distress. We refer to the concept of psychological distress as a general state of maladaptive psychological functioning, which occurs in response to prolonged or acute exposure to stressful occurrences.[29,30] We further define it by its attributes of a perceived inability to cope, a negative change in emotional status, actual and/or communicated discomfort and/or harm.[31] It must be noted however that the nature of psychological distress arising from exposure to trauma may be qualitatively different from the nature of psychological stress arising from organisational sources of distress. Midwives have been known to suffer in silence whilst working in cultures which may prioritise service and sacrifice above self-care.[28,32–36] As such, it remains important to collate an overview of current understanding and identify any opportunities for change, and gaps for further research to explore.

2. Background

Midwives could be at an increased risk of work-related psychological distress due to the fact that they are independent practitioners, working in an area of high litigation.[37,38] Yet the incidence of psychologically distressing episodes is sometimes seen as an inconsequential and normal part of the job.[39] Challenging work environments can also expose the midwife to prolonged periods of stress.[40–42] This is significant as a prolonged exposure to occupational stress can result in significant physical symptoms as well as poor self-care, and may also impact upon a midwife's family life.[43–45] Midwives suffering psychological distress may also be more likely to emotionally withdraw from their support network, patients and colleagues. This both affects patient care and makes it even more difficult to identify those in need of help.[39]

Currently, there is a paucity of structured support designed to address the psychological well-being of midwives.[37] This has been identified as a missing response to the management of adverse events around the world.[46–48] In addition to a lack of support, some midwives may experience stigma, ostracisation, bullying and inferences of incompetence, which may, in turn, exacerbate their psychological distress.[49,50] As midwives' experiences of witnessing traumatic events remains relatively under researched, appropriate support remains unlikely to be available or provided.[51]

Healthcare guidance dictates the delivery of person centred care.[52,53] Yet if midwives fail to prioritise their own psychological wellbeing, their compassion and empathy for patients may deteriorate. This is of concern, as compassion and empathy are both essential elements of good maternity care, and are listed as key priorities for the NHS.[4] This issue warrants further attention as patients and policy makers continue to demand accountability for the quality of healthcare provided, in which cracks are beginning to appear.[54,55]

The assumption that midwifery work is joyful and a privilege to be a part of, may not allow midwives to acknowledge the emotionally demanding reality of their work.[56,57] This is concerning when psychological symptoms of traumatic stress can quickly overwhelm those affected.[58] Following any traumatic incident, midwives may begin to shield themselves from any stimuli that serve as reminders to the incident, avoid activities which they used to find pleasurable, experience cognitive deficits such as reduced concentration, and feel emotionally detached from others.[59] This dissociation is not compatible with quality maternity care, and yet healthcare professionals rarely seek help or do so only after years of suffering.[48]

The most extreme consequence of psychological distress is death by suicide. UK healthcare professionals have been identified as having high suicide rates.[37,60] Yet a recent situational analysis of suicide by clinicians involved in serious incidents within the NHS failed to identify any sources of support specifically designed for midwives.[37] 28 doctor suicides were reported between 2005 and 2013, all of whom were under investigation by the UK's General Medical Council at their time of death. Some received diagnoses of alcohol-related illnesses, depression, bipolar depression and substance misuse disorders.[60] Similar data remains unavailable for midwifery populations, and yet midwives have reported similar levels of distress. Therefore the risk of death by suicide may be equally apparent in midwifery professionals.

The NHS has committed to providing a positive working environment for staff and to promote supportive cultures that help staff to do their job to the best of their ability.[22,61] In many NHS trusts, stress and mental health issues are now overtaking musculo-skeletal disorders as the main reason given for sickness absence,[3] yet just 57% of these Trusts have a plan in place to support the mental health of their staff.[23,62] Sadly, occupational health departments may not be adequate to support the clinical needs of midwives, nor be accessed when required.[63] This calls for the development of new strategies and innovations to drive remedial actions forward into practice, as what is now needed may go beyond previous recommendations.[45,24]

2.1. Categories of psychological distress

Work-related psychological distress may occur as a result of hostile behaviour towards staff, either from other staff or patients,[64–66] workplace bullying,[64,50] poor organisational cultures,[24] medical errors,[67] traumatic 'never events', which can be defined as being wholly preventable and may be objectively