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# A mixed methods sequential explanatory study of the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss.

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ABSTRACT

*Background:* Perinatal bereavement is traumatic for many parents. Not only is the experience itself emotionally painful, the impact on their lives is made more difficult if midwives are unable to provide appropriate care to the parents.

*Aim of the study:* To explore within an Irish context, the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss.

*Design:* A mixed methods sequential explanatory design was used to complete this two-phased study from August 2013 to July 2014. Ethical approval was granted from Ethics Committees of three maternity hospitals and a University in Ireland. The recruitment process for the survey occurred in August 2013 and July 2014 for the focus groups.

*Methods:* A series of univariate and multivariate analysis were used to analyze the quantitative data using IBM Statistical Package for the Social Sciences (SPSS; version 20). The qualitative data were analyzed using qualitative content analysis. Steps were taken to ensure data validity and reliability.

*Results:* The overall meta-inference of this study is that the majority of the midwives did not have adequate levels of confidence to provide bereavement support to grieving parents. The psychosocial factors that impact on midwives' confidence were identified as the midwives' awareness of the needs of bereaved parents, their own inner strength and the organizational support they received at their place of work.

*Conclusion:* Improving midwives' bereavement support knowledge and skills is essential for promoting their confidence. Midwives also need adequate emotional and practical support from their organizations.

## Introduction

Perinatal loss is a painful experience for many bereaved parents. Each year, there are 2.64 million cases of stillbirth, and 3.0 million cases of neonatal deaths globally (Shaikh et al., 2016). Perinatal loss (excluding miscarriages) in Ireland in 2014 was 7.0 per 1 thousand births (Corcoran et al., 2016) while 1:5 pregnancies result in miscarriage (Health Service Executive, 2017). Perinatal loss has been linked to high levels of psychological distress around the time of the loss and in subsequent pregnancies for some parents (Giannandrea et al., 2013). The outcomes for many parents depend on the midwives' understanding and ability to provide effective bereavement support (Hughes and Goodall, 2013; Barry et al., 2017). In this paper, perinatal loss is described as the loss of a baby through miscarriage, stillbirth (fetal death) and the death of a live born baby in the first twenty-eight days after birth (neonatal death) (Corcoran et al., 2016; Seresthi et al., 2016). Also included in this definition of perinatal loss is ectopic pregnancy (Crafter and Brewster, 2014) and anticipated loss of a baby following a diagnosis of fatal fetal anomaly or life limiting condition (Lalor et al., 2009; Kersting and Wagner, 2012) the loss experienced following medical termination of the pregnancy of a woman whose life is in danger (Protection of Life During Pregnancy Act, 2013).

There is a growing recognition that perinatal loss may not only lead to various emotional and psychosocial distress for some parents (Al-Maharma et al., 2016). It can also increase obstetric risks for some women (Gunnarsdottir et al., 2014). As a traumatic event, perinatal loss may result in symptoms of post-traumatic stress disorder, depression, anxiety, and lowered self-esteem for some parents (Nikcevic, 2003; Ser-

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rano and Lima, 2006; Gold et al., 2016; Johnson et al., 2016). The meaning of perinatal loss as interpreted by a parent is at the centre of the coping process and, is crucial to the provision effective bereavement care (Corbet-Owen and Krueger, 2001; Hsu et al., 2004; Shaw, 2014). Not only is the experience of a perinatal loss emotionally painful to grieving parents, the impact on their lives is made more difficult when health care professionals are unable to provide appropriate care to them (O' Leary and Thorwick, 2006; Cote-Arsenault and Donato, 2007; Mulvihill and Walsh, 2013; Meredith et al., 2017). Supporting bereaved parents in their grief journey requires midwives who have the confidence to fulfil this crucial aspect of their professional role (Downe et al., 2013; McDonald et al., 2013).

Confidence is defined as the "faith or belief in ones' self, powers and abilities to act in a right, proper, and effective way" (Merriam-Webster Online, 2015). In this study, confidence was conceptualized as bereavement support knowledge and bereavement support skills (Kalu et al., 2017). Studies have shown that many midwives lack the knowledge and skills required for perinatal bereavement care (Fenwick et al., 2007; Chan et al., 2008; Modiba, 2009; Hollins Martin et al., 2013, 2014, 2016).

The provision of effective perinatal bereavement support is challenging for many midwives because bereaved parents grieve in complex, individualized and powerful ways and require significant and varied amount of support (Bolton, 2000; Hutti, 2005; Roehrs et al., 2008; Chan et al., 2010; Johnson et al., 2016). A variety of psychosocial factors such as self-awareness, internal strength and the support of their organizations have been reported to affect midwives' confidence for providing perinatal bereavement support (White, 2009; Hollins Martin et al., 2016). These factors are explored in this study and strategies for promoting midwives' confidence are identified.

## Methods

### *Aim/objectives*

The aims of the study were to establish the level of confidence that midwives have to provide bereavement support to parents who have experienced a perinatal loss; to identify the psychosocial factors that predict confidence in midwives to provide bereavement support to bereaved parents; and to identify the support needs of midwives to promote their confidence to provide perinatal support to parents in maternity hospital services and in the community.

### *Design*

A mixed methods sequential explanatory design using a 2 phased approach guided the study (Teddle and Tashakkori, 2009; Creswell and Plano Clark, 2017). Phase 1 was the quantitative component of the mixed methods design. A survey using a bespoke questionnaire (Perinatal Bereavement Care Confidence Scale [PBCCS]; Kalu et al., 2017) was used to identify the level of midwives' confidence to provide support to parents who have experienced a perinatal loss and the sociodemographic and psychosocial factors that impact on midwives' confidence. A qualitative approach was employed in phase 2 of the study. Two focus group discussions were carried out to explain and clarify the reasons for the different levels of confidence found among the midwives in the survey and also provided a deeper understanding of the psychosocial factors that impact on the confidence of midwives providing bereavement care to parents following a perinatal loss. The study was conducted from August 2013 to July 2014. The recruitment process for the survey occurred from the first to the fourth week of August 2013 and from the first to the third week of July 2014, for the focus groups.

### *Phase 1*

#### *Study setting and sample*

The study was conducted in three large public maternity teaching hospitals in urban Ireland. Having an adequate sample size is necessary for ensuring sufficient statistical power (Beck, 2013; Field 2017). The sample size for this research study was calculated in consultation with a qualified statistician (Centre for Support and Training in Analysis and Research, CSTAR, 2011). A convenience sample size of 277 midwives was used to achieve a 95% confidence level, 50% incidence, and 0.05 accuracy for a population of 949 from the three research sites. The response rate was 92%. The sample cannot be definitely stated to be representative of the population. The three study sites are all tertiary institutions with similar staff mix and caseloads. The midwives from the three institutions jointly attend ongoing professional educational training in the same midwifery education centre. The recruitment of the sample was carried out by senior clinical managers, who acted as the gate keepers, thus limiting recruitment bias in the study.

#### *Inclusion / exclusion criteria*

The inclusion criteria for the research participants included midwives and nurses who were registered with the Nursing and Midwifery Board of Ireland (NMBI), and were employed by the hospitals to work in the maternity services. In order to avoid confusion with terminologies, the term midwife was used for both nurses and midwives who provided care to bereaved parents and participated in the study. Student midwives and agency midwives were excluded from this study. Student midwives could have been attending educational sessions related to the topic, and the opportunities to work with bereaved parents may be limited for student midwives.

#### *Ethical considerations*

Ethical approval to conduct the study was obtained from the ethical committees of a University and three maternity hospitals in Ireland (LS-E-12-133-Kalu-Coughlan, REC-2013-009 & REC-2013-018). Participants' rights of anonymity and confidentiality were supported through the use of anonymous survey in this study.

#### *Data collection*

A self-administered questionnaire called the 'Perinatal Bereavement Confidence Scale (PBCCS)' was used to measure midwives' bereavement support knowledge, bereavement support skills, self-awareness and organizational support (Kalu et al., 2017). The questionnaire had 41 items. The items for the PBCCS were scored on a 5- point Likert scale, ranging from Strongly Disagree to Strongly Agree (1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; 5 = Strongly Agree). In Table 1 the Cronbach's $\alpha$ of the PBCCS and the sub-scales showing the number of items in each scale and sub-scale are presented.

Inner strength scale was measured using the Value in Action Inventory of Strengths (VAI-IS) designed by Peterson and Seligman (2004), (permission was granted by the authors). Socio-demographic information was assessed by asking each participant's age, gender, highest level of education, length of midwifery practice, length of nursing practice, current area of practice, whether or not they received bereavement support education, and the method of bereavement support education they received. Data collection was carried out over a 3-month period, from September to November 2013. The recruitment process occurred from the first to the fourth week of August 2013.

#### *Data analysis*

A series of univariate and multivariate analysis were used to analyze the data using IBM Statistical Package for the Social Sciences (SPSS), version 20, and $p < .05$ was set as the significant level. Descriptive statistics were employed for the demographic information. Analysis of the data on midwives' confidence and the psychosocial factors that impact on midwives' confidence were performed using *t*-test, ANOVA, Tukey's