

Childbearing women's experiences of midwives' workplace distress: Patient and Public Involvement

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Author post-print (accepted) deposited by Coventry University's Repository

Original citation & hyperlink:

Pezaro, S, Pearce, G & Bailey, E 2018, 'Childbearing women's experiences of midwives' workplace distress: Patient and Public Involvement' *British Journal of Midwifery*, vol (In-Press), pp. (In-Press).

ISSN 0969-4900

ESSN 2052-4307

Publisher: Mark Allen Healthcare

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1 **Manuscript Title: "Childbearing women's experiences of midwives' workplace distress:**
2 **Patient and Public Involvement**

3
4 **Abstract**

5
6 **Background**

7 Some midwives experience work-related psychological distress. This can reduce the quality
8 and safety of maternity services, yet there are few interventions to support midwives.

9 **Aim**

10 Our aim was to explore and voice the perceptions of new mothers in relation to the barriers to
11 receiving high-quality maternity care, the psychological wellbeing of midwives and the
12 development and evaluation of an online intervention designed to support them. GRIPP2
13 reporting checklists are also used to demonstrate how Patient and Public Involvement (PPI)
14 works in research.

15 **Methods**

16 We used a co-design approach within a discussion group to collect qualitative data from 10
17 participants. A framework approach was used for analysis.

18 **Findings**

19 Unique findings include midwives crying, becoming emotional and seeking support from
20 service users. Overall, seven PPI outcomes relating to intervention development and data
21 collection were identified.

22 **Conclusion**

23 Maternity service improvement strategies may only be wholly effective once they appreciate
24 an equal focus upon effective midwifery workplace support.

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57 **Acknowledgements**

58 We would like to sincerely thank the new mothers and the facilitators of the mother and baby
59 groups involved who gave their valuable time and contributions to this PPI. We would also
60 like to thank Dr. Wendy Clyne for her assistance in securing ethical approval for this work.

61 **Conflict of interest statement**

62 The authors have no conflicts of interest to declare.

63

64 **Introduction**

65 The wellbeing of healthcare staff can be linked with the quality and safety of healthcare
66 services(The Royal College of Physicians 2015, Hall, Johnson et al. 2016). Midwives in
67 particular can experience a range of work-related psychological distress and are more likely
68 than other healthcare staff to report feeling pressured at work(Cumberlege 2016, Pezaro,
69 Clyne et al. 2015). The significance of this issue has been recognised, as midwifery and
70 maternity workforce research is now listed as one of the most prominent global research
71 priorities for the international midwifery community(Soltani, Low et al. 2016).

72 In light of this, any work-related psychological distress which may be affecting the quality
73 and safety of maternity care must be explored and addressed. Psychological distress can be
74 defined as a unique, discomforting, emotional state experienced by an individual in response
75 to a specific stressor or demand that results in harm, either temporary or permanent, to the
76 person (Ridner 2004). In the case of defining work-related psychological distress, we propose
77 that the ‘specific stressor’ would therefore need to be work-related. A recent report from the
78 National Childbirth Trust (NCT) has explored women’s experiences of maternity services
79 and recommended that staff burnout be prevented and addressed(Plotkin 2017). However,
80 women’s experiences in relation to work-related psychological distress in midwifery

81 populations specifically has yet to be explored for a deeper understanding of this
82 phenomenon as a research problem in need of an evidence-based solution.
83 It has been well established that co-designing such research with patients and the public
84 benefits the project, the service user and the organisations involved(Bradwell, Marr 2017,
85 Steen, Manschot et al. 2011). This is because the patient is the key stakeholder in their own
86 care, and their potential contribution to the quality and safety of services in research is widely
87 recognised(Vincent, Coulter 2002). Such patient and public involvement (PPI) can bring
88 value to a research project in terms of providing a qualitative description of context,
89 experiential knowledge and insightful contributions to the research agenda(Staley 2015,
90 Boote, Telford et al. 2002).

91 Traditionally, the involvement of patients and the public in research has been reported
92 inconsistently within the literature(Brett, Staniszewska et al. 2014, Mockford, Staniszewska
93 et al. 2011). It has been suggested that such poor reporting can result in a weaker
94 understanding of the evidence base, making it more challenging to implement the findings of
95 studies in terms of best PPI practice(Brett, Staniszewska et al. 2017). Consequently, new
96 GRIPP2 reporting checklists for PPI in research have been developed to enhance the quality,
97 transparency, and consistency of the PPI evidence base(Staniszewska, Brett et al. 2017). This
98 has resulted in more recent publications using the GRIPP2 reporting checklists to more
99 consistently and accurately report how their PPI activities have contributed to the design of
100 new research in healthcare (Morgan, Thomson et al. 2016, Andrews, Allen et al. 2015).

101 Similarly, this article uses the long GRIPP2 reporting checklist to report how PPI activities
102 have been used to co-design a research proposal with new mothers as members of a project
103 steering group. We used the definition of PPI as proposed by INVOLVE: Research carried
104 out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them(Involve 2012). In
105 line with Steen and colleagues, we defined co-design as creative cooperation during the

106 process of designing research(Steen, Manschot et al. 2011), in this case a research proposal.
107 The research proposal in question outlines plans to develop and evaluate an online
108 intervention designed to primarily support midwives in work-related psychological
109 distress(Pezaro 2016). The complete evidence and theory-based design of this
110 intervention draws inference from the revised transactional model of occupational stress and
111 coping presented by Goh and colleagues(Goh, Sawang et al. 2010). It has been published in
112 full elsewhere(Pezaro 2018). The aim of this research proposal, guided by the Medical
113 Research Council's (MRC) framework for developing and evaluating complex
114 interventions(Craig, Dieppe et al. 2008), is to address the research problem of work-related
115 psychological distress in midwifery populations. Therefore, these PPI activities also looked to
116 explore the perspectives of new mothers in relation to this topic. To our knowledge, this is the
117 first publication to report these unique areas of enquiry concomitantly.

118 Principally, this PPI was instigated in light of the fact that the voices of new mothers have yet
119 to be explored or incorporated into such future research planning. Consequently, the aims of
120 this PPI were:

- 121 • To establish whether the amelioration of work-related psychological distress in
122 midwifery populations should be a research priority.
- 123 • To gain a deeper understanding of this research problem (work-related
124 psychological distress in midwifery populations) from the perspectives of new
125 mothers.
- 126 • To establish whether work-related psychological distress in midwifery populations
127 impacts upon the experience of maternity care from the perspectives of new
128 mothers.
- 129 • To introduce a research proposal to a PPI project steering group for appraisal.

130

131 In order to meet these aims, the PPI questions associated with these activities were:

132

- 133 1. What are the perceptions of new mothers in relation to the barriers to receiving
134 high quality maternity care?
- 135 2. What are the perceptions of new mothers in relation to the psychological
136 wellbeing of midwives working in maternity services?
- 137 3. What are the perceptions of new mothers in relation to a research proposal
138 outlining the development and evaluation of an online intervention designed to
139 support midwives in work-related psychological distress?

140 **Methods**

141 **Design**

142 These PPI activities take a co-design approach, focussing upon qualitative data to explore the
143 perceptions of new mothers in relation to the barriers to receiving high quality maternity care,
144 the psychological wellbeing of midwifery populations and a research proposal outlining the
145 development and evaluation of an online intervention designed to support midwives in work-
146 related psychological distress. The Guidance for Reporting Involvement of Patients and the
147 Public (GRIPP2) long form was used to support the reporting of this work(Staniszewska,
148 Brett et al. 2017). In line with current recommendations, PPI activities were conducted at the
149 earliest conceptual phases of developing a research proposal prior to submitting a funding
150 application, as a preliminary activity to meaningfully inform the direction of planned future
151 research(Involve 2012, Buck, Gamble et al. 2014). Ethical approval was obtained for this
152 PPI work prior to it taking place.

153 **Participants**

154 New mothers, including pregnant women with experience of using the maternity services of
155 the United Kingdom (UK), within the 12 months prior to this PPI, were eligible to participate.

156 In this case, non-English-speaking mothers were excluded from participation. A self-selecting
157 sample was recruited via TwitterTM, academic blogs, ‘The academic midwife’ Facebook
158 page, and mother and baby groups. Participants received refreshments and £20 in gratitude
159 for their time.

160 **Procedure**

161 All PPI activities were undertaken during a 2-hour face-to-face discussion group in a local
162 community centre and were led by the first author. Firstly, the role of PPI was introduced,
163 and participants were invited to become members of the project steering group should the
164 research proposal be successful in securing research funding. Subsequently, all provided their
165 informed consent to participate in the data collection aspect of this PPI session. This
166 informed consent was required to share the voices of these new mothers more widely via
167 publication.

168 Subsequently, participants were introduced to and asked to reflect upon a lay summary of
169 proposed research outlining the development and evaluation of an online intervention
170 designed to support midwives in work-related psychological distress, which is standard PPI
171 (Morgan, Thomson et al. 2016). A background to the proposed research was also provided, so
172 as to place the proposal in context with the phenomenon under study. Participants were then
173 invited to complete a feedback form. This feedback form prompted written responses in
174 relation to the appearance and significance of psychological distress in midwifery
175 populations, the potential consequences of work-related psychological distress in maternity
176 services, the value of psychological support in the maternity workplace and the development
177 and evaluation of a confidential and anonymous online intervention designed to support
178 midwives in work-related psychological distress. Participants were also invited to write
179 down their reflections as discussions evolved. These methods were chosen as free-writing can
180 enable participants to reflexively consider new meanings and internal dialogues in relation to

181 the topic under discussion(Elizabeth 2008). Discussions were digitally recorded and
182 transcribed verbatim. Field notes were also taken by the first author throughout.

183 At the end of this PPI session, the first author recapped the perspectives expressed by
184 participants during the session in order to clarify the accuracy of interpretation. This
185 permitted participants to revise and clarify any contributions made. The names of any
186 individual midwives and/or maternity services disclosed were omitted from the analysis of
187 results.

188 **Data analysis**

189 All qualitative data were analysed together using the five-stage framework analysis in excel
190 software(Ward, Furber et al. 2013). This type of analysis was chosen due to it being a
191 deductive form of thematic analysis designed to pragmatically answer the PPI questions
192 presented. All data and generated themes were given equal weighting.

193 The final framework was developed by identifying recurrent and important themes which
194 corresponded with the perceptions of new mothers regarding the maternity services, the
195 phenomenon of work-related psychological distress in midwifery populations and the
196 proposed research plan to support them via an online intervention. To enhance the rigor and
197 trustworthiness of this analysis, the process of developing and refining these themes was peer
198 reviewed by co-authors(Fernald, Duclos 2005). Furthermore, a reflexive process of writing,
199 peer review and discussion was employed throughout (Greene 2014).

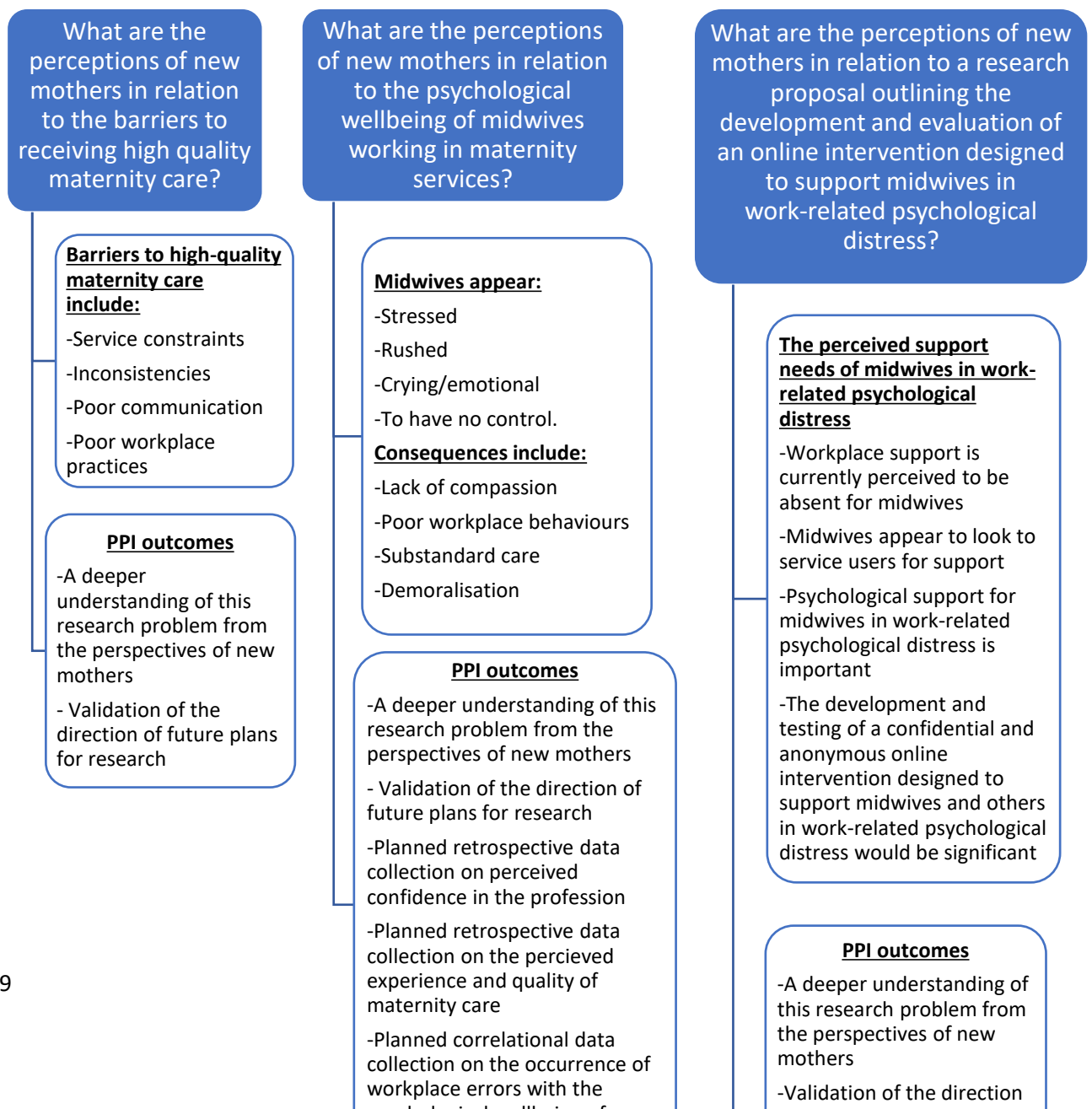
200 **Findings**

201 10 new mothers who met the inclusion criteria were recruited for this PPI. No demographical
202 information was requested due to the fact that these were PPI activities. However, some
203 participants disclosed that they had received a variety of antenatal, intrapartum and postnatal

204 care from maternity services based within the London, South East and East Midlands areas of
 205 England. Figure 1 provides an overview of all results.

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Figure 1. Overall findings



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238 Four themes and sixteen subthemes were identified regarding the perceptions of new mothers
239 in line with the framework analysis approach(Ward, Furber et al. 2013). Theme one
240 summarises the perceptions of new mothers in relation to barriers to receiving high-quality
241 care in maternity services, theme two presents the perceptions of new mothers in relation to
242 the psychological wellbeing of midwives working in English maternity services, theme three
243 collates the perceived consequences of work-related psychological distress in midwifery
244 populations and theme four reports on the support needs of midwives in work-related
245 psychological distress from the perspective of new mothers. These results are reported in a
246 way which maximises the number of perspectives heard in the process of improving the
247 quality of women’s health research, in line with best practice(Moss, Daru et al. 2017, NIHR
248 2015).

249 In summary, these new mothers saw poor workplace practices, poor communication, service
250 constraints and inconsistencies as barriers to them receiving high-quality care. They also
251 observe that midwives appear stressed and rushed on occasion and seem to have no control.
252 Three participants had also seen midwives cry or become emotional. The consequences
253 associated with work-related psychological distress in midwifery populations are perceived
254 by these new mothers to be a lack of compassion from staff, poor workplace behaviours,
255 substandard care and demoralisation within the midwifery profession. Furthermore, midwives
256 appeared to look to service users for support in some cases as there was a perceived lack of

257 staff support in place. Nevertheless, this group of new mothers believe that the provision of
258 psychological support is important for midwives in the workplace, and that the development
259 and testing of a confidential and anonymous online intervention designed to support
260 midwives and others in work-related psychological distress would be significant.

261 **Theme One: Perceived barriers to receiving high quality care in maternity services**

262 As participants began to reflect upon their own experiences within the maternity services,
263 they began to share what they perceived to be barriers to receiving high-quality maternity
264 care. These barriers included service constraints, inconsistency, poor communication and
265 poor workplace practices.

266 **Subtheme one: “Midwives are not able to do the job they want to do”**

267 Here, participants largely reflected upon their experience of staff shortages, and how this
268 made it more challenging for midwives to provide high quality care. Whilst it was recognised
269 that midwives wanted to deliver high quality care, the working nature of maternity services
270 made this seemingly impossible to achieve.

271 “Midwives are clearly overworked, there is a huge shortage of them in hospitals leading to
272 units being closed for short periods of time”– Feedback form response.

273 “I never felt that the midwives involved were to blame and felt bad for them at the time as
274 they were clearly too busy to do what they needed for each patient, but the lack of
275 staffing/resources was very apparent, and I do feel it affected my care and outcome in very
276 significant ways.” – Written participant contribution.

277 **Subtheme two: “I had no consistency”**

278 Polar experiences in maternity care were described throughout the maternity services. Some
279 new mothers also reported a lack of continuity in both their carer and maternity care. It was

280 also suggested that midwives seemed less ‘stressed’ whilst working away from the labour
281 ward setting.

282 “I had no consistency, I saw a different face every time” – Discussion group participant 5.

283 “Midwives share their own opinion – there is no collective voice” – Notes taken from
284 discussion.

285 **Subtheme three: “I never knew her name”**

286 Poor communication was recognised by these participants as a barrier to the delivery of high
287 quality maternity care. However, this poor communication was reported to occur among staff,
288 and between service users and staff.

289 “It seems to be that there is a lack of sharing best practice, getting together as midwives
290 collectively and speaking about different approaches, research, new understandings, new
291 techniques just what works... just seems that everyone is working in their own little siloes...
292 especially the community midwives” – Discussion group participant 8.

293 “I did note a lack of communication” – Feedback form response.

294 **Subtheme four: “There is poor management”**

295 Some participants reported that midwives seemed to be poorly managed. There was also
296 seemingly a lack of team work apparent. For these new mothers, such poor workplace
297 practices were perceived to obstruct the delivery of high-quality care.

298 “I did note a lack of comradery between areas.” – Feedback form response.

299 “More support across the teams needed” – Written participant contribution.

300 **Theme Two: The perceptions of new mothers in relation to the psychological wellbeing**
301 **of midwives working in maternity services**

302 Whilst reflecting on midwives' psychological wellbeing in the maternity workplace,
303 participants began to report a variety of incidents where midwives openly appeared to
304 experience work-related psychological distress. Participants often described this as the
305 midwife seeming 'stressed' or 'rushed', yet some also alleged that midwives were seen to
306 'keep calm and carry on'. Midwives were also sometimes seen to appear crying, or to have no
307 control. Only a minority of data analysed from qualitative survey responses reported that
308 some individual midwives did not appear to experience any work-related psychological
309 distress at all.

310 **Subtheme one: "The midwife was clearly stressed"**

311 Participants described how midwives appeared to be 'stressed' in the midwifery workplace
312 whilst caring for them. However, some new mothers expressed how midwives carried on
313 caring for them regardless.

314 "They hid it well – occasionally cracked" – Feedback form response.

315 "The midwife was clearly stressed" – Discussion group participant 6.

316 **Subtheme two: "The midwife always seemed to be rushing"**

317 Here, participants described midwives appearing to be 'rushed'. This was often described as
318 midwives 'cramming' in work rather than being able to spend adequate time providing
319 quality maternity care.

320 "She didn't have enough time, she didn't have enough to go through things properly, it was
321 all a bit rushed and a bit sort of whizzed through" – Discussion group participant 7.

322 "The midwife always seemed to be rushing between places and didn't really know who was
323 supposed to be coming" – Discussion group participant 1.

324 **Subtheme three: “Midwives cry”**

325 Within this subtheme, midwives were seen by some participants crying or becoming
326 emotional in the maternity workplace. These displays of emotion were attributed to various
327 experiences of work-related psychological distress.

328 “Midwives can get emotional due to stress” – Notes taken from discussion.

329 “She said...’labour ward is closed, there is not enough staff’ ... ‘I am with a woman who is
330 6cm and I can’t leave her for more than a couple of minutes’... and then she got emotional” –
331 Discussion group participant 4.

332 **Subtheme four: “No one was in control”**

333 Not only did participants express that at times, midwives appeared to have no control over
334 clinical situations in maternity services, they also perceived midwives to have no control over
335 some of the decisions taken in the maternity workplace.

336 “She just lost control of the situation” – Discussion group participant 3.

337 “In my labour experience, the midwife was under lots of stress from the work load, other
338 midwives and how the situation was developing. This led to her losing control of the
339 situation” – Feedback form response.

340 **Theme Three: Perceived consequences of work-related psychological distress in**
341 **midwifery populations**

342 Whilst exploring their own insights in relation to the psychological wellbeing of midwives,
343 participants began to reflect on what they perceived to be the consequences of work-related
344 psychological distress in midwifery populations. Here, participants largely referred to a
345 perceived lack of compassion, poor workplace behaviours, substandard care and
346 demoralisation within the maternity services.

347 **Subtheme one: “My midwife was not sympathetic”**

348 Participants described how midwives displayed a lack of compassion towards both service
349 users, and each other. From the perspective of new mothers, these displays of compassion
350 fatigue were regarded as a consequence of work-related psychological distress.

351 “The midwife was clearly stressed, she was really impatient with me” – Discussion group
352 participant 6

353 “Stressed midwife was quite impatient and mean” – Feedback form response.

354 **Subtheme two: “There is a lack of kindness shown between staff”**

355 Here, participants described how they had witnessed incivilities between midwifery staff.
356 Largely, these episodes included undermining and bullying behaviours. Some midwives were
357 also seen to openly blame other midwives and behave competitively in the workplace. There
358 was also a lack of kindness noted between midwifery staff.

359 “They both spend a lot of time visiting me ...telling me how they do it better than the other
360 midwife” – Discussion group participant 10.

361 “I can see the senior midwives coming in to perform the procedures which she was failing to
362 do, rolling their eyes” – Discussion group participant 9.

363 **Subtheme three: “Midwives were making mistakes due to stress”**

364 Both specific and nonspecific episodes of substandard care were observed by this group of
365 participants in the midwifery workplace. Here, work-related psychological distress in
366 midwifery populations was linked to increased levels of pain and delays in pain medications.
367 Mistakes were also attributed to high levels of work-related psychological distress. Specific
368 mistakes of note included medication errors and breeches in confidentiality.

369 “She wasn’t keeping up with checking the baby’s heart rate which had been made clear in
370 front of us by a senior midwife.” – Feedback form response.

371 “Forgetting basic things e.g. tea and medication” – Written participant contribution.

372 **Subtheme four: “...Instantly makes you lose confidence.”**

373 Here, participants described how midwives appeared to be unsupported by others within their
374 profession. Moreover, participants also described how they began to lose faith in the midwife
375 providing their care under work-related psychological distress.

376 “Inexperienced midwives have no support – lose confidence – they need their hands holding”
377 – Notes taken from discussion.

378 “This led me not trusting her again.” – Feedback form response.

379 **Theme Four: The perceived support needs of midwives in work-related psychological**
380 **distress**

381 Within this theme, participants reported how support seemed to be absent for midwives in the
382 workplace. In some cases, participants also described how midwives in work-related
383 psychological stress appeared to seek support from service users. Participants also reflected
384 on the importance of psychological support and the significance of a confidential and
385 anonymous online intervention designed to support midwives in work-related psychological
386 distress.

387 **Subtheme one: “There is clearly nowhere for midwives to go”**

388 It was the clear perception of some participants that midwives did not have access to
389 psychological support in the workplace. Here participants expressed both concern that there
390 was seemingly nowhere for midwives to seek help safely, and that the provision of any
391 structured support for midwives was seemingly absent.

392 “There clearly wasn’t anyone for her to go to comfortably” – Discussion group participant 9.

393 “She didn’t have any support from anyone” – Discussion group participant 3.

394 **Subtheme two: “Midwife shared she was struggling”**

395 In some cases, midwives appeared to seek psychological support from those in their care.

396 Some participants reported how this involved the midwife complaining of work-related
397 psychological distress openly. Others reported how midwives actively sought comfort from
398 them during the course of their maternity care.

399 “They need to be supported from within they can’t be reliant on the birthing mothers to hold
400 their hands and pat them on the back...” – Discussion group participant 10.

401 “The midwife let me know how stressed she was 😞” – Written participant response.

402 **Subtheme three: “it is important that we support their mental and physical health as
403 much as they support ours.”**

404 Unanimously, participants highlighted within this theme how important psychological
405 support would be for midwives in work-related psychological distress. Here, participants also
406 noted how such support could be expanded to support a range of healthcare professionals.
407 There was also recognition of how the quality of maternity care may have been improved had
408 midwives been having a ‘good day’ in the workplace.

409 “If she was having a good day I would have felt calmer in the situation and probably
410 wouldn’t have needed an epidural.” – Feedback form response.

411 “NHS workers have such important job and can be very emotionally taxing” – Feedback form
412 response.

413 **Subtheme four: “Midwives should be able to gain help without their workplace**
414 **knowing.”**

415 Having reviewed a lay summary of proposed research to develop and evaluate an online
416 intervention designed to support midwives in work-related psychological distress, this group
417 of participants were keen to see this planned research progress. Whilst some participants
418 noted that they may personally prefer to seek face-to-face support, they also recognised that
419 midwives may need access to flexible, anonymous and confidential support online. Overall,
420 the proposed development and evaluation of the online intervention was unanimously
421 endorsed by this group of new mothers.

422 “PTSD must affect a lot of midwives” – Feedback form response.

423 “Hours could make it difficult to seek counselling but can access online support at all times”
424 – Feedback form response.

425 **PPI Outcomes**

426 The findings of these PPI activities have led to seven PPI outcomes. Firstly, these findings
427 provide a deeper understanding of this research problem from the perspectives of new
428 mothers and validate the direction of plans for research. Additionally, as this group of new
429 mothers have linked the appearance of work-related psychological distress in midwifery
430 populations with a reduced confidence in the midwife, ongoing research will now plan to
431 assess any future changes in these perceptions via post-intervention qualitative research.
432 Similarly, as some participants linked the appearance of work-related psychological distress
433 in midwifery populations with reduced quality and a poorer experience in maternity care,
434 planned future research will also now reassess these perceptions within a post intervention
435 study.

436 Furthermore, this group of new mothers attributed a range of mistakes to the appearance of
437 work-related psychological distress in midwifery populations. Consequently, planned
438 ongoing research will now usefully correlate the occurrence of workplace errors with the
439 psychological wellbeing of midwives. As this group of new mothers have also endorsed the
440 provision of anonymity and confidentiality for users of the proposed online intervention,
441 prototypes of the intervention will be made anonymous and confidential for users. Lastly,
442 future prototypes of the intervention will also be inbuilt with the capability to support other
443 professional groups, as this participant group have suggested that this may be useful for
444 future evaluations, implementation and distribution.

445 **Discussion**

446 The overarching aims of these PPI activities have been met by examining the perspectives of
447 new mothers in relation to the phenomenon of midwives in work-related psychological
448 distress and the development and evaluation of an online intervention designed to support
449 them. This PPI has also established that work-related psychological distress in midwifery
450 populations can impact negatively upon the experience of maternity care from the
451 perspectives of these new mothers. In relation to the research plan shared with this group of
452 new mothers, participants gave their full support to the proposal, and recognised the need for
453 midwives to have access to flexible, anonymous and confidential support online. These
454 particular findings emulate the discoveries of other research, where workers describe how the
455 flexible and anonymous provision of online mental health support in the workplace would
456 facilitate increased rates of engagement (Carolan, de Visser 2017).

457 Whilst the research team had been aware of some of the more sensitive issues raised in our
458 findings beforehand, current understandings have been expanded by some inimitable
459 findings, particularly in relation to trust and confidence in the midwifery profession. As well
460 as addressing the three PPI questions presented here, our findings also lead to seven PPI

461 outcomes which establish a clear contribution to a larger research project. These more
462 specifically relate to the particulars of intervention development and new long-term plans for
463 retrospective data collection. These outcomes in relation to data collection particularly
464 exceeded our initial expectations and brought new insights to the research team in planning
465 beyond the scope of the original research proposed.

466 The findings of this PPI corroborate previous research which has established that midwives
467 can sometimes attempt to mask the negative effects of work-related psychological
468 distress(Pezaro, Clyne et al. 2015). However, in contrast to this, a unique finding of this work
469 is that midwives can also sometimes seek support from women utilising the maternity
470 services. Here, findings also echo those of other studies where the consequences of work-
471 related psychological distress were also found to include a lack of compassion(Sorenson,
472 Bolick et al. 2016), poor workplace behaviours(Lombardo, Eyre 2011), reduced quality of
473 care(Krämer, Anna Schneider et al. 2016) and workplace errors(Hall, Johnson et al. 2016).
474 Furthermore, the findings of this PPI emulate those highlighted within the recent national
475 maternity review ‘Better Births’(Cumberlege 2016), which likewise established links
476 between poor teamwork, poor professional cultures, poor communication, inconsistency, low
477 morale, poor management, a lack of support and poor maternity care. Following on from the
478 Better Births review, a new A-EQUIP model of supervision will incorporate restorative
479 clinical supervision for midwives in the workplace (Petit, Stephen 2015). However, the
480 impact of this model is yet to be evaluated.

481

482 The broader qualitative findings presented here offer a strong rationale for the development
483 and evaluation of the proposed intervention, given the impact that work-related psychological
484 distress seemingly has upon the quality of maternity care. This impact is demonstrated by one
485 particular instance where a participant suggests that she “probably wouldn’t have needed an

486 epidural” had her midwife been having a good day. As such, future research could usefully
487 explore the depth of this relationship between the quality of maternity care and the
488 psychological wellbeing of midwives.

489

490 Whilst recent publications highlight maternity staff shortages(Palmer, Brackwell 2014), a
491 paucity of evidence-based support available to midwives(Pezaro, Clyne et al. 2017) and the
492 reality of work-related psychological distress in midwifery populations(Coldridge, Davies
493 2017), this PPI explores how new mothers perceive the reality of these issues at the point of
494 receiving maternity care. In addition to this, our findings demonstrate that new mothers
495 would be supportive of a confidential and anonymous online intervention to support
496 midwives in work-related psychological distress. This contribution to knowledge is
497 particularly interesting to note, as previous research has highlighted how some professionals
498 may be reluctant to allow the inevitable amnesty which anonymity and confidentiality would
499 permit for midwives seeking support(Pezaro, Clyne 2016). As such, there is now an
500 opportunity to develop, test and evaluate a confidential and anonymous evidence based
501 online intervention to support midwives in work-related psychological distress in line with
502 proposed research plans, and with the validation of maternity service users.

503 As this PPI was qualitative in nature, the research team initially considered employing the
504 Consolidated Criteria for Reporting Qualitative Research (COREQ)(Tong, Sainsbury et al.
505 2007). However, the needs, aims and scope of PPI are not the same as for qualitative research
506 alone. For researchers, there is also a dichotomy between simply describing the perceptions
507 of a PPI group within a larger study and publishing these as standalone findings which add
508 new and valuable knowledge to the field. However, it is important to share PPI activity in
509 order to comprehend ‘how it works’(Staley 2015). It is also vital to wholly appreciate the
510 perceptions and contributions of PPI groups in order to understand what value these add in

511 shaping the design of future research. In this case, the valuable perceptions of new mothers
512 have been used to inform future research planning in relation to the development of a
513 confidential and anonymous online intervention for midwives to be evaluated via an initial
514 feasibility study and potentially, a future adequately powered trial. Crucially, this PPI has
515 also been reported so as to maximise the number of perspectives heard.

516 PPI was particularly valuable to this research, as it enlightened the research team to the
517 profundity of the research problem from the perspective of service users. As such, these
518 insights can now be embedded throughout the entire future research programme. Overall, the
519 amelioration of work-related psychological distress in midwifery populations is perceived to
520 be required by this group of new mothers for the benefit of midwives, maternity care and
521 maternity services. Both national and international strategies and frameworks relating to
522 healthcare services tend to focus on putting the care and safety of patients first(Mallari, Grace
523 et al. 2016). Yet these findings suggest that in order to effectively deliver the best care to new
524 mothers, the care of the midwife must equally be prioritised. Future research could also
525 usefully replicate this PPI as a qualitative study with mothers from other countries across a
526 range of healthcare settings to assess the transferability of these findings.

527 **Strengths and Limitations**

528 Overall, our aim to include the perspectives and experiences of new mothers in future
529 research and decision making worked well and was carried out in accordance with the
530 principles and indicators of successful PPI involvement in National Health Service (NHS)
531 research(2006). In our opinion, the involvement of new mothers to explore their perceptions
532 and in the development of this research proposal was useful and meaningful. Therefore, as
533 guided by the long GRIPP2 checklist(Staniszewska, Brett et al. 2017), the definition of PPI
534 used here was deemed to be appropriate, without need of any changes. However, in inviting
535 new mothers to contribute, the researcher was challenged with trying to engage participants

536 in meaningful and uninterrupted conversations with infants present. As such, noise levels
537 compromised some audio recordings, leading the researcher to rely on field notes taken
538 during the group discussion at times.

539 At this early stage of planning future research, this PPI group may have benefitted from more
540 comprehensive research training to support their decision-making processes in this context.

541 The impact of PPI in this case relates to the voice of new mothers being heard in relation to a
542 unique research problem. This has meant that new research plans will be shaped in line with
543 what matters most to new mothers. Additionally, the impact of this PPI also means that the
544 research, midwifery and healthcare communities are now better placed to improve maternity
545 services in light of new knowledge shared in relation to the perspectives of new mothers.

546 Two authors (SP and EB) are registered academic midwives. GP is a British Psychology
547 Society (BPS) Chartered Psychologist, methodologist, and a researcher in co-creation and
548 patient involvement. In using our multidisciplinary backgrounds to approach this PPI
549 dynamically, we have been able to strengthen the academic discussions apparent within this
550 work. However, potential biases may have arisen from personal experiences of psychological
551 distress in the midwifery workplace and a desire to pursue this line of research further.

552 Whilst this PPI has provided unique insights into the perspectives of new mothers, it is
553 limited by the recruitment of a small homogenous sample, from which it is challenging to
554 draw generalizable conclusions. Moreover, these participants have been encouraged to
555 discuss and reflect upon the phenomenon under study in order to pragmatically answer
556 precise PPI questions where they may not otherwise have done so. However, a key strength
557 of this PPI is that it has been able to give a voice to new mothers and include this voice
558 within the planning of future research. These voices have also given the research team a far
559 greater understanding of the phenomenon under study, which may be a far more significant

560 problem for maternity services than initially thought, considering some of the unique findings
561 unearthed here, such as midwives seeking solace in service users. Such discoveries may not
562 have been realised had midwives or potential end users of the proposed online intervention
563 been invited to join in PPI activities instead.

564 INVOLVE briefings state that there is an important distinction to be made between the
565 perspectives of the public and the perspectives of people who have a professional role in
566 health and social care services(Involve 2012). As midwives are not considered to be patients
567 under this guidance, we have been unable to include midwives within these particular PPI
568 activities. Yet whilst it may be new mothers who may benefit from psychological support in
569 the maternity workplace, it is also the midwives in work-related psychological distress who
570 could directly gain from an increased quality of life. In this sense, we argue that healthcare
571 professionals should not necessarily be excluded from PPI activities simply because they treat
572 patients, especially when they are the direct beneficiary of a certain treatment or intervention.
573 In the context of developing an online intervention designed to support midwives in work-
574 related psychological distress, the midwife could also usefully be considered to be either a
575 patient or a member of the public in line with more recent guidance(Greenhalgh 2017).
576 Nevertheless, this dichotomy lends itself to further academic discussion.

577 **Conclusion**

578 These are the first PPI activities to explore the perspectives of new mothers in relation to the
579 barriers to receiving high quality maternity care, the psychological wellbeing of midwives
580 and the provision and evaluation of online support for midwives in work-related
581 psychological distress concomitantly. Here, we have given a voice to new mothers to ensure
582 that their perspectives are heard by the wider research community and incorporated into
583 future research. We have also been able to identify seven PPI outcomes which provide a
584 deeper understanding of the research problem from the perspective of new mothers.

585 There has been great value in sensitising the research team to the effect that work-related
586 psychological distress in midwifery populations has upon new mothers and their newborns
587 prior to conducting further research in this area. The experience of childbirth should be a
588 positive one. Yet in the eyes of these new mothers, some positive experiences in English
589 maternity services are clearly obstructed by the phenomenon of midwives in work-related
590 psychological distress. The challenge will be to address this problem via future workforce
591 research and examine whether the perceptions of new mothers change in light of an
592 effectively supported midwifery workforce. There is therefore a need for future workforce
593 research to develop and evaluate an online intervention designed to support midwives in
594 work-related psychological distress considering the PPI findings reported here. Should the
595 results of this research represent broader perspectives, both national and international
596 strategies and frameworks designed to improve maternity care could usefully prioritise the
597 support needs of midwives when prioritising the needs of maternity services users in equal
598 measure.

599 **Acknowledgements**

600 We would like to sincerely thank the new mothers and the facilitators of the mother and baby
601 groups involved who gave their valuable time and contributions to this PPI. We would also
602 like to thank Dr Wendy Clyne for her assistance in securing ethical approval for this work.

603 **Funding**

604 This work was supported by Research Design Service (RDS) West Midlands.

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