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The case for the development of an online intervention designed to effectively support midwives in work-related psychological distress

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Abstract:	Midwives experience both organisational and occupational episodes of work-related psychological distress due to the insalubrious, emotionally arduous and traumatic work environments they endure. As such, midwives will require effective interventions of support in order to enjoy a psychologically safe professional journey. There is also a need to develop interventions to effectively support midwives, as the well-being of midwives can be directly correlated with the quality and safety of maternity care. Within this paper, new evidence is united to support the case for the development of an online support intervention, designed to effectively support midwives in distress. The author invites all midwives to support, co-produce and test this intervention in preparation for future support planning.
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The case for the development of an online intervention designed to effectively support midwives in work-related psychological distress: A doctoral research project

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Abstract

Midwives experience both organisational and occupational episodes of work-related psychological distress due to the insalubrious, emotionally arduous and traumatic work environments they endure. As such, midwives will require effective interventions of support in order to enjoy a psychologically safe professional journey. There is also a need to develop interventions to effectively support midwives, as the wellbeing of midwives can be directly correlated with the quality and safety of maternity care. Within this paper, new evidence is united to support the case for the development of an online support intervention, designed to effectively support midwives in distress. The author invites all midwives to support, co-produce and test this intervention in preparation for future support planning.

Introduction

Globally, midwives can experience both organisational and occupational sources of work-related psychological distress, which can continue to affect them throughout their professional journey (Leinweber, Rowe 2010, Leinweber, Creedy et al. 2016, Rice, Warland 2013, Sheen, Spiby et al. 2016). Within England, the recent National Maternity Review has highlighted this distress by recognising that midwives are more likely to report feeling pressured at work than other NHS staff (Cumberlege 2016). This is significant because poor staff health and the disaffection and disengagement from work is intrinsically linked with poorer patient outcomes, increased infection rates, higher mortality rates and an increase in

medical errors (The Royal College of Physicians 2015, Boorman 2009, Francis 2013, West, Dawson 2012, Laschinger, Leiter 2006).

As the midwifery profession strives to support excellence in maternity care, it will be important to meet the work-related psychological distress of midwives with the provision of effective support. This paper summarises a doctoral research project which outlines the case for the development of an online intervention designed to support midwives in work-related psychological distress.

Background

In response to the emotional labour of caring in midwifery practice, there has been a long standing maladaptive coping strategy of distancing oneself emotionally from both patients and colleagues (Hunter 2016). Additionally, some midwives can become self-judgemental when targeting the high standards they aspire to, be left to their own devices when dealing with the emotional labour of caring for women, or left to cope with their distress by swallowing their emotions in cultures of service and sacrifice (Davies, Coldridge 2015, Beaumont, Durkin et al. 2016, Schrøder, Jørgensen et al. 2016). Should midwives continue to use persistence and avoidance as maladaptive coping strategies for dealing with distress, their dysfunctional endurance may not enable them to recognise ill health in either themselves or their colleagues.

Some midwives have been known to experience a lack of peer support, shame, fear in disclosure, and punitive and apathetic responses to psychological distress in the work place (Mollart, Skinner et al. 2013, Hood, Fenwick et al. 2010, Young, Smythe et al. 2015, Crowther, Hunter et al. 2016). Some maternity workplace cultures have also seen the development of hierarchical, uncivil and toxic working environments, where it can be

challenging for midwives to find or invest in trusting relationships (Begley 2002, Hutchinson 2014, Davies, Coldridge 2015). This may not enable midwives to engage with positive help seeking behaviours in the workplace.

Some midwives in work-related psychological distress, along with other nursing professions, can display the adverse behavioural symptoms of mental ill health such as excess drinking, substance abuse disorders and a display of uncaring behaviour (Horgan, Sweeney et al. 2016, Begley 2002, Happell, Reid-Searl et al. 2013). In fear of shame and a punitive response, these midwives may further shy away from open disclosure and help seeking and instead, display help avoidant behaviours. Face-to-face support such as the Schwartz rounds and restorative supervision already support some midwives in work-related psychological distress (Wallbank 2010, Barker, Cornwell et al. 2016). Yet for midwives seeking more private, confidential and anonymous support, the development of a targeted online intervention may now be required.

A recent situational analysis has highlighted a lack of targeted support interventions available for midwives in work-related psychological distress (Strobl, Sukhmeet S et al. 2014). Other populations have reported a preference for internet-based mental health support interventions, citing that these are better able to assure anonymity, easier and more flexible to access, and less embarrassing and shameful to use (Wallin, Mattsson et al. 2016). Additionally, these populations also report that they feel more able to express feelings, self-disclose and be honest within an online intervention. As such, the provision of online support may also be the preferred option of support for some midwives in distress.

Some nurses already use online social networking sites to ameliorate work-related psycholologycal distress (Happell, Reid-Searl et al. 2013). Many more health care professionals

are also beginning to create impromptu self-help groups online. Although this may indicate that the health professions are keen to engage with online support, archetypal social networking sites may not be wholly appropriate for vulnerable users to engage in sensitive dialogue. Therefore, along with being a cost effective option for health care employers, a more tailored and evidence based online intervention built in co-production with its end users may be an efficacious complement to any existing face-to-face support.

Midwives do not enter the midwifery profession to fail, overwhelmingly they pursue midwifery because they want to achieve and contribute great things (Spitz, Sermeus et al. 2013). Yet the psychological distress that some midwives endure can impair their cognitive function, decision making skills and their ability to provide compassionate, safe and high quality care (Beaumont, Durkin et al. 2016, Creedy, Gamble 2016, Knezevic, Milosevic et al. 2011). The mental wellbeing of midwives can also be directly correlated with high staff turnovers, high staff sickness rates and low productivity rates, as those in distress can disengage from the profession (Brunetto, Xerri et al. 2013, Kenworthy, Kirkham 2011, Jarosova, Gurkova et al. 2016). This becomes important as the world tries to recruit and retain a high quality midwifery workforce in the face of global shortages (McInnes, Mc Intosh 2012).

The lack of support currently available to midwives in work-related psychological distress is not conducive to excellence in maternity care. This research project is a first step towards the development of an online intervention designed to effectively support midwives in work-related psychological distress.

Methodology

Primarily, this project looked to identify the scale and scope of the problem. To do this, a review of the literature was conducted. This review took on a narrative approach and looked to find the origins and nature of work-related psychological distress in midwifery populations across the world. The review sought to retrieve any published and peer reviewed literature generated from the year 2000. This time period was chosen in order to reflect a contemporary state of affairs within the midwifery profession. Findings were categorised into key themes of relevance and reported narratively in order to present an overview of current understanding.

Secondly, in order to explore whether or not it may be ethical to provide anonymity and confidentiality for midwives in work-related psychological distress via an online intervention, a realist synthesis review was conducted. This review explored what may work for whom, in what circumstances and why. This component of the project was crucial, because the corollary component to both anonymity and confidentiality is essentially amnesty, and therefore, it was important to explore the ethical consequences of providing this for midwives prior to taking this project any further.

This review followed the Realist And MEta-narrative Evidence Syntheses: Evolving Standards publication standards (Wong, Greenhalgh et al. 2013). Following an iterative literature search, the retrieved papers were examined for ideas relating to the ethical dimensions of online interventions to support midwives in work-related psychological distress. This review takes on a narrative approach, and aims to generate a healthy debate in relation to whether an intervention designed to support midwives should offer the provision of anonymity and confidentiality online.

Once the ethical argument for the development of an online intervention designed to support midwives in work-related psychological distress had been realised, this project

conducted a systematic literature review. The protocol for this review can be viewed here [http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016036978]. The purpose of this systematic review was to identify the nature and existence of interventions designed to support midwives in work-related psychological distress, and their effectiveness at improving the psychological well-being of midwives. This was done in order to both eliminate the possibility that an online intervention designed to support midwives in work-related psychological distress had already been made available or tested, and to identify any effective components of support which may be included in any final design.

Finally, a Delphi study was conducted in partnership with a panel of experts in order to determine what should be prioritised in the development and design of an online intervention to support midwives in work-related psychological distress. 185 experts were invited to participate in a 2-round Delphi study questionnaire, where they were asked to rate 39 questions on a 7-point rating scale. This scale was anchored at "Not a priority" and "Essential priority". Participants were also invited to contribute open text responses to further express themselves and their contributions. Findings were then analysed via statistical and thematic analysis. This study aimed to identify and develop a consensus about what should be prioritised in the creation of an online intervention to support midwives. The full methodological protocol for this research has been published elsewhere (Pezaro, Clyne 2015).

Recruitment

Midwives and other subject experts were recruited to participate in this project via a research blog [https://healthystaff4healthypatients.wordpress.com]. This blog was shared via the authors Twitter™ account and various other social media channels.

Participants were also identified via the academic literature, where the authors of subject relevant papers were invited to participate and extend this invite to relevant professional networks. Key stake holders within the health care community were also invited to participate in this way.

Findings

The first narrative review identified 30 papers outlining the sources, nature and prevalence of work-related psychological distress in global midwifery populations. Findings illuminated that midwives from Nigeria, America, Ireland, the United Kingdom, Australia, France, Poland, Croatia, Israel, Italy, Japan, Uganda, Turkey and New Zealand can experience both organisational and occupational sources of distress.

Causes of psychological distress can include hostile behaviour towards staff, either from other staff or patients, workplace bullying, toxic organisational cultures, medical errors, traumatic 'never events', critical incidents, occupational stress, workplace suspension, whistleblowing, investigations via professional regulatory bodies and employers, and/or pre-existing mental health conditions. The consequences of psychological distress in midwifery populations can result in death by suicide, death anxiety, depression, burnout, depersonalisation, compassion fatigue, shame, guilt, substance abuse disorders, and symptomatic displays of self-destructive and unethical behaviour.

The published report called for the development of effective interventions to support midwives, the promotion of psychologically safe working cultures and the development of non-punitive responses towards adverse behavioural symptoms, medical errors and whistleblowing. This research has been published elsewhere (Pezaro, Clyne et al. 2015).

A realist synthesis review identified 9 papers which addressed the topic of providing midwives in distress with confidential and anonymous online support. Following a thematic analysis of results, findings suggest that the principles of confidentiality, anonymity and amnesty should be upheld in the pursuit of the greatest benefit for the greatest number of people. A full outline of this ethical debate has been published elsewhere, and invites those within the health care community to engage in further dialogue (Pezaro, Clyne et al. 2016). Additionally, early results from the ongoing systematic literature review within this project suggest that there may be no other evidence based interventions currently available of this type.

Following a structured consultation with 66 midwives and other subject experts participating within a Delphi study, findings revealed that the future development of an online intervention designed to support midwives in work-related psychological distress should prioritise confidentiality and anonymity, along with 24-hour mobile access.

Although participants expressed enthusiasm for the development of this online intervention, they also stressed that there would be a need for effective moderation within an online discussion forum. Contributors also decided that additional legal, educational, and therapeutic components should be available within an online intervention designed to support midwives. As the users of such an online intervention may be distressed, these experts indicated that midwives should also be offered a simple user assessment to identify those people deemed to be at risk of either causing harm to others or experiencing harm themselves. This would be done in order to direct those in need towards appropriate support. The full results of this Delphi study have been published elsewhere (Pezaro, Clyne 2016).

Discussion

This doctoral research project has taken a logical approach in making the case for the development of an online intervention designed to support midwives in work-related psychological distress. It is clear that midwives from around the world experience work-related psychological distress and suffer in silence. Whilst face-to-face interventions may be effective for some midwifery populations, they may not fully support those midwives who feel shame, fear and guilt in relation to their own ill health, mistakes or behaviours. Additionally, the dysfunctional perseverance that some midwives employ as a coping mechanism for their distress may only be resolved once these midwives are enabled to disclose and recognise ill health in themselves.

Some midwives may experience a punitive response from both their employer and their colleagues once an episode of psychological distress becomes apparent (Stone, Traynor et al. 2011, Robertson, Thomson 2015, Young, Smythe et al. 2015). Within this scenario, the midwife can be subject to the psychological distress of both disciplinary and regulatory proceedings. Additionally, for some midwives who raise concerns, face to face discussions can have a punitive feel (Currie, Richens 2009). These experiences can prevent some midwives from disclosing their escalating need for help and must be met with appropriate support.

The question as to whether an online intervention providing total anonymity for midwives in psychological distress for the purpose of providing effective support can be indorsed remains open for discussion. The argument to permit the provision of anonymity for midwives is fortified by the findings of the Delphi study presented within this paper, as midwives reported the need for anonymity to enable open and honest disclosure. However,

although this project has put forward the argument for ensuring the greatest benefit for the greatest number of people, society may still prefer cultures in which immediate accountabilities are enforced.

The Delphi study within this project has revealed how midwives and other experts would highly value the provision of total anonymity, with some proclaiming that they would only disclose the true magnitude of their distress if they were afforded this online. In line with the pathways to disclosure model, positive help seeking behaviours may be encouraged in midwives who feel stigmatised by their psychological distress, behaviours, mistakes or lifestyle choices online. Within this Model, previously used within gambling and alcohol addictions, it is the safety of absolute anonymity and confidentiality online which remain the key to sustainability in recovery, as users progress from a status of 'lurking' online to full disclosure in the real world setting (Cooper 2004). The use of this model could also satisfy some of the ethical concerns associated with offering midwives' anonymity online.

Should the provision of anonymous support remain unavailable to midwives in work-related psychological distress, unhealthy coping behaviours, increased psychological morbidity and episodes of professional dissatisfaction may persist. Both onlookers and the midwives themselves observe episodes of psychological distress in midwifery populations (Smith, Dixon et al. 2009). Yet, midwives can avoid occupational health services due to the negative consequences they fear may occur (Wallbank 2010). This is of concern because midwives who are unwell and do not seek help may be more likely to make errors and become less safe practitioners. This situation may also see mothers and babies receive suboptimal maternity care. Nevertheless, some experts remain reluctant to approve a platform where midwives may anonymously disclose episodes of ill health, incompetence, medical errors

and misconduct without immediate consequence and accountability. Satisfying these concerns will be key to the ongoing development of this project.

It is clear that midwives value support which is non-judgemental and confidential, as some midwives feel unable to express themselves, stigmatised, and feel 'required' to cope. These midwives may feel that they have a responsibility not to burden their colleagues with their own psychological distress. In these cases, face-to-face help seeking behaviours may be absent, and the damaging effects of work-related psychological distress may persist. Therefore, a confidential online intervention designed to support midwives in work-related psychological distress may be worthy of exploration, especially as some midwives' report that their preferred method of supportive correspondence is via email (Banks, Kane et al. 2012).

Future Implications

As this doctoral research project comes to a close, the next step will be to use these findings to inform the development of an online intervention designed to support midwives in work-related psychological distress. The intention is to co-produce this intervention with midwives from around the United Kingdom. As this vision is turned into practice, it will be important to organise both feasibility testing and adequately powered randomised controlled trials to secure the evidence base in relation to any other ongoing plans.

Should this online intervention prove to be efficacious for both midwifery populations and maternity services, this intervention could be adopted for use within larger midwifery populations and alternate professional groups, within a variety of geographical locations. In order to succeed, this project will require a large number of midwives to initially test and co-produce an online intervention. The ever-present and primary goal of this work is to

effectively support midwives in work-related psychological distress and promote excellence within the maternity services.

Conclusion

This paper has presented a doctoral research project which makes the case for the development of an online intervention designed to support midwives in work-related psychological distress. Via literature reviews, a realist synthesis review and a 2-round Delphi study, this project has demonstrated how midwives experience work-related psychological distress and how this distress can negatively impact upon both the individual midwife and the quality of maternity care. This project has also illuminated midwives' enthusiasm for the development of an online intervention designed to support them, and what should be prioritised in its design. The ethical issues concerning the development of this online intervention have also been explored with a view to widening the debate about how the well-being of midwives may be balanced with the requirement to protect the public and the professional reputation of midwifery.

The overarching purpose of this research project has been to identify and unite original knowledge with the intention to make the case for turning the vision of online support for midwives into practice. The relevance of this research will be pertinent to healthcare providers, service users and policy makers as they look to improve recruitment rates, retention rates and the staff experience in line with the quality of maternity care. Unless the support needs of midwives are met, key strategies for positive change may never be realised. As such, healthcare leaders must champion evidence based solutions which support midwives to enjoy a psychologically safe professional journey and deliver optimal maternity care.

Midwives are entitled to be psychologically safe, and both women and their babies deserve excellence in maternity care. As this care can only be delivered by a flourishing midwifery workforce, it behoves all of society to support the needs of midwives in the workplace. This paper unites new evidence in favour of the development of an online intervention designed to support midwives in work-related psychological distress, and aims to galvanise the support and participation of midwives in its' future development and testing.

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