



# MIDIRS Search Pack

## Search Pack M91

### Coping and resilience in midwifery

Resources and studies concerning the issue of coping and the concept of resilience in midwifery, including strategies such as mindfulness and meditation. Aimed at students and professionals, this search pack has a practical focus.

**Date created:** 04/23/2026

## M91 - Coping and resilience in midwifery

(151)

### 991201-013

**The midwife's experience of the death of a mother.** Mander R (1999), RCM Midwives Journal vol 2, no 11, November 1999, pp 346-349

This preliminary report outlines the background to and planning of a study of how the midwife copes when a mother she is caring for dies. A total of 36 midwives, most of whom had experienced the death of a mother, provided information about the experience. The method employed mainly qualitative research techniques. The fieldwork was largely by telephone interview. The midwife's support is the focus of this article. (12 references) (Author)

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### 941020-026

**Learning to cope with stillbirth.** Whyte M (1994), Modern Midwife vol 4, no 10, October 1994, pp 32-33

Morag Whyte feels that student midwives should have more opportunity to learn about stillbirth during their training. (Author)

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### 920529-006

**Where can I go?.** Lynn C (1992), Nursing Times vol 88, no 20, 13 May 1992, p 52

Who helps nurses cope with grief, anger or bereavement, asks Cherry Lynn. (Author)

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### 911126-035

**Pressure point.** Cole A (1991), Nursing Times vol 87, no 46, 13 November 1991, pp 2425, 27

Nurses and midwives have always faced stress on the job. But is it now getting too much to take? Andrew Cole looks at the causes, the consequences and how to cope. (Author)

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### 900814-007

**Individual and organizational stress and strain.** Thornton JA (1985), Counselling no 53, August 1985, pp 7-13

A paper which addresses the definitions of personal stress and institutional (organizational) stress, and means of reducing and coping with stress in these situations. (RKG)

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### 900814-005

**When it all gets too much.** Parker O (1986), Nursing Times vol 82, 26 November 1986, p 47

Dealing with other people's problems can be the most stressful type of work. But what happens when you feel you can't cope yourself? Olga Parker spoke to one community midwife who 'lost her bottle'. (Author)

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### 890821-013

**Stress and how to avoid professional burnout.** Kelly D (1989), Midwife, Health Visitor and Community Nurse vol 25, no 5, May 1989, pp 172-177

This article takes an overview of stress in the health profession, including diagnosis and spotting signs of stress. It acknowledges that stress cannot be avoided in such a high pressure environment but does offer several strategies which can be adopted to reduce the level of stress in a person's life, and suggests ten tips for coping with stress. (JAL)

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### 880803-006

**Grieving and caring: a student midwife's perceptions.** Alexander S (1987), Midwives Chronicle vol 100, no 1195, August 1987, pp 240-242

Describes the experience of a student midwife coping with the postnatal care of a couple with a stillborn child. (RKG)

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### 2026-01914

**Addressing the use of individual resilience as a form of gaslighting in healthcare organisations.** Linsley P, Jones B (2025), Nursing Standard vol 41, no 2, 4 February 2025

While resilience is often promoted by healthcare organisations as a personal coping strategy, this approach risks overlooking systemic issues and structural inequalities that significantly affect staff well-being. This article critically explores the growing emphasis on resilience as a strategy for managing the stresses and demands experienced by nurses. It also examines how an overreliance on resilience can shift responsibility from organisations to individuals, potentially distorting perceptions of harm and internalising blame. Although the authors acknowledge the value of resilience, they advocate for a more balanced and integrated approach that combines individual resilience with organisational accountability and collective action to support the nursing workforce more effectively. (© Author)

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**2026-01664**

**Professional identity and work-related quality of life among obstetric nurses: Mediating role of psychological resilience and moderating effect of internet+ participation willingness.** Wu L, Cai W, Wang F, et al (2025), PLoS ONE vol 20, no 12, December 2025, e0338497

**Background:** As the "Internet plus" era unfolds, the domain of obstetric nursing has ushered in the innovative development model of Internet plus Nursing Services(IPNS). This shift has led to alterations in the professional environment and work demands faced by obstetric nursing personnel, consequently bringing the work-related quality of life of these nursing professionals to the forefront of attention.

**Objective:** This research aims to investigate the mediating and moderating effects of psychological resilience and the willingness to engage in IPNS among obstetric nurses on the relationship between professional identity and work-related quality of life, under the premise that these factors have a significant impact on work-related quality of life.

**Methods:** This study selected obstetric nurses from 33 tertiary hospitals in Anhui Province, China, that have implemented IPNS to date and met the specified criteria for inclusion and exclusion. The assessment focused on their professional identity, psychological resilience, work-related quality of life, and willingness to engage in providing "Internet plus Nursing Services." AMOS was used for mediation effect analysis, and the PROCESS macro in SPSS was employed to investigate moderated mediation effects.

**Results:** In the context of IPNS, psychological resilience acts as a mediator in the relationship between professional identity and work-related quality of life among obstetric nurses. Furthermore, psychological resilience and the willingness to participate exhibit a moderated mediation effect in this relationship-specifically, psychological resilience modulates the latter segment of the pathway from professional identity to work-related quality of life via the mediation of participation willingness.

**Conclusion:** The findings suggest that nursing administrators, while focusing on the work-related quality of life of obstetric nurses, should concurrently consider nurses' psychological resilience and their willingness to participate. This approach facilitates the development of effective employee motivation and support strategies, which in turn can enhance the work-related quality of life of obstetric nurses in the IPNS context.

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**Full URL:** <https://doi.org/10.1371/journal.pone.0338187>

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**2025-08371**

**Labor and Delivery Nurse Psychological Trauma An Integrative Review.** Runyon MC, Trout KK, Copel LC, et al (2025), MCN - American Journal of Maternal/Child Nursing 7 May 2025, online

**Background:**

This integrative review used Whittemore and Knafli's (2005) framework to critique the available quantitative evidence examining multiple types, prevalence, and impact of psychological trauma in labor and delivery nurses. This review synthesizes the quantitative evidence on multiple types of trauma in this population.

**Methods:**

Inclusion criteria were quantitative and mixed-methods studies of labor and delivery nurses examining types of trauma as defined by Foli's Middle-Range Theory of Nurses' Psychological Trauma. Studies on patient trauma from nursing care were excluded. CINAHL, Scopus, Medline, PubMed, and Web of Science databases were searched for

studies electronically available through April 8, 2024. The Joanna Briggs Institute critical appraisal tools facilitated quality and bias assessments. A conceptual model based on Foli's theory contextualizes the findings.

#### Results:

Nine studies (five cross-sectional descriptive, one longitudinal, and three mixed-methods) are included in this review. Across all studies, unique aspects of the labor and birth nurse role were found to contribute to trauma, including exposure to perinatal death and fetal demise, high rates of patient trauma, an increasingly medicalized birth environment, and emotional burnout. Labor and birth nurses experienced psychosomatic symptoms, negative effects on their relationships and quality of life, and increased rates of attrition, although nurses also identified specific system supports to decrease these effects.

#### Discussion:

Limited research exists on the types of and impact of trauma experienced by labor and delivery nurses. This integrative review aims to address this gap in knowledge, while also suggesting implications for future research and policy. There is emerging evidence that post-traumatic growth is possible in this population with system support, yet many nurses are unaware of or have inadequate access to such resources. More research is needed to fully understand the magnitude of this population's psychological trauma and provide effective support strategies. (© 2025, Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited.)

**Full URL:** <https://doi.org/10.1097/NMC.0000000000001118>

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#### 2025-07788

**Nursing and midwifery academic educator workforce survey report.** Council of Deans of Health (2025), July 2025. 64 pages

In August 2024, the Council of Deans of Health (CoDH) undertook research among academic educators in the allied health professions (AHPs), nursing and midwifery. This report outlines the findings for nursing and midwifery only, with the results for AHPs provided in a separate report. (© 2025 Council of Deans of Health, All rights reserved)

**Full URL:** <https://www.councilofdeans.org.uk/wp-content/uploads/2025/07/CoDH-Nursing-and-Midwifery-Academic-Educator-Workforce-Survey.pdf>

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#### 2025-06842

**The psychological impact of working as a midwife in Australia: Findings from a scoping review.** Small K, Warton C, Fenwick J, et al (2025), *Midwifery* vol 145, June 2025, 104377

##### Background

Burnout, stress, trauma and other psychological health issues are major drivers of attrition, absenteeism, and reduced workplace engagement for midwives. Given the central roles midwives play in providing quality maternity care, it is important to monitor the mental and emotional health of midwives and to understand factors that are associated with a higher or lower incidence of problems. The aim of this review was to report on empirical literature pertaining to the psychological impact of midwifery work for midwives working in Australia.

##### Methods

The Joanna Briggs scoping review methodology was used. MEDLINE, Embase, Emcare, Maternity & Infant Care Databases, CINAHL and SCOPUS were searched to identify research pertaining to the psychological impact of midwifery work for Australian midwives.

##### Results

A total of 26 papers met inclusion criteria. Midwifery work in Australia carried a significant psychological burden, with high rates of burnout, emotional exhaustion, depression, anxiety, and stress. Most midwives had witnessed traumatic events. Working in continuity of midwifery carer models was associated with lower rates of mental health concerns, while younger midwives and those with fewer years in the workforce were negatively impacted.

##### Discussion

Midwives in Australia are impacted significantly by their work; especially by burnout, the impact of witnessing traumatic events, depression, stress and anxiety, and moral distress. Midwifery continuity of carer models were protective for psychological impacts.

##### Conclusions

Effective workplace interventions to better support the midwifery workforce, including access to continuity models, are required to sustain Australia's high quality maternity care system. (© 2025 The Authors. Published by Elsevier Ltd.)

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#### 2025-06423

**Making a mistake: how to handle it and move on.** Covell Y (2025), *Nursing Standard* vol 40, no 3, 5 March 2025, pp 25-26

Anyone can make an error and it need not define your nursing career. Here's how to respond and learn from it.

Nurses working under pressure may fear making a mistake, with the potential consequences for the patients they are caring for and their own careers. (© Author)

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#### 2025-06154

**The relationship between self-compassion, job satisfaction and quality of life of nurses working in neonatal intensive care units.** Tohidibehpoor H, Arshadi M, Ghorbani F (2025), *Journal of Neonatal Nursing* vol 31, no 3, June 2025, 101666

Self-compassion refers to self-care and kindness toward oneself in difficult times. This study investigated the relationship between self-compassion, job satisfaction, and quality of life among neonatal intensive care unit (NICU) nurses. This correlational study was conducted in 2023 in Tabriz. One hundred fourteen (114) nurses were included in the study. Data were collected using the short form of the Neff Self-Compassion Scale, the SF-36 quality of life, and the Minnesota Satisfaction Questionnaire and were analyzed using SPSS version 20 software. Nurses' self-compassion scores were  $31.9 \pm 1.5$ , job satisfaction was  $53.2 \pm 11.6$ , and quality of life was  $88.5 \pm 8.4$ . There was a significant positive correlation between self-compassion, job satisfaction, and quality of life. The results indicated that NICU nurses' self-compassion is at a good level, while job satisfaction and quality of life are at a moderate level. Increasing self-compassion may predict improved job satisfaction and enhanced quality of life for NICU nurses. (© Neonatal Nurses Association)

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#### 2025-05696

**Moral distress among maternity and neonatal healthcare workers during the COVID-19 pandemic in Sweden: Results from the COPE staff longitudinal cohort study.** Ernst P, Linden K, Roczniowska M, et al (2025), *Acta Obstetrica et Gynecologica Scandinavica* vol 104, no 7, July 2025, pp 1399-1409

##### Introduction

Moral distress arises when healthcare workers face difficult decisions without adequate information and/or when patient care is compromised due to limited resources, communication issues, or altered work routines in exceptional circumstances. While moral distress in maternity and neonatal healthcare workers (MNHCWs) has been noted, its prevalence, intensity, and impact on well-being and turnover in Sweden remain unexplored. The aim of this study was to investigate the level of disturbance and frequency of experiencing moral distress among Swedish MNHCWs during the COVID-19 pandemic and the effects on MNHCWs' well-being and intention to leave their job.

##### Material and Methods

A longitudinal cohort study was conducted during January–May 2021 (n = 645) and January–March 2022 (n = 503), utilizing the Moral Distress Scale-Revised (MDS-R). The study was set in hospital-based maternity and neonatal units across all 21 Swedish healthcare regions and included midwives, physicians, registered nurses, and assistant nurses. Quantitative and descriptive analyses were performed, with comparisons of moral distress levels between time points and professions. The main outcome measures were moral distress (level of disturbance and frequency) and intention to leave their job.

##### Results

Among the respondents, 6%–47% reported being frequently exposed to morally challenging situations, and 51%–91% reported a high level of disturbance in connection to such situations. Uncertain staffing, continuity-of-care challenges, and limited opportunities for patient/family counseling posed frequent moral challenges across time and professions. Of the respondents, 14% in 2021 and 18% in 2022 considered leaving their jobs due to moral distress. There were no overall significant differences in outcomes between the two time points.

##### Conclusions

Swedish MNHCWs commonly experienced moral distress during the COVID-19 pandemic. Interventions targeting underlying reasons may be needed to ensure the well-being of MNHCWs in situations when the healthcare system is under strained working conditions. (© Author)

**Full URL:** <https://doi.org/10.1111/aogs.15125>

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#### 2025-05620

**Resilience: what it is – and what it isn't.** Dean E (2021), *Nursing Standard* vol 36, no 11, 3 November 2021, p 39

To some, it's an unhelpful concept that imposes the burden of coping; to others, it is the protection we all need in tough times.

The Oxford English dictionary defines resilience as 'the capacity to recover quickly from difficulties' or 'toughness'. Resilience first emerged as a theory in the 1970s, when child psychologists identified that some children had good outcomes despite being exposed to childhood trauma and adversity, says the RCN. Researchers looked at protective factors that promote mental health and positive development in the face of risk, including personal attributes, family cohesion and external support factors. (© Author)

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## 2025-05258

**Quality of counselling in intrapartum recovery in Finland – cross-sectional survey.** Laine I, Kaakinen P, Kääriäinen M, et al (2025), *Midwifery* vol 148, September 2025, 104431

### Introduction

Counselling is becoming increasingly important in postpartum recovery. Good quality counselling is necessary to help mothers adapt to the changed situation after childbirth and to recover from it. Therefore, postpartum counselling is important to adapt mothers to the changed situation after childbirth and to recover from it. Midwife-led counselling was provided in the wards before and after childbirth. Postpartum counselling includes matters related to going home after childbirth, caring for the newborn, and recovering from childbirth. This study aims to describe the quality of postpartum counselling, and the factors associated with it.

### Methods

A descriptive cross-sectional study design was used, and data were collected from mothers who gave birth at Finnish university hospital in 2021. The study conducted an electronic survey using a 65-item Quality of Counselling Instrument. The data were analyzed using descriptive statistics, differences between background and sum variables were tested using Chi-squared or Fisher's test and using the t-test or Mann-Whitney U-test. Logistic regression analysis was used to predict the quality of counselling. The survey was distributed to mothers during their stay in the maternity ward and via social media, and 132 mothers completed the survey.

### Results

Slightly more than half of the mothers (54%) received sufficient information about childbirth and postpartum recovery and counselling was family-orientated (85%). Most mothers (79%) felt that counselling had a positive benefit on their well-being. The effect of counselling on lifestyle was weaker; less than half of the mothers (42%) felt that the counselling had a positive effect on their lifestyle ( $p < 0.002$ ). The sum variables mother's well-being (OR=13.25; 95% CI=2.79, 63.03;  $p < 0.001$ ), mother's way of life (OR=4.02; 95% CI=1.65, 9.78;  $p < 0.002$ ) and family-orientation in counselling (OR=8.45; 95% CI=1.57, 45.46;  $p < 0.013$ ) predicted good quality of counselling.

### Conclusions

This study results showed that mothers received adequate information about childbirth and postpartum recovery. Also, counselling was implemented in a family-oriented way. Mothers who live alone had to take more account during counselling session in the hospital. Further research is needed to determine the effectiveness of various counselling interventions in different settings. ((© Author)

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## 2025-05254

**Validation of the City Birth Trauma Scale to assess post-traumatic stress symptoms in maternity staff.** McInnes A, Bradley J, Uddin N, et al (2025), *Midwifery* vol 147, August 2025, 104430

### Background

Each year, 295,000 women die from pregnancy or childbirth complications, with many more women and babies experiencing severe complications. Maternity staff are often exposed to these events and can develop post-traumatic stress symptoms or disorder (PTSD). However, there are currently no tools to specifically identify and assess birth-related PTSD in maternity staff. This study therefore adapted and validated the City Birth Trauma Scale (City BiTS) for this purpose.

### Method

The City BiTS (Maternity staff) was completed by 396 maternity health professionals recruited in three waves between 2016 and 2023. Participants reported their experiences with traumatic birth events and completed the scale to assess PTSD symptoms. Psychometric analyses were used to determine internal consistency, factor structure, and construct validity.

### Results

Over half of participants had witnessed severe injuries (55.9 %) or deaths (41.4 %), and 30.7 % met PTSD diagnostic criteria (95 % CI 26.2 - 35.5). The scale demonstrated good internal consistency ( $\alpha = 0.95$ ) and construct validity. PTSD

symptoms were associated with greater perceived trauma ( $\rho = 0.37, p < .001$ ), poorer coping ( $-0.30, p < .001$ ), and symptoms were greater after births involving maternal or infant deaths (Mann-Whitney U 18,609,  $p = .05$ ). Both 2-factor and 3-factor structures were supported, with the main subscale of Birth-related symptoms accounting for most variance (53.82 %) in both analyses. Remaining items either grouped into one subscale of General symptoms (fixed 2-factor model) or split into Hyperarousal and Anhedonia & detachment subscales (3-factor model).

#### Conclusion

Traumatic births have a significant psychological impact on maternity staff. The adapted City BiTS (Maternity staff) shows promise for identifying PTSD symptoms in this group, though further refinement of its factor structure is recommended. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2025.104430>

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#### 2025-03879

**Midwives' response to traumatic stress.** Curran T (2025), British Journal of Midwifery vol 33, no 3, March 2025, pp 174–175

Tracy Curran explores how drawing on our evolutionary past to reframe our responses to traumatic situations can offer a new perspective and protect against the effects of psychological heavy lifting. (Author)

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#### 2025-03358

**“High-stress, conscientiousness and positive coping”: correlation analysis of personality traits, coping style and stress load among obstetrics and gynecology female nurses and midwives in twenty-one public hospitals in Southern China.**

Ye Q, Zhong K, Yuan L, et al (2025), BMC Women's Health vol 25, no 116, March 2025

#### Background

The long-term occupational stress experienced by nurses and midwives in obstetrics and gynecology department not only impacts their mental well-being, but also poses a threat to nursing safety and sleep quality of nursing staff.

Personality traits and stress coping strategies are believed to play a crucial and distinctive role in regulating stress. It is of great importance to discover effective methods for managing the occupational stress faced by nurses and midwives in obstetrics and gynecology. The study aims to identify the characteristic of stress load, personality and coping style among obstetrics and gynecology nurses and midwives, explore variations in stress levels based on their individual personality traits, and compare different levels of event load and individual vulnerability across various personality domains.

#### Methods

A cross-section study was conducted from February 2023 to March 2023, and a stratified sampling method was used to select 424 obstetric and gynecological nurses. The survey was conducted using the General Information Questionnaire, the Chinese Big Five Personality Questionnaire, the Trait Coping Style Questionnaire, and the Chinese version of the Stress Overload Scale.

#### Results

High stress of stress risk, conscientiousness and positive coping were the main characteristics of obstetrics and gynecology nurses and midwives. The stress-load was at a medium level, with an average score of ( $65.30 \pm 17.27$ ) points. There were statistically significant differences in stress-load among nurses with different marital status, hospital level, family occupational support and work motivation ( $p < 0.05$ ). There was a significant positive correlation among neuroticism, negative coping, and event load. ( $p < 0.01$ ). While conscientiousness, agreeableness, openness, extroversion and positive coping showed positive correlations ( $p < 0.05$ ).

#### Discussion

Based on our findings and the existing literature, we have so suggestions to relieve the stress-load of obstetrics and gynecology nurses and midwives: (1) improve social support and family support; (2) increase the application of intelligent technology appropriately; (3) improve midwifery models; (4) provide positive psychology training; (5) take advantage of the positive interaction between individual and situations.

#### Conclusion and implications for nursing and midwife policy

Nursing and midwife managers should strengthen care for nurses and midwives with significant neurotic personality, adopt flexible or magnetic management, improve midwifery models and elevate the dominant role of midwives in childbirth processes. Importantly, they should enhance group or individual psychological intervention to encourage a positive attitude towards stressors and foster the development of positive personalities. (Author)

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2025-02985

**Self-Compassion and Psychosocial Well-Being After Traumatic Births: Caring for the Midwife.** Musseri Navon Y, Malakov C, Woloski Wruble A, et al (2025), *Journal of Midwifery & Women's Health* vol 70, no 3, May/June 2025, pp 396-403

#### Introduction

Midwives report high rates of exposure to traumatic births that can negatively affect their psychosocial well-being. Self-compassion can be considered as a tool to promote psychosocial well-being. The aim of this study was to assess the prevalence of midwives' exposure to traumatic births and explore midwives' self-compassion and its correlation to their psychosocial well-being in relation to experiences of traumatic births.

#### Methods

In a cross-sectional correlational study, data were collected using an electronic questionnaire by way of social networks and the website of the Israel Midwives Association. Inclusion criteria were certified Israeli midwives working in a hospital delivery room and able to read and write Hebrew. The questionnaire was composed of 4 parts: a demographic section, a traumatic events in perinatal care list, a self-compassion scale—short form, and a psychosocial health and well-being tool (short form of Copenhagen Psychosocial Questionnaire).

#### Results

The most common traumatic event reported was death. Self-compassion and psychosocial health and well-being were found to be at a medium-high level (mean [SD], 40.66 [6.5]; 38.33 [13.03]), and correlated significantly ( $r = 0.339$ ;  $P < .001$ ). There was a significant interaction effect between low self-compassion (mean,  $\leq 3.17$ ) and exposure to traumatic birth in the last year on psychosocial well-being compared with those who were not exposed to traumatic birth in the last year ( $F_{2,103} = 3.25$ ;  $P = .043$ ). No significant effect was found in those women with medium (mean, 3.18-3.67) or high (mean,  $\geq 3.68$ ) self-compassion.

#### Discussion

Self-compassion is related to the psychosocial health and well-being of midwives exposed to traumatic birth. Self-compassion can be learned and should be considered for inclusion in midwives' basic and continuing education.

(Author)

Full URL: <https://doi.org/10.1111/jmwh.13733>

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2025-00558

**The relationship between organizational trust and voice behavior among neonatal intensive care unit nurses in tertiary A hospitals in Sichuan Province: the mediating role of career resilience.** Zhang X, Huang X, Hu Y, et al (2024), *Frontiers in Public Health* 11 December 2024, online

Background: Neonatal intensive care unit (NICU) nurses face immense pressure, yet research on their voice behavior and the motivational mechanisms behind it is limited. Specifically, the impact of organizational trust and career resilience on this behavior has not been thoroughly explored.

Aim: This study aims to examine the relationship between organizational trust and voice behavior in NICU nurses, with career resilience acting as a mediating factor, providing empirical evidence for nursing management.

Methods: A multicenter cross-sectional survey was conducted from January to June 2023, involving 422 neonatal nurses from tertiary hospitals in Sichuan Province, China. Data were collected using a self-designed questionnaire, a voice behavior scale, an organizational trust scale, and a career resilience scale. Hierarchical regression and structural equation modeling (SEM) were employed to analyze the relationships among the variables.

Results: Hierarchical regression analysis revealed that organizational trust ( $\beta = 0.28$ ,  $p < 0.001$ ) and career resilience ( $\beta = 0.45$ ,  $p < 0.001$ ) significantly predicted voice behavior. Mediation analysis using structural equation modeling confirmed that career resilience mediated the relationship between organizational trust and voice behavior, with a mediation effect of 0.340, accounting for 44.8% of the total effect. The structural model demonstrated good fit indices (CFI = 0.962, RMSEA = 0.045), indicating the robustness of the proposed model.

Conclusion: Organizational trust significantly influences NICU nurses' voice behavior, with career resilience playing a critical mediating role. Enhancing organizational trust and fostering career resilience among NICU nurses can improve their willingness to engage in voice behavior, ultimately leading to better healthcare outcomes.

Implications for nursing management: Nursing managers should foster a trusting and supportive work environment to improve nurses' job satisfaction and organizational commitment. This can be achieved by enhancing psychological empowerment and promoting positive interactions between nurses, the organization, and leadership. Such an environment helps reduce burnout and strengthens career resilience. Increased resilience enables nurses to better manage clinical pressures and challenges, elevating their career expectations and enhancing their willingness to engage in work. This, in turn, promotes innovation, active participation, and improved voice behavior, ultimately contributing to organizational success. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2024.1505641>

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#### 2024-13226

**'Hope' is the thing with feathers: Student midwifery outside the system.** Wilcox GE (2024), Nurse Education Today vol 143, December 2024, 106396

Midwifery in Australia, and across other high-income countries with Westernised care arrangements, is reaching crisis point; an overrun, overworked, and underfunded maternity system causing traumatised and disenfranchised midwives to leave the profession in droves. However, there is also an underreported student midwife retention crisis negatively affecting the profession. Student midwives, becoming disempowered and disillusioned after facing the climate of collective trauma within the system, are leaving their studies at unprecedented rates. The literature explores a number of tangible reasons for this attrition. However, Emily Dickinson's "Hope – the thing with feathers, That perches in the soul, And sings the tune without the words, And never stops – At all." may be a groundbreaking protective element in the retention of student midwives not only through their studies but also for long and prosperous careers. Hope is more pervasive than resilience, more substantial than tenacity, and more empowering than any other incentives. Hope hides in the relational aspects of midwifery, in women transitioning from maidenhood to motherhood in their power. Exposure to midwifery outside the system, may help student midwives find "the thing with feathers" and reinvigorate their egalitarianism, support their professional philosophy, and ultimately retain them through their studies and beyond. (Author)

Full URL: <https://doi.org/10.1016/j.nedt.2024.106396>

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#### 2024-13077

**Exploring Emotional Well-Being and Support of Midwives Who Provide Termination of Pregnancy Care: An International Survey.** Armour S, Keedle H, Gilkison A, et al (2025), Journal of Advanced Nursing vol 81, no 6, June 2025, pp 3096-3109

##### Aims

Assess the psychological impact that providing TOP care beyond 12 weeks gestation has on midwives in Australia and New Zealand, improve understanding of TOP care and explore what support midwives have and what they might need to deal with their work experiences.

##### Design

Online survey.

##### Methods

A web-based, self-reported questionnaire with a total of 63 questions collected data from June to October 2022. Two validated psychometric tools were included to assess emotional well-being. Numerical data were analysed using descriptive statistics, frequencies, percentages and means. The STROBE guideline was used for reporting.

##### Results

Most midwives felt unsupported and affected by their experiences of providing termination of pregnancy care. Recognition and regular post-care debriefing with management were minimal. Lack of staff impacted the ability to provide individualised care. Mental health support was not commonly offered to midwives. Psychometric tools showed burnout and high levels of compassion fatigue, but also compassion satisfaction. To feel supported midwives need a fully staffed workforce, the ability to provide one-on-one care, recognition from managers and team support.

##### Conclusion

Midwives who deliver termination of pregnancy care are unsupported and at high risk of burnout and compassion fatigue. Providing appropriate support is vital to increase midwives' well-being and sustain women's access to safe, high-quality care.

## Impact

Study addresses a knowledge gap about midwives' support needs when caring for women undergoing termination of pregnancy beyond 12 weeks.

Findings show the urgent need to recruit and retain midwifery staff, acknowledge the mental health risks of termination of pregnancy care and implement mental health strategies for midwives.

Research benefits midwives who provide termination of pregnancy care, midwife managers, healthcare organisations and professional bodies.

## Patient or Public Contribution

No patient or public involvement. (Author)

Full URL: <https://doi.org/10.1111/jan.16469>

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## 2024-12236

**Centering You!**. Hughes I (2024), *The Practising Midwife* vol 27, no 4, July 2024, p 13

It's uncomfortable and sometimes painful to know where midwives and student midwives sit between the societal assumption (It must be the most wonderful job in the world!) and the villainous status assigned when things don't go well or when expectations aren't met. How do we care for ourselves and each other in this complex and potentially damaging landscape? (Author)

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## 2024-11165

**Traumatic experiences, quality of life, and organizational commitment among midwives: A cross-sectional study.**

Segal K, Kagan I (2025), *Birth* vol 52, no 1, March 2025, pp 112-122

## Background

The work of midwives is emotionally challenging. Midwives share moments of joy, when a baby is born, and attend complex events of loss and trauma. Exposure to childbirth complications, emergencies, and loss can affect their professional quality of life and functioning. This aspect of midwives' practice has not been sufficiently researched.

## Aim

To examine the associations between exposures to traumatic events, post-traumatic symptoms, and personal resilience with professional quality of life and organizational commitment among hospital midwives.

## Methods

Participants in this cross-sectional study conducted in 2020 included 131 midwives from three large hospitals in central Israel. Data were collected using a structured self-administered questionnaire that examined socio-demographic characteristics, exposure to traumatic events during childbirth, personal resilience, post-traumatic symptoms, professional quality of life, and organizational commitment.

## Results

The three most traumatic events for midwives were: neonatal death or feared death, maternal death or feared death, and stillbirth. The more frequent the exposure to traumatic events, the more numerous and intense the post-traumatic symptoms. The more numerous and intense the post-traumatic symptoms, the higher the level of professional burnout and compassion fatigue and the lower the compassion satisfaction. Higher compassion satisfaction and lower professional burnout were associated with higher organizational commitment. Personal resilience, country of birth, post-traumatic symptoms, and organizational commitment predicted compassion satisfaction.

## Conclusions

Midwives' exposure to traumatic events is associated with the onset of post-traumatic symptoms, impaired professional quality of life, and reduced organizational commitment, and is accompanied by burnout and compassion fatigue. There is a need to address this issue in training programs and to develop organizational support and policies to improve midwives' well-being and quality of care. (Author)

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## 2024-10540

**Community-based health programme for nurses and midwives: A mixed methods evaluation.** Jarden R, Jarden A, Bujalka

H, et al (2024), *Journal of Advanced Nursing* vol 81, no 1, January 2024, pp 475-498

## Aim

To evaluate a community-based psychological health and well-being programme for nurses and midwives.

## Design

Mixed methods programme evaluation.

## Methods

Four studies were included: observational descriptive study (cross-sectional survey) of the health, well-being and experiences of previous programme participants (Study 1); observational exploratory prospective cohort study (longitudinal survey) of health, well-being and experiences of participants who engaged in the programme from 2020 to 2023 (Study 2); qualitative descriptive study (interviews) of experiences and perceptions of nurses and midwives who have engaged with the programme as participants or clinicians (Study 3); observational descriptive study (cross-sectional survey) of experiences and perceptions of programme stakeholders (Study 4). Surveys included validated measures. Data were collected online. Descriptive, repeated measures and thematic analyses were conducted.

## Results

One-hundred and fifteen participants completed Study 1: 20% (n = 23) reported stress in the severe-to-extremely severe category; 22% (n = 25) reported psychological distress in the moderate-to-severe category. Thirty-one programme participants were followed in Study 2: the effect of the programme on participant well-being over time was not significant. Sixteen programme participants and eight programme clinicians were interviewed (Study 3). Experiences of nurses and midwives engaging with the programme were highly positive and strong attributes of the programme included (1) shared professional experience of clinicians and participants which supported a common language and facilitated understanding, and (2) effective programme leadership, and autonomy and flexibility in the clinicians' role which enabled and supported a positive working experience. Thirty-nine broader stakeholders participated in a cross-sectional survey (Study 4). All stakeholders reported high satisfaction with the programme. Participants considered the programme being 'by nurses and midwives, for nurses and midwives' critical to the programme's success and value.

## Conclusions

The community-based psychological health and well-being programme developed, led and delivered by nurses and midwives, for nurses and midwives, was a highly valued resource.

## Impact

Levels of stress and burnout in the health workforce are high.

A community-based psychological health and well-being programme for nurses and midwives was found to be an important and highly valued resource for nurses and midwives.

A programme delivered by nurses and midwives, for nurses and midwives, was considered critical to programme success.

Programme leadership, and autonomy and flexibility in the programme clinicians' roles, facilitated and supported a positive working experience for programme clinicians.

## Implications for the Profession and Patient Care

Quality and safety in patient care is directly impacted by the well-being of nurse and midwives. A community-based psychological health and well-being programme for nurses and midwives was found to be an important and highly valued resource for nurses and midwives.

## Reporting Method

Survey findings were reported according to STROBE (von Elm et al. in *Lancet*, 370:1453–1457, 2007) and qualitative findings according to COREQ (Tong et al. in *International Journal for Quality in Health Care*, 19(6):349–357, 2007).

## Patient or Public Contribution

No patient or public contribution. (Author)

Full URL: <https://doi.org/10.1111/jan.16336>

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2024-08613

**Midwives' Pathways from Health to Leaves of Absence and Return to Work.** Thiessen K, Benoit C, Atanackovic J, et al

Background: The mental health of midwives is an area of increased investigation as these experiences affect their attrition from the profession.

Aim: To examine the mental health experiences of midwives and midwifery students in Canada and how they respond to these experiences.

Methods: A mixed methods study involved surveys with 202 midwives and midwifery students, complemented by qualitative interviews with 44 participants (33 midwives, 11 students).

Findings: Midwives and midwifery students self-report a high percentage (79%) of personal mental health issues. Of those, over half changed their work (55%), and a similar number contemplated taking a leave (59%). Far fewer midwives took a leave (17%), and 70% who did, returned to work.

Conclusion: Barriers to taking a leave of absence from work due to mental health concerns draw attention to the limited options in the models of midwifery practice currently in Canada and the need for alternatives. (Author)

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## 2024-07418

**Psychological interventions to foster resilience in healthcare students (Cochrane Review).** Kunzler AM, Helmreich I, König J, et al (2020), Cochrane Database of Systematic Reviews issue 7, 20 July 2020, Art No.: CD013684

### Background

Resilience can be defined as maintaining or regaining mental health during or after significant adversities such as a potentially traumatising event, challenging life circumstances, a critical life transition or physical illness. Healthcare students, such as medical, nursing, psychology and social work students, are exposed to various study- and work-related stressors, the latter particularly during later phases of health professional education. They are at increased risk of developing symptoms of burnout or mental disorders. This population may benefit from resilience-promoting training programmes.

### Objectives

To assess the effects of interventions to foster resilience in healthcare students, that is, students in training for health professions delivering direct medical care (e.g. medical, nursing, midwifery or paramedic students), and those in training for allied health professions, as distinct from medical care (e.g. psychology, physical therapy or social work students).

### Search methods

We searched CENTRAL, MEDLINE, Embase, 11 other databases and three trial registries from 1990 to June 2019. We checked reference lists and contacted researchers in the field. We updated this search in four key databases in June 2020, but we have not yet incorporated these results.

### Selection criteria

Randomised controlled trials (RCTs) comparing any form of psychological intervention to foster resilience, hardiness or post-traumatic growth versus no intervention, waiting list, usual care, and active or attention control, in adults (18 years and older), who are healthcare students. Primary outcomes were resilience, anxiety, depression, stress or stress perception, and well-being or quality of life. Secondary outcomes were resilience factors.

### Data collection and analysis

Two review authors independently selected studies, extracted data, assessed risks of bias, and rated the certainty of the evidence using the GRADE approach (at post-test only).

### Main results

We included 30 RCTs, of which 24 were set in high-income countries and six in (upper- to lower-) middle-income countries. Twenty-two studies focused solely on healthcare students (1315 participants; number randomised not specified for two studies), including both students in health professions delivering direct medical care and those in allied health professions, such as psychology and physical therapy. Half of the studies were conducted in a university or school setting, including nursing/midwifery students or medical students. Eight studies investigated mixed samples (1365 participants), with healthcare students and participants outside of a health professional study field.

Participants mainly included women (63.3% to 67.3% in mixed samples) from young adulthood (mean age range, if reported: 19.5 to 26.83 years; 19.35 to 38.14 years in mixed samples). Seventeen of the studies investigated group interventions of high training intensity (11 studies; > 12 hours/sessions), that were delivered face-to-face (17 studies).

Of the included studies, eight compared a resilience training based on mindfulness versus unspecific comparators (e.g. wait-list).

The studies were funded by different sources (e.g. universities, foundations), or a combination of various sources (four studies). Seven studies did not specify a potential funder, and three studies received no funding support.

Risk of bias was high or unclear, with main flaws in performance, detection, attrition and reporting bias domains.

At post-intervention, very-low certainty evidence indicated that, compared to controls, healthcare students receiving resilience training may report higher levels of resilience (standardised mean difference (SMD) 0.43, 95% confidence interval (CI) 0.07 to 0.78; 9 studies, 561 participants), lower levels of anxiety (SMD -0.45, 95% CI -0.84 to -0.06; 7 studies, 362 participants), and lower levels of stress or stress perception (SMD -0.28, 95% CI -0.48 to -0.09; 7 studies, 420 participants). Effect sizes varied between small and moderate. There was little or no evidence of any effect of resilience training on depression (SMD -0.20, 95% CI -0.52 to 0.11; 6 studies, 332 participants; very-low certainty evidence) or well-being or quality of life (SMD 0.15, 95% CI -0.14 to 0.43; 4 studies, 251 participants; very-low certainty evidence).

Adverse effects were measured in four studies, but data were only reported for three of them. None of the three studies reported any adverse events occurring during the study (very-low certainty of evidence).

#### Authors' conclusions

For healthcare students, there is very-low certainty evidence for the effect of resilience training on resilience, anxiety, and stress or stress perception at post-intervention.

The heterogeneous interventions, the paucity of short-, medium- or long-term data, and the geographical distribution restricted to high-income countries limit the generalisability of results. Conclusions should therefore be drawn cautiously. Since the findings suggest positive effects of resilience training for healthcare students with very-low certainty evidence, high-quality replications and improved study designs (e.g. a consensus on the definition of resilience, the assessment of individual stressor exposure, more attention controls, and longer follow-up periods) are clearly needed. (Author)

**Full URL:** <https://doi.org/10.1002/14651858.CD013684>

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## 2024-07417

**Psychological interventions to foster resilience in healthcare professionals (Cochrane Review).** Kunzler AM, Helmreich I, Chmitorz A, et al (2020), Cochrane Database of Systematic Reviews issue 7, 5 July 2020, Art No.: CD012527

### Background

Resilience can be defined as the maintenance or quick recovery of mental health during or after periods of stressor exposure, which may result from a potentially traumatising event, challenging life circumstances, a critical life transition phase, or physical illness. Healthcare professionals, such as nurses, physicians, psychologists and social workers, are exposed to various work-related stressors (e.g. patient care, time pressure, administration) and are at increased risk of developing mental disorders. This population may benefit from resilience-promoting training programmes.

### Objectives

To assess the effects of interventions to foster resilience in healthcare professionals, that is, healthcare staff delivering direct medical care (e.g. nurses, physicians, hospital personnel) and allied healthcare staff (e.g. social workers, psychologists).

### Search methods

We searched CENTRAL, MEDLINE, Embase, 11 other databases and three trial registries from 1990 to June 2019. We checked reference lists and contacted researchers in the field. We updated this search in four key databases in June 2020, but we have not yet incorporated these results.

### Selection criteria

Randomised controlled trials (RCTs) in adults aged 18 years and older who are employed as healthcare professionals, comparing any form of psychological intervention to foster resilience, hardiness or post-traumatic growth versus no

intervention, wait-list, usual care, active or attention control. Primary outcomes were resilience, anxiety, depression, stress or stress perception and well-being or quality of life. Secondary outcomes were resilience factors.

#### Data collection and analysis

Two review authors independently selected studies, extracted data, assessed risks of bias, and rated the certainty of the evidence using the GRADE approach (at post-test only).

#### Main results

We included 44 RCTs (high-income countries: 36). Thirty-nine studies solely focused on healthcare professionals (6892 participants), including both healthcare staff delivering direct medical care and allied healthcare staff. Four studies investigated mixed samples (1000 participants) with healthcare professionals and participants working outside of the healthcare sector, and one study evaluated training for emergency personnel in general population volunteers (82 participants). The included studies were mainly conducted in a hospital setting and included physicians, nurses and different hospital personnel (37/44 studies).

Participants mainly included women (68%) from young to middle adulthood (mean age range: 27 to 52.4 years). Most studies investigated group interventions (30 studies) of high training intensity (18 studies; > 12 hours/sessions), that were delivered face-to-face (29 studies). Of the included studies, 19 compared a resilience training based on combined theoretical foundation (e.g. mindfulness and cognitive-behavioural therapy) versus unspecific comparators (e.g. wait-list). The studies were funded by different sources (e.g. hospitals, universities), or a combination of different sources. Fifteen studies did not specify the source of their funding, and one study received no funding support.

Risk of bias was high or unclear for most studies in performance, detection, and attrition bias domains.

At post-intervention, very-low certainty evidence indicated that, compared to controls, healthcare professionals receiving resilience training may report higher levels of resilience (standardised mean difference (SMD) 0.45, 95% confidence interval (CI) 0.25 to 0.65; 12 studies, 690 participants), lower levels of depression (SMD -0.29, 95% CI -0.50 to -0.09; 14 studies, 788 participants), and lower levels of stress or stress perception (SMD -0.61, 95% CI -1.07 to -0.15; 17 studies, 997 participants). There was little or no evidence of any effect of resilience training on anxiety (SMD -0.06, 95% CI -0.35 to 0.23; 5 studies, 231 participants; very-low certainty evidence) or well-being or quality of life (SMD 0.14, 95% CI -0.01 to 0.30; 13 studies, 1494 participants; very-low certainty evidence). Effect sizes were small except for resilience and stress reduction (moderate). Data on adverse effects were available for three studies, with none reporting any adverse effects occurring during the study (very-low certainty evidence).

#### Authors' conclusions

For healthcare professionals, there is very-low certainty evidence that, compared to control, resilience training may result in higher levels of resilience, lower levels of depression, stress or stress perception, and higher levels of certain resilience factors at post-intervention.

The paucity of medium- or long-term data, heterogeneous interventions and restricted geographical distribution limit the generalisability of our results. Conclusions should therefore be drawn cautiously. The findings suggest positive effects of resilience training for healthcare professionals, but the evidence is very uncertain. There is a clear need for high-quality replications and improved study designs. (Author)

**Full URL:** <https://doi.org/10.1002/14651858.CD012527.pub2>

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#### 2024-07404

##### **Education and training for preventing and minimizing workplace aggression directed toward healthcare workers**

**(Cochrane Review).** Geoffrion S, Hills DJ, Ross HM, et al (2020), Cochrane Database of Systematic Reviews issue 9, 8 September 2020, Art No.: CD011860

#### Background

Workplace aggression constitutes a serious issue for healthcare workers and organizations. Aggression is tied to physical and mental health issues at an individual level, as well as to absenteeism, decreased productivity or quality of work, and high employee turnover rates at an organizational level. To counteract these negative impacts, organizations have used a variety of interventions, including education and training, to provide workers with the knowledge and skills needed to prevent aggression.

## Objectives

To assess the effectiveness of education and training interventions that aim to prevent and minimize workplace aggression directed toward healthcare workers by patients and patient advocates.

## Search methods

CENTRAL, MEDLINE, Embase, six other databases and five trial registers were searched from their inception to June 2020 together with reference checking, citation searching and contact with study authors to identify additional studies.

## Selection criteria

Randomized controlled trials (RCTs), cluster-randomized controlled trials (CRCTs), and controlled before and after studies (CBAs) that investigated the effectiveness of education and training interventions targeting aggression prevention for healthcare workers.

## Data collection and analysis

Four review authors evaluated and selected the studies resulting from the search. We used standard methodological procedures expected by Cochrane. We assessed the certainty of evidence using the GRADE approach.

## Main results

We included nine studies—four CRCTs, three RCTs, and two CBAs—with a total of 1688 participants. Five studies reported episodes of aggression, and six studies reported secondary outcomes. Seven studies were conducted among nurses or nurse aides, and two studies among healthcare workers in general. Three studies took place in long-term care, two in the psychiatric ward, and four in hospitals or health centers. Studies were reported from the United States, Switzerland, the United Kingdom, Taiwan, and Sweden.

All included studies reported on education combined with training interventions. Four studies evaluated online programs, and five evaluated face-to-face programs. Five studies were of long duration (up to 52 weeks), and four studies were of short duration. Eight studies had short-term follow-up (< 3 months), and one study long-term follow-up (> 1 year). Seven studies were rated as being at "high" risk of bias in multiple domains, and all had "unclear" risk of bias in a single domain or in multiple domains.

## Effects on aggression

### Short-term follow-up

The evidence is very uncertain about effects of education and training on aggression at short-term follow-up compared to no intervention (standardized mean difference [SMD] -0.33, 95% confidence interval [CI] -1.27 to 0.61, 2 CRCTs; risk ratio [RR] 2.30, 95% CI 0.97 to 5.42, 1 CBA; SMD -1.24, 95% CI -2.16 to -0.33, 1 CBA; very low-certainty evidence).

### Long-term follow-up

Education may not reduce aggression compared to no intervention in the long term (RR 1.14, 95% CI 0.95 to 1.37, 1 CRCT; low-certainty evidence).

## Effects on knowledge, attitudes, skills, and adverse outcomes

Education may increase personal knowledge about workplace aggression at short-term follow-up (SMD 0.86, 95% CI 0.34 to 1.38, 1 RCT; low-certainty evidence). The evidence is very uncertain about effects of education on personal knowledge in the long term (RR 1.26, 95% CI 0.90 to 1.75, 1 RCT; very low-certainty evidence). Education may improve attitudes among healthcare workers at short-term follow-up, but the evidence is very uncertain (SMD 0.59, 95% CI 0.24 to 0.94, 2 CRCTs and 3 RCTs; very low-certainty evidence). The type and duration of interventions resulted in different sizes of effects. Education may not have an effect on skills related to workplace aggression (SMD 0.21, 95% CI -0.07 to 0.49, 1 RCT and 1 CRCT; very low-certainty evidence) nor on adverse personal outcomes, but the evidence is very uncertain (SMD -0.31, 95% CI -1.02 to 0.40, 1 RCT; very low-certainty evidence).

Measurements of these concepts showed high heterogeneity.

#### Authors' conclusions

Education combined with training may not have an effect on workplace aggression directed toward healthcare workers, even though education and training may increase personal knowledge and positive attitudes. Better quality studies that focus on specific settings of healthcare work where exposure to patient aggression is high are needed. Moreover, as most studies have assessed episodes of aggression toward nurses, future studies should include other types of healthcare workers who are also victims of aggression in the same settings, such as orderlies (healthcare assistants). Studies should especially use reports of aggression at an institutional level and should rely on multi-source data while relying on validated measures. Studies should also include days lost to sick leave and employee turnover and should measure outcomes at one-year follow-up. Studies should specify the duration and type of delivery of education and should use an active comparison to prevent raising awareness and reporting in the intervention group only. (Author)

Full URL: <https://doi.org/10.1002/14651858.CD011860.pub2>

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#### 2024-07304

**The wellbeing shelf: A mixed methods study exploring the impact of a resilience web resource for first year nursing and midwifery students.** Hughes C, O'Neill D, Mitchell G, et al (2024), Nurse Education Today 4 June 2024, online

#### Background

Nurturing a resilient nursing and midwifery workforce is vital for the National Health Service's sustainability. Higher Education Institutions (HEIs) must support students, given the challenges and attrition rates. Nursing and midwifery education uniquely balances tuition and placements, posing challenges, especially for first-year students, who face stressors including lack of familiarity, knowledge gaps, and emotional exposure.

#### Objectives

This study aimed to introduce and evaluate a co-designed web-based intervention called 'The Wellbeing Shelf' to enhance resilience among first-year nursing and midwifery students.

#### Design

An exploratory mixed methods approach was employed, combining quantitative pre- and post-intervention questionnaires and qualitative focus groups.

#### Settings and participants

The study involved 353 first-year nursing and midwifery students at Queen's University Belfast.

#### Methods

'The Wellbeing Shelf' was developed through co-design workshops. Quantitative measures included the Connor Davidson Resilience Scale (CD-RISC) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Qualitative data were collected through focus group interviews.

#### Results

Quantitative data showed a decrease in both resilience and wellbeing scores over time. The CD-RISC scores decreased significantly from Time 1 to Time 3. Qualitative findings revealed three themes: "Acquiring" knowledge about wellbeing, "Actioning" self-care strategies, and "Advocating" for self-care among peers and family.

#### Conclusions

The study introduced 'The Wellbeing Shelf' as a resource to enhance resilience among nursing and midwifery students. Whilst the resource offered a variety of activities and fostered a sense of belonging, challenges in resource accessibility and student confidence were identified. The study also highlighted the importance of students advocating for self-care practices. Despite the resource's introduction, resilience and wellbeing scores decreased over time, suggesting a need for further research and potentially a control group. Understanding the initial lower resilience of nursing and midwifery students is crucial for future interventions in this high-demand program. (Author)

Full URL: <https://doi.org/10.1016/j.nedt.2024.106265>

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#### 2024-06786

**Slovenian midwifery students and their self-estimation of mindfulness: A cross-sectional study with modified MAAS.**

Turin L, Mivšek PA (2024), European Journal of Midwifery vol 8, April 2024, p 16

#### Introduction:

We investigate the level of mindfulness among midwifery students, as mindfulness can have a major impact on their perception of stress and can increase the quality of their work after graduation.

#### Methods:

A causal, non-experimental method of a cross-sectional study was used. We collected data using an online questionnaire that included a valid modified Mindful Attention Awareness Scale - MAAS. The sample consisted of Slovenian midwifery students in academic year 2022–2023.

#### Results:

Fifty-five Slovenian midwifery students (82% response rate) participated in the study. The average score of all midwifery students on the 5-Likert modified MAAS was 3.2, with the lowest average score among second-year students. Those students who practiced mindfulness techniques in their free time had higher average scores than those who did not.

#### Conclusions:

The average MAAS score of our midwifery students was lower than in other foreign studies among nursing students. The study program should promote student mindfulness. This would benefit the graduates also later, when employed, as investing in midwives' well-being improves both their job satisfaction and women's experience of care. The Slovenian curriculum is often perceived as overwhelming by students. This might be the reason for their low mindfulness scores. Further analysis of the curriculum is needed to find solutions on how to integrate mindfulness techniques into the undergraduate curriculum. (Author)

Full URL: <https://doi.org/10.18332/ejm/185649>

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#### 2024-06764

**Midwives' work-related fear and anxiety and its impact on their wellbeing and performance. A qualitative study of perceived anxiety in community midwives.** van den Heuvel DH, Kool LE, Nelson TL, et al (2023), *European Journal of Midwifery* vol 7, November 2023, p 34

#### Introduction:

Working with acute situations is usually part of midwifery practice. In the Netherlands the community midwives work in a context where they are mostly the sole decision-makers and policymakers and often do not have the support of a multidisciplinary team during a birth. How Dutch community midwives maintain their emotional hygiene is not known. This study aims to explore how Dutch midwives perceive fear and its influence on their performance.

#### Methods:

This is a qualitative study with semi-structured interviews of 19 Dutch community midwives between October 2018 and January 2019.

#### Results:

Four themes were identified: 1) midwives' perceptions of fear and anxiety, 2) how years of experience affect fear and anxiety, 3) influence of the work content; and 4) implications for performance. Midwives perceived fear in acute situations where maternal and/or fetal complications were imminent. Participants perceived anxiety either as helpful or a hindrance. Awareness of these feelings helps them to regulate whether or not to give in to these feelings.

#### Conclusions:

Our findings suggest similar perspectives on fear in Dutch community midwives compared to previous outcomes. In the Netherlands, midwives seem reluctant to talk about fear and anxiety in the profession. The awareness of these emotions occurring while working is essential for the wellbeing of midwives, as well as the importance of knowing how to act on fear and anxiety. (Author)

Full URL: <https://doi.org/10.18332/ejm/172574>

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#### 2024-04435

**Perinatal death witnessed by midwifery students during clinical practice and their coping methods: A qualitative study.** Sökmen Y, Koç Z (2024), *Nurse Education Today* vol 136, May 2024, 106135

#### Objective

The aim of this study was to determine the perinatal death experience of midwifery students during clinical practice

and their coping methods.

#### Design

A qualitative, descriptive, phenomenological design was used.

#### Settings

The study was conducted with midwifery students.

#### Participants

The study was conducted with 14 midwifery students at a state university in northern Turkey between April and July 2023.

#### Methods

Perinatal death experiences that students witnessed during clinical practice and their coping methods were analyzed using the individual in-depth interview technique. Data were analyzed using the thematic analysis method. The results obtained from the study were reported according to the COREQ criteria.

#### Findings

As a result of the analysis, four main themes: (1) the perception of the concept of death, (2) the first encounter with death, (3) methods of coping with death, and (4) students' suggestions were elicited from the data. Students who witnessed perinatal death were affected by this situation, experienced negative emotions, and resorted to different methods to cope with their negative feelings about death.

#### Conclusions

Midwifery students who witnessed perinatal death were negatively affected emotionally and professionally; therefore, education and policy-oriented regulations are needed to cope with perinatal death. (Author)

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#### 2024-03106

**'20-Minute Care Space with Breakfast' – Findings from a pilot staff support programme.** Munden B, Weil S, Cook N (2024), *Journal of Neonatal Nursing* vol 30, no 3, June 2024, pp 297-299

Neonatal intensive care staff often manage high-stress levels, moral injury, and compassion fatigue. Given the recent drive to create compassionate and inclusive work cultures within the National Health Service (NHS) and based on staff feedback within the Evelina Neonatal Unit, we introduced the "20-Minute Care Space with Breakfast", a brief and structured form of reflective practice (Flowers et al., 2018) based on principles of compassion, prevention, and systems change.

Anonymous feedback gathered from 21 participants suggests that these sessions were generally experienced as helpful (52%) or extremely helpful (33%) and were felt to be an opportunity to take a break, connect with colleagues, and consider self-care. A significant majority of participants also said they would recommend the "20-Minute Care Spaces with Breakfast" to colleagues (86%, N = 18).

This concise and contained intervention was found to be effective and popular and will be repeated within this unit; the support and buy-in of senior ward management is considered an important factor in encouraging attendance within a busy and often short-staffed environment. (Author)

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#### 2024-02925

**Working with the menopause.** Royal College of Midwives (2022), October 2022. 9 pages

This updated edition of the guidance on working with the menopause, is one of the series of Royal College of Midwives (RCM) Equality and Diversity publications. It has been produced for RCM Workplace Reps and members to help them in the workplace and provides information about the menopause including symptoms, the effect that the menopause can have in the workplace and how employers can help. (EA)

Full URL: [https://www.rcm.org.uk/media/6392/working-with-the-menopause\\_guide.pdf](https://www.rcm.org.uk/media/6392/working-with-the-menopause_guide.pdf)

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#### 2024-00835

**Dispositional stress coping styles and mental health in NICU nurses.** Barr P (2024), *Journal of Neonatal Nursing* vol 30, no 3,

The research reported herein is an observational, cross-sectional, correlational self-report questionnaire study of the relationships between stress coping styles (Brief COPE) and mental health (Mental Health Inventory) in NICU nurses. The multivariate analyses show positive reframing and self-blame coping styles have notable respective adaptive and maladaptive relationships with psychological distress, hopelessness, and emotional well-being. The findings suggest NICU nurses' mental health may be strengthened by (i) enhancing their positive reframing coping skills, (ii) ensuring they understand the differences between characterological and behavioural self-blame, and (iii) helping them accommodate morally warranted feelings of shame and guilt. (Author)

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## 2023-12869

**Suicidal thoughts and behaviours among student nurses and midwives: A systematic review.** Groves S, Lascelles K, Hawton K (2024), *Journal of Advanced Nursing* vol 80, no 6, June 2024, pp 2202-2213

### Aim

To synthesize research investigating suicide, suicide attempts, self-harm and suicide ideation in nursing and midwifery students, a group of interest due to high rates of suicide among qualified nurses. Specific areas of interest for this review included prevalence, factors which may contribute to or mitigate risk and suicide prevention interventions.

### Design

A systematic review was conducted, and Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were followed.

### Data Sources

Three electronic databases were searched, and additional articles identified using hand-searching. Studies were included if they examined suicide, suicide attempts, self-harm or suicide ideation in nursing or midwifery students.

### Review Methods

Studies were deduplicated and assessed for inclusion. Data from included studies were extracted, quality of studies assessed and data synthesized, informed by study focus, design and assessed quality.

### Results

About 46 studies of largely moderate to low quality were identified. A high-quality study demonstrated increased risk of suicide in Swedish female nursing students, and increased risk of self-harm in nursing students of both sexes. Prevalence of suicide ideation did not appear to differ across course year, or between nursing students and students on other programmes. Psychiatric conditions, particularly depression, were associated with suicide ideation. Three studies related to suicide prevention interventions were identified. Integration of wellness initiatives into the curriculum and peer support were preferred interventions among nursing students and teaching staff.

### Conclusions

To understand the extent of suicide and self-harm among nursing and midwifery students there is a need for further epidemiological research stratified by programme of study. To develop prevention interventions and initiatives for nursing students, high-quality longitudinal studies should examine characteristics associated with suicide and self-harm.

### Impact

Current findings suggest interventions could include support for students experiencing mental health difficulties, foster peer support, and help develop wellness.

No patient or public contribution. (Author)

Full URL: <https://doi.org/10.1111/jan.15982>

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## 2023-11899

**Compassion fatigue: A meta-narrative review of the healthcare literature.** Sinclair S, Raffin-Bouchal S, Venturato L, et al (2017), *International Journal of Nursing Studies* vol 69, April 2017, pp 9-24

Background: Compassion fatigue describes a work-related stress response in healthcare providers that is considered a 'cost of caring' and a key contributor to the loss of compassion in healthcare.

**Objective:** The purpose of this review was to critically examine the construct of compassion fatigue and to determine if it is an accurate descriptor of work-related stress in healthcare providers and a valid target variable for intervention.

**Design:** Meta-narrative review.

**Data sources:** PubMed, Medline, CINAHL, PsycINFO, and Web of Science databases, Google Scholar, the grey literature, and manual searches of bibliographies.

**Review methods:** Seminal articles and theoretical and empirical studies on compassion fatigue in the healthcare literature were identified and appraised for their validity and relevance to our review. Sources were mapped according to the following criteria: 1) definitions; 2) conceptual analyses; 3) signs and symptoms; 4) measures; 5) prevalence and associated risk factors; and 6) interventions. A narrative account of included studies that critically examines the concept of compassion fatigue in healthcare was employed, and recommendations for practice, policy and further research were made.

**Results:** 90 studies from the nursing literature and healthcare in general were included in the review. Findings emphasized that the physical, emotional, social and spiritual health of healthcare providers is impaired by cumulative stress related to their work, which can impact the delivery of healthcare services; however, the precise nature of compassion fatigue and that it is predicated on the provision of compassionate care is associated with significant limitations. The conceptualization of compassion fatigue was expropriated from crisis counseling and psychotherapy and focuses on limited facets of compassion. Empirical studies primarily measure compassion fatigue using the Professional Quality of Life Scale, which does not assess any of the elements of compassion. Reported risk factors for compassion fatigue include job-related factors, fewer healthcare qualifications and less years experience; however, there is no research demonstrating that exemplary compassionate carers are more susceptible to 'compassion fatigue'.

**Conclusion:** In the last two decades, compassion fatigue has become a contemporary and iconic euphemism that should be critically reexamined in favour of a new discourse on healthcare provider work-related stress. (Author)

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## **2023-11411**

**What Are Human Factors And Ergonomics?.** Elliott-Mainwaring H, Phillips C, Bowie P (2023), The Practising Midwife vol 26, no 9, October 2023, pp 20-24

This is the second of four co-written papers for the Advancing Practice series. In our first paper published in The Practising Midwife July 2023 issue, we explored patient safety in maternity and midwifery care. Here, we discuss 'Human Factors and Ergonomics' within healthcare, maternity and midwifery. The reflection points throughout this Advancing Practice piece are adapted from the NHS Education for Scotland's Safety Culture Discussion Cards.<sup>1</sup> In this paper, we hope to support midwives' understanding of the current maternity safety landscape via a Human Factors perspective. (Author)

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## **2023-11212**

**Problematic substance use: an assessment of workplace implications in midwifery.** Pezaro S, Maher K, Bailey E, et al (2021), Occupational Medicine vol 71, no 9, December 2021, pp 460–466

Background

Problematic substance use (PSU) poses occupational, personal and professional risks. As an occupational group, midwives have been under-represented in research on PSU.

Aims

The aim of this study was to assess self-reported occurrences of PSU, help-seeking behaviours and barriers, and perceptions of impairment in UK-based midwives.

Methods

Self-selecting registered midwives were anonymously surveyed using the Tobacco, Alcohol, Prescription Medications, and Substance Use/Misuse (TAPS) tool, the Perceptions of Nursing Impairment Inventory (PNII) and open-ended/closed questions. Quantitative data were used to explore PSU, help-seeking and attitudes to impairment. Qualitative responses were used to provide richer understandings.

Results

From 623 completed surveys, 28% (n = 176) self-reported PSU in response to work-related stress and anxiety, bullying, traumatic clinical incidents and maintenance of overall functioning. PSU was related to alcohol and a range of restricted drugs. While 11% of those affected indicated they had sought help, 27% felt they should seek help but did not. Reported barriers to help-seeking included fear of repercussions, shame, stigma, practicalities and a perceived lack of support either available or required. Perceptions of impairment were predominantly compassionate with a minority of stigmatizing attitudes displayed.

#### Conclusions

Overall, 10% of the sample reported they had attended work under the influence of alcohol, and 6% under the influence of drugs other than tobacco or those as prescribed to them. Furthermore, 37% indicated concern about a colleague's substance use. As stigmatizing attitudes and punitive actions can dissuade help-seeking, changed perceptions and policies which favour alternatives to discipline are suggested to reduce the risk overall. (Author)

Full URL: <https://doi.org/10.1093/occmed/kqab127>

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#### 2023-10178

##### **Towards a healthy and sustainable workforce for the future: the current health and wellbeing of the nursing and midwifery workforce in Wales.** Gray BJ, Bright D, Bolton S (2020), Cardiff: Public Health Wales 2020. 62 pages

The work undertaken by nursing and midwifery staff is at times rewarding as well as physically and emotionally challenging. Clearly enabling individual staff to make healthy lifestyle choices and achieve a balance between work and home-life is good for the practitioner as well as ensuring we have a healthy workforce. Equally important, however, is how employers support staff who find themselves unwell undergoing life experiences such as childbirth or bereavement, or are struggling to cope with their mental health.

Welsh Government has been developing policies aimed at improving the health and wellbeing of the population, which includes the section of the population in work. The most recent of these is the Healthy Weight: Healthy Wales (2019) strategy, which is a 10 year long-term plan to prevent and reduce obesity in Wales. There are four themes included in the plan: healthy environments; healthy settings; healthy people; and leadership and enabling change. The strategy sets out incremental changes designed to enable individuals to care for themselves as well as actions we can take to improve our environment. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/towards-a-healthy-and-sustainable-workforce-for-the-future1/>

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#### 2023-10177

##### **Health and wellbeing of the nursing and midwifery workforce in Wales during the COVID-19 pandemic.** Gray BJ, Kyle RG, Davies AR (2022), Cardiff: Public Health Wales 2022. 30 pages

Public Health Wales have played a key role in understanding the health and wellbeing of the nursing and midwifery workforce. This second report building on the previously published Towards a Healthy and Sustainable Workforce for the Future provides an overview of current and emerging health and wellbeing challenges of working during the COVID-19 pandemic. For the first time, this new report includes the full spectrum of the workforce from student nurses and midwives to our senior colleagues. These insights will help shape our national strategy and organisational policies to ensure we have a sustainable, able, and well workforce for the future. This report shows that supporting staff health and wellbeing should remain at the heart of our plans to attract, value and retain our talented and dedicated health and care workforce in Wales. We are keeping a very close eye on whether people leave the NHS due to pressures brought on by the pandemic and at the same time are supporting retention through a range of policies to enhance engagement and wellbeing to support people to remain in work. As we continue to live with the impact of the pandemic it is imperative to ensure that mechanisms are in place to provide the support our health and care workforce needs. We will continue to work closely and collaboratively with our partners across Wales to monitor the impact of the pandemic and assess the support needed. This is more important now than ever. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/health-and-wellbeing-of-the-nursing-and-midwifery-workforce-in-wales-during-the-covid-19-pandemic/>

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#### 2023-10172

##### **Factors that influence midwives' leaving intentions: A moral imperative to intervene.** Moncrieff G, Cheyne H, Downe S, et al (2023), Midwifery Volume 125, October 2023, 103793

Appropriate employee retention is essential for optimal functioning of any organisation. The REMAIN (REsearching why Midwives stAy or leave to Improve retention) study is designed to develop an evidence-based retention programme for midwives in the UK. Maternity services are caught in a self-perpetuating cycle of staff loss, impacting on the quality and safety of care, and the mental health and leaving intentions of remaining staff. Current retention

strategies may not address the root causes of attrition for midwives, or strengthen factors that have been found to encourage midwives to stay. The REMAIN study is designed to develop a retention programme built on this knowledge base, and to be acceptable and feasible to sustainably implement. (Author, edited)

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### 2023-09958

**Midwives' morale, recruitment and retention – a rapid scoping review with some observations from the profession of social work.** Manthorpe J, Baginsky M (2023), London: NIHR August 2023. 52 pages

There have been several studies of the midwifery profession and midwifery services in the context of the Covid-19 pandemic and beyond. These often refer to 'underlying' problems among which low morale is at times directly or indirectly mentioned. Indeed, the subjects of recruitment and retention in the profession have a long history of research exploration. This review synthesises some of the evidence on what makes a positive difference to the morale, recruitment, retention of the maternity workforce. It mentions the strength and relevance of that evidence: in terms of the types of studies conducted, the methods used, the research quality and the feasibility of their recommendations. The focus is on midwives, of whom 22,323 (full time equivalents) were working in the NHS in England in January 2023 (NHS Workforce Statistics 2023) although the number of midwives on the Nursing and Midwifery Council (NMC) register is higher – at 40,165 in May 2022. (Author)

Full URL: <https://doi.org/10.18742/pub01-125>

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### 2023-09303

**What is known about midwives' well-being and resilience? An integrative review of the international literature.**

Moran L, Foster K, Bayes S (2023), Birth vol 50, no 4, December 2023, pp 672-688

#### Background

Internationally, the midwifery workforce is facing a professional crisis due to numerous organizational and individual factors that have led to midwives leaving the profession. These factors include high levels of workplace stress, systemic barriers to providing woman and person-centered care, trauma, and burnout. The COVID-19 pandemic magnified these pre-existing stressors and adversities and has further disrupted midwives' ability to practice within their professional norms. In order to understand how midwives can be better supported, there is a need to understand what contributes to and detracts from their well-being and resilience.

#### Aim

To investigate and synthesize the extant international knowledge on midwives' well-being and resilience in the context of workplace stress and adversity.

#### Method

Integrative review of the literature published in peer-reviewed journals.

#### Results

Thematic analysis of the literature resulted in three core themes: (1) risk factors and adversity; (2) protective factors and resilience; and (3) sustaining factors and well-being in midwifery. Findings from this integrated review highlight that several factors associated with workplace adversity can also be sources of protection depending on their presence or absence. Within the included studies, there exists a broad use of concepts and definitions that are applied to well-being and resilience, resulting in a lack of uniformity and cohesion.

#### Conclusions

In this review, we identified a high level of workplace adversity and the subsequent impacts on midwives' well-being and resilience. A series of protective factors and strategies that can be used to improve the well-being of midwives and support resilience within the profession were also identified; however, further research of the population is required. In addition, the development of cohesive well-being and resilience concepts specific to midwifery is recommended, as is the development and application of uniform terminologies and definitions. (Author)

Full URL: <https://doi.org/10.1111/birt.12756>

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### 2023-09121

**Workplace resilience – Who's job is it anyway?.** Hogan K (2023), Midwifery Matters no 176, Spring 2023, pp 28-29

Discusses the role of the organisation in assisting staff to build resilience and maintain a healthy workforce. (MB)

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## 2023-06710

**Hazardous Terrain-Part 1: The Emotional Landscape of Midwifery.** Greenstock K (2023), *The Practising Midwife* vol 26, no 6, June 2023, pp 8-13

The first research and study of trauma exposure and its impact on midwives was published as recently as 2013. The last decade has seen plenty written in academic literature about the occupational hazards of midwifery. Very little of it has reached the everyday midwife in NHS practice or the student midwife in educational settings. This article seeks to bridge the gap-bringing current research into plain sight so that midwives can begin to feel the relief of 'It's not just me...' and stop self-blaming with 'I'm not cut out for this'. The pandemic and current staffing crisis has made it even more obvious that there is a need for clarity and action around our psychological realities. (Author)

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## 2023-06536

**Moral distress in midwifery practice: A Delphi study.** Foster W, McKellar L, Fleet J-A, et al (2023), *Women and Birth: Journal of the Australian College of Midwives* vol 36, no 5, September 2023, pp e544-e555

### Background

Moral distress is a psychological concept that describes the harm associated with actions or inactions that oppose an individuals' moral beliefs. Moral distress is linked to moral compromise in the workplace that may negatively impact mental wellbeing. Current tools available to assess moral distress are not specific for the Australian health care system or midwifery practice.

### Aim

The aim of this study was to develop a list of situational and outcome statements associated with moral compromise and levels of moral distress in midwifery to inform the development of a tool to measure levels of moral distress in midwives.

### Methods

This e-Delphi study was the third stage of a sequential exploratory mixed-methods study. Using an online strategy, three iterative rounds of e-Delphi were collected and analysed for consensus on situations leading to moral distress and the associated psychological outcomes.

### Findings

Twenty participants contributed across the three rounds. Consensus was met in 40 morally compromising situation statements. The highest level of consensus related to excessive workloads and the associated negative impact of this on women and families. Consensus on outcomes following exposure to morally distressing situations led to the development of a continuum scale from moral frustration to moral injury.

### Discussion/conclusion

This is the first study to use a consensus method to establish different levels of moral compromise, frustration, distress, and injury in midwifery practice. The findings of this study contribute to a growing body of literature that supports the concept of moral distress occurring across a continuum. (Author)

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## 2023-05917

**Exploring midwives' emotional wellbeing: evaluation of a survey using cognitive interviews.** Dent J, Smeeton N, Whiting L, et al (2023), *British Journal of Midwifery* vol 31, no 5, May 2023

### Background/Aims

Surveys are a popular method of collecting data to explore factors associated with midwives' emotional wellbeing. However, existing survey instruments lack consideration of how working practices may influence outcomes. This study aimed to test the face and content validity of a new instrument by assessing midwives' comprehension of bespoke survey items.

### Methods

A total of 24 cognitive interviews were conducted with midwives working across the UK. A framework matrix method facilitated descriptive and explanatory analysis of the interpretation of survey items. Interviews were followed by a discussion group with midwifery academics to help identify optimal wording of one problematic survey question.

### Results

A range of potential comprehension and response problems were identified, resulting in modifications and the addition of new survey items.

### Conclusions

Cognitive interviews can be an effective method to confirm the relevance and usability of bespoke survey items and offer opportunities to improve wording to reduce potential sources of error, thus enhancing the face and content validity of surveys. (Author)

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#### **2023-05444**

**A multi-method quasi-experimental study to assess compassion satisfaction/fatigue in nurses, midwives and allied health professionals receiving a narrative medicine intervention.** Dobrina R, Bicego L, Giangreco M, et al (2023), *Journal of Advanced Nursing* vol 79, no 9, September 2023, pp 3595-3608

##### Aims

To: (1) measure the impact of a narrative medicine intervention on compassion fatigue and compassion satisfaction of nurses, midwives and allied health professionals; (2) explore participants' working experiences and (3) their impressions of the intervention.

##### Design

Multi-methods, quasi-experimental before-after intervention design.

##### Methods

The intervention consisted of 20 narrative medicine sessions (60 h). Healthcare providers (N = 48) from a mother-and-child hospital in Italy completed the 'Professional quality of life' questionnaire before and after the intervention (January 2020–April 2021). Baseline scores served as internal controls. Open-ended questions explored participants' touching experiences at work and their evaluation of the intervention. A thematic content analysis was performed. Reporting followed the TREND and SRQR guidelines.

##### Results

The differences before-after intervention in compassion satisfaction or fatigue scores were not statistically significant. Three themes emerged from participants' touching experiences: "Witnessing death and sufferance"; "Witnessing violence" and "Organizational stressors during COVID-19". A statistically significantly higher median score for post-intervention compassion satisfaction was found among participants who reported at least one touching experience compared to those who had no touching experience. Four themes emerged from the reported strengths of the program: "Learning to exteriorize feelings"; "Team building"; "Useful to rework personal/professional journey" and "Develops professional empowerment". Two themes emerged from reported weaknesses: "Programme organization" and "Participants' difficulties in sharing experiences".

##### Conclusion

A time-limited narrative medicine intervention is not sufficient to produce significant changes in satisfaction or compassion fatigue, especially if implemented during a pandemic. However, such an intervention holds promise for supporting nurses and midwives' professional empowerment and promoting continuity of compassionate care.

##### Impact

For those at risk of compassion fatigue, policymakers need to invest in training in narrative medicine, which promotes team building, and employee well-being and thus favours compassionate care. Such programmes should be offered to undergraduate students to nurture compassion and attention to self.

##### Patient or Public Contribution

Does not apply as the study only includes health care providers. (Author)

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#### **2023-04218**

**Can restorative clinical supervision positively impact the psychological safety of midwives and nurses?.** Carter V (2022), *British Journal of Nursing* vol 31, no 15, August 2022

Restorative clinical supervision (RCS) and the introduction of professional midwife and nurse advocates (PMAs/PNAs) have gained validation and momentum since the process was introduced via the A–Equip (Advocating and Educating for Quality Improvement) model for midwifery supervision and support.

The RCS model is multifunctional and has been identified as having widespread benefits for both those providing health care and those using services. (Author)

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**2023-03879**

**A mixed-method study exploring barriers and facilitators to midwives' mental health in Ontario.** Darling EK, Grenier LN, MacKenzie RK, et al (2023), BMC Women's Health vol 23, no 155, March 2023

#### Background

There is a paucity of information regarding the mental health of midwives working in Ontario, Canada. Many studies have investigated midwives' mental health around the world, but little is known about how the model of midwifery care in Ontario contributes to or negatively impacts midwives' mental health. The aim of the study was to gain a deeper understanding of factors that contribute to and negatively impact Ontario midwives' mental health.

#### Methods

We employed a mixed-methods, sequential, exploratory design, which utilized focus groups and individual interviews, followed by an online survey. All midwives in Ontario who had actively practiced within the previous 15 months were eligible to participate.

#### Findings

We conducted 6 focus groups and 3 individual interviews, with 24 midwives, and 275 midwives subsequently completed the online survey. We identified four broad factors that impacted midwives' mental health: (1) the nature of midwifery work, (2) the remuneration model, (3) the culture of the profession, and (4) external factors.

#### Discussion

Based on our findings and the existing literature, we have five broad recommendations for improving Ontario midwives' mental health: (1) provide a variety of work options for midwives; (2) address the impacts of trauma on midwives; (3) make mental health services tailored for midwives accessible; (4) support healthy midwife-to-midwife relationships; and (5) support improved respect and understanding of midwifery.

#### Conclusion

As one of the first comprehensive investigations into midwives' mental health in Ontario, this study highlights factors that contribute negatively to midwives' mental health and offers recommendations for how midwives' mental health can be improved systemically. (Author)

**Full URL:** <https://doi.org/10.1186/s12905-023-02309-z>

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**2023-02507**

**Together we stand for maternity services: a glimpse into the current crisis.** Tyler S (2023), Royal College of Midwives 23 February 2023, online

The author's personal experience after visiting several maternity units across England. (AS)

**Full URL:** <https://www.rcm.org.uk/news-views/rcm-opinion/2023/together-we-stand-for-maternity-services-a-glimpse-into-the-current-crisis/>

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**2023-01766**

**Nurses' and midwives' perceptions and strategies to cope with perinatal death situations: A systematic literature review.** Garcia-Catena C, Ruiz-Palomino P, Saavedra S, et al (2023), Journal of Advanced Nursing vol 79, no 3, March 2023, pp 910-921

#### Aim

The aim of this paper is to describe the strategies used by nurses and midwives to cope with experiences of dealing with perinatal death and maintain their satisfaction at work.

#### Design

Systematic literature review, in accordance with the PRISMA Declaration.

#### Data Sources

(2000–2021) Web of Science, PubMed, Scopus, CINALH and Dialnet, for articles in English and Spanish from the period between January 2000 and March 2021.

#### Review Methods

The outcome of the review was the perceptions of nurses and midwives who have cared for people in a situation of

perinatal loss.

## Results

Thirteen studies were identified that evaluated the attitudes, experiences and needs of these healthcare professionals. The combined size of all samples was 2196 participants.

## Conclusions

The negative effects on these professionals' satisfaction with their situation at work could be mitigated by covering their needs for knowledge, experience, and emotional and technical skills to deal with such events.

## Impact

As potential protective factors against dissatisfaction in nurses and midwives during perinatal death experiences, we identified older age and experience in perinatal care and coping strategies based on communicating one's feelings to peers, empathetic listening to the families cared for, training and institutional support.

No Patient or Public Contribution. (Author)

Full URL: <https://doi.org/10.1111/jan.15572>

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## 2022-11071

**Recovery from COVID-19: how do we manage and respond to problematic substance use in perinatal staff?** Pezaro S, Maher K (2022), MIDIRS Midwifery Digest vol 32, no 4, December 2022, pp 414-415

Problematic substance use (PSU) in midwifery populations has been under-researched (Pezaro et al 2020). Yet substance use as a means of coping with work strain has continued to increase across a range of health professionals working throughout the COVID-19 pandemic in the United Kingdom (UK) (Gillen et al 2022). As we move towards post-pandemic functioning, the demands on perinatal services are not abating, with continued pressure on resourcing and staffing. Therefore, it is important to ascertain how to effectively manage and respond to PSU in perinatal staff populations for the safety and protection of both the public and the professionals themselves. (Author)

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## 2022-10797

**HSE must remove recruitment red tape before winter plan can work.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 9, November 2022, p 9

COMMENTING on the publication of the HSE Winter Plan last month, the INMO has said removing the bureaucracy around recruitment must be a core tenet of any winter plan. (Author)

Full URL: [https://inmo.ie/World\\_of\\_Irish\\_Nursing](https://inmo.ie/World_of_Irish_Nursing)

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## 2022-10796

**Overcrowding chaos leading to inhumane conditions.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 9, November 2022, p 8

FOLLOWING consultation with emergency department (ED) representatives, the INMO Executive Council last month called for the HSE and government to come up with an immediate operations plan to tackle the chronic and dangerous overcrowding in our emergency departments. (Author)

Full URL: [https://inmo.ie/World\\_of\\_Irish\\_Nursing](https://inmo.ie/World_of_Irish_Nursing)

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## 2022-10494

**Determinants of emotional distress in neonatal healthcare professionals: An exploratory analysis.** Nazzari S, Grumi S, Ciotti S, et al (2022), 29 September 2022, online

Background: High levels of mental health problems have been consistently reported among neonatal healthcare professionals. While studies suggest that personality, coping strategies and safety culture might contribute to the psychological wellbeing of healthcare professionals, they have not been systematically investigated in low-risk (i.e., neonatal wards; NWS) and high-risk (i.e., neonatal intensive care units; NICUs) neonatal contexts. The current study investigated potential predictors of professionals' emotional distress and whether they differ according to the work setting (i.e., NICUs vs. NWS).

Methods: Healthcare professionals (N = 314) from 7 level-3 (i.e., NICUs) and 6 level-2 (i.e., NWS) neonatal units in Tuscany were included. Emotional distress (i.e., anxiety, depression, psychosomatic, post-traumatic stress symptoms

and emotional exhaustion), Behavioral Inhibition System (BIS) and Behavioral Approach System (BAS) sensitivity, coping strategies and safety culture were assessed through well-validated, self-reported questionnaires.

Results: Greater BIS/BAS sensitivity, avoidance coping strategies and a sub-dimension of safety culture (i.e., stress recognition) were significantly associated with greater risk of emotional distress, whereas job satisfaction emerged as a protective factor. Three specific profiles of professionals in term of personality, coping and safety culture were identified and further predicted emotional distress. Neonatal wards and NICUs personnel presented different associations between personality, coping and safety culture.

Conclusion: These findings highlighted significant modifiable contributors of neonatal mental healthcare professionals' wellbeing. Institutional initiatives that target these factors and, particularly, job satisfaction may promote professionals' emotional wellbeing and thus improve caring processes. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2022.968789>

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## 2022-10209

**Fewer Patients per Nurse Does Not Offset Increased Nurse Stress Related to Treatment Uncertainty and Mortality in the Neonatal Intensive Care Unit.** Hagan J, Walden M, Brand MC (2022), *Advances in Neonatal Care* vol 22, no 5, October 2022, pp E152-E158

Background:

Many inpatient healthcare institutions' nurse staffing plans systematically assign fewer patients to nurses when patient acuity is high, but the impact of this strategy on components of nurse stress has not been thoroughly investigated.

Purpose:

To examine the relationship between nurse-to-patient ratio assigned based on NICU patient acuity with the Nurse Stress Scale (NSS) subscales Death and Dying, Conflict with Physicians, Inadequate Preparation, Lack of Support, Conflict with Other Nurses, Work Load, and Uncertainty Concerning Treatment.

Methods:

A survey including the NSS tool items, demographic questions, and a question about nurse-to-patient ratio during the shift was administered. Cronbach's  $\alpha$ , linear regression, and Spearman's correlation were used for data analysis.

Results:

Analysis of the 72 participating NICU nurses' survey responses showed fewer patients per nurse during the shift was negatively correlated with stress related to Death and Dying ( $P < .001$ ) and Uncertainty Concerning Treatment ( $P = .002$ ) subscale scores. This inverse relationship remained significant after controlling for education and years of experience.

Implications for Practice:

The observed higher stress can be inferred to be due to high patient acuity since fewer patients are assigned to nurses caring for high-acuity patients. Improvements in communication to nurses about patients' medical condition, treatment rationale, and information that should be conveyed to the family could reduce nurse stress from treatment uncertainty. Targeted education and counseling could help nurses cope with stress due to patient deaths.

Implications for Research:

Interventions to reduce stress related to treatment uncertainty and death of patients among NICU nurses caring for high-acuity infants should be developed and evaluated. (Author)

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## 2022-09740

**Cross-Sectional Study of the Frequency and Severity of Traumatic Childbirth Events and How They Affect Maternity Care Clinicians.** Robinson KA, Johantgen ME, Storr CL, et al (2023), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 52, no 1, January 2023, pp 84-94

Objective

To describe the frequency and severity of traumatic childbirth events (TCEs) and how they affect the professional practice and personal lives of maternity care clinicians, including registered nurses (RNs), certified nurse-midwives, attending physicians, and resident physicians.

Design

Descriptive cross-sectional study.

## Setting

Maternity units across five hospitals in the Baltimore metropolitan area.

## Participants

Maternity care clinicians (N = 160) including RNs (n = 104), certified nurse-midwives (n = 17), attending physicians (n = 28), and resident physicians (n = 11).

## Methods

Participants completed an online survey to measure the frequency and severity of TCEs and how they affect participants' professional practice and personal lives. We used descriptive statistics to characterize maternity care clinicians and bivariate analysis and linear regression to examine relationships.

## Results

Most participants were women (92.5%), White (62.5%), between the ages of 21 and 54 years (89.4%), RNs (65.0%), and employed full-time (79.2%). Shoulder dystocia was the most frequently observed TCE (90.6%), and maternal death was the most severe TCE (M = 4.82, SD = 0.54). Attending physicians (50.0%) reported a significantly greater frequency of exposure to TCEs than the other participants,  $\chi^2(6) = 23.8$  (n = 159),  $p < .001$ . The frequency of TCEs had a significant medium correlation with perceived effect on professional practice,  $r(154) = 0.415$ ,  $p < .001$ , and personal life,  $r(155) = 0.386$ ,  $p < .001$ . Perception of severity was strongly associated with professional practice,  $\beta = 0.52$ ,  $p < .001$ , and personal life,  $\beta = 0.46$ ,  $p < .001$ .

## Conclusion

If severe, TCE exposure can affect the professional practice and personal life of maternity care clinicians. (Author)

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## 2022-08520

**Because midwives' wellbeing matters: How The Midwives In Mind Project Developed.** South T (2022), *The Practising Midwife* vol 25, no 8, September 2022, pp 8-13

A personal viewpoint is shared on how four midwives, from different parts of Wales, who individually during their careers had an interest in midwives' wellbeing, came together virtually and were involved in a project that developed and eventually became Midwives in Mind. This was made possible by the team members being accepted and brought together during a joint initiative between The Royal College of Midwives and Welsh Government-the Wales Midwifery Leadership Development Group programme. Examples of what's involved in being part of the programme are discussed, and how this led to the creation of an online virtual community on social media which promotes midwives' wellbeing. (Author)

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## 2022-08186

**Recommendations to support the mental wellbeing of nurses and midwives in the United Kingdom: A Delphi study.**

Teoh KR-H, Kinman G, Harriss A, et al (2022), *Journal of Advanced Nursing* vol 78, no 9, September 2022, pp 3048-3060

## Aim

To use the Delphi technique to identify and prioritize recommendations for research and practice to improve the mental wellbeing of nurses and midwives in the United Kingdom (UK).

## Background

Although there is evidence that self-reported mental wellbeing among nurses and midwives in the UK is poor, interventions have not adequately considered the wider context in which they work. The wide range of individual, organizational, occupational and wider sector-level factors that can influence wellbeing requires the involvement of different stakeholders to identify the most pressing actions required.

## Design

A three-round Delphi technique was conducted in 2019.

## Methods

In the first round, 16 subject matter experts generated, reviewed and discussed recommendations from a review of the research evidence with potential to support the mental wellbeing of nurses. A second group with 23 stakeholder representatives then rated and provided feedback on the developed recommendations through two additional rounds. Recommendations that received an 'essential' or 'important' rating from at least 80% of participants were retained and prioritized.

## Results

In total, 45 recommendations met the consensus agreement and were retained. More than half (57%) involved action

at the organizational level, 27% to public policy and 13% to research. Only one recommendation is related to the individual. Collectively, these recommendations highlight the importance of taking direct action to tackle poor mental wellbeing among the workforce and initiating change at the policy and organizational level.

#### Conclusion

Our findings emphasize the need to take a systemic approach to improving the mental health of nurses and midwives in the UK with input from different stakeholders. There is a clear consensus that action is needed at the organization and policy levels, rather than at the individual level as is current practice.

#### Impact

This study provides a framework, alongside a set of practical recommendations, that provides a starting point for different stakeholders to understand, address and support the mental wellbeing of nurses and midwives. Although UK-focused, it has relevance to healthcare workforces internationally. (Author)

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#### 2022-03957

**Revisiting resilience.** Hunter B, Warren L (2022), *The Practising Midwife* vol 25, no 5, May 2022, pp 8-13

In this article we revisit the concept of resilience and what it means for midwifery. We are aware that the idea of 'resilience' is receiving increasingly negative coverage within the midwifery community. However, how resilience is defined and understood seems to have shifted significantly from its original meaning. We consider why that shift might have happened and explore what resilience is and what it isn't. We argue that the original meaning of the concept still has a great deal to offer the profession as we navigate these challenging times. (Author)

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#### 2022-03654

**How much do I belong to my profession? A scale development study: Midwifery Belonging Scale.** Baskaya Y, Sayiner FD, Filiz Z (2020), *Health Care for Women International* vol 41, no 8, 2020, pp 883-898

This study was planned with the purpose of developing a qualified professional belonging scale that may reveal the professional belonging levels of midwives. The study prepared a 30-item, 5-point Likert-type scale containing general question statements related to professional belonging that were prepared as a result of a literature review, focus group meetings and expert opinions. The scale was tested with 300 midwives who were employed in two provinces in Turkey. The obtained data were used to test the scale's validity and reliability. In the validity–reliability analysis of the scale, exploratory factor analysis, Cronbach's alpha coefficient and item-total score correlation were used. As a result of the factor analysis and Varimax rotation, it was determined that the scale consisted of 22 items and had a four-factor structure that explained 63.846% of the total variance. The internal consistency coefficient (Cronbach's alpha) of the scale was calculated as 0.905. It was determined that the scale which was named as the Midwifery Belonging Scale (MBS) is a valid and reliable instrument. (Author)

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#### 2022-02317

**An exploration of the development of resilience in student midwives.** Williams J, Hadley J (2022), *British Journal of Midwifery* vol 30, no 4, April 2022, pp 202-207

#### Background

Resilience has been considered a key personal characteristic for a healthcare professional to be able to cope with the demands of their profession. There is a paucity of research that has considered resilience in midwifery and none has used a resilience scale over the length of the midwifery programme.

#### Methods

A resilience scale was used with one cohort of student midwives on five occasions throughout their midwifery programme.

#### Results

The mean across all of the five scale scores for the 15 participants was 122 (range of mean scores:92–135). The majority of participants (n=13) had average, moderate or moderately high resilience and all student midwives except one increased their resilience between the first and fifth completion of the scale.

#### Conclusions

The true resilience scale is a useful tool to use in midwifery undergraduate programmes to determine the

development of resilience in student midwives. Importantly, the scale could be used at an early opportunity to identify any support needs. (Author)

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#### 2021-11732

**Midwives' strategies for coping with barriers to providing quality maternal and neonatal care: a Glaserian grounded theory study.** Ismaila Y, Bayes S, Geraghty S (2021), BMC Health Services Research vol 21, no 1190, 3 November 2021

##### Background

Midwives face direct and indirect barriers in their workplaces that have negative consequences on their ability to provide quality care to women and neonates, however, they still carry on with their duties. This study aimed at investigating the coping strategies that Ghanaian midwives adopt to be able to complete their work.

##### Methods

Glaserian Grounded theory was used in this study. Data were collected through non-participant observations and semi-structured interviews. The study participants included 29 midwives who worked in labour/birthing environments and a pharmacist, a social worker, a national Health Insurance Scheme manager and a health services manager.

##### Findings

The midwives' motivation due to their strong desire to save the lives of women and neonates and their strong affection for the midwifery profession was identified to help them cope with the barriers that they faced in their workplaces. The midwives' motivation was found to spur actions such as improvising, taking control of the birthing process and the birthing environment and the maintenance of social and professional networks to help them to complete their duties.

##### Conclusion

Ghanaian midwives face myriad barriers in their workplaces; however, they are able to adopt coping strategies that enable them to complete their duties. The provision of care resources for maternity services in the country will reduce the barriers that the midwives face and improve the quality of maternal and neonatal care. In the short term however, pre and post midwifery educational programmes should focus on developing resilience in the midwifery workforce to help midwives cope more effectively with the challenges that they face in their workplaces. (Author)

**Full URL:** <https://doi.org/10.1186/s12913-021-07049-0>

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#### 2021-05244

**An exploration of the development of resilience in student midwives.** Williams J, Lathlean J, Norman K (2021), British Journal of Midwifery vol 29, no 6, June 2021, pp 330-337

Student midwives have to complete a demanding programme to become a midwife, and therefore it is questioned whether they need resilience to be successful. The study's aims were to explore whether resilience developed in one cohort of 25 undergraduate student midwives and what the concept of resilience meant to them. This study adopted a longitudinal case study approach in one Higher Education Institution in England during the first 18 months of their programme. The study used Wagnild and Young's (1993) (updated 2015) True Resilience Scale© (1), administered on three occasions. Additionally, four focus groups were conducted twice and six participants were involved in one-to-one interviews to explore issues raised in the focus group. SPSS Pairwise comparisons revealed that there were significant differences in True Resilience Scale© scores between the first and the second completion ( $p=0.034$ ), and time one and time three ( $p=0.002$ ); there were no significant differences between time two and time three ( $p=1.0$ ). In this cohort of student midwives, the scale showed that the majority had developed their resilience during the study and this was supported in what the students reported. A conceptual model, which defines resilience for student midwives, is presented to strengthen how resilience can be supported and developed. (Author)

1. Wagnild G, Young H. Journal of Nursing Measurement, vol 1, no 2, 1993, pp 165-178

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#### 2021-00906

**Teaching Compassionate Mind Training to help midwives cope with traumatic clinical incidents.** Hollins Martin CJ, Beaumont E, Norris G, et al (2021), British Journal of Midwifery vol 29, no 1, January 2021, pp 26-35

Compassionate Mind Training (CMT) is taught to cultivate compassion and teach midwives how to care for themselves. The need to build midwives' resilience is recognised by the Nursing and Midwifery Council (NMC), who advocate that mental health coping strategies be embedded into the midwifery curriculum. In this respect, CMT can be used as a

resilience-building method to help midwives respond to self-criticism and threat-based emotions with compassion. The underpinnings of CMT involve understanding that people can develop cognitive biases or unhelpful thinking patterns, co-driven by an interplay between genetics and the environment. Within this paper, the underpinning theory of CMT and how it can be used to balance psychological threat, drive, and soothing systems are outlined. To contextualise the application to midwifery practice, a traumatic incident has been discussed. Teaching CMT has the potential to improve professional quality of life, and reduce midwife absence rates and potential attrition from the profession. (Author)

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#### 2021-00524

**Learning from the past and building a better future through the lens of a professional midwifery advocate; healing wounds from a decade of midwifery.** Darling K (2021), MIDIRS Midwifery Digest vol 31, no 1, March 2021, pp 6-13

The author reflects upon her experience of providing bereavement care as a student midwife and discusses psychological trauma and post-traumatic stress disorder among the midwifery workforce. The author draws upon her role as Professional Midwifery Advocate and makes several suggestions to improve mental health supervision for all health care professionals, including the development of a service where health professionals are routinely offered help and a culture where resilience is not questioned. (LDO)

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#### 20201112-5\*

**Delays to intrapartum intervention once fetal compromise is suspected.** Healthcare Safety Investigation Branch (2020), Farnborough: HSIB November 2020, 73 pages

Report from the Healthcare Safety Investigation Branch on delays to intrapartum intervention once fetal compromise is suspected. Explores this risk through the lens of organisational resilience and considers the systemic elements that may affect the performance of maternity units. Recommends that the Care Quality Commission includes an assessment of relational aspects such as multidisciplinary teamwork and psychological safety in its regulation of maternity units. (LDO)

Full URL: [https://www.hsib.org.uk/documents/261/HSIB\\_Delays\\_to\\_intrapartum\\_intervention\\_once\\_fetal\\_compromise\\_is\\_suspected\\_Report.pdf](https://www.hsib.org.uk/documents/261/HSIB_Delays_to_intrapartum_intervention_once_fetal_compromise_is_suspected_Report.pdf)

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#### 20201006-23\*

**Guided relaxation delivered by professional midwifery advocate for maternity staff during the COVID-19 pandemic 2020.** Ireland J (2020), The Practising Midwife vol 23, no 9, October 2020, pp 32-34

As soon as it became apparent that COVID-19 was present in the UK, the Head of Midwifery gave full support to the Professional Midwifery Advocate (PMA) Team to set up a support and information hub in a room previously used for training/meetings. An existing form of support for staff - guided relaxation - has seen a marked increase in uptake and is reported in this article. More than 180 episodes of staff support using guided relaxation have been shared since February 2020. Since starting to ask staff to score their level of tension, results from 121 colleagues have been recorded. This has been a positive initiative that supports the need for PMA activity in maternity care settings. (Author)

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#### 20200923-107

**The Ethical Imperative of Self-Care: A Call to Action.** Wright EM (2020), Journal of Midwifery & Women's Health vol 65, no 6, November/December 2020, pp 733-736

Commentary on occupational stress and resilience among midwives in the United States. Discusses the ethics of self care and the bioethical principles of autonomy, justice, nonmaleficence and beneficence. The authors suggest that change is needed at the macro level to combat systemic stress in health professions. (LDO)

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#### 20200727-33

**Wellbeing? There's an app for that.** Anon (2020), Midwives vol 23, July 2020, pp 30-32

There's a vast number of apps, websites and online support for mental health and wellbeing. Now is the perfect time to see what works for you. (Author)

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#### 20200723-67\*

**Emotional intelligence and coping with stressful conditions: the case of Iranian midwives.** Yaralizadeh M, Chgini SN,

#### Background

This study aimed to evaluate the relationship between emotional quotient (EQ) and coping with stress among midwives in Ahvaz, Iran.

#### Methods

This was a cross-sectional study involving (n=300) midwives employed in the university hospitals of Ahvaz, Iran. Midwives with an associate or higher degree in midwifery and with at least three years of service were recruited.

#### Results

Task-oriented and avoidant areas had a positive significant correlation with intrapersonal, interpersonal, management, adaptability and general mood ( $p < 0.001$ ). There was a significant negative correlation between emotion-oriented areas and all domains of EQ ( $p < 0.001$ ). EQ could predict more than 90% of midwives' ability for coping with stress.

#### Conclusion

The results of this study showed that there is a positive correlation of task-oriented and avoidant areas with all domains of EQ. There was also a significant negative correlation between emotion-oriented areas and all domains of EQ. (Author)

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#### 20200707-19\*

**Clinical briefing: Maternity staff mental health care during COVID [Reviewed June 2021].** Royal College of Midwives (2020), London: RCM 16 June 2020. 7 pages

Briefing paper from the Royal College of Midwives (RCM) providing guidance and a resources list on the potential impact of COVID-19 on the mental health and well-being of maternity staff. (JSM)

**Full URL:** <https://www.rcm.org.uk/media/5404/cb-maternity-mental-health.pdf>

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#### 20200703-31\*

**Managing fear, anxiety and uncertainty: why does it matter?.** Moore R (2020), The Student Midwife vol 3, no 3, July 2020, pp 18-21

In this piece, Rebecca asks us to think together about how fear and anxiety feels, and then consider what we can do with these powerful feelings. She suggests practical easy tips and techniques students and midwives can use at home and work for both now and in the long term. (Author)

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#### 20200601-4\*

**Resilience and midwives: whose responsibility is it anyway?.** Tant M (2020), The Practising Midwife vol 23, no 5, May 2020, pp 9-11

Where does the responsibility for resilience lie? Is it with the midwife? Does the midwife have to develop defenses and reserves in order to protect themselves from the very work they are trained for and, in some cases, from the colleagues who should be supporting them? Or is there another, more sustainable answer to the pressures and risks such as horizontal violence perpetuated in a climate of increased workload and expectation? This article considers these issues and looks at resilience and horizontal violence through a lens of collective socio-ecological responsibility. (Author)

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#### 20200519-15\*

**Coping Strategies of Norwegian Healthcare Professionals Facing Perinatal Death-A Qualitative Study.** André B, Dahlø R, Eilertsen T, et al (2019), International Journal of Childbirth vol 9, no 3, 2019, pp 107-119

#### AIM

Perinatal death is often regarded as a critical incident for the healthcare personnel involved. How healthcare personnel respond to traumatic events in their work is a function of their level of awareness or exposure to the incident, as well as their genuine expectations, support, and trust. The aim of this study was to explore coping strategies of Norwegian healthcare professionals including midwives, obstetricians, and assistant nurses when faced with perinatal death in a clinical setting.

#### METHOD

Midwives, obstetricians, and assistant nurses in two public hospitals in Norway participated in an in-depth and semi-structured interview. The data was analyzed using Kvale's approach, which involves condensing and thematic analysis.

#### FINDINGS

The results are divided into three categories with eight subcategories. Having the support of one's colleagues was described as an important factor for coping with these situations. Both immediate support in the situation and talking about their feelings later with colleagues were found to be important. Discussing and sharing responsibility were also mentioned.

#### CONCLUSION

Informants in this study stated that talking with one another about the challenges they faced in these situations was important. Appropriate education and training programs, together with healthy coping and debriefing strategies must be implemented in maternity units. (Author)

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#### 20200518-29\*

**Midwives' mental health hit by pandemic.** Royal College of Midwives (2020), London: RCM 18 May 2020

Reports that a survey conducted by the Royal College of Midwives (RCM), has revealed that 57 per cent of midwives, maternity support workers (MSWs) and student midwives feel that the current coronavirus pandemic has adversely affected their mental health and well-being. States that more than a third of respondents (34%) felt they were not being adequately supported by their employers. Includes comments from RCM Chief Executive Officer, Gill Walton. (JSM)

Full URL: <https://www.rcm.org.uk/media-releases/2020/may/midwives-mental-health-hit-by-pandemic/>

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#### 20200217-6\*

**Spirituality and childbirth: an international virtual co-operative inquiry.** Crowther SA, Hall J, Balabanoff D, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 2, March 2021, pp e135-e145

##### Problem

Medicalised maternity systems do not address spirituality as an aspect of childbirth and its practices of care.

Neglecting the spiritual nature of childbirth may negatively affect psychological, emotional and physical wellbeing.

##### Background

While there is growing interest in the spiritual side of childbirth there is a paucity of literature on the topic, and hence a lack of understanding generally about how to attend to women's needs for emotional and spiritual support in childbirth.

##### Aim

To collaboratively and through consensus explore ways that spirituality could be honoured in 21st Century maternity care.

##### Methods

An online co-operative inquiry. Starting with a scoping exercise (N = 17) nine co-inquirers continued to Phase One using online discussion boards and seven co-inquirers continued to Phase Two and Three. Co-inquirers were involved in international group work and individual reflective and transformational processes throughout.

##### Findings

Four reflective themes emerged: 'meaning and sense-making'; 'birth culture'; 'embodied relationships and intuition'; and 'space/place/time'. 'Spiritual midwifing' was an overarching theme. There were eight areas of individual transformation and actions concerning spirituality and birth: 1) disseminating inquiry findings; 2) motivating conversations and new ways of thinking; 3) remembering interconnectedness across time and spaces; 4) transforming relationships; 5) transforming practice; 6) generating reflexivity; 7) inspiring self and others to change, and 8) inspiring creativity.

##### Conclusion

Spiritual awareness around birth experience emerges through relationships and is affected by the spatial environment. Spiritual midwifing is a relational approach to birth care that recognises and honours the existential significance and meaningfulness of childbirth. (42 references) (Author)

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#### 20200214-2

**Mindfulness and wellbeing.** Anon (2019), Midwives vol 22, November 2019, pp 38-40

When several members of the maternity team sat down in a busy open-plan office one morning to focus on breathing calmly, the rest of the office watched curiously. (Author)

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#### 20200115-15\*

**Effectiveness of solution-focused group counseling on the mental health of midwifery students.** Javid N, Ahmadi A, Mirzaei M, et al (2019), RBGO Gynecology & Obstetrics vol 41, no 8, 2019, pp 500-507

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ

RCM Information Services Limited is a subsidiary of The Royal College of Midwives

**Objective:**The present study was conducted with the objective of investigating the effectiveness of solution-focused group counseling (SFGC) on promoting the mental health of midwifery students.

**Methods:**The present study is an intervention-based study with a pretest, a post-test, and a control group. The statistical population included all of the midwifery students studying in the midwifery department of the Bam University of Medical Sciences, Kerman, Iran, who filled out the General Health Questionnaire (GHQ) in the screening phase. In the second phase, 40 individuals, having a low level of mental health based on the cutoff score of 23, were selected and randomly divided into 2 groups (intervention and control), each group with 20 participants. The intervention group participated in 5 sessions of 75 minutes for SFGC. Then, the post-test was held in both groups and the data analysis was conducted using the Mann-Whitney and the Kruskal-Wallis test with IBM SPSS Statistics for Windows, Version 21.0 (IBM Corp, Armonk, NY, USA). The significance level was considered as  $p < 0.05$ .

**Results:**The findings showed that the mean of the post-test mental health scores of the intervention group ( $14.5 \pm 50.35$ ) and of the control group ( $23.6 \pm 35.83$ ) showed a statistically significant difference ( $p < 0.0001$ ). Moreover, the comparison between the mean scores of the mental health subscales (physical symptoms, stress, social performance, and depression) showed a statistically significant difference in these groups, and SFGC improved physical symptoms, stress, social performance, and depression in the members of the intervention group.

**Conclusion:**Solution-focused group counseling may improve all levels of mental health. This type of counseling is recommended to be used to solve the psychological problems and to improve the mental health of students, as well as of the staff of the health system. (63 references) (Author)

**Full URL:** <https://www.thieme-connect.de/products/ejournals/html/10.1055/s-0039-1693741>

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#### 20190925-67

**Newly qualified health visitor: Resilience in practice.** Boddy B (2019), *Journal of Health Visiting* vol 7, no 9, September 2019, pp 426-427

As a new cohort of health visitors qualify, Bethany Boddy reflects on the importance of resilience and the way individuals, teams and organisations can support staff as they develop their skills as practitioners through preceptorship. (Author)

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#### 20190923-8

**Supporting student wellbeing.** Carter L (2019), *Midwives* vol 22, September 2019, pp 26-27

RCM Student Midwives Forum member and third-year student midwife Lara Carter has some sage advice for taking care of your mental health. (Author)

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#### 20190906-24

**In the line of duty: the emotional wellbeing of midwives.** Den J (2019), *The Practising Midwife* vol 22, no 8, September 2019, pp 31-34

The culture and working practices within midwifery settings are key modifiable factors that influence the emotional wellbeing of midwives. As a caring profession, a culture of self-sacrifice still appears to be expected in the provision of care, despite this having a negative effect on care provision. Shift patterns, long shifts and working practices where midwives continue to miss rest breaks, work unpaid beyond their contracted work hours or present for work when unwell, all have a negative impact on emotional wellbeing. Future wellbeing strategies in midwifery settings should focus on supporting a positive workplace culture that cares equally for its midwives as it does for the women and babies in its care.

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#### 20190829-58

**When Disaster Strikes in Rural America-Call the Midwife!** Mielke R, Prepas R (2019), *The Journal of Perinatal and Neonatal Nursing* vol 33, no 3, July/September 2019, pp 205-208

Midwives can play a critical role in emergency preparedness and response. Rural areas have unique disaster preparedness needs but receive less attention than urban centers. Childbearing women and infants are particularly affected during disasters. Midwives are well positioned to coordinate disaster preparedness training and response to optimize the health of women and infants in rural areas. (18 references) (Author)

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#### 20190829-57

**Grit: The Essential Trait of Nurses During a Disaster.** Tyer-Viola LA (2019), *The Journal of Perinatal and Neonatal Nursing* vol 33, no 3, July/September 2019, pp 201-204

Natural and man-made disasters have increased dramatically over time, requiring healthcare systems to develop and sustain emergency preparedness plans. Nurse leaders and frontline clinical nurses are often the first and long-term responders during these traumatic events. Emergency preparedness requires nurses exceed expectations beyond the daily level of performance in caring for patients in the presence of obstacles. A disaster creates additional burdens on nurses psychosocially due to work and home demands. Despite this adversity, nurses are able to work under harsh conditions and make critical clinical decisions. This commitment is often described as being resilient. A deeper reason why nurses perform during disasters is that they possess the personality trait known as grit. Grit motivates them to endure challenges and be successful over time. The critical attributes of grit are passion and perseverance.

Cultivating grit among nurse leaders and clinical nurses is essential to sustaining interest in emergency preparedness and ensuring the needs of patients and caregivers are met when a disaster occurs. (16 references) (Author)

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#### 20190703-22

**Understanding resilience in the context of midwifery: a concept analysis.** Clohessy N, McKellar L, Fleet J (2019), Evidence Based Midwifery vol 17, no 1, March 2019, pp 10-18

Background. Resilience has been heralded as an essential characteristic to thrive in the complex work environments of the 21st Century. While resilience is not a new concept, it continues to be described with a high degree of variation, creating misunderstanding. In particular, there is need for greater clarity and understanding regarding resilience contextualised to midwifery.

Aim. To define the concept of resilience in the context of midwifery.

Method. A concept analysis guided by the Walker and Avant eight-step framework was undertaken. A comprehensive literature search was undertaken of the five databases: Medline, PubMed, Nursing and Allied Health, Embase and Google Scholar. Search terms comprised 'resilience', 'midwifery', 'concept analysis' and 'midwifery students'. These terms were broadened to include 'nursing' and 'nursing students' due to a lack of literature in the midwifery context. A focus group with six third-year midwifery students was also conducted to provide midwifery context specific real life cases for the concept analysis. Ethics approval was gained from the university's Human Research Ethics Committee.

Findings. The defining attributes of resilience contextualised to midwifery included social support, self-efficacy and optimism encompassing reflection. The analysis identified that the most common antecedents of resilience in this context were perceived stress or adversity. The consequences of being resilient in midwifery were an effective coping or adaptive capacity and a positive mental health status.

Conclusion. Resilience in the context of midwifery is defined as a dynamic process to overcome perceived adversity and stress that draws upon internal and external sources, to achieve effective coping/adaptive capacity and wellbeing. These findings provide a basis for further research and offer strategies to strengthen resilient behaviour for midwives and midwifery students. (Author)

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#### 20190621-42

**Mental health and the midwife.** Axcell C (2019), British Journal of Midwifery vol 27, no 6, June 2019, p 398

Ensuring maternal mental wellbeing is now a priority in midwifery. But, as Claire Axcell writes, part of ensuring holistic care for the woman is protecting the mental health of her care-givers. (7 references) (Author)

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#### 20190415-6

**Our shared humanity: coping with traumatic events in midwifery.** Cull J (2019), The Practising Midwife vol 22, no 4, April 2019, pp 32-34

As a preceptorship midwife, I as caring for a woman on the antenatal ward when an extremely rare and serious emergency occurred. The baby died, and the woman could also have suffered serious harm (I can't bring myself to describe her as lucky). I'll never forget that day. I cried for an hour, then, shell-shocked, I carried on with my work. I had been looking after a woman whose baby was in special care, and I went back and helped her hand express. She and her mum were so excited by all the beautiful colostrum she got, and so grateful for the care. Did they notice I'd cried all my eye makeup off? (9 references) (Author)

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#### 20181205-43

**Self-care.** Murphy D (2018), Midwives vol 21, Winter 2018, p 26

'You can't pour from an empty cup', says Deirbhile Murphy, as she explains why it's important to look after yourself.

### 20181109-30

**A comment on kindness.** Anon (2018), British Journal of Midwifery vol 26, no 11, November 2018, p 758

'Resilience' has become something of a buzzword in midwifery; aiming to bolster midwives to care for women. But who cares for midwives when resilience isn't enough? (Author)

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### 20181106-20

**Maximising the health and wellbeing of the midwifery workforce with wellness recovery action planning.** Nolan A, Hamilton S, Crockett M (2018), The Practising Midwife vol 21, no 10, November 2018, pp 32-34

In this piece, the authors describe and discuss the impact of a practice development initiative with a cohort of midwives working in two of five health and social care trusts in Northern Ireland. This initiative involved the rolling out of 'Wellness recovery action planning' (or WRAP) awareness workshops. Six separate sessions were delivered to 100 midwives working within the Western and Belfast Health and Social Care Trusts. Feedback from participants revealed some intriguing insights but, in particular, that caring for others in the context of health and social care starts with effective care of the self. The authors conclude that with the apparent success of this initiative, similar WRAP awareness sessions and perhaps even more formalised WRAP groups could be offered to other staff groups, including midwifery support workers and beyond. (2 references) (Author)

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### 20181011-30

**New academic year, new challenges: Tips for student midwives to maintain momentum and motivation.** Power A, Coiffait S (2018), British Journal of Midwifery vol 26, no 10, October 2018, pp 683-685

At the start of the academic year, the physical signs of progression from one year to the next for student midwives include an additional stripe on an epaulette, a different coloured badge or perhaps a change of uniform. But what about emotional progression? If we think of learning as a continuum, a lifelong process of developing skills and knowledge, then the transition from one year to the next should be seamless. However, in the context of the pre-registration midwifery programme, each academic year places more complex demands on students in both theory and practice as they progress from concentrating on normality in year one, to altered health in year two, to leadership, consolidation of practice and preparation for qualification in year three.

The Nursing and Midwifery Council (NMC) Code requires midwives to be 'lifelong learners', basing their practice on the best available evidence-an ethos that should be embedded from day one of midwifery training. After a summer break, returning to studies and the physical and emotional demands of the pre-registration midwifery programme can be daunting; this article will provide tips for students to maintain momentum and motivation as they progress to the next year of their studies. (Author)

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### 20180815-5\*

**Posttraumatic stress symptomatology following exposure to perceived traumatic perinatal events within the midwifery profession: The impact of trait emotional intelligence.** Nightingale S, Spiby H, Sheen K, et al (2018), Journal of Advanced Nursing vol 74, no 9, September 2018, pp 2115-2125

Aims:

To explore factors associated with, and predictors of, posttraumatic stress symptoms in midwives. To explore factors associated with, and potential moderating effects of, trait emotional intelligence. Secondary analysis explored predictors of resilience.

Background:

Midwives may experience vicarious trauma responses due to exposure to certain perinatal events in their professional lives. This may have adverse psychological outcomes for midwives, and women and children in their care.

Design:

A cross-sectional, online and paper survey of midwives in the United Kingdom was conducted.

Methods:

Between February and October 2016, 113 midwives who met inclusion criteria provided demographic information, and completed scales measuring posttraumatic stress symptoms, trait emotional intelligence, empathy, resilience, social support, and attitudes towards emotional expression.

Results:

Higher resilience and trait emotional intelligence scores were associated with reduced posttraumatic stress

symptoms. Higher empathy, perceived social support, and resilience were associated with higher trait emotional intelligence. Lower resilience significantly predicted posttraumatic stress symptoms. Trait emotional intelligence did not moderate relationships between resilience and posttraumatic stress symptoms, but may protect against posttraumatic stress symptoms in midwives with higher empathy. Higher trait emotional intelligence, and lower empathy and need for support, significantly predicted resilience. Notably, when trait emotional intelligence was higher, the negative relationship between empathy and resilience was reduced.

Conclusion:

Approximately one-fifth of midwives were experiencing posttraumatic stress symptoms at clinically significant levels. Trait emotional intelligence may protect against posttraumatic stress symptoms by supporting resilience, while enabling midwives to remain empathic. The negative correlation between resilience and empathy needs careful consideration by policy makers. (Author)

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#### **20180604-31\***

**Being there and reconnecting: Midwives' perceptions of the impact of Mindfulness training on their practice.** Hunter L, Snow S, Warriner S (2018), *Journal of Clinical Nursing* vol 27, no 5-6, Mach 2018, pp 1227-1238

Objective

To ascertain how midwives perceived attending a mindfulness course impacted on their professional practice, particularly in regard to any stress they experienced at work.

Design

A qualitative study using Interpretive Phenomenological Analysis. Semi-structured interviews were conducted with nine midwives.

Setting

A large maternity Trust in the United Kingdom.

Intervention

An eight-week mindfulness course, adapted from mindfulness-based cognitive therapy.

Findings

Four superordinate themes were identified as follows: 'being challenged and committing,' 'containing the self,' 'reconnecting' and 'moving forward with confidence.' Focusing on the present moment enabled participants better to identify the boundary between self and other. This led to an increased sense of control and a reconnection with and reframing of relationships with colleagues and the women in their care.

Key conclusions

Mindfulness may provide an effective way to address the high levels of stress, role dissatisfaction and workplace bullying found in midwifery, by improving both the working environment and patient care. The pivotal role of positive workplace relationships in this process resonates with other nursing research and with contemporary philosophical thought.

Relevance to clinical practice

This study adds to a body of evidence which suggests investing in the well-being of midwifery staff improves both job satisfaction and women's experiences of care. (Author)

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#### **20180319-12\***

**Investigating the psychological resilience, self-confidence and problem-solving skills of midwife candidates.** Pinar SE, Yildirim G, Sayin N (2018), *Nurse Education Today* vol 64, May 2018, pp 144-149

Background

The high level of psychological resilience, self-confidence and problem solving skills of midwife candidates play an important role in increasing the quality of health care and in fulfilling their responsibilities towards patients.

Objectives

This study was conducted to investigate the psychological resilience, self-confidence and problem-solving skills of midwife candidates.

Design

It is a convenience descriptive quantitative study.

Settings

Students who study at Health Sciences Faculty in Turkey's Central Anatolia Region.

Participants

Midwife candidates (N = 270).

Methods

In collection of data, the Personal Information Form, Psychological Resilience Scale for Adults (PRSA), Self-Confidence

Scale (SCS), and Problem Solving Inventory (PSI) were used.

#### Results

There was a negatively moderate-level significant relationship between the Problem Solving Inventory scores and the Psychological Resilience Scale for Adults scores ( $r = -0.619$ ;  $p = 0.000$ ), and between Self-Confidence Scale scores ( $r = -0.524$ ;  $p = 0.000$ ). There was a positively moderate-level significant relationship between the Psychological Resilience Scale for Adults scores and the Self-Confidence Scale scores ( $r = 0.583$ ;  $p = 0.000$ ). There was a statistically significant difference ( $p < 0.05$ ) between the Problem Solving Inventory and the Psychological Resilience Scale for Adults scores according to getting support in a difficult situation.

#### Conclusions

As psychological resilience and self-confidence levels increase, problem-solving skills increase; additionally, as self-confidence increases, psychological resilience increases too. Psychological resilience, self-confidence, and problem-solving skills of midwife candidates in their first-year of studies are higher than those who are in their fourth year. Self-confidence and psychological resilience of midwife candidates aged between 17 and 21, self-confidence and problem solving skills of residents of city centers, psychological resilience of those who perceive their monthly income as sufficient are high. Psychological resilience and problem-solving skills for midwife candidates who receive social support are also high. The fact that levels of self-confidence, problem-solving skills and psychological resilience of fourth-year students are found to be low presents a situation that should be taken into consideration. (Author)

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### 20180313-93

**Fit for purpose.** Pope J (2018), *Midwives Spring 2018*, p 27

A final-year student midwife describes how taking up running improved her mental health and fitness, helping her cope with the demands of her midwifery course, lose weight, and raise her fitness at the same time. The running gave her much more energy and made her feel happier, and she went on to join the gym and run the Wales marathon. From nearly dropping out of the course, she started becoming excited about midwifery again. (KRB)

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### 20180201-24\*

**Coping with stressful events: a pre-post-test of a psycho-educational intervention for undergraduate nursing and midwifery students.** McCarthy B, Trace A, O' Donovan M, et al (2018), *Nurse Education Today* vol 61, February 2018, pp 273-280

#### Background

Knowledge of coping mechanisms is important for nursing and midwifery students to cope with stressful events during undergraduate education.

#### Objectives

To evaluate the impact of a psycho-educational intervention 'Coping with Stressful Events' with first year undergraduate nursing and midwifery students.

#### Design

A quasi-experimental, one-group pre-post-test.

#### Settings

One school of nursing/midwifery in one university in Ireland.

#### Participants

A convenience sample of all first year undergraduate nursing and midwifery students ( $n = 197$ ). Of these 166 completed the pretest and 138 students completed the post test.

#### Methods

Using the COPE Inventory questionnaire (Carver et al., 1989) data was collected pre and post-delivery of the psycho-educational intervention 'Coping with Stressful Events' by two research assistants. Data were analysed using the IBM SPSS Statistics version 22 (NY, USA).

#### Results

Results demonstrated improved coping skills by students. There were statistically significant differences between pre and post intervention for some coping subscales. For example, the mean subscale scores were lower post-intervention for restraint and mental disengagement, and higher for use of emotional and instrumental social support indicating improved coping strategies.

#### Conclusions

This intervention has the potential to influence undergraduate nursing and midwifery students coping skills during their first year of an undergraduate programme. (53 references) (Author)

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### 20180130-103

**Reflecting on resilience in practice - a personal account. What was the nature of the continuing professional development (CPD) activity?.** McCloughry L (2018), MIDIRS Midwifery Digest vol 28, no 1, March 2018, pp 20-22

This short reflection was written following attendance at the Resilience in practice workshop hosted by the local trust, in which staff were encouraged to utilise new and innovative ways of exploring the effects of workplace adversity. We were supported to engage in critical reflection, open and candid discussions, experiential learning and creativity, while also learning about the key characteristics and strategies of personal resilience. The workshop explored themes of motherhood, self-care and resilience through art therapy, drama and dance. (15 references) (Author)

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**20180118-11**

**'Deepening the journey': learning how to midwife yourself.** Facius C (2017), Australian Midwifery News vol 17, no 4, Summer 2017, pp 44-45

It is well documented that many midwives are on the edge of burnout. The nature of shift work or being on call, the delicate balance of maintaining physical, mental and emotional wellbeing and the pressures of juggling a family and social life can take a toll on midwives. This can be exacerbated by challenges such as feeling disempowered within the system, dealing with perinatal loss and birth trauma, a lack of mentoring and supportive relationships, and the all-encompassing exercise of holding space for birthing women time and time again,. A report from Monash University (Holland, Tham, and Gill, 2016) stated that, in Australia, over 50% of all midwives are experiencing burnout, 32% are considering leaving the profession and 20% are suffering from work related stress, including depression and anxiety. This highlights the need for midwives to focus on caring for themselves. How can midwives support women during this time of intense vulnerability and transformation if they are not feeling emotionally centred and resilient? How can midwives care for others when they are not caring for themselves? Midwifery has a way of teaching us what we need, if we are willing to listen. It is time that we, as midwives, take a greater responsibility for our own mental, emotional and spiritual health and ensure that we are midwifing ourselves in order to maintain our passion and love for midwifery. (1 reference)

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**20171212-44**

**Vicarious birth trauma and post-traumatic stress disorder: Preparing and protecting student midwives.** Power A, Mullan J (2017), British Journal of Midwifery vol 25, no 12, December 2017, pp 799-802

Post-traumatic stress disorder was first recognised in war veterans who had experienced extreme violence during military combat; however, it is now understood to be caused by a wide range of traumatic experiences, including serious accidents, abuse, natural disasters or terrorist attacks-any event in which a person fears for their life. Traumatic childbirth is also a potential cause, not only for the mother, but also for those who may witness the birth, such as midwives, student midwives, obstetricians and birth partners. This condition is termed vicarious birth trauma. This article will examine the definition of both vicarious birth trauma and post-traumatic stress disorder, and consider the evidence in relation to how these conditions affect midwives and student midwives. It will offer suggestions for personal and organisational management and support strategies, based on research findings and expert advice. (14 references) (Author)

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**20171201-20**

**Student survival guide 4: A place for student resilience.** Grice L (2017), The Practising Midwife vol 12, no 11, November 2017, pp 14-17

In this fourth article of the series, Lynsey Grice explores resilience and what it means in relation to midwifery. This article goes some way to explaining what resilience is, why it is important in midwifery, and whether midwives can be resilient all the time. (Author)

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**20171003-50**

**Wellbeing and resilience: 4. Time management.** Knapp R (2017), The Practising Midwife vol 20, no 9, October 2017, pp 28-30

Midwifery is one of the most emotional and emotive of all the health care professions. In order to be 'with woman', we give a part of ourselves to every woman that we care for. Such reciprocity is essential to create a relationship that will maximise a woman's birth experience (Hunter 2006). This relationship is considered to be one of the key elements in job satisfaction, as it emulates the very essence of being with woman. But there is potentially also an emotional cost. Despite there being a clear link between the wellbeing of staff and quality of patient care, it is rare to find a midwife who will publicly admit that they're struggling; instead, we tend to soldier on in silence (Pezaro et al 2015). This series aims to address this issue, to increase the dialogue about the mental health, wellbeing and

resilience of midwives, and discuss useful strategies to improve wellbeing. This fourth article considers time management. (7 references) (Author)

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#### 20170630-8

**Wellbeing and resilience: 3.The mindful midwife.** Knapp R (2017), *The Practising Midwife* vol 20, no 7, July/August 2017, pp 30-32

Midwifery is one of the most emotional and emotive of all the healthcare professions. In order to 'be with woman', we give a part of ourselves to every woman that we care for. Such reciprocity is essential to create a relationship that will maximise a woman's birth experience (Hunter 2006). This relationship is considered to be one of the key elements in job satisfaction, but comes at an emotional cost. Mindfulness fosters a sense of wellbeing and can contribute to reduced anxiety, stress and depression. (10 references) (Author)

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#### 20170602-34

**What a difference a day makes.** Austin J (2017), *Midwives* vol 20, Summer 2017, pp 68-69

Resilience is a crucial skill for midwives. Julia Austin explains how a development day affected midwives' emotional wellbeing. (Author)

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#### 20170512-52

**Midwifery sustainability: Being resilient in the face of outer conditions.** Bernshaw K (2017), *Australian Midwifery News* vol 17, no 1, Autumn 2017, pp 18-19

Outlining the experience of being a midwife and what characteristics and attitude are required in order to sustain a career in the profession. (6 references) (AB)

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#### 20170503-13

**A systematic mixed-methods review of interventions, outcomes and experiences for midwives and student midwives in work-related psychological distress.** Pezaro S, Clyne W, Fulton EA (2017), *Midwifery* vol 50, July 2017, pp 163-173

##### Background

within challenging work environments, midwives and student midwives can experience both organisational and occupational sources of work-related psychological distress. As the wellbeing of healthcare staff directly correlates with the quality of maternity care, this distress must be met with adequate support provision. As such, the identification and appraisal of interventions designed to support midwives and student midwives in work-related psychological distress will be important in the pursuit of excellence in maternity care.

##### Objectives

to identify interventions designed to support midwives and/or student midwives in work-related psychological distress, and explore any outcomes and experiences associated with their use.

Data sources; study eligibility criteria, participants, and interventions This systematic mixed-methods review examined 6 articles which identified interventions designed to support midwives and/or student midwives in work-related psychological distress, and reports both the outcomes and experiences associated with their use. All relevant papers published internationally from the year 2000 to 2016, which evaluated and identified targeted interventions were included.

##### Study appraisal and synthesis methods

the reporting of this review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. The quality of each study has been appraised using a scoring system designed for appraising mixed-methods research, and concomitantly appraising qualitative, quantitative and mixed-methods primary studies in mixed reviews. Bias has been assessed using an assessment of methodological rigor tool. Whilst taking a segregated systematic mixed-methods review approach, findings have been synthesised narratively.

##### Findings

this review identified mindfulness interventions, work-based resilience workshops partnered with a mentoring programme and the provision of clinical supervision, each reported to provide a variety of both personal and professional positive outcomes and experiences for midwives and/or student midwives. However, some midwives and/or student midwives reported less favourable experiences, and some were unable to participate in the interventions as provided for practical reasons.

##### Limitations

eligible studies were few, were not of high quality and were limited to international findings within first world

countries. Additionally, two of the papers included related to the same intervention. Due to a paucity of studies, this review could not perform sensitivity analyses, subgroup analyses, meta-analysis or meta-regression.

#### Conclusions and implications of key findings

there is a lack of evidence based interventions available to support both midwives and student midwives in work-related psychological distress. Available studies reported positive outcomes and experiences for the majority of participants. However, future intervention studies will need to ensure that they are flexible enough for midwives and student midwives to engage with. Future intervention research has the opportunity to progress towards more rigorous studies, particularly ones which include midwives and student midwives as solitary population samples. (52 references) (Author)

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#### 20170315-30

**Wellbeing and resilience: 1. The resilient midwife.** Knapp R (2017), *The Practising Midwife* vol 20, no 3, March 2017, pp 26-28

Midwifery is one of the most emotional and emotive of all the health care professions. In order to be 'with woman', we give a part of ourselves to every woman that we care for. Such reciprocity is essential to create a relationship that will maximise a woman's birth experience (Hunter 2006). This relationship between the woman and midwife is considered to be one of the key elements in job satisfaction, as it emulates the very essence of being with woman. In order to meet the emotional needs of a woman, the emotional involvement of the midwife is needed (Rothschild 2006); thus there is a potential emotional cost associated with care provision. This article is the first in a series of six articles looking at the maintenance and promotion of midwives' own wellbeing and resilience. The series will cover these topics: the resilient midwife, the mindful midwife, the self-compassionate midwife, the assertive midwife, the acknowledging midwife and the relational midwife. All are aimed at embracing and encouraging a midwife's own wellbeing and resilience. (12 references) (Author)

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#### 20170315-19\*

**Courage, commitment and resilience: Traits of student midwives who fail and retake modules.** Power A (2017), *British Journal of Midwifery* vol 25, no 3, March 2017, pp 180-182

In the context of staff retention in maternity services in the UK, the concept of resilience has a high profile. The ever more complex demands of contemporary midwifery practice in the UK lead some midwives to make the difficult decision to leave the profession, with the top five reasons being: dissatisfaction with staffing levels; dissatisfaction with the quality of care they were able to give; excessive workload; lack of managerial support; and poor working conditions. It is estimated that around 20% of students who commence the pre-registration midwifery programme will not qualify to become a midwife; reasons for non-completion of studies include deciding it is the wrong career choice, financial difficulties and family circumstances. Academic failure, however, is not cited as a key reason for leaving the course. This article shares the stories of three students who failed and then retook a theory module during their pre-registration midwifery programme. The students show courage in their willingness to publicly discuss their experiences; commitment to their chosen profession by retaking the module; and resilience by persevering despite the additional emotional and financial demands of their situation. A fourth student offers advice for others who might find themselves in the same situation. (6 references) (Author)

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#### 20170303-74\*

**Making time and space: the impact of mindfulness training on nursing and midwifery practice. A critical interpretative synthesis.** Hunter L (2016), *Journal of Clinical Nursing* vol 25, no 7-8, pp 918-929

##### Aims and objectives

To explore qualitative literature to ascertain whether and how nurses and midwives perceive that mindfulness impacts on their practice, particularly their interactions with patients.

##### Background

Stress and burnout, which negatively impact patient care, are widely reported among nurses and midwives, who face unique stressors as professionals who often hold little organisational power, but are expected to shoulder the burden of resource cuts and an increasingly complex workload. Mindfulness is recommended as a tool to decrease stress and burnout in health professionals, and may also increase practitioner compassion and improve patient interactions.

##### Design

A critical interpretative synthesis.

##### Methods

A systematic search was undertaken to identify qualitative studies where the majority of participants were qualified

nurses and/or midwives who had attended mindfulness training. Retrieved literature was read and reread to identify relevant material, which was then coded into themes. Related themes were grouped into synthetic constructs, and a synthetic argument was produced to illustrate the relationships between these.

#### Results

Five relevant papers were identified. Findings indicate that mindfulness training enables nurses and midwives to gain some control over their thoughts and stress levels. This then creates a quiet mental space giving them agency and perspective and leading to improved caring, including a more patient-centred focus and increased presence and listening. Mindfulness appears to alter the way nurses and midwives operate within a stressful work environment, thereby changing the way the environment is experienced by themselves and, potentially, the people in their care.

#### Conclusions

Further research is needed, but current qualitative research suggests mindfulness may enable nurses and midwives to work with compassion in stressful and demanding work environments.

#### Relevance to clinical practice

Mindfulness may offer an enabling way of coping with stress, in contrast to long-standing strategies such as task-orientation and depersonalisation. (Author)

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#### 20170217-45

**Mindfulness for midwives.** de Vitry-Smith S (2016), Australian Midwifery News vol 16, no 4, Summer 2016, pp 36-37

Midwives often put all of their care into others, at a cost to their own wellbeing. Mindfulness can help combat burnout and exhaustion, and build resilience and improve mental health. The article gives an introduction to the concept of mindfulness for midwives, with advice for beginning mindful practice. (8 references) (KRB)

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#### 20170131-38

**Midwives' reflections and coping strategies around neonatal death.** Glasgow C (2017), MIDIRS Midwifery Digest vol 27, no 1, March 2017, pp 115-118

A reflective paper by Australian midwife Carol Glasgow, based on her experiences and that of her colleagues' coping strategies when dealing with neonatal death. (8 references) (ABS)

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#### 20161201-39

**'Am I too emotional for this job?' An exploration of student midwives' experiences of coping with traumatic events in the labour ward.** Coldridge L, Davies S (2017), Midwifery vol 45, February 2017, pp 1-6

#### Background

Midwifery is emotionally challenging work, and learning to be a midwife brings its own particular challenges. For the student midwife, clinical placement in a hospital labour ward is especially demanding. In the context of organisational tensions and pressures the experience of supporting women through the unpredictable intensity of the labour process can be a significant source of stress for student midwives. Although increasing attention is now being paid to midwives' traumatic experiences and wellbeing few researchers have examined the traumatic experiences of student midwives. Such research is necessary to support the women in their care as well as to protect and retain future midwives.

#### Aim

This paper develops themes from a research study by Davies and Coldridge (2015) which explored student midwives' sense of what was traumatic for them during their undergraduate midwifery education and how they were supported with such events. It examines the psychological tensions and anxieties that students face from a psychotherapeutic perspective.

#### Design

A qualitative descriptive study using semi-structured interviews.

#### Setting

A midwifery undergraduate programme in one university in the North West of England.

#### Participants

11 second and third year students.

#### Analysis

Interviews were analysed using interpretative phenomenological analysis.

#### Findings

The study found five themes related to what the students found traumatic. The first theme Wearing the Blues referred to their enculturation within the profession and experiences within practice environments. A second theme No Man's

Land explored students' role in the existential space between the woman and the qualified midwives. Three further themes described the experiences of engaging with emergency or unforeseen events in practice and how they coped with them ('Get the Red Box!', The Aftermath and Learning to Cope). This paper re-examines aspects of the themes from a psychotherapeutic perspective.

#### Key conclusions

Researchers have suggested that midwives' empathic relationships with women may leave them particularly vulnerable to secondary traumatic stress. For student midwives in the study the close relationships they formed with women, coupled with their diminished control as learners may have amplified their personal vulnerability. The profession as a whole is seen by them as struggling to help them to safely and creatively articulate the emotional freight of the role.

#### Implications for practice

For midwifery educators, a focus on the psychological complexities in the midwifery role could assist in giving voice to and normalising the inevitable anxieties and difficulties inherent in the role. Further research could explore whether assisting students to have a psychological language with which to reflect upon this emotionally challenging work may promote safety, resilience and self-care. (Author)

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### 20161111-12

**Navigating the midwifery undergraduate programme: is resilience the key?.** Williams J (2016), British Journal of Midwifery vol 24, no 11, November 2016, pp 790-798

#### Background:

Student midwives face a number of challenges during their pre-registration programme, both academically and in clinical practice.

#### Aims:

This pilot study aimed to examine the role that resilience might play in supporting student midwives to continue on the midwifery undergraduate programme.

#### Method:

Five second-year student midwives volunteered to take part in the pilot. All five students completed Wagnild's updated True Resilience Scale (TRS), and participated in a focus group and a one-to-one interview.

#### Findings:

One participant scored 'moderate' on the TRS, three 'moderately high' and one 'high'. Six main themes emerged from the focus group and interviews: defining and recognising resilience; building and developing resilience through reflection; developing resilience through positive and negative encounters on the midwifery programme; the relevance of significant others; transferable resilience; and different styles of resilience.

#### Conclusions:

The pilot offered insights into the significance of resilience and student midwives that will contribute to the main study. This initial study has generated some findings that are reflected in the broader resilience literature. The characteristics of resilience were articulated and the data contained examples of a range of challenges and the role resilience might play. This pilot is to be followed up by a study that will follow one cohort over the first 18 months of the midwifery programme to get a longitudinal view of the midwifery students' resilience. (27 references) (Author)

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### 20161018-53\*

**Experiences of student midwives in the care of women with perinatal loss: a qualitative descriptive study.** Alghamdi R, Jarrett P (2016), British Journal of Midwifery vol 24, no 10, October 2016, pp 715-722

#### Background:

Student midwives often encounter perinatal loss, such as stillbirth and neonatal death, as part of their experience of clinical practice. Coping with these events can be challenging because loss and death are the antitheses of birth, which predominates midwifery practice. There has been limited research on how student midwives are supported when caring for women with bereavement; however, poor support may have repercussions for future practice.

#### Aim:

The aim of this study is to explore the experiences of final-year student midwives when caring for women with perinatal loss.

#### Methods:

Two focus groups were conducted with 10 final-year BSc (Hons) Midwifery students. The focus groups lasted approximately 1 hour and used a semi-structured interview schedule. Data were analysed using thematic analysis.

#### Findings:

Four key themes were identified from the data: preparation for perinatal loss; 'just dealing with it'; contradiction and

challenges with the role of the midwife; and emotional impact and coping strategies.

Conclusions:

Final-year student midwives believed they were ill-prepared in caring for women with perinatal loss, reported difficulties in communicating with women and believed they were excluded from their care. Students valued support from the bereavement midwife and identified effective strategies which helped them cope with bereavement and loss. (31 references) (Author)

Full URL: <http://www.magonlinelibrary.com/doi/full/10.12968/bjom.2016.24.10.715>

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#### 20161006-13\*

**Exploring resilience in nursing and midwifery students: a literature review.** McGowan JE, Murray K (2016), Journal of Advanced Nursing vol 72, no 10, January 2016, pp 2272-2283

Aim

The aim of this study was to explore the concepts of 'resilience' and 'hardiness' in nursing and midwifery students in educational settings and to identify educational interventions to promote resilience.

Background

Resilience in healthcare professionals has gained increasing attention globally, yet to date resilience and resilience education in nursing and midwifery students remain largely under-researched.

Design

An integrative literature review was planned, however, only quantitative evidence was identified therefore, a review of quantitative studies was undertaken using a systematic approach.

Data sources

A comprehensive search was undertaken using Medline, CINAHL, Embase, PsycINFO and Maternity and Infant Care databases January 1980-February 2015.

Review methods

Data were extracted using a specifically designed form and quality assessed using an appropriate checklist. A narrative summary of findings and statistical outcomes was undertaken.

Results

Eight quantitative studies were included. Research relating to resilience and resilience education in nursing and midwifery students is sparse. There is a weak evidence that resilience and hardiness is associated with slightly improved academic performance and decreased burnout. However, studies were heterogeneous in design and limited by poor methodological quality. No study specifically considered student midwives.

Conclusion

A greater understanding of the theoretical underpinnings of resilience in nursing and midwifery students is essential for the development of educational resources. It is imperative that future research considers both nursing and midwifery training cohorts and should be of strong methodological quality. (Author)

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#### 20160816-24\*

**You have no choice but to go on: how physicians and midwives in Ghana cope with high rates of perinatal death.**

Petrites AD, Mullan P, Spangenberg K, et al (2016), Maternal and Child Health Journal vol 20, no 7, July 2016, pp 1448-1455

Objectives Healthcare providers in low-resource settings confront high rates of perinatal mortality. How providers cope with such challenges can affect their well-being and patient care; we therefore sought to understand how physicians and midwives make sense of and cope with these deaths. Methods We conducted semi-structured interviews with midwives, obstetrician-gynecologists, pediatricians and trainee physicians at a large teaching hospital in Kumasi, Ghana. Interviews focused on participants' coping strategies surrounding perinatal death. We identified themes from interview transcripts using qualitative content analysis. Results Thirty-six participants completed the study. Themes from the transcripts revealed a continuum of control/self-efficacy and engagement with the deaths. Providers demonstrated a commitment to push on with their work and provide the best care possible. In select cases, they described the transformative power of attitude and sought to be agents of change. Conclusions Physicians and midwives in a low-resource country in sub-Saharan Africa showed remarkable resiliency in coping with perinatal death. Still, future work should focus on training clinicians in coping and strengthening their self-efficacy and engagement. (21 references) (Author)

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#### 20160727-16

**Resilience and stress management.** Howell M (2016), MIDIRS Midwifery Digest vol 26, no 3, September 2016, pp 277-282

The issue of stress is constantly hitting the headlines - from the increase of stress in the workplace to research

highlighting the impact that stress can have on a physical, emotional and psychological level. This article will explore the stress-related issues faced by midwives and strategies to help them increase their resilience and ability to cope with the ever increasing levels of adversity. (11 references) (Author)

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#### **20160617-20**

**Sustainability and resilience in midwifery: a discussion paper.** Crowther S, Hunter B, McAra-Couper J, et al (2016), *Midwifery* vol 40, September 2016, pp 40-48

##### Background

Midwifery workforce issues are of international concern. Sustainable midwifery practice, and how resilience is a required quality for midwives, have begun to be researched. How these concepts are helpful to midwifery continues to be debated. It is important that such debates are framed so they can be empowering for midwives. Care is required not to conceptually label matters concerning the midwifery workforce without judicious scrutiny and diligence.

##### Aim

The aim of this discussion paper is to explore the concepts of sustainability and resilience now being suggested in midwifery workforce literature. Whether sustainability and resilience are concepts useful in midwifery workforce development is questioned.

##### Method

Using published primary midwifery research from United Kingdom and New Zealand the concepts of sustainability and resilience are compared, contrasted and explored.

##### Findings

There are obvious differences in models of midwifery care in the United Kingdom and New Zealand. Despite these differences, the concepts of resilience and sustainability emerge as overlapping themes from the respective studies' findings. Comparison between studies provides evidence of what is crucial in sustaining healthy resilient midwifery practice. Four common themes have been identified that traverse the different models of care; Self-determination, ability to self-care, cultivation of relationships both professionally and with women/families, and a passion, joy and love for midwifery.

##### Conclusions

The impact that midwifery models of care may have on sustainable practice and nurturing healthy resilient behaviors remains uncertain. The notion of resilience in midwifery as the panacea to resolve current concerns may need rethinking. Resilience may be interpreted as expecting midwives 'to toughen up' in a workplace setting that is socially, economically and culturally challenging. Sustainability calls for examination of the reciprocity between environments of working and the individual midwife. The findings invite further examination of contextual influences that affect the wellbeing of midwives across different models of care. (Author)

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#### **20160510-25**

**8. Resilience and self-preservation; taking care of one another.** Taylor K, Blease M (2016), *The Practising Midwife* vol 19, no 5, May 2016, pp 30-32

Preceptorship is the 15th series of 'Midwifery basics' targeted at practising midwives. The aim of these articles is to provide information to raise awareness of the impact of the work of midwives on women's experience, and encourage midwives to seek further information through a series of activities relating to the topic. In this final article in the preceptorship basic series, Kerry Taylor and Megan Blease look at the importance of resilience, self-preservation and taking care of one another. Embarking on a career in midwifery can be a stressful, isolating and challenging time. This article considers the stresses of providing modern maternity care, taking into consideration personal values, qualities and coping strategies. They address the challenges of workplace culture, the importance of building each other up and caring for ourselves in order to effectively care for others. (10 references) (Author)

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#### **20160408-11**

**The emotional impact of a maternal death.** Whelan S (2016), *The Practising Midwife* vol 19, no 4, April 2016, pp 24-25

This article explores the emotional impact that maternal death has upon midwives - in particular community midwives - and how they cope with grief and critical incident stress. This is because there is little written within the literature about the experiences of community midwives following a maternal death. The inspiration for writing this article comes from Samantha's own experience as a community midwife. Points for developing practice are also considered. (11 references) (Author)

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### 20160330-36

**Caring for future midwives.** Davies S (2016), Association for Improvements in Maternity Services (AIMS) vol 28, no 1, 2016, pp 6-8

Highlights the demanding emotional work that midwifery entails and considers how student midwives can be best supported to discuss and make sense of distressing and traumatic events that are an inevitable aspect their practice. While building resilience in students and midwives is crucial, it will only go so far, and there is an urgent need for more midwives and improved working conditions. (32 references) (CI)

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### 20160311-29

**Building resilience: the way forward.** Barker K (2016), British Journal of Midwifery vol 24, no 3, March 2016, p 158

Discusses the effects that changes in health policy may have on the future of midwifery and the need for to midwives to increase their resilience in order to cope with stressful work environments, staff shortages, bullying and increasingly complex and demanding roles. (5 references) (MB)

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### 20160126-34

**Midwifery in the 21st century: are students prepared for the challenge?.** Power A (2016), British Journal of Midwifery vol 24, no 1, January 2016, pp 66-68

The role of the midwife is emotionally and physically challenging: birth rates are increasing, there are staff shortages and increasingly more complex cases for which to coordinate care (Royal College of Midwives (RCM), 2015). There are also professional and policy requirements to be met, all in the context of practising in line with our core value of being 'with woman' and providing her with individualised, high-quality, evidence-based care. Such demands drive some midwives to leave the profession, citing stress, burnout, compassion fatigue and emotional exhaustion as causes (Curtis et al, 2006). Others develop strategies to cope with the complex and varied stressors of the role; they demonstrate resilience. The future of maternity services in the UK is dependent on the retention of resilient midwives, so it is important that the characteristics are explored to ascertain whether resilience is a personal trait or one that can be learned. In 2013, the RCM funded the first research project in the UK to investigate resilience in midwifery (Hunter and Warren, 2013). This article will provide an overview of the clinical, professional and political stressors qualified midwives have to deal with on a daily basis in order to understand the environment student midwives are exposed to when working under the tutelage of their midwife mentor. It will consider the relevance of Hunter and Warren's (2013) findings in the context of midwifery pre-registration education, as the future of midwifery practice in the UK depends on the recruitment, retention and successful qualification of student midwives who are adequately prepared to cope with the complex emotional and physical demands of the profession. (23 references) (Author)

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### 20151106-7

**Courage: triumph over fear.** Sheena B (2015), The Practising Midwife vol 18, no 10, November 2015, p 6

Considers how midwives can build resilience, and remain strong, compassionate and courageous in the face of unexpected difficulties or negative influences. (2 references)

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### 20151021-14\*

**Midwifery competence: content in midwifery students' daily written reflections on clinical practice.** Ekelin M, Kvist LJ, Persson EK (2016), Midwifery vol 32, January 2016, pp 7-13

#### Objective

To examine the content in midwifery students' written daily reflections and in their supervisors' written feedback during clinical practice at birth units. Method: A total of 388 reflections written by a cohort of 18 midwifery students and written feedback provided by their supervisors have been analysed using content analysis.

#### Findings

One main category, transition to midwifery competence emerged and was interpreted as a process of development in midwifery skills over time. This main category encompasses five categories: evaluations, own actions, communication, own emotions and insights comprising fourteen subcategories. As the education program progressed there was evidence of development from fragmented reflections about care and learning to holistic reflections on learning. Comments from the clinical supervisors contained acknowledgement of the students' reflections or comments with a didactic content.

#### Conclusions

Daily written reflections on practice may be a useful pedagogical tool since reflective writing helps students to be active in transition to midwifery competence. Professional development may be facilitated by insights generated by reflection. Amount and content of feedback varied between supervisors which can result in a discrepancy in pedagogical value for individual students. (26 references) (Author)

Full URL: [http://www.midwiferyjournal.com/article/S0266-6138\(15\)00273-9/pdf](http://www.midwiferyjournal.com/article/S0266-6138(15)00273-9/pdf)

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#### 20141211-72

**Building resilient midwives.** Hannington A (2015), Essentially MIDIRS vol 5, no 11, December/January 2015, p 29

A student midwife summarises research by Billie Hunter presented at a seminar about emotional awareness in midwifery and professional resilience. (5 References) (JR)

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#### 20141203-7

**Caring for ourselves.** Wickham S (2014), The Practising Midwife vol 17, no 11, December 2014, pp 37-38

Despite the fact that they spend their days caring for others, midwives are not always good at taking care of themselves. But a lack of self-care can negatively impact upon midwives' own health and well being, on their ability to cope with the stresses and strains of life and work, and on the energy they have available to give to others, including childbearing women. This article briefly outlines why self-care is so important and shares ideas, suggestions and tips gathered from the experience of midwives and women. (1 references) (Author)

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#### 20141203-3

**Reflecting on resilience in midwifery.** Warren L, Hunter B (2014), The Practising Midwife vol 17, no 11, December 2014, pp 21-23

In the first part of this paper we provide a brief explanation of resilience and outline what is known about resilience in healthcare professionals. We then summarise the findings from our recent study of resilience in UK midwifery, which used a closed online discussion forum to explore the experiences of midwives who described themselves as resilient. We note that the participants identified a number of workplace challenges, which they responded to with a range of day-to-day and longer-term strategies. We reflect on what these findings might mean for midwifery practice, and where the gaps in knowledge remain. (10 references) (Author)

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#### 20141104-37

**'Midwives' experiences of workplace resilience'.** Blamire L (2014), The Practising Midwife vol 17, no 10, November 2014, pp 29-32

Research unwrapped is a popular series to help readers make sense of published research by undertaking a detailed appraisal of an article in a careful and considered manner. In doing so we can advance our knowledge and understanding of a research topic and apply it to our practice. This process is designed to assess the usefulness of the evidence in terms of decision making and application to practice. The research being discussed here explores resilience amongst midwives. This qualitative study will be appraised using a methodical but flexible approach, incorporating principles from a variety of approaches to critiquing qualitative research. (7 references) (Author)

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#### 20141031-10

**Calling all angels: Support of women and staff when perinatal death occurs.** Houston T, Lavender T (2014), Australian Midwifery News vol 14, Spring 2014, pp 40-41

A literature review on how to best support families when a perinatal death occurs has shown that 'individualised, empathetic, respectful, sensitive, empowering, and collaborative care is of vital importance'. It also showed that health professionals dealing with such families also need access to support services, in order to cope with these experiences and to develop their practice. (VDD)

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#### 20141002-16

**Occupational exposure to maternal death: Psychological outcomes and coping methods used by midwives working in rural areas.** Muliira RS, Bezuidenhout MC (2015), Midwifery vol 31, no 1, January 2015, pp 184-190

Aim: to explore the psychological outcomes of occupational exposure to maternal death and the coping methods used by midwives working in rural areas. Background; maternal deaths are common in rural areas of developing countries because of the shortages of human and other resources needed for maternity services. When maternal deaths occur,

midwives often experience emotional distress while striving to perform their work. This may have a negative impact on their well-being. Methods; Descriptive design. A self-administered questionnaire in the English language, comprising the Death Distress Scale and Brief COPE Scale, was used to collect data from 238 midwives working in two rural districts of Uganda. Findings: the majority of participants were female (81%) and had a diploma in midwifery (36%). Mean age and years of professional experience were 34 [standard deviation (SD) 6.3] years and three (SD 1.3) years, respectively. The majority of participants (94%) had witnessed a maternal death. The results from the Death Distress Scale showed that the majority of midwives who had witnessed a maternal death had moderate to high death anxiety (93%), mild to moderate death obsession (71%) and mild death depression (53%). Most midwives coped with their distress using methods such as active coping, venting, positive reframing, self-distraction and planning. Conclusion: midwifery educational programmes and work settings need to understand the importance of maternal death from the midwives' perspective and their ability to cope with this detrimental experience. Implications for practice: there is a need for midwifery practice settings to provide respite care, education on coping with death experiences and counselling after traumatic experiences in order to maintain the well-being of midwives. As occupational exposure to maternal death can have a negative effect on the well-being of midwives, this can affect their professional quality of life and clinical practice. (Author)

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#### 20140716-50

**Midwives' experiences of workplace resilience.** Hunter B, Warren L (2014), *Midwifery* vol 30, no 8, August 2014, pp 926-934

**BACKGROUND:** many UK midwives experience workplace adversity resulting from a national shortage of midwives, rise in birth rate and increased numbers of women entering pregnancy with complex care needs. Research evidence suggests that workplace pressures, and the emotional demands of the job, may increase midwives' experience of stress and contribute to low morale, sickness and attrition. Much less is known about midwives who demonstrate resilience in the face of adversity. Resilience has been investigated in studies of other health and social care workers, but there is a gap in knowledge regarding midwives' experiences. **OBJECTIVE:** to explore clinical midwives' understanding and experience of professional resilience and to identify the personal, professional and contextual factors considered to contribute to or act as barriers to resilience. **DESIGN:** an exploratory qualitative descriptive study. In Stage One, a closed online professional discussion group was conducted over a one month period. Midwives discussed workplace adversity and their resilient responses to this. In Stage Two, the data were discussed with an Expert Panel with representatives from midwifery workforce and resilience research, in order to enhance data interpretation and refine the concept modelling. **SETTING:** the online discussion group was hosted by the Royal College of Midwives, UK online professional networking hub: 'Communities'. **PARTICIPANTS:** 11 practising midwives with 15 or more years of 'hands on clinical experience', and who self-identified as being resilient, took part in the online discussion group. **FINDINGS:** thematic analysis of the data identified four themes: challenges to resilience, managing and coping, self-awareness and building resilience. The participants identified 'critical moments' in their careers when midwives were especially vulnerable to workplace adversity. Resilience was seen as a learned process which was facilitated by a range of coping strategies, including accessing support and developing self-awareness and protection of self. The participants identified the importance of a strong sense of professional identity for building resilience. **KEY CONCLUSIONS:** this study provides important new insights into resilience within UK midwifery, of relevance to the wider profession. Some findings echo those of other resilience studies; however, there are new insights such as the importance of professional identity which may be relevant to other health care workers. Through understanding more about resilience, it may be possible to facilitate positive adaptation by midwives and ameliorate the effects of workplace adversity. **IMPLICATIONS FOR PRACTICE:** This study indicates that resilience is a complex phenomenon, which warrants serious consideration from clinical midwives, managers, educators and researchers. (34 references) (Author)

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#### 20140605-78

**Can I wear my heart on my sleeve?.** Sporek P (2014), *British Journal of Midwifery* vol 22, no 6, June 2014, p 454

Student midwife Paulina Sporek discusses the emotional work in midwifery practice. (13 references) (Author)

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#### 20140319-86

**One-to-one: bouncing back.** Hunter B (2014), *Midwives* vol 17, no 2, 2014, pp 21-23

Professor Billie Hunter discusses her research on the issue of resilience in midwifery. (SB)

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#### 20140203-87

**Resilience, self compassion and mindfulness in midwifery.** Deery R (2014), The Practising Midwife vol 17, no 2, February 2014, p 5

Examines the benefits of resilience, self compassion and mindfulness in midwifery and maternity care. (3 references)  
(SB)

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#### 20131212-37\*

**Investigating resilience in midwifery: final report.** Hunter B, Warren L (2013), Cardiff: Cardiff University October 2013. 63 pages

Presents the findings of research into the concept of resilience, funded and supported by the RCM. The study investigated midwives' understanding and experience of resilience, using a professional online discussion group, and modelled the concept in collaboration with a panel of experts. (CI)

Full URL: <http://www.cardiff.ac.uk/sonms/resources/Investigating%20resilience%20Final%20report%20oct%202013.pdf>

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#### 20120705-26

**I am not God.** The Midwife (2012), Midwifery Today no 102, Summer 2012, pp 27-29

A harrowing story of how the author experienced the death of two babies in her care within six weeks, and how she coped with the aftermath. (VDD)

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#### 20110808-41

**Stressful childbirth situations: a qualitative study of midwives.** Halperin O, Goldblatt H, Noble A, et al (2011), Journal of Midwifery & Women's Health vol 56, no 4, July/August 2011, pp 388-394

Introduction: This study aimed to explore clinical life-threatening childbirth situations, which midwives perceive as extremely stressful, and to identify how midwives cope with those experiences. Methods: Participants were 18 midwives employed in 6 labor and delivery units in Israeli hospitals. Individual semistructured, in-depth interviews were conducted wherein participants were asked to describe an extremely stressful situation that they had experienced, their significant feelings associated with the event, their coping strategies, and their support systems. Results: Thematic content analysis revealed 2 themes, with each consisting of 4 categories. The first theme focused on reactions to stressful childbirth situations and their impact on midwives. Categories were: functioning professionally in an unexpected reality, emotional reactions, physical reactions, and long-term effects. The second theme related to coping with stressful situations, focusing on coping difficulties, and suggestions for change. Categories were: midwives' coping difficulties, their colleagues' reactions, their feelings about supervisory staff support, and their suggestions for meeting expressed needs. Discussion: Stressful childbirth situations can have a long-term impact on midwives' professional and personal identities. Midwives need to feel supported and valued in order to deal with emotional stress. Incorporating clinical supervision by experienced midwives can serve as a supportive framework for other midwives. (42 references) (Author)

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#### 20110520-12\*

**Midwives coping with loss and grief. Stillbirth, professional and personal losses.** Kenworthy D, Kirkham M (2011), Milton Keynes: Radcliffe Publishing 2011. 173 pages

The experience of stillbirth and other losses in pregnancy at what is usually a time of great joy is tragic for everyone involved, including midwifery professionals. Although research increasingly shows how profound the effects of loss can be, few studies have explored the effects of pregnancy loss - which often leads to other personal and professional traumas such as loss of autonomy or a workplace - on midwives. This in-depth investigation uses a phenomenological approach to capture midwives' experiences of loss and grief in their own words, and encompasses both pregnancy loss and wider professional and personal issues. It then makes recommendations to enhance midwives' resilience and ability to cope appropriately, whilst giving maximum support to their clients. Reflections on the emerging implications for midwifery education and practice further broaden the scope of the analysis. The insights in this book will be of great use to midwifery managers and supervisors. They will also help midwives to nurture themselves, their colleagues and their clients at a time when pressures on the service can leave support lacking. The devastating experience of losing a baby for women and their families is something that, as midwives, we strive to understand in order to provide appropriate practical and emotional support. Doreen and Mavis encourage us to consider how we are affected by the grief of others at a deeply personal level. Ultimately the message in this book is one of hope: through reflection and the sharing of experiences midwives who have been with women whose babies have died can regain their personal strength and learn to re-shape memories in ways that contribute to personal growth and understanding. A' - From the Foreword by Nicky Leap. (Publisher)

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**20110406-20**

**Attention: calm and relaxed midwives at work!**. Copp E, Morton N (2011), *Practising Midwife* vol 14, no 4, April 2011, pp 21-23

This article highlights the need for midwives to access and receive support and self-care when looking after families who themselves need support. The nature of being pregnant and giving birth means that there is a multitude of unknowns for the woman and her family. Every midwife works in situations which range from wonderful to unpredictable and tragic; how does she cope with that? What mechanisms and resources does she have to be proficient and competent as well as caring, compassionate and remain professional in such a changeable job? Two midwife hypnotherapists have been working and helping midwives and student midwives since 2009. They are addressing midwives' need to do all that, raising awareness of the resources needed and showing why this attitude works whilst preserving good health and preventing burnout. They are currently working with student midwives in-house around the UK. (Author)

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**20091217-11**

**The pain that binds us: midwives' experiences of loss and adverse outcomes around the world.** McCool W, Guidera M, Stenson M, et al (2009), *Health Care for Women International* vol 30, no 11, November 2009, pp 1003-1013

Although much has been written about helping women and their families cope with loss related to childbearing, little exists in the literature to guide and support the midwives who witness these losses. We conducted qualitative interviews globally with 22 midwives from nations located on six different continents to begin exploring common themes of experiences and coping methods of midwives involved in adverse perinatal outcomes. The concept of critical incident stress (CIS) is presented as a framework for understanding practitioner reactions that occur after adverse outcomes. Implications for practice, education, and continued research are addressed. (14 references) (Author)

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**20070813-14**

**Supporting midwives to support women.** Deery R, Kirkham M (2006), In: Page LA, McCandlish R eds. *The new midwifery: science and sensitivity in practice*. Edinburgh: Elsevier 2006. pp 125-140

Discusses the effects that lack of professional support has on the care that midwives are able to give women. Explores changing work patterns and ways in which midwives cope with their workload and asks how midwives can support one another. (88 references) (MB)

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**20060115-40\***

**When it all goes wrong. How to cope with a bad placement.** Anon (2005), *Nursing Standard* vol 19, no 39, 2005, p 72

No abstract available.

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**20050509-19**

**Midwives' coping methods for managing birth uncertainties.** Green B (2005), *British Journal of Midwifery* vol 13, no 5, May 2005, pp 293-298

This article reports some of the findings from a larger study exploring the influence of uncertainty on the decision-making of midwives and doctors, and its potential as a contributory factor to the rising caesarean section rate. The specific focus of this paper is on the coping mechanisms used by midwives when dealing with uncertainty in childbirth and their attitude towards caesarean section. The findings indicate that midwives have ambivalent attitudes towards caesarean sections and rely on a range of strategies to cope with clinical uncertainty, such as the disclosure and non-disclosure of uncertainty with women, humour and adherence to clinical guidelines. However, the study did find that some midwives had poor coping responses to clinical uncertainty and spoke of considering other career options. The implications for practice suggest that the current emphasis on being certain and on specific time frames for women in labour threaten to obviate traditional midwifery skills. (27 references) (Author)

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**20050214-20**

**Sanctum for midwives.** Gutteridge K (2005), *RCM News and Appointments* February 2005, p 7

Childhood sexual abuse can have distressing effects on childbirth in later life. Kathryn Gutteridge gives details of an organisation [Sanctum for Midwives] set up to help midwives cope with difficult situations involving survivors. (16

**20030304-6**

**Midwives must cope with the impact of traumatic birth experiences.** Penwell V (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 8 pages

The author describes the work of Mercy in Action, which provides charitable birth centres in developing countries, and highlights the need for midwives working in developing countries to have training to help them cope with traumatic birth experiences. (5 references) (SB)

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