'Exploring relationships within a midwife-led unit in the North of England'

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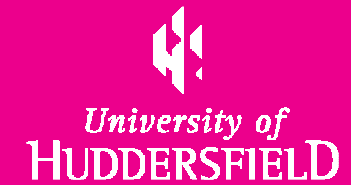
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Conference themes
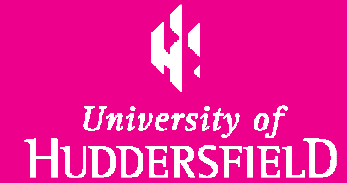
- The negotiation of positive and negative aspects of relationships, within a midwife led unit

- How do social and organisational contexts influence personal thoughts, emotions, desires, and actions

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Study

To discuss the secondary analysis of an action research study undertaken in 2003 with a group of midwives developing a midwife-led service adjacent to an obstetric-led labour ward.

- What is secondary analysis?
  - Use/re-use of data (Hammersley, 2010)

- Why?
  - Not sure whether all the data fully reported
  - Trying to understand whether any of the more recent problems experienced in the MLU could be located in the previously gathered data

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Action research project
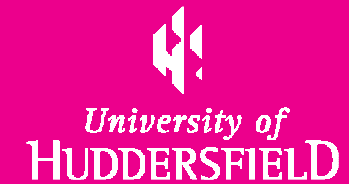
- Collaboration with a local NHS Trust – 2003
- To support the initiation and development of a midwife-led unit
- Action Learning is a form of self reflective enquiry undertaken by participants to improve the rationality of their practice : their understanding of this practice and of the situation within which it is carried out (Carr and Kemmis 1986)
- An opportunity for midwives involved in the development of the unit to articulate their aspirations and for midwifery managers to hear and understand these.

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Method

- Nine focus groups were held and attended by 30 midwives
    - range of experience and roles
- Original primary data -Thematic analysis
- Secondary analysis -Psychodynamic Theory

Theoretical approach – Psychodynamic theory

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- Views an individual's behaviour as being derived from unconscious motives
- Sees interactions in terms of ideas about the role of the unconscious in communication, and the ways in which individuals' and organisations 'actions are driven by a need to defend against anxiety
- Rooted in psychoanalysis (Sigmund Freud), but much wider relevance beyond the therapist's couch.
- Emphasises the importance of hidden processes/ motivations occurring both within and between people

Aspects of organisational life

- <u>Primary task/Work group mentality- Midwife led unit</u>
- Wish to work with reality
- Intention to carry out the task
- Willingness to cooperate
- (Halton 2008)

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Primary task -establishment of Midwifery led unit
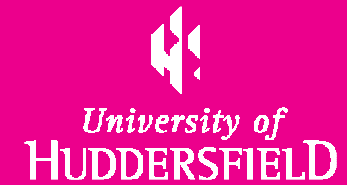
- Since 1993 pressure from women and within the service for Choice, Control, Continuity of care / carer (DoH 1993, 1997)

- Benefits – reduced risk of loss before 24 wks, reduced need of epidural, fewer episiotomies and instrumental births and increased chance of spontaneous vaginal birth (Hatem et al 2008).

- Future plans to revise models of care should reflect the findings (Bick 2009)

Basic assumption mentality

- Tendency to avoid the Primary task (Unconscious needs of the group)
- Wish to evade reality
- Protective- reducing anxiety and internal conflict
- Individual and organisational responses

(Halton 2008)

Individual defence mechanism Splitting & projection

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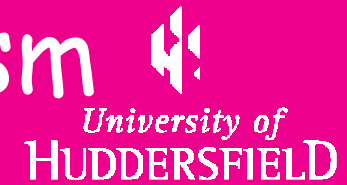
The midwives used splitting - dividing feelings into different elements (lack of confidence) and projection (locating this lack of confidence in others rather than themselves)

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Splitting-lack of confidence- examples

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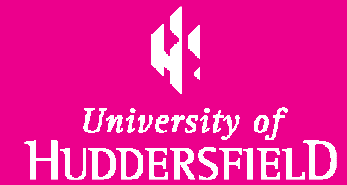
- " ..We've got a lot of young midwives who are not confident to look after a lady without first putting them on a monitor." (FG1)

- "..A lot of the younger Midwives are not able to pick that up because they've been brought up. They've been born into a culture that's been very much dominated by the medical staff and they find that very hard to move away from that and practice what they are qualified to do " (FG6)

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Splitting-lack of confidence- examples

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- " .. a lot of senior staff are entrenched in certain ways of doing things … They've become so medicalised." (FG8)
- .." If you've just seen abnormal for the last ten years you might have lost your faith and belief in normal births " (FG5)
- .."I just think some of the senior grades or people who have been here a while have lost their confidence..."(FG5)

Organisational coping strategies

- Organisations structured unconsciously to protect those working within them from anxiety, pain, despair fear

- Organisational coping strategies

- Tasks and procedures which are geared to enable professionals to maintain a 'distance' from 'patients'

- (Menzies Lyth 1988)

Organisational coping strategies- Examples

- Decision making shared checks-counter checks
- Reduce impact decision by delegating to superiors
- Protocols/procedures-blanket decisions
- Avoidance change
- Task approaches to care
- Depersonalisation
- (Menzies Lyth, 1988)

Shared decision making

- Interpreting interactions in care settings focuses on determining the unconscious feelings that are communicated, in a symbolic or disguised form, in the exchanges between people - It is concerned with what might lie behind a behaviour or reaction or way of communicating

- Somebody said about being down there 'it's Billy no mates' meaning that you're on your own." (FG3)

Shared decision making

- "… I think you need an interest in it [midwife-led care] with it being such a specific area, because we're all geared up to having a doctor there." (FG9)

- " … unfortunately in this day and age and certainly at ---- ---- we've had such a high medical model that that is how they [midwives] perceive their role is, to be assisting the doctor with a medical problem or calling a doctor to intervene or interfere in a normal labour. I think we've got to change our whole way of thinking and working at – (FG2)

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Midwife- led care research Protocols/procedures-blanket decisions

- "You see on the one hand the trust are encouraging you to be practitioners within your own right and being an autonomous practitioner yet on the other hand we're now being bombarded with clinical risk, risk management" (FG6)

- "I think its a bit confining. There's all sorts on it. That index has got to be between this and this" (FG5)

- .."but we have a criteria system, inclusion criteria and exclusion criteria more to the point and it's too rigid" (FG1)

- "They're extremely strict" (FG7)

Avoidance of change

- ..” We can talk till we are blue in the face and people hear what they want to hear and take on board what they want to take on board” (FG1)

- “ … ideally community should run it [midwife led unit]”. (FG2
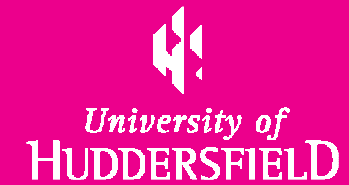
Avoidance of change

- .."Management are saying it can't be staffed and we can't have somebody sat there not doing anything while they're running round on delivery suite (FG2)
- "But the management won't let the delivery suite go down to skeleton staff"
- ..."Midwives sit there and try to find a reason not to take the lady through" (FG6)
- ..."It relies on the person picking up the phone to suggest it to the woman (FG5)
- "I forget it's there" (FG5)

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Avoidance of change

- "I've been on community all summer and I think it's not mentioned as much as it could be" (FG5)

- "The information is not getting out to the public/ Nearly all the ladies don't know about it " (FG6)

- "Tying up a midwife full-time and leaving less people out here where people are at risk"

- If the board's full they're not going to suggest to a woman midwife –led care because it will take staff away (FG5)
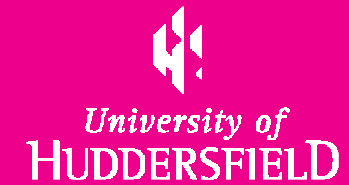
Task approaches to care
Depersonalisation

- "It's easier to stick a woman in a room with a monitor on … with an epidural and leave her to it and go in every half an hour for your obs." (FG8)

- "I think it's harder to look after women in normal labour. It takes a lot more out of you doesn't it?" (FG8)

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Conclusion

- Emotional Labour – Definition -management of feelings to create publically observable facial and bodily display' (Hochschild 2008)

- Lack of understanding around emotion work in midwifery (Deery et al 2010)

- Hidden work stressful and exhausting

- Psychodynamic analysis to explore individual and organisational responses used to deal with this anxiety

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