

Fostering Midwives' Mental Strength: The Transformative Power of Social Clubs in Building Resilience



Introduction

Navigating the challenging landscape of delivering healthcare services in resource-strapped environments with minimal support, midwives and nurses frequently experience stress, burnout, and secondary trauma [1,2]. While the recognition of the mental challenges faced by midwives and nurses is growing, there has been less focus on addressing their emotional well-being. It is now acknowledged that the emotional state of healthcare providers profoundly impacts the quality of maternal and newborn healthcare. In Ghana, midwives and nurses—primarily female—play crucial roles in providing healthcare. They collaborate within multidisciplinary teams that include physicians, consultants, and diverse medical and non-medical staff at healthcare facilities and often face challenges in professional autonomy [3-6]. In some cases, this leads to a cycle of mistreatment between providers and clients [7]. Improving the well-being of midwives holds the potential to interrupt this cycle, contributing both to improved provision of health care and advances toward gender equality.



Group picture after ConvoCare meeting at Tema Health Center
Photo by: Fredrica Hanson

ConvoCare (CC) is an innovative, locally contextualized, and simple peer-support initiative that encourages midwives and nurses to openly engage in discussions and collectively address stress, offering mutual support. ConvoCare...Zomunchi! means “togetherness” in Hausa. CC is designed to assemble social clubs of eight-12 health workers at convenient locations for discussions and sharing experiences, using a deck of cards to prompt discussions (for detailed information, refer to brief one of two). CC was tested in two regions in Ghana. The study assessed the acceptability and perceived consequences of the CC initiatives in eight out of the 11 health facilities actively hosting CC sessions in the Greater Accra and Central regions.



Methodology:

The programmatic qualitative study explored the experience, acceptability, and self-reported well-being of CC among participating midwives/nurses through in-depth interviews. Specifically, midwives and nurses who engaged in a minimum of four CC sessions were purposefully selected for interviews. A total of thirty-two interviews, conducted in English, were audio-recorded, transcribed verbatim, and then translated into English. To analyze the data, a cross-country interdisciplinary team employed both inductive and deductive coding methodologies, along with summary memo-writing.

Key Findings:

In Ghana, ConvoCare (CC) created a secure and welcoming space for peer interaction, promoting collaborative learning, coping strategies, mutual support, and the development of positive relationships.

Midwives reported their ability to recognize and overcome stress: CC has led midwives to better gauge one's, clients', family members', and colleagues' emotions and respond in a way that positively influences their personal and professional relationships. Midwives who experienced debilitating mental health problems due to fears around making clinical mistakes before CC, describe a sense of healing that came from listening and feeling supported by empathetic colleagues in CC working with the same challenges.

Midwives collaborated and reduced the transference of stress on others. Midwives expressed that CC led to feeling close to their colleagues, in solidarity, and working better in teams than previously. By alleviating problems of inter-provider gossip and conflict prior to CC, CC helped improve midwives' communication. Midwives increasingly ask for help from colleagues and supervisors, proactively check on colleagues, and offer help, while being less prone to take their stress out on clients.

Sometimes we are only thinking about other people...family, clients, colleagues or other things... but we don't think for ourselves... I realized that when you are able to care for yourself, you will be able to care for other people. How can you take care of somebody when, if you yourself you are not healthy or you also [have] an issue... take time for yourself and good care of yourself.

We realized that almost 100% of us enjoy our jobs...but it just so happened that the few factors surrounding us is what is making it impossible for us to do what we want to do. I think it's reaffirming to us... We now have a very positive outlook on some things even though sometimes, management may not be able to give us what we need or expect... we put in our best.

Yeah, I think there have been changes because I have learnt that you can do things to bring your stress down, the stress of your colleagues down and the stress of your clients down. So, maybe a client has done something that has angered me or annoyed me for me to shout at the person, now I wouldn't shout because I might not even know what the client is going through...

Conclusion:

Despite initial reluctance from some midwives and nurses to actively participate in group sessions, CC successfully fostered a secure and comfortable environment. This setting facilitated the open expression of stressors, the acquisition of coping mechanisms, mutual support, the strengthening of transparent communication channels, and the promotion of a culture that fosters improved emotional well-being and professional collaboration. CC shows promise as an enjoyable method to enhance the mental health of healthcare providers, with potential positive implications for service quality. In under-resourced health systems like those in Ghana, midwives and nurses enthusiastically embrace CC, recognizing its positive outcomes. As a simple and adaptable approach, CC has the potential for seamless integration into the workplace as an effective platform for building broader health worker resilience.

Recommendations:

Midwives/Nurses: Maintain ongoing CC sessions within the facility or community to effectively navigate and process stress, bolster mutual support through enhanced communication, and sustain peer-to-peer learning.

Facility managers, sub-national health management teams, civil society, and implementers: Promote and endorse CC, ensuring that midwives have a secure environment and dedicated time for these meetings. This can significantly contribute to improving care provision and cultivating an emotionally supported health workforce.

Researcher: Encourage additional research on the impact of CC on the experience of care for health workers and clients. Moreover, delve into and evaluate the effectiveness of this approach among other healthcare professionals experiencing comparable stressors.

References:

1. Jaffré Y, Lange IL. Being a midwife in West Africa: Between sensory experiences, moral standards, socio-technical violence and affective constraints. *Soc Sci Med*. 2021;276. doi:10.1016/j.socscimed.2021.113842
2. Sripad P, Peterson S, Idrissou, et al. Applying a Power and Gender Lens to Understanding Health Care Provider Experience and Behavior: A Multicountry Qualitative Study. *Glob Health Sci Pract*. Published online August 24, 2023. doi:10.9745/GHSP-D-22-00420
3. Burnett-Zieman B, Warren CE, Chiundira F, et al. Modeling Pathways to Describe How Maternal Health Care Providers' Mental Health Influences the Provision of Respectful Maternity Care in Malawi. *Glob Health Sci Pract*. Published online August 17, 2023. doi:10.9745/GHSP-D-23-00008
4. Aydın R, Aktaş S. Midwives' experiences of traumatic births: A systematic review and meta-synthesis. *Eur J Midwifery*. 2021;5(July):1-10. doi:10.18332/ejm/138197
5. Global Strategic Directions for Nursing and Midwifery 2021-2025. World Health Organization; 2021.
6. Anderson GS, Di Nota PM, Groll D, Carleton RN. Peer support and crisis-focused psychological interventions designed to mitigate post-traumatic stress injuries among public safety and frontline healthcare personnel: A systematic review. *Int J Environ Res Public Health*. 2020;17(20):1-20. doi:10.3390/ijerph17207645
7. Betron ML, McClair TL, Currie S, Banerjee J. Expanding the agenda for addressing mistreatment in maternity care: A mapping review and gender analysis Prof. Suellen Miller. *Reprod Health*. 2018;15(1). doi:10.1186/s12978-018-0584-