

PROVIDING COMPASSIONATE CARE: A QUALITATIVE STUDY OF COMPASSION FATIGUE AMONG MIDWIVES AND GYNECOLOGISTS

Background

Obstetric teams face complex challenges in providing care due to overburdened healthcare systems and stressful events during labor and childbirth. Consequently, midwives and gynecologists are at high risk of developing compassion fatigue; physical and emotional exhaustion resulting from exposure to suffering, stress, and a lack of self-care [1]. This can lead to diminished self-esteem and absenteeism among professionals. When left untreated, compassion fatigue can develop into burnout. Research shows resilience is inversely related to compassion fatigue [2]. Therefore, targeting interventions to improve resilience can alleviate or prevent the development of compassion fatigue.

Aim(s)

The aim of this study is to explore experiences of compassion fatigue among midwives and gynecologists in Flanders and to identify needs, protective factors and coping strategies in order to enhance resilience and prevent the development of compassion fatigue.

Methods

A thematic analysis of semi-structured in-depth interviews was conducted. Snowball sampling led to the inclusion of seven midwives and three gynecologists from different hospitals and outpatient care in Flanders. The participant group was diverse in age ($M = 39,3$; $SD = 8,86$) and years of work experience ($M = 14,8$; $SD = 7,86$).

Results

Experiences and protective factors were identified as two organizing themes and further refined into sub-themes. Although only a few participants reported personal experiences of compassion fatigue, the majority recognized the manifestation within their teams. Interviewees defined compassion fatigue as a multifactorial problem caused by a confluence of personal and contextual factors, resulting in 'the inability to provide care as one normally would'. Protective factors in the organizational context were identified along with strategies for caring for team members, self-care and patient care.

Discussion

The concept of compassion fatigue is unfamiliar and ambiguous to obstetric professionals. Participants' experience of compassion fatigue was often confused with symptoms of burnout. This conceptual lack of clarity is not surprising as research shows an overlap between the two due to distress characterizing both conditions [3]. Differentiating between the two could prove useful in early intervention and prevention of further development into burnout. A safe and supportive team environment was identified by participants as the main protective factor. Cultivating a psychologically safe team environment could therefore not only facilitate team learning and innovation [4] but also strengthen resilience and well-being among obstetric teams.

Implications and future perspectives

These findings show promising pathways to develop strategies aimed at promoting resilience and preventing the development of compassion fatigue among obstetric teams. By increasing awareness and knowledge of compassion fatigue and reinforcing protective factors and coping strategies, midwives and gynecologists can feel supported in providing compassionate care. This could have a lasting impact on professional well-being and potentially improve the quality of patient care.

References

1. Peters, 53:466-480, 2018.
2. Zhang et al., 78:2030-2041, 2021.
3. Heritage et al., 13:e0193478, 2018.
4. Tucker et al., 53:894-907, 2007.