



Does the COVID-19 Pandemic Have an Impact on Compassion Fatigue among Midwives?

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ABSTRACT

Professional health services have been key in the recovery of patients during the COVID-19 pandemic. Health professionals have been in a great effort to meet the care needs of patients despite experiencing a high emotional burden for reasons such as unknown treatment of the disease, high contagiousness, changing working systems, increased workload, and the need to wear protective equipment. The unknown effects of the virus on the health of mothers and babies increased the concerns of midwives helping families in the core of society, which are the most intimate areas, regarding the risk of infection. Midwives had to manage an exhausting process similar to the one experienced by nurses, when they continued providing secondary health services such as immunization, antenatal care, and follow-ups. They are among the health professionals forced to work under highly adverse conditions, such as increased duties and responsibilities in the pandemic, and cancellation of leaves. It is reported that midwives, who are forced to work outside their field of duty due to the pandemic, are highly likely to experience compassion fatigue and to have a low level of life quality as well as professional belonging. Qualitative studies conducted with midwives working in the delivery room reported that midwives in delivery rooms experience compassion fatigue, adopt the concept of compassion fatigue, come up with their own solutions or receive psychological support to deal with compassion fatigue, and that they suggested that psychological support needs be provided by the state. As a result, many mothers and pregnant women lost their lives in this ongoing pandemic process, many health professionals lost their lives due to the epidemic. Midwives are one of these health professionals. The feeling of helplessness at the beginning of the pandemic, the unknowns about its treatment made the working conditions even more difficult. Considering these, it is reasonable to argue that midwives have been likely to experience compassion fatigue.

Keywords: Compassion Fatigue, Midwifery, COVID-19

COVID-19 Pandemisinin Ebelerde Merhamet Yorgunluğuna Etkisi var mı?

Süreç

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ÖZ

Covid-19 pandemisinde hastaların iyileşme sürecinde profesyonel sağlık hizmetlerinin çok önemli bir yeri bulunmaktadır. Bu süreçte sağlık profesyonelleri hastalığın tedavisinin bilinmemesi, bulaş riskinin fazla olması, çalışma sistemlerinin değişmesi, iş yüklerinin artması, koruyucu ekipman ile çalışmak zorunda kalmaları gibi nedenlerle yüksek duyu yükü yaşamalarına rağmen hastaların bakım gereksinimlerini karşılamaya çalışmaktadırlar. Ebelik mesleğinde de pandeminin anne bebek sağlığı üzerindeki etkilerinin bilinmezliği, en mahram alanlar olan toplumun çekirdeğinde yer alan aileler ile çalışan ebelerin bulaş riskine karşı endişelerini arttırmıştır. Ebeler bağışıklama, antenatal bakım gereksinimleri, izlemler, ikinci basamak sağlık hizmetlerini sürdürmeye devam ettikleri pandemi sürecinde hemşireler ile benzer olarak yıpratıcı bir süreci yönetmek zorunda kalmışlardır. Pandemi sürecinde artan görev ve sorumluluklar, izinlerin iptal edilmesi gibi pek çok olumsuz şartlar altında çalışmaya mecbur kalan sağlık grubu arasında yer almaktadır. Pandemi ile görev alanı dışında çalışmaya maruz kalan ebelerin merhamet yorgunluğu yaşama düzeyi yüksek olduğu saptanırken, yaşam kalite düzeylerinin düşük olduğu aynı zamanda mesleki aidiyetlerinin de düşük olduğu saptanmıştır. Doğumhanede çalışan ebeler ile yapılan nitel çalışmalarında doğumhanede çalışan ebelerin merhamet yorgunluğu yaşadıkları, merhamet kavramını benimsedikleri, merhamet yorgunluğu ile baş etmek için kendi çözümlerini bularak ya da profesyonel psikolojik destek aldıklarını belirterek, psikolojik destek gereksinimlerinin devlet tarafından sağlanması önerisinde bulunmuşlardır. Sonuç olarak devam eden pandemi sürecinde birçok anne ve gebe ile pandemi kaynaklı birçok sağlık profesyoneli hayatını kaybetmiştir. Ebelerde pandemi döneminde hayatını kaybeden meslek grubunda yer almıştır. Pandemi başladığı ilk anlardaki çaresizlik hissi, tedavisi hakkındaki bilinmezlikler çalışma koşullarını daha da zorlaştırdığı düşünülmektedir. Tüm bu durumlar göz önünde bulundurulduğunda ebelerin merhamet yorgunluğu yaşamalarının olası olduğu kanısına varılmıştır.

Anahtar sözcükler: Merhamet Yorgunluğu, Ebelik, Covid19

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Introduction

Covid-19 Pandemic

Coronaviruses that cause mild respiratory infections were first described in 1960¹. These pathogens, which have various types, are RNA viruses, the types of which infect animals and humans are different from each other². COVID-19 is an epidemic caused by the SARS-CoV-2 virus that affects the whole world. After the first cases were reported in the city of Wuhan, province of Hubei, China, on December 31, 2019, it has rapidly spread all over the world. The cases rapidly increased among animals and humans, affecting 30 countries negatively, as well as infecting 15,538,736 people, including health professionals, and causing a global crisis that caused the death of 634,325 people⁴. The first coronavirus case in Turkey was reported on March 11, 2020³. Again in Turkey, the number of confirmed COVID-19 cases was recorded as 223,315, and the number of deaths was reported as 5,563⁴. Complications related to COVID-19 may be mild as upper respiratory tract infection or more severe, including various systemic and pulmonary symptoms⁵. Although not all of the symptoms associated with COVID-19 are permanent, some are reported to be so⁶.

Those infected with COVID-19 are vulnerable to or have a weakened immune system to other respiratory infections. The declaration of the COVID-19 as an epidemic by the World Health Organization also negatively affected the health of the mother and child. Coronavirus affects individuals of all ages and genders; pregnant women, those with chronic diseases, and those with immunodeficiency or low immunity are at an increased risk. Due to some physical and hormonal factors, during pregnancy, women have a higher risk of suffering from respiratory tract infections^{9,10}.

During pregnancy, hypoxia occurs through suppression of immunity, dryness of nasal mucosa due to increased progesterone levels, and the pressure of the enlarged uterus on the diaphragm⁹. The COVID-19 pandemic negatively affects the physiology and immune response of pregnant women, posing a serious threat to the well-being of the fetus and mother, which can lead to conditions requiring hospitalization or follow-up¹¹.

The meta-analysis study of Capobianco et al.¹⁶, which reviews the articles published from December, 2019 to April 15, 2020, reported that pregnant women were admitted to the hospital with cough and fever, that maternal complications and cesarean delivery constituted 45% of all cases, and that approximately 20% of the pregnant

women were transferred to the intensive care unit. While the frequency of preterm births is 23%, the most common neonatal complication is pneumonia and respiratory distress syndrome. It should be noted that pregnancy is an emotional process as well as a physical one.

At the beginning of the COVID-19 epidemic, there were many unknowns about its treatment, but it was known that it causes social stigma, isolation, depression and fear of death, high contagiousness, high mortality, and morbidity¹². The symptoms the virus caused and might have were not known for certain, and the number of fatalities and ICU admissions affected individuals physiologically, socially, and psychologically.

The COVID-19 pandemic process entailed some changes in human relations and adaptation. Due to the outbreak, curfews were imposed, and visits by relatives to see a newborn, patient visits, condolence visits, and weddings were postponed¹⁷. The measures taken to control the epidemic and prevent its spread negatively affected education and social life. The workload and capacities of health institutions and organizations were maximized. Glasses, face masks, and one-piece suits were used to combat the pandemic. In this process, midwifery, which is a profession of empathy, underwent an emotionally challenging process even though it is one of the professions where the feelings of touch, compassion, and mercy are most intense in one-to-one contact with women. Research on the psychological effects of the pandemic on health workers is available in the literature. During the pandemic, health professionals who are active in health care services suffered from sleep deprivation as well as secondary trauma and stress disorder³⁷. Research performed with nurses during the COVID-19 reveal that the most common psychological problems among them are anxiety, burnout, depression, sleep problems, and secondary trauma stress reactions^{19, 22, 23, 24, 25}. Nurses and midwives, who are closely interested in patients' needs during this epidemic and under stress and intensive workload, were affected equally by the epidemic^{20,21}. Health professionals also experienced an exhausting process during the management of the pandemic. Although Coronavirus, in particular, is an RNA virus that requires droplet and contact isolation, the risk of being infected with this virus is very high among midwives and nurses employed in these areas, especially in the maternity ward, intensive care, operating rooms, and emergency services^{7,8}.

The Effect of The Pandemic On Compassion Fatigue In Midwives

The provision of care and support by primary and secondary health institutions during the pandemic reduced the quality and efficiency of midwifery services¹³. Midwives and nurses, who had a key role in the international health system since the start of the pandemic, went through a difficult process to provide quality care at every stage of the fight against the epidemic¹⁴. Midwives and nurses are already responsible for care planning, implementing high-capacity strategies, and triage in emergency departments and secondary and tertiary health centers, scanning the people in the testing centers, educating the public, and providing information on infection control methods to staff, protecting public health, promoting the use of personal protective equipment, protecting immunocompromised patients, and providing care to all patients with a compassionate and empathetic approach; through the COVID-19 pandemic, the number of patients requiring their care increased^{14,15}.

The midwives working in the field were employed in their own fields of work before the pandemic; however, they are employed in the fields where they assumed the caring and protective roles of the midwifery profession, especially in the emergency department, intensive care units, pandemic services, following the pandemic. In their cross-sectional descriptive study, Yakut et al.,¹⁸ noted that the increased workload and perceived lack of social support caused occupational burnout among health workers during the pandemic.

The pre-pandemic studies on compassion fatigue among midwives showed that midwives also defined the concept of compassion as empathy and experienced compassion fatigue before the pandemic, but did not receive social and financial support from the institution where they work^{29,30,31}. As the pandemic represented the state of emergency in health, midwives continued to work in many areas other than their fields (including contact tracing teams, intensive care, emergency, pandemic services), which is directly related to the concepts of professional belonging, job satisfaction, burnout and causes compassion fatigue^{32,36}. After the World Health Organization declared 2020 as the "year of the nurse and midwife", the coronavirus, which affected the whole world in a short time, made the working conditions of midwives even more difficult; it is believed that this may increase anxiety and fear, and cause occupational burnout^{33,38}. There was no interruption in midwifery care and counseling services during the COVID-19 pandemic.

In wars, peace, famines, and disasters, women and children need qualified midwifery care.

In this regard, this study focuses on the importance of the concept of compassion fatigue based on the implications of the COVID-19 pandemic and its possible effects on midwives and presents possible solutions. The role and place of midwives in society cannot be underestimated or denied. The International Midwifery Confederation (ICM) underlined that midwives should be proud of their extraordinary effort and work during the pandemic³⁴. Online studies were carried out in a number of areas during the pandemic. One of these areas is midwifery care and services. Education and counseling services were not interrupted due to the pandemic, and support was provided through phone calls and social networks instead of physical environments³⁵. These practices were very efficient for the continued provision of care. However, the increased workload seems to have a negative impact on midwives.

Compassion Fatigue

The first definition of compassion fatigue was proposed by Joinson, who studied burnout among nurses working in the emergency department²⁶. Despite not proposing a complete definition, Joinson stated that nurses providing empathetic care might internalize the traumas and pain of the patients they care for and provide services for, and explained the concept of compassion fatigue as "*a unique form of burnout that affects caregivers*". In different research, Joinson's definition of compassion fatigue is defined as one's experiencing burnout or the cost of care, although s/he does not have any frustration with the system or problem affecting job satisfaction^{27,28}.

With the COVID-19 pandemic, working conditions in the field of health, which entails multidisciplinary work, have become even more strict. The rapid spread of the disease, high mortality and morbidity rates, increased need for afterlife care and support, changes in operations and equipment, low level of social support expected as a result of time spent away from the family and social environment, exposure to stigmatization, witnessing infection and/or death of colleagues, adversely affected midwives and increased their likelihood of experiencing compassion fatigue.

Being at the center of the family and therefore the society during the pandemic, midwives did not avoid taking on duties and responsibilities and were in the frontline from the beginning to the end of the pandemic, are inevitably among the occupational groups most affected by the negative effects of the

pandemic. Still, some changes in the working conditions of midwives may decrease their occupational burnout, increase their quality of life, prevent any secondary trauma and stress disorder, enhance their sleep quality, and minimize the compassion fatigue experienced by them. It is expected that increasing the number of midwives actively working during and after the pandemic, reducing the weekly working hours, and positive regulations on personnel rights and wages would boost midwives' job satisfaction and satisfaction levels. In-service training and motivation meetings would also be helpful. Moreover, the literature review yields that there are not enough studies on compassion fatigue among midwives. Further studies on midwives would have a contribution to the field.

Conclusion and Suggestions

Midwives, who have been involved in every stage of the pandemic from the very beginning, may experience compassion fatigue because of occupational burnout, decreased quality of life, increased responsibility, and workload. Institutional and/or psychological support should be offered to midwives, and such support should be affordable. There are limited studies on the levels of compassion fatigue experienced by midwives in the field of midwifery. Future studies that investigate the fatigue of midwives in national and international literature would contribute to the field.

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