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**TRAUMA, RELATIONAL TRUST AND THE
EFFECTS ON THE MIDWIFE**

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**A thesis presented in fulfillment of the requirements for the degree
of Doctor of Philosophy**

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Massey University

Palmerston North

New Zealand

December 2011

Acknowledgements

I wish to thank my husband Gordon for all his love, listening skills, support and encouragement throughout this project. His faith that I would one day complete this thesis has been invaluable in getting me there.

To my family Sue, Joanna, Ian and Karin who have also believed in my ability to complete this study. They have listened to my concerns and in various ways provided me with the support to achieve my goal. I wish to express my heartfelt thanks and gratitude.

To my mam who was an ardent advocate for woman's rights and has been interested and encouraged me with this project from its inception. Unfortunately she died in October 2011 just before the completion of this project.

Many thanks to my supervisors Associate Professor Dr Cheryl Benn and Dr Suzanne Phibbs who have guided me through this study sharing their knowledge and expertise in their particular fields.

When I really felt I could not carrying on writing about trauma any longer I wish to thank my twin brother Les, my colleague Chris, my daughter Sue and daughter-in-law Karin for proof reading a chapter each and telling me I was too near the end to give up.

My thanks to Judith McAra-Couper for her encouragement to get this study finished not only for the participants and myself but for the profession.

Thanks also to Lindsey, Norma and Sally whose encouragement has been invaluable.

Throughout this study I have received support and encouragement from many people who are too numerous to mention. To each of you I wish to express my sincere thanks particularly to my midwifery colleagues and friends.

I appreciate the financial help provided from the Wellington Region NZCOM education fund that enabled me to present at conferences, many thanks.

Thanks also to the Joan Donley Research Foundation for their assistance to present a paper at their conferences.

My thanks to the staff of Massey University library who provide a fantastic service.

Finally, but most importantly, I wish to thank the 16 participating midwives for trusting me with their stories and making this research possible.

Abstract

This qualitative thesis uses a method of narrative research to explore the effects of a traumatic practice experience on the 16 midwives interviewed for this project. It is an investigation of relationships at play influenced by power games and their consequences creating conflict. The issues of partnership and autonomous midwifery practice are the key drivers that make New Zealand midwives more likely to be blamed and their competence in practice challenged. Partnership negates domination for collaboration and as a result challenges the beliefs of the dominant groups of medicine and management. Midwives questioned why when they had coped with similar situations in the past was this incident ‘the straw that broke the camels back’. The investigation uncovers that the trauma experienced was prolonged due to a breakdown of relational trust in organisations, management, colleagues, women and self. The breach of trust altered the meaning of the traumatic event for the midwives which impacted on their personal and professional identities creating biographical disruption and exacerbating the initial stress reaction. Loss of personal and professional identities elicited grief which in most cases was disenfranchised and therefore not supported. Grief associated with maternal death was supported. As a result of the increase of emotional stress some of the midwives suffered illness such as anxiety, post traumatic stress disorder and chronic back pain implying that the aetiology of the disease could be emotions. These illnesses experienced by the midwives contributed to workforce attrition.

Midwifery has an oral history whereby relationships are built and experiences shared, making narrative research an ideal method for this personal topic. The analysis of the study data draws upon the narrative concepts of Margaret Somers (1994), Arthur Frank (2005) and Davis and Harre (1990) and Bourdieu (1982) *theory of economic practice* to facilitate an understanding of the effects of these traumatic practice experiences for the midwife participants. Midwives in New Zealand are legally required to provide care to childbearing women using a partnership model of care based on trust and mutual respect (MCNZ,2004). Consideration was given to the influence of the model on the effects experienced by

the midwives. Substantive chapters explore the effects of biographical disruption, grief, support, violence in the workplace, destroyed relationships and disrupted lives, trust and dysfunctional organisations.

In the text gathered from this study I have developed two theoretical models; one explains how the trauma is exacerbated rather than supported; the other outlines the effects of the trauma. The study adds to the literature by providing evidence that biographical disruption occurring as a result of a traumatic practice experience can lead to a chronic illness. My research has addressed gaps in midwifery, biographical disruption, grief, workplace violence and trauma literature.

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