

# The Importance of Empathy in Maternal Healthcare Delivery

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## ABSTRACT

A woman's vulnerability is never greater than during pregnancy, childbirth, and the postnatal period. Quality healthcare delivery rest on actual interactions between patients and providers. Empathy has been acknowledged as a crucial component of patient care, benefiting both patients and medical staff. The patient-centered approach is considered an effective strategy to deliver successful patient care when healthcare professionals are more sensitive and attentive to the requirements of patients. Empathy means sharing another person's feelings and showing kindness to alleviate their misery or anguish. It is widely acknowledged as the essential component of nursing and midwifery care and regarded as the component of quality care. However, because it varies from practitioner to practitioner and from patient to patient, it is difficult to understand how compassion presents itself in the delivery of treatment. Midwives' compassionate attitudes and actions have a direct impact on obstetric outcomes. Even though scholars are studying the concept of empathy in nursing, little is known about what empathy in midwifery entails and how patients see it. Many advantages for patient communication, patient satisfaction, and treatment adherence are linked to healthcare professionals' empathy. This paper aims to examine the works of literature on the concept of empathy and highlight how crucial it is to provide care in the context of maternal healthcare.

**Keywords:** *Delivery care, Empathy, Midwifery, Patients, Quality care, Treatment.*

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### Highlights of this paper

- Empathy is the core element in Maternal healthcare delivery and promotes women satisfaction of care.
- Empathetic relationship between patients and midwives yields trust and confidence in the healthcare facility and affects how women interact with their newborns.
- Maternal healthcare personnel and patients have varied perspectives of how empathetic relationships should be and this affects how they deliver services.
- Empathy is an essential part of the healthcare professional's training, education and work ethics but lots of factors in their workplace inhibit their ability to deliver quality empathetic care.
- Empathetic care is essential in all the stages of obstetric care so governments, healthcare managers and other healthcare agencies should invest in policies and programs that are beneficial to improving quality empathetic care in the health industry.

## 1. INTRODUCTION

Too often, the world has neglected and downplayed maternal healthcare. Women should get professional, complete care, respect, decency, and a sense of love at their most vulnerable times (Agbi, Lvin, & Asamoah, 2021). However, being a midwife is a physically and emotionally taxing career, and midwives are susceptible to work-related psychological discomfort. The work environment's culture and climate also impact midwives' mental wellbeing (Cull, Hunter, Henley, Fenwick, & Sidebotham, 2020). Maternal mortality is described as avoidable and preventable by international advocacy groups. It may be the case, given that five serious complications account for more than 70% of maternal mortality (hemorrhage, sepsis, unsafe abortion, eclampsia, and obstructed labor) (Berhan & Berhan, 2014). Clinical solutions to stop these fatalities brought on by these problems are well known. Health programs and efforts targeted to improve this healthcare result have not had much effect. Recent researches indicates that the failure to reduce maternal mortality is caused by factors other than the effectiveness of treatments (Agbi, 2020; Bains et al., 2021).

There is growing research data that links provider-patient interactions and communication with quantifiable indicators of patient outcomes. Tightly interwoven in complex ways are effective communication and the delivery of quality health care (Lunze et al., 2015). Midwives collaborate with women throughout the phases of pregnancy, labor, and puerperium, and international criteria have been established for the minimal cognitive and psychomotor skills needed to be a midwife (Gama et al., 2016). A recent change in the literature on midwifery has increased the focus on emotional abilities and emphasized the idea of the "good midwife. A midwife skilled in the cognitive, psychomotor, and emotional domains is a "good midwife" (Davidson et al., 2011; George, 2004; Grönroos, 2000). Compassion is of utmost importance and essential in providing high-quality nursing and midwifery care (Gama et al., 2016). Competency in the affective domain means emotional intelligence, a caring personality, and the use of emotions and feelings like compassion, kindness, and empathy (Sinclair et al., 2016).

Patient satisfaction rises when health care professionals educate, instruct, and enlighten patients. When nurses took leadership and seemed to love their profession, confidence and trust increased (Smith, 1992; Tayelgn, Zegeye, & Kebede, 2011). A mother's ability to connect with and appreciate her baby's needs and experience is reflected in her perception of being seen, felt, and valued by a health care provider through an empathetic connection (Ong et al., 2014; Seigel, 2013).

Parents must view themselves as compassionate carers through communicative exchanges with their health care professionals, much as newborns see themselves through nonverbal and vocal interactions with their caregivers (mirroring) (Liu, 2021). As a result, the caretakers must be sensitive to accept signals from incoming parents (Adler, 2002; Ong et al., 2014).

## **2. LITERATURE REVIEW**

### *2.1. The Concept of Empathy*

The capacity for empathy is the capacity to comprehend and share the experiences of another (Moudatsou, Stavropoulou, Philalithis, & Koukouli, 2020). The person-centered approach described it as the transient state that a health professional goes through in an endeavor to understand a health care user's life without developing a personal relationship with them. The concepts of concern and true unconditional acceptance of the patient make up the emotive dimension (Bains et al., 2021; Gama et al., 2016). Support and assistance that come as a result of emotional contact are referred to as caring. Full and sincere unconditional acceptance is the idea of individuals accepting the "other" and agreeing without prejudice or stereotypes (Agbi et al., 2021; Moudatsou et al., 2020).

### *2.2. Empathic Service Delivery*

The empathetic relationship between medical experts and the people receiving their care strengthens their cooperation in creating a treatment plan and a personalized intervention, raising patient satisfaction (Berhan & Berhan, 2014; Seigel, 2013; Sinclair et al., 2016). By doing this, the quality of treatment is improved, mistakes are reduced, and a higher proportion of patients receive therapy that they find helpful (Seigel, 2013). In their study on empathy and spiritual care in midwifery practice, (Moloney & Gair, 2015) discovered that when these qualities were present, women's delivery experiences seemed to be improved, laying the groundwork for confident mothering. The midwives' empathetic communication abilities and empathic dispositions were higher immediately and eight weeks after the training than before ( $P = .001$  and  $P = .040$ , respectively) (Moore, Armbruster, Graeff, & Copeland, 2002). Women who gave birth directly after the training (94%) reported being more satisfied with their birthing than those who did so before the instruction (3%) (Moloney & Gair, 2015; Moore et al., 2002; Tayelgn et al., 2011).

In contrast, participants seemed to associate longer-lasting effects, birth trauma, and trouble connecting with their infants with a lack of caregiver empathy, compassion, or spiritual care (Sinclair et al., 2016). In a qualitative research study by Bains et al. (2021); Tayelgn et al. (2011) nursing students shared their opinions on empathy. They stressed the concept's three components. Participants defined it as the nurse's capacity to comprehend the emotional and cognitive condition of the patient they deal with and the ability to understand and experience other people's feelings, ideas, and wishes (Gama et al., 2016).

Future mothers who feel safe, trusted, and encouraged in their relationship with a midwife have higher levels of satisfaction and less stress, misery, and pain during birth (Moudatsou et al., 2020). It may offer order to disarray, hope to gloom, connection to loneliness, and faith to dread. And each of those factors is important every day of life, but birthing is very important (Olukotun, Kako, Dressel, & Mkandawire-Valhmu, 2020). When the relationship between the healthcare provider and the patient is formed on empathy and understanding, patients feel safe and have confidence in their professional's skills (Aktas & Pasinlioğlu, 2021). As a result, the gap between the expert and the patient closes coupled with they both get closer, reaping the rewards. In conclusion, empathy is a mix of the emotional, cognitive, and practical abilities needed to provide for a patient. What transforms women is the Model of Care, which uses terms like "kindness," "empathy," "compassion," or "love," which could appear unprofessional (Klimecki & Singer, 2011).

### *2.3. Empathy and Midwifery Care*

A crucial aspect of midwifery treatment is empathy (Renfrew et al., 2014). A pregnant woman requires ongoing emotional and physical assistance before and after the pregnancy. The woman interacts with the midwife throughout her pregnancy, throughout labor, and following the birth (Smith, 1992). In this instance, the healthcare provider deals

with a healthy woman who urgently needs help rather than a patient suffering from a pathological disease. A woman's better delivery and perinatal experience depend on the establishment of a strong relationship with her midwife, which also aids in pain management (Renfrew et al., 2014). The foundational elements of this connection include mutuality, trust, support, appreciation of a woman's individuality, and affirmation. As a result, a midwife must possess all the traits that encourage effective communication with the woman, including friendliness, gentleness, composure, preparedness, and empathy (Adler, 2002; Agbi et al., 2021; Moloney & Gair, 2015).

Midwives value empathy highly because it enables them to see things from a woman's perspective (Aktas & Pasinlioğlu, 2021). High empathy midwives can "walk in people's shoes" and comprehend how they feel, which is particularly beneficial, especially in some parts of labor when women choose not to talk or in situations when verbal communication is impossible (Bains et al., 2021; Renfrew et al., 2014). The midwife's nonverbal displays of empathy during labor, such as holding the mother's hand and giving her a gentle touch, assist the mother deal better with her condition, making her feel more at ease, and lower her blood pressure and heart rate (Moore et al., 2002).

Regardless of the importance of empathy in midwives, it is critical to point out that there is little research on the subject (Smith, 1992; Tayelgn et al., 2011). Independently, two midwives conducted PhD studies on various facets of the experiences of receiving midwifery care. Jenny Patterson researched the experiences of women and midwives with traumatic deliveries. Diane Ménage researched women's encounters with compassionate care. Both employed Interpretive Phenomenological Analysis (IPA), a qualitative approach, to extract rich, insightful data about participants' individual birth experiences (Patterson, Hollins Martin, & Karatzias, 2019). They discovered that the development of birth trauma and Posttraumatic stress disorder in Primary Care (PTSD-PC) significantly influences a woman's perspective of her interactions with her caregivers. In primary care settings, posttraumatic stress disorder (PTSD) is a common anxiety illness that is unrecognized. PTSD is a severe and enduring psychological condition that develops after traumatic circumstances. Jenny decided to hear from both the midwives and the women's perspectives—those who had full PTSD-PC—about the lived experience of interacting during maternity care. Women's expectations were shattered not because of the birthing process but because of how they were handled by people they trusted to be trustworthy (Patterson et al., 2019; Sinclair et al., 2016).

#### *2.4. Empathy and Patient-Centeredness*

Patient-centered care is directly related to empathic communication. Sincere empathy, however, presents unique challenges and is not without its obstacles (Berhan & Berhan, 2014). Mead and Bower (Mead & Bower, 2002) noted that while patient-centeredness is a crucial component of effective professional communication, it is unclear what this characteristic entails. Patient-centeredness entails investigating problems from the patient's point of view, and communication of this kind is more symmetrical than conventional consultations. When he described its primary characteristic as entering the patients' environment to experience the disease through their eye (Irving & Dickson, 2004) put empathy at the center of patient-centeredness.

Open inquiry, empathy, and examination of the psychological and social facets of the patient's experience are some of the behavioral traits that make up patient-centeredness (Gilmore & Hargie, 2000; Gilmore, Mirman, & Kiran, 2022). Communication skills training programs have shown a considerable increase in these fundamental abilities (Alimoradi, Taghizadeh, Rezaypour, & Mehran, 2013) but these programs frequently neglect to address more complex components of empathetic responding, such as coping and expressing emotions. According to Gilbert (2010) who emphasized the significance of "experiential self-awareness" as the crucial component, the personal problem of empathy is explained. According to the findings of his study, compassion, emotional detachment, perspective taking,

interpersonal relationships, and standing in the woman's shoes are the main determinants of midwives' empathy levels.

According to Kuwaiti research (Hasan et al., 2013), mothers who had not completed high school showed lower levels of empathy than mothers with higher levels of education. On the Jefferson Scale of Physician Empathy (JSPE), Kuwait University's medical students scored lower for empathy than their counterparts in Western nations. The mean empathy rating, however, is comparable to those of Asia. Students from homes with lower incomes had considerably lower empathy scores, which determined a significant association between empathy scores and monthly household income (Hasan et al., 2013). This may be because of how well-educated the parents are and how much money the family makes, which may have an impact on how youngsters acquire particular emotional abilities and, in turn, empathy (Gilmore et al., 2022).

As empathy is an individual characteristic shaped by interpersonal relationships, people who have enjoyed positive relationships with their mothers throughout their upbringing are likely to display empathy in social situations (Irving & Dickson, 2004; Patterson et al., 2019). There were no statistically significant correlations between personality characteristics and empathy ratings. Furthermore, they discovered a weaker positive correlation between empathy scores and stress levels, suggesting that people who experience more stress have higher empathy levels than people who experience less stress (Klimecki & Singer, 2011; Moore et al., 2002).

### *2.5. The Link between Physician Empathy and Quality Care*

In patient care, it's critical to distinguish between empathy, a cognitive quality, and sympathy, an emotional reaction, because compassion can negatively affect patients and doctors (objectivity in clinical decisions, exhaustion, and burnout) (Klimecki & Singer, 2011; Richardson, Percy, & Hughes, 2015). Because of its cognitive character, empathy is always advantageous to patient care, even in excess. These "psycho-socio-bio-neurological" reactions triggered by an empathetic interaction offer viable explanations for the association between physician empathy and patient outcomes (Moloney & Gair, 2015).

In a comprehensive review, (Gerard, 2017; Strickland, Nogueira-Arjona, Mackinnon, Wekerle, & Stewart, 2021) highlighted several aspects of patient-centeredness, including the human element of the patient-physician connection. Meanwhile, Mead and Bower (2002) emphasized the need for shared treatment objectives and strengthening the relationship between the clinician and patient. Healthcare practitioners may find it dangerous when the emotional aspect of a connection is stressed. Clark (2003) showed in his study on patient satisfaction that there was a strong association between patient satisfaction and sensitivity.

However, Thorne et al. (2014) viewed "the retreat into pseudo-professionalism" as a frequent defense strategy that may endanger patients. In addition, Sweet (2003) illustrates the drawbacks of a humanistic approach in her research on the psychological well-being of medical students, while Chenail (2011) stated that the emotional strain could be too much for less experienced physicians. Furthermore, Graugaard, Eide, and Finset (2003) discovered that individuals with extreme anxiety could even see emotional communication as invasive and unsuitable. Empathy is undoubtedly a complicated and multidimensional concept in patient-centered communication.

Empathic engagement lays the groundwork for a trustworthy relationship on a psychosocial level. A relationship built on trust will result in fewer communication barriers (Gilbert, 2010; Klimecki & Singer, 2011; Lunze et al., 2015). The patient starts to open up about their disease in the safety of a trusting connection. This results in a more precise diagnosis and higher levels of compliance, which eventually contribute to better care (Moloney & Gair, 2015; Strickland et al., 2021). For instance, interpersonal sensitivity during an empathetic interaction might cause hormonal

or endogenous neuropeptide changes that are cooperative. Below is a picture depicting the healthcare environment and the empathic relationships that leads to satisfaction.

Figure 1 shows the relationship between the physician empathy and quality care.

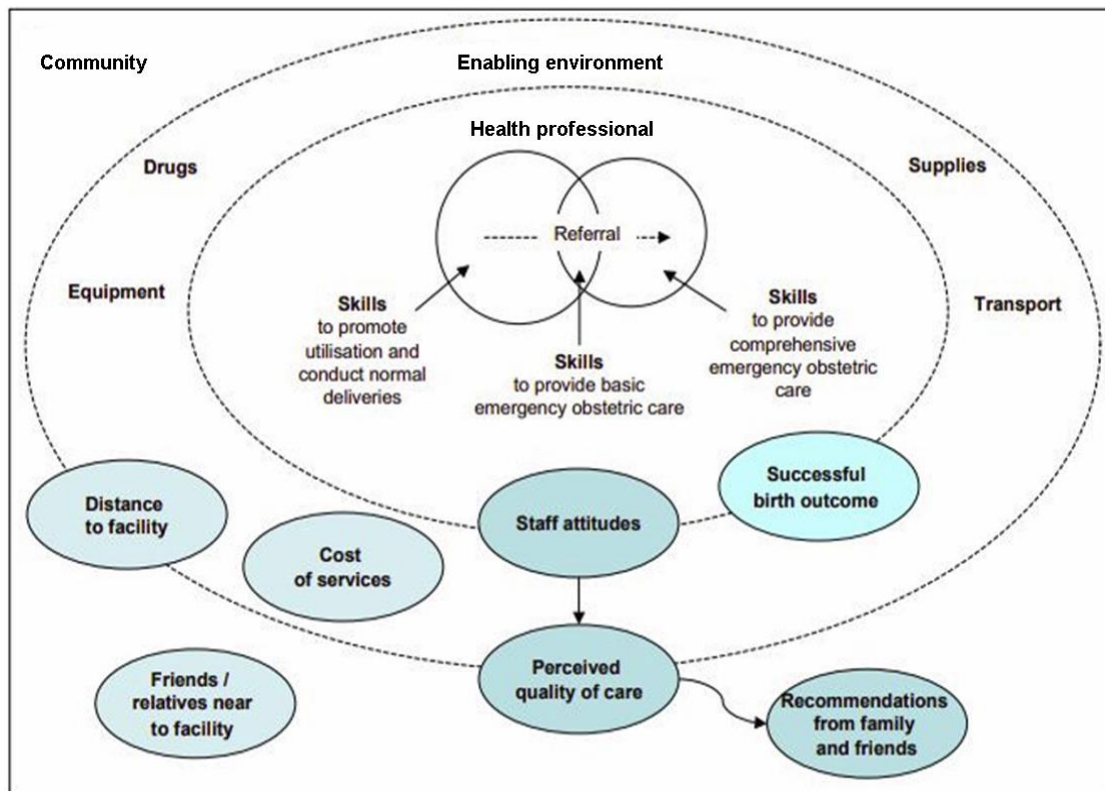


Figure 1. The relationship between the physician empathy and quality care.

### 2.6. Benefits of Empathy in Healthcare Delivery

It is evident that the patient-centered approach is more difficult for professionals to implement, but it also holds great promise for improving care quality (Mead & Bower, 2002). Empathy is frequently viewed as essential to the success of patient-centeredness because it encompasses sensitivity to both the factual and emotional components of communication (Bensing, Schreurs, & Rijk, 1996). For Mearns, Thorne, Lambers, and Warner (2000), empathy necessitates risk-taking and effort while allowing the patient to have a sense of individual worth. A Rogerian core condition for change in person-centered therapy is essential to a humanistic approach to patient care (Rogers, 2013).

More recently, Irving and Dickson (2004) observed that many definitions of empathy in the literature do not comprise the totality and complexity of the concept. The great stress placed on skill helps professionals communicate their empathic understanding to their clients through effective training programs. If skills programs do not recognize the importance of cognitive and affective aspects of empathy, they are biased and incomplete (Panth & Kafle, 2018). However, as Goncalves and Ivey (1987); Patterson et al. (2019) have asserted, skills training was not intended as an end but as part of a great process of growth and development that emphasizes different aspects at different times.

Recent research on primary care of doctors by Klimecki and Singer (2011); Mearns et al. (2000); Moudatsou et al. (2020) revealed a strong correlation between empathy and burnout, with more empathetic doctors having lower burnout rates. As a result of a better knowledge of the connections between burnout and empathy, programs and techniques to boost resilience and empathic engagement as tools for reducing burnout in primary care have been developed. Nearly 46% of doctors experienced job burnout, according to the newly released 2016 Medscape Lifestyle survey (Clark, 2003; Peckham, 2015). The foundation of providing quality medical care is the capacity to empathize

with and comprehend the sentiments and worries of patients. With an empathetic viewpoint, we may encourage the patient's autonomy while promoting his welfare and avoiding malevolence, all of which are critical ethical standards (Aktas & Pasinlioğlu, 2021).

### *2.7. Interpersonal Interactions between Women and Midwives*

The interpersonal sensitivity and capacity to understand the situation that the other person is in falls under the cognitive component (Qiao, 2021). Being interpersonally sensitive entails having an unbiased awareness of the other person's circumstances (Cull et al., 2020; Gama et al., 2016). Knowing someone requires a thorough process based on both verbal and nonverbal signs. The adaptability and objective comprehension of the other person's point of view is referred to as having the capacity to grasp the other person's circumstance (Alimoradi et al., 2013).

Since psychological health directly affects the procedures and results of physical birth, the highly valued physical outcomes might be compromised (Chenail, 2011). These studies show that pleasant interactions between women and midwives during childbirth are not only "optional extras." The effectiveness of these relationships is essential for the mental health of both mothers and midwives (Moudatsou et al., 2020; Patterson et al., 2019). As a result, mental health should be given the same significance as physical health. Maternity services would therefore need to take immediate action to address workplace attitudes and situations that have a detrimental effect on midwives' behavior and prevent them from being able to "be with" mothers as they want and desire (Rogers, 2013). Ignoring this would violate the principle of "first no harm" (Sinclair et al., 2016; Sweet, 2003)

### *2.8. Compassion Midwifery*

Compassionate midwifery helps women feel more capable of coping by lowering their concerns and anxiety; it is valuable for women at risk for birth trauma (Patterson et al., 2019; Sinclair et al., 2016; Thorne et al., 2014). In all parts of midwifery practice, policy, and education, compassion should be recognized as a vital midwifery tool. In essence, compassion is about maintaining both a human and professional identity (Richardson et al., 2015). The ability to sympathize with another person and take action to lessen their suffering or anguish is the definition of compassion. Although scholars are studying the concept of compassion in nursing, it is unclear what compassion in midwifery entails (Hasan et al., 2013).

Improving midwifery care and reducing instances of abuse and disrespect need the concept of compassionate care. It has been said that midwives are the "backbone" of maternity and newborn care since they are frequently the primary caretakers of healthy mothers giving birth (Moore et al., 2002). Thus, compassion is desired in nursing and midwifery care. For instance, patients who experience strong communication are more likely to stick to treatment regimens and other suggested courses of action, express higher satisfaction with the care they get, and appear to heal more quickly and with fewer difficulties (Hasan et al., 2013; Klimecki & Singer, 2011). The perspective of the healthcare practitioner on how doctors interact with patients may have a critical role in deciding their susceptibility to burnout and whether or not they are subject to malpractice claims when things go wrong (Levinson, Roter, Mullooly, Dull, & Frankel, 1997; Thorne et al., 2014).

## **3. MATERIAL AND METHODS**

This study aimed to examine the idea of empathy and highlight the significance of empathy for maternal health delivery services. The following research inquiries were considered: 1. What does empathy comprise? 2. What is the significance of empathy in the health and social care fields for the rehabilitative process of maternity care users? 3. And how can we measure the empathy levels of professionals? The research committee comprised both content and

methodological expertise for the review process to be rigorous and applicable. The literature search was carried out using PubMed, MEDLINE (OVID), PubMed, CINAHL, EMBASE, PsycInfo, EBM Reviews, and Scopus from databases from around fifteen years' worth of published research articles. Empathy and maternity health providers were the terms utilized. Google was used to conduct searches for gray literature and real-world examples of the concept.

Given the interrelated ways in which the term compassion is used in the works of literature on healthcare and its link to related ideas like empathy, we initially kept the search parameters broad to guarantee comprehensive coverage of the subject. Compassion, empathy, and caring were assessed with suitable mother delivery terms. Out of the search results, 78 studies addressed the goals and objectives of this study. The authoring team debated and analyzed these papers to see whether each was appropriate for the stated research topics. After reaching a consensus, the studies' data were reviewed and analyzed again, which resulted in the creation of four theme categories: a) Concept definition and dimensions; b) The function of empathy in the provision of maternal healthcare. c) Evaluating empathy, and d) The advantages of empathy in healthcare, especially during childbirth.

#### **4. RESULTS**

Rogers (2013); Thorne et al. (2014) clearly said in his review's conclusion: The research examined demonstrates that effective communication exerts a favorable influence not just on the patient's mental health but also on symptom resolution, functional and physiological status, and pain control. Without question, patients place high importance on their doctor-patient connection. Participants in a big international poll, cited by Liu, Dong, and Yen (2022); Pincock (2008), ranked it second only to relationships with family members in value, above ties of a career, spiritual, or financial kind.

The health worker's capacity to empathize with the patient is a crucial component of this attachment (Thorne et al., 2014). Indeed, of all the factors used to explain health communication, empathy is recognized as one of the most essential while also being one of the most complicated, according to Gionta, Harlow, Loitman, and Leeman (2005). Doctors utilize it to know the patient's mood and offer emotional support (Ferns, Cork, & Rew, 2005). In qualitative research conducted by Tarrant, Windridge, Boulton, Baker, and Freeman (2003), patients' experiences with personal healthcare showed to be fundamentally characterized by empathy. So it becomes sense to assume that professionals engaged in maternal health have high levels of efficiency when engaging with patients directly. The Health Services Commissioner's Annual Report frequently points to inadequate or poor patient-provider communication as the cause of complaints (Peckham, 2015).

A communication failure can have disastrous and long-lasting effects, according to the Health Services Commissioner for England, Scotland, and Wales (Ramnarayan et al., 2010). I have difficulty comprehending why folks in the "caring professions" don't communicate well with patients, especially those terminally sick. Senior medical practitioners don't always seem to be the finest role models in this respect, either (Thorne et al., 2014). Medical students admitted to being commonly oblivious to patients' issues and students' concerns when questioned (Rutter, Herzberg, & Paice, 2002). The researchers concluded that a cultural shift is long overdue to increase doctors' awareness of patients' perspectives (Rutter et al., 2002).

Reynolds and Scott (2000) found no proof that nurses and midwives show much empathy when working with patients. It is in line with prior opinions expressed by Cull et al. (2020); Fletcher (1997) who drew support from research studies that showed nurse-patient communication to be sparse, task-focused, and carefully controlled to safeguard the nurse's interests rather than serve the patient's needs. Empathy is undoubtedly a concept worth



exploring further because it helps provide high-quality treatment. Its roots are in the counseling and psychological literature, especially Rogers' work (Rogers, 2013).

## **5. IMPLICATIONS& RECOMMENDATIONS**

Even though research has demonstrated the importance of empathy, there are still significant challenges in applying it to therapeutic practice. About 70% of clinicians working in maternal health report having trouble building empathy with their patients (Reynolds & Scott, 2000). An important implication, in our opinion, is that empathy is a crucial element of physician competence due to its significance to patient outcomes and quality care. Leaders at academic medical centers and healthcare organizations are encouraged to do more than declare that empathic engagement in patient care is desirable (Moore et al., 2002). To improve empathy in medical professionals throughout training and practice, they should create and evaluate focused educational programs.

Numerous studies have demonstrated the need for future professionals to receive training to improve their empathetic abilities. Studies have shown that even while empathy is a fundamental, high-quality characteristic of the health care professions, health workers struggle to express and use it (Agbi, 2021). Social work educators should prioritize interactive and creative learning that strengthens empathetic role modeling and relationships between teachers and students instead of focusing on traditional teaching (Aktas & Pasinlioğlu, 2021).

## **6. CONCLUSIONS**

While compassion is described as a "complementary social emotion, generated by watching the suffering of others" and is associated with sentiments of worry, empathy is a more complicated interpersonal construct that requires awareness and intuition. Due to extended exposure to stress and all it entails, listening with empathy may produce compassion fatigue (Cull et al., 2020; Klimecki & Singer, 2011; Levinson et al., 1997). Compassion fatigue may be prevented and reduced by practicing self-care, being healthy, and being conscious of oneself.

The compassionate care given by midwives can have an impact on the success of childbirth and parenting (Gilmore & Hargie, 2000). We recommend further studies on how empathy and spiritual healthcare may improve midwifery care in all delivery contexts and integrate the idea of "birth as holy" into midwifery courses. The constant stresses of the workplace, frequently accompanied by coworker undercutting and lack of support, were noted by midwives. They were "ripped in two" as a result, having to choose between "being with" women, taking care of their needs, and satisfying the requirements and expectations of their coworkers and the office (Graugaard et al., 2003; Hasan et al., 2013).

The findings define what constitutes compassionate care in childbirth and point to a process of building meaningful relationships with women that begins with recognizing their needs and leads to an individualized understanding of each woman's needs and a desire to alleviate them (Irving & Dickson, 2004). Through the provision of emotional, practical, and educational assistance, this intention of empathy is in practice. The standard of care midwives provide during childbirth may be improved with a better knowledge of how they see compassionate care.

Simply because women have evolved to receive compassionate care, lack of compassion may have an adverse medical impact on pregnancy and delivery outcomes (Mannava, Durrant, Fisher, Chersich, & Luchters, 2015; Mead & Bower, 2002). Davy et al. (2015) underlined the significance of viewing the woman as a human being in his essay on the humanization of delivery. This is crucial, but it won't succeed until we acknowledge that midwives are also people. Understanding and additional research are necessary to determine the connection between midwives' expressions of compassion and the delicate balancing act they must do to offer this level of care. The culture and environment midwives operate are crucial to their ability to provide compassionate care. Therefore, everyone involved

in offering, administering, and commissioning maternity care has to think about what they can do to encourage midwives to offer compassionate midwifery care (Curtis et al., 2019).

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