Promoting and sustaining a healthy midwifery workforce – key messages from the Work, Health and Emotional Lives of Midwives (WHELM) study

Leading the Way: Nursing and Midwifery quality, research & education

4th Australian Nursing & Midwifery Conference
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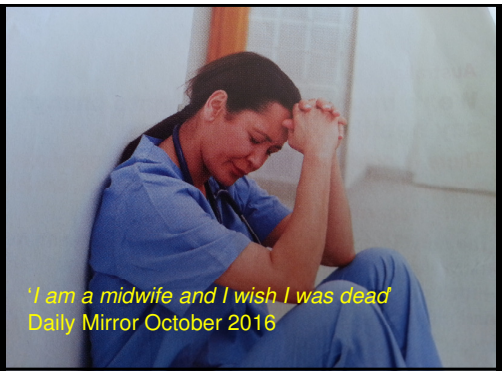
- Australian Lead Researchers: Sidebotham, Gamble, Creedy & other research teams

Work, Health and Emotional Lives of Midwives: WHELM

- Australia
- New Zealand
- Sweden
- Canada
- UK
- Norway
- Germany
- Ireland

Background

- Difficult health environment, many challenges for midwives on a daily basis
- Australian anecdotal evidence midwives experience emotional distress when unable to provide woman-centred care
- The emotional wellbeing of staff has not been a priority (' get on with the job')
- Poor emotional health is likely to be associated with high staff turnover and low retention, low job satisfaction & burnout
- NZ national models, Sweden increasing intervention, UK turmoil



'I am a midwife and I wish I was dead'
Daily Mirror October 2016

Aim

To explore and compare burnout and other aspects of emotional wellbeing in midwives (Australia, Sweden, New Zealand, United Kingdom)

Methodology

- **WHELM** - Self administered on-line questionnaire
- Included demographic and work related questions
- **Validated measures:**
  - Copenhagen Burnout Inventory
  - Depression, Anxiety, Stress Scales
  - Perceptions of Empowerment in Midwifery Scale
  - Practice Environment Scale
- Free text responses

Midwife Participants

- Australia – 1166
- New Zealand – 1073
- Sweden – 475
- UK – 1997

Copenhagen Burnout Inventory

- Personal (6 items) "*how often do you feel tired*"
- Work (7 items) "*do you feel burnt out because of your work*"
- Client (6 items) "*do you find it hard to work with clients*".
- Score 50 - 74 'moderate', 75-99 'high', score of 100 + 'severe' burnout
- Reliable & Valid

Burnout

Burnout – Prevalence

Australia
- 64.9% personal
- 43.8% work
- 10.4% client

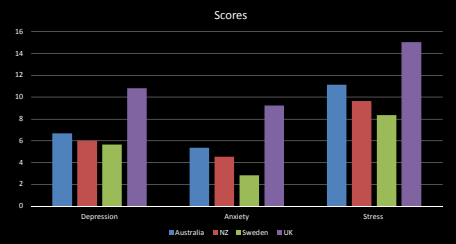
United Kingdom
- 83% personal
- 67% work
- 16.5% client

Moderate or higher

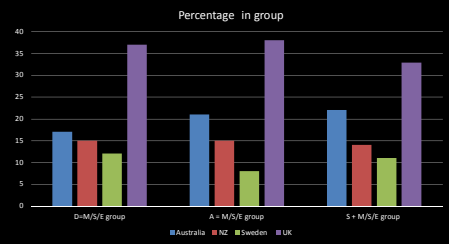
DASS - 21

- Depression – 7 items (cut off score 7)
  "*I tended to over-react to situations*"
- Anxiety – 7 items (cut off score 6)
  "*I felt I was using a lot of nervous energy*"
- Stress – 7 items (cut off score 10)
  "*I found it hard to wind down*"

Depression, Anxiety, Stress



DASS Groups



Correlations

- Burnout scales were significantly correlated to depression, anxiety and stress – particularly personal and work – related burnout
- There were significant differences in burnout levels between midwives in the normal/mild grouping as opposed to those on the moderate / serve / extreme group

Predictors of Burnout

Personal and Work related

- Shift based work pattern
- Low satisfaction with time off
- Age – younger midwives
- Years of experience (<10)
- Those without children

Client related

- Working in urban / metro area
- Low satisfaction with time of and work life balance
- Age 40-49 years
- Years of experience (5 - 20)

Empowerment & Environment

Midwifery Empowerment Scale

- Developed in Ireland - empowerment =
- Autonomy
- Support
- Recognition of role
- Skills & knowledge
- Resources
- Ability to provide woman centred care

Practice Environment Scale

- Manager support, ability, leadership
- Participation in hospital affairs
- Staffing and resource adequacy
- Collegial Midwife-Doctor relations
- Midwifery Foundations Quality Care

Correlations PEMS and PES and Burnout

Two most important aspects

- Supportive manager
- Adequacy of resources

- 1/3 midwives very low satisfaction with their midwifery management

Continuity Midwifery Care

- Do midwives working under a 'continuity of care model' differ in wellbeing from other midwives?

YES…

Continuity Protective

Continuity group - statistically significant **LOWER** differences on all three CBI subscales measuring burnout

Personal Mean = 50 v 58.3

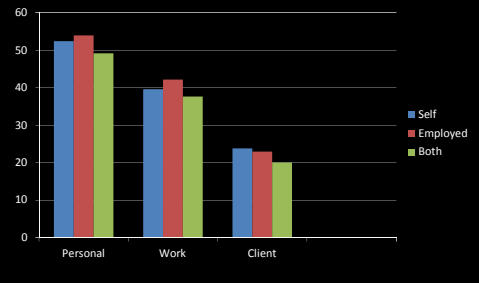
Work Mean = 35.7 v 46.4

Client Mean = 8.3 v 16.7

Continuity group - statistically significant **LOWER** differences on DASS-21

Non continuity group moderate to severe depression & anxiety

New Zealand Burnout



NZ Depression, Anxiety & Stress

	Depress /	Anxiety	/ Stress
• Employed	13.8%	18.9%	13.8%
• Both	12%	12%	12%
• Self Employed	14.3%	13.3%	14.3%

(Moderate, Serve, Extreme – Categories)

Australia – "Intentions to leave"

- 58% considered leaving their current job
- 43% considered leaving the profession
- 2 defining predicting characteristics – *midwives without children* and those in a *clinical role*
- The most commonly reported reasons were dissatisfaction with …
- "organisation of midwifery care" (65%)
- "with my role as a midwife" (49%).

Qualitative Themes

90% of midwives provided comments

- *My working environment is a nightmare*
- *I can't be the midwife I want to be*
- *My role and expertise is not valued*
- *We're going nowhere*
- *I am at breaking point*
- *But I love 'being' a midwife*

- *I know I am not giving the level of care these women deserve… which makes me feel inadequate. I personally feel I am not meeting their needs as the pressure to get all my 'tasks' done is great. I just have to leave them struggle. This makes my 'midwifery heart' very heavy most work days." (731).*

Midwives views on 'what is needed'

- 93% would access an intervention to support their emotional wellbeing
- Individual = 15%
- Group = 14.5%
- Either = 70.5%
- Face-to-face 90%
- Computer based self directed 46.6%
- All others evenly spilt 25% (telephone; skype/web based; video conference; mobile)

Time to reflect in 'safe space'

- *In my previous life as a social worker I had both internal and external supervision provided and it was very enriching. Being able to reflect on my practise with someone more experienced is fantastic and should be provided to all midwives (495)*
- *A 'safe' place to reflect that engenders openness, honesty and where sharing would be completely in confidence (944).*

Things to consider about an intervention!

- Adequately resourced to provide quality midwifery care
- Confidentiality & self-protection
- Delivery mode
- Cost & doubt anything will change

Summary

NEGATIVE

- High levels of emotional ill health (burnout, anxiety and depression)
- High levels of dissatisfaction (organisation of midwifery care, role and managers)
- Shift based workers most at risk
- Resource allocation problematic
- Low levels of autonomy and professional identity
- High levels medical intervention
- Risk of losing those new to the profession
- Risk to quality of maternity care

POSITIVE / PROTECTIVE

- Developing meaningly longitudinal relationships with women, midwives and colleagues
- Strong identity as midwife – and working across full scope
- Autonomous and skilled
- Flexible work patterns where one has a sense of control over own workload
- Having children

Implications
for retention & sustainability

- **Deep systemic problems within working environment**
- Satisfaction associated with increased sense of empowerment, professional recognition, support, access to adequate resources and professional development opportunities
- Greater emphasis on the wide scale reorientation of maternity services – continuity of midwifery care (caseload model)

Key Messages

- Community Care – move away from acute care hospital centric model – close to women's homes and community
- Continuity of midwifery care benefits women, midwives, medical colleagues & organisation
- Managers can be reassured that reorientating services in-line with the evidence is likely to improve workforce wellbeing & is a sustainable way foreword
- Need to find better ways to message to those that have not experienced continuity
- Investigate & invest in family friendly work environments (flexible childcare ie., nannies)
- Midwifery managers can make a difference
- Interventions to address ie., clinical supervision(reflection) –

Conclusion

- One final Key Message – what we can do right now!
- Kindness
- Compassion
- Respect
- Empathy
- Happiness
- Responsiveness

Thank you