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Title: In the line of duty: the emotional wellbeing of midwives

Abstract

The culture and working practices within midwifery settings are key modifiable factors that influence the emotional wellbeing of midwives. As a caring profession, a culture of self-sacrifice still appears to be expected in the provision of care, despite this having a negative effect on care provision. Shift patterns, long shifts and working practices where midwives continue to miss rest breaks, work unpaid beyond their contracted hours or present for work when unwell, all have a negative impact on emotional wellbeing. Future wellbeing strategies in midwifery settings should focus on supporting a positive workplace culture that cares equally for its midwives as it does for the women and babies in its care.

Background

Ten years ago, the Boorman report (2009) highlighted the link between NHS staff health, levels of productivity and quality of care. The report found that when NHS organisations adopted a culture of promoting the health and wellbeing of NHS staff, there was a lower incidence of sickness absence and staff turnover, resulting in enhanced quality scores and improved outcomes for patients. There were clear economic benefits for organisations too, with increased productivity and savings in recruitment, training and use of temporary staff. At the time, Boorman (2009) equated the high level of sickness absence within NHS staff to a loss of over 10 million working days each year, which prompted recommendations for a proactive approach from NHS organisations to tackle lifestyle and work-related causes of ill health. Given that over a quarter of NHS staff sickness was related to stress, depression or anxiety, mental health problems were one of the five key areas to be targeted.

The impact of culture and working practices

In recent years there has been growing concerns related to the morale and emotional wellbeing of midwives due to working practices (NHS England 2016; Royal College of Midwives [RCM] 2016). For the first time in NHS staff surveys, the 2018 survey asked about morale across professions, with a range of questions feeding into the theme of stress factors, including relationships and work pressures, and thoughts of leaving (NHS Staff Survey Co-ordination Centre [NNSSCC] 2019a). Mean scores from a 0-10 point scale are reported, where the higher score (in this theme, at least), is regarded as better. Midwives scored 5.9 in morale, indicating that concerns are valid. In the 2018 NHS staff survey (NNSSCC 2019b), half of all midwifery respondents reported feeling unwell due to work-related stress, but only 19 per cent of midwives believed their organisation definitely took positive action on their health and wellbeing. When this commitment from an organisation is lacking, it has been linked with higher levels of work-related stress amongst midwives (Cramer and Hunter 2018; RCM 2016).

However, there is a complex interplay of factors that could impact on a midwife's emotional wellbeing, with inadequate staffing levels and high workload often cited as main stressors (Cramer and Hunter 2018). The culture of a service is clearly influential in the emotional wellbeing of staff; not least in the actions an organisation is prepared to take to promote wellbeing, but also in relationships with colleagues or support from managers (Cramer and Hunter 2018). An examination of the culture of midwifery within the NHS, undertaken in the mid-1990s (Kirkham 1999: 734), emphasised an "internalized culture of self-sacrifice" among

midwives, when caring for women, which was reinforced by those around them, ultimately resulting in oppressive expectations to follow suit. The outcome was a lack of mutual support for each other, feelings of guilt and an ongoing cycle of disregarded individual needs, often from the midwives themselves and not just managers.

Over two decades on, cultural working practices are still likely to be one of the most influential areas regarding midwives' emotional wellbeing. The culture of expected self-sacrifice still appears prevalent, with an apparent over-reliance on their goodwill and willingness to forego rest breaks, to keep services running (RCM 2016). In addition, there is still a high proportion of midwives who report working extra unpaid hours each week and 'presenteeism' (presenting for work when they do not consider themselves well enough to perform their usual duties) (NNSSCC 2019b). Working patterns, longer daily working hours and workplace cultures where there is pressure to return to work have all been associated with greater sickness absence and a negative impact on emotional wellbeing (Boorman 2009; Cramer and Hunter 2018). These types of working practices not only have a negative impact on recovery time between shifts but are also associated with higher levels of burnout (World Health Organisation [WHO] 2018).

Emotional wellbeing and burnout

The terms 'work-related stress' and 'burnout' have often been used interchangeably, as both result in harmful reactions due to overwhelming pressure and demands in the workplace (Health and Safety Executive [HSE] 2018; Public Health England [PHE] 2016). The lack of an internationally agreed definition of burnout has previously resulted in variations in reporting outputs. However, the latest version of the International classification of diseases (ICD-11) (WHO 2018), released in June 2018, now includes a comprehensive definition of burnout (S*ee Box 1*). This version still needs to be endorsed, but is expected to be implemented on 1st January 2022. In Great Britain, as nursing and midwifery staff are two of the professions pushing up the rate of work-related stress, depression or anxiety (HSE, 2018), it will be interesting to see if the new definition of burnout results in any of these types of presentations being categorised as burnout.

In a review of data and policy within the European Union, the culture of the working environment and the working practices in operation are repeatedly cited as a key determinant in a person's risk of burnout (Eurofound 2018). Exposure to long working hours, fatigue and excessive or prolonged emotional demands all increase the risks (Awa et al 2010). This is evident in a recent study commissioned by the RCM (Hunter et al 2018). The

study found that organisational issues within the midwifery workforce, including insufficient staffing, shift patterns, 12-hour shifts, regularly working beyond contracted hours, missed rest breaks and dissatisfaction with the quality of care provided, have all been linked to higher levels of personal and work-related burnout in midwives. PHE (2016) further highlights how burnout is associated with poorer staff outcomes (shown in *Table 1)*.

Strategies to support the emotional wellbeing of midwives

Reviews into the effectiveness of interventions to reduce or prevent burnout report that both personal and organisational-focused intervention programmes could provide feasible strategies (Awa 2010; West et al 2016). Personal interventions might include counselling, psychotherapy, mindfulness, small group discussions, stress management or self-care training; whilst organisational interventions tend to relate to modifications to the culture and working practices, such as increasing the amount of job control or level of participation employees have or adjusting/shortening the length of shift or rotation.

Awa et al (2010) found that the positive effect of personal interventions was much more short-lived than if they were combined with organisational interventions, but ultimately, any positive effects of either intervention eventually diminished over time. This suggests that an ongoing commitment to prioritise strategies to promote and support the emotional wellbeing of staff is required from organisations. The current dilemma is how this is best delivered, as it is currently unclear which interventions might prove to be the optimal choice, due to different designs of studies, populations studied and reporting differences in beneficial outcomes. Certainly, the evidence suggests that staffing and working practices in midwifery settings should feature at the top of the list (Cramer and Hunter 2018; Hunter et al 2018)

Conclusion

NHS organisations have a commitment to promote the health and wellbeing of all staff. High levels of poor emotional wellbeing within midwives and demoralised staff, will only have a negative impact on the delivery of high quality care to women and their babies. Stimulating improvements may require a cultural change within midwifery settings and in staff attitudes. Strategies that create positive workplace cultures and empower midwives need to be explored, along with optimal working practices and staffing levels, to ensure midwives are best supported in their role and have time to care for themselves along with those in their care.

Box 1 **International definition of burnout**

"Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy.

Burnout-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

ICD-11, 24, QD85 Burn-out (WHO, 2018)

Table 1. **Understanding burnout** (adapted from PHE 2016)

Burnout is related to a:	Burnout is associated with:	Burnout has a negative impact on health:
Lack of clarity or conflict in job role Lack of social support Lack of feedback Lack of autonomy Lack involvement in decision making	Absenteeism Intention to leave job High staff turnover Reduced productivity or effectiveness at work Reduced job satisfaction and commitment	Depression Anxiety Heart disease Musculoskeletal disorders Type 2 diabetes Premature mortality

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