



MIDIRS Search Pack

Search Pack M10

Stress and burnout in midwifery

Stress and burnout in midwives. Includes support needs and provision for midwives. Excludes neonatal nurses (M41) and bullying/harassment (M72)

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M10 - Stress and burnout in midwifery

(432)

991201-013

The midwife's experience of the death of a mother. Mander R (1999), RCM Midwives Journal vol 2, no 11, November 1999, pp 346-349

This preliminary report outlines the background to and planning of a study of how the midwife copes when a mother she is caring for dies. A total of 36 midwives, most of whom had experienced the death of a mother, provided information about the experience. The method employed mainly qualitative research techniques. The fieldwork was largely by telephone interview. The midwife's support is the focus of this article. (12 references) (Author)

991006-020

Stress and the midwife. Dimond B (1999), British Journal of Midwifery vol 7, no 10, October 1999, pp 649-651

Several recent cases brought by employees suffering from the effects of stress at work have resulted in substantial compensation payments. This article analyses what a midwife would have to prove to win such a case and the role of the manager and supervisor in preventing stress arising. (6 references) (Author)

990603-045

Pastoral care for perinatal and neonatal health care providers. Burke SS, Matsumoto AR (1999), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 28, no 2, March/April 1999, pp 137-141

Health care workers in the perinatal and neonatal environments experience many emotions as they encounter stressors day after day. The chaplain, one of many of the multidisciplinary team, can serve as a valuable resource for other team members. This article provides an overview of the various supportive roles the chaplain can assume. A case presentation highlights pastoral care of staff and family across the continuum from the perinatal to the neonatal units. (14 references) (Author)

990507-034

Midwives' experience of stress on the labour ward. Mackin P, Sinclair M (1999), British Journal of Midwifery vol 7, no 5, May 1999, pp 323-326

The word stress is used to describe both mental and physical conditions that may be beneficial and harmful in its sources and effects. The objectives of this study were to measure stress levels as perceived by midwives working on the labour ward, to identify both personal and professional sources of stress for midwives, to examine the perceived effects of stress on midwives, to identify stress relieving methods used by midwives, and to identify the sources of support for midwives in labour wards. This research utilized the McGrath et al (1989) and the GHQ-12 (Goldberg, 1978) self report questionnaires to measure labour ward midwives' stress in a large urban maternity unit. Results from the study highlighted the stressful effects of poor communication between doctors and midwives. (12 references) (Author)

990507-002

Team midwifery and burnout in midwives in the UK: practical lessons from a national study. Sandall J (1999), MIDIRS Midwifery Digest vol 9, no 2, June 1999, pp 147-152

Since 1994, maternity policy in the UK has emphasised the importance of woman centred care and continuity of carer particularly during childbirth. This has required radical changes in the organisation of maternity care, which has included a shift in roles and responsibilities between doctors and midwives and a requirement for more flexible working by midwives. There is some evidence that such a model may not be sustainable due to staff burnout. This paper draws on data from a survey of a 5% random sample of midwives in England (N = 1166). The survey provided information on three key areas: work, family circumstances and psychological health. Occupational burnout was measured with the Maslach Burnout Inventory (MBI). Using multiple regression analysis, it was found that team midwifery was associated with higher levels of staff burnout. This was because midwives who worked in teams had less control over their decision making and work pattern, were on lower occupational grades, and worked longer hours than midwives who worked in traditional patterns of care. The implications are that if midwifery is to continue moving towards a more flexible way of working, then these predictors of burnout need to be taken into account when

990506-009

The issue of midwife self preservation. Rolston L (1999), New Zealand College of Midwives Journal no 20, April 1999, pp 25-26

Considers issues of burnout in midwifery practice, with particular reference to the working situation of midwives in New Zealand. (13 references) (JAL)

990502-004

Occupational stress in general nurses and midwives. Wheeler H, Riding R (1994), British Journal of Nursing vol 3, no 10, 1994, pp 527-534

The current level of stress among clinical nurses and midwives is a matter of interest. This paper examines the determinants of stress as well as the level of job satisfaction and career commitment of general nurses and midwives. (24 references) (Author)

990420-001

Occupational burnout in midwives: new ways of working and the relationship between organizational factors and psychological health and wellbeing. Sandall J (1998), Risk Decision and Policy vol 3, no 3, 1998, pp 213-232

Since 1994, maternity policy has emphasized the importance of woman centred care and continuity of carer particularly during childbirth. This has required radical changes in the organization of maternity care, which has included a shift in roles and responsibilities between doctors and midwives and a requirement for more flexible working by midwives. There is some evidence that midwife led care fosters increased autonomy and satisfaction but concerns have also been raised that such a model may not be sustainable due to staff burnout. This paper draws on data from a survey of a 5% random sample of midwives in England (N = 1166). The survey provided information on three key areas: work, family circumstances and psychological health. Occupational burnout was measured with the Maslach Burnout Inventory (MBI). Using multiple regression analysis, it was found that some new organizational structures were associated with higher levels of staff burnout. They contained factors such as low control over decision-making and work pattern, low occupational grade, and longer working hours. The implications are that if midwifery is to continue moving towards a more flexible way of working, then these predictors of burnout need to be taken into account. The burnout inventory has proved to be a sensitive screening tool for burnout but further longitudinal research into its usefulness as a predictive measure is needed. (42 references) (Author)

990214-037

The death of a mother: a proposed research project. Mander R (1999), RCM Midwives Journal vol 2, no 1, January 1999, pp 24-25

The author is proposing a research project into midwives' experiences in caring for a woman who has died due to problems in pregnancy or childbirth. She is specifically investigating: the effects on a midwife of caring for a mother who dies; which interventions are identified as helpful or unhelpful; does the experience of caring for a mother who dies influence the care the midwife provides to other low-risk women? She is seeking help from midwives who would like to participate in the research. (9 references) (KL)

990214-028

A guide to the UKCC's professional advice service. (1999), UKCC Register no 26, 1999, pp 5-7

The UKCC's professional advice service is one of the most important facilities which we provide for registered nurses, midwives and health visitors. It is also a vital means for the UKCC to listen to and act upon the concerns of registered practitioners in relation to their professional practice, education and conduct. This article summarises the purpose and scope of the service and explains how you can access it in order to obtain the advice or information you need from the UKCC. (Author)

990114-016

Labour ward midwives' perceptions of stress. Mackin P, Sinclair M (1998), Journal of Advanced Nursing vol 27, no 5, May 1998, pp 986-991

Aim, setting, study design: This was an exploratory study to determine midwives' perceptions of stress whilst working in the labour ward of a large maternity unit in Belfast. The convenience sample population for the study comprised 33

midwives with a minimum of two years experience on the labour ward. Seven of the study group were G grade midwives and the remaining 26 were E grade. The study utilised a combined self-report questionnaire and individual critical incident reports. The first part of the questionnaire measured stress levels, the perceived effects of stress on midwives and whether they utilised specific stress relieving strategies such as exercise. The second part of the questionnaire focused specifically on occupational stress to identify professional/personal sources of stress and sources of support for midwives working in labour wards. Results: Although 88% (n=29) of the sample indicated that they were satisfied with their work, 78% (n=26) of midwives reported having insufficient time to perform their duties, causing high degrees of stress. Role conflict seemed difficult for some midwives, as almost 25% reported working relationships with ancillary staff as a source of stress. Similarly, 94% (n=31) described conflict with medical colleagues as a stressor. Although 94% (n=31) of midwives stated that they were equipped to fulfil their role, 48% (n=16) felt that their knowledge and skills were not fully utilised. Examples of stressful critical incidents included one where a midwife was caring for an ill woman with severe pre-eclampsia and felt that the conservative management ordered by the obstetrician resulted in the woman's life being put in danger. Another example was that of the midwife in charge not wanting to disturb the anaesthetist during the night to site an epidural. This left a fellow midwife with the stress of having to support a very distressed woman and eventually having to call the anaesthetist herself. Personal sources of stress were cited as financial worries and having to cope with rude and difficult visitors. The authors express concern that the stress level scores of 30% (n=10) of midwives indicate psychiatric morbidity. Sources of support identified by the midwives were peer group and family. The authors commented on the fact that 41% (n=13) of midwives did not know about the multidisciplinary counselling service that was available on site. Considerations and conclusion: The authors suggest that there is a need to establish multidisciplinary forums such as journal clubs which could improve policy and protocol development, clinical decision making and interprofessional relationships. They conclude that strategies to reduce stress should be implemented by managers and that midwives should be offered appropriate support to enable them to deal with stress. Abstract writer's comments: This is a useful small scale exploratory study into the subject of occupational stress for midwives. It is interesting to learn of local anecdotal reported stressors which I'm sure many readers will relate to, such as lack of autonomy, role conflict with junior doctors and lack of time to enable delivery of 'best care'. The study raises concerns in relation to how much stress an individual can cope with before their health and aspects of client safety are affected. The authors mention the availability of an 'excellent' counselling service on-site and identify lack of staff awareness of this facility but do not ask whether staff would choose to attend. It is identified in other studies that issues of anonymity and perceived stigma, ie not wanting to appear weak-willed, adversely influence utilisation of on-site staff counselling services. Some items within the study require clarification. For example, it is not clear how the role and activities of auxiliaries create ambiguity and stress for midwifery staff as there is usually a standard job description that specifies roles and responsibilities. The authors rightly suggest that further investigation is required into the underlying factors creating undue stress between senior and junior midwifery colleagues. Perhaps this may be due to retention of some outmoded hierarchical structures and processes. There is a need to explore models of care that promote team building and shared goals, in line with the ethos underpinning current changes in the National Health Service. Abstract written for MIDIRS by Margaret Rodger, midwife lecturer.

981002-008

Call groups: balancing continuity of care with self care. (1998), *Accoucheur* vol 5, no 2, June 1998, pp 1-2

How can the provision of continuity of care for midwives be balanced with the prevention of burnout in the midwives providing the care? The author explores the use of small 'call groups' of 3-5 midwives with similar aspirations who can work together to provide care, communicate effectively with each other, meet all the women in their care, and still be able to have some time for themselves and their families. (KL)

980705-035

Are you in the SOUP? The toxicology of institutions. Robinson J (1998), *British Journal of Midwifery* vol 6, no 7, July 1998, p 459

SOUP (Sick Obstetric Unit Psychosis) has been identified by the Association for Improvements in Maternity Services (AIMS) in units where the management style, human relationships and working environment are detrimental to good midwifery practice. Many complaints received by AIMS are caused not by incompetent individual practitioners but by an unfavourable working environment and lack of professional support. (KL)

980705-031

Involvement in litigation: emotional responses. Symon A (1998), *British Journal of Midwifery* vol 6, no 7, July 1998, pp

Emotional responses to poor outcomes and subsequent litigation vary widely, but no practitioner involved in such a case will be unaffected. The lack of available data concerning the scale of poor outcomes or litigation means this problem is impossible to quantify. Risk management programmes offer an opportunity for staff counselling/debriefing. (Author)

980705-027

Caring and sharing: developing the art and science of midwifery. Downe S (1998), British Journal of Midwifery vol 6, no 7, July 1998, p 427

Following a national meeting of the Association of Radical Midwives, the author discusses the importance of sharing work experiences and discussing work practices in a supportive, trusting environment. Opportunities for constructive sharing of observations in practice can help develop and improve midwifery practice. (KL)

980608-008*

Who cares for the carers?. Barber P (1997), London: South Bank University, Distance Learning Centre 1997. Rev ed. 36p

Nursing and midwifery make immense demands upon an individual's physical and emotional reserves and stamina, and precious little has been done to ease these burdens. The focus of this [distance learning] block is on you as the carer. Chapter 1 starts by examining the nature of the anxiety, doubt and uncertainty that underlies much of the stress associated with health care practice. In chapter 2 we examine the merits of an alternative approach to care, the therapeutic relationship, in which the needs of the carer and the patient/client are taken into consideration. Chapter 3 explores the role of supervision in clinical practice. (43 references) (Author, edited)

980503-039*

Midwives unsupported and undervalued. Royal College of Midwives (1998), London: Royal College of Midwives 29 April 1998. 1p

Midwives at their Annual Conference in Bournemouth today expressed grave concern that the profession suffers some of the highest stress levels in the NHS. And the 500 delegates overwhelmingly called on the Government to fully acknowledge responsibility for staff health and to develop strategies for reducing stress levels at work. Proposing the motion, Vanessa Carter from North Hertfordshire, said: 'Some maternity units have lost nearly all their experienced midwives and the remainder keep their heads down and suffer in silence the demands placed on them by their employers. 'Stress is a major occupational hazard and the high levels for midwives are unacceptable and unsafe.' Her views were echoed by Julia Sanders from Cardiff, who added: 'Midwives are NOT wimps, we are professionals who work extremely hard in a high-pressured environment, but many are close to breaking point.' Paul Lewis from Bournemouth contributed: 'To keep safe and sane we need to learn to say NO.' (Full text. This item is reprinted here in full. There is therefore no need to order it from MIDIRS or from the publisher.)

980406-007

Writing up: developing a support network for nurses and midwives. Madge P (1998), Paediatric Nursing vol 10, no 3, April 1998, pp 6-7

Philippa Madge describes an initiative designed to support nurses and midwives in all aspects of 'writing up', which includes preparing articles, questionnaires, abstracts, posters, presentations, and CVs. The development and aims of the Yorkhill Nurses' Abstracts and Papers group are described. (Author, edited)

980302-029

Sudden infant death: how do health visitors cope?. Wright L (1998), Community Practitioner vol 71, no 3, March 1998, pp 103-105

The sudden and unexplained death of an infant is a devastating experience for parents and siblings, and can be extremely traumatic for the health professionals involved. Lorraine Wright describes a study designed to determine how health visitors cope when such a death occurs. (Author)

980205-039

Stress: the art of keeping your cool when all around are losing theirs. Hawkey M (1998), British Journal of Midwifery vol 6, no 1, January 1998, p 26

Stress is now part of everyday life for many midwives. Very few employers offer relaxation facilities. The author outlines a few techniques for self help. (SJH)

980101-012

Stress and the management of change. Barber T (1998), RCM Midwives Journal vol 1, no 1, January 1998, pp 26-27

Changing work practices has been identified as a source of stress. The midwifery profession has experienced a great deal of change in recent years. While Changing Childbirth may mean that services have improved for childbearing women, it has also meant stress and upheaval for midwives. Some have experienced burnout. This has been described as a combination of 'emotional exhaustion, unfeeling, impersonal approaches and reactions to patients, and negative self-evaluation.' Burnout has been linked to lack of autonomy and collegial support and the opportunity to develop meaningful relationships with patients. Increasing numbers of midwives are applying for stress-related ill health retirement. Reversal of this trend requires the establishment of stress prevention policies, with the emphasis on changes in the workplace, rather than with individual midwives. The risk of workplace stress is greater if changes are implemented with little or no consultation. Moving away from top-down imposition of change to more inclusive and democratic methods would help to reduce stress-related illness. Midwives should not have to tolerate the levels of bullying and harassment which appear to accompany changes in service delivery. (8 references) (Author)

971213-007

Questions and answers in industrial relations [inadequate staffing levels]. (1997), Midwives vol 110, no 1319, December 1997, p 309

The RCM's 1997 Pay Review Body Evidence graphically illustrates the recruitment crisis affecting maternity units throughout the UK. Inadequate staffing levels are not just an issue for managers. By working in an understaffed environment, midwives are exposing themselves to a range of unacceptable risks. At national level, the RCM is lobbying hard for improvements to the grading structure as a means of attracting midwives back into the profession. In this final column, Barbara Shepherd, RCM Industrial Relations Manager, describes initiatives that can be taken at local level to address staffing shortages. (Author)

971010-025

Frustration and fatigue. Lewis P (1997), Modern Midwife vol 7, no 10, October 1997, p 4

Recent changes in the maternity services have left many midwives working in intolerable conditions and suffering from exhaustion and stress. (KL)

971001-047

Questions and answers in industrial relations: [workplace stress]. Shepherd B (1997), Midwives vol 110, no 1317, October 1997, p 257

Can being at work make you sick? With ever-increasing workloads and constant pressure for change, midwives will understand all too clearly what Trades Union Congress General Secretary John Monks recently called 'a pressure cooker work environment'. Recent surveys by the TUC and a number of other trade unions show that employers are failing to take the matter of workplace stress seriously - notwithstanding the devastating effects it can have on the lives of their staff. This month, RCM Industrial Relations Manager Barbara Shepherd identifies some causes of workplace stress and options for dealing with the problem. (Author)

970918-034*

Mental health of the workforce in NHS trusts. Phase 1 final report. Borrill CS, Wall TD, West MA, and others (1996), Sheffield: Sheffield University, Institute of Work Psychology March 1996. 61p

This report describes the findings from phase 1 of a research programme designed to assess the levels of mental health amongst employees in National Health Service (NHS) Trusts and to discover which work-related factors are associated with mental health. Overall, the results suggest that working in NHS Trusts is associated with stressors which lead to poor mental health. It is recommended that the findings in this report are widely disseminated and debated so as to develop proposals for improving mental health. (Author)

970915-028

Stress in student midwives: an occupational perspective. Cavanagh SJ, Snape J (1997), British Journal of Midwifery vol 5, no

This article reviews key aspects of occupational stress in health professions with special reference to midwives. Findings from the general literature on this subject have been consistent for many years, and reference will be made to key articles which best illustrate the possible cause and impact of stress on professional health staff. There is, however, a dearth of literature looking at stress in midwives (Carlisle et al, 1994). This article reports studies which have made specific reference to occupational stress as a result of practice, education or other professional issues. This study examined, from a qualitative perspective, sources of stress encountered by student midwives during their training, and educational and practical sources of stress. A total of 199 students from 12 midwifery centres participated in the study; 127 from pre-registration and 74 from pre-registration (shortened) courses. Students were asked to describe incidents during their practice that they felt were stressful, and were asked to consider whether the stress resulting was: 'a little', 'much' or 'very much'. The most common stressor was the concern about finding employment following qualification. There were a number of professional issues raised by respondents, who felt that they were disenchanted with the profession because of their perception of poor practice, long hours, poor job prospects and low wages. Several expressed their intent to leave midwifery. A major finding was that the 'everyday' experiences of the education setting (for example cancelled classes and poor resources) can have an impact upon students. Practitioners and educationalists are urged to consider the impact of the learning environment and appropriate preparation when educating students. (Author)

970903-027

The Child Bereavement Trust. Jay C (1997), *Modern Midwife* vol 7, no 8, August 1997, p 34

Caroline Jay asks who cares for the carers and describes the work of the Child Bereavement Trust in training health professionals and in facilitating the setting up of support networks for professionals. (SJH)

970702-020

How midwives, community nurses and GPs cope with stress. Hart R (1997), *Midwives* vol 110, no 1311, April 1997, p 97

Brief report of a study by Maidstone Medical Audit Advisory Group to investigate how various groups of health professionals, including general practitioners (GPs), midwives and community nurses, cope with stress. Responses to the questionnaire showed 27% of the midwives, 14% of community nurses and 12% of GPs showed stress at problem levels. The author calls for improved stress management skills to be taught to both students and practitioners. (KL)

970607-034

Essential stress relief: the use of oils to treat tension. Lim P (1997), *British Journal of Midwifery* vol 5, no 6, June 1997, pp 336-338

High levels of stress are linked with many physiological and psychological symptoms. Unfortunately it is becoming a common phenomenon among health professionals. This article explores some avenues for stress relief, illustrating this with examples of some appropriate essential oils and their usage. Some other potential self-help remedies are also discussed. Caution is advised for self-treatment without prior consultation with a qualified therapist. (Author)

970601-010

How to play your top card: your personal style for handling stress. Lott L (1997), *Mother Baby Journal* vol 2, no 3, May 1997, pp 35-39

How to identify coping behaviours - control, superiority, pleasing, and comfort - in other members of staff and in yourself. (SJH)

970503-011

Educational sources of stress in midwifery students. Cavanagh SJ, Snape J (1997), *Nurse Education Today* vol 17, April 1997, pp 128-134

The study aimed to investigate what are the clinical and educational experiences that can rise to stress in student midwives. 12 colleges in England allowed access to their students from which 199 responded (127 preregistration and 72 preregistration [shortened]) to a 45 item questionnaire on the extent to which their experiences led to stress. Factor analysis identified those relating to organisation of the learning environment (29.6%) and home vs study demands (6.6%). The single greatest stress factor for students was the prospect of finding work following completion of their studies. (44.5% rated this as 'very much' stress). Issues such as insufficient time to complete assignments, relationship difficulties with tutors or nursing staff, and practical problems with rooms, placed stress on many of the

students, as well as the home issues of combining family demands with studying. The researchers identified a need for additional support during training to manage their experiences while on clinical placement, especially relating to 'critical' situations. They also warned of complacency amongst educational staff in accepting the difficulties associated with course organisation and room allocation as normal, highlighting that students are not immune to the effect this has. Abstract writer's comments: This study is interesting as it highlights that situations that arise daily in educational or clinical situations can be sources of stress for students. The study is limited by not having information about the personal or family backgrounds of the respondents that would inform the stress issues identified as home vs work demands. However, that the results are from 12 college settings in England indicates the issues experienced are widespread and not limited to one particular college. In this respect clinicians should look at their attitudes to students on placements and educationalists should take note of the comments about course organisation and aim to improve issues relating to time-keeping. If students can juggle their lives to be in lectures and get assignments in on time, shouldn't lecturers be doing the same? (Abstract written for MIDIRS by Jennifer Hall)

970313-024*

Beyond burnout: helping teachers, nurses, therapists and lawyers recover from stress and disillusionment. Cherniss C (1995), New York: Routledge 1995. 234p

Each year thousands of people enter one of the helping professions. The work they do affects how we live, how we feel, and even who we become. Yet an increasingly critical public believes that many of these professionals lack idealism and commitment. Beyond Burnout explores the source of this problem. Based on a unique, in-depth, longitudinal study, this book follows a group of teachers, social workers, psychologists, nurses and lawyers over a period of 12 years, beginning with their first year of practice. These professionals describe in their own words what happened to them when their idealism collided with the realities of their work. Beyond Burnout will be of particular interest to those engaged in a helping occupation, but will also be valuable reading for anyone concerned with the quality of education and human service in contemporary society. (Publishers)

970308-014

The ills of the profession and search for a cure. Chesney M (1997), British Journal of Midwifery vol 5, no 3, March 1997, p 135

Brief discussion of current problems in the midwifery profession, including stress and burnout of midwives who struggle to provide quality, woman-centred care in a climate of lack of funding and a competitive market economy. In many cases their status is being eroded, their posts downgraded, and strategies to provide continuity of care go unsupported. (KL)

970304-017

The needs of midwives: managing stress and change. Schott J (1996), In: Kroll D ed. Midwifery care for the future: meeting the challenge. London: Bailliere Tindall 1996, pp 98-123

The author considers attitudes to stress within the NHS, and the changes that have affected midwives in recent years such as consumer demand, continuity of care, the shift of care to the community, changes in the NHS, and changes in midwifery education. The effects of stress on the individual and the organisation, recognition of unhealthy stress, and the sources and causes of stress are outlined. Tips on managing personal stress are followed by sections on the role of management in providing staff support, and on managing change. (SJH)

970205-046

Midwives' burnout and continuity of care. Sandall J (1997), British Journal of Midwifery vol 5, no 2, February 1997, pp 106-111

This study aimed to examine the impact of Changing Childbirth (Department of Health, 1993) on midwives' work and personal lives. It reports findings from a multiple site case study of community-based maternity care. Each site represented a model of continuity of carer along a continuum from complete one-to-one continuity to continuity within a team. The three sites represented the traditional model of GP-attached community midwives, a community team and a community-based group practice. Three key themes emerged from the data relating to sustainable practice, the avoidance of burnout and the provision of flexible woman-centred care. These were occupational autonomy, social support and developing meaningful relationships with women. Control over work and continuity of care are as important to midwives in how well they balance their work and home life as they are to women experiencing childbirth. Models of care such as personal caseloads that incorporate these factors may be more sustainable in terms of less burnout and greater personal accomplishment than team caseloads. (Author)

970203-005

A midwife's experience with SIDS. Forster D (1997), Open Line vol 5, no 1, Summer 1997, p 7

A midwife describes her own professional encounter with a case of sudden infant death and how the memory still haunts her. (KL)

970110-047

'Burnout' among Dutch midwives. Bakker RHC, Groenewegen PP, Jabaaij L, and others (1996), Midwifery vol 12, no 4, December 1996, pp 174-181

Introduction: Burnout is described as a complicated syndrome resulting from work related stress. The authors explore the relationship between burnout, workload and work capacity in a study of 200 Dutch community midwives in independent practice. Method: Three-week diary recordings, a questionnaire on practice and personal characteristics, and a questionnaire on burnout, social support and coping style were used. Multiple regression analysis was then used to correlate the variable factors in the design. Thus, stages of burnout (feelings of emotional exhaustion, depersonalisation and personal accomplishment), could be related to factors in the workload (eg hours worked per week) and work capacity (eg coping style). Findings: A higher workload in terms of more hours worked per week increased the sense of personal accomplishment, without affecting emotional exhaustion or depersonalisation. Also, a higher proportion of home births showed less emotional exhaustion and depersonalisation for midwives. Work capacity related to burnout inasmuch as social support decreased emotional exhaustion and depersonalisation, whilst a passive coping style increased them. The authors conclude by suggesting that encouraging students to adopt an active coping style and to foster social support may enable them to handle stress more readily. Abstract writer's comments: The Dutch midwifery service is unique, but these findings of can be related to the results obtained by Sandall' who identified autonomy, social support and developing meaningful relationships with women as factors in avoiding burnout for midwives providing continuity of care in the UK. Bokth studies identify the importance of optimising organisational and personal resources for midwives in order to aboid burnout. (Abstract written for MIDIRS by Jenny Fraser, midwife)

961201-031

Midwife culture club. (1996), Changing Childbirth Update no 7, October 1996, p 15

Midwives at Forest Healthcare in Leytonstone have formed a 'Culture Club' to provide an environment where they can meet to discuss aspects of their work. (KL)

961101-044

Stress among Ontario midwives. McNiven P (1996), Association of Ontario Midwives Journal vol 2-1, Spring/Summer 1996, pp 13-15

Discussion of causes and management of stress among midwives. (5 references) (KL)

960907-004

Stress soars in the healthcare and pharmaceutical industry, causing sickness among staff. Guardian Financial Services (1996), London: Guardian Financial Services 2 July 1996. 5p

According to a survey published by the guardian Financial Services, healthcare and pharmaceutical industry employees have suffered the greatest increase in stress in recent years compared with any other industry in the United Kingdom. (KL)

960801-044

When pregnancy turns to loss. McDonald M (1996), Health Professional Digest vol 12, 1996, pp 10-12

Midwives are often the first source of parental support in perinatal death. Marie McDonald discusses what this can mean, and where they can obtain support for themselves. (Author)

960726-013

Evaluation of hospital midwives work and the development of burnout syndrome. Matsuoka M, Hirasawa M, Kumazawsa M, and others (1996), In: The art and science of midwifery gives birth to a better future. Proceedings of the International Confederation of Midwives 24th Triennial Congress, 26-31 May 1996, Oslo. London: International Confederation of Midwives 1996, pp 274-275

In Japan, where the institutional delivery accounts for 98% or more of the total, hospital midwives have been playing an important part of the midwifing activities. But, among the Japanese leading hospital midwives the prevalence of burnout sign is higher than among corresponding nurses. This has been suspected of being attributable to the relative lack of the professional role model and/or inadequate work evaluation in order to determine the relationship between the thinking of leading midwives and their bosses about the work evaluation, and/or the actual evaluation, on the one hand, and the burnout measurement of their midwives (Burnout Index), on the other, we conducted a questionnaire survey. The inquiry was done of the midwives with five to ten years clinical experience and head nurses to whom they were directly responsible, covering 205 hospitals in our country. We found that the existence of role model in terms of clinical judgement, including a midwifery technique or ability to care, tends to lower the burnout index in addition, it seems that the survey has revealed the fact that the regular evaluation of leading midwives activity is rather scarce, and that the aspects of the evaluation which she expects to be emphasised are rather different from those to whom her boss attaches importance. (Author)

960711-034

Caseload practice: a recipe for burn out?. Leap N (1996), British Journal of Midwifery vol 4, no 6, June 1996, pp 329-330

A common reservation about caseload practice is that it can lead to burnout and that it is unfair to expect midwives with families to work this way. Nicky Leap explains how this is avoided at the South East London Midwifery Group Practice. Their model has built in mechanisms to protect the midwives against exhaustion, isolation and stress. The midwives can choose who works in the practice, they have their own premises, they can negotiate their work and holidays with each other, they all draw the same salary, and reflective practice is encouraged in a safe environment. The South East London model could be adapted for group practices of midwives employed within the NHS but a preferred option would be for self-employed midwives to contract in to the NHS. The biggest practical hurdle at this stage is indemnity insurance. This must be resolved before the only employment option for midwives is as employees of the NHS. (SJH)

960415-039

Dying for the cause. Hastie C (1996), Australian College of Midwives Incorporated Journal vol 9, no 1, March 1996, pp 28-30

Discussion of possible causes of the recent suicide of a 25 year old working midwife. (KL)

960328-078

12 years in the life.... Jensen K (1996), Birthkit no 9, March 1996, p 3

A certified nurse midwife working in a hospital-based practice describes her personal experience of work, and the gradual increase of stress and burnout. (KL)

951017-090

Stress at work. Dimond B (1995), Modern Midwife vol 5, no 10, October 1995, pp 32-34

There can be few midwives who have not experienced stress at work. Bridgit Dimond considers the case of a social worker who took successful action against his employers. (Author)

951011-105

Burnout control. Siegal D (1995), Midwifery Today no 35, September 1995, pp 17-18

Hints on controlling stress and burnout in midwifery practice. (KL)

950915-059

Breaking the silence. Finding a voice for loss. Zeidenstein L (1995), Journal of Nurse-Midwifery vol 40, no 4, July/August 1995, pp 317-319

Discussion of the need for support and counselling for midwives when involved with fetal or neonatal death. (KL)

950510-034

Burnout and midwifery: an occupational hazard?. Sandall J (1995), British Journal of Midwifery vol 3, no 5, May 1995, pp 246-248

Discussion of some of the reasons for occupational burnout among midwives and possible strategies for its prevention

and alleviation. (KL)

950501-017

DoH denies delaying report on shock rise in nurse suicides. Day M (1995), Nursing Times vol 91, no 17, 26 April-2 May 1995, p 9

Research, not yet published by the Office of Population Censuses and Surveys (OPCS), reveals that the suicide rate among female nurses, midwives and health visitors rose by 70% in the first few years of the 1990s. The Department of Health denies it put pressure on the OPCS to delay publication in order to avoid further political embarrassment during the dispute over nurses and midwives pay awards. (KL)

950130-090

Caring for the carers. Lewis L (1995), Modern Midwife vol 5, no 2, February 1995, pp 7-10

Lucy Lewis studies stress among labour ward staff and recommends that massage should be considered alongside psychological support for occupational stress. (Author)

940929-016

Campaign to make the NHS workforce more healthy. Department of Health, NHS Executive (1994), London: Department of Health 29 September 1994. 2p

The Health Education Authority is launching a series of region wide conferences for NHS chief executives, human resource and occupational health directors with the aim of raising awareness of the cost of staff sickness, and of steps which can be taken to reduce the problem. (KL)

940707-015

Caring for the carers. Friedrich E (1994), In: Abramsky L and Chapple J editors. Prenatal diagnosis: the human side. London: Chapman and Hall 1994, pp 202-212
Editing in progress.

940427-002

Burnout. McLean MT (1993), Midwifery Today no 26, Summer 1993, p 11
Editing in progress.

940422-015

Stress in midwifery: a comparison of midwives and nurses using the Work Environment Scale. Carlisle C, Baker GA, Riley M, and others (1994), International Journal of Nursing Studies vol 31, no 1, February 1994, pp 13-22

Previous research into midwifery has identified a number of potential sources of stress without attempting to understand the variables that might contribute to it. The study sample was drawn from a population of registered nurses and midwives and compares the work environment of 29 midwives with 180 nurses, using the Work Environment Scale Questionnaire. Significant differences were found between midwives and nurses for involvement, supervisor support, autonomy, work pressure and clarity of roles. These results have the potential for forming the basis of future research. (Author)

931121-016*

Health and safety representatives handbook. Royal College of Midwives (1993), London: Royal College of Midwives 1993

A practical guide for RCM health and safety representatives presented in a loose leaf folder. Sections include: Becoming an RCM health and safety representative; The law on health and safety; Implementing the law; Health and safety representatives - status, rights etc; Inspections; Negotiating for health and safety; Safety committees; Accidents and risks; Occupational health; Employee benefits; Stress; Safety in the community and at home; and an A-Z list of potential hazards. (KL)

930712-078

Sabbatical leaves for nurse-midwives in clinical practice. Keleher KC (1993), Journal of Nurse-Midwifery vol 38, no 3, May/June 1993, pp 165-167

The demands of clinical practice seldom allow for time to pursue academic writing, teaching, or the development of individual advanced skills. The burnout rate in professions such as nurse-midwifery cannot be ignored. This article describes how one nurse-midwifery clinical practice implemented a short, rotating sabbatical; specific goals and guidelines are presented. It concludes that a sabbatical leave can be considered as one of many job-related benefits.

(Author)

900814-005

When it all gets too much. Parker O (1986), Nursing Times vol 82, 26 November 1986, p 47

Dealing with other people's problems can be the most stressful type of work. But what happens when you feel you can't cope yourself? Olga Parker spoke to one community midwife who 'lost her bottle'. (Author)

2025-09919

Maternity Services: Sick Leave [written answer]. House of Commons (2025), Hansard Written question 72938, 29 August 2025

To ask the Secretary of State for Health and Social Care, what estimate he has made of levels of long-term sickness amongst NHS maternity service staff. (© UK Parliament 2025)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2025-08-29/72938>

2025-09918

Maternity Services [written answer]. House of Commons (2025), Hansard Written question 73103, 29 August 2025

To ask the Secretary of State for Health and Social Care, what assessment he has made of the impact of workforce pressures on levels of (a) burnout and (b) staff attrition in maternity services. (© UK Parliament 2025)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2025-08-29/73103>

2025-09255

Understanding Burnout in Canadian Obstetrics and Gynecology Residents - A Longitudinal Cohort Study. Nathoo S, Morais M (2025), JOGC [Journal of Obstetrics and Gynaecology Canada] 15 July 2025, online

Resident burnout has been increasing in prevalence with rates as high as 75%. Unfortunately, limited insight exists into the causes and manifestations of burnout in Obstetrics and Gynecology residents. To date, there are no Canadian longitudinal studies evaluating burnout. The goal of this study was to characterize the evolution of burnout. From January 2021-January 2023, we used the Maslach Burnout Inventory and an associated survey to assess burnout in OBGYN residents at McMaster University. 95 responses were obtained with self-reported burnout ranging from 33%-56% versus actualized burnout rates of 49%-69% with a high sense of depersonalization and emotional exhaustion. Contributing factors included long duty hours and protective factors focused on introspection. Interestingly, career regret remained low between 3%-11%. (© 2025 The Author. Published by Elsevier Inc. on behalf of The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada.)

Full URL: <https://doi.org/10.1016/j.jogc.2025.103041>

2025-08877

Burnout, wellbeing and defensive medical practice in obstetricians and gynecologists in the UK before and after the COVID pandemic: A repeated cross-sectional survey study. Parker N, Falconieri N, Shah H, et al (2025), Acta Obstetrica et Gynecologica Scandinavica vol 104, no 9, September 2025, pp 1683-1693

Introduction

There is evidence that burnout rates in doctors are high following the COVID pandemic, but with considerable variation across geographical location and specialty. In 2018, we performed a UK-wide survey of obstetrics and gynecology (O&G) doctors, providing baseline data on burnout, wellbeing, and defensive medical practice (DMP) directly before the pandemic. This study aims to determine the prevalence of burnout, poor wellbeing, and DMP in obstetricians and gynecologists after the pandemic, to compare these to pre-pandemic levels, and to explore the relationship between burnout, poor wellbeing, and DMP.

Material and Methods

This was a repeated national cross-sectional survey study. Practicing obstetrics and gynecology doctors registered with the Royal College of Obstetricians and Gynaecologists (RCOG) were eligible to participate. In 2022, an email containing a survey link was sent to 7388 UK doctors registered with the RCOG. The same method and measures were used as in

our previous 2018 study. Burnout prevalence was assessed using the Maslach Burnout Inventory Human Services Survey for Medical Personnel (MBI). Wellbeing and DMP were assessed using self-report questionnaires.

Results

The response rate for the post-pandemic survey was 19% (1400/7388) and 55% (3102/5661) for the pre-pandemic survey. A total of 1114 out of 1400 (80%) met the inclusion criteria and completed the MBI. Burnout criteria were met in 72%, compared with 36% before the pandemic (adjusted odds ratio [AOR] 4.7, 95% confidence interval [CI] 4.0 to 5.5). Highest levels were seen in trainees (80%). Thirty-nine percent of doctors reported DMP compared with 13% pre-pandemic. Worse doctor wellbeing was reported across all items; 62% of doctors reported anxiety, 31% depression, and 9% suicidal thoughts compared with 33%, 14%, and 3% pre-pandemic. Burnout was associated with DMP and poor wellbeing, including suicidal thoughts, depression, and anxiety.

Conclusions

This national study suggests high levels of burnout in obstetricians and gynecologists compared with pre-pandemic levels, particularly in trainees. There was a probable decline in wellbeing compared with pre-pandemic levels. Poor wellbeing and DMP were associated with burnout. Burnout interventions to improve doctor wellbeing, quality of care, and patient safety are urgently needed. (© 2025 The Author(s). Acta Obstetrica et Gynecologica Scandinavica published by John Wiley & Sons Ltd on behalf of Nordic Federation of Societies of Obstetrics and Gynecology (NFOG).)

Full URL: <https://doi.org/10.1111/aogs.70006>

2025-08317

Burnout, job satisfaction, and intention to leave among midwives in Western Switzerland: The role of caseload and hospital-based practice models. Sartori P, Stoll K, Gross MM, et al (2025), Women and Birth: Journal of the Australian College of Midwives vol 38, no 5, September 2025, 101952

Background

Burnout and job dissatisfaction among midwives compromise healthcare quality and workforce retention. Practice models, such as hospital-based versus caseload models, may influence midwives' well-being and warrant further exploration.

Aim

To examine the association between midwifery practice models (caseload vs. hospital) and burnout, job satisfaction, and the intention to leave the profession among midwives in Western Switzerland.

Method

A cross-sectional survey was conducted with 392 midwives, using the Copenhagen Burnout Inventory to assess personal, work-related, and patient-related burnout. Multivariable logistic regression explored associations between practice models and burnout levels, job satisfaction, as well as retention in the profession.

Main results

Hospital midwives were over nine times more likely than caseload midwives to experience moderate to high work-related burnout (OR = 9.18, $p < .001$) and were 80 % less likely to report above average job satisfaction (OR = 0.21, $p < .001$), considering differences between socio-demographic and practice-related factors between the two groups of midwives. Nearly half of all hospital-based participants expressed an intention to leave compared to one in three caseload midwives. Higher burnout and lower job satisfaction were linked to intentions to leave the profession.

Discussion and conclusion

Caseload models may protect midwives' well-being and promote job satisfaction and retention. These findings highlight the critical need for practice model changes and structural reforms in hospital midwifery, incorporating caseload principles, to support sustainable maternal and child healthcare in Western Switzerland and retain a resilient midwifery workforce. (© 2025 The Author(s). Published by Elsevier Ltd on behalf of Australian College of Midwives.)

Full URL: <https://doi.org/10.1016/j.wombi.2025.101952>

2025-06935

Professionals who left the NMC register in 2024/2025. Nursing and Midwifery Council (2025), June 2025. 34 pages

This report combines NMC leavers survey analysis with additional NMC and external research. Includes an in-depth analysis of those who left the register and

requested a Certificate of Current Professional Status (CCPS), and A non-systematic desk scan on why people leave their job in the UK (all jobs). (© Author)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2025/professionals-who-left-the-nmc-register-in-2024-2025.pdf>

2025-06519

Long COVID: the lingering crisis in maternity services. Maddick JK (2025), MIDIRS Midwifery Digest vol 35, no 2, June 2025, pp 169-170

An overview on the impact of Covid-19 on health care and maternity services, including staff shortages, increasing demands, and professional and psychological burnout. (AS)

2025-05670

Structural inequities and provider burnout in maternal health in the United States. Nelson HO, Lange A, Shah MK, et al (2025), Social Science and Medicine vol 372, May 2025, 118010

The United States is experiencing a maternal health crisis with one of the highest maternal mortality rates among high income countries and with major access to care issues, including growing maternity care deserts and workforce shortages. These systemic issues have led to a robust social scientific research agenda identifying individual and structural drivers of maternal health inequity, though focus has largely been on the impact these inequities have had on patients. Less attention has been given to the effect of structural inequities on maternal health providers in the US. Drawing from 48 interviews with individuals working in maternal health, conducted from November 2021 through May 2024, we reveal their experiences navigating structural inequities in maternal healthcare systems and the consequences of these experiences for their well-being, specifically through the emergence of burnout. The data reveal that maternal health providers are vulnerable to burnout because they experience triple marginalization. First, maternal health is a marginalized sub-field within medicine, so providers feel unequal access to resources. Second, marginalization occurs among maternal health providers as interprofessional hierarchies stratify clinical and non-clinical individuals working in the field. And third, individuals who hold marginalized identities are at greater risk of enduring difficult working conditions. These experiences of marginalization precipitate burnout, with non-clinical birthworkers and providers of color at greatest risk of experiencing burnout. (© Author)

2025-05588

Tackling stress and burnout through performing arts skills. Trueland J (2021), Nursing Standard vol 36, no 7, 30 June 2021, pp 14-16

Prejudice persists in the health service, say groups representing black and minority ethnic nurses, despite the findings of a report by a commission on race.

Nurses have spoken out about structural racism in the NHS in the wake of a widely-condemned review of race and ethnic disparities. (© Author)

2025-05473

What we can all do to prevent burnout. Madigan D, Hill A (2020), Nursing Standard vol 35, no 6, 3 June 2020

As COVID-19 increases the pressures on nurses, we must look out for colleagues and ourselves.

The COVID-19 pandemic is placing unprecedented demands on nurses and nursing students. As they try to cope with the situation, the increased stress puts them at high risk of burnout. This is especially the case for newly qualified nurses or students who may be less familiar with the demands of the job. (© Author)

2025-04682

Can we find joy at work?. Gasper K (2025), Maternity & Midwifery Forum 16 April 2025

The pressures of midwifery practice are well documented now. But what of the impact of the attitudes of others toward you or yours towards others? Could making small changes make a difference to how we feel? Karen Gasper Midwife, founder of Flourish For Birth & Beyond, Artist and Life Coach addresses the question and provides suggestions to make a difference in the work place. (Author)

Full URL: <https://maternityandmidwifery.co.uk/can-we-find-joy-at-work/>

2025-04681

Stress and Thriving in Midwifery. University of Bath, Royal United Hospitals Bath NHS Foundation Trust (2024), University of Bath 11 December 2024. Running time: 10 minutes, 33 seconds

Research into stress among midwives has identified the most effective actions individual midwives and healthcare trusts can make to enhance wellbeing and reduce negative outcomes. (Author)

Full URL: <https://vimeo.com/1038242553>

2025-04560

Nurses' and Midwives' Stress of Conscience and Its Correlation With Selected Sociodemographic and Work-Related

Variables. Dziurka M, Jedynak A, Jurek K, et al (2025), Journal of Advanced Nursing vol 81, no 5, May 2025, pp 2487-2499

Aim

To assess the level of stress of conscience experienced by Polish nurses and midwives and its determinants.

Design

Descriptive cross-sectional study.

Methods

The study was conducted from March 2019 to December 2020 and included convenience sampling of nurses and midwives working in hospitals in south-eastern Poland. An adapted version of the stress of the conscience questionnaire was used.

Results

A total of 476 nurses and midwives completed the survey. The stress of conscience mean value was 67.57. There were no differences in stress of conscience between nurses and midwives. There were five predictors of stress of conscience for nurses: additional job, place of residence, care for patients over 65 years of age, satisfaction with one's salary and having specialised courses, for midwives: social status, work mode and postgraduate studies.

Conclusion

With the knowledge of predictors of stress of conscience, educational institutions, policymakers and hospital managers should focus their interventions on the factors that lead to a higher level of stress of conscience. It is essential to provide psychological support, building positive relationships between colleagues and focusing on organisational conditions.

Implicit

Further research in this area is therefore encouraged, along with pre- and postgraduate training in coping with challenging situations such as the death of a patient and caring for elderly patients with dementia or multiple diseases. The study identifies predictors of stress of conscience and problems that can influence their appearance. Factors that increase the stress of conscience, such as organisational conditions and caring after patients are over age 65, should receive special attention in clinical education and result in the provision of an increased level of support from supervisors. Policymakers should also direct their future actions towards the ageing population, staff shortages, the resignation from the profession by improving working conditions and reducing the stress of conscience.

Reporting Method

STROBE guidelines.

Patient or Public Contribution

No patient or public contribution. (Author)

2025-03875

A novel maternity clinical supervision service: overview and outcomes. Archibald SJ, Shayle A, Hinde C, et al (2025), British Journal of Midwifery vol 33, no 3, March 2025, pp 126–133

Background/Aims

Stress can lead to low work satisfaction and increased burnout, sickness/absence and staff turnover. A midwifery clinical supervision service was developed by two senior clinical psychologists and piloted. It aimed to offer clinical supervision and staff support to specialist groups of midwives.

Methods

Questionnaires were completed by 47 staff who attended the pilot service, assessing their experiences and psychological outcome measures at the first and last sessions. Paired sample two-tailed t-tests were used to test for

differences between baseline and follow-up scores for wellbeing measures. Thematic analysis was used for qualitative data.

Results

Overall satisfaction was high, and attending multiple sessions significantly improved overall emotional wellbeing. Burnout was significantly lower, and there was a reduction in traumatic stress symptoms and improved rates of compassionate satisfaction.

Conclusions

Midwives and staff in maternity services value and benefit significantly from psychological support and specialist clinical supervision.

Implications for practice

Clinical supervision and staff support models should be provided in maternity services. This will directly impact the quality of care that staff provide. (Author)

2025-03731

Work and health-related determinants of midwives' intention to leave: Nationwide cross-sectional and prospective cohort studies in sweden. Hensing G, Dencker A, Carlsson IM, et al (2025), *Midwifery* vol 142, March 2025, 104283

Background

Midwives are essential for achieving the Sustainable Development Goal on sexual and reproductive health. However, midwifery shortage challenge healthcare organisations globally. The aim was to analyse cross-sectional and prospective associations between independent variables: 'possibilities of development'; 'quality of work'; 'role conflict'; 'recognition'; 'self-rated health' and 'burnout' and dependent variables: 'intention to leave current position' and 'intention to quit midwifery'.

Methods

In 2020 a nation-wide web-survey was distributed to midwives in Sweden (n = 5076) listed as members in unions that organise midwives. This was repeated in 2023 (n = 4398 midwives). Cross-sectional (n = 3696) and prospective (n = 531/406) uni- and multivariable logistic regressions were performed.

Results

We found a lower probability of intention to leave current position in respondents who reported possibilities for development, quality of work and recognition while those reporting role conflicts and burnout had a higher probability of intention to leave current position. In the first prospective analysis (n = 531) we found that reporting good quality of work and recognition at baseline were associated with a lower probability of reporting intention to leave current position at follow-up while burnout at baseline was associated with a higher probability of reporting intention to leave current position at follow-up. In the second prospective analysis (n = 406) we excluded respondents who reported intention to leave current position at baseline and found that only quality of work at baseline predicted a low probability of intention to leave at follow-up. For the second dependent variable, intention to quit midwifery, we found that possibilities for development and recognition was associated with a lower probability to quit while burnout was associated with a higher probability. In the first prospective analysis, we found that recognition at baseline was associated with a lower probability to quit while burnout at baseline was associated with a higher probability. When excluding those who reported intention to quit midwifery at baseline, we found that recognition and self-rated health was associated with a lower probability to report intention to quit at follow-up.

Conclusion

Quality of work, recognition and health appeared to be important for retention among midwives. Recognition stands out as a humble but relevant wish from a professional group of great importance for health care. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2025.104283>

2025-03358

"High-stress, conscientiousness and positive coping": correlation analysis of personality traits, coping style and stress load among obstetrics and gynecology female nurses and midwives in twenty-one public hospitals in Southern China.

Ye Q, Zhong K, Yuan L, et al (2025), *BMC Women's Health* vol 25, no 116, March 2025

Background

The long-term occupational stress experienced by nurses and midwives in obstetrics and gynecology department not only impacts their mental well-being, but also poses a threat to nursing safety and sleep quality of nursing staff.

Personality traits and stress coping strategies are believed to play a crucial and distinctive role in regulating stress. It is

of great importance to discover effective methods for managing the occupational stress faced by nurses and midwives in obstetrics and gynecology. The study aims to identify the characteristic of stress load, personality and coping style among obstetrics and gynecology nurses and midwives, explore variations in stress levels based on their individual personality traits, and compare different levels of event load and individual vulnerability across various personality domains.

Methods

A cross-section study was conducted from February 2023 to March 2023, and a stratified sampling method was used to select 424 obstetric and gynecological nurses. The survey was conducted using the General Information Questionnaire, the Chinese Big Five Personality Questionnaire, the Trait Coping Style Questionnaire, and the Chinese version of the Stress Overload Scale.

Results

High stress of stress risk, conscientiousness and positive coping were the main characteristics of obstetrics and gynecology nurses and midwives. The stress-load was at a medium level, with an average score of (65.30 ± 17.27) points. There were statistically significant differences in stress-load among nurses with different marital status, hospital level, family occupational support and work motivation ($p < 0.05$). There was a significant positive correlation among neuroticism, negative coping, and event load. ($p < 0.01$). While conscientiousness, agreeableness, openness, extroversion and positive coping showed positive correlations ($p < 0.05$).

Discussion

Based on our findings and the existing literature, we have so suggestions to relieve the stress-load of obstetrics and gynecology nurses and midwives: (1) improve social support and family support; (2) increase the application of intelligent technology appropriately; (3) improve midwifery models; (4) provide positive psychology training; (5) take advantage of the positive interaction between individual and situations.

Conclusion and implications for nursing and midwife policy

Nursing and midwife managers should strengthen care for nurses and midwives with significant neurotic personality, adopt flexible or magnetic management, improve midwifery models and elevate the dominant role of midwives in childbirth processes. Importantly, they should enhance group or individual psychological intervention to encourage a positive attitude towards stressors and foster the development of positive personalities. (Author)

Full URL: <https://doi.org/10.1186/s12905-025-03620-7>

2025-02745

Maternity Services [Parliamentary Debate]. House of Commons (2025), Hansard volume 762, 25 February 2025

Transcript of a debate that took place in the House of Commons in response to the following motion moved by Jess Brown-Fuller: That this House has considered maternity services. (JSM)

Full URL: <https://hansard.parliament.uk/commons/2025-02-25/debates/0E5635D6-D8B9-4F56-A500-EEAF47A19A06/MaternityServices>

2025-02678

Gender differences in acute and perceived stress, bullying, and academic motivation among nursing and midwifery students. Alharbi HF, Abaoud AF, Almutairi M, et al (2025), BMC Nursing vol 24, no 26, 8 January 2025

Background

College-aged students are at risk for experiencing negative events that may influence their future health and life. Those negative events or stressors may vary in type and severity. Stress and bullying are prevalent among nursing students that may affect their academic motivation. Our aim was to examine the gender differences in acute and perceived stress, bullying, and academic, motivation among nursing and midwifery students in Saudi Arabia.

Methods

A cross-sectional design was utilized in this study to examine 391 nursing and midwifery students in four different universities in Saudi Arabia. The following scales were used to collect data: the college students acute stress scale, perceived stress scale, bullying behaviors in nursing education, and short version of academic motivation scale.

Results

Students reported relatively low acute stress and moderate perceived stress. Students did not generally experience

considerable bullying. Only female students reported that they experience significant bullying in form of attacking academic motivation. Academic motivation among participating students were relatively high. Female students reported higher scores than male students on all variables; all differences are statistically significant except for bullying.

Conclusion

The findings of this study contribute to the literature on the prevalence of stress and bullying among nursing and midwifery students and their influence on academic motivation. Also, the results provide further evidence to the gender differences in stress, bullying, and academic motivation among them. The study highlights the importance of supporting nursing and midwifery students, specifically female student, by providing supportive and encouraging environment to help them succeed in their study and love their future career. (Author)

Full URL: <https://doi.org/10.1186/s12912-024-02666-6>

2025-02564

An aspiring midwife's perception of maternity care today. Farahani N (2024), Midwifery Matters no 183, December 2024, pp 7-8

The author, a sixth-form student from the West Midlands with ambitions to become a midwife, shares her perceptions of midwifery today and her hopes for the future of the profession. She highlights the challenges encountered by Black, Asian and ethnic minority women and birthing people, and discusses midwives' experiences, faced with severe understaffing, and the impact this has on the care they are able to provide, and their own health. (JSM)

2025-02473

Working hours that work for all. Sorby A (2025), Midwives vol 28, January 2025, pp 20-21

Fair working arrangements are key to ensuring midwives and maternity support workers (MSWs) maintain a decent work/life balance and reduce the risk of burnout, says the Royal College of Midwives' (RCM's) director of employment relations Alice Sorby. (Author, edited)

2025-01787

The work of midwives: The socio-institutional theory of the meaning of midwives' work-life balance. Buchanan K, Dawson K, Taylor J, et al (2025), Midwifery vol 140, January 2025, 104240

Background

Globally, midwifery is facing a potential workforce crisis. A significant number of midwives intending to leave the profession often cite burnout as contributing to this decision. While it has been reported that work-life balance is a key element in deciding to stay in midwifery, little is known about what constitutes work-life balance and the barriers to achieving this.

Aim

The aim of this study was to explore what work-life balance means to Australian midwives, and to determine its crucial features.

Methods

Qualitative Description methodology was used for this study. Data were collected from 31 midwives in Australia working in hospital settings, and different models of care. Data were collected using open ended questions via an online survey. Thematic analysis with a socio-institutional lens was applied to the data.

Findings

The findings were organised to three themes: 'Tipping the balance: The socio-institutional factors that shape midwives' work-life balance; 'Taking it home: The unique occupational characteristics of midwifery emotion work' and 'Finding harmony: Midwifery agency fosters presence and joy'. Together these explain the macro-, meso- and micro-level factors that characterise midwives' work-life balance.

Conclusion

The concept of work-life 'blending' is proposed as a more accurate depiction for midwifery than 'balance', where integration of work and life can be beneficial if autonomy and midwifery role and professional identity are valued. The majority of midwives are women who carry a significant domestic burden outside of work, and gender affirming structural changes to better support the role and full scope of the midwives to facilitate blending of work and life in a way that works for them are recommended. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2024.104240>

2025-01751

'A question of time and work-situation' – a cluster analysis of Swedish midwives' levels of burnout and attitudes towards midwifery continuity of care. Fahlbeck H, Hildingsson I, Larsson B, et al (2025), *Midwifery* vol 143, April 2025, 104302

Background

Midwifery continuity of care (MCoC) has been associated with reduced burnout and increased work satisfaction among midwives. Despite these benefits, MCoC is not common in Sweden.

Aim

This study aimed to explore midwives' profiles based on burnout levels and attitudes towards midwifery continuity of care, considering various background and work-related factors.

Methods

A national cross-sectional digital survey was conducted among midwives in Sweden. The questionnaire covered the Copenhagen Burnout Inventory (CBI), attitudes towards MCoC and background variables. Cluster analysis identified a set of profiles, which were then compared by calculating odds ratios and 95 % confidence intervals for various background and work-related factors. Logistic regression examined the factors most associated with each profile.

Findings

A three-cluster solution for the 1,983 midwives surveyed was suggested, labelled as Reserved, Visionary, and Sensitive. Midwives in the Reserved cluster exhibited negative attitudes towards MCoC, through negative scores on both components and negative scores on the CBI. Within the Visionary cluster, midwives showed positive scores on the Relational component of MCoC, but negative scores on the Practical and Organisational component and the CBI. In the Sensitive cluster, midwives exhibited the highest scores on the CBI and negative scores on the Practical and Organisational component of MCoC, with just slightly positive scores on the Relational component. Cluster membership was associated with length of work experience ($p < 0.001$) and work domain ($p < 0.001$).

Conclusion

Based on the CBI and attitudes towards MCoC, three distinct clusters of midwives were identified, with different factors contributing to membership in each cluster. Understanding how midwives relate to MCoC can facilitate the implementation of the model, potentially improving midwives' work-related health. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2025.104302>

2025-00328

Burnout among Nurses, Midwives, and Physicians in Maternity Care Exposed to Traumatic Childbirth Events. Robinson KA, Atlas RO, Storr CL, et al (2024), *MCN - American Journal of Maternal/Child Nursing* vol 49, no 6, November/December 2024, p 332-340

Purpose:

To describe the relationship between experiencing traumatic childbirth events and burnout.

Study Designs and Methods:

This descriptive cross-sectional study used an anonymous online survey to assess traumatic childbirth event exposure and the three independent constructs of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Participants were a convenience sample of registered nurses, obstetric residents, family medicine residents, and attending obstetricians across five hospitals from December 2020 through June 2021. The traumatic childbirth event questionnaire measured the frequency of traumatic childbirth event exposure, perception of severity, and perceived influence on the participant's professional practice and personal life.

Results:

Data were analyzed from 150 participants. Registered nurses represented the largest percentage of participants (66%). Components of burnout varied according to race and occupation. Asian/Pacific Islanders had significantly higher mean depersonalization scores at 10.1 (SD = 6.0). Resident physicians had the highest emotional exhaustion scores (M = 34.6, SD = 8.8). Traumatic childbirth events perceived influence on practice correlates with personal accomplishments. Yet, no relationship was observed between traumatic childbirth events, emotional exhaustion, and depersonalization. Linear mixed analysis revealed that hospitals account for 7.5% of the variance in emotional exhaustion scores, 11.1% in depersonalization scores, and 1.3% in personal accomplishments scores.

Clinical Implications:

Maternity clinicians experience burnout at similar rates to those in other specialties. Although traumatic childbirth events are infrequent and not strongly correlated with emotional exhaustion and depersonalization, hospitals should implement effective strategies to support clinicians after such events. Educational interventions can enhance knowledge and resilience, whereas specialized training effectively alleviates burnout. Development of

2024-14692

Mental health in midwifery students: A French nationwide survey. Frajerman A, Colle R, Jollant F, et al (2024), Midwifery vol 139, December 2024, 104165

Background

Poor mental health in health students is a major public health issue, impacting personal quality of life and functioning, curriculum and care quality to patients.

Problem

Few studies to date have examined mental health in midwifery students.

Aim

To evaluate the midwifery students' mental health.

Methods

An online cross-sectional survey was performed between 02/11/2023 and 11/12/2023. Anonymous questionnaires were sent to midwife students via academic emails by all midwife faculties in France. We assessed the prevalence of current depressive symptoms, current generalised anxiety symptoms, burnout for students in internship, 12-month major depressive disorder and 12-month suicidal ideation, humiliation, sexual harassment, and sexual aggression during their curriculum with specific questions. Multivariate logistic regression was performed to identify the main factors associated with major depressive disorder and suicidal ideation.

Findings

Among midwifery students, 1920 (response rate: 51.9 %) were included. The prevalences of current depressive symptoms, anxiety symptoms, burnout, 12-month major depressive disorder, and 12-month suicidal ideation were 62 %, 47 %, 44 %, 13 % and 14 %, respectively. Humiliation, sexual harassment and sexual aggression were reported by 19 %, 1.8 % and 0.7 %, respectively. In multivariable analyses, having important financial difficulties and sexual violence were associated with higher rates of major depressive episodes and suicidal ideation.

Discussion

>1 in 10 students suffered from 12-month depression and/or suicidal ideation, and almost half of them expressed various distressing symptoms.

Conclusion

These alarming results highlighted the need for interventions to improve mental health in midwifery students, including safer conditions of education and living. (Author) [Erratum: Midwifery, vol 145, June 2025, 104398.

<https://doi.org/10.1016/j.midw.2025.104398>

2024-14422

Moving midwifery forward. Development of a midwifery peer to peer debriefing guide for vicarious trauma. Buchanan K, Dover A (2024), Australian Midwifery News vol 38, Spring 2024, pp 32-34

It is known from the literature that midwives can develop symptoms of post traumatic stress disorder (PTSD) after experiencing upsetting events such as miscarriage, neonatal death, difficult births, or witnessing obstetric violence. These events can affect their mental health and wellbeing, causing them to have flashbacks or to feel responsible, and they often turn to each other for support at these times.

This article describes a pilot project, the aim of which was to develop a structured Midwifery Peer to Peer Debriefing Guide to help midwives offer support to peers who have experienced midwifery practice-related vicarious or second victim trauma. (JSM)

2024-14080

A paradox: Midwives' Experiences of Attending a Birth Resulting in Maternal Death in a Ghanaian Context. Aba Abraham S, Osei Berchie G, Adjei Druye A, et al (2020), Journal of Midwifery & Reproductive Health vol 8, no 4 October 2020, pp 2447-2455

Background & aim: In a lower-middle income country, such as Ghana, maternal death still occurs even in case of providing skilled perinatal care. The impact of maternal death on the family, community, and society has been largely studied. However, its implications for midwifery practice in Ghana has not been extensively investigated. The purpose of this study was to explore the experiences of midwives whose clients died during the peripartum period and unearth the influence of their experiences on their personal lives and practices as midwife.

Methods: The present study adopted a descriptive exploratory approach. Purposive and snowball sampling were

employed to recruit six midwives attending the women who died during the peripartum period. The experiences of midwives were uncovered using in-depth interviews. Data analysis was conducted using Colaizzi's phenomenological method as a frame of reference. Rigor was maintained through member checking and prolonged engagement. Results: Four main themes emerged from the data, including conceptualizing maternal death, midwives initial reaction to maternal death, perceived preparedness to manage maternal death, and building resilience (blurring the memory). There was minimal institutional support for the midwives when maternal death occurred. The participants used various coping strategies to rebuild their self-confidence and professional confidence. Conclusion: Midwives attending women who die during the peripartum period suffer emotionally and psychologically. The implications of these experiences in the midwifery profession are enormous. Supportive strategies should be institutionalized to achieve the complete recovery of attending midwives and provide experiential training of the entire midwifery staff. (Author)

Full URL: <https://doi.org/10.22038/jmrh.2020.47288.1579>

2024-12224

Predictors of burnout among midwives working at public hospitals in northwest Ethiopia, 2022: A multi-centred study. Mengistie BA, Endale ZM, Azene ZN, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 5, September 2024, 101654

Problem

Midwives are susceptible to burnout due to the physically and emotionally demanding nature of their job. Burnout is an occupational phenomenon with far-reaching consequences.

Aim

This study aimed to assess the magnitude of burnout and predictors among midwives working at public hospitals in northwest Ethiopia.

Methods

An institutional-based cross-sectional study was conducted from February 7 to April 30, 2022. A simple random sampling method was employed to include 640 study participants. Data were collected using a self-administered questionnaire, entered into Epi-data 4.6 software, and exported to SPSS version 25 for analysis. A multivariable linear regression analysis model was fitted to identify factors contributing to midwives' burnout.

Findings

The overall prevalence of midwives' burnout was 55.3 % (95 % CI = 51.7–58.9). The prevalence of personal, work-related, and client-related burnout was 58.3 %, 60.3 %, and 55.5 %, respectively. Factors that were significantly associated with burnout includes workplace violence ($\beta = 5.02$, CI: 2.90, 7.13), not receiving training ($\beta = 4.32$ CI: 1.81, 6.80), being exposed to blood and body fluids or needle stick injuries ($\beta = 5.13$ CI: 3.12, 7.13), low superior support ($\beta = 5.13$ CI: 1.94, 5.30), working in tertiary hospitals ($\beta = 12.77$ CI: 9.48, 16.06), and job rotation of six months or less ($\beta = 16.75$, CI: 13.12, 20.39).

Conclusion

This study found that the prevalence of burnout among midwives was significantly high. Addressing burnout requires implementing effective burnout prevention measures including enhancing management support, offering professional training, creating a conducive working environment, and adhering to standard precautions. (Author)

2024-12223

Person-centered exploration of work-related stress patterns, predictors, and their association with subhealth in midwives: A cross-sectional study. Wang Y, Chen H, Li X, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 5, September 2024, 101655

Background

Midwives experience elevated levels of work-related stress. However, there is limited understanding of the patterns of this stress, its sociodemographic and work-related determinants, and its association with sub-health.

Method

This multi-center cross-sectional study, conducted in 21 hospitals in Zhuhai City, Guangdong Province, China, involved 300 midwives. Work-related stress levels in midwives were evaluated using the Chinese version of the Nursing Stress Scale, while social, physical and mental sub-health status was measured with the Sub-Health Measurement Scale. Utilizing latent profile analysis, the study aimed to categorize midwives into homogeneous profiles based on patterns of work-related stress.

Results

Among the 300 midwives examined, three distinct profiles were identified: profile 1 (n=57, 19 %), characterized by low work-related stress; profile 2 (n=149, 50 %), representing the moderate work-related stress class; and profile 3 (n=94,

31 %), indicative of high work-related stress. Midwives in the high work-related stress profile tended to be younger, with lower monthly income, lower professional titles, and a higher likelihood of night shift work (all $P < 0.01$).

Significant and noteworthy trends were observed in sociodemographic characteristics (age, monthly income, and professional title) and work-related characteristics (night shift status). After controlling for confounders, the work-related stress profile demonstrated a negative association with social, physical and mental sub-health status.

Conclusion

This study highlights integrating stress domains and adopting a person-centered approach to examine midwives' work-related stress. Identifying predictors of profile membership and their relationship with sub-health can inform tailored interventions to reduce stress and improve midwives' well-being. (Author)

2024-12218

A mixed-methods stress audit with midwives in the United Kingdom. Anchors ZG, Moore LJ, Burnard SD, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 5, September 2024, 101639

Problem

UK midwives report high work-related stress, which can negatively impact their health and wellbeing, with many considering leaving the profession.

Background

An occupational stress audit guides the implementation of stress management intervention, by identifying which stressors have the most negative impact and why, and highlighting "at risk" groups.

Aim

To conduct a concurrent mixed-methods stress audit with UK midwives in an NHS Trust.

Methods

Seventy-one midwives (Mage = 39 years, SD = 11) completed a survey assessing stressors (e.g., relationships), stress appraisals (i.e., challenge vs. threat), coping strategies (e.g., avoidance-focused), and outcomes (i.e., mental health, performance, and intention to leave). Ten midwives (Mage = 42 years, SD = 10) participated in semi-structured interviews.

Findings

Quantitative data revealed that more work-related demands, poorer peer support and relationships, and threat appraisals predicted worse mental health. Moreover, less control and more work-related demands predicted poorer performance, while less control, poorer manager support, more change-related demands, and threat appraisals predicted greater intention to leave. Qualitative data generated three themes: organisational pressures exacerbated by unexpected changes; individualised responses but largely debilitating emotions; and personal coping and power of social support.

Discussion and conclusion

This study offered a comprehensive and novel insight into the stress experiences of UK midwives, highlighting targets for future stress management interventions, including key stressors (e.g., manager support), underlying mechanisms (e.g., stress appraisals), and "at-risk" groups (e.g., night shift workers). Practical recommendations are provided for stakeholders operating at multiple levels (e.g., midwife, trust, policy) to better support midwives with work-related stress. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2024.101639>

2024-10878

Burnout and bias can lead to poor care during childbirth – we created a project in Kenya that helps health workers.

Anon (2024), The Conversation 29 August 2024

Discusses the outcome of an intervention, designed and piloted by a team of researchers at University of California, the Kenya Medical Research Institute and the Global Programs for Research and Training, focused in Kenya's Migori county in the west. "Caring for Providers to Improve Patient Experience" aims to improve the healthcare experience of both health care providers and patients. (JSM)

Full URL: <https://theconversation.com/burnout-and-bias-can-lead-to-poor-care-during-childbirth-we-created-a-project-in-kenya-that-helps-health-workers-235978>

2024-09309

A cross-sectional survey of the mental health of midwives in Ontario, Canada: Burnout, depression, anxiety, stress, and associated factors. Cates EC, Ramlogan-Salanga C, MacKenzie RK, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 4, July 2024, 101613

Problem

Burnout and the psychological co-morbidities stress, anxiety and depression have a significant impact on healthcare providers, including midwives. These conditions impact the quality of care provided to women, and midwives' ability to remain in the profession.

Background

There is growing concern regarding the retention of maternity care providers in Canada, particularly midwives. Nationally, 33% of Canadian midwives are seriously considering leaving practice; impacts of the profession on work-life-balance and mental health being commonly cited reasons. Burnout has been shown to contribute to workplace attrition, but little is known concerning burnout among Canadian midwives.

Aim

To assess levels of stress, anxiety, depression, and burnout among midwives in Ontario, Canada and potential factors associated with these conditions.

Methods

A cross-sectional survey of Ontario midwives incorporating a series of well-validated tools including the Copenhagen Burnout Inventory and the Depression, Anxiety and Stress Scale.

Findings

Between February 5, and April 14, 2021, 275 Ontario midwives completed the survey. More than 50% of respondents reported depression, anxiety, stress, and burnout. Factors associated with poor mental health outcomes included having less than 10-years practice experience, identifying as a midwife with a disability, the inability to work off-call, and having taken a prior mental health leave.

Discussion & Conclusion

A significant proportion of Ontario midwives are experiencing high levels of stress, anxiety, depression, and burnout, which should be a serious concern for the profession, its leaders, and regulators. Investment in strategies aimed at retaining midwives that address underlying factors leading to attrition should be prioritized. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2024.101613>

2024-08872

NMC register leavers' survey summary 2024. Nursing and Midwifery Council (2024), July 2024. 43 pages

Presents the findings of an online survey sent to all who left the Nursing and Midwifery Council (NMC) register between January 2023 and March 2024. Explores the data with the aim of understanding:

- * The factors driving people to leave the register
- * If any links exist between professional experiences and demographics
- * How insights have changed since the previous year's survey.

The most prevalent reason for professionals leaving the register is retirement, with poor health and professional burnout also high on the list. (JSM)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/july-2024/annual-data-report-leavers-survey-2024.pdf>

2024-08611

"Burnout is Real": A SWOT Analysis of Albertan Midwives' Perspectives on Providing Midwifery Care. Boulton T, Upadhyaya D, Pichette E, et al (2024), Canadian Journal of Midwifery Research and Practice vol 23, no 1, 2024, pp 1-10

Midwifery has been publicly funded since 2009 in Alberta, Canada. However, significant barriers to accessing midwife-led care, interprofessional challenges, lack of funding, and the demanding role required of midwives raise issues regarding sustainability. The findings presented in this paper are based on in-depth interviews with 16 midwives in Alberta, Canada. This paper discusses the findings based on a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis framework. The SWOT analysis identified the following major themes: Strong connections to the profession and clients, barriers to work-life balance, strategies for sustainability, and difficult working conditions combined with limited funding. The findings highlight an urgent need to address the difficult working conditions and high levels of burnout described by Alberta midwives. The midwives' commitment to the profession and their relationships with clients run deep; however, this did not offset the challenges and barriers to having a long career working as a midwife. Our findings suggest that there are opportunities to make midwifery more sustainable, but this will require the healthcare system in Alberta to prioritize funding for midwifery services to ensure the midwives who provide this care are valued and supported. (Author)

2024-08498

Dual identities: The mother-midwife balancing act. Palmer A (2024), Midwifery Matters no 181, June 2024, pp 7-8

The author, a midwife and a mother of four, describes the challenges of supporting the women in her care, while bringing up a family and being there for them when they need her. She acknowledges that to achieve equilibrium between the roles of mother and midwife, change is necessary. Describes how she achieved a better work-life balance by becoming an independent midwife. (JSM)

2024-08454

Lack of autonomy and professional recognition as major factors for burnout in midwives: A systematic mixed-method

review. Andina-Díaz E, Rodríguez-Puente Z, Arias-Gundín O, et al (2025), Journal of Advanced Nursing vol 81, no 2, February 2025, pp 574-590

Aim

The aim of this study was to review the existing evidence on burnout levels in midwives and the main related factors.

Design

Mixed studies systematic review.

Data Sources

PubMed, Scopus and Web of Science were sourced from 2018 and 2023.

Review Methods

Inclusion criteria: quantitative cross-sectional or qualitative articles published in English within the last 5 years.

Exclusion criteria: studies with undergraduate or trainee midwives, studies examining the factors in a pandemic setting and those not answering the research question. Potential risk of bias was assessed using the Mixed Methods Assessment Tool (MMAT). A convergent synthesis design was followed through a thematic synthesis using Thomas and Harden's three-step method: inductive coding of the text, development of descriptive themes and generation of analytical themes. Qualitative approaches adopted exploratory descriptive studies and participatory action research.

Results

Thirty-six studies were included, with a total of 17,364 participants. There were higher levels of burnout in midwives who were single, under 35–40 years of age, with less than 10 years of experience and those with young children. Stress, anxiety and depression, as well as the emotional impact of traumatic events, have been described as related psychological factors.

Conclusion

Although extrinsic work factors such as shifts, workload, pay and interpersonal relationships increase burnout, intrinsic factors such as lack of autonomy and recognition are the main factors related to it.

Impact

What problem did the study address? Burnout among healthcare workers has been recognized as a global crisis requiring urgent attention, specifically in midwives. What were the main findings? There is a persistent shortage of midwives that is attributed in part to chronic retention difficulties related to job burnout expressed by these professionals. Where and on whom will the research have an impact? We seek to address the paucity of research on burnout in midwives in the current crisis in the profession. Work factors such as lack of autonomy or recognition in the profession carry an associated risk of burnout and job attrition. Understanding the factors that contribute to burnout will enable healthcare organizations to reduce the current problem.

Reporting Method: Preferred

Reporting items for systematic review and meta-analyses (PRISMA).

Patient or Public contribution

No patient or public contribution. (Author)

Full URL: <https://doi.org/10.1111/jan.16279>

2024-07090

The Relationship Between Restrictive Regulation of Midwives, Practice Environment, and Professional Burnout A

7-State Mixed-Methods Comparison of Autonomous and Restrictive State Regulation. Thumm EB, Schaeffer A, Michel A, et al (2024), The Journal of Perinatal and Neonatal Nursing vol 38, no 2, April/June 2024, pp 137-146

Purpose:

The purpose of the study was to investigate the relationship between state regulation of the midwifery workforce, practice environment, and burnout.

Background:

Burnout threatens the US midwifery workforce, with over 40% of certified nurse-midwives meeting criteria. Burnout can lead to poorer physical and mental health and withdrawal from the workforce. Burnout in midwives has been associated with lack of control and autonomy. In the United States, midwives' autonomy is restricted through state-level regulation that limits scope of practice and professional independence.

Methods:

A mixed-methods study was conducted using an explanatory sequential approach. Quantitative and qualitative data were collected by online surveys and analyzed in a 2-stage process, followed by data integration.

Results:

State regulation was not found to be independently associated with burnout ($n = 248$; $P = .250$); however, mediation analysis showed a significant association between state regulation, practice environment, and burnout. Qualitative analysis mirrored the importance of practice environment and expanded on its features.

Conclusion:

For midwives, unrestrictive practice regulation may not translate to burnout prevention without supportive practice environments.

Implications for practice and research:

Interventions should focus on promoting job flexibility, realistic demands, and professional values. While midwives' commitment to patients and the profession can help bolster the workforce, it can also amplify negative experiences of the practice environment. (Author)

2024-05961

How to fix and improve maternity safety. Royal College of Midwives (2024), May 2024. 10 pages

Safe, good quality care should be the expectation and the requirement of every maternity service throughout the UK. That is why the Royal College of Midwives (RCM) not only wants maternity services that meet the needs and choices of women in how they birth their baby but also maternity services that are safe. (Author)

Full URL: https://www.rcm.org.uk/media/7465/0301_how-to-fix_safety_digital.pdf

2024-05462

Effectiveness of interventions on occupational stress, health and well-being, performance, and job satisfaction for midwives: A systematic mixed methods review. Anchors ZG, Arnold R, Burnard SD, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 5, September 2024, 101589

Background

Work-related stress is high in midwifery with negative implications for midwives' health and performance. This systematic review therefore examined which stress management interventions (SMIs) are most effective at reducing occupational stress and improving midwives' health and well-being, performance, and job satisfaction.

Methods

A systematic review included studies if they were: investigating midwives or student midwives; examining an individual- or organisation-level intervention; reporting the intervention effects on at least one outcome (e.g., job performance); peer-reviewed; and published in English. Methodological quality was assessed using the Mixed Methods Appraisal Tool. A narrative synthesis was conducted and data were presented by SMI level (i.e., individual vs. organisation) and modality type (e.g., mindfulness, care model). Sum codes were used to compare the effects of individual- and organisation-level SMIs on outcomes.

Findings

From 2605 studies identified, 30 were eligible (18 individual- and 12 organisation-level SMIs). Eight studies were deemed low quality. While individual- and organisation-level SMIs were equally effective in improving job satisfaction and performance, there was a trend for organisation-level SMIs more effectively reducing work stress and improving

health and well-being. Specific individual- (i.e., mindfulness, simulation training) and organisation-level (i.e., reflective groups, midwifery care models) SMLs were most beneficial.

Conclusion

It is recommended that health practitioners and policy makers implement interventions that target both individual- and organisation-levels to optimally support midwives' work stress, health, well-being, and performance.

Notwithstanding these findings and implications, some studies had poor methodological quality; thus, future research should better follow intervention reporting guidelines. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2024.02.005>

2024-05192

Midwives faced 'extreme burnout' in pandemic and many want to quit, inquiry told. The Press Association (2024), The Sunday Post 24 April 2024

News item highlighting the impact that the COVID-19 pandemic had on midwives in Scotland, with many of them experiencing extreme burnout, demonstrated by figures from a survey which suggest that 75% of midwives are considering leaving the profession. Includes comments from Emma Currer from the Royal College of Midwives and Esther O'Hara from Unite the union at NHS Greater Glasgow and Clyde, as told to the Scottish Covid-19 Inquiry. (JSM)

Full URL: <https://www.sundaypost.com/news/scottish-news/midwives-faced-extreme-burnout-in-pandemic-and-many-want-to-quit-inquiry-told/>

2024-04284

A survey examining the relationship between burnout, professional empowerment, and personality traits of midwives of an inner London NHS Trust. Soria J, Zervoulis K, Bolou A (2024), European Journal of Midwifery vol 8, April 2024, p 13

Introduction:

Besides the well-known negative effects on physical and psychological well-being, burnout has been associated with high attrition and absenteeism in the midwifery profession. This study explores whether burnout in midwifery can be explained by the midwives' type of personality and the sense of empowerment they experience at work. Moreover, the study identifies areas of improvement in relation to these topics and elements that can be conducive to strengthening the midwifery workforce.

Methods:

A cross-sectional exploratory study design was used, including an online survey completed by 120 midwives working for an NHS Trust in London. The response rate was 24%. Three validated questionnaires were used: the Copenhagen Burnout Inventory (CBI), the Perception of Empowerment in Midwifery Scale (PEMS), and the Big Five Personality Trait Short Questionnaire (BFPTSQ).

Results:

A multiple linear regression analysis indicated empowerment and personality traits are significant predictors of levels of burnout. Furthermore, emotional stability was shown to partially mediate the relationship between empowerment and burnout. The study also examined the midwifery burnout levels of this NHS Trust, which were found to be significantly high and similar to a previous study conducted by the Royal College of Midwives.

Conclusions:

The empowerment experienced by midwives and their personality traits significantly predict the levels of burnout in the midwifery workforce. Only empowerment and emotional stability were significant contributors to the regression model. Multiple strategies can be implemented to support midwives in these two areas. These interventions could also be of great help to reinforce the role of the midwife, making it more appealing to society and, in particular, younger generations with an interest in human-orientated professions. (Author)

Full URL: <https://doi.org/10.18332/ejm/184208>

2024-03436

New national health and wellbeing service for midwives launches this year. Anon (2023), Australian Midwifery News vol 33, Winter 2023, pp 36-38

Announces the planned launch of a new national service in Australia to support the health and wellbeing of midwives and nurses, with the aim of addressing increasing rates of fatigue, stress and burnout which grew during the COVID-19

2024-03317

Sense of coherence moderates job demand-resources and impact on burnout among nurses and midwives in the context of the COVID-19 pandemic: A cross-sectional survey. Paterson C, Davis D, Roberts C, et al (2024), Journal of Advanced Nursing vol 80, no 10, October 2024, pp 4113-4125

Aim

This study aimed to test the propositions using the job demands-resources (JD-R) model for main/moderation/mediation effects of a sense of coherence and practice environment support on mental well-being (anxiety, depression and burnout) outcomes in nurses and midwives in Australia during the COVID-19 pandemic.

Design

Cross-sectional quantitative survey.

Data Sources

The study was a cross-sectional design using self-report questionnaires reported as per the Reporting of Observational Studies in Epidemiology Guidelines. Following human research ethics approval (2020.ETH.00121) participants were recruited to take part in an online anonymous survey using self-report instruments to test the JD-R model in Australia.

Results

156 participant nurses and midwives experienced anxiety, depression and emotional burnout during COVID-19. While a considerable proportion of participants indicated high levels of emotional exhaustion, their responses showed low levels of depersonalization (detached response to other people) and high levels of personal accomplishment (high levels of work performance and competence). A sense of coherence was a significant protective factor for mental health well-being for the participants, which is to say, high levels of sense of coherence were predictive of lower levels of anxiety, depression and burnout in this study sample.

Conclusion

It is evident that both nursing and midwifery professions require psychosocial support to preserve their health both in the short and long term. Ensuring individualized tailored support will require a layered response within organizations aimed at individual self-care and collegial peer support.

Patient or Public Contribution

There was no patient or public contribution in this study, as the focus was on nurses and midwives. (Author)

Full URL: <https://doi.org/10.1111/jan.16125>

2024-02910

How to fix the midwifery staffing crisis. Royal College of Midwives (2024), 28 February 2024. 8 pages

It is no secret that the UK has suffered from a chronic shortage of midwives, and that this shortage has had a sadly inevitable impact on maternity safety. While services in Scotland, Wales and Northern Ireland certainly have their challenges, it is England where the problems have been most acute, with a current estimated shortage of 2,500 midwives. The shortage of midwives has had an inevitable impact on maternity safety. (Author)

Full URL: <https://www.rcm.org.uk/media/7303/rcm-how-to-fix-guide-28-feb-2024.pdf>

2024-02908

Enabling wellbeing within trusts. NHS Providers, Foundation Trust Network (2023), October 2023. 32 pages

There is an urgent need for interventions and support for the NHS workforce, to address concerning data on staff wellbeing, and to ensure high quality patient care. While vacancy rates and workload demands across the NHS will require action by government and national NHS bodies to resolve sustainably, the case studies in this report highlight how local, proactive measures can help to improve staff wellbeing and retention.

The key enablers to the initiatives featured in this report include access to adequate funding, senior leadership understanding and buy in, and continuous impact monitoring and evaluation for interventions. An overall understanding that staff wellbeing is everybody's business, and vital to the success of organisations, is also imperative.

The benefits to employers proactively enabling wellbeing are undeniable. With staff working in a healthier and more inclusive culture, organisations benefit from better employee morale and engagement. As trusts are continually challenged to deliver more activity within existing resources, and to maximise productivity without compromising on patient care, supporting staff and their wellbeing will be essential in achieving the asks of the NHS. (Author)

Full URL: <https://nhsproviders.org/media/697461/providers-deliver-enabling-wellbeing-within-trusts.pdf>

2024-01849

Midwives' stress and burnout during the Omicron wave in Italy: An observational survey. Fumagalli S, Panzeri M, Borrelli S, et al (2024), Journal of Advanced Nursing vol 80, no 11, November 2024, pp 4510-4522

Aim

To evaluate midwives' level of stress and burnout during the COVID-19 Omicron phase in Italy. Secondary aims were to explore the impact of the pandemic on midwives' personal dimensions and professional activities and potential supporting strategies.

Design

A mixed-methods study was undertaken from July to December 2022.

Methods

Data were collected using a national online observational survey. Descriptive and inferential analyses were performed to evaluate stress, burnout and the impact of the pandemic on personal and professional dimensions. A deductive qualitative approach was used to analyse open-ended responses, that were merged with quantitative data following a convergent mixed-methods approach.

Results

A total of 1944 midwives participated in the survey. The stress summary score mean was 10.34, and 562 midwives (28.91%) experienced burnout. The intention to reduce working hours was reported by 202 midwives (10.39%), with 60.40% (n = 122) of them experiencing burnout. The intention to leave clinical practice within the following 2 years was reported by 239 (12.29%), with 68.20% (n = 163) of them experiencing burnout. All the personal dimensions and professional activities considered were defined by more than half of midwives as being impacted 'Moderately' or 'To a great extent' by pandemic. Stress and burnout frequencies increased when the midwives' perception of the pandemic effects was higher. Potential supporting strategies described by midwives as the most important in increasing their ability to cope with the pandemic were 'Women's awareness of the midwives' role' (n = 1072; 55.14%) and 'Family and friends' emotional support' (n = 746; 38.38%).

Conclusion

Our findings suggested strategies to support a positive and safe working environment for midwives during a pandemic emergency, with potential transferability to similar contexts when human resources are lacking. It is recommended that maternity services provide the necessary resources for a safe and supportive working environment to prevent high stress levels and chronic burnout.

Impact

Studies conducted during the first COVID-19 pandemic wave showed an increased level of stress, anxiety, burnout, post-traumatic stress disorder and depression experienced by healthcare professionals; moreover, midwives experienced drastic changes in care pathways and policies with struggles identified when providing high-quality woman-centred care following pandemic restrictions. Although it is recommended, there is lack of knowledge about long-term psychological effects of COVID-19 for midwives. Our study highlights that during the Omicron wave midwives experienced a high level of stress and burnout with an impact on individual dimensions and professional activities. Their stress and burnout were influenced by several factors, including restrictions in place, lack of organizational acknowledgement, work overload and need for extra childcare cover. Maternity services should provide the necessary resources for a safe and supportive working environment to prevent high stress levels and chronic burnout. Recommendations on how to facilitate this are suggested.

Reporting Method

During the writing process, we referred to 'The Strengthening the Reporting of Observational Studies Epidemiology Statement', the guidelines for reporting observational studies from the Equator network.

Patient or Public Contribution
No patient or public contribution.

What does this paper contribute to the wider global clinical community?

Work overload conditions negatively impacted on the quality of maternity services. Improving organizational aspects, reducing working hours, promoting family and friends' emotional support and improving women's awareness of midwife's role were the main strategies reported by midwives. These suggestions for ensuring a positive and safe working environment for midwives during a pandemic emergency could potentially be applied to similar situations where human resources are lacking. (Author)

Full URL: <https://doi.org/10.1111/jan.16065>

2024-01412

Work-related stress. Royal College of Midwives (2022), August 2022. 15 pages

This booklet is one of a series of Royal College of Midwives (RCM) Equality publications that have been produced for RCM members. It provides information about work related stress including stress triggers and how health and well-being in the workplace can be improved drawing on case studies and other publications such as health and safety guidance. (EA)

Full URL: <https://www.rcm.org.uk/media/6370/work-related-stress.pdf>

2024-00791

Work-related burnout and its associated factors among midwives working at public hospitals in northwest Ethiopia: a multi-centered study. Mengistie BA, Azene ZN, Haile TT, et al (2023), *Frontiers in Global Women's Health* 14 December 2023, online

Introduction: Work-related burnout (WRB) is defined as the degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to work. Midwives are vulnerable to work-related burnout due to their physically and emotionally demanding nature of their job. It affects the health of professionals and the quality of care provided. However, there is limited evidence on the burden and predictors associated with work-related burnout among midwives in developing countries, including Ethiopia. This study investigated the burden and contributing factors of work-related burnout among midwives in northwest Ethiopia.

Methods: A facility-based cross-sectional study was conducted from February 7 to April 30, 2022. A simple random sampling method was used to enroll 640 study participants. The Copenhagen burnout inventory tool was used to assess the magnitude of work-related burnout. A self-administered questionnaire was used to collect data, which was then entered into Epi Data 4.6 software and exported to SPSS version 25 for analysis. A multivariable logistic regression analysis model was fitted to identify factors associated with work-related burnout. The Adjusted Odds Ratio (AOR) with 95% confidence interval (CI) was reported to declare the factors that are significantly associated with work-related burnout.

Results: The prevalence of work-related burnout was found to be 60.47% (95% CI = 56.6–64.2). Workplace violence (AOR = 3.33, CI: 2.02, 5.48), working hours over 60 h a week (AOR = 4.55, CI: 2.78, 7.43), emotional demand of the job (AOR = 8.85, 95% CI: 4.48, 17.47), exposure to blood and body fluids/sharp injuries (AOR = 5.13, CI: 3.12, 7.13), good superior support (AOR = 0.38, CI: 0.23, 0.63), Job rotation of ≤6 months (AOR = 2.30, CI: 1.28, 4.14) and being stressed (AOR = 2.64, CI: 1.63, 4.26) were all found to be strongly linked to work-related burnout.

Conclusion and recommendation: This study found a significant level of work-related burnout among midwives working in public hospitals. Experiencing workplace violence, a job rotation of less than or equals to six months, working hours over 60 h a week, good superior support, exposure to blood and body fluids or needle stick injuries and experiencing stress were significant factors that influenced work-related burnout. Therefore, reducing prolonged working hours, promoting supportive management, creating a safe working environment, and applying effective stress prevention strategies are some of the interventions to prevent or alleviate work-related burnout. (Author)

Full URL: <https://doi.org/10.3389/fpsy.2023.1256063>

2023-12526

2020 – the year of the nurse and midwife: a call for action to scale up and strengthen the nursing and midwifery

workforce in the Eastern Mediterranean Region. Al-Mandhari A, Gedik G, Mataria A, et al (2020), Eastern Mediterranean Health Journal vol 26, no 4, April 2020, pp 370–371

The World Health Organization (WHO) has declared 2020 as the Year of the Nurse and the Midwife. World Health Day on 7 April is dedicated to supporting nurses and midwives and highlights the central role of these professions in advancing universal health coverage, achieving health related sustainable development goals, and the Eastern Mediterranean Region Vision 2023: Health for All by All. Even before the pandemic, the safety and security of health workers in the Eastern Mediterranean Region has been a significant concern, as more than half of the countries of the Region face acute and protracted crises, and 7080% of total recorded attacks on health facilities globally occur in the Eastern Mediterranean Region.

Nurses and midwives make up more than 50% of the health workforce. Multiple studies have revealed the important role of well-educated nurses to address the rise in infectious as well as chronic noncommunicable diseases, in addition to their substantial contribution to improve maternal, infant and child health. Commitments to strengthen nursing and midwifery have been provided over the years by the World Health Assembly and the Eastern Mediterranean Regional Committee. However, despite this high level commitment, the Region continues to face deep challenges in ensuring adequate nursing capacity. (Author)

Full URL: <https://doi.org/10.26719/2020.26.4.370>

2023-12451

Structural Equation Model for Nursing's Spiritual Commitment, Religious Adaptation, and Their Relationship to Quality of Life and Burnout. Ali I, Guejda K, Bhugra D, et al (2023), Middle East Journal Of Rehabilitation And Health Studies 14 November 2023, online

Background: Religious adaptation and spiritual commitment are considered common strategies in order to deal with traumatic conditions. It has been argued that spiritual commitment has an impact on burnout levels, and both directly influence the quality of life.

Objectives: The aim of the present study was to investigate relationships between spiritual commitment and religious adaptation, different dimensions of burnout, and quality of life in a sample of health professionals.

Methods: This study was a cross-sectional survey. A model, including pathways between spiritual commitment, religious adaptation dimensions, and quality of life with variables of burnout as mediators, has been developed. This data survey was conducted on 556 nurses and midwives from emergency, intensive care and resuscitation, and psychiatry units, in addition to maternity departments, in four different university hospitals and 12 regional hospital centers in Morocco. Measures regarding religious adaptation and spiritual commitment, the Maslach Burnout Inventory, and quality of life variables were used to test the present study's model employing structural equation modeling techniques. Data collection was performed from March 2018 to February 2019.

Results: The goodness of fit statistics confirmed an improved model with burnout dimensions as mediators between spiritual commitment, religious adaptation, and quality of life dimensions.

Conclusions: The above-mentioned findings suggest that health professionals using strategies in order to reduce burnout might report better mental and physical health. Direct relationships were observed between dimensions of burnout with adaptation strategies and quality of life. (Author)

Full URL: <https://doi.org/10.5812/mejrh-139573>

2023-12254

Midwives' occupational wellbeing and its determinants. A cross-sectional study among newly qualified and experienced Dutch midwives. Kool L, Feijen-de Jong EI, Mastenbroek NJM, et al (2023), Midwifery vol 125, October 2023, 103776

Objective

Internationally, about 40 percent of midwives report symptoms of burnout, with young and inexperienced midwives being most vulnerable. There is a lack of recent research on burnout among Dutch midwives. The aim of this study was to examine the occupational wellbeing and its determinants of newly qualified and inexperienced midwives in the Netherlands. The majority of practicing Dutch midwives are aged under 40, which could lead to premature turnover.

Design

A cross-sectional study was conducted using an online questionnaire that consisted of validated scales measuring job demands, job and personal resources, burnout symptoms and work engagement. The Job Demands-Resources model was used as a theoretical model.

Setting and participants

We recruited Dutch midwives who were actually working in midwifery practice. A total of N=896 midwives participated in this study, representing 28 percent of practicing Dutch midwives.

Measurements and Findings

Data were analysed using regression analysis. Seven percent of Dutch midwives reported burnout symptoms and 19 percent scored high on exhaustion. Determinants of burnout were all measured job demands, except for experience level. Almost 40 percent of midwives showed high work engagement; newly qualified midwives had the highest odds of high work engagement. Master's or PhD-level qualifications and employment status were associated with high work engagement. All measured resources were associated with high work engagement.

Key conclusions

A relatively small percentage of Dutch midwives reported burnout symptoms, the work engagement of Dutch midwives was very high. However, a relatively large number reported symptoms of exhaustion, which is concerning because of the risk of increasing cynicism levels leading to burnout. In contrast to previous international research findings, being young and having less working experience was not related to burnout symptoms of Dutch newly qualified midwives.

Implications for practice

The recognition of job and personal resources for midwives' occupational wellbeing must be considered for a sustainable midwifery workforce. Midwifery Academies need to develop personal resources of their students that will help them in future practice. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2023.103776>

2023-12202

Increasing levels of burnout in Swedish midwives – A ten-year comparative study. Hildingsson I, Fahlbeck H, Larsson B, et al (2024), *Women and Birth: Journal of the Australian College of Midwives* vol 37, no 2, March 2024, pp 325-331

Problem

Midwives' levels of burnout seem to be increasing worldwide.

Background

Previous research show a high prevalence of burnout in midwives.

Aim

To compare levels of burnout in two national Swedish samples of midwives completing a similar survey.

Methods

A comparative study of two cross-sectional national surveys directed at midwives in 2012 and 2022. To measure burnout in midwives, the Copenhagen Burnout Inventory with 19 items was used.

Findings

The sample consisted of 2209 midwives: 466 from 2012 and 1743 from 2022. Personal burnout showed an increase from 39.5 % to 53.6 % over the years; work burnout increased from 15.5 % to 49.2 % and client burnout increased from 15 % to 20.9 %. Personal burnout was associated with working shift. Work burnout was associated with length of work experience and working rotating shifts; and client burnout was associated with shorter work experience.

Discussion

The highest increase in burnout was found in the work domain in 2022 compared to 2012. Notable in the present study is the increase in client burnout, which could be a sign of midwives becoming less caring and more cynical.

Conclusion

This study showed that self-reported levels of burnout among Swedish midwives increased over the ten-year period studied. The largest increase was found in the subscale work burnout. Midwives with shorter work experience and those with shift work were the most vulnerable to burnout. Improved organisation of midwifery services needs to be designed to ensure healthy working conditions for midwives. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2023.10.010>

2023-11899

Compassion fatigue: A meta-narrative review of the healthcare literature. Sinclair S, Raffin-Bouchal S, Venturato L, et al (2017), *International Journal of Nursing Studies* vol 69, April 2017, pp 9-24

Background: Compassion fatigue describes a work-related stress response in healthcare providers that is considered a 'cost of caring' and a key contributor to the loss of compassion in healthcare.

Objective: The purpose of this review was to critically examine the construct of compassion fatigue and to determine if it is an accurate descriptor of work-related stress in healthcare providers and a valid target variable for intervention.

Design: Meta-narrative review.

Data sources: PubMed, Medline, CINAHL, PsycINFO, and Web of Science databases, Google Scholar, the grey literature, and manual searches of bibliographies.

Review methods: Seminal articles and theoretical and empirical studies on compassion fatigue in the healthcare literature were identified and appraised for their validity and relevance to our review. Sources were mapped according to the following criteria: 1) definitions; 2) conceptual analyses; 3) signs and symptoms; 4) measures; 5) prevalence and associated risk factors; and 6) interventions. A narrative account of included studies that critically examines the concept of compassion fatigue in healthcare was employed, and recommendations for practice, policy and further research were made.

Results: 90 studies from the nursing literature and healthcare in general were included in the review. Findings emphasized that the physical, emotional, social and spiritual health of healthcare providers is impaired by cumulative stress related to their work, which can impact the delivery of healthcare services; however, the precise nature of compassion fatigue and that it is predicated on the provision of compassionate care is associated with significant limitations. The conceptualization of compassion fatigue was expropriated from crisis counseling and psychotherapy and focuses on limited facets of compassion. Empirical studies primarily measure compassion fatigue using the Professional Quality of Life Scale, which does not assess any of the elements of compassion. Reported risk factors for compassion fatigue include job-related factors, fewer healthcare qualifications and less years experience; however, there is no research demonstrating that exemplary compassionate carers are more susceptible to 'compassion fatigue'.

Conclusion: In the last two decades, compassion fatigue has become a contemporary and iconic euphemism that should be critically reexamined in favour of a new discourse on healthcare provider work-related stress. (Author)

2023-11212

Problematic substance use: an assessment of workplace implications in midwifery. Pezaro S, Maher K, Bailey E, et al (2021), *Occupational Medicine* vol 71, no 9, December 2021, pp 460–466

Background

Problematic substance use (PSU) poses occupational, personal and professional risks. As an occupational group, midwives have been under-represented in research on PSU.

Aims

The aim of this study was to assess self-reported occurrences of PSU, help-seeking behaviours and barriers, and perceptions of impairment in UK-based midwives.

Methods

Self-selecting registered midwives were anonymously surveyed using the Tobacco, Alcohol, Prescription Medications, and Substance Use/Misuse (TAPS) tool, the Perceptions of Nursing Impairment Inventory (PNII) and open-ended/closed questions. Quantitative data were used to explore PSU, help-seeking and attitudes to impairment. Qualitative responses were used to provide richer understandings.

Results

From 623 completed surveys, 28% (n = 176) self-reported PSU in response to work-related stress and anxiety, bullying, traumatic clinical incidents and maintenance of overall functioning. PSU was related to alcohol and a range of restricted drugs. While 11% of those affected indicated they had sought help, 27% felt they should seek help but did not. Reported barriers to help-seeking included fear of repercussions, shame, stigma, practicalities and a perceived

lack of support either available or required. Perceptions of impairment were predominantly compassionate with a minority of stigmatizing attitudes displayed.

Conclusions

Overall, 10% of the sample reported they had attended work under the influence of alcohol, and 6% under the influence of drugs other than tobacco or those as prescribed to them. Furthermore, 37% indicated concern about a colleague's substance use. As stigmatizing attitudes and punitive actions can dissuade help-seeking, changed perceptions and policies which favour alternatives to discipline are suggested to reduce the risk overall. (Author)

Full URL: <https://doi.org/10.1093/occmed/kqab127>

2023-10178

Towards a healthy and sustainable workforce for the future: the current health and wellbeing of the nursing and midwifery workforce in Wales. Gray BJ, Bright D, Bolton S (2020), Cardiff: Public Health Wales 2020. 62 pages

The work undertaken by nursing and midwifery staff is at times rewarding as well as physically and emotionally challenging. Clearly enabling individual staff to make healthy lifestyle choices and achieve a balance between work and home-life is good for the practitioner as well as ensuring we have a healthy workforce. Equally important, however, is how employers support staff who find themselves unwell undergoing life experiences such as childbirth or bereavement, or are struggling to cope with their mental health.

Welsh Government has been developing policies aimed at improving the health and wellbeing of the population, which includes the section of the population in work. The most recent of these is the Healthy Weight: Healthy Wales (2019) strategy, which is a 10 year long-term plan to prevent and reduce obesity in Wales. There are four themes included in the plan: healthy environments; healthy settings; healthy people; and leadership and enabling change. The strategy sets out incremental changes designed to enable individuals to care for themselves as well as actions we can take to improve our environment. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/towards-a-healthy-and-sustainable-workforce-for-the-future1/>

2023-10177

Health and wellbeing of the nursing and midwifery workforce in Wales during the COVID-19 pandemic. Gray BJ, Kyle RG, Davies AR (2022), Cardiff: Public Health Wales 2022. 30 pages

Public Health Wales have played a key role in understanding the health and wellbeing of the nursing and midwifery workforce. This second report building on the previously published Towards a Healthy and Sustainable Workforce for the Future provides an overview of current and emerging health and wellbeing challenges of working during the COVID-19 pandemic. For the first time, this new report includes the full spectrum of the workforce from student nurses and midwives to our senior colleagues. These insights will help shape our national strategy and organisational policies to ensure we have a sustainable, able, and well workforce for the future. This report shows that supporting staff health and wellbeing should remain at the heart of our plans to attract, value and retain our talented and dedicated health and care workforce in Wales. We are keeping a very close eye on whether people leave the NHS due to pressures brought on by the pandemic and at the same time are supporting retention through a range of policies to enhance engagement and wellbeing to support people to remain in work. As we continue to live with the impact of the pandemic it is imperative to ensure that mechanisms are in place to provide the support our health and care workforce needs. We will continue to work closely and collaboratively with our partners across Wales to monitor the impact of the pandemic and assess the support needed. This is more important now than ever. (Author, edited)

Full URL: <https://phw.nhs.wales/publications/publications1/health-and-wellbeing-of-the-nursing-and-midwifery-workforce-in-wales-during-the-covid-19-pandemic/>

2023-10172

Factors that influence midwives' leaving intentions: A moral imperative to intervene. Moncrieff G, Cheyne H, Downe S, et al (2023), Midwifery Volume 125, October 2023, 103793

Appropriate employee retention is essential for optimal functioning of any organisation. The REMAIN (REsearching why Midwives stAy or leave to Improve retention) study is designed to develop an evidence-based retention programme for midwives in the UK. Maternity services are caught in a self-perpetuating cycle of staff loss, impacting on the quality and safety of care, and the mental health and leaving intentions of remaining staff. Current retention strategies may not address the root causes of attrition for midwives, or strengthen factors that have been found to encourage midwives to stay. The REMAIN study is designed to develop a retention programme built on this knowledge base, and to be acceptable and feasible to sustainably implement. (Author, edited)

2023-09974

Substance abuse in nursing. Lloyd J (2023), Australian Nursing and Midwifery Journal vol 28, no 1, July-September 2023, pp 26-27

Substance abuse is a significant problem worldwide, and healthcare professionals are not immune. Nurses and midwives face the risk of developing substance abuse problems due to the stressful nature of our careers. As a result, some may turn to drugs or alcohol as a way of coping with stress, leading to addiction. (Author)

Full URL: <https://anmj.org.au/publications/>

2023-09958

Midwives' morale, recruitment and retention – a rapid scoping review with some observations from the profession of social work. Manthorpe J, Baginsky M (2023), London: NIHR August 2023. 52 pages

There have been several studies of the midwifery profession and midwifery services in the context of the Covid-19 pandemic and beyond. These often refer to 'underlying' problems among which low morale is at times directly or indirectly mentioned. Indeed, the subjects of recruitment and retention in the profession have a long history of research exploration. This review synthesises some of the evidence on what makes a positive difference to the morale, recruitment, retention of the maternity workforce. It mentions the strength and relevance of that evidence: in terms of the types of studies conducted, the methods used, the research quality and the feasibility of their recommendations. The focus is on midwives, of whom 22,323 (full time equivalents) were working in the NHS in England in January 2023 (NHS Workforce Statistics 2023) although the number of midwives on the Nursing and Midwifery Council (NMC) register is higher – at 40,165 in May 2022. (Author)

Full URL: <https://doi.org/10.18742/pub01-125>

2023-09953

Changing the conversation: Nurses, midwives, and addiction. Pinney C (2023), Australian Nursing and Midwifery Journal 29 June 2023, online

Some of Australia's nurses and midwives are turning to alcohol as a coping mechanism to relieve the stress they encounter in their working lives. This article looks at the professional support and resources available to them. (JSM)

Full URL: <https://anmj.org.au/changing-the-conversation-nurses-midwives-and-addiction/>

2023-09949

Problematic substance use: an assessment of workplace implications in midwifery. Pezaro S, Maher K, Bailey E, et al (2021), Occupational Medicine vol 71, no 9, December 2021, pp 460-466

Background

Problematic substance use (PSU) poses occupational, personal and professional risks. As an occupational group, midwives have been under-represented in research on PSU.

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Full URL: <https://doi.org/10.1093/occmed/kqab127>

2023-09941

The hidden strain of being a midwife. Broughton E (2021), Refinery29 12 September 2021

News item looking at the pressures experienced by midwives during and following the COVID pandemic, including stress of workload, professional burnout and staff shortages which exposes them to an increased risk of drug and alcohol usage. (JSM)

Full URL: <https://www.refinery29.com/en-gb/midwives-risk-alcohol-addiction>

2023-09645

Safe Staffing: The impact of staffing shortages in maternity and neonatal care. Report of the Baby Loss and Maternity

All Party Parliamentary Groups. All Party Parliamentary Group on Baby Loss, All Party Parliamentary Group on Maternity (2022), 13 October 2022. 52 pages

Presents the findings of the All Party Parliamentary Groups on Baby Loss and Maternity, gathered from more than 100 responses to an open call for evidence from staff, service users and organisations, on the maternity staffing crisis. It shows that the service is at breaking point, with staff feeling over-worked, burnt out and stressed. (JSM)

Full URL: [https://www.sands.org.uk/sites/default/files/Staffing%20shortages%20-%20APPG%20report,%20Oct%2022%20\(final\).pdf](https://www.sands.org.uk/sites/default/files/Staffing%20shortages%20-%20APPG%20report,%20Oct%2022%20(final).pdf)

2023-09430

'Undue variation' in support for new nurses, warns NMC. Mitchell G (2023), Nursing Times 3 August 2023

Newly registered nurses and midwives are feeling "shocked and overwhelmed" by the demands being placed on them and need more consistent support, the nursing regulator has warned. (Author)

2023-09082

Nursing/midwifery interns struggling in overcrowded hospitals. Anon (2023), World of Irish Nursing & Midwifery vol 31, no 5, Summer 2023, pp 10-11

ALMOST three out of four intern nurses and midwives (73%) believe staffing levels in their workplaces are not sufficient to support a positive learning environment, according to a new survey published by the INMO last month. (Author)

Full URL: <https://publications.inmo.ie/view/757579364/10/>

2023-09062

Workplace stress. Eccles K (2023), World of Irish Nursing & Midwifery vol 31, no 3, April 2023, pp 24-25

Nursing and midwifery staffing levels should be underpinned by the Framework for Safe Staffing and Skill Mix and both the physical and mental health of nurses and midwives must be a priority for healthcare employers, writes Karen Eccles. (Author)

Full URL: <https://publications.inmo.ie/view/529639626/24/>

2023-08651

Making Midwifery Services Accessible to People of Low SES: A Qualitative Descriptive Study of the Barriers Faced by Midwives in Ontario. Darling EK, MacDonald T, Nussey L, et al (2020), Canadian Journal of Midwifery Research and Practice vol 19, no 3, Fall 2020, pp 40-52

Midwifery care is associated with health benefits for disadvantaged groups but continues to be accessed less frequently in Ontario by people who are of lower socio-economic status (SES). We conducted a qualitative descriptive study investigating the work midwives do to make midwifery care accessible to people of low SES and explored the barriers they encounter in doing this work. We interviewed 13 Ontario midwives who serve people of low SES in a wide range of clinical settings. Participants faced multiple challenges in their work to make midwifery care more accessible. They described barriers that they had encountered which pertained to the nature of the work itself, to professional and organizational factors, and to systemic factors. Midwives engaged in this work are deeply committed to it and take on extra unpaid work. The barriers they face threaten the sustainability of their work, and as a result,

many participants identified a high risk of burnout. Our findings provide new insight into ways in which gaps in the curriculum of undergraduate midwifery education, lack of opportunities for mentorship, and debate within the midwifery profession about who is suitable for midwifery care serve as barriers to midwives taking on a greater role in providing care to people of low SES and particularly to those who struggle to access primary maternity care services. Systemic changes are needed to overcome these barriers and to expand the work of making midwifery care more accessible while ensuring its sustainability. (Author)

2023-08343

Factors Related to Burnout Among Perinatal Home Visiting Nurses. Greene MZ, Gillespie KH (2023), The Journal of Perinatal and Neonatal Nursing vol 37, no 3, July/September 2023, pp 187-195

Purpose:

Risks for burnout among nurses have been understudied in public and community health settings. This qualitative descriptive study aimed to describe the experiences of nurses working in a perinatal community health program for high-risk families with a focus on challenges and risks for burnout.

Methods:

We conducted field observation and semistructured individual interviews in 2019 with nurses at 2 sites implementing Prenatal Care Coordination (PNCC), a Medicaid benefit for high-risk pregnant people and infants in Wisconsin. A larger parent study assessed the implementation of PNCC overall through a thematic analysis process. Initial deductive coding was guided by the Consolidated Framework for Implementation Research.

Findings:

Emergent themes demonstrated that PNCC nurses face several significant barriers and known risks for burnout, including role strain related to scope of practice and training, discordant racial and socioeconomic identities leading to role conflict, and low control combined with high psychological demand.

Conclusions:

Given that the COVID-19 pandemic has exacerbated burnout risk among nurses in hospital settings, and that nurses addressing social determinants of health may be at increased risk for burnout, these findings represent a critical perspective on the experiences and needs of perinatal nurses in public and community health settings. (Author)

2023-07580

England State of maternity services 2023. Royal College of Midwives (2023), July 2023. 11 pages

The Royal College of Midwives' annual State of Maternity Services report provides an overview of some of the trends in the midwifery workforce in England, and identifies some of the challenges faced by the profession and by maternity services. The report draws on the latest statistics available to provide information on birth rates, the age profile of mothers, numbers of current and student midwives and other observations such as the challenges faced by the profession with regard to staff shortages, staff burnout and the impact of retirement. The Government's 2018 commitment to open up more places on midwifery courses is underway. Courses numbers have increased, from 2,380 in the 2015/16 academic year, to 3,720 in 2021/22.

The RCM supports the development of midwifery apprenticeships as a new route into the profession. This was included on the recent NHS Long Term Workforce Plan and is a positive step towards increasing the workforce. (EA)

Full URL: <https://www.rcm.org.uk/media/6915/england-soms-2023.pdf>

2023-07302

Sustaining ourselves - beyond the obvious. Greenstock K (2023), The Practising Midwife vol 26, no 7, July/August 2023, pp 8-13

The psychological and administrative fallout from the current staffing crisis, hot on the heels of a three-year pandemic, is clearly taking its toll on midwives and midwifery leaders. A younger (and larger) intake of student midwives raises the risk of also failing to meet their psychological and wellbeing needs, particularly in clinical practice, either as students or as newly-qualified midwives. As we lose midwives more quickly than we can replace them, this article asks what a radical approach to wellbeing could look like and explores tools and mindsets for staying well in the day-to-day and on the road ahead. This is part two of a three-part series through the summer of 2023.

(Author, edited)

2023-06159

Our latest information about nursing and midwifery in the UK April 2022 to March 2023. The Nursing and Midwifery Council (2023), May 2023. 14 pages

Summarises information taken from the Nursing and Midwifery Council's Register during April 2022 to March 2023, looking at the number of nurses, midwives and nursing associates who can work in the United Kingdom and their characteristics. (JSM)

Full URL: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/isl114-23-er-data-report_final_web-acc.pdf

2023-06158

The NMC Register 1 April 2022 - 31 March 2023. The Nursing and Midwifery Council (2023), May 2023. 28 pages

Annual report from the Nursing and Midwifery Council (NMC) giving an insight into the UK's total available nursing and midwifery workforce. Presents definitive data about the nurses, midwives and nursing associates on the NMC's register – how many there are, where they were educated, their demographic characteristics, and the reasons why some of them leave. These latest figures show that number of midwives, nurses and nursing associates registered to practise in the UK has grown to a record total of 788,638, meaning that the NMC register is now equivalent to 1.2 percent of the estimated UK population. (Author, edited)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110a-annual-data-report-full-uk-web.pdf>

2023-06015

How do French Obstetrician-Gynaecologists perceive their quality of life? A national survey. Merlier M, Ghesquière L, Huissoud C, et al (2023), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 286, July 2023, pp 112-117

Objective

Obstetrics is a constraining specialty due to heavy workloads and repeated stressful situations. French maternity wards are facing many difficulties to recruit, as a consequence of the conversion of a significant number of Obstetrician-Gynaecologists (OB-GYNs) to exclusive daily private practice. The aim of this study was to evaluate the quality of life (QOL) of OB-GYNs in order to identify burnout risk factors, develop prevention strategies and therefore ensure patient safety.

Study Design

A Google forms questionnaire assessing QOL and life/work balance was distributed by e-mail to 1 397 members of the National College of French OB-GYNs (CNGOF). This was a declarative multicenter cross-sectional survey.

Results

Four hundred sixty-one responses were collected (response rate 30%). A burnout episode was reported by 31.3% of respondents. Main burnout risk factors were limited staff on the on-call schedule ($p = 0.008$) and low salary ($p < 0.001$). On-call work was considered to have a negative personal life impact by 57.8% of the sample; 34.1% wanted to stop this practice and 81.3% believed that financial compensation would help reinforce its attractiveness. Medico-legal risks influenced the daily practices of 70% of respondents and 86.8% had been personally affected by media coverage of obstetrical violence.

Conclusions

This report confirms a high burnout rate within a stressful profession, with major impacts from on-call activity, insufficient salary relative to the arduousness of this practice, high exposure to medico-legal actions and media attention. Revising shift duration to a maximum 12 h, better control over global workload, higher salary and renewed social recognition are urgent priorities. (Author)

2023-05943

A better way. Anon (2023), Midwives vol 26, April 2023, pp 19-25

We all know there's an exodus of midwifery professionals due to the pressure caused by staff shortages – and it's a Catch-22 situation. As Donna Ockenden once said: "You can't fill a bath with the plug out." So how can staff be better supported to stay? (Author)

2023-05928

Work pressures driving nurses and midwives away. Trigg N (2023), BBC News 24 May 2023

Reports that the Nursing and Midwifery Council (NMC) has expressed concerns at the number of nurses and midwives leaving the profession. Despite a growth in the register, the NMC's annual report showed that 27,000 professionals had left the register in the year up to the end of March 2023. While the top reason was retirement, the next most

common reason was effects on health and exhaustion. (JSM)

Full URL: https://www.bbc.co.uk/news/health-65687230?at_medium=RSS&at_campaign=KARANGA

2023-05667

A cross-sectional analysis of compassion fatigue, burnout, and compassion satisfaction in maternal-fetal medicine physicians in the United States. Naert MN, Pruitt C, Sarosi A, et al (2023), American Journal of Obstetrics & Gynecology MFM vol 5, no 7, July 2023, 100989

Background

Compassion fatigue is secondary traumatic distress experienced by providers from ongoing contact with patients who are suffering. Compassion satisfaction is emotional fulfillment from caring for others. Burnout is distress related to dissonance between job demands and available resources. While burnout is well-studied, compassion satisfaction and compassion fatigue are neglected components of physician well-being. Because of recurrent exposure to adverse outcomes, maternal-fetal medicine providers may be at particular risk for compassion fatigue.

Objective

The objective of this study is to better characterize both clinical and non-clinical drivers of work-related distress versus satisfaction.

Study Design

The modified Compassion Fatigue and Satisfaction Self-Test and a questionnaire of professional and personal characteristics were distributed electronically to maternal-fetal medicine providers nationally. Multivariable regression models for compassion fatigue, burnout, and compassion satisfaction as a function of potential predictors were constructed.

Results

The survey response rate was 24% (n=366), primarily consisting of White physicians working in academic medical centers. Significant predictors of lower burnout scores included employment at one institution for >20 years, discussing work-related distress with friends, and having one's most recent involvement in decision-making for a periviable fetus > 6 months ago; distress due to co-workers and personal factors predicted higher scores. Female sex, self-report of significant emotional depletion, use of mental health services, and having other maternal-fetal medicine physicians as part of the care team for a fetus with severe anomalies were significant predictors of higher compassion fatigue scores, whereas White race and having social work as part of the care team for a maternal mortality predicted lower scores. Personal spiritual practice was a significant predictor of higher compassion satisfaction score, while employment at current institution for < 5 years predicted lower scores.

Conclusion

Compassion fatigue, compassion satisfaction, and burnout are associated with several modifiable risk factors, such as practice type, having a multidisciplinary team, and emotional support outside of the workplace; these are potential targets for intervention. (Author)

2023-05490

Three Year Delivery Plan for Maternity and Neonatal Services [Last updated 4 April 2023]. NHS England (2023), March 2023. 42 pages

This plan aims to make care safer, more personalised, and more equitable. These aims will be achieved by listening to women and families with compassion to promotes safer care; developing and sustaining a culture of safety to benefit everyone; effective implementation of the NHS-wide "PSIRF" (Patient Safety Incident Response Framework) and by meeting and improving standards and structures that underpin our national ambition. This will be made possible by offering all women personalised care and support plans. By 2024, every area in England will have specialist care including pelvic health services and bereavement care when needed. During 2023/24, Integrated care systems (ICSs) will publish equity and equality plans and take action to reduce inequalities in experience and outcomes. Additionally, Integrated care boards (ICBs) will be funded to involve service users enabling the co-production of national policy to keep service users at the heart of our work. Additional support will be put in place for the workforce to develop their skills and capacity to provide high-quality care and by 2025, improved neonatal cot capacity will be in place.

It is envisioned that Trusts will meet establishment set by midwifery staffing tools and achieve fill rates by 2027/28, with new tools to guide safe staffing for other professions from 2023/24. During 2023/24, trusts will implement local evidence-based retention action plans to positively impact job satisfaction and retention and from 2023, NHS England, ICBs, and trusts will ensure all staff have the training, supervision, and the support that they need to perform to the best of their ability. Effective implementation of the NHS-wide "PSIRF" approach, to support learning and a compassionate response to families following any incidents, will take place throughout 2023. By 2024, NHS England

will offer a development programme to all maternity and neonatal leadership teams to promote positive culture and leadership, additionally NHS England, ICBs, and trusts will strengthen their support and oversight of services to ensure concerns are identified early and addressed. Trusts will implement best practice consistently, including the updated Saving Babies Lives Care Bundle by 2024 and new “MEWS” (Maternity Early Warning Score) and “NEWTT-2” (Newborn Early Warning Trigger and Track tools by 2025. In 2023, NHS England’s new taskforce will report on how to better detect and act sooner on safety issues, arising from relevant data, in local services. By 2024, NHS England will publish digital maternity standards; services will progress work to enable women to access their records and interact with their digital plans. (Author, edited)

Full URL: <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf>

2023-05345

Staff Wellbeing. Sands (Stillbirth and Neonatal Death Society), National Bereavement Care Pathway (NBCP), Johnson G, et al (2023), London: Stillbirth and Neonatal Death Society (SANDS) February 2023, online

National Bereavement Care Pathway (NBCP) was developed by Sands. Sands leads the NBCP in collaboration with bereaved families, other charities and Royal Colleges, providing health care professionals with frameworks, tools and educational resources to support excellent care.

Feedback to Sands from healthcare professionals highlighted a need for a specific toolkit of resources to support the implementation and embedding of the NBCP, consequently, the toolkit was developed with the aim of equipping healthcare professionals with the resources they need to help bereavement care standards to ‘stick’, and to embed the NBCP standards.

There are four parts to the toolkit: Parent Engagement, Being Strategic, Working Together, and Staff Wellbeing. This module, Staff Wellbeing, has been created to remind professionals that whilst the challenges of supporting families can be immense, practitioners at all levels need to identify strategies to maintain their wellbeing and to acknowledge when to seek help and from where, particularly for those working in busy units where the loss of a baby is seen more frequently. Staff wellbeing is essential and this module aims to help professionals to maintain an awareness of their feelings, and to retain a balance between the needs of the family and their personal concerns. In this way, this module seeks to help to prevent stress and burn out. (Author, edited)

Full URL: https://nbcpathway.org.uk/sites/default/files/2023-02/NBCP_Staff_Wellbeing_Resource_Toolkit.pdf

2023-04770

The COPE Staff study: Study description and initial report regarding job satisfaction, work-life conflicts, stress, and burnout among Swedish maternal and neonatal healthcare workers during the COVID-19 pandemic. Akerstrom M, Sengpiel V, Hadžibajramović E, et al (2023), International Journal of Gynecology & Obstetrics vol 162, no 3, September 2023, pp 989-997

Objective

To describe the study design of the COPE Staff cohort study on working conditions for maternal and neonatal healthcare workers (MNHCWs), and present baseline data regarding job satisfaction, work-life conflicts, stress, and burnout.

Methods

Between January and April 2021, 957 MNHCWs (administrative and medical staff) completed a baseline survey. Average levels of job satisfaction, work-life conflicts, stress, and burnout, and associations to perceived workload were assessed.

Results

The average levels of job satisfaction, work-life conflicts, stress, and burnout were 68.6 (95% confidence interval [CI] 64.3–72.8), 42.6 (95% CI 37.3–48.0), 42.0 (95% CI 37.7–46.3), and 1.9 (95% CI 1.6–2.2), respectively. The respondents scoring above critical values indicating clinical burnout ranged between 3% and 18%, respectively, for the four burnout sub-dimensions. Women reported significantly higher levels of stress and burnout. Younger participants had lower job satisfaction and higher levels of work-life conflicts, stress, and burnout. Higher perceived workload was significantly associated with lower job satisfaction levels and higher levels of work-life conflicts, stress, and burnout.

Conclusions

Our results indicate associations between MNHCWs perceived workload and job satisfaction, work-life conflicts,

stress, and burnout during the COVID-19 pandemic. Eighteen percent scored above critical values for exhaustion.

(Author)

Full URL: <https://doi.org/10.1002/ijgo.14772>

2023-02290

NHS: Staff [written answer]. House of Commons (2023), Hansard Written question 153939, 27 February 2023

Will Quince responds to a written question from Mr Tanmanjeet Singh Dhese to the Secretary of State for Health and Social Care, regarding what recent assessment he has made of the effect of pressures within the NHS on the welfare and mental health of NHS staff. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2023-02-27/153939>

2023-01503

Pilot study evaluating a 12-h mindfulness-based curriculum for OB/GYN residents. Peterson B, Fitzmaurice L, Boehm JK, et al (2022), Complementary Therapies in Clinical Practice vol 48, August 2022, 101620

Objectives

This prospective cohort study assessed the impact of a 12-h mindfulness-based wellness curriculum on OB-GYN residents' burnout, mindfulness, and self-compassion.

Methods

Fourteen 1st year OB-GYN residents at the University of California, Irvine (n = 7 in two separate cohorts) were eligible and participated in a 12-h, in-person wellness curriculum between January 2017 and May 2018 emphasizing meditation training, present moment emotional awareness, and self-compassion. The curriculum included didactic and experiential components and home-based exercises. Participants were assessed before starting the curriculum (T1), after finishing the curriculum (T2), and 6-9-months later (T3) using the Maslach Burnout Inventory (MBI), the Five Facet Mindfulness Questionnaire (FFMQ), and the Self-Compassion Scale (SCS).

Results

Fourteen residents (100%) completed the survey at T1, 13 residents (93%) completed the survey at T2, and 12 residents (86%) completed the survey at T3. Levels of burnout did not change significantly. Overall mindfulness increased from T1 to T3 ($p < .05$), as did non-judging inner experiences ($p < .01$). Overall levels of self-compassion increased from T1 to T3 ($p < .05$), with self-kindness and self-judgment improving from T1 to T3 (both $p < .05$). The vast majority of improvements were evident at the 6-9-month follow-up.

Conclusions

This study provides preliminary support that a mindfulness-based wellness curriculum may improve overall levels of mindfulness and self-compassion in 1st year OB-GYN residents. (Author)

2022-10796

Overcrowding chaos leading to inhumane conditions. Anon (2022), World of Irish Nursing & Midwifery vol 30, no 9, November 2022, p 8

FOLLOWING consultation with emergency department (ED) representatives, the INMO Executive Council last month called for the HSE and government to come up with an immediate operations plan to tackle the chronic and dangerous overcrowding in our emergency departments. (Author)

Full URL: https://inmo.ie/World_of_Irish_Nursing

2022-09365

Burnout among midwives—the factorial structure of the burnout assessment tool and an assessment of burnout levels in a Swedish national sample. Hadžibajramović E, Hansson M, Akerstrom M, et al (2022), BMC Health Services Research vol 22, no 1167, 16 September 2022

Background

Many workplaces, within the healthcare sector, experience high rates of mental health problems such as burnout, anxiety, and depression, due to poor psychosocial working conditions and midwives are not an exception. To develop preventive interventions, epidemiologic surveillance of burnout levels, and their relation to professional specific working conditions is needed. Aims of this study is to assess the construct validity of the Burnout Assessment Tool (BAT) in the context of Swedish midwives, to evaluate whether the item responses can be combined into a single

score and differential item functioning regarding age. Another aim was to assess the burnout levels of Swedish midwives.

Methods

Data come from a national cohort of Swedish midwives ($n = 1664$). The construct validity was evaluated using Rasch analysis. Burnout levels were presented by median and first (Q1) and third (Q3) quartiles for the BAT total score and the four subscales (exhaustion, mental distance, cognitive and emotional impairment).

Results

In the analysis including all 23 items the fit to the Rasch model was not obtained. Items within each subscale clustered together in a residual correlation matrix in a pattern consistent with the underlying conceptualization of the BAT, indicating multidimensionality. The Rasch analysis was re-run using the four testlets as input variables which resulted in a good fit. The median burnout level was 2.0 (Q1 = 1.6, Q3 = 2.4). The four subscales differentiated the picture (elevated levels on exhaustion and low levels on the other three subscales).

Conclusions

The construct validity of the BAT for use in the context of Swedish midwives was confirmed. The results indicated a strong general factor, meaning that the responses can be combined into a single burnout score. The scale works invariantly for different age groups. The results of this study secure access to a validated instrument to be used for accurate assessment of the burnout levels among midwives in Sweden. (Author)

Full URL: <https://doi.org/10.1186/s12913-022-08552-8>

2022-09244

Determinants of emotional distress in neonatal healthcare professionals: An exploratory analysis. Nazzari S, Grumi S, Ciotti S, et al (2022), *Frontiers in Public Health* 29 September 2022, online

Background: High levels of mental health problems have been consistently reported among neonatal healthcare professionals. While studies suggest that personality, coping strategies and safety culture might contribute to the psychological wellbeing of healthcare professionals, they have not been systematically investigated in low-risk (i.e., neonatal wards; NWs) and high-risk (i.e., neonatal intensive care units; NICUs) neonatal contexts. The current study investigated potential predictors of professionals' emotional distress and whether they differ according to the work setting (i.e., NICUs vs. NWs).

Methods: Healthcare professionals ($N = 314$) from 7 level-3 (i.e., NICUs) and 6 level-2 (i.e., NWs) neonatal units in Tuscany were included. Emotional distress (i.e., anxiety, depression, psychosomatic, post-traumatic stress symptoms and emotional exhaustion), Behavioral Inhibition System (BIS) and Behavioral Approach System (BAS) sensitivity, coping strategies and safety culture were assessed through well-validated, self-reported questionnaires.

Results: Greater BIS/BAS sensitivity, avoidance coping strategies and a sub-dimension of safety culture (i.e., stress recognition) were significantly associated with greater risk of emotional distress, whereas job satisfaction emerged as a protective factor. Three specific profiles of professionals in term of personality, coping and safety culture were identified and further predicted emotional distress. Neonatal wards and NICUs personnel presented different associations between personality, coping and safety culture.

Conclusion: These findings highlighted significant modifiable contributors of neonatal mental healthcare professionals' wellbeing. Institutional initiatives that target these factors and, particularly, job satisfaction may promote professionals' emotional wellbeing and thus improve caring processes. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2022.968789>

2022-09227

The association between circadian rhythm of cortisol and shift work regularity among midwives—A multicenter study in Southeast China. Huang X-X, Jlang X-M, Zheng Q-X, et al (2022), *Frontiers in Public Health* 27 September 2022, online

Objective: This article aims to explore the association between the trends of cortisol rhythm and the regularity of shift work among midwives.

Methods: Midwives from six Southeast Chinese hospitals were recruited through cluster sampling in a multi-center cross-sectional study. Urine samples were collected half an hour after waking up, at 11:00, 19:00, and 23:00 on two

consecutive days in a longitudinal cohort. The urinary cortisol was assayed by the chemiluminescence method.

Results: A total of 86 midwives were included in this study, contributing 688 cortisol samples. The midwives displayed a circadian rhythm in cortisol secretion, with zeniths in the morning and nadirs in the evening. The trend of the first day was repeated on the second day. Although the total working hours per week of the two groups, namely the regular shift group (N = 43) and the irregular shift group (N = 43), were the same, significant main effects of groups (F = 62.569, p < 0.001), time (F = 45.304, p < 0.001), and group-by-time interaction (F = 226.695, p < 0.001) were indicated through linear mixed models. The main effect of day was not statistically significant, with F = 0.105 and p = 0.746. The fluctuation range of cortisol curve in the group with irregular schedules was slightly lower than that in the group with regular schedules.

Conclusion: Our results may indicate that cortisol was more inhibited in midwives with irregular shift patterns than those with regular shift patterns. It is necessary to further study the relationship between cortisol rhythm and patterns of midwives' shifts in future so as to lay a foundation for hospital managers to develop a more reasonable scheduling system for midwives with the further purpose to minimize their occupational fatigue and ensure the safety of mothers and infants. (Author)

Full URL: <https://doi.org/10.3389/fpubh.2022.965872>

2022-08277

Midwife responses to the 2021 NHS Staff Survey: what is it like being an NHS England midwife?. Jones K (2022), MIDIRS Midwifery Digest vol 32, no 3, September 2022, pp 313-317

Provides an overview of the results of the National Health Service (NHS) staff survey carried out in 2021. Highlights data on staffing levels, workload, job satisfaction, burnout and wellbeing. (LDO)

2022-07960

Depression, anxiety, and stress symptoms among Jordanian midwives: A hospital-based study. Mohammad KI, Al-Reda N, Alafi KK, et al (2022), Midwifery vol 114, November 2022, 103456

Objective

To investigate the prevalence of depression, anxiety, and stress symptoms in Jordanian midwives and identify associated factors.

Design

Setting and participants: This descriptive, cross-sectional study was conducted with a sample of 321 registered midwives from 18 public hospitals in Jordan that provide antepartum, intrapartum, postpartum care, and family planning services. The survey included the Depression, Anxiety, and Stress Scale (DASS-21) and demographic and professional data forms.

Findings

High rates of depression (76.2%); anxiety (85.3%) and stress (66.8%) symptoms were reported among midwives in Jordan. Midwives aged between 22 - 30 years reported more depression, anxiety, and stress symptoms than midwives in the other age groups. Married midwives had higher depression symptoms than single midwives. Midwives with < 10 years in practice had higher depression, anxiety, and stress symptoms compared to midwives with ≥ 10 years in practice. Midwives providing care for > 10 women per shift had higher anxiety and stress symptoms than midwives caring for five or less women per shift. Midwives who rotated between shifts had higher depression and stress symptoms than midwives who did not rotate.

Conclusions

Rates of depression, anxiety, and stress symptoms reported by Jordanian midwives were higher than rates reported by midwives in other countries. The high rates of distress highlight the urgent need for national strategies to support the emotional wellbeing and retention of midwives within Jordanian settings. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2022.103456>

2022-07500

Burnout among midwives and attitudes toward midwifery: A cross-sectional study from Baden-Württemberg, Germany. Paul N, Limprecht-Heusner M, Eichenauer J, et al (2022), European Journal of Midwifery vol 6, July 2022, p 46

Introduction:

Midwifery services are a cornerstone of maternal care, but the mental health of midwives is at risk in many work settings. The aim of this study was to assess burnout and attitudes toward midwifery among midwives in Baden-Württemberg, Germany.

Methods:

A cross-sectional online survey among midwives was conducted from 16 October to 10 December 2017. Burnout was assessed using the Copenhagen Burnout Inventory (CBI).

Results:

A total of 602 survey respondents were studied; 48.3%, 38.2%, and 23.3% of midwives reported moderate or high (CBI score ≥ 50) levels of personal burnout, work-related burnout, and client-related burnout, respectively. Midwives with moderate or high burnout in at least one CBI dimension worked more weekly hours, were more commonly employed, and worked more frequently in the hospital. In turn, midwives with low burnout levels worked fewer weekly hours, more commonly freelance, and more frequently community based (all $p < 0.001$). Moderate or high burnout levels were associated with a reduced likelihood to recommend midwifery as a profession (OR=0.34; 95% CI: 0.23–0.49) and an increased likelihood to intent leaving the profession (OR=3.39; 95% CI: 2.0–5.9) in a multivariable regression adjusting for midwife characteristics and work practices.

Conclusions:

Burnout symptoms were common among midwives. Burnout could be a health risk for midwives and a challenge to the profession by discouraging present and future midwives from practicing midwifery. (Author)

Full URL: <https://doi.org/10.18332/ejm/150582>

2022-07480

Tending the fire. Arrowsmith A (2021), Midwifery Matters no 168, Spring 2021, pp 24-26

Alison Arrowsmith researches strategies to avoid burnout. (Author)

2022-06897

When midwives burn out: differences in the experiences of midwives in British Columbia and Alberta. Butska L, Stoll K (2020), Canadian Journal of Midwifery Research and Practice vol 19, no 2, Summer 2020, pp 20-30

Background: Internationally, continuity of care has been identified as a possible strategy to prevent burnout. The majority of midwives in British Columbia and Alberta practice within a continuity-based model of care, but British Columbia midwives have significantly higher burnout scores.

Methods: We compared data from midwives from Alberta and British Columbia who responded to the Canadian arm of the WHELM (Work, Health, and Emotional Lives of Midwives) survey through invitations via their professional organizations. The survey included demographic questions, items about work patterns, occupational stressors, burnout, and intentions and reasons to leave the profession.

Results: Workload was the most commonly reported stressor in both British Columbia and Alberta. Midwives in British Columbia were more likely (54%) to have seriously considered leaving the profession in the last 12 months than midwives in Alberta (26%). One-third of British Columbia midwives and no Alberta midwives cited poor pay as a reason to leave the profession. In answers to open-ended questions, 47% of respondents from British Columbia, but none from Alberta, highlighted poor pay as something that would need to change in order for them to successfully manage workplace stress.

Discussion and Conclusion: Our comparison of similar midwifery contexts in Western Canada suggests burnout and intention to leave the profession are associated with how the care is remunerated. Midwives in British Columbia and Alberta care for a similar volume of clients and are paid with a similar type of payment system, but midwives in British Columbia are paid significantly less per course of care. A revised payment system or a significant increase in pay per client may ensure that midwives in British Columbia can continue to provide high-quality relationship-based care while maintaining longevity in the profession. (Author)

Full URL: <https://www.cjmrp.com/files/when-midwives-burn-out-differences-in-the-experiences-of-midwives-in-british-columbia-and-alberta-2.pdf>

2022-06683

Compassion fatigue and compassion satisfaction among Chinese midwives working in the delivery room: a

cross-sectional survey. Qu L, Gao J, Liu L, et al (2022), *Midwifery* vol 113, October 2022, 103427

Background and Aims

Compassion fatigue can negatively affect not only healthcare professionals' physical and mental health but also the quality of care they provide and organizational outcomes. However, little is known about compassion fatigue among Chinese midwives working in the delivery room. This study aimed to examine compassion fatigue and compassion satisfaction levels among Chinese midwives working in the delivery room and correlate their compassion fatigue and compassion satisfaction.

Methods

A multisite cross-sectional study with a convenience sampling approach was conducted at 62 hospitals in Henan Province, central China, from May to July 2020. The participants were recruited through an online survey. A self-designed sociodemographic and work-related data sheet, the Social Support Rating Scale (SSRS), and the Professional Quality of Life Scale (ProQoL) were used to measure the participants' basic information, level of social support, compassion fatigue (consists of burnout and secondary traumatic stress) and compassion satisfaction. Descriptive analysis was used to describe the characteristics of the participants' social support, compassion fatigue and compassion satisfaction. Multiple linear regression analysis was employed to identify associations with the participants' sociodemographic and professional characteristics, compassion fatigue and compassion satisfaction.

Results

A total of 213 questionnaires were completed, 206 of which were valid (96.71%). The majority of the participants reported moderate risks for compassion satisfaction (75.24%) and burnout (59.71%) and low risks for secondary traumatic stress (61.65%). Higher job satisfaction as a midwife, lower average working hours per week in the past year, higher social support, extroverted personality, and work recognition in the past month were positively associated with compassion satisfaction, explaining 48.7% of the total variance. Always considering giving up a midwifery career, lower social support, working a day-night shift, poor health condition, more exposure to traumatic birth events per month on average in recent years, and lower job satisfaction as a midwife were negative factors for burnout, explaining 35.3% of the total variance. Four factors, including more exposure to traumatic birth events per month on average in recent years, always considering giving up a midwifery career, working a day-night shift and poor sleep quality, were negatively related to secondary traumatic stress, explaining 14.2% of the variance.

Conclusions

In this study, midwives showed moderate levels of compassion satisfaction and burnout and low levels of secondary traumatic stress which should attract the attention of health institutions. A healthy and supportive work environment is crucial to midwives' health, well-being and job satisfaction. Tailored strategies such as trauma management, emotional literacy, peer and social support networks should be implemented to support midwives' compassion satisfaction, while prevent and lower midwives' burnout and secondary traumatic stress. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2022.103427>

2022-05882

Fallout from burnout. Conologue N (2022), *World of Irish Nursing & Midwifery* vol 30, no 3, April 2022, p 20

Niall Conologue discusses the issue of burnout and what we can learn about the caring professions having worked through a pandemic. (Author)

Full URL: <https://online.flippingbook.com/view/327687779/20/>

2022-05654

NHS Staff Survey 2021: Learning from the findings. Boddy B (2022), *Journal of Health Visiting* vol 10, no 5, May 2022, pp 216-218

The latest NHS Staff survey identified concerning results in relation to staff wellbeing. What can individuals, leaders and organisations do to mitigate the significant risk of staff burnout? (Author)

2022-04910

'Why are burnout and poor working experiences so common among midwives?' Graham C (2022), *Nursing Times* 23 May

2022

This year's NHS Staff Survey, published on 30 March, made for difficult reading. It showed sharp declines in crucial areas of staff experience, as well as continued increases in work-related stress. (Author)

Full URL: <https://www.nursingtimes.net/opinion/why-are-burnout-and-poor-working-experiences-so-common-among-midwives-23-05-2022/>

2022-03997

Group Clinical Supervision for midwives and burnout: a cluster randomized controlled trial. Catling C, Donovan H, Phipps H, et al (2022), BMC Pregnancy and Childbirth vol 22, no 309, 11 April 2022

Background

There are major shortfalls in the midwifery workforce which has been exacerbated by the COVID 19 pandemic. Midwives have high levels of burnout and many, often early career midwives, are planning to leave the profession. There are reports of a poor workplace culture in maternity units, including bullying. Support is essential for the welfare of the workforce to be able to cope with the demands of their jobs. Supportive strategies, such as Clinical Supervision, a recognised approach in healthcare, enable reflection in a facilitated, structured way, and can enhance professional standards. The purpose of this research is to study burnout levels in midwives, those exiting their workplace and perceptions of workplace culture in relation to access to, and attendance of, monthly Clinical Supervision.

Methods

This study will be a cluster randomised controlled trial of maternity sites within Sydney and the surrounding districts. Twelve sites will be recruited and half will receive monthly Clinical Supervision for up to two years. Midwives from all sites will be requested to complete 6-monthly surveys comprising validated measurement tools: the Copenhagen Burnout Inventory (CBI), the Australian Midwifery Workplace Culture (AMWoC) tool and the Clinical Supervision Evaluation Questionnaire (CSEQ) (the latter for intervention sites only). Primary outcomes are the levels of burnout in midwives (using the CBI). Secondary outcomes will be the quality of the intervention (using the CSEQ), perceptions of workplace culture (using the AMWoC tool) and midwives' intention to stay in their role/profession, as well as sick leave rates and numbers of exiting staff. We will also determine the dose effect – ie the impact in relation to how many Clinical Supervision sessions the midwives have attended, as well as other supportive workplace strategies such as mentoring/coaching on outcomes.

Discussion

Through attending monthly Clinical Supervision we hypothesise that midwives will report less burnout and more positive perceptions of workplace culture than those in the control sites. The potential implications of which are a productive workforce giving high quality care with the flow-on effect of having physically and psychologically well women and their babies.

Trial registration

The ACTRN Registration number is ACTRN12621000545864p, dated 10/05/2021, (Author)

Full URL: <https://doi.org/10.1186/s12884-022-04657-4>

2022-02528

Prevalence and correlates of burnout in nursing and midwifery students in Ghana. Osei M, Emikpe A, Dedu V, et al (2022), African Journal of Midwifery and Women's Health vol 16, no 1, January 2022, pp 1-12

Background/Aims

Despite indications of extreme stress leading to burnout syndrome among healthcare students in Ghana, there is little evidence of this found in the literature. This study describes the prevalence of burnout, as well as the causes, risk factors and management strategies in place for coping with burnout syndrome among midwifery and nursing students in Ghana.

Methods

A descriptive cross-sectional survey was conducted among 135 midwifery and nursing students at the Pantang Nursing and Midwifery Training College. A questionnaire was used to obtain data on participants' demographic characteristics as well as emotional exhaustion, depersonalisation and personal accomplishment. Sources of academic and work-related stress were also reported. Descriptive data analysis and the chi-squared test was used to determine the effects of demographic characteristics on burnout.

Results

Students' experienced high levels of emotional exhaustion and depersonalisation, with mean scores of 39.63 ± 14.68 and 16.15 ± 6.76 respectively. Female (74.1%), single (43.0%) and nonworking (71.1%) students reported high emotional exhaustion. Midwife trainees (57.8%) reported high levels of depersonalisation. Overall, low personal accomplishment was found in 39.9% of the students. Students between the age of 20–30 years (25.9%) as well as those who were single (25.9%) and female students (47.4%) most frequently experienced low personal accomplishment. Difficulty in understanding academic courses, a packed syllabus and long lectures were the major sources of academic stress, while an excessive workload and the influence of supervisors and those in charge as well as the distance involved in travelling to work were major causes of work stress.

Conclusions

Burnout among midwives and nurses manifested as high levels of emotional exhaustion and depersonalisation. Various sociodemographic characteristics were associated with high levels of burnout, depersonalisation and low accomplishment. Measures should be introduced to mitigate burnout among midwives and nurses during training. The curriculum needs to be reviewed, as high workload and a packed syllabus were key causes of stress. Providing recreational courses may help to mitigate burnout. Students should also be trained on coping strategies to reduce chronic stress. (Author)

2022-01267

A fuzzy intelligent system to assess midwives' burnout conditions. Barbounaki S, Vivilaki VG (2022), European Journal of Midwifery vol 6, February 2022, p 7

Introduction:

Midwives' burnout affects their effectiveness and the quality of the services they provide to pregnant women as well as the quality of the collaboration with medical staff. The burnout depends on a number of factors that can exhibit high variability over time. This creates the necessity of introducing intelligent approaches that assess changes in behavior, environmental factors, working conditions, and to make decisions to optimize the physical and mental health of midwives. The aim of this study was to employ fuzzy logic to design a Fuzzy Intelligent or Inference System (FIS) that assesses midwives' burnout level by emulating the reasoning of human experts.

Methods:

The proposed FIS addresses the assessment of midwives' burnout comprehensively since it incorporates findings following a thorough analysis of the relevant literature, as well as assimilates experts' knowledge elicited through semi-structured interviews. Additionally, fuzzy rules are more intuitive and thus easier to understand and modify by human users than dealing and translating numerical results. The FIS performance is compared and evaluated against experienced midwives.

Results:

Findings confirm the ability of the proposed FIS to produce judgments that are closer to experts' consensus, as expressed by their aggregated assessment.

Conclusions:

The proposed FIS is evaluated by comparing its results with judgments made by experts, suggesting that fuzzy logic allows precise and personalized assessment of midwives' burnout levels. The proposed FIS can be used to evaluate burnout, support organizations to develop burnout policies as well as used as a research instrument to investigate interrelationships of burnout factors. (Author)

Full URL: <https://doi.org/10.18332/ejm/143363>

2022-00841

Who is at risk of burnout? A cross-sectional survey of midwives in a tertiary maternity hospital in Melbourne, Australia. Matthews RP, Hyde RL, Llewelyn F, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 6, November 2022, e615-e623

Background

Burnout is an occupational phenomenon with the potential to affect a person's physical and mental health, job satisfaction and quality of work. There is evidence of burnout occurring in the midwifery profession, but inadequate data on the prevalence of, and the factors associated with, burnout.

Aim

Identify the prevalence of burnout in a population of midwives and explore what individual and workforce characteristics, and what occupational stressors, were associated with burnout.

Methods

A cross-sectional survey of permanently employed midwives was conducted in a tertiary maternity service in Melbourne, Australia in 2017. Data collected included individual and workforce-related characteristics and occupational stressors. Burnout was explored using the Copenhagen Burnout Inventory. Univariate and multivariate analyses were conducted to ascertain associations between respondents' characteristics, stressors, and burnout levels.

Findings

A total of 257/266 midwives (97%) responded. There were significant levels of exhaustion and fatigue among respondents; 68% of midwives were experiencing personal burnout, 51% work-related burnout, and 10% were experiencing client-related burnout. Being aged ≤ 35 years, and/or having inadequate support was associated with personal and work-related burnout. Having inadequate acknowledgement was associated with client-related burnout.

Conclusion

Health services need to understand the risk factors for burnout among midwives, identify and support groups that are most vulnerable, and address areas that are amenable to intervention. In our context this means ensuring midwives receive adequate acknowledgement and support, particularly younger midwives. These findings need to be tested in other settings to help inform a broader understanding and ensure the sustainability of the midwifery profession.

(Author)

2022-00231

Scottish political party calls for urgent nurse burnout prevention plan. Howarth G (2022), Nursing Times 5 January 2022

The Scottish Liberal Democrats has revealed that over the course of a year, around 150,000 days of nursing and midwifery time was lost due to mental ill health. (Author)

Full URL: <https://www.nursingtimes.net/news/mental-health/scottish-political-party-calls-for-urgent-nurse-burnout-prevention-plan-05-01-2022/>

2022-00182

Reducing midwife burnout at organisational level — Midwives need time, space and a positive work-place culture.

Doherty J, O'Brien D (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 6, November 2022, e563-e572

Background

Maternity care organisations have a responsibility to ensure the health and welfare of their staff. Rates of burnout are high in midwifery compared to other professionals. Therefore, exploring how it can be reduced is imperative.

Aim

To explore with midwives the contributors to burnout and how best to reduce burnout in a maternity hospital in Ireland.

Methods

A Participatory Action Research study involving Co-operative Inquiry meetings (n = 5) with practising midwives (n = 21) between October 2018 and March 2019, in a large, urban teaching maternity hospital in Ireland. The transcribed data were analysed using Thematic Network Analysis.

Findings

Several recommendations were made for maternity organisations, to reduce or prevent burnout. These include improving workplace culture, increasing support and acknowledgement, offering time and space for debriefing and reflection and regular rotation of staff. Consistent staff shortages are, however, a barrier to adhering to these recommendations.

Conclusion

This study is the first of its kind to offer an in-depth exploration with midwives into the main contributors of burnout and what can be done at an organisational level to reduce burnout among midwives. The findings of this study highlighted the importance of working relationships. Additionally, owing to the nature of midwifery practice, time and space need to be created for midwives to debrief and reflect. However, there is an urgent need for healthcare systems to combat staffing shortages in order for these strategies to be successful. (Author)

2021-13416

Midwives share their views on the future of midwifery as a profession, suggesting that the core of midwifery is being lost due to staff burnout, poor regulation, lack of autonomy, economic constraints and the medicalisation of childbirth. (LDO)

2021-12107

Together we can. Warman J (2021), Midwives vol 24, November 2021, pp 14-19

With the profession haemorrhaging staff and many experiencing burn-out and PTSD, midwifery has reached a crisis point. Janice Warman discovers what the RCM is doing about it. (Author)

2021-11195

The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal.

Rouleau D, Fournier P, Philibert A, et al (2012), Human Resources for Health vol 10, no 9, 30 April 2012,

Background: Despite working in a challenging environment plagued by persistent personnel shortages, public sector midwives in Senegal play a key role in tackling maternal mortality. A better understanding of how they are experiencing their work and how it is affecting them is needed in order to better address their needs and incite them to remain in their posts. This study aims to explore their job satisfaction and its effects on their burnout, intention to quit and professional mobility.

Methods: A cohort of 226 midwives from 22 hospitals across Senegal participated in this longitudinal study. Their job satisfaction was measured from December 2007 to February 2008 using a multifaceted instrument developed in West Africa. Three expected effects were measured two years later: burnout, intention to quit and turnover. Descriptive statistics were reported for the midwives who stayed and left their posts during the study period. A series of multiple regressions investigated the correlations between the nine facets of job satisfaction and each effect variable, while controlling for individual and institutional characteristics.

Results: Despite nearly two thirds (58.9%) of midwives reporting the intention to quit within a year (mainly to pursue new professional training), only 9% annual turnover was found in the study (41/226 over 2 years). Departures were largely voluntary (92%) and entirely domestic. Overall the midwives reported themselves moderately satisfied; least contented with their "remuneration" and "work environment" and most satisfied with the "morale" and "job security" facets of their work. On the three dimensions of the Maslach Burnout Inventory, very high levels of emotional exhaustion (80.0%) and depersonalization (57.8%) were reported, while levels of diminished personal accomplishment were low (12.4%). Burnout was identified in more than half of the sample (55%). Experiencing emotional exhaustion was inversely associated with "remuneration" and "task" satisfaction, actively job searching was associated with being dissatisfied with job "security" and voluntary quitting was associated with dissatisfaction with "continuing education".

Conclusions: This study found that although midwives seem to be experiencing burnout and unhappiness with their working conditions, they retain a strong sense of confidence and accomplishment in their work. It also suggests that strategies to retain them in their positions and in the profession should emphasize continuing education. (Author)

Full URL: <https://doi.org/10.1186/1478-4491-10-9>

2021-10915

Predictors of burnout of health professionals in the departments of maternity and gynaecology, and its association with personality factors: A multicentre study. De la Fuente-Solana EI, Suleiman-Martos N, Velando-Soriano A, et al (2021),

Journal of Clinical Nursing vol 30, no 1-2, January 2021, pp 207-216

Aims and objectives

To analyse the prevalence, levels and phases of burnout syndrome in midwives and obstetrics and gynaecology nurses, and to evaluate the relationship between burnout and sociodemographic, occupational and psychological factors.

Background

Burnout syndrome is a major problem in occupational health, characterised by feelings of exhaustion, depersonalisation and a low sense of personal achievement that appears after long-term occupational stress. Recent research has found that burnout harms the physical and mental well-being of workers, and jeopardises the quality of

care provided. The association between burnout and a risk profile in maternity wards has not previously been investigated but it deserves special attention since it is a highly stressful area to work in.

Design

A cross-sectional survey design was selected.

Methods

A total of 150 nurses and midwives at 18 hospitals participated in this study. The data were collected using the Maslach Burnout Inventory, NEO Personality Inventory and the Educational-Clinical Questionnaire: Anxiety and Depression.

This study adhered to the STROBE guideline.

Results

17% of participants presented high levels of emotional exhaustion, 16.6% high depersonalisation and 55.1% a sense of low personal accomplishment. The sociodemographic and occupational variables related to burnout were gender, marital status and work shift. The three dimensions of the syndrome, emotional exhaustion, depersonalisation and personal accomplishment were predicted by depression, neuroticism, agreeableness and openness.

Conclusions

One third of the sample presented high levels of burnout, which was most strongly experienced as feelings of low personal accomplishment. Furthermore, personality factors play an important role in the development of burnout syndrome.

Relevance to clinical practice

Managers and policy makers should promote strategies to reduce burnout. To prevent the syndrome, personality factors should be taken into account, for the early identification of a profile of professionals most at risk of developing burnout. (Author)

Full URL: <https://doi.org/10.1111/jocn.15541>

2021-09346

Heal with yoga. Shukla A (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 51

As INMO Professional launches a mindfulness course to help nurses and midwives through the stress of practising during a pandemic, Aparna Shukla makes the case for yoga as a tool for healing. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/50/>

2021-09340

Look after yourself first. Ryan M (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 27

Calodagh McCumiskey told the annual delegate conference (ADC) that in order to maintain high levels of patient care, nurses and midwives must remember not to neglect their own wellbeing. Max Ryan reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/26/>

2021-09306

Nurses' Experiences of "Being Swamped" in the Clinical Setting and Association with Adherence to AWHONN Nurse Staffing Guidelines. Roth C, Brewer MA, Bay CR, et al (2020), MCN - American Journal of Maternal/Child Nursing vol 45, no 5, September/October 2020, pp 271-279

Purpose:

Being swamped is defined as "when you are so overwhelmed with what is occurring that you are unable to focus on the most important thing." The purpose of this study was to explore the experience of being swamped in the clinical setting among nurses who are members of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the relationship of the level of being swamped to adherence to the AWHONN (2010) nurse staffing guidelines.

Study Design and Methods:

A 25-item survey was sent to ~21,000 AWHONN members by email in the Fall of 2018. It was completed by 1,198 members, representing 49 states and the District of Columbia. Questions explored timing and causes of being swamped, its effect on health care team members and patients, what helps when a nurse feels swamped, and nurses'

reports of their hospital following the AWHONN nurse staffing guidelines.

Results:

Twenty-eight percent of nurses reported being swamped daily or multiple times per day. Situations that contribute to being swamped include assignments that are too heavy, interruptions, critical patient situations, and mistakes made by others that nurses are expected to catch and fix. Teamwork and someone stepping in to help without being asked were identified as most helpful when a nurse feels swamped. Nurses practicing in hospitals following the AWHONN nurse staffing guidelines always or most of the time reported less frequency of being swamped as compared with those in hospitals that followed the guidelines some of the time, or rarely ($p < 0.001$).

Clinical Implications:

Being swamped is a common phenomenon among AWHONN members responding to the survey. The reported incidence of being swamped daily is significantly associated with the extent to which hospitals follow the AWHONN nurse staffing guidelines. Nurse leaders, hospital administrators, and staff nurses must work together to identify and initiate timely, feasible nurse staffing solutions that support the safety of patients and nurses. (Author)

2021-09090

Government urged to 'invest quickly' in burnt out NHS workforce. Ford M (2021), Nursing Times 13 September 2021

Urgent action must be taken to "safeguard" the NHS and its workforce, a leading union has called, as fresh concerns are raised around the impact of the pandemic on staff shortages and wellbeing. (Author)

Full URL: <https://www.nursingtimes.net/news/workforce/government-urged-to-invest-quickly-in-burnt-out-nhs-workforce-13-09-2021/>

2021-08209

The influence of self-compassion upon midwives and nurses: a scoping review. Steen M, Javanmard M, Vernon R (2021), MIDIRS Midwifery Digest vol 31, no 3, September 2021, pp 371-385

Background: It is recognised that having self-compassion can have a positive effect upon a person's health. However, the influence of self-compassion upon midwives and nurses is less well recognised. Midwives and nurses often work in highly demanding environments and are often exposed to multiple work-based stressors. Self-compassion may act as a protective factor and assist midwives and nurses to remain healthy.

Research question: Is there evidence of specific factors associated with self-compassion upon midwives' and nurses' health status?

Methods: Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) was utilised to identify relevant articles. The search strategy included electronic databases: MEDLINE, Embase, Emcare, PsycInfo, Joanna Briggs Institute, Cochrane Library, Scopus, and a bespoke search by MIDIRS. Grey literature sources were searched including ProQuest Central, Google Scholar, hand search of key journals and reference lists of relevant articles.

This scoping review was undertaken in seven stages: 1) identifying research questions; 2) identifying relevant studies; 3) selecting studies; 4) charting data; 5) collating, summarising and reporting results; 6) consulting and 7) dissemination of knowledge. Data were abstracted and presented using PRISMA-ScR checklist which involved three independent researchers.

Results: The literature search was undertaken in January 2000 and July 2020. A total of 1292 relevant articles were identified. Of these, 22 articles met the inclusion criteria. Bibliographic information of study; aims; research design; setting/context; number of participants; measure(s) used; influential factors of self-compassion; self-compassion education and training (if applicable); analyses conducted; results of statistical analyses and review of findings were summarised. Overall, included studies demonstrate that having higher levels of self-compassion was linked to reduced mental health symptoms, in midwives and nurses.

Conclusions: Self-compassion appears to help reduce work-based stressors such as anxiety, compassion fatigue, and burnout. The influence of self-compassion on midwives' and nurses' health and wellbeing, may be an important factor that has implications for future self-care strategies. This review concludes that self-compassion education may improve awareness and increase ability to have self-compassion. There is a timely need to undertake research to explore the influence of self-compassion for midwives; this review highlighted a lack of studies as most studies related to nursing. (Author) [This article is also published in Evidence Based Midwifery, vol 19, no 3, September 2021]

2021-08158

Burnout — a personal experience. Snowden I (2021), MIDIRS Midwifery Digest vol 31, no 3, September 2021, pp 299-302

Almost 18 months ago I snapped and walked away from the only job I knew how to do inside out. My whole adult life I had been a midwife and, like an addict, I'd say 'Hi my name is Iris and I'm a midwife'. Midwifery was me and all I thought I knew how to be. (Author)

2021-07638

The effect depression levels in midwives have on burnout and their level of job satisfaction. Altıparmak S, Yılmaz AN (2021), European Journal of Midwifery vol 5, July 2021, p 24

Introduction:

This study aimed to determine the effect of depression levels in midwives on burnout and job satisfaction.

Methods:

The sample of this descriptive study consisted of 322 midwives working in a province located in the eastern region of Turkey. Data were collected by using the Personal Information Form, Beck Depression Inventory (BDI), Maslach Burnout Inventory (MBI), and Minnesota Job Satisfaction Questionnaire (MJSQ) Short Form.

Results:

The rate of midwives experiencing depression was found to be 9.6%. The mean score of MJSQ was 64.59 ± 13.29 , while the mean scores for the sub-dimensions of MBI were: emotional burnout 18.57 ± 6.65 , decrease in sense of personal accomplishment 21.65 ± 3.93 , and depersonalization 6.25 ± 3.86 . It was found that midwives who did not experience depression (90.4%) had a higher level of job satisfaction and a higher sense of personal accomplishment ($p < 0.05$). On the other hand, midwives experiencing depression (9.6%) had higher levels of emotional exhaustion and depersonalization. It was found that there was a negative weak relationship between BDI and job satisfaction and personal accomplishment, and a positive weak relationship between BDI and emotional exhaustion ($p < 0.05$).

Conclusions:

It was determined that midwives with depression have lower levels of job satisfaction and personal success, and experience emotional exhaustion more frequently. In addition, it was observed that as the level of depression decreased, job satisfaction and personal success increased significantly, whereas emotional exhaustion decreased.

(Author)

Full URL: <https://doi.org/10.18332/ejm/137486>

2021-07545

It's okay to not be okay. Bennett S (2021), British Journal of Midwifery vol 29, no 8, August 2021, pp 476-477

Self-care could be the key to reducing burnout amongst midwives, writes Steph Bennett. (Author)

2021-07529

How do power and hierarchy influence staff safety in maternity services?. Elliott-Mainwaring H (2021), British Journal of Midwifery vol 29, no 8, August 2021, pp 430-439

Background

There are considerable tensions for healthcare staff between their employee allegiance and contracts, patient safety, and their responsibilities to codes of conduct within professional registration, and the NHS Constitution.

Aims

The research aim was to identify how power and hierarchy influence staff safety in maternity services and this was achieved by reviewing research papers concerned with personal narratives of staff experiences and perspectives of employment in their profession.

Methods

This systematic narrative review was based on the approach of a narrative synthesis, with papers coded using Nvivo software.

Findings

Power and hierarchy influence staff safety in maternity services by creating challenges to staff safety, which appear to essentially derive from poor communication. The workplace adversity described by participants seems to be linked

with 1) psychological vulnerability 1.1) anxiety about the job, and 1.2) dysfunctional relationships, alongside 2) working conditions 2.1) poor organisational and structural conditions 2.2) institutional normalisation of dysfunctional relationships and 2.3) interpersonal elements feeding into an obstructive culture.

Conclusion

The negative influences of the cultural concepts of power and hierarchy on staff safety are significant within maternity services. Disconfirmation findings, those which stood out as different from the rest, evidenced the possibilities that healthy, psychologically safe working conditions could offer for healthcare staff in improving their prevailing culture.

(Author)

2021-05118

A participatory action research study exploring midwives' understandings of the concept of burnout in Ireland.

Doherty J, O'Brien D (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 2, March 2022, pp e163-e171

Introduction

In depth exploration of the burnout phenomenon among midwives is sparse. The concept has been extensively studied, but predominantly reports rates and evaluates interventions to reduce burnout. A definition has yet to be offered in the literature from a midwifery perspective.

Aims

To explore midwives' understandings of burnout, professionally and personally, in the context of contemporary maternity care in Ireland.

Methods

This was a Two-phase Participatory Action Research study. Five co-operative inquiry meetings were held with practising midwives (n = 21) over a six-month period between October 2018 and March 2019, in a large, urban teaching maternity hospital in Dublin, Ireland.

Findings

We found that multiple factors contributed to midwives' perceptions and understandings of the concept of burnout. Midwives defined burnout as persistent stress and exhaustion, with an associated reduction of their individual coping abilities, motivation, empathy and/or efficacy, is unique to the individual and is primarily, in the midwifery context, caused and inextricably linked to excessive workload.

Conclusion

Burnout is a complex concept with many entities and its significance and impact within the midwifery profession highlights the importance of its exploration and understanding. This study is the first of its kind to explore, with midwives, the concept of burnout. The elements of stress and exhaustion in the definition mirror existing definitions in the literature. (Author)

2021-03958

An interpretative phenomenological analysis of experienced UK midwives within a profession that currently faces immense challenges.

Shalom E (2021), MIDIRS Midwifery Digest vol 31, no 2, suppl, June 2021, pp 152-153

Explores the lived experiences of long-standing midwives in the United Kingdom. Results indicate that midwives feel removed from patients, disenchanted with midwifery and unprepared after midwifery training, but still remain hopeful about the future of the profession. (LDO)

2021-03953

New research explores midwives' problematic substance use one year on from the first COVID-19 lockdown.

Pezaro S, Maher K (2021), MIDIRS Midwifery Digest vol 31, no 2, June 2021, pp 142-144

This issue's Hot Topic focuses on problematic substance use among midwives in response to work-related stress and burnout. The authors ask midwives registered in the United Kingdom to participate in upcoming research by completing an online survey. (LDO)

2021-03929

Factors associated with work-related burnout in NHS staff during COVID-19: a cross-sectional mixed methods study.

Gemine R, Davies GR, Tarrant S, et al (2021), BMJ Open Vol 11, no 1, January 2021, e042591

Objectives To measure work-related burnout in all groups of health service staff during the COVID-19 pandemic and to identify factors associated with work-related burnout.

Design Cross-sectional staff survey.

Setting All staff grades and types across primary and secondary care in a single National Health Service organisation.

Participants 257 staff members completed the survey, 251 had a work-related burnout score and 239 records were used in the regression analysis.

Primary and secondary outcome measures (1) Work-related burnout as measured by the Copenhagen Burnout Inventory; (2) factors associated with work-related burnout identified through a multiple linear regression model; and (3) factors associated with work-related burnout identified through thematic analysis of free text responses.

Results After adjusting for other covariates (including age, sex, job, being able to take breaks and COVID-19 knowledge), we observed meaningful changes in work-related burnout associated with having different COVID-19 roles ($p=0.03$), differences in the ability to rest and recover during breaks ($p<0.01$) and having personal protective equipment concerns ($p=0.04$). Thematic analysis of the free text comments also linked burnout to changes in workload and responsibility and to a lack of control through redeployment and working patterns. Reduction in non-COVID-19 services has resulted in some members of staff feeling underutilised, with feelings of inequality in workload.

Conclusions Our analyses support anecdotal reports of staff struggling with the additional pressures brought on by COVID-19. All three of the factors we found to be associated with work-related burnout are modifiable and hence their effects can be mitigated. When we next find ourselves in extraordinary times the ordinary considerations of rest and protection and monitoring of the impact of new roles will be more important than ever. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2020-042591>

2021-03477

Distinguishing burnout from clinical depression: A theoretical differentiation template. Parker G, Tavella G (2021), Journal of Affective Disorders vol 281, 15 February 2021, pp 168-173

Background

Burnout and clinical depression have been variably viewed as synonymous or as distinctly differing entities - but with few distinguishing features provided. Failure to differentiate the two conditions can lead to compromised clinical management. We sought to enhance the differentiation of burnout and clinical depression by assembling a list of candidate differentiating features.

Methods

In assembling a set of distinguishing clinical features we compared burnout states against the two principal depressive sub-types (i.e. melancholic and non-melancholic depression) rather than against 'major depression' per se. Our candidate features were assembled from a review of salient literature, our clinical observations and from a sub-sample of subjects who self-identified as having experienced both burnout and depression and who volunteered differentiating features.

Results

We judged that burnout shares few features with melancholic depression. While burnout and non-melancholic depression share a set of symptoms, differences were greater than commonalities.

Limitations

Our findings were based on clinical observation and exploratory research rather than being empirical, and thus future studies are needed to evaluate the validity of our results.

Conclusions

We position burnout and clinical depression as categorically distinct and suggest that application of our nominated parameters should assist clinical differentiation of the two syndromes. (Author)

2021-03002

Secondary Traumatic Stress Among Labor and Delivery Nurses. Nicholls EM, Hermann RM, Giordano NA, et al (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 1, January/February 2021, pp 14-20

Background:

Postpartum depression (PPD) is the most common complication of childbirth and affects one in nine new mothers in the United States.

Objective:

The purpose of this review was to synthesize PPD research in American Indian/Alaska Native (AI/AN) women. Specific aims were to 1) explore the extent to which PPD literature includes AI/AN women measured by the proportion of study samples that were AI/AN women and 2) identify and analyze gaps in the PPD literature for AI/AN women.

Design:

Databases were searched using: “postpartum depression” and “American Indian,” “Native American,” “Alaska Native,” “Inuit,” and “Indigenous.” “Postpartum depressive symptoms” and “puerperal mood disorder” were each paired with race/ethnicity search terms, yielding a final sample of nine articles.

Results:

The proportion of study samples that were AI/AN women ranged from 0.8% to 100%. Compared with all women in the United States (11%), AI/AN women have higher PPD prevalence (14%-29.7%), suggesting a disparity among the different groups of women. Screening instruments were inconsistent among studies, and not all studies used a screening instrument specific to PPD. No cultural influences, risk, or protective factors were reported for AI/AN women. In the only intervention study, no significant differences in PPD symptoms between groups were found after the intervention.

Conclusions:

This review uncovered significant gaps in the literature and suggested ways to advance the PPD science for AI/AN women. Clinical implications were described. (Author)

2021-02965

Exploring motivational interviewing as a corollary to staff wellbeing. Ireland J, Morris N (2021), The Practising Midwife vol 24, no 5, May 2021, pp 36-41

Motivational interviewing (MI) is an approach used by practitioners to listen for evidence of a person's motivation to change and steer the conversation so that person is empowered to hear themselves and make their own choices. A small but landmark study has found that making use of learning from MI training has potential to enhance staff wellbeing at work and home and may also reduce stress and burnout, improve team dynamics and help with finding work-life balance. (Author)

2021-01724

Psychological and physiological stress and burnout among maternity providers in a rural county in Kenya: individual and situational predictors. Afulani PA, Ongeru L, Kinyua J, et al (2021), BMC Public Health vol 21, no 453, 6 March 2021

Background

Stress and burnout among healthcare workers has been recognized as a global crisis needing urgent attention. Yet few studies have examined stress and burnout among healthcare providers in sub-Saharan Africa, and even fewer among maternity providers who work under very stressful conditions. To address these gaps, we examined self-reported stress and burnout levels as well as stress-related physiologic measures of these providers, along with their potential predictors.

Methods

Participants included 101 maternity providers (62 nurses/midwives, 16 clinical officers/doctors, and 23 support staff) in western Kenya. Respondents completed Cohen's Perceived Stress Scale, the Shirom-Melamed Burnout scale, and other sociodemographic, health, and work-related items. We also collected data on heart rate variability (HRV) and hair cortisol levels to assess stress-related physiologic responses to acute and chronic stress respectively. Multilevel linear regression models were computed to examine individual and work-related factors associated with stress, burnout, HRV, and cortisol level.

Results

85% of providers reported moderate stress and 11.5% high stress. 65% experienced low burnout and 19.6% high burnout. Average HRV (measured as the root mean square of differences in intervals between successive heart beats: RMSSD) was 60.5 (SD = 33.0) and mean cortisol was mean cortisol was 44.2 pg/mg (SD = 60.88). Greater satisfaction with

life accomplishments was associated with reduced stress ($\beta = -2.83$; CI = -5.47; -0.18), while motivation to work excessively (over commitment) was associated with both increased stress ($\beta = 0.61$ CI: 0.19, 1.03) and burnout ($\beta = 2.05$, CI = 0.91, 3.19). Female providers had higher burnout scores compared to male providers. Support staff had higher HRV than other providers and providers under 30 years of age had higher HRV than those 30 and above. Although no association between cortisol and any predictor was statistically significant, the direction of associations was consistent with those found for stress and burnout.

Conclusions

Most providers experienced moderate to high levels of stress and burnout. Individuals who were more driven to work excessively were particularly at risk for higher stress and burnout. Higher HRV of support staff and providers under age 30 suggest their more adaptive autonomic nervous system response to stress. Given its impact on provider wellbeing and quality of care, interventions to help providers manage stress are critical.

Full URL: <https://doi.org/10.1186/s12889-021-10453-0>

20210125-80*

Interventions to Prevent and Treat Burnout in Obstetrics/Gynaecology: A Scoping Review. Kirubarajan A, Got T, Park B, et al (2021), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 43, no 4, April 2021, pp 490-496

Objective

Obstetricians and gynaecologists are among the highest risk specialties for burnout. There is growing evidence that physician burnout can be both prevented and reduced. We sought to characterize the evidence base for interventions related to the prevention and treatment of burnout in obstetrics and gynaecology

Data sources

We conducted a scoping review following PRISMA guidelines of 5 databases: (Medline-OVID, EMBASE, CINAHL, ClinicalTrials.gov, and PsycInfo) from inception to March 17, 2020. Citations of relevant articles were hand-searched to maximize sensitivity.

Study selection

All interventional study designs were included. The target study population was obstetrics and gynaecology residents, learners, or staff. Published conference posters, papers, and abstracts were eligible for inclusion.

Data extraction and synthesis

All extraction and descriptive analysis was completed by two independent reviewers. Outcomes were summarized descriptively. Appraisal was completed using the Cochrane Risk of Bias tool and Risk of Bias Assessment tool for Non-randomized Studies.

Results

Of the 1540 original database citations, 20 studies met our inclusion criteria. While there is an overall a lack of research in the field, there are several promising interventions that target residents. The vast majority of these interventions focus on individual-specific interventions rather than on structural changes.

Conclusions

Institutions should continue to implement interventions that address burnout in obstetrics and gynaecology. Further research is required on long-term outcomes of interventions as well as structural strategies. (Author)

20210122-24*

Prevalence, Related Factors, and Levels of Burnout Among Midwives: A Systematic Review. Albendín-García L, Suleiman-Martos N, Cañadas-De la Fuente GA, et al (2021), Journal of Midwifery & Women's Health vol 66, no 1, January/February 2021, pp 24-44

Introduction

Burnout refers to a constellation of feelings of exhaustion, depersonalization, and low sense of personal accomplishment that develops secondary to long-term occupational stress. Several studies have identified that health care professionals are a high-risk occupational group for burnout, but knowledge about this syndrome among midwives has not been fully explored. The purpose of this study was to perform a systematic review of the prevalence and levels of burnout among midwives and analyze the related factors.

Methods

The following databases were searched: CINAHL, LILACS, MEDLINE, ProQuest, PsycINFO, SciELO, and Scopus. Any date of publication was acceptable. Literature from different countries was included. Studies were appraised for quality following the recommendations of the Oxford Centre for Evidence-Based Medicine.

Results

The literature review identified 27 studies with a total of N = 5612 midwives. The main factors related to burnout were

working conditions such as work overload, lack of autonomy, and professional recognition. Midwives who had less than 10 years of experience were more vulnerable to burnout than those who had more than 10 years' experience. With regard to the subcategories of burnout (emotional exhaustion, depersonalization and perceived personal achievement), midwives who did not live with a partner were more vulnerable low levels of personal accomplishment when compared with midwives who were living with a partner. The most significant protective factors against burnout were good leadership and the use of continuity models of care.

Discussion

Midwives had moderate levels of emotional exhaustion and low levels of personal accomplishment. Working conditions were identified as the main modifiable factors related to burnout syndrome. Intervention programs for midwives should be aimed at reducing emotional exhaustion and enhancing personal accomplishment. (Author)

2021-00283

The BLOSSoM study: Burnout after perinatal LOSS in Midwifery. Results of a nation-wide investigation in Italy. Ravaldi C, Carelli E, Frontini A, et al (2022), *Women and Birth: Journal of the Australian College of Midwives* vol 35, no 1, February 2022, pp 48-58

Background

Respectful care of bereaved parents after stillbirth plays a pivotal role in enabling the grieving process and reducing the traumatic impact of this life-changing event. Unfortunately, professionals and midwives, in particular, are often emotionally unprepared and frequently left alone when dealing with these stressful events.

Aim

The BLOSSoM (Burnout after perinatal LOSS in Midwifery) study aims to address the levels of professional burnout in Italian midwives and evaluate the psychological impact of bereavement care on professionals.

Methods

Web-based cross-sectional study, including socio-demographic questionnaire, survey on the knowledge of guidelines for stillbirth management and two psychometric tests: Maslach Burnout Inventory (MBI) and Impact of Event Scale - Revised (IES-R).

Findings

Of 445 female midwives, mean age 35.1 (SD 9.9), working years 11.2 (SD 10.2), 149 (33.4%) reported specific training on stillbirth and 420 (94.6%) highlighted the need for further training and support. Medium to high levels of burnout (Emotional Exhaustion) were present in 65 midwives (15.9%) with a high prevalence of Reduced Personal Accomplishment (292, 64.2%). 'Communicating the diagnosis of death' was considered the hardest task, followed by 'assisting the meeting with the baby'; 109 midwives (24.5%) reported high IES-R scores (>30), suggesting symptoms of PTSD related to stillbirth events; a good level of knowledge of guidelines favoured Personal Accomplishment (OR 0.3 [0.1 – 0.6]). The number of stillbirths assisted by midwives was not associated with burnout levels.

Conclusion

Midwives are particularly at risk of developing professional burnout, as early as after five years of work, with a significant association with the psychological impact exerted by stressful events (stillbirth). (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.01.003>

20201116-22

Finding joy. O'Dalaigh L (2020), *Midwives* vol 23, November 2020, p 43

With anxiety running rife in the workplace, Louise O'Dalaigh offers a chance to shine. (Author)

20201116-105

Open and Closed Knowledge Systems, The Four Stages of Cognition, and the Cultural Management of Birth: Part 2.

David-Floyd R (2019), *Journal of Prenatal and Perinatal Psychology and Health (JPPPH)* vol 34, no 2, December 2019, pp 93-114

This conceptual 'think piece' appears in JOPPPAH in two parts. Part 1 looked at four Stages of Cognition, relating each of them to an anthropological concept: Stages 1 and 2 encode closed, rigid, or concrete thinking. Stage 1 incorporates naïve realism (our way is the only way), fundamentalism (our way is the only right way), and fanaticism (our way is so right that all others should be assimilated or eliminated). Stage 2 ethnocentrism insists that 'our way is best.' More open and fluid are Stage 3, cultural relativism (all ways are valid), and Stage 4, global humanism (we must seek ways that honor individual human rights).

Part II categorizes birth practitioners within these four Stages, while showing how ongoing stress can cause even the most fluid of thinkers to degenerate into Substage-a condition of cognitive regression, or 'losing it,' that can result in obstetric violence. I note how ritual can help practitioners ground themselves at least at a Stage 1 level and offer ways

in which they can rejuvenate and re-inspire themselves. I also describe the persecution that Stage 4 practitioners often experience from fundamentalist or fanatical Stage 1 practitioners and officials, often referred to as the 'global witch hunt.' (Author)

20201030-5*

Our Work Is Not Our Life. Likis FE (2020), Journal of Midwifery & Women's Health vol 65, no 5, September/October 2020, pp 593-594

The author reflects on her 20 year career as a certified nurse-midwife and her decision to maintain a healthy work-life balance. Encourages other midwives to follow her mantra of 'my work is not my life'. (LDO)

20201009-9*

Level of staff burnout 'real concern' for NHS trust leaders. Ford M (2020), Nursing Times 6 October 2020

Senior leaders in NHS trusts have flagged serious concerns about the wellbeing of staff following the first wave of Covid-19, with 99% worried about the current levels of burnout across the workforce, a new survey has found. (Author)

20200923-4*

The courage of compassion: Supporting nurses and midwives to deliver high-quality care. West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

Full URL: https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf

20200902-23*

Warning of Covid-19 burnout risk among female health staff. Mitchell G (2020), Nursing Times 25 August 2020

The coronavirus pandemic is taking a 'significant toll' on women working in health and social care in the UK, a new survey has revealed. (Author)

20200826-20*

Personal, professional and workplace factors associated with burnout in Jordanian midwives: A national study.

Mohammed KI, Al-Reda AN, Aldalaykeh M, et al (2020), Midwifery vol 89, October 2020, 102786

Objective

To investigate the prevalence of burnout and explore associated socio-demographic and work-related factors among Jordanian midwives.

Design

A cross-sectional survey design. The survey tool included the Copenhagen Burnout Inventory (CBI) and socio-demographic and work-related data forms.

Setting

All government-funded hospitals in Jordan (18 hospitals) that provide antenatal, labour and birth, or postnatal care for women.

Participants

A sample of 321 midwives participated.

Data analysis

Frequencies, means, and standard deviations were calculated as appropriate on the demographic variables and scale scores. The CBI was assessed for internal consistency using Cronbach's alpha. Multiple regression analyses using backward elimination were undertaken to determine associations between variables and CBI subscales. An alpha level of 0.05 was used for all statistical tests.

Findings

Over three-quarters of midwives reported personal (78.1%), work-related (82.2%), and client-related (71.3%) burnout (scored >50 on CBI). Compared to midwives aged between 21 - 30 years, those between 31 - 40 years of age scored on average a 11.75 (95% CI = 7.05 - 16.45) points lower personal burnout score. Married midwives had on average a 6.44

(95% CI = 1.57 - 11.31) points higher personal burnout score compared to single midwives. Midwives with ≥ 10 years' experience had on average a 4.29 (95% CI = 1.93 - 6.64), 5.27 (95% CI = 3.17 - 7.36), and 7.31 (95% CI = 4.84 - 9.78) points lower personal, work-related, and client-related burnout scores respectively compared to midwives with < 10 years' experience. Compared to midwives providing care for 1 - 5 women per shift, those providing care for > 10 women per shift reported 9.98 (95% CI = 6.06 - 13.90) and 5.35 (95% CI = 0.71 - 9.99) points higher work-related and client-related burnout scores respectively. Midwives who rotated between shifts had on average a 5.87 (95% CI = 1.27 - 10.48) and 11.2 (95% CI = 5.78 - 16.66) points higher work-related and client-related burnout scores respectively than those who did not rotate.

Key conclusions and implications for practice

The high prevalence of burnout identifies the urgent need for a national plan to address midwives' psychological health in Jordan. Midwives should be appropriately trained to recognize the signs and symptoms of burnout in a timely way, and for support services to be offered. The government could consider implementing continuity of midwifery care models, reducing the administrative burden on midwives, and empowering them to work to their full scope of practice. (Author)

20200813-16*

Trusting My Instincts to Protect Mothers. Doherty ME (2020), Nursing for Women's Health vol 24, no 2, April 2020, pp 152-154

The author, a nurse-midwife, childbirth educator, and nursing professor, recalls an experience she had at the beginning of her career, caring for a 28-year-old mother-to-be who sought antenatal care for the first time at 27 weeks of pregnancy. This experience has haunted her for many years, owing to the fact she was unable to gain closure from it. (JSM)

20200804-1*

Exclusive: Working conditions contributing to poor nurse wellbeing. Mitchell G (2020), Nursing Times 15 July 2020

A new workplace culture is needed that 'explicitly recognises' how the very nature of the work carried out by nurses and midwives can strain their mental health, researchers have warned. (Author)

20200731-9*

Supporting the emotional wellbeing of midwives in a pandemic. Guidance for RCM. Hunter B, Renfrew MJ, Downe S (2020), London: RCM 19 May 2020. 13 pages

Guidance on the importance of taking care of the mental health and wellbeing of midwives, not only during the current COVID-19 pandemic, but also in the future in non-crisis situations. This is vital for the health of the workforce and for the benefit of the women in their care. This document aims to summarise: 1. Midwives' views, experiences and feelings during the Covid-19 pandemic. 2. Immediate strategies to optimise wellbeing 3. How to ensure sustained wellbeing for midwives following a pandemic

The guidance is relevant to all midwives, but also highlights the particular issues which may be experienced by student midwives and midwives returning to practice. It includes positive as well as negative factors. (Author, edited)

Full URL: https://www.rcm.org.uk/media/4095/rcm-supporting-the-emotional-wellbeing-of-midwives-during-a-pandemic-v1-submitte-d-to-rcm_mrd.pdf

20200716-5*

The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom. Kinman G, Teoh K, Harriss A (2020), London: The Society of Occupational Medicine July 2020, 67 pages

This report summarises evidence on the mental health and wellbeing of nurses and midwives working in the United Kingdom. Findings suggest that nurses and midwives have a greater risk of burnout and mental health problems compared with the general population, they have a particularly high risk of harassment and bullying, there is an increased risk of compassion fatigue due to the demands of patient-centred care, and retention rates in both fields are poor. The report makes 45 recommendations for widespread organisational change including increased staffing levels in both professions, requirements to take breaks for food and drink and regular audits to assess the scale of mental health problems in the workforce. There is a need for further research into the specific mental health problems faced by BAME nurses and midwives. (LDO)

Full URL: https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf

20200709-6*

Combating exhaustion. Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, pp 44-45

Fatigue in the workplace must be avoided as it puts patients, colleagues and individual nurses and midwives at risk, writes Steve Pitman. (Author)

Full URL: <https://online.flippingbook.com/view/1028755/44/>

20200703-47*

Mitigating burnout. Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 3, April 2020, pp 30-31

Any attempt to reduce burnout among healthcare workers must first address safe staffing, pay and working conditions, writes Steve Pitman. (Author)

Full URL: <https://online.flippingbook.com/view/944088/30/>

20200528-2*

Looking after your mental health and wellbeing during COVID-19. Royal College of Midwives (2020), London: RCM May 2020

We know that the current pandemic is taking its toll on mental health and wellbeing. This also applies to those working in maternity services - in a recent survey more than half of you said that your mental health is worse. To help you remember you are not alone, we've pulled together some of the common stresses you may be experiencing - and some strategies to help you cope. (Author)

Full URL: https://www.rcm.org.uk/media/4094/looking-after-your-mental-health-wraparound-a3.pdf?dm_i=4YCH,CCW4,3PNLW0,1DU2Z,1

20200505-52*

Covid fatigue is taking an enormous toll on healthcare workers. Gerada C, Walker C (2020), BMJ Opinion 4 May 2020, online

Describes the effects on health care professionals of exhausting shifts and changes to working practices and offers tips for surviving the fatigue and keeping well for the long-haul. (MB)

Full URL: <https://blogs.bmj.com/bmj/2020/05/04/covid-fatigue-is-taking-an-enormous-toll-on-healthcare-workers/>

20200505-51*

Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. Kisely S, Warren N, McMahon L, et al (2020), BMJ 5 May 2020, online

Objective To examine the psychological effects on clinicians of working to manage novel viral outbreaks, and successful measures to manage stress and psychological distress.

Design Rapid review and meta-analysis.

Data sources Cochrane Central Register of Controlled Trials, PubMed/Medline, PsycInfo, Scopus, Web of Science, Embase, and Google Scholar, searched up to late March 2020.

Eligibility criteria for study selection Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting, irrespective of any comparison with other clinicians or the general population.

Results 59 papers met the inclusion criteria: 37 were of severe acute respiratory syndrome (SARS), eight of coronavirus disease 2019 (covid-19), seven of Middle East respiratory syndrome (MERS), three each of Ebola virus disease and influenza A virus subtype H1N1, and one of influenza A virus subtype H7N9. Of the 38 studies that compared psychological outcomes of healthcare workers in direct contact with affected patients, 25 contained data that could be combined in a pairwise meta-analysis comparing healthcare workers at high and low risk of exposure. Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress (odds ratio 1.71, 95% confidence interval 1.28 to 2.29) and psychological distress (1.74, 1.50 to 2.03), with similar results for continuous outcomes. These findings were the same as in the other studies not included in the meta-analysis. Risk factors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity.

Conclusions Effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak. (Author)

Full URL: <https://doi.org/10.1136/bmj.m1642>

20200505-34*

Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic. Wilson AN, Ravalidi C, Scoullar MJL, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 3, May 2021, pp 206-209

The COVID-19 pandemic is impacting health systems worldwide. Maternity care providers must continue their core business in caring and supporting women, newborns and their families whilst also adapting to a rapidly changing health system environment. This article provides an overview of important considerations for supporting the emotional, mental and physical health needs of maternity care providers in the context of the unprecedented crisis that COVID-19 presents. Cooperation, planning ahead and adequate availability of PPE is critical. Thinking about the needs of maternity providers to prevent stress and burnout is essential. Emotional and psychological support needs to be available throughout the response. Prioritising food, rest and exercise are important. Healthcare workers are every country's most valuable resource and maternity providers need to be supported to provide the best quality care they can to women and newborns in exceptionally trying circumstances. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2020.03.011>

20200324-7*

Reflecting on #16DaysofActivism2019. Pezaro S (2020), *British Journal of Midwifery* vol 28, no 1, January 2020

Following the 16-day campaign 'Orange the world: generation equality stands against rape', Dr Sally Pezaro discusses its relevance to midwives who experience domestic abuse (Author)

20200320-13*

An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator?. Johnson J, Cameron L, Mitchinson L, et al (2019), *Journal of Research in Nursing* vol 24, no 8, December 2019, pp 604-619

Background

Bullying and discrimination may be indirectly associated with patient safety via their contribution to burnout, but research has yet to establish this.

Aims

The aims of this study were to investigate the relationships between workplace bullying, perceived discrimination, levels of burnout and patient safety perceptions in nurses and midwives and to assess whether bullying and discrimination were more frequently experienced by Black, Asian and minority ethnic than White nurses and midwives.

Methods

In total, 528 nurses and midwives were recruited from four hospitals in the United Kingdom to complete a cross-sectional survey between February and March 2017. The survey included items on bullying, discrimination, burnout and individual level and ward level patient safety perceptions. Data were analysed using path analysis.

Results

The results were reported according to the STROBE checklist. Bullying and discrimination were significantly associated with higher burnout. Higher burnout was in turn associated with poorer individual- and ward-level patient safety perceptions. Experiences of discrimination were three times more common among Black, Asian and minority ethnic than White nurses and midwives, but there was no significant difference in experiences of bullying.

Conclusions

Bullying and discrimination are indirectly associated with patient safety perceptions via their influence on burnout. Healthcare organisations seeking to improve patient care should implement strategies to reduce workplace bullying and discrimination. (Author)

20200319-30

Midwives experiences of providing midwifery care following their involvement in an obstetric emergency. Whittaker D (2020), *Midwifery* vol 83, April 2020, 102620

This qualitative study explores midwives' experiences of providing care following an obstetric emergency. The findings indicate that participants felt alone, unsupported, physically exhausted and emotionally distressed. The authors conclude that further cross-national research is needed. (LDO)

20200311-142*

Responding to catastrophe: a case study of learning from perinatal death in midwifery practice. Laing RE, Fetherson CM, Morrison P (2020), *Women and Birth: Journal of the Australian College of Midwives* vol 33, no 6, November 2020, pp 556-565

Problem/Background

Perinatal death has far reaching emotional effects for all involved in this devastating event. The opportunity for learning as a result of this catastrophe, however, remains unexplored.

Aim

To explore midwives' experiences of caring through, and learning from, perinatal death, to better inform the effective planning and delivery of education that optimises both midwifery and self-care.

Methods

A naturalistic interpretive multiple case study design. Seventeen midwives, located in Australia, participated in an online group activity hosted as a blog, followed by telephonic focus groups and in-depth email interviews.

Findings

Thematic data analysis revealed seven major themes: Grappling with the reality of perinatal death; Struggling with personal and professional heartache; Seeking the space to grieve as a professional; Being with the woman and her family; Finding a new purpose; Strengthened through support; and Developing the courage to care.

Discussion

The initial turmoil and impact of loss reflected the catastrophic nature of perinatal death. Midwives uncovered a journey to acceptance and learning, realising a determination to enhance expertise and discovering value in experiential knowledge. Insecurity regarding competence and confidence to manage perinatal death and bereavement care was highlighted. However, sharing their stories revealed professional fulfilment, personal strength, and solidarity amongst midwives who have endured similar experiences.

Conclusion

A coordinated approach to support and the dissemination of experiential knowledge and learning could be developed within an online model of narrative sharing and discussion. Debriefing, support and sharing of expertise in this way may foster engagement within and beyond the workplace. (Author)

20200309-35*

Work-related post-traumatic stress symptoms in obstetricians and gynaecologists: findings from INDIGO a mixed methods study with a cross-sectional survey and in-depth interviews. Slade P, Balling K, Sheen K, et al (2020), *BJOG: An International Journal of Obstetrics and Gynaecology* vol 127, no 5, April 2020, pp 600-608

Objectives

To explore obstetricians' and gynaecologists' experiences of work-related traumatic events, to measure the prevalence and predictors of post-traumatic stress disorder (PTSD), any impacts on personal and professional lives, and any support needs.

Design

Mixed methods: cross-sectional survey and in-depth interviews.

Sample and setting

Fellows, members and trainees of the Royal College of Obstetricians and Gynaecologists (RCOG).

Methods

A survey was sent to 6300 fellows, members and trainees of RCOG. 1095 people responded. Then 43 in-depth interviews with trauma-exposed participants were completed and analysed by template analysis.

Main outcome measures

Exposure to traumatic work-related events and PTSD, personal and professional impacts, and whether there was any need for support. Interviews explored the impact of trauma, what helped or hindered psychological recovery, and any assistance wanted.

Results

Two-thirds reported exposure to traumatic work-related events. Of these, 18% of both consultants and trainees reported clinically significant PTSD symptoms. Staff of black or minority ethnicity were at increased risk of PTSD. Clinically significant PTSD symptoms were associated with lower job satisfaction, emotional exhaustion and depersonalisation. Organisational impacts included sick leave, and 'seriously considering leaving the profession'. 91% wanted a system of care. The culture in obstetrics and gynaecology was identified as a barrier to trauma support. A strategy to manage the impact of work-place trauma is proposed.

Conclusions

Exposure to work-related trauma is a feature of the experience of obstetricians and gynaecologists. Some will suffer PTSD with high personal, professional and organisational impacts. A system of care is needed.

Tweetable abstract

18% of obstetrics and gynaecology doctors experience post-traumatic stress disorder after traumatic events at work.
(27 references) (Author)

20200221-45

Dealing with burnout. Winter GF (2019), British Journal of Midwifery vol 27, no 12, December 2019, p 802

An ongoing problem for midwives, but how can it be best addressed? (6 references) (Author)

20200213-12

Acceptability of a programme for the prevention of post-traumatic stress disorder in midwifery: a qualitative investigation with midwives and midwifery managers following feasibility testing. Slade P, Sheen K, Collinge S, et al (2020), MIDIRS Midwifery Digest vol 30, no 1, March 2020, pp 27-32

Introduction: Midwives are routinely exposed to events in the workplace that they personally perceive to be traumatic. As a result, a proportion of midwives will experience post-traumatic stress disorder (PTSD). This paper presents midwives' and midwifery managers' views on the feasibility and acceptability of POPPY (programme for the prevention of PTSD in midwifery).

Methods: The POPPY programme, which consists of a stepped-care package of educational workshops, peer support and trauma-focussed psychological intervention, was implemented in one UK hospital between October 2016 and September 2017. Interviews and a focus group with midwives (n=11) and a focus group with midwifery managers (n=11) were conducted to identify perspectives regarding the acceptability, feasibility and utility of the programme.

Findings: Midwives and their managers perceived the programme as highly relevant and useful, and strongly supported its implementation. The educational workshops acknowledged the potential for midwives who have experienced trauma to develop an understanding of early responses and self-management. There was a strong endorsement for peer support, but evidence of reluctance to access this resource due to fear of judgment and breaches of confidentiality. Access to trauma-focussed psychological intervention was also strongly supported.

Discussion: The programme was viewed as highly acceptable and feasible by midwives and their managers.

Recommendations from managers to facilitate successful implementation were identified.

Conclusion: Systems to support the midwifery workforce that incorporate prevention of PTSD and, where necessary, intervention, should be implemented and tested at scale, within a systems-wide approach to enable evaluation of effectiveness.

Keywords: Feasibility, intervention, midwives, post-traumatic stress disorder, qualitative. (30 references) (Author)

20200128-39*

'Overwhelmed and out of my depth': Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. Cull J, Hunter B, Henley J, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 6, November 2020, pp e549-e557

Background

Efforts to resolve the longstanding and growing staffing crisis in midwifery in the United Kingdom have been hampered by very poor retention rates, with early career midwives the most likely to report burnout and intention to leave the profession.

Aims

To establish the key, self-described factors of satisfaction and dissatisfaction at work for early career midwives in the United Kingdom, and suggest appropriate and effective retention strategies.

Methods

Thematic analysis was undertaken on a subset of free text responses from midwives who had been qualified for five years or less, collected as part of the United Kingdom arm of the Work, Health and Emotional Lives of Midwives project.

Findings

Midwives described feeling immense pressure caused by an unremittingly heavy workload and poor staffing. Where relationships with colleagues were strong, they were described as a protective factor against stress; conversely, negative working relationships compounded pressures. Despite the challenges, many of the midwives reported taking great pleasure in their work, describing it as a source of pride and self-esteem. Midwives valued being treated as individuals and having some control over their shift pattern and area of work.

Discussion

These results, which reveal the strain on early career midwives, are consistent with the findings of other large studies on midwives' wellbeing. All available levers should be used to retain and motivate existing staff, and recruit new staff;

in the meantime, considerable creativity and effort should be exercised to improve working conditions.

Conclusion

This analysis provides a 'roadmap' for improving staff wellbeing and potentially retention. (48 references) (Author)

20191108-19

Transforming midwifery education. 3. Professional midwifery advocates in the university setting: preparing student midwives for newly qualified life. McKellow C (2019), The Practising Midwife vol 22, no 10, November 2019, pp 19-23

With the increasing challenges that student midwives and newly qualified midwives are facing in practice, it is no surprise that levels of stress and burnout are increasing, leading to some midwives leaving the profession within the first year of qualifying. In this third article of the Transforming midwifery series, this paper explores the benefits of using Professional Midwifery Advocates (PMAs) in the university setting to prepare student midwives emotionally for the challenging and demanding reality of newly qualified life, through the use of restorative clinical supervision (RCS) to promote resilience. (17 references) (Author)

20191001-6*

Using graph learning to understand adverse pregnancy outcomes and stress pathways. Mesner O, Davis A, Casman E, et al (2019), PLoS ONE vol 14, no 9, 18 September 2019, e0223319

To identify pathways between stress indicators and adverse pregnancy outcomes, we applied a nonparametric graph-learning algorithm, PC-KCI, to data from an observational prospective cohort study. The Measurement of Maternal Stress study (MOMS) followed 744 women with a singleton intrauterine pregnancy recruited between June 2013 and May 2015. Infant adverse pregnancy outcomes were prematurity (<37 weeks' gestation), infant days spent in hospital after birth, and being small for gestational age (percentile gestational weight at birth). Maternal adverse pregnancy outcomes were pre-eclampsia, gestational diabetes, and gestational hypertension. PC-KCI replicated well-established pathways, such as the relationship between gestational weeks and preterm premature rupture of membranes. PC-KCI also identified previously unobserved pathways to adverse pregnancy outcomes, including 1) a link between hair cortisol levels (at 12-21 weeks of pregnancy) and pre-eclampsia; 2) two pathways to preterm birth depending on race, with one linking Hispanic race, pre-gestational diabetes and gestational weeks, and a second pathway linking black race, hair cortisol, preeclampsia, and gestational weeks; and 3) a relationship between maternal childhood trauma, perceived social stress in adulthood, and low weight for gestational age. Our approach confirmed previous findings and identified previously unobserved pathways to adverse pregnancy outcomes. It presents a method for a global assessment of a clinical problem for further study of possible causal pathways. (24 references) (Author)

Full URL: <https://doi.org/10.1371/journal.pone.0223319>

20190925-86*

Traumatised midwives; traumatised women. Patterson J (2019), Association for Improvements in Maternity Services (AIMS) vol 30, no 4, March 2019

Explains that many women may experience post-traumatic stress disorder (PTSD), following a birth where there were physical birth complications, medical interventions or poor infant or maternal outcomes, but the author's research has discovered that the biggest risk factors for the development of PTSD are strong interpersonal factors, with the woman's perception of her relationship with those providing her care being one of the most significant. Here, the author illustrates how witnessing a potentially traumatic birth can affect a midwife's interactions with the women in her care. (JSM)

20190924-57*

The practice reality of ward based midwifery care: An exploration of aspirations and restrictions. Lewis L, Barnes C, Roberts L, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 4, July 2020, pp 352-359

Background

This paper reports on research that explores the experience of the ward based midwife, as research suggests workplace balance is problematic.

Aim

To explore the processes and practices around ward based clinical engagement and its impact in an Australian public tertiary obstetric unit.

Methods

A qualitative descriptive study was undertaken. Focus groups were used to gather data. Groups were audio recorded

and transcribed verbatim. Thematic analysis was continued until data saturation was achieved.

Findings

Seven focus groups involving 40 midwives were conducted. Midwives' voices suggested tensions arose when their aspirations around core professional values and camaraderie were compromised by the practice realism of the ward. Furthermore, they described frustration with imposed restrictions which governed their working environment. These occurred outside the ward, had a direct impact on how it functioned, and were perceived to be out of the midwives' control. Midwives experiencing emotional distress revealed they were carrying a burden. Two burdens were described: disengagement and what have I missed?

Conclusion

Thought must be given to how the art of midwifery is practiced on the ward. Ignoring the growing body of literature on this subject will be problematic for both midwives and women, as midwives will be disempowered to foster women's capabilities through tailored, supportive and respectful care. (42 references) (Author)

20190924-41

Beyond the WHELM study. Anon (2019), Midwives vol 22, July 2019, pp 27-30

In 2018, when the RCM-commissioned study into the mental health and wellbeing of UK midwives was released, it made for sobering reading. A year on, are there any green shoots of change? (Author)

20190919-23*

Burnout woman-style. The female face of burnout in obstetrics and gynecology. Fronek H, Brubaker L (2019), Clinical Obstetrics and Gynecology vol 62, no 3, September 2019, pp 466-479

This summary will address important information on women physicians, focusing on those practicing OG. We will review traits more commonly found in women, societal influences that make women physicians more susceptible to burnout, as well as the unique features of the medical profession that affect women differently. We conclude with a discussion of the shared responsibilities of both individuals and institutions for implementing interventions that will effectively improve women's resilience, identification of and recovery from burnout. (Author)

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20190919-21*

The Impact of Burnout on the Obstetrics and Gynecology Workforce. Vetter MH, Salani R, Williams Jr TE, et al (2019), Clinical Obstetrics and Gynecology vol 62, no 3, September 2019, pp 444-454

Although there has been discussion of a shortage of surgical specialties including OB/GYN, consensus is difficult because of the multiple variables involved in estimating both supply and demand. In addition, burnout has become more recognized as a variable that has not been taken into account in estimating a shortage of OB/GYNs. We estimate OB/GYN physician shortages of 17%, 24%, and 31% by 2030, 2040, and 2050, respectively. Here, we examine the impact of burnout on the OB/GYN workforce. Specifically, we address the associations of burnout, reduction in clinical productivity as well as early retirement. We also discuss the implications of the substantial increase of female OB/GYNs to 66% of workforce over the next 10 years and how this may impact the impending OB/GYN shortage.

Finally, we briefly consider possible solutions to workforce issues causing burnout. (Author)

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20190919-19*

Burnout in OB/GYN Students and Residents. Rigby FB, Bynum B, Santen SA, et al (2019), Clinical Obstetrics and Gynecology vol 62, no 3, September 2019, pp 413-431

In this article we address the concept of burnout, first in the medical student setting, and then in the residency setting. We will review the prevalence followed by a discussion of risk factors, consequences, and finally thoughts on prevention and intervention. (Author)

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20190919-17*

Burnout in obstetricians and gynecologists. Smith RP (2019), Clinical Obstetrics and Gynecology vol 62, no 3, September 2019, pp 405-412

Professional burnout threatens all high-functioning professionals and affects not only the individual, but, by extension, the patients they serve. The characteristics that make someone competitive for medical school, residency,

or successful in academics or practice, make us particularly vulnerable to burnout: compulsive dedication to goals (and patients), motivation to succeed, self-reliance, leadership experience, delayed gratification, and others. Estimates of the prevalence of burnout in medicine vary widely but are consistently >40% and often as high as 75%. Obstetricians and gynecologists are not unique in suffering from burnout but do rank among the top medical specialties for the rate of professional burnout reported. When burnout is present, there is reduced job satisfaction, lower productivity, increased medical errors (and morbidity), degraded interpersonal interactions, and higher physician dropout rates. Career dissatisfaction, early retirement, and even regret surrounding the original choice of career are all common when burnout is present. There is a growing body of individual actions that can be taken to reduce or reverse the impact of burnout, but the first steps are to understand the causes and identify the symptoms. (Author)

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20190906-24

In the line of duty: the emotional wellbeing of midwives. Den J (2019), *The Practising Midwife* vol 22, no 8, September 2019, pp 31-34

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 work 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.

20190828-109*

Traumatic experiences and the midwifery profession: a cross-sectional study among Dutch midwives. Kerkman T, Dijkman LM, Baas MAM, et al (2019), *Journal of Midwifery & Women's Health* vol 64, no 4, July/August 2019, pp 435-442

Introduction

Traumatic events that occur in a clinical setting can have long-lasting adverse effects on persons who are affected, including health care providers. This study investigated the prevalence of work-related traumatic events, posttraumatic stress disorder (PTSD), anxiety, and depression among Dutch midwives. Additionally, differences between midwives working in primary care (independently assisting births at home and in birthing centers) and midwives working in secondary or tertiary care (hospital setting) were examined. Finally, this study investigated the support midwives would like to receive after experiencing a work-related adverse event.

Methods

A descriptive, cross-sectional online survey of Dutch midwives was conducted. The respondents completed a questionnaire about demographic and work-related events, as well as the Trauma Screening Questionnaire and the Hospital Anxiety and Depression Scale.

Results

The estimated response rate was 23%, with 691 questionnaires eligible for analysis. Thirteen percent of respondents reported having experienced at least one work-related traumatic event. Among these, 17% screened positive for PTSD, revealing an estimated PTSD prevalence of 2% among Dutch midwives. Clinically relevant anxiety symptoms were reported by 14% of the respondents, significantly more often among midwives working in primary care ($P = .014$). Depressive symptoms were reported by 7% of the respondents. The desired strategies to cope with an adverse event were peer support by direct colleagues (79%), professional support from a coach or psychologist (30%), multidisciplinary peer support (28%), and support from midwives who are not direct coworkers (17%).

Discussion

Dutch midwives are at risk of experiencing work-related stressful or traumatic events that might lead to PTSD, anxiety, or depression. Midwives working in primary care reported higher levels of anxiety compared with their colleagues working in a clinical setting (secondary or tertiary care). Most midwives preferred peer support with direct colleagues after an adverse event, and some could have profited from easier access to seeking professional help. It could be speculated that midwives would benefit from increased awareness about work-related traumatic events as well as implementation of standardized guidelines regarding support after a traumatic event. (24 references) (Author)

20190815-44

Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors. Hunter B, Fenwick J, Sidebotham M, et al (2019), *Midwifery* vol 79, December 2019, 102526

Highlights:

- UK midwives are experiencing high levels of work-related and personal burnout
- One-third of participants scored moderate and above for depression, anxiety, stress
- Younger, more recently qualified midwives scored highest in the personal and work related burnout scores and are in need of support.

Objective:

The overall study aim was to explore the relationship between the emotional wellbeing of UK midwives and their work environment. Specific research questions were to: assess levels of burnout, depression, anxiety and stress experienced by UK midwives; compare levels of burnout, depression, anxiety and stress identified in this sample of UK midwives, with levels reported in Australia, New Zealand and Sweden; identify demographic and work-related factors associated with elevated levels of burnout, depression, anxiety and stress.

Design:

Cross sectional research design using an online survey. The WHELM survey tool was developed within the Australian maternity context and includes a number of validated measures: The Copenhagen Burnout Inventory (CBI), Depression, Anxiety and Stress Scale (DASS-21), as well as items from the Royal College of Midwives 'Why Midwives Leave' study (Ball et al., 2002).

Setting:

United Kingdom

Participants:

An on-line survey was distributed via the RCM to all full midwife members in 2017 (n= 31,898).

Data Analysis:

The demographic and work-related characteristics of the sample were analysed using descriptive analyses. Levels of depression, anxiety, stress and burnout, measured by the CBI and DASS scores, were analysed using non-parametric statistical tests. Comparisons were made between groups based on demographic and work characteristics.

Mann-Whitney U tests were used for two group comparisons, and Kruskal Wallis tests were used for groups with 2+ groups. Given the large number of analyses undertaken, statistically significant comparisons were identified with a conservative alpha level ($p < .01$).

Findings:

A total of 1997 midwives responded to the survey, representing 16% of the RCM membership. The key results indicate that the UK's midwifery workforce is experiencing significant levels of emotional distress. 83% (n = 1464) of participants scored moderate and above for personal burnout and 67% (n = 1167) recorded moderate and above for work-related burnout. Client-related burnout was low at 15.5% (n = 268). Over one third of participants scored in the moderate/severe/extreme range for stress (36.7%), anxiety (38%) and depression (33%). Personal and work-related burnout scores, and stress, anxiety and depression scores were well above results from other countries in which the WHELM study has been conducted to date. Midwives were more likely to record high levels of burnout, depression, anxiety and stress if they were aged 40 and below; reported having a disability; had less than 10 years' experience; worked in a clinical midwifery setting, particularly if they worked in rotation in hospital and in integrated hospital/community settings.

Key conclusions and implications for practice:

Many UK midwives are experiencing high levels of stress, burnout, anxiety and depression, which should be of serious concern to the profession and its leaders. NHS employed clinical midwives are at much greater risk of emotional distress than others surveyed, which has serious implications for the delivery of high quality, safe maternity care. It is also of serious concern that younger, more recently qualified midwives recorded some of the highest burnout, stress, anxiety and depression scores, as did midwives who self-reported a disability.

There is considerable scope for change across the service. Proactive support needs to be offered to younger, recently qualified midwives and midwives with a disability to help sustain their emotional wellbeing. The profession needs to lobby for systems level changes in how UK maternity care is resourced and provided. Making this happen will require support and commitment from a range of relevant stakeholders, at regional and national levels. (55 references)

(Author)

20190806-51

Holding space for birthworkers. Render-Graham E (2019), Midwifery Today no 130, Summer 2019, p 43

Midwives, as well as their clients, become traumatized and need compassionate care. This article encourages us to take care of ourselves too. (2 references) (Author)

20190703-47

Why not try? Total body relaxation. Anon (2019), Midwives vol 22, May 2019, p 31

Stress causes the muscles to tense which then compounds the stress itself. This simple technique helps you focus on releasing that muscle tension and helps relieve stress. (Author)

20190703-45

We care for everyone, who cares for us?. Killingley J (2019), Midwives vol 22, May 2019, pp 29-30

Jo Killingley is senior midwifery lecturer and programme leader of the BSc pre-registration midwifery programme at Middlesex University London. (Author)

20190619-10

Impact of sense of coherence and work values perception on stress and self-reported health of midwives. Gebriné KÉ, Lampek K, Sárváry A, et al (2019), Midwifery vol 77, October 2019, pp 9-15

Objective:

The aim of the research was to explore how sense of coherence (SOC) and work values (WVs) impact on stress and perceived health of midwives. Sense of coherence, by definition, reflects a person's view of life and capacity to respond to stressful situations. A further goal was to evaluate the mediating effect of WVs between stress and health.

Design:

A cross sectional, correlational design was used.

Setting:

Participants were randomly selected from 13 hospitals across Hungary.

Participants:

The final sample included 228 midwives.

Methods:

Main measures included Sense of Coherence Questionnaire, stress subscale from the Demand-Control-Support scale, Super's Work Values Inventory and Subjective Health Test developed by the authors. Statistical analyses determined correlation coefficients, difference by independent t-test, and linear regression.

Findings:

Participants reported high level of stress, showed average SOC and subjective health. The most preferred work values were altruism (Mean=12.40), economic returns (Mean=12.11) and supervisory relations (Mean=11.99). SOC and health were positively ($r = 0.47$, $p < 0.001$), while SOC and stress were negatively associated ($r = -0.36$, $p < 0.001$). WVs indirectly mediated the relationship between health and stress ($r = -0.55$, $p < 0.001$). Midwives who worked less than 5 years in practice did not differ on health, stress, WVs and SOC from those who had been working longer. Going from worst to best perceived personal health increased intention to stay in midwifery by 32% in the linear regression model.

Key conclusions:

In this study we documented relatively greater levels of stress and average levels of health and SOC among midwives. This paper confirmed that SOC had a positive impact on stress and health specifically for midwives. Uniquely, work values indirectly influenced the relationship between stress and health.

Implications for practice:

Improving SOC and WVs advance the health of midwives which will reduce the probability of leaving the profession.

(26 references) (Author)

20190613-5*

Resilience, stress and burnout in student midwives. Eaves JL, Payne N (2019), Nurse Education Today vol 79, August 2019, pp 188-193

Background:

There is a lack of research on resilience in midwifery, yet this may be a factor that can help prevent burnout and intention to leave the profession.

Objectives:

To explore the relationship between perceived stress, resilience and burnout and the intention to leave midwifery within Midwifery students.

Design:

A Quantitative study with a cross-sectional survey design.

Setting:

A London University in the UK.

Participants:

150 BSc student midwives, aged between 18 and 44, studying at University participated in this study. This included 72 students in year one, 26 in year two and 52 in year three.

Methods:

Participants completed the Perceived Stress Scale, the Oldenburg Burnout Inventory and the Resilience Scale-14 to examine their self-reported stress levels, burnout (emotional exhaustion and disengagement) and level of resilience. Intentions to quit the profession were also measured.

Results:

All variables were significantly correlated but in multiple regression analyses only stress predicted disengagement, and stress and year of study predicted emotional exhaustion. High stress and reduced resilience predicted intentions to quit midwifery. Resilience did not act as a moderator. Thus the findings suggest that resilience did not protect students from high levels of stress leading to burnout or wanting to quit, although resilience did help to reduce intentions to quit.

Conclusion:

Student stress levels are not moderated by resilience and resilience played no role in reducing burnout. However, resilience may help students to persevere in the profession rather than leaving their studies. In order to minimise burnout and stress we need to consider alternative ways of enhancing the current workforce to reduce the decline in midwives entering the profession. (Author)

20190507-65

The experience of vasa praevia for Australian midwives: A qualitative study. Javid N, Hyett JA, Homer CSE (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 2, April 2019, pp185-192

Background

Vasa praevia can cause stillbirth or early neonatal death if it is not diagnosed antenatally and managed appropriately. Experiencing undiagnosed vasa praevia during labour is challenging and traumatic for women and their care providers. Little is known about the experiences of midwives who care for these women.

Aim

To investigate the experience of Australian midwives caring for women with undiagnosed vasa praevia during labour and birth.

Methods

A qualitative descriptive study was conducted with midwives in Australia who had cared for at least one woman with vasa praevia during 2010-2016. Semi-structured in-depth telephone interviews were conducted and analysed using thematic analysis.

Findings

Twelve of the 20 midwives interviewed were involved in a neonatal death and/or near-miss due to vasa praevia. There was one over-arching theme, which described the 'devastating and dreadful experience' for the midwives. This had two inter-related categories of feeling the personal impacts and addressing the professional processes. Feeling scared, shocked, and guilty described how the experience took its toll on the midwives personally. The professional processes included working in organised chaos; feeling for the parents; finding communication to be hard; and, doing their best to save the baby.

Discussion

Caring for women who experienced ruptured vasa praevia had a profound impact on the emotional and professional well-being of midwives even when the baby survived.

Conclusion

Ruptured vasa praevia was recognised as a traumatic experience that warrants serious considerations from maternity care providers, managers and policy makers. Midwives should be supported and adequately prepared to cope with traumatic events. (29 references) (Author)

20190501-92

Relationships between working conditions and emotional wellbeing in midwives. Cramer E, Hunter B (2019), Women and Birth: Journal of the Australian College of Midwives vol 32, no 6, December 2019, pp 521-532

Background

Emotional distress in midwives contributes to high attrition. To safeguard midwives' wellbeing, there is a need to identify the impact of workplace variables.

Aim

To review the existing evidence on the relationships between working conditions and emotional wellbeing in midwives, and construct an analytic framework for understanding these relationships.

Methods

Systematic search and selection procedures using a range of databases. Results of included studies were synthesised into a thematic literature review of qualitative and quantitative research.

Findings

Various types of poor emotional wellbeing in midwives correlate with a variety of interrelated working conditions, including low staffing/high workload, low support from colleagues, lack of continuity of carer, challenging clinical situations and low clinical autonomy. Staffing levels seem to be able to modify the effects of many other variables, and the impact of challenging clinical situations is affected by several other variables.

Discussion

These workplace variables can be categorised as modifiable and non-modifiable risk indicators.

Conclusion

While certain conditions that correlate with midwives' wellbeing are non-modifiable, several crucial variables, such as staffing levels and continuity of carer, are within the control of organisational leadership. Future research and interventions should focus on these modifiable risks. Research design should maximise the chance of establishing causation, while any innovations in this area should anticipate the interrelatedness of these risk factors to avoid unintended negative consequences. (79 references) (Author)

20190416-52

Addressing Obstetrics and Gynecology Trainee Burnout Using a Yoga-Based Wellness Initiative During Dedicated Education Time. Babbar S, Renner K, Williams K (2019), *Obstetrics & Gynecology* vol 133, no 5, May 2019, pp 994-1001

OBJECTIVE: To estimate the feasibility of implementing a yoga-based wellness program during training and its influence on burnout, depression, anxiety, stress, and mindfulness among obstetrics and gynecology trainees.

METHODS: We conducted a departmental quality improvement initiative consisting of weekly 1-hour yoga classes conducted during protected education time and nutrition and physical challenges for 24 obstetrics and gynecology residents and five maternal-fetal medicine fellows. Participants received a free wrist-worn fitness tracker device to record their activity. Preprogram and postprogram data collection included results from validated scales on burnout, mindfulness, depression and anxiety, blood pressure, heart rate, and weight. Wilcoxon signed rank tests were used for analysis. A P-value <.05 was considered significant.

RESULTS: Over an 8-week period, 90% (n=26) of participants attended at least one yoga class and 68% attended at least 50% of the classes. No participant completed all sessions. Eighty percent (n=20) engaged in at least one nutrition challenge and 60% (n=15) in at least one physical challenge. After the program, a significant reduction in the depersonalization component of burnout (P=.04), anxiety (P=.02), and systolic (preprogram: 122, postprogram: 116 mm Hg; P=.01) and diastolic blood pressure (preprogram: 82, postprogram: 76 mm Hg; P=.01) occurred. Those participants who attended more than 50% of yoga classes demonstrated a significant reduction in systolic and diastolic blood pressure compared with less-frequent attendees (P=.02 and .04, respectively). A postprogram survey revealed feelings of increased camaraderie, appreciation, motivation, and overall training experience.

DISCUSSION: Implementing a wellness program consisting of weekly yoga classes is feasible and may be beneficial. A wellness initiative that emphasizes active participation during education time with the autonomy to implement daily wellness activities may reduce burnout and improve well-being.

(Author)

20181220-29

Midwifery Professional Stress and Its Sources: A Mixed-Methods Study. Wright EM, Matthai MT, Budhathoki C (2018), *Journal of Midwifery & Women's Health* vol 63, no 6, November/December 2018, pp 660-667

Introduction

Professionally-related stress among midwives has been demonstrated in a global context to have deleterious effects on their professional, physical, and psychological health. Despite global interest in the subject, there has been no study about professional stress in a cohort of US midwives.

Methods

A convergent parallel mixed-methods design was used. The Job-Related Tension Index (JRTI) survey was administered to a self-selected sample of certified nurse-midwives and certified midwives in clinical practice in the United States via email solicitation of the American College of Nurse-Midwives' membership. A single qualitative open-ended question was also included in the survey.

Results

A total of 644 midwives participated in this study. The mean (SD) score on the JRTI across all midwife participants was 38.3 (9.65); the possible range of scores was 15 to 75. Midwives who were biologically older and/or had practiced longer and who had higher levels of education were shown to have higher levels of job-related tension. Those who believed their stress levels had negatively affected patient care showed higher job-related tension scores than those who did not. Call hours did not significantly affect tension scores in this study sample. Nearly all midwives in the cohort (97.1%) had experienced traumatic birth. Seven themes were identified after content analysis. These included the following: I'm SO tired, conflict with colleagues, selling your midwifery soul, leaving midwifery, non-respectful maternity care, balancing work and personal life, and medicolegal fears.

Discussion

Systems should recognize and validate midwives' levels of work-related tension and develop specific interventions to help alleviate it. Because of the size and racial homogeneity of the sample, further studies are recommended to identify stress levels and their contributing factors in a larger, more diverse population of midwives. Qualitative themes should be more fully explored to identify specific contributors to midwifery stress. (Author)

20181217-1*

Breaking bad and difficult news in obstetric ultrasound and sonographer burnout: Is training helpful? Johnson J, Arezina J, McGuiness A, et al (2018), Ultrasound 12 December 2018, online

Background

Sonographers report high levels of burnout. For those working in obstetric ultrasound, one frequently cited stressor is the delivery of bad or difficult news. Training in news delivery may reduce sonographer stress levels, but no studies have investigated sonographer experiences of this training. Aims

To investigate sonographer experiences of difficult news delivery training and preferences for training techniques, and to assess whether news delivery training is associated with lower burnout and higher wellbeing. Methods

A cross-sectional survey measured occupational characteristics, news delivery training experiences and preferences, burnout (on two dimensions of exhaustion and disengagement), and general mental wellbeing. Results

Ninety sonographers (85 female; mean age = 47) responded. The majority of participants thought training in difficult news delivery had improved their practice. Preferred training techniques were observation of clinical practice and receiving service-user input. Eighty per cent of participants were experiencing exhaustion, 43.3% were experiencing disengagement and 88.9% could be classed as having a minor psychiatric disorder. Having received difficult news delivery training was associated with lower levels of disengagement, even when other variables were controlled for.

Discussion

News delivery training is perceived to be effective by sonographers and may help to reduce sonographer burnout levels. (Author)

20181205-43

Self-care. Murphy D (2018), Midwives vol 21, Winter 2018, p 26

'You can't pour from an empty cup', says Deirbhile Murphy, as she explains why it's important to look after yourself. (Author)

20181204-72

Resiliency: A Core Competency in Today's NICU Nurse Leader. Smith JR, Wolf M (2018), The Journal of Perinatal and Neonatal Nursing vol 32, no 4, October/December 2018, pp 295-296

After establishing the need for resiliency to avoid burnout, this article provides guidance on helpful techniques and highlights ten resilience-building strategies for NICU leaders and providers. (7 references) (CAP)

20181127-49*

Preparing midwifery students for traumatic workplace events: Findings from the POPPY (programme for the prevention of posttraumatic stress disorder in midwifery) feasibility study. Spiiby H, Sheen K, Collinge S, et al (2018), Nurse Education Today vol 71, December 2018, pp 226-232

Background

Midwifery students can experience events on clinical placements that they perceive to be traumatic. There is currently no requirement to provide training about the nature of trauma, normal responses, or the most helpful ways of self-managing these. The POPPY programme, developed for qualified midwives, incorporates educational (the POPPY workshop) and supportive resources to prevent the development of Post-Traumatic Stress Disorder in midwives. As part of the feasibility evaluation of POPPY, the POPPY workshop element was adapted for

pre-registration midwifery students (PreR-POPPY). Attention to this issue during pre-registration education could improve student experience and support student retention.

Objectives

To identify students' perspectives on the contents (clarity, understandability, organisation of the workshop, utility, relevance), their understanding of trauma and psychological responses, and confidence in recognising and managing early signs of distress following participation in a PreR-POPPY workshop. Perspectives on preferred timing in their midwifery programmes, and methods of delivery were also sought.

Design

In keeping with educational evaluations, anonymous feedback was collected from students.

Setting

Two higher education institutes.

Participants

Midwifery undergraduate students on the three year or shortened programme for registered nurses (n = 131), and midwifery educators (n = 5).

Methods

Students participated in the workshop and provided feedback immediately. Midwifery educators participated in a meeting with the researchers to provide feedback.

Results

High levels of satisfaction with the contents of the workshop were identified. Ninety-nine percent of students would recommend the workshop to other midwifery students. Provision of the workshop early in midwifery programmes, revisited at later points, was strongly endorsed. Learning outcomes were very positive for understanding trauma/early stress responses, and recognising and managing early responses to trauma. Strong endorsement for the provision of the workshop was received from the midwifery educators.

Conclusions

The pre-registration adapted POPPY workshop should be routinely provided in preregistration midwifery. (Author)

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20181114-23*

A survey of burnout and intentions to leave the profession among Western Canadian midwives. Stoll K, Gallagher J (2019), *Women and Birth: Journal of the Australian College of Midwives* vol 32, no 4, August 2019, pp e441-e449

Problem

Midwives are at high risk for burnout and occupational stress. This has implications for workforce retention and quality of maternity care.

Aim

We set out to understand how burnout and occupational stress are experienced by midwives in Western Canada, and whether burnout is linked to intentions to leave the profession and other factors.

Methods

Midwives were invited to participate in the international WHELM (work, health, and emotional lives of midwives) survey through invitations via their professional organizations. The survey included demographic questions and emotional wellbeing scales such as the Copenhagen Burnout Inventory and the Depression, Anxiety, and Stress Scale.

Results

Of 158 midwives who participated, 51 (34.7%) had seriously considered leaving the profession, citing reasons such as the negative impact of an on-call schedule on personal life (n = 84, 84.8%), as well as concerns about their mental (n = 80, 80.8%) and physical health (n = 57, 57.6%). Burnout scores were higher among midwives who planned to leave the profession, midwives with young children, those with higher caseloads and fewer days off. Quality of life was significantly lower among midwives who reported higher burnout scores. Midwives suggested many strategies to reduce stress, such as part-time work options, support for sick days/vacation coverage, more pay per course of care, more off-call career opportunities and initiatives to reduce bullying and interprofessional conflict.

Discussion/Conclusion

The current study identified occupational stressors that are unique to the caseload model. Findings from this study can inform policies and strategies to support the growth and sustainability of caseload midwifery in Canada. (42 references) (Author)

20181011-28

Childbearing women's experiences of midwives' workplace distress: Patient and public involvement. Pezaro S, Pearce G, Bailey E (2018), *British Journal of Midwifery* vol 26, no 10, October 2018, pp 659-669

Background

Some midwives experience work-related psychological distress. This can reduce the quality and safety of maternity services, yet there are few interventions to support midwives.

Aim

To explore and voice the perceptions of new mothers in relation to the barriers to receiving high-quality maternity care, the psychological wellbeing of midwives and the development and evaluation of an online intervention designed to support them. GRIPP2 reporting checklists were also used to demonstrate how patient and public involvement works in research.

Methods

A co-design approach was used in a discussion group to collect qualitative data from 10 participants. A framework approach was used for analysis.

Findings

Unique findings included midwives crying, becoming emotional and seeking support from service users. Overall, seven patient and public involvement outcomes relating to intervention development and data collection were identified.

Conclusion

Maternity service improvement strategies may only be wholly effective once they include the provision of effective midwifery workplace support. (Author)

20180925-21

Reassuring Well-being in the Workplace: A Safety Imperative. Howard ED (2018), The Journal of Perinatal and Neonatal Nursing vol 32, no 3, July/September 2018, pp 201-203

Commentary suggesting that achieving the goals of the Triple Aim (improving the patient experience, the health of populations and reducing the costs of healthcare) requires the addition of a fourth aim, recommended by the Institute for Health Improvement, 'improving the experience of providing care'. The article covers elements that need to be addressed by the fourth aim, including burnout, the workplace environment, staffing levels and compassion fatigue. It concludes that patient experience and workplace engagement are intrinsically linked and need to be addressed together. (CAP) (22 references)

20180906-7*

Recognising stressors and using restorative supervision to support a healthier maternity workforce: a retrospective, cross-sectional, questionnaire survey. Wallbank S (2013), Evidence Based Midwifery vol 11, no 1, March 2013, pp 4-9

Background. Midwifery is frequently written about as a stressful occupation. The RCM refers to stress as the most commonly cited reason for sickness absence (RCM, 2012). The reasons behind the high levels of stress experienced and, more importantly, what can be done to improve the experience for the midwife are not fully recognised or researched. This paper will look at the impact on the midwife of caring for families experiencing miscarriage and neonatal death. Following a randomised and controlled pilot study, which looked at the effectiveness of offering restorative supervision to midwives, the paper will explore the latest evidence of the restorative programme designed to reduce stress, burnout and improve compassion satisfaction and how this can be used to support midwives.

Objectives. To explore the nature of midwifery staff stress around loss and its predictive factors and suggest a potential solution to enabling midwives to manage the emotional demands of the job.

Methods. A retrospective, cross-sectional, questionnaire survey was undertaken, inviting a total of 350 maternity staff to participate. Pre- and post-measure using a professional quality of life scale were used to evaluate the restorative supervision.

Results. Over half of participants reported stress levels indicating a 'high' level of clinical concern. Multiple regression revealed that organisational factors, such as working environment, lack of supervisor support and not feeling that enough had been done to support families, significantly predicted stress and lack of positive coping strategies.

Restorative supervision improved coping strategies, significantly reducing stress, burnout and compassion satisfaction.

Conclusion. Maternity staff experience significant levels of subjective stress as a result of caring for loss. Formal training does not appear to be protective. Restorative supervision which offers an opportunity to restore the capacity to think about the work and process the emotional demands of the role is significant as a positive coping factor for staff. (Author)

20180806-17*

Fighting a losing battle: Midwives experiences of workplace stress. Geraghty S, Speelman C, Bayes S (2018), Women and Birth: Journal of the Australian College of Midwives 3 August 2018, online

Aim

The aim of this study was to examine the nature of midwives' work-related stress and the implications, if any, for midwives overall emotional well-being and career decisions.

Methods

A classic Glaserian grounded theory methodology was used, which included 21 in-depth individual face-to-face interviews with registered midwives.

Findings

The core category that emerged from the data labelled 'Fighting a Losing Battle' consisted of the causal, contextual and conditional factors that together form the core problem faced by the midwives. Participants depicted contemporary midwifery practice environments as 'war like' and described levels of work-related stress that, for many, were unbearable and led them to conclude that the job was not worth it.

Conclusion

This study reveals that as the number and extent of stressors increase, the negative implications and effects for midwives rise as the opportunities to 'do' midwifery in the way they value decrease, and that commitment to and engagement with the work diminishes. Although the midwives said that midwifery itself could be stressful, their responses clearly identify that it is not the actual job but other related, contextual and other environmental factors that make it so. (27 references) (Author) [Please note: this article is a digital version which may undergo minor changes in the future]

20180712-47*

Effectiveness of individual clinical supervision for midwives and doctors in stress reduction: findings from a pilot study. Wallbank S (2010), Evidence Based Midwifery vol 8, no 2, June 2010, pp 65-70

Background

A recent study designed to examine the responses of maternity staff to loss experienced through their work, concluded that staff working in these areas can experience significant clinical levels of stress (Wallbank, 2007). Supporting staff to process and normalise their workplace experiences may help them better care for themselves and the women and families under their care.

Aim

To examine the effectiveness of clinical supervision in reducing staff stress. Supervision in this context was not designed to assess clinical competence, but a tool to assist staff with the emotional demands of their work.

Methods

In total, 157 participants were invited to participate in this pilot study, 30 agreed and were randomly assigned to a control or treatment group. Participants within the control group received no intervention. Participants randomly assigned to the treatment group received clinical supervision for an average of six sessions with a clinical psychologist. Participants completed measures to assess levels of subjective stress, burnout, compassion fatigue and compassion satisfaction.

Conclusion

Results for the treatment group showed significant differences in subjective stress, with average scores decreasing from 29 to 7 ($p<.0001$); compassion satisfaction average scores increased from 37 to 41 ($p=.001$); burnout average scores decreased from 27 to 14 ($p<.0001$); compassion fatigue average scores decreased from 16 to 12 ($p=0.004$). Systematic, individual clinical supervision appears to have a positive impact on the reduction of stress for staff working in obstetrics and gynaecology. (Author)

20180611-4*

Confidentiality, anonymity and amnesty for midwives in distress seeking online support - Ethical?. Oezaro S, Clyne W, Gerada C (2018), Nursing Ethics vol 25, no 4, June 2018, pp 481-504

Background:

Midwife health is intrinsically linked to the quality of safe patient care. To ensure safe patient care, there is a need to deliver emotional support to midwives. One option that midwives may turn to may be a confidential online intervention, instead of localised, face-to-face support.

Research design:

Following the Realist And MEta-narrative Evidence Syntheses: Evolving Standards publication standards, this realist synthesis approach explores the ethical considerations in permitting confidentiality, anonymity and amnesty in online interventions to support midwives in work-related psychological distress. An iterative search methodology was used

to select nine papers for review. To assimilate information, papers were examined for ideas relating to ethical dimensions of online interventions to support midwives in work-related psychological distress. This review takes a narrative approach.

Findings:

Online interventions can support the development of insight, help seeking and open discussion. Additionally, Internet support groups can become morally persuasive in nature. Anonymity and confidentiality are both effective and therapeutic features of online interventions when used in collaboration with effective online moderation. Yet, ethical dilemmas remain where users cannot be identified.

Discussion:

Confidentiality and anonymity remain key components of successful online interventions. However, sanctioning the corollary component of amnesty may provoke moral discomfort for those seeking immediate accountability. For others, amnesty is seen as essential for open disclosure and help seeking. Ultimately, the needs of midwives must be balanced with the requirement to protect the public and the professional reputation of midwifery.

Conclusion:

In supporting midwives online, the principles of anonymity, confidentiality and amnesty may evoke some resistance on ethical grounds. However, without offering identity protection, it may not be possible to create effective online support services for midwives. The authors of this article argue that the principles of confidentiality, anonymity and amnesty should be upheld in the pursuit of the greatest benefit for the greatest number of people. (Author)

20180518-56*

The cost of being 'with women': the impact of traumatic perinatal events on burnout rates among midwives. Amir Z, Reid AJ (2018), Occupational and Environmental Medicine vol 75, suppl 2, April 2018, pp A605-A606

Introduction

Burnout is common among healthcare workers with significant implications for caregivers and their patients. This study aims to establish the incidence of burnout among midwives and to investigate the extent to which exposure to traumatic perinatal events in work contribute to this.

Methods

A cross-sectional study was carried out in a tertiary maternity hospital between March and May 2014. Anonymous voluntary questionnaires were circulated to all 248 clinical midwives. Demographic details, frequency and types of traumatic perinatal events encountered were recorded. The extent of distress experienced was documented on two visual analogue read in combinations to reflect the impact of the event and the resulting distress. Burnout was assessed using the Copenhagen Burnout Inventory which assesses the extent of burnout under three domains; personal, work-related and patient-related burnout. Each domain is scored on a scale of 0-100, with a score of ≥ 50 considered to be indicative of significant burnout.

Result

The response rate achieved was 55% (n=137). The mean scores for personal, work-related and patient-related burnout were 56.0, 55.9 and 34.3 respectively. Over 90% of respondents experienced a traumatic event in work in the previous year, with 58% reporting a frequency of monthly or greater for such events. The extent of distress reported by midwives was positively related to burnout ($R^2=0.16$, $R^2=0.15$, $R^2=0.08$ respectively, $p<0.01$). A modest negative linear relationship exists between personal and work-related burnout scores and increasing age ($p=-0.25$ and -0.27 , $p<0.01$). Midwives with less midwifery experience (<10 years) had higher burnout scores than their more experienced colleagues (>10 years).

Discussion

This is the first Irish study investigating midwives' experiences of burnout and possible contributory workplace factors. Midwifery profession demand a high degree of empathy. Our principal results highlight the significant effects of personal responses to distressing work events. Further research looking at workplace supports is recommended.

(Author)

Full URL: http://oem.bmj.com/content/75/Suppl_2/A605.3

20180509-41

Comparing caseload and non-caseload midwives' burnout levels and professional attitudes: a national, cross-sectional survey of Australian midwives working in the public maternity system. Dawson K, Newton M, Forster D, et al (2018), Midwifery vol 63, August 2018, pp 60-67

Background

Caseload midwifery has many benefits for women and their babies, however only around 8% of women receive caseload care in the public maternity system in Australia. Midwives working within caseload models are required to

provide activity-based care (working on-call, responsively to the needs of their caseload of women) rather than undertaking shift work. There has been debate regarding the impact of caseload work on midwives, but recently caseload work has been associated with higher professional satisfaction and lower burnout when compared to midwives working in traditional models. However there continues to be debate about the impact of caseload on midwives, so further investigation is needed.

Design and setting

A national cross-sectional survey of midwives working in Australian public hospitals that have birthing services was undertaken. We explored burnout and midwives' attitudes to their professional role using the Copenhagen Burnout Inventory and the Midwifery Process Questionnaire, respectively. Comparisons were made across three groups of midwives: those who worked in the caseload model, midwives who did not work in this model but worked in a hospital with a caseload model, and midwives who worked in a hospital without a caseload model.

Participants and findings

We received 542 responses from midwives from 111 hospitals from all Australian states and one of the territories. Of respondents, 107 midwives worked in a caseload model, 212 worked in a hospital with a caseload model but did not work in caseload, and 220 midwives worked in a hospital without a caseload model. Midwives working in caseload had significantly lower burnout scores in the personal and work-related burnout subscales, and a trend toward lower scores in the client-related burnout subscale. They also had higher scores across all four subscales of the midwifery process questionnaire, demonstrating more positive attitudes to their professional role.

Key Conclusions

Although concerns have been raised regarding the impact of caseload midwifery on midwives, this national study found that midwives working within caseload had a more positive attitude to their work and lower burnout scores than those not working in the model, compared with both midwives working in a hospital with a caseload model and midwives working in a hospital without caseload. This large national study does not support earlier suggestions that caseload midwifery causes increased burnout.

Implications for practice

Given the benefits of caseload for women and their infants, and the benefits for midwives found in this study, policy-makers and health care providers should focus on how the caseload model can be expanded to provide increased access for both women and midwives. (Author)

20180327-18*

Personal, professional and workplace factors that contribute to burnout in Australian midwives. Fenwick J, Lubomski A, Creedy DK, et al (2018), Journal of Advanced Nursing vol 74, no 4, April 2018, pp 852-863

Aim

This study aimed to identify personal, professional and workplace factors that contribute to burnout in midwives.

Background

Burnout is prevalent in the midwifery workforce. Burnout adversely affects the well-being of midwives, diminishes the quality of care they provide and can shorten career duration.

Design

Self-administered online survey. The survey included the Copenhagen Burnout Inventory and personal and professional variables related to age, children, years of experience, role, model of care and satisfaction with work life. Midwives were invited to participate via an email sent from the Australian College of Midwives and through professional networks between June and July 2014. Variables associated with burnout were entered in a multinomial logistic regression.

Results

A total of 1,037 responses were received and 990 analysed. The prevalence of moderate to severe personal (N = 643; 64.9%) and work-related burnout (N = 428; 43.8%) were high. Having children, providing caseload midwifery care and working in a regional area were associated with low burnout. However, midwives registered for 5-10 years were more likely to report work and client-related burnout. Similarly, midwives reporting a lack of satisfaction with work-life balance were also more likely to report personal and work-related burnout.

Conclusions

Family-friendly work environments that facilitate work-life balance can help to reduce the personal and organizational costs of burnout. Similarly, providing continuity of midwifery care in a caseload model can facilitate work-life balance and provide significant mental health benefits to participating midwives. (Author)

20180315-5*

Evaluation of the RCM's Caring for You Campaign. Findings of the RCM's survey of the health, safety and wellbeing of

midwives and maternity support workers. Royal College of Midwives (2017), London: RCM December 2017. 27 pages

The Royal College of Midwives (RCM) launched the Caring for You Campaign in May 2016 with the aim of improving its members' health, safety and well-being at work, in order to enable them to provide high quality maternity care for women and their families. This report presents the results of a follow-up study of midwives, maternity support workers and students, to ascertain their views about the campaign, and what changes had occurred in their working lives and practices. Compares the results with those of the 2016 survey and gives information on the next steps of the Caring for You campaign. (JSM)

20180314-42*

The Five Attributes of a Supportive Midwifery Practice Climate: A Review of the Literature. Thumm EB, Flynn L (2018), Journal of Midwifery & Women's Health vol 63, no 1, January/February 2018, pp 90-103

Introduction

A supportive work climate is associated with decreased burnout and attrition, and increased job satisfaction and employee health. A review of the literature was conducted in order to determine the unique attributes of a supportive practice climate for midwives.

Methods

The midwifery literature was reviewed and synthesized using concept analysis technique guided by literature from related professions. The search was conducted primarily in PubMed, CINAHL, Web of Science, and Google Scholar. Articles were included if they were conducted between 2006 and 2016 and addressed perceptions of the midwifery practice climate as it related to patient, provider, and organizational outcomes.

Results

The literature identified 5 attributes consistent with a supportive midwifery practice climate: effective leadership, adequate resources, collaboration, control of one's work, and support of the midwifery model of care. Effective leadership styles include situational and transformational, and 9 traits of effective leaders are specified. Resources consist of time, personnel, supplies, and equipment. Collaboration encompasses relationships with all members of the health care team, including midwives inside and outside of one's practice. Additionally, the patients are considered collaborating members of the team. Characteristics of effective collaboration include a shared vision, role clarity, and respectful communication. Support for the midwifery model of care includes value congruence, developing relationships with women, and providing high-quality care.

Discussion

The attributes of a supportive midwifery practice climate are generally consistent with theoretical models of supportive practice climates of advanced practice nurses and physicians, with the exception of a more inclusive definition of collaboration and support of the midwifery model of care. The proposed Midwifery Practice Climate Model can guide instrument development, determining relationships between the attributes of the practice climate and outcomes, and creating interventions to improve the practice climate, workforce stability, and patient outcomes. (49 references) (Author)

20180220-56*

ACOG Committee Opinion No. 730 Summary: Fatigue and Patient Safety. The American College of Obstetricians and Gynecologists (2018), Obstetrics & Gynecology vol 131, no 2, February 2018, pp 412-413

ABSTRACT: Fatigue and sleep deprivation may affect a health care provider's skills and communication style, and also may affect clinical outcomes. The National Sleep Foundation recommends 7-9 hours of sleep per night for an adult. However, there are no current guidelines limiting the volume of deliveries and procedures performed by a single individual or on the length of time he or she may be on call. Medical literature has shown that even a single night of missed sleep measurably affects cognitive performance. When adults do not sleep at least 5 hours per night, language and numeric skills, retention of information, short-term memory, and concentration all decrease on standardized testing. Speed of performance may be affected more than accuracy. Sleep deprivation may affect mood to a greater degree than it affects cognitive or motor performance, and, thus, may have a significant effect on a physician's ability to communicate effectively. To help mitigate resident fatigue, programs must train all faculty members and residents to recognize the signs of fatigue and sleep deprivation. The medical directors of outpatient units and chairs of hospital departments of obstetrics and gynecology may consider developing call schedules and associated policies that balance the need for continuity of care and the health care providers' need for rest. Designing standardized procedures also may protect against fatigue-related errors. Physicians at all stages in their careers need to be conscious of the demands placed on them professionally and personally and should balance those demands with rest to avoid excessive fatigue or overcommitment. (Author)

20180208-49*

Professional Quality of Life and Associated Factors Among Ugandan Midwives Working in Mubende and Mityana Rural Districts.

Muliira RS, Ssendikadiwa VB, et al (2016), Maternal and Child Health Journal vol 20, no 3, March 2016, pp 567-576

Objective To explore the professional quality of life and associated factors among Ugandan midwives working in Mubende and Mityana rural district to recommend interventions to improve professional well-being and outcomes of midwifery care. **Background** Professional quality of life of midwives working in rural areas may be influenced by several personal and work setting factors of care professionals often impacting the quality and outcomes of patient care. **Methods** A cross-sectional study design was used to collect data from 224 midwives working in two rural districts of Uganda. **Findings** The majority of participants were female (80 %), with an associate degree in midwifery (92 %). The mean age and years of experience were 34 ± 6.3 and 4 ± 2.1 years, respectively. The mean scores on the professional quality of life scale showed average compassionate satisfaction (19 ± 4.88), burnout (36.9 ± 6.22) and secondary traumatic stress (22.9 ± 6.69). The midwives' compassion satisfaction was related to psychological well-being ($p < 0.01$) and job satisfaction ($p < 0.01$). Conversely, their burnout levels and secondary traumatic stress were associated with education level ($p < 0.01$), marital status ($p < 0.01$), involvement in non-midwifery health care activities ($p < 0.01$), and physical well-being ($p < 0.01$). **Conclusion and Implication** to practice Midwives working in rural areas of resourcepoor countries have moderate professional quality of life and tend to experience moderate to high levels of burnout, secondary traumatic stress and compassion satisfaction in their professional work. Therefore, employers need to provide deliberate work based services such as counselling, debriefing, training and social support to enhance midwives professional quality of life and quality of midwifery care and practice. (35 references) (Author)

20180130-113

What factors influence professional burnout in midwives?. Welford C (2018), MIDIRS Midwifery Digest vol 28, no 1, March 2018, pp 35-40

Background: The midwifery profession has been under pressure for many years with the rising birthrate, lack of funding in the National Health Service (NHS) and the complex needs of women and their families giving birth in the 21st century. There are not enough midwives to care for them and now a third of the workforce are nearing retirement, taking with them valuable skills. Added to that are the high demands of the job where staff are taking time off work and/or leaving the profession due to work-related stress and professional burnout. Burnout is defined as emotional exhaustion, which can lead to low morale, depression and Depersonalisation of clients (McCormack & Cotter 2013). Reductions in staffing mean colleagues have to take on the extra workload, dictating the quality of care women receive and how midwives are supported in their role. This is a dangerous situation, which must be addressed to ensure that women and their families experience a safe and positive birth.

Methods: Four pieces of primary research using the Copenhagen Burnout Inventory (CBI) were reviewed to understand what factors influence professional burnout in midwives.

Findings: Midwives who are under 40 years of age and have less than ten years' experience are experiencing high levels of professional burnout especially when working full-time hours in hospital clinics. Additionally women who are single and not co-habiting also score high for burnout. Conversely midwives working caseloads with responsibility for their workload and shift patterns score significantly less than midwives who work full-time in a standard care model. Working on call also does not contribute to stress where midwives have a flexible contract.

Conclusion: Newly qualified midwives (NQMs) should receive a comprehensive preceptorship throughout their transition from novice to expert with extra support during the first ten years. Additionally the number of hours a NQM is contracted for should be considered especially when working in hospital clinics. As recommended by numerous reports and highlighted in this review, government funding and health policies must support NHS trusts to implement caseload midwifery with flexible contracts where possible. Continuity of carer will reduce professional burnout in midwives and ensure safe staffing levels are consistent throughout maternity services. (33 references) (Author)

20180103-46

My story: post-traumatic stress disorder. Marling M (2018), The Practising Midwife vol 21, no 1, January 2018, pp 29-31

My story of post-traumatic stress triggered after a difficult day on placement, the subsequent difficulty of accessing the right help and diagnosis and, finally, the profound impact of the continuity of support received as a student from a team of caseload midwives; how love, support and encouragement from likeminded midwives aided my healing and made me the midwife I am today. (Author)

20171207-97*

The Rise of Burnout: An emerging challenge facing Nurses and Midwives. Fedele R (2017), Australian Nursing and Midwifery Journal vol 25, no 5, November 2017, pp 18-23

Stress. Physical and emotional exhaustion. Irritability. Loss of motivation. Reduced productivity. Detachment. Skipping work. Using food, drugs or alcohol to cope. Burnout is a debilitating condition which research shows is increasingly affecting nurses and midwives. Robert Fedele investigates the rise of burnout and need for key stakeholders charged with managing the workforce and sector to recognise its importance and find solutions. (Author)

Full URL: https://issuu.com/australiannursingfederation/docs/anmj_november_issuu/20

20171024-70

Fatigue and training of obstetrics and gynaecology trainees in Australia and New Zealand. Tucker PE, Cohen PA, Bulsara MK, et al (2017), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 57, no 5, October 2017, pp 502-507

Background

Several studies have linked doctor fatigue with adverse patient events and an increase in risk to doctors' personal safety and wellbeing. The present study assesses the rostering structure of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) trainees and its association with trainees' reported fatigue levels, training opportunities and wellbeing, which were secondary outcomes of a larger study of trainee working hours which has been separately reported.

Methods

An anonymous, online survey of RANZCOG trainees was conducted. Demographic data collected included: age, gender, level of training and current rotation. Data were also collected on hours worked per week, long shifts (>12 h), self-reported fatigue levels, and opinions regarding current rostering and training.

Results

A majority (72.9%) of respondents regularly felt fatigued, with higher fatigue levels being associated with more hours worked per week ($P = <0.001$) and working long shifts (>12 h) ($P = 0.007$). Fatigue was associated with an increased risk of dozing while driving ($P = 0.028$), with 56.1% of respondents reporting that this occurs. Trainees appeared to be less confident in achieving their technical skill requirements, with increasing hours not increasing confidence in achieving these skills ($P = 0.594$). Trainees who worked under 50 h per week were less likely to report fatigue ($P = <0.001$) and more likely to report greater work enjoyment ($P = 0.043$), and working hours being conducive to learning ($P = 0.015$).

Conclusion

Fatigue was frequently reported by RANZCOG trainees with increased working hours and long shifts being significant factors in fatigue levels. Strategies should be developed and trialled to enable trainees to obtain adequate case exposure and teaching without compromising patient and doctor safety.

(29 references) (Author)

20171017-34*

Throw Out a Lifeline, Someone Is Drifting Away: It Takes a Village to Combat Burnout. Smith RP (2017), Obstetrics & Gynecology vol 130, no 4, October 2017, pp 862-864

The increasing prevalence of professional burnout threatens not only the individual but the community of caregivers and, therefore, our patients. There is a growing body of individual actions that can be taken to reduce or reverse the effect of burnout. However, no amount of individual resolve will be sufficient if we do not create a climate conducive to mutual assistance and support. (14 references) (Author)

Full URL: http://journals.lww.com/greenjournal/Fulltext/2017/10000/Throw_Out_a_Lifeline_Someone_Is_Drifting_Away_I.27.aspx

20170926-76*

Minimising compassion fatigue in obstetrics/gynaecology doctors: exploring an intervention for an occupational hazard. Allen R, Watt F, Jansen B, et al (2017), Australasian Psychiatry vol 25, no 4, 2017, pp 403-406

AIM:

To explore the indicators of occupational stress in a group of obstetrics and gynaecology doctors and to investigate the impact of work-focused discussion groups over a 6 month period.

METHODS:

The ProQOL questionnaire was used to measure the efficacy of monthly psychiatrist-led Balint style discussion groups on minimising Compassion Fatigue (consisting of Secondary Traumatic Stress and Burnout). The 25 doctors were given

the given the ProQOL questionnaire to complete: (a) at the initiation of the intervention in July 2015, (b) in October 2015, and (c) in December 2015.

RESULTS:

Significantly decreased levels of Secondary Traumatic Stress ($p=0.008$), Burnout ($p=0.010$), as well as significantly increased rates of Compassion Satisfaction ($p=0.035$) were recorded. Participants requested that the groups be continued.

CONCLUSIONS:

Psychiatrist-led work focused discussion groups were associated with improved rates of Secondary Traumatic Stress, Burnout, and Compassion Satisfaction in this sample group.

20170921-70

Midwifery and the black dog. Hill E (2017), Australian Midwifery News vol 17, no 3, Spring 2017, pp 45-46

A midwife comments on depression, framed by her own experiences of family members suffering. Reflects on the role of the midwife in sensitively screening for depression in clients and helping them to get the help they need. Also comments on the risk for midwives of suffering from depression themselves, as they are exposed to high levels of stress, and emphasises the need for self-care. (9 references) (KRB)

20170914-16

A balancing act. Royal College of Midwives (2017), Midwives vol 20, Autumn 2017, pp 61-62

The working patterns of midwives and MSWs can make healthy living tricky, but your wellbeing is paramount when working at the forefront of care. Here's how to stay well... (Author)

20170914-1

Has it come to this?. Anon (2017), Midwives vol 20, Autumn 2017, pp 12-13

When a photo of blood-stained trousers goes viral - because a midwife doesn't have time to change her sanitary towel at work - questions on the state of midwifery need to be raised. (Author)

20170804-16*

Mindfulness. O'Reilly-Foley G (2017), Nursing Standard vol 31, no 42, 14 June 2017, p 64-65

What was the nature of the CPD activity, practice-related feedback and/or event and/or experience in your practice? The article discussed how mindfulness and self-compassion can enhance compassionate care. At a time when the NHS is under increased pressure and media scrutiny, it was useful to read about strategies that support nurses to manage this pressure and maintain high standards of care. (Author)

20170630-8

Wellbeing and resilience: 3.The mindful midwife. Knapp R (2017), The Practising Midwife vol 20, no 7, July/August 2017, pp 30-32

Midwifery is one of the most emotional and emotive of all the healthcare professions. In order to 'be with woman', we give a part of ourselves to every woman that we care for. Such reciprocity is essential to create a relationship that will maximise a woman's birth experience (Hunter 2006). This relationship is considered to be one of the key elements in job satisfaction, but comes at an emotional cost. Mindfulness fosters a sense of wellbeing and can contribute to reduced anxiety, stress and depression. (10 references) (Author)

20170628-82*

Reducing midwife stress 'key' to improving birth safety. Stephenson J (2017), Nursing Times 21 June 2017

Measures to counter 'human factors', such as stress and fatigue among maternity staff, are key to reducing baby deaths and brain injuries during childbirth, according to a detailed new analysis. Its authors emphasised the potential impact of 'human factors' on care, and the fact that 'decision-making is more difficult when staff feel stressed and/or tired'. (Author, edited)

20170605-9*

'Mental health day' sickness absence amongst nurses and midwives: workplace, workforce, psychosocial and health

characteristics. Lamont S, Brunero S, Perry I, et al (2017), Journal of Advanced Nursing vol 73, no 5, May 2017, pp 1172-1181

AIM:

To examine the workforce, workplace, psychosocial and health characteristics of nurses and midwives in relation to their reported use of sickness absence described as 'mental health days'.

BACKGROUND:

The occupational stress associated with the nursing profession is increasingly recognized and nurse/midwifery absenteeism is a significant global problem. Taking a 'mental health day' as sickness absence is a common phenomenon in Australian health care. No previous studies have empirically explored the characteristics of nurses and midwives using such sickness absence.

DESIGN:

Online cross-sectional survey.

METHODS:

Survey comprising validated tools and questions on workplace and health characteristics was distributed to nurses and midwives in New South Wales, Australia, between May 2014 - February 2015.

Sample characteristics were reported using descriptive statistics. Factors independently predictive of 'mental health day' reportage were determined using logistic regression.

RESULTS:

Fifty-four percentage of the n = 5041 nurse and midwife respondents took 'mental health days'. Those affected were significantly more likely to be at younger ages, working shifts with less time sitting at work; to report workplace abuse and plans to leave; having been admitted to hospital in previous 12 months; to be current smokers; to report mental health problems, accomplishing less due to emotional problems and current psychotropic medication use.

CONCLUSION:

Specific characteristics of nurses and midwives who report taking 'mental health day' sickness absence offer healthcare administrators and managers opportunities for early identification and intervention with workplace measures and support frameworks to promote well-being, health promotion and safety.

© 2016 The Authors. Journal of Advanced Nursing Published by John Wiley & Sons Ltd. (Author)

20170602-37

A healthy workplace. Nutt C (2017), Midwives vol 20, Summer 2017, pp 77-78

One of the winners of this year's RCM Caring for You award, Claire Nutt, reveals the secrets of success behind North Bristol NHS Trust's unique service committed to staff wellbeing. (Author)

20170602-36

From zero to nine. Pauley T, Gallagher H (2017), Midwives vol 20, Summer 2017, pp 74-76

When Hinchingbrooke's clinical study participation soared to nine in one year, it was clear that research was definitely on the agenda. The change has been led by senior research midwife, Tara Pauley, and together with HoM Heather Gallagher, she explains why research is so important. (Author)

20170602-15

The big story: Midwives' wellbeing under scrutiny. Griffiths J (2017), Midwives vol 20, Summer 2017, pp 12-13

A study to explore the emotional wellbeing of midwives has been launched, as researchers attempt to build a picture of the workplace health of midwives in the UK and across the globe. (Author)

20170524-28

A different perspective. Forbes L (2017), Journal of Health Visiting vol 5, no 5, May 2017, p 258

Lisa Forbes reflects on the power of supervision in protecting health professionals from burn-out, providing opportunities to express emotional responses to situations and promoting mental health. (1 reference) (Author)

20170512-58

Midwifery sustainability: A workforce in crisis: has anything changed?. George T (2017), Australian Midwifery News vol 17, no 1, Autumn 2017, pp 24-26

Overview of the current issues in midwifery such as workload, increasing demands on individual midwives, skilled midwives leaving the profession and difficulties in the structure of healthcare systems and the impact on the

20170510-30*

Save my place! The impact of working environments on maternity care professionals. Blease M (2017), The Practising Midwife vol 20, no 5, May 2017, pp 25-26

Working environments ultimately shape and influence all that we do as maternity care professionals. The place in which we work becomes a large part of our lives, and the influences around us shape our professional ethos and practice. Limited research surrounds this 'hidden' aspect of maternity care, yet the phenomenon is real. For some, the work place represents a duty, a calling, an escape, a sanctuary; yet at times it can seem limiting, frustrating and a challenging place to be. It is important to consider how working environments for front-line practitioners affect working practices and experiences. To empower women, we ourselves must be empowered to create a positive working environment for ourselves and our colleagues. (5 references) (Author)

20170503-13

A systematic mixed-methods review of interventions, outcomes and experiences for midwives and student midwives in work-related psychological distress. Pezaro S, Clyne W, Fulton EA (2017), Midwifery vol 50, July 2017, pp 163-173

Background

within challenging work environments, midwives and student midwives can experience both organisational and occupational sources of work-related psychological distress. As the wellbeing of healthcare staff directly correlates with the quality of maternity care, this distress must be met with adequate support provision. As such, the identification and appraisal of interventions designed to support midwives and student midwives in work-related psychological distress will be important in the pursuit of excellence in maternity care.

Objectives

to identify interventions designed to support midwives and/or student midwives in work-related psychological distress, and explore any outcomes and experiences associated with their use.

Data sources; study eligibility criteria, participants, and interventions This systematic mixed-methods review examined 6 articles which identified interventions designed to support midwives and/or student midwives in work-related psychological distress, and reports both the outcomes and experiences associated with their use. All relevant papers published internationally from the year 2000 to 2016, which evaluated and identified targeted interventions were included.

Study appraisal and synthesis methods

the reporting of this review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. The quality of each study has been appraised using a scoring system designed for appraising mixed-methods research, and concomitantly appraising qualitative, quantitative and mixed-methods primary studies in mixed reviews. Bias has been assessed using an assessment of methodological rigor tool. Whilst taking a segregated systematic mixed-methods review approach, findings have been synthesised narratively.

Findings

this review identified mindfulness interventions, work-based resilience workshops partnered with a mentoring programme and the provision of clinical supervision, each reported to provide a variety of both personal and professional positive outcomes and experiences for midwives and/or student midwives. However, some midwives and/or student midwives reported less favourable experiences, and some were unable to participate in the interventions as provided for practical reasons.

Limitations

eligible studies were few, were not of high quality and were limited to international findings within first world countries. Additionally, two of the papers included related to the same intervention. Due to a paucity of studies, this review could not perform sensitivity analyses, subgroup analyses, meta-analysis or meta-regression.

Conclusions and implications of key findings

there is a lack of evidence based interventions available to support both midwives and student midwives in work-related psychological distress. Available studies reported positive outcomes and experiences for the majority of participants. However, future intervention studies will need to ensure that they are flexible enough for midwives and student midwives to engage with. Future intervention research has the opportunity to progress towards more rigorous studies, particularly ones which include midwives and student midwives as solitary population samples. (52 references) (Author)

20170428-6*

RCM caring for you campaign. Survey results about the health, safety and wellbeing of midwives working in

education. April 2017. Royal College of Midwives (2017), London: RCM April 2017. 11 pages

Presents the results of a survey conducted among midwifery lecturers in over 60 UK universities, as part of the Royal College of Midwives 'Caring for You' campaign. The survey revealed some worrying findings about the health, safety and well-being of midwives working in education, with many respondents reporting that they are facing increasing workloads, particularly around paperwork and administration, and are endeavouring to publish research and gain extra qualifications in too short a time frame. On a positive note, the survey found that midwives in education displayed a passion and enthusiasm for their work, with the majority of study participants enjoying a high level of camaraderie and support from their colleagues. (JSM)

Full URL: <https://www.rcm.org.uk/media/2956/caring-for-you-survey-results-midwives-working-in-education.pdf>

20170323-8

NHS on verge of midwife 'exodus', predicts survey. Ford S (2016), Nursing Times 20 October 2016

Excessive workloads and poor staffing levels are leading an ever increasing number of midwives to leave the health service, according to a new report from a union. (Author)

20170322-116

We are still not listened to. Astrup J (2017), Midwives vol 20, Spring 2017, p 48-53

Midwives from around the world call for desperately needed change. Juliette Astrup takes a look at their experiences. (Author)

20170322-115

It wasn't a panic attack. Pemberton B (2017), Midwives vol 20, Spring 2017, p 29

Mysterious symptoms began to develop during late pregnancy into a near-fatal condition for Bronnach Pemberton. She explains what happened. (Author)

20170321-21

Exposure to traumatic events at work, posttraumatic symptoms and professional quality of life among midwives.

Cohen R, Leykin D, Golan-Hadari D, et al (2017), Midwifery vol 50, July 2017, pp 1-8

Objective

In their line of duty, midwives are often exposed to traumatic births that may lead to symptoms of compassion fatigue (CF), which includes burnout (BO) and secondary traumatic stress (STS). Conversely, midwives derive pleasure and great satisfaction in seeing the positive effect they have on their clients. This experience is known as compassion satisfaction (CS). Together, CS and CF comprise the professional quality of life (ProQOL). The aim of this paper was to study midwives' professional quality of life and traumatic experiences. The highly stressful environment of midwives may also include primary exposure to traumatic experiences and therefore PTSD levels were also assessed.

Method

The participants (N = 93) were professional midwives from four medical centers in Israel. The participants answered self-report questionnaires that assessed their ProQOL and PTSD symptoms.

Findings

Results indicated relatively high levels of CS which may mitigate, at least to some degree, the negative aspects of CF. PTSD levels significantly and positively correlated with STS and BO. Sixteen percent presented with PTSD symptoms of clinical significance. Also, seniority was significantly and positively correlated with BO and PTSD symptoms.

Conclusions

High ProQOL was found amongst the participants, with more than 74% scoring on the high range of CS. Nevertheless, we recommend further research and implementing strategies to maintain or further enhance CS and decrease CF levels. Finally, a more comprehensive understanding of the development of PTSD amongst midwives is vital in order to minimize its occurrence in the future. (74 references) (Author)

20170321-2*

The gathering storm: England's midwifery workforce challenges. Royal College of Midwives (2017), London: RCM March 2017. 20 pages

The demands bearing down on midwifery are growing. Births in England are on the up, and 100,000 higher in 2015 than they were in 2001. Complexity is up too, with the women using maternity care typically older than previously and

around a fifth are now obese. These factors are made worse by some of the challenges facing the midwifery profession. Around 3,500 full-time midwives short, the pressure created by the lack of staff actually forces even more staff to leave because of the intolerable pressure caused by the shortage. The profession is ageing rapidly, with over 1,000 NHS midwives in England now in their sixties; one in three is now over the age of 50. Student numbers are dipping just as full tuition fees are introduced and bursaries are abolished. Early signs point to a drop of almost a quarter in applications for nursing and midwifery courses at our universities. This report aims to facilitate a better understanding of the factors that are influencing the demands on maternity services and the supply of midwives and MSWs, and to advocate for a set of practical solutions to address these challenges. (Author, edited)

Full URL: <https://www.rcm.org.uk/media/2374/the-gathering-storm-england-s-midwifery-workforce-challenges.pdf>

20170321-11*

Self-reported exposure to severe events on the labour ward among Swedish midwives and obstetricians: A

cross-sectional retrospective study. Wahlberg A, Sachs MA, Johannesson KB, et al (2017), International Journal of Nursing Studies vol 65, January 2017, pp 8-16

Background

The process of delivery entails potentially traumatic events in which the mother or child becomes injured or dies. Midwives and obstetricians are sometimes responsible for these events and can be negatively affected by them as well as by the resulting investigation or complaints procedure (clinical negligence).

Objective

To assess the self-reported exposure rate of severe events among midwives and obstetricians on the delivery ward and the cumulative risk by professional years and subsequent investigations and complaints.

Design

Cross-sectional survey.

Participants

Members of the Swedish Association of Midwives (SFB) and the Swedish Society of Obstetrics and Gynaecology (SFOG).

Methods

A questionnaire covering demographic characteristics, experiences of self-reported severe events on the delivery ward, and complaints of medical negligence was developed. Potential consequences of the complaint was not reported. A severe event was defined as: 1) the death of an infant due to delivery-related causes during childbirth or while on the neonatal ward; 2) an infant being severely asphyxiated or injured at delivery; 3) maternal death; 4) very severe or life threatening maternal morbidity; or 5) other stressful events during delivery, such as exposure to violence or aggression.

Results

The response rate was 39.9% (n = 1459) for midwives and 47.1% (n = 706) for obstetricians. Eighty-four percent of the obstetricians and almost 71% of responding midwives had experienced one or more self-reported severe obstetric event with detrimental consequences for the woman or the new-born. Fourteen percent of the midwives and 22.4% of the obstetricians had faced complaints of medical negligence from the patient or the family of the patient.

Conclusions

A considerable proportion of midwives and obstetricians will, in the course of their working life, experience severe obstetric events in which the mother or the new-born is injured or dies. Preparedness for such exposure should be part of the training, as should managerial and peer support for those in need. This could prevent serious consequences for the health care professionals involved and their subsequent careers. (48 references) (Author)

Full URL: [http://www.journalofnursingstudies.com/article/S0020-7489\(16\)30199-7/fulltext](http://www.journalofnursingstudies.com/article/S0020-7489(16)30199-7/fulltext)

20170309-22*

Exploring salutogenesis as a concept of health and wellbeing in nurses who thrive professionally. Stock E (2017), British Journal of Nursing vol 26, no 4, February 2017, pp 238-241

AIM:

To determine whether salutogenesis, a concept of health and wellbeing, can be identified in nurses who self-describe as thriving professionally.

BACKGROUND:

Nurse burnout can potentially impact clinical performance, patient safety, and increase the turnover of nurses, which all contribute to additional healthcare costs. The ability to not only avoid burnout, but to thrive in stressful environments is an important factor worth exploring. The salutogenic concept is related to this.

METHOD:

This was a mixed-method, exploratory, descriptive study involving 12 volunteer nurses.

RESULTS:

Qualitative data analysis revealed the following main themes: 'other people', 'passion', 'coping mechanisms', 'personal characteristics' and 'time'. Quantitative data revealed the average sense of coherence (SOC) score, which measures a person's perceived health, was 73.58 out of a possible 91 points. Ranking of scores revealed the four highest scoring means all correlated to the meaningfulness category of the SOC questionnaire.

CONCLUSION:

Salutogenesis could be considered a quality in nurses who thrive, but further research is needed. (Author)

20170308-11*

Responses to birth trauma and prevalence of posttraumatic stress among Australian midwives. Leinweber J, Creedy DK, Rowe H, et al (2017), *Women and Birth: Journal of the Australian College of Midwives* vol 30, no 1, February 2017, pp 40-45

Background

Midwives frequently witness traumatic birth events. Little is known about responses to birth trauma and prevalence of posttraumatic stress among Australian midwives.

Aim

To assess exposure to different types of birth trauma, peritraumatic reactions and prevalence of posttraumatic stress.

Methods

Members of the Australian College of Midwives completed an online survey. A standardised measure assessed posttraumatic stress symptoms.

Findings

More than two-thirds of midwives (67.2%) reported having witnessed a traumatic birth event that included interpersonal care-related trauma features. Midwives recalled strong emotions during or shortly after witnessing the traumatic birth event, such as feelings of horror (74.8%) and guilt (65.3%) about what happened to the woman. Midwives who witnessed birth trauma that included care-related features were significantly more likely to recall peritraumatic distress including feelings of horror (OR = 3.89, 95% CI [2.71, 5.59]) and guilt (OR = 1.90, 95% CI [1.36, 2.65]) than midwives who witnessed non-interpersonal birth trauma. 17% of midwives met criteria for probable posttraumatic stress disorder (95% CI [14.2, 20.0]). Witnessing abusive care was associated with more severe posttraumatic stress than other types of trauma.

Discussion

Witnessing care-related birth trauma was common. Midwives experience strong emotional reactions in response to witnessing birth trauma, in particular, care-related birth trauma. Almost one-fifth of midwives met criteria for probable posttraumatic stress disorder.

Conclusion

Midwives carry a high psychological burden related to witnessing birth trauma. Posttraumatic stress should be acknowledged as an occupational stress for midwives. The incidence of traumatic birth events experienced by women and witnessed by midwives needs to be reduced. (46 references) (Author)

Full URL: <http://www.sciencedirect.com/science/article/pii/S187151921630066X>

20170209-92#

The cost of caring: midwifery and traumatic stress. Gruenberg BU (2016), *Midwifery Today* no 120, Winter 2016, pp 40-42

Examines the psychological effects that abnormal perinatal events can have on a midwife and discusses the interventions that can help midwives to deal with this stress. (MB)

20170201-15*

Is caseload midwifery a healthy work-form? - A survey of burnout among midwives in Denmark. Jepsen I, Juul S, Foureur M, et al (2017), *Sexual & Reproductive Healthcare* vol 11, March 2017, pp 102-106

Examines whether the caseload model of midwifery is better for Danish midwives' health and well-being. (MB)

20170127-8*

Role stress among auxiliary nurses midwives in Gujarat, India. Purohit B, Vasava P (2017), *BMC Health Services Research* vol 17, no 69, 23 January 2017

Background

Understanding Role Stress is important as health service providers, especially nurses experience high levels of Role Stress which is linked to burnout, poor quality of care and high turnover. The current study explicates the concept of

Role Stress and assesses the Role Stress experienced by the Auxiliary Nurse Midwives (ANMs) working with rural government health centres from Gujarat, India.

Methods

The study included 84 ANMs working with government health centres from one district in India. A structured instrument with established reliability and validity was used to measure 10 dimensions of Role Stress namely: Inter-role distance, role stagnation, role expectation conflict, role erosion: role overload, role isolation, personal inadequacy, self-role distance, role ambiguity and resource inadequacy. The study instrument was based on 5 point Likert rating scale that contained 50 unidirectional negative statements, 5 for each dimension. Kolmogorov-Smirnov and Shapiro-Wilk test were carried out to assess if the data were normally distributed. Cronbach's alpha test was carried out to assess reliability of the instrument. The study data was analyzed using descriptive statistics mainly using mean scores with higher scores indicating higher Role Stress and vice versa. The data was analyzed using SPSS version 19.

Results

Kolmogorov-Smirnov and Shapiro-Wilk test indicated that the data were normally distributed. Cronbach's alpha test indicated values of 0.852 suggesting high reliability of the tool. The highest Role Stress among ANMs was experienced for resource inadequacy. Role overload, role stagnation and inter-role distance were among the other important role stressors for ANMs. The study results suggests that ANMs frequently feel that: they do not have adequate amount of resources, facilities and financial support from the high levels authorities; people have too many expectations from their roles and as result they are overloaded with work and have very limited opportunities for future growth.

Conclusion

The current study has the potential to provide a useful and a comprehensive framework to understand the Role Stress among the health service providers that could be further useful in designing interventions specifically aimed at reducing Role Stress in order to prevent burnout thereby addressing the productivity and retention. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2033-6>

20170126-35*

Emotional Labour and Wellbeing: What Protects Nurses?. Kinman G, Leggetter S (2016), Healthcare vol 4, no 4, December 2016, p89

Although compassionate care has wide-ranging benefits for patients, it can be emotionally demanding for healthcare staff. This may be a particular problem for those with little experience in a caring role. This study utilises the job demands-resources model to examine links between 'emotional labour' and emotional exhaustion in student nurses. In line with the triple-match principle-whereby interactive effects are more likely when job demands, resources, and outcomes are within the same qualitative domain-the protective role of emotional support and emotion-focused coping (i.e., emotional venting) in the relationship between emotional labour and exhaustion is also explored. An online questionnaire was completed by 351 student nurses with experience working in healthcare settings. A strong positive relationship was found between emotional labour and emotional exhaustion, and some support was found for the moderating effects of emotional support and emotion-focused coping. Ways to help student and qualified nurses develop the emotional resilience required to protect their wellbeing, while providing high-quality compassionate care to patients are considered (Author).

Full URL: <http://www.mdpi.com/2227-9032/4/4/89/htm>

20170111-69*

Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey. Creedy DK, Sidebotham M, Gamble J, et al (2017), BMC Pregnancy and Childbirth vol 17, no 13, 9 January 2017

Background

The health and wellbeing of midwives are important considerations for workforce retention and quality care. The occurrence and relationships among mental health conditions such as burnout and depression have received little attention. We investigated the prevalence of burnout, depression, anxiety and stress in Australian midwives.

Methods

An online survey was conducted in September 2014. Participants were recruited through the Australian College of Midwives and professional networks. The survey sought personal and professional details. Standard measures included the Copenhagen Burnout Inventory (CBI) (Personal, Work and Client subscales), and Depression, Anxiety, and Stress Scale (DASS). The sample was collapsed into two groups according to DASS clinical cut-offs (normal/mild versus moderate/severe/extreme). Effect size statistics were calculated and judged according to Cohen's guidelines.

Results

One thousand thirty-seven surveys were received. Respondents were predominantly female (98%), with an average age of 46.43 years, and 16.51 years of practice. Using a CBI subscale cut-off score of 50 and above (moderate and higher), 64.9% (n = 643) reported personal burnout; 43.8% (n = 428) reported work-related burnout; and 10.4% (n = 102) reported client-related burnout. All burnout subscales were significantly correlated with depression, anxiety and stress, particularly personal and work-related burnout with Spearman's rho correlations ranging from .51 to .63 ($p < .001$). Around 20% of midwives reported moderate/ severe/ extreme levels of depression (17.3%); anxiety (20.4%), and stress (22.1%) symptoms. Mann-Whitney U tests revealed significant differences between groups with depression ($r = .43$), anxiety ($r = .41$) and stress ($r = .48$) having a medium size effect on burnout.

Conclusion

Prevalence of personal and work-related burnout in Australian midwives was high. The physical and psychological exhaustion associated with the different types of burnout were reflected in symptoms of depression, anxiety and stress symptoms. Further research is needed to support the personal well-being of midwives and minimize workplace burnout by developing short and long term strategies. (Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1212-5>

20161207-13

A socioecological model of posttraumatic stress among Australian midwives. Leinweber J, Creedy DK, Rowe H, et al (2017), Midwifery vol 45, February 2017, pp 7-13

Objective

To develop a comprehensive model of personal, trauma event-related and workplace-related risk factors for posttraumatic stress subsequent to witnessing birth trauma among Australian midwives.

Design

A descriptive, cross-sectional design was used.

Participants

Members of the Australian College of Midwives were invited to complete an online survey.

Measurements

The survey included items about witnessing a traumatic birth event and previous experiences of life trauma. Trauma symptoms were assessed with the Posttraumatic Stress Disorder Symptom Scale Self-Report measure. Empathy was assessed with the Interpersonal Reactivity Index. Decision authority and psychological demand in the workplace were measured with the Job Content Questionnaire. Variables that showed a significant univariate association with probable posttraumatic stress disorder were entered into a multivariate logistic regression model.

Findings

601 completed survey responses were analysed. The multivariable model was statistically significant and explained 27.7% (Nagelkerke R square) of the variance in posttraumatic stress symptoms and correctly classified 84.1% of cases. Odds ratios indicated that intention to leave the profession, a peritraumatic reaction of horror, peritraumatic feelings of guilt, and a personal traumatic birth experience were strongly associated with probable Posttraumatic Stress Disorder.

Conclusions

Risk factors for posttraumatic stress following professional exposure to traumatic birth events among midwives are complex and multi-factorial. Posttraumatic stress may contribute to attrition in midwifery. Trauma-informed care and practice may reduce the incidence of traumatic births and subsequent posttraumatic stress reactions in women and midwives providing care. (Author)

20161206-58

To the brink- and back. Goode D (2016), Midwives vol 19, Winter 2016, pp 46-47

A community midwife speaks out, in a bid to tackle the stigma and bring to light the potential impact of traumatic stress on those in the profession. (Author)

20161206-57

Facing the truth. Astrup J (2016), Midwives vol 19, Winter 2016, pp 38-44

The pressures on midwives are increasing ...working hours are longer, breaks are shorter or non-existent, birth rates are up and staff and numbers are down, so it's hardly surprising that more midwives are suffering from PTSD. Juliette

20161111-14

The case for developing an online intervention to support midwives in work-related psychological distress. Pezaro S (2016), British Journal of Midwifery vol 24, no 11, November 2016, pp 799-805

Background:

Midwives experience episodes of work-related psychological distress owing to the emotionally difficult and traumatic work environments they endure. There is a need to develop interventions to effectively support midwives, as the wellbeing of midwives can be directly correlated with the quality and safety of maternity care.

Aims:

This project aims to make the case for the development of an online support intervention, designed to effectively support midwives in distress.

Methods:

Literature reviews were conducted, and midwives and other subject experts were recruited to participate in a Delphi study via a research blog.

Findings:

Following literature reviews and a structured consultation with 66 participants, it was found that the development of an online intervention designed to support midwives with work-related psychological distress should prioritise confidentiality and anonymity, along with 24-hour mobile access and a range of other components.

Conclusions:

This research makes the case for the development of an online intervention designed to support midwives in work-related psychological distress. The author invites all midwives to support and follow ongoing research in this area via The Academic Midwife page on Facebook. (43 references) (Author)

20161111-10

Heightening levels of compassion towards self and others through use of compassionate mind training. Beaumont E, Martin C (2016), British Journal of Midwifery vol 24, no 11, November 2016, pp 777-786

Background:

A continued absence of strategies that promote self-care puts midwives at risk of experiencing symptoms of stress, empathic distress fatigue, burnout, and compassion fatigue, all of which can affect midwives' performance and the level of compassion they show to others.

Aims:

The objective of this paper is to outline a possible education strategy for student midwives that has the potential to affect the level of compassion that the individual can show both to him/herself and others in times of suffering.

Suggested approach:

Compassionate mind training (CMT) has been found to be beneficial in clinical populations with individuals who report symptoms of primary trauma, low levels of self-compassion, and who are self-critical. Student midwives bear witness to the traumas of others, so it is important to consider an intervention to help student midwives who may experience symptoms of secondary trauma, self-criticism, or low levels of self-compassion while in training.

Conclusion:

Incorporating CMT into undergraduate midwifery degree programmes may help student midwives become sensitive to their own suffering, and could potentially help them cope with emotional demands, placement anxieties and organisational pressures. (51 references) (Author)

20161014-3*

WHO and partners call for better working conditions for midwives. WHO, International Confederation of Midwives, White Ribbon Alliance (2016), Geneva: World Health Organization October 2016. 67 pages

A report on the findings of a global survey of midwifery personnel highlighting critical issues in the provision of midwifery care. (KM)

Full URL: <http://apps.who.int/iris/bitstream/10665/250376/1/9789241510547-eng.pdf?ua=1>

20161011-4*

Burnout among Norwegian midwives and the contribution of personal and work-related factors: A cross-sectional study. Henriksen L, Lukasse M (2016), Sexual & Reproductive Healthcare vol 9, October 2016, pp 42-47

Introduction

Burnout can be the result of long-term exposure to personal and/or work-related stressors and affect midwives performance of care.

Aim

To assess burnout levels among Norwegian midwives and identify personal and work-related factors associated with burnout.

Methods

A cross-sectional study. A total of 1500 Norwegian midwives were sent a questionnaire which included the Copenhagen Burnout Inventory (CBI) that measured personal, work- and client-related burnout. Of 1458 eligible midwives, 598 completed the CBI. Descriptive and comparative analyses were done in addition to logistic regression modelling.

Results

Approximately 20% reported personal or work-related burnout. Less than 5% reported client-related burnout.

Midwives with sick leave within the last three months reported higher levels of burnout. The prevalence of work-related burnout was higher among younger and single midwives. Working in outpatient care and experience of a recent reorganisation increased the likelihood of reporting personal and work-related burnout.

Conclusion

One in five midwives had high levels of personal and work-related burnout in this study and the different sub-groups of burnout were all associated with absence from work within the last three months. Work-related factors such as shift work and number of working hours did not seem to influence burnout in this population. (35 references) (Author)

20160927-15

Hearing screaming in my sleep. Spiby H (2016), Midwives vol 19, Autumn 2016, pp 12-13

This year Helen Spiby delivered the Zepherina Veitch Memorial Lecture and discussed her research into the impact of post-traumatic stress disorder on the midwifery workforce. (Author)

20160816-24*

You have no choice but to go on: how physicians and midwives in Ghana cope with high rates of perinatal death.

Petrites AD, Mullan P, Spangenberg K, et al (2016), Maternal and Child Health Journal vol 20, no 7, July 2016, pp 1448-1455

Objectives Healthcare providers in low-resource settings confront high rates of perinatal mortality. How providers cope with such challenges can affect their well-being and patient care; we therefore sought to understand how physicians and midwives make sense of and cope with these deaths. **Methods** We conducted semi-structured interviews with midwives, obstetrician-gynecologists, pediatricians and trainee physicians at a large teaching hospital in Kumasi, Ghana. Interviews focused on participants' coping strategies surrounding perinatal death. We identified themes from interview transcripts using qualitative content analysis. **Results** Thirty-six participants completed the study. Themes from the transcripts revealed a continuum of control/self-efficacy and engagement with the deaths. Providers demonstrated a commitment to push on with their work and provide the best care possible. In select cases, they described the transformative power of attitude and sought to be agents of change. **Conclusions** Physicians and midwives in a low-resource country in sub-Saharan Africa showed remarkable resiliency in coping with perinatal death. Still, future work should focus on training clinicians in coping and strengthening their self-efficacy and engagement. (21 references) (Author)

20160809-8*

Psychosocial health and wellbeing among obstetricians and midwives involved in traumatic childbirth. Schrøder K, Larsen PV, Jørgensen JS, et al (2016), Midwifery vol 41, October 2016, pp 45-53

Objective

This study investigates the self-reported psychosocial health and wellbeing of obstetricians and midwives in Denmark during the most recent four weeks as well as their recall of their health and wellbeing immediately following their exposure to a traumatic childbirth.

Material and methods

A 2012 national survey of all Danish obstetricians and midwives (n=2098). The response rate was 60% of which 85% (n=1027) stated that they had been involved in a traumatic childbirth. The psychosocial health and wellbeing of the participants was investigated using six scales from the Copenhagen Psychosocial Questionnaire (COPSOQII). Responses were assessed on six scales: burnout, sleep disorders, general stress, depressive symptoms, somatic stress and cognitive stress. Associations between COPSOQII scales and participant characteristics were analyzed using linear

regression.

Results

Midwives reported significantly higher scores than obstetricians, to a minor extent during the most recent four weeks and to a greater extent immediately following a traumatic childbirth scale, indicating higher levels of self-reported psychosocial health problems. Sub-group analyses showed that this difference might be gender related. Respondents who had left the labour ward partly or primarily because they felt that the responsibility was too great a burden to carry reported significantly higher scores on all scales in the aftermath of the traumatic birth than did the group who still worked on the labour ward. None of the scales were associated with age or seniority in the time after the traumatic birth indicating that both junior and senior staff may experience similar levels of psychosocial health and wellbeing in the aftermath.

Key conclusions and implications

This study shows an association between profession (midwife or obstetrician) and self-reported psychosocial health and wellbeing both within the most recent four weeks and immediately following a traumatic childbirth. The association may partly be explained by gender. This knowledge may lead to better awareness of the possibility of differences related to profession and gender when conducting debriefings and offering support to HCPs in the aftermath of traumatic childbirth. As many as 85% of the respondents in this national study stated that they had been involved in at least one traumatic childbirth, suggesting that the handling of the aftermath of these events is important when caring for the psychosocial health and wellbeing of obstetric and midwifery staff. (Author)

20160804-11

Maintaining compassion and preventing compassion fatigue: a practical guide. Baverstock AC, Finlay FO (2016), Archives of Disease in Childhood: Education & Practice Edition vol 101, no 4, August 2016, pp 170-174

Compassion is innate in us as human beings. Compassion can be defined as a deep awareness of the suffering of another individual, coupled with the wish to relieve it. It has been increasingly topical, recently, in situations where an apparent breathtaking absence of compassion has allowed great harm to come to patients. So, how do we sustain compassion and prevent this loss? Central to our ability to maintain compassion is how we look after ourselves and those in our teams. (14 references) (Author)

20160727-16

Resilience and stress management. Howell M (2016), MIDIRS Midwifery Digest vol 26, no 3, September 2016, pp 277-282

The issue of stress is constantly hitting the headlines - from the increase of stress in the workplace to research highlighting the impact that stress can have on a physical, emotional and psychological level. This article will explore the stress-related issues faced by midwives and strategies to help them increase their resilience and ability to cope with the ever increasing levels of adversity. (11 references) (Author)

20160712-20*

'Midwives Overboard!' Inside their hearts are breaking, their makeup may be flaking but their smile still stays on.

Pezaro S, Clyne W, Turner A, et al (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 3, June 2016, e59-e66

Problem

Midwifery practice is emotional and, at times, traumatic work. Cumulative exposure to this, in an unsupportive environment can result in the development of psychological and behavioural symptoms of distress.

Background

As there is a clear link between the wellbeing of staff and the quality of patient care, the issue of midwife wellbeing is gathering significant attention. Despite this, it can be rare to find a midwife who will publically admit to how much they are struggling. They soldier on, often in silence.

Aim

This paper aims to present a narrative review of the literature in relation to work-related psychological distress in midwifery populations. Opportunities for change are presented with the intention of generating further conversations within the academic and healthcare communities.

Methods

A narrative literature review was conducted.

Findings

Internationally, midwives experience various types of work-related psychological distress. These include both organisational and occupational sources of stress.

Discussion

Dysfunctional working cultures and inadequate support are not conducive to safe patient care or the sustained progressive development of the midwifery profession. New research, revised international strategies and new evidence based interventions of support are required to support midwives in psychological distress. This will in turn maximise patient, public and staff safety.

Conclusions

Ethically, midwives are entitled to a psychologically safe professional journey. This paper offers the principal conclusion that when maternity services invest in the mental health and wellbeing of midwives, they may reap the rewards of improved patient care, improved staff experience and safer maternity services. (144 references) (Author)

20160617-24

What are the characteristics of perinatal events perceived to be traumatic by midwives? Sheen K, Spiby H, Slade P (2016), Midwifery vol 40, September 2016, pp 55-61

Objective

There is potential for midwives to indirectly experience events whilst providing clinical care that fulfil criteria for trauma. This research aimed to investigate the characteristics of events perceived as traumatic by UK midwives.

Methods

As part of a postal questionnaire survey conducted between December 2011 and April 2012, midwives (n=421) who had witnessed and/or listened to an account of an event and perceived this as traumatic for themselves provided a written description of their experience. A traumatic perinatal event was defined as occurring during labour or shortly after birth where the midwife perceived the mother or her infant to be at risk, and they (the midwife) had experienced fear, helplessness or horror in response. Descriptions of events were analysed using thematic analysis. Witnessed (W; n= 299) and listened to (H; n= 383) events were analysed separately and collated to identify common and distinct themes across both types of exposure.

Findings

Six themes were identified, each with subthemes. Five themes were identified in both witnessed and listened to accounts and one was salient to witnessed accounts only. Themes indicated that events were characterised as severe, unexpected and complex. They involved aspects relating to the organisational context; typically limited or delayed access to resources or personnel. There were aspects relating to parents, such as having an existing relationship with the parents, and negative perceptions of the conduct of colleagues. Traumatic events had a common theme of generating feelings of responsibility and blame. Finally for witnessed events those that were perceived as traumatic sometimes held personal salience, so resonated in some way with the midwife's own life experience

Key conclusions

Midwives are exposed to events as part of their work that they may find traumatic. Understanding the characteristics of the events that may trigger this perception may facilitate prevention of any associated distress and inform the development of supportive interventions. (Author)

20160617-20

Sustainability and resilience in midwifery: a discussion paper. Crowther S, Hunter B, McAra-Couper J, et al (2016), Midwifery vol 40, September 2016, pp 40-48

Background

Midwifery workforce issues are of international concern. Sustainable midwifery practice, and how resilience is a required quality for midwives, have begun to be researched. How these concepts are helpful to midwifery continues to be debated. It is important that such debates are framed so they can be empowering for midwives. Care is required not to conceptually label matters concerning the midwifery workforce without judicious scrutiny and diligence.

Aim

The aim of this discussion paper is to explore the concepts of sustainability and resilience now being suggested in midwifery workforce literature. Whether sustainability and resilience are concepts useful in midwifery workforce development is questioned.

Method

Using published primary midwifery research from United Kingdom and New Zealand the concepts of sustainability and resilience are compared, contrasted and explored.

Findings

There are obvious differences in models of midwifery care in the United Kingdom and New Zealand. Despite these differences, the concepts of resilience and sustainability emerge as overlapping themes from the respective studies' findings. Comparison between studies provides evidence of what is crucial in sustaining healthy resilient midwifery

practice. Four common themes have been identified that traverse the different models of care; Self-determination, ability to self-care, cultivation of relationships both professionally and with women/families, and a passion, joy and love for midwifery.

Conclusions

The impact that midwifery models of care may have on sustainable practice and nurturing healthy resilient behaviors remains uncertain. The notion of resilience in midwifery as the panacea to resolve current concerns may need rethinking. Resilience may be interpreted as expecting midwives 'to toughen up' in a workplace setting that is socially, economically and culturally challenging. Sustainability calls for examination of the reciprocity between environments of working and the individual midwife. The findings invite further examination of contextual influences that affect the wellbeing of midwives across different models of care. (Author)

20160615-8*

Emotional labour and work engagement among nurses: examining perceived compassion, leadership and work ethic as stress buffers. Mauno S, Ruokolainen M, Kinnunen U, et al (2016), Journal of Advanced Nursing vol 72, no 5, May 2016, pp 1169-1181

Aim

The study examined whether three resources, that is, compassion, transformational leadership and work ethic feasibility, buffer against the negative effects of emotional labour on work engagement.

Background

Emotional labour is a common job stressor among nurses, but little is known about whether certain personal and work resources buffer against it in relation to work engagement. Revealing buffers of emotional labour would help organizations to design tailored interventions.

Design

Cross-sectional online survey conducted in 2014.

Methods

Participants were 3466 Finnish nurses. Hypotheses were tested via hierarchical moderated regression analyses.

Results

Higher emotional labour related to lower engagement. Two interaction effects were found. First, work ethic feasibility buffered against emotional labour: the nurses who perceived work ethic feasibility as high in a situation of high emotional labour, scored higher on engagement compared with those nurses who in this stress situation perceived work ethic feasibility to be low. Second, high compassion was detrimental to engagement in the presence of high emotional labour. Transformational leadership did not act as a buffer but showed a positive relationship with engagement.

Conclusion

Work ethic feasibility (being able to work according to high ethical standards) is an important resource in nursing as it protects an employee against the negative effects of emotional labour and as it also directly promotes engagement. However, compassion may not always be beneficial in nursing, especially if co-occurring with high job stress. Transformational leadership has potential to improve engagement in nursing although it may not operate as a stress buffer. (Author)

20160428-20*

Work-related stress. Royal College of Midwives (2016), London: Royal College of Midwives April 2016. 17 pages

One of a series of Royal College of Midwives (RCM) Equality and Diversity publications, which has been produced for RCM Workplace Reps and members. Provides information about the issue of work related stress including stress triggers and how health and well-being in the workplace can be improved. (KM) [The full publication is available from: <https://www.rcm.org.uk/equality-and-diversity>]

Full URL: <https://www.rcm.org.uk/media/5428/stress3.pdf>

20160330-42

Too busy to be nice. Huntoon H (2016), Association for Improvements in Maternity Services (AIMS) vol 28, no 1, 2016, p 17

A newly qualified midwife working in a busy consultant-led maternity unit shares her frustration at the lack of resources available, and the strain that she and her colleagues are working under. (CI)

20160330-36

Caring for future midwives. Davies S (2016), Association for Improvements in Maternity Services (AIMS) vol 28, no 1, 2016, pp 6-8

Highlights the demanding emotional work that midwifery entails and considers how student midwives can be best supported to discuss and make sense of distressing and traumatic events that are an inevitable aspect their practice. While building resilience in students and midwives is crucial, it will only go so far, and there is an urgent need for more midwives and improved working conditions. (32 references) (CI)

20160315-2

Mindfulness in maternity: evaluation of a course for midwives. Warriner S, Hunter L, Dymond M (2016), British Journal of Midwifery vol 24, no 3, March 2016, pp 188-195

Stress and burnout are endemic in the NHS and the midwifery profession, having a negative impact on the health and wellbeing of individual midwives and on retention and recruitment for the profession as a whole. Stress can also have a negative impact on the care of women as midwives seek to manage their stress levels by employing strategies such as task orientation. As part of a larger project to engage staff in personal and workplace wellbeing, the Oxford University Hospitals NHS Foundation Trust maternity services provided staff with the opportunity to learn the practice of mindfulness meditation. An 8-week course was made available with the intention of supporting staff to manage stress and anxiety, increase resilience and self-compassion, and improve the culture of the organisation as a whole. Evaluations carried out immediately post-course and after 4-6 months indicated a positive impact in both personal and organisational domains. (67 references) (Author)

20160311-29

Building resilience: the way forward. Barker K (2016), British Journal of Midwifery vol 24, no 3, March 2016, p 158

Discusses the effects that changes in health policy may have on the future of midwifery and the need for to midwives to increase their resilience in order to cope with stressful work environments, staff shortages, bullying and increasingly complex and demanding roles. (5 references) (MB)

20160303-10

Addressing psychological distress in midwives. Pezaro S (2016), Nursing Times vol 112, no 8, 24 February-1 March 2016, pp 22-23

Evidence shows midwives may experience psychological distress resulting from their work and working cultures. They may continue to work when they do not feel well enough, which is not conducive to providing high-quality maternity care. This article critically analyses 30 papers that show the occupational and organisational sources of stress highlighted by midwives in 14 countries. (21 references) (Author)

20160223-32

Adaptation and psychometric testing of the Practice Environment Scale for use with midwives. Pallant JF, Dixon L, Sidebotham M (2016), Women and Birth: Journal of the Australian College of Midwives vol 29, no 1, February 2016, pp 24-29

Background

The Practice Environment Scale (PES) has been used extensively to measure the quality of the practice environment of nurses working in a variety of work settings, and has been linked with quality of care, nurse wellbeing, job dissatisfaction and burnout. Although developed for nurses, many of the aspects addressed by the PES are also relevant to the midwifery profession, and may provide a tool to better understand midwives' decision to leave the profession.

Aim

To adapt the PES for use with midwives and to assess its psychometric properties.

Methods

An online survey containing the adapted version of the PES was distributed to a sample of hospital-employed New Zealand midwives (n = 600). Exploratory factor analysis was conducted to identify subscales which were compared for midwives who had, versus had not considered, leaving the midwifery profession.

Findings

Four subscales were identified, showing good internal consistency reliability (Quality of Management, Midwife-Doctor Relations, Resource Adequacy and Opportunities for Development). The lowest mean score was recorded for Resource Adequacy (M = 2.38). All subscales of the adapted 20-item PES:Midwives were significant predictors of the decision to leave the profession (p < .001) with odds ratios above 2.0. The strongest predictor was Quality of Management (OR = 2.6).

Conclusion

The PES:Midwives was successfully adapted for use with midwives and provides a psychometrically sound tool for research to identify factors associated with the wellbeing, job satisfaction and risk of attrition amongst hospital employed midwives. The PES:Midwives also provides a means of comparing the practice environment across different models of care and employing organizations. (30 references) (Author)

20151222-4

Burnout: lessons from the lived experience of case loading midwives. Young CM, Smythe L, Couper JM (2015), International Journal of Childbirth vol 5, no 3, 2015, pp 154-165

Workplace burnout is a worldwide phenomenon that is little understood within the New Zealand midwifery work force, yet on call, client focussed practice may carry a high potential for it. This qualitative study takes a phenomenological approach drawing primarily on the philosophy of Heidegger and Gadamer and considers burnout among New Zealand Lead Maternity Care (LMC) midwives. It asks the question 'What question can be learned?' Ethical approval was granted for this study which involved interviewing 12 participant LMC midwives who self-identified as having experienced professional burnout. Four of their partners were interviewed with the midwives permission to allow another perspective. Interviews were audio recorded and transcribed verbatim. Data was analyzed using a phenomenological approach set in context with associated literature. The experience of burnout for the participants in this study was one of extreme personal pain which some felt they may never recover from. Despite global recognition of the destructive phenomenon of burnout, participants consistently described not understanding what was happening to them. They felt judged as managing their practices poorly, the isolating feelings of shame prevented disclosing their escalating need for help. Understanding burnout enables case loading midwives to recognize that their working environment may place them at risk. (52 references) (Author)

20151117-71

Maintain your work-life balance. Oshikanlu R (2015), Journal of Health Visiting vol 3, no 9, September 2015, p 464

The population to whom we provide a health visiting service continues to grow and so do their needs; but if you are feeling stressed at work how can you regain balance? If you are not, how can you ensure that you continue to maintain balance? (13 references) (Author)

20151106-14

Unexpected consequences of midwifery in the NHS. Pollock J (2015), The Practising Midwife vol 18, no 10, November 2015, pp 34-37

This article presents information from the Caring for the carers conference held at George Eliot Hospital in July 2015. For many midwives, feelings of stress are an unexpected consequence of rising birth rates, low staffing levels and negative organisational cultures, so our aim was that delegates would take away skills for 'surviving' in maternity services. The conference was the catalyst to a project at George Eliot NHS Trust to improve the wellbeing of staff so that they can develop a positive outlook towards the care which they offer. As part of the project, a toolkit for survival was produced which helps to prompt maternity workers to remember their own wellbeing. This project is continuing to grow and the results will be available next year. (4 references) (Author)

20151020-31

Compassion fatigue among pediatric healthcare providers. Branch C, Klinkenberg D (2015), MCN - American Journal of Maternal/Child Nursing vol 40, no 3, May-June 2015, pp 160-166

BACKGROUND:

Compassion fatigue is a term used to describe the unique stressors affecting people in caregiving professions.

PURPOSE:

For nurses and other direct care providers, the impact of compassion fatigue may result in stress-related symptoms, job dissatisfaction, decreased productivity, decreased patient satisfaction scores, safety issues, and job turnover.

Those who care for seriously ill children and their families are at increased risk for compassion fatigue. Constant exposure to children who are suffering, in combination with work place stressors and personal issues, may contribute to the development of compassion fatigue.

METHODS:

The Professional Quality of Life Scale Version 5 was used to determine the risk for compassion fatigue among 296 direct care providers at St. Louis Children's Hospital.

RESULTS:

Compassion satisfaction, burnout, and secondary traumatic stress scores did not differ by age, work category, level of education, or work experience. There were, however, significant differences in scores as a function of nursing unit. Nurses who work in the pediatric intensive care unit reported lower compassion satisfaction scores, and higher burnout and secondary traumatic stress scores.

CLINICAL IMPLICATIONS:

Results demonstrated the risk for compassion fatigue and provided data necessary to support development of a compassion fatigue program for direct care providers. (30 references) (Author)

20150925-20

Fear among midwives. The Birth Project Group (2015), Midwives vol 18, Autumn 2015, pp 60-62

Qualitative findings from an online survey show the extent to which midwives are practising in fear. (Author)

20150513-15

'No man's land': An exploration of the traumatic experiences of student midwives in practice. Davies S, Coldridge L (2015), Midwifery vol 31, no 9, September 2015, pp 858-864

Background

The role of being 'with woman' during traumatic birth has been identified as having an emotional cost for midwives, but to date no research has explored traumatic experiences of student midwives.

Aim

To explore student midwives' perceptions of what was traumatic for them and how they were supported with such events.

Design

A qualitative descriptive approach, using semi structured interviews.

Setting

One university in the North West of England.

Participants

11 student midwives recruited by poster campaign.

Findings

Five main themes emerged from the analysis. Wearing your Blues depicted what participants described as the 'bleak' landscape of practice. No Man's Land was concerned with traumatic tensions in the student role. 'Get the Red Box!' and The Aftermath concerned traumatic events in practice and the impact of these on students. Learning to cope related to the way students coped with such incidents, as well as other stresses in the role.

Key conclusions

The student midwife inhabits a vulnerable position in the 'no man's land' of hospital practice. Her (1)

1. In this paper we refer to the student midwife as female, because all the participants were women.

strong identification with the woman renders her potentially more vulnerable in traumatic situations. The study revealed a paradigmatic clash between the manualised care of a busy obstetric unit and the individualised woman-led approach they were expecting.

Implications for practice

It seems important for the profession to recognise that distressing events are not always the obvious critical incidents in care, and that a culture of support and/or debriefing after adverse events may assist students to articulate their needs and develop resilience. Educators may need to appreciate that the student midwife role in an emergency may heighten her vulnerability.

This study also highlighted the potential alienation of students when placed in the maelstrom of a busy obstetric unit. The Birthplace study (Brocklehurst et al., 2011), NHS England's Five Year Forward View (NHS England, 2014) and NICE (2014) all recommend increasing the numbers of out-of-hospital births: it seems likely that such a reorganisation of care would improve the experiences of mothers and those who care for them during birth. As part of a 'design for compassionate care' (Crawford et al., 2014) it is important to foster spaces, processes and resources which are compassionate to practitioners and students. (44 references) (Author)

20150424-37

Older midwives 'struggle' with rigours of job. Anon (2015), Nursing Times vol 111, no 12, 18-24 March 2015, p 7

Very brief commentary stating that maternity services must be aware that some older midwives, while an extremely valuable resource may have difficulty coping with some demands of the profession, including late nights, long shifts and the physical and emotional strain of delivering babies at all times of the day and night. Suggests that these factors

should be taken into consideration when deploying older staff. (JSM)

20150416-35*

An on-the-job mindfulness-based intervention for pediatric ICU nurses: a pilot. Gauthier T, Meyer RM, Greife D, et al (2015), Journal of Pediatric Nursing vol 30, no 2, March-April 2015, pp 402-409

The feasibility of a 5-minute mindfulness meditation for PICU nurses before each work-shift to investigate change in nursing stress, burnout, self-compassion, mindfulness, and job satisfaction was explored. Thirty-eight nurses completed measures (Nursing Stress Scale, Maslach Burnout Inventory, Mindfulness Attention Awareness Scale and Self-Compassion Scale) at baseline, post-intervention and 1 month after. The intervention was found to be feasible for nurses on the PICU. A repeated measures ANOVA revealed significant decreases in stress from baseline to post intervention and maintained 1 month following the intervention. Findings may inform future interventions that support on-the-job self-care and stress-reduction within a critical care setting. (Author)

20150324-41

Midwives working time: propping up the system within the NHS. Kirkham M (2015), Midwifery Matters no 144, Spring 2015, pp 11-12

Discusses the time constraints and pressures many midwives experience while working within the NHS. (JSM)

20150123-63*

Exposure to traumatic perinatal experiences and posttraumatic stress symptoms in midwives: Prevalence and association with burnout. Sheen K, Spiby H, Slade P (2015), International Journal of Nursing Studies vol 52, no 2, 2015, pp 578-587

BACKGROUND:

Midwives provide care in a context where life threatening or stressful events can occur. Little is known about their experiences of traumatic events or the implications for psychological health of this workforce.

OBJECTIVES:

To investigate midwives' experiences of traumatic perinatal events encountered whilst providing care to women, and to consider potential implications.

DESIGN:

A national postal survey of UK midwives was conducted.

PARTICIPANTS:

421 midwives with experience of a perinatal event involving a perceived risk to the mother or baby which elicited feelings of fear, helplessness or horror (in the midwife) completed scales assessing posttraumatic stress symptoms, worldview beliefs and burnout.

RESULTS:

33% of midwives within this sample were experiencing symptoms commensurate with clinical posttraumatic stress disorder. Empathy and previous trauma exposure (personal and whilst providing care to women) were associated with more severe posttraumatic stress responses. However, predictive utility was limited, indicating a need to consider additional aspects increasing vulnerability. Symptoms of posttraumatic stress were associated with negative worldview beliefs and two domains of burnout.

CONCLUSIONS:

Midwives may experience aspects of their work as traumatic and, as a consequence, experience posttraumatic stress symptomatology at clinical levels. This holds important implications for both midwives' personal and professional wellbeing and the wellbeing of the workforce, in addition to other maternity professionals with similar roles and responsibilities. Organisational strategies are required to prepare midwives for such exposure, support midwives following traumatic perinatal events and provide effective intervention for those with significant symptoms. (Author)

20141203-7

Caring for ourselves. Wickham S (2014), The Practising Midwife vol 17, no 11, December 2014, pp 37-38

Despite the fact that they spend their days caring for others, midwives are not always good at taking care of themselves. But a lack of self-care can negatively impact upon midwives' own health and well being, on their ability to cope with the stresses and strains of life and work, and on the energy they have available to give to others, including childbearing women. This article briefly outlines why self-care is so important and shares ideas, suggestions and tips gathered from the experience of midwives and women. (1 references) (Author)

20141202-63

Burnt out and overwhelmed. Winters P (2014), The Practising Midwife vol 17, no 11, December 2014, p 5

Discusses reasons for an increase in burnout among midwives and argues that midwives need time to engage in professional development so that they are supported and can support safely the women in their care. (3 references)
(SB)

20141104-10

Optimal mother-baby care using holistic nursing practices. Arnold S, Streeter J (2014), International Journal of Childbirth Education vol 29, no 4, October 2014, pp 39-42

Stress is a major contributor to burnout in healthcare. Understanding stress and the benefits of self-care can empower healthcare professionals to combat negative effects and feelings of being overwhelmed. This article highlights an educational program developed for a large metropolitan hospital obstetrics department called The Mother Baby Center. Based on best practices identified through current research, this program was designed to introduce self-care for bedside nurses and integrative modalities for their patients in the acute care setting. Nurses were taught non-pharmacological techniques to reduce stress, nausea, anxiety, and pain with the intention of expanding the program to other childbirth professionals. (9 references) (Author)

20140902-27*

Needs of labor and delivery nurses caring for women undergoing pregnancy termination. Parker A, Swanson H, Frunchak V (2014), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 43, no 4, 1 July 2014, pp 478-487

OBJECTIVE:

To explore the psychosocial, educational, and administrative support needs of labor and delivery (L&D) nurses who care for women undergoing pregnancy termination.

DESIGN:

A qualitative, descriptive design.

SETTING:

This study was conducted on a L&D unit at a large, university-affiliated hospital in Quebec, Canada.

PARTICIPANTS:

A convenience sample of 10 L&D nurses participated in this study. Ages of participants ranged from 25 to 55 years, and experience on the unit ranged from 1 to 30 years.

METHODS:

One-time, face-to-face interviews were conducted with each participant. Audio-recorded interviews were transcribed verbatim and analyzed using inductive content analysis.

RESULTS:

Participants valued interpersonal support from nurse colleagues and guidance from experienced nurses in managing the emotional aspect of this care. They raised concerns about the effect of nursing workload and patient-to-nurse ratios on patient care. Nurses noted a desire for knowledge and skill-building through access to evidence-based literature, continuing education sessions, and workshops. They also expressed a need for more information regarding the genetic counseling process and community resources available to women undergoing pregnancy termination.

CONCLUSION:

Ensuring continuity of care through knowledge sharing related to genetic counseling and community resources creates the context for holistic patient care. Increased attention to the particular needs of L&D nurses providing care to women undergoing termination may enhance the quality and safety of care for this unique population. (28 references) (Author)

20140826-79*

Developing a process to support perinatal nurses after a critical event. Foreman S (2014), Nursing for Women's Health vol 18, no 1, 1 February 2014, pp 61-65

The work of perinatal nurses sometimes includes emergencies involving death, or near death, which can leave health care providers with feelings of stress and grief. After experiencing a particularly stressful period, nurses at our organization identified processes to help themselves recover and to support each other. The result of this work is a written plan to facilitate the support of perinatal nurses after critical events. This article describes the development and implementation of this plan. (Author)

20140716-50

Midwives' experiences of workplace resilience. Hunter B, Warren L (2014), Midwifery vol 30, no 8, August 2014, pp 926-934

BACKGROUND: many UK midwives experience workplace adversity resulting from a national shortage of midwives, rise in birth rate and increased numbers of women entering pregnancy with complex care needs. Research evidence suggests that workplace pressures, and the emotional demands of the job, may increase midwives' experience of stress and contribute to low morale, sickness and attrition. Much less is known about midwives who demonstrate resilience in the face of adversity. Resilience has been investigated in studies of other health and social care workers, but there is a gap in knowledge regarding midwives' experiences. OBJECTIVE: to explore clinical midwives' understanding and experience of professional resilience and to identify the personal, professional and contextual factors considered to contribute to or act as barriers to resilience. DESIGN: an exploratory qualitative descriptive study. In Stage One, a closed online professional discussion group was conducted over a one month period. Midwives discussed workplace adversity and their resilient responses to this. In Stage Two, the data were discussed with an Expert Panel with representatives from midwifery workforce and resilience research, in order to enhance data interpretation and refine the concept modelling. SETTING: the online discussion group was hosted by the Royal College of Midwives, UK online professional networking hub: 'Communities'. PARTICIPANTS: 11 practising midwives with 15 or more years of 'hands on clinical experience', and who self-identified as being resilient, took part in the online discussion group. FINDINGS: thematic analysis of the data identified four themes: challenges to resilience, managing and coping, self-awareness and building resilience. The participants identified 'critical moments' in their careers when midwives were especially vulnerable to workplace adversity. Resilience was seen as a learned process which was facilitated by a range of coping strategies, including accessing support and developing self-awareness and protection of self. The participants identified the importance of a strong sense of professional identity for building resilience. KEY CONCLUSIONS: this study provides important new insights into resilience within UK midwifery, of relevance to the wider profession. Some findings echo those of other resilience studies; however, there are new insights such as the importance of professional identity which may be relevant to other health care workers. Through understanding more about resilience, it may be possible to facilitate positive adaptation by midwives and ameliorate the effects of workplace adversity. IMPLICATIONS FOR PRACTICE: This study indicates that resilience is a complex phenomenon, which warrants serious consideration from clinical midwives, managers, educators and researchers. (34 references) (Author)

20140401-36*

An integrative review of the impact of indirect trauma exposure in health professionals and potential issues of salience for midwives. Sheen K, Slade P, Spiiby H (2014), Journal of Advanced Nursing vol 70, no 4, 2014, pp 729-743

AIMS:
To explore responses to indirect trauma reported by health professionals and to identify issues of potential salience for midwives.

BACKGROUND:
Indirect exposure to a traumatic event can lead to the development of distressing and potentially enduring responses. Little is understood about the impact that perinatal trauma exposure could have on midwives.

DESIGN:
An integrative review design was used.

DATA SOURCES:
PsychInfo, Medline, PsychArticles, Web of Knowledge, CINAHL, MIDIRS and Scopus databases were search for papers published between 1980-November 2012.

REVIEW METHODS:
Studies providing quantitative or qualitative exploration of healthcare professionals' responses to indirectly experienced traumatic events were selected.

RESULTS:
Forty-two papers fulfilled the inclusion criteria. Four of these studies included professionals engaged in maternity care or exposed to traumatic perinatal events. Findings indicate evidence of intrusion, avoidance and arousal in healthcare professionals, with differing degrees of frequency. Empathy, work-related stress and the extent of professional experience were identified as associated with traumatic stress responses.

CONCLUSIONS:
Evidence derived from healthcare professionals suggests that indirect exposure to the traumatic events of recipients of care can sometimes elicit traumatic stress responses. Factors increasing risk for traumatic stress were identified as empathy and organizational stress. These factors hold specific salience in midwifery. Responding to trauma in a midwifery context, as informed by findings from other healthcare professionals, could adversely affect midwives'

well-being, care provided to women and contribute to an adverse organizational climate. Large-scale research considering the experiences of midwives is recommended. (Author)

20140319-86

One-to-one: bouncing back. Hunter B (2014), Midwives vol 17, no 2, 2014, pp 21-23

Professor Billie Hunter discusses her research on the issue of resilience in midwifery. (SB)

20140319-57

Toasted, fried or frazzled? Burnout and stress in midwifery practice. Clarke E (2013), Midwifery Matters no 139, Winter 2013, pp 15-16

A midwife describes how she coped with job-related stress with the support of family, friends and colleagues and by learning self-care strategies. (3 references) (VDD)

20140207-6

Creating a better work-life balance. Donald H, Smythe L, McAra-Couper J (2014), New Zealand College of Midwives Journal no 49, June 2014, pp 3-8

Co-operative inquiry, an action research approach, was selected to investigate the work-life balance of 16 caseloading midwives living in Auckland. For some of the midwives the tension between their professional and personal commitments was at times hard to control, as they believed they needed always to be there for the women in their care. Thus burnout was a risk from the continuous on call nature of their role. The participants met with the researcher in a series of focus groups for dialogue and inspiration as they evaluated their individual practice assumptions. Thus together they became co-participants and co-researchers in the study. The midwives reflected on and re-evaluated their assumptions about their practice roles and in particular their relationships with women and with colleagues. Resolutions to make and sustain change involved weighing up the options available and stepping out to create new relationships and new ways of working. Further, the findings in the study lead to the development of a work-life balance tool for midwives. (29 references) (Author)

20131114-4*

Biochemical and psychometric evaluation of Self-Healing Qigong as a stress reduction tool among first year nursing and midwifery students. Chan ES, Koh D, Teo YC, et al (2013), Complementary Therapies in Clinical Practice vol 19, no 4, 2013, pp 179-183

BACKGROUND:

Qigong, a traditional Chinese exercise, has a potential role in the management of stress.

OBJECTIVE:

To examine the influence of Qigong training on depression, anxiety and stress.

DESIGN:

A randomised control trial among first year student participants.

METHODS:

Qigong was practised twice a week by the study group (n = 18) while a control group (n = 16) had no intervention. The Depression, Anxiety and Stress (DASS-21) and Patient Health Questionnaires (PHQ) were administered. Salivary biomarkers were also measured over a 10-week period.

RESULTS:

After 10 weeks, only the Qigong group showed a statistically significant improvement in their depression, anxiety and stress scores. Similarly, increases in secretion rates of salivary immunoglobulin-A, and decreases in salivary cortisol concentrations were seen only in the Qigong group.

CONCLUSIONS:

The practice of Qigong improves psychological states and mucosal immunity; as indicated by psychometric tests and biochemical markers of stress. (Author)

20130916-112

Stress and burnout in birth suite midwives. Walpole L (2013), Australian Midwifery News vol 13, no 2, Winter 2013, pp 15-17

Dr Lyn Walpole provides an overview of her research exploring stress and burnout in a group of birth suite midwives. (Author)

20130827-21

Is everyone receiving the care they deserve? The importance of self-care for midwives. Edmunds J (2013), Essentially MIDIRS vol 4, no 8, September 2013, pp 18-23

Discusses the need for midwives to put aside time to look after their own physical and mental well-being, in order to avoid stress and burnout and suggests some how this can be achieved. (9 references) (MB)

20130814-6

Bearing witness: Midwives' experiences of witnessing traumatic birth. Rice H, Warland J (2013), Midwifery vol 29, no 9, September 2013, pp 1056-1063

BACKGROUND: traumatic birth is a phenomenon that has been identified in women's birthing experiences, yet there has been no primary research conducted into midwives' experiences of witnessing traumatic birth. Traumatic stress from witnessing and working with traumatised clients has been identified in other caring professionals such as nurses, social workers and emergency department personnel. This includes evidence of posttraumatic stress disorder, secondary traumatic stress, vicarious traumatisation and compassion fatigue. A distinct gap in the literature about midwives' experiences of witnessing traumatic birth and the effects of working with potentially traumatised women formed the basis for this research. RESEARCH DESIGN AND METHOD: a descriptive qualitative study was used to explore midwives' experiences of witnessing traumatic birth. The aim of this research was to enable midwives to describe their experiences and to determine if they are at risk of negative psychological sequelae similar to those in other caring professions. Ten currently or previously Registered Midwives with varying amounts of experience were interviewed, and transcripts of those interviews formed the raw data for the study. The data were independently thematically analysed by the two authors to identify common themes used to describe the experience of witnessing traumatic birth. RESULTS: 'Stuck between two philosophies', 'What could I have done differently', and 'Feeling for the woman', emerged as the main themes from the research. The participants described their emotional distress from feeling 'stuck' between wishing they could practice according to their midwifery philosophy, and the reality of working within a medical model of care. Feelings of responsibility for women and babies' outcomes, and repeatedly questioning what they could have done differently to prevent a traumatic birth was also reported. Feeling for the woman emerged as a major factor in midwives' experiences of witnessing traumatic birth. CONCLUSIONS: as far as we can determine this is the first study to explicitly examine the phenomenon of midwives witnessing traumatic birth from the midwives' point of view. While it was anticipated that midwives might describe being emotionally distressed by their experiences, the extent of their empathy and feelings of being stuck between two philosophies provide new knowledge into what affects midwives when working with birthing women. Further research into these areas is warranted. Better understanding of how witnessing traumatic birth impacts on midwives and what kind of support after these experiences is required to ensure midwives are equipped to cope when witnessing traumatic birth. (48 references) (Author)

20130805-21*

Occupational burnout and work factors in community and hospital midwives: A survey analysis. Yoshida Y, Sandall J (2013), Midwifery vol 29, no 8, August 2013, pp 921-926

BACKGROUND: community-based midwifery practice has been promoted in the UK maternity policy over the last decade as a means of increasing continuity of care. However, there have been growing concerns to suggest that the community-based continuity model may not be sustainable due to the high levels of occupational burnout in midwives resulted by increased on-call work. AIMS: this paper attempted to identify work factors associated with the levels of burnout in community midwives as compared to hospital midwives, aiming at contributing to the debate of organising sustainable midwifery care. METHODS: a statistical analysis was conducted drawing on data from a survey of all midwives working at one Hospital Trust in England (n=238). Occupational burnout was measured using the Maslach Burnout Inventory (MBI). RESULTS: the sample midwives (n=128, 54%) had significantly higher levels of burnout compared to the reference groups. Multiple regression analysis identified as follows: (1) high levels of occupational autonomy were a key protective factor of burnout, and more prevalent in the community, (2) working hours were positively associated with burnout, and community midwives were more likely to have higher levels of stress recognition, and (3) support for work-life-balance from the Trust had a significant protective effect on the levels of burnout. CONCLUSION: the results should be taken into account in the maternity policy in order to incorporate continuity of care and sustainable organisation of midwifery care. (25 references) (Author)

20130524-32

'How can we go on caring when nobody here cares about us?' Australian public maternity units as contested care sites. Reiger K, Lane K (2013), Women and Birth: Journal of the Australian College of Midwives vol 26, no 2, June 2013, pp 133-137

BACKGROUND: Provision of personalised, continuous care focused on 'well women' is now central to midwifery identity and work ideals, but it remains difficult in hospital contexts shaped by increased demand and by neoliberal policies. Previous accounts of occupational and work-family conflicts in midwifery and nursing have pointed to the 'moral distress' associated with managing conflicting expectations in health workplaces. QUESTION: This paper examines these issues in the Australian context and considers further the ethical implications of midwives not feeling 'cared for' themselves in health care organisations. METHODS: Qualitative research in several Victorian maternity units included use of interviews and observational methods to explore staff experiences of organisational and professional change. Data were coded and analysed using NVivo. FINDINGS: Midwives reported frequent contestation as they sought to practice their ideal of themselves as caregivers in what they reported as often 'uncaring' workplaces. To interpret this data, we argue for seeing midwifery caring as embodied social practice taking place within 'organisation carescapes'. CONCLUSION: Theoretical analysis of the moral and ethical dimensions of the contemporary organisational structure of maternity care suggests that a practice-based and dialogical ethic should form the core principle of care both for women in childbirth and for their carers. (40 references) (Author)

20130524-31

Level of burnout in a small population of Australian midwives. Jordan K, Fenwick J, Slavin V, et al (2013), Women and Birth: Journal of the Australian College of Midwives vol 26, no 2, June 2013, pp 125-132

The aim of the study was to describe the level of burnout in midwives working at a maternity unit in South East Queensland, Australia. METHOD: A self-administered questionnaire was distributed to all registered midwives (N=110) working at the study site during November 2011. The questionnaire included a demographic survey and the Copenhagen Burnout Inventory. Fifty-eight (52.7%) staff completed the package. Data was entered into SPSS database version 19 and descriptive statistics were used to determine means, ranges and frequencies. RESULTS: Almost 30% of the sample experienced moderate to high levels of burnout some 50% of participants scored moderate to high for personal burnout with a similar number scoring high for work-related burnout. In comparison, burnout related to working with clients was very low. Differences between participants were associated with years of experience, area of work and employment position (FT/PT, level of position and work area). Participants aged 35 years or younger and with less than 10 years midwifery experience scored highest on the personal and work-related domains whereas participants over 35 years scored highest within the client-related domain. Midwives at level 1 (lowest pay group) scored highest for work-related burnout and client-related burnout. Midwives in more senior positions (level 2 and above) scored highest for personal burnout. CONCLUSION: Personal and work-related burnout was high in this group of midwives while burnout related to caring for women was low. These results provide insight into the emotional health of midwives in one maternity unit. While more work is needed, strategies to decrease and/or prevent burnout may include clinical mentorship and reorganising models of maternity care to increase work satisfaction and autonomy and strengthen relationships between midwives and women. (8 references) (Author)

20130322-5

Factors that may influence midwives work-related stress and burnout. Mollart L, Skinner VM, Newing C, et al (2013), Women and Birth: Journal of the Australian College of Midwives vol 26, no 1, March 2013, pp 26-32

Research question: To determine the incidence and level of work-related stress and burnout in midwives and contributing and protective demographic factors that may influence those levels. Participants and method: All registered midwives (152) working in two public hospital maternity units within the same health service district in NSW completed the Maslach Burnout Inventory Human Services Survey and a demographic survey including care model, shift work, lifestyle data and exercise level.

Findings: There was a response rate of 36.8% with 56 (56/152) midwives completing the surveys. Almost two thirds (60.7%) of midwives in this sample experienced moderate to high levels of emotional exhaustion, a third (30.3%) scoring low personal accomplishment and a third (30.3%) experiencing depersonalization related to burnout. Significant differences were found among groups of midwives according to years in the profession, shifts worked, how many women with multiple psychosocial issues were included in the midwife's workload and the midwife's uptake of physical exercise. Those midwives who had spent longer in the profession and exercised scored low burnout levels.

Conclusion: The impact of years in the profession, shifts worked, how many women with multiple psychosocial issues were included in their workload and the midwife's level of exercise significantly affected how these midwives dealt with burnout and provided care for women. As the response rate was low, and the study cannot be generalised to the entire midwifery workforce but provides important insights for further research. Understanding factors related to burnout can benefit health care institutions financially and in terms of human costs, especially in view of consistent

20130205-61*

Feasibility and effect of chair massage offered to nurses during work hours on stress-related symptoms: a pilot study.

Engen DJ, Wahner-Roedler DL, Vincent A, et al (2013), *Complementary Therapies in Clinical Practice* vol 18, no 4, 2012, pp 212-215

This study assessed feasibility and effect of weekly, 15-min chair massages during work for 38 nurses. Mean Perceived Stress Scale-14 (PSS-14), Smith Anxiety Scale (SAS), linear analog self-assessment scale (LASA), and symptom visual analog scale (SX-VAS) scores were tracked at baseline, 5 weeks, and 10 weeks. Of 400 available massage appointments, 329 were used. At 10 weeks, mean PSS-14 score decreased from 17.85 to 14.92 ($P = .002$); mean SAS score, from 49.45 to 40.95 ($P < .001$). Mean LASA score increased from 42.39 to 44.84 ($P = .006$); mean SX-VAS score, from 65.03 to 74.47 ($P < .001$). Massages for nurses during work hours reduced stress-related symptoms. (Author)

20121213-35*

Professional burnout and social support in the workplace among hospice nurses and midwives in Poland.

Kaliciska M, Chyliska J, Wilczek-Ryczka E (2012), *International Journal of Nursing Practice* vol 18, no 6, 2012, pp 595-603

This study was conducted to determine the relationship between burnout and social support received at work among hospice nurses and midwives in Poland to reveal the connection in working conditions differing in terms of exposure to death and dying situation. A total sample of 117 nurses represented nurses working in polish hospice and maternity wards. No significant differences in the burnout scores were found between hospice nurses and midwives with high superiors' support. However, hospice nurses and midwives with low superiors' support differed significantly in almost every dimension of burnout. Further, the results showed that social support significantly predicted burnout only in case of midwives. The current findings emphasize the role of superiors and their ability to provide support. Intervention programmes targeted at preventing or reducing burnout would be especially important for maternity wards, where enhancing support at a workplace could be crucial. Confirming causality in prospective research is necessary. (Author)

20120709-72

Stress amongst nurses working in a healthcare telephone-advice service: relationship with job satisfaction, intention to leave, sickness absence, and performance. Farquharson B, Allan J, Johnston D, et al (2012), *Journal of Advanced Nursing* vol 68, no 7, July 2012, pp 1624-1635

Aims. This paper is a report of a study, which assessed levels of stress amongst nurses working in a healthcare telephone-advice service. We explored whether stress related to performance, sickness absence, and intention to leave. **Background.** Nurses report high levels of stress, as do call-centre workers. The emergence of telephone health advice services means many nurses now work in call-centres, doing work that differs markedly from traditional nursing roles. Stress associated with these roles could have implications for nurses, patients, and service provision. **Design.** This paper reports cross-sectional survey results. The design of the overall study included longitudinal elements. **Method.** A comprehensive study of stress was conducted amongst nurses working for a telephone-advice service in Scotland (2008-2010). All nurse-advisors were approached by letter and invited to participate. A total of 152 participants (33%) completed a questionnaire including General Health Questionnaire-12, Work Family Conflict Questionnaire, Job Satisfaction Scale and a measure of intention to leave the telephone-advice service and rated the perceived stress of 2 working shifts. Nurses' employers provided data on sickness absence and performance. **Results.** Overall levels of psychological distress were similar to those found amongst Scottish women generally. In multiple regression, work-family conflict was identified as a significant predictor of job satisfaction and intention to leave, and significantly related to sickness absence. There were significant correlations between General Health Questionnaire scores and perceived stress of shifts and some performance measures. **Conclusions.** Work-family conflict is a significant predictor of job satisfaction, intention to leave, and sickness absence amongst telephone helpline nurses. Minimizing the impact of nurses' work on their home lives might reduce turnover and sickness absence. (39 references) (Author)

20111102-30

The effect of music on biochemical markers and self-perceived stress among first-line nurses: a randomized controlled crossover trial. Lai HL, Li YM (2011), *Journal of Advanced Nursing* vol 67, no 11, November 2011, pp 2414-2424

Aim. The aim of this study was to examine the effects of music on stress indices and to examine the association between music preference and stress. **Background.** Although clinical studies have demonstrated the effectiveness of music on stress, study results have been inconsistent. At the time of writing, no known publications had investigated

the effects of preferred music on workers in high-stress professions such as nursing. **Methods.** Using a randomized crossover controlled trial, 54 nurses were randomly assigned to a music/chair rest sequence or chair rest/music sequence during the period February to June 2006. Each intervention lasted for 30 minutes. Participants in the music condition listened to self-selected soothing music using headphones for 30 minutes. In the chair rest condition, participants sat quietly for 30 minutes. Serial measurements of participants' heart rate, mean arterial pressure, finger temperature and cortisol levels were taken with a BP monitor and chemilumincent immunoassay every 15 minutes throughout the procedure. **Findings.** Compared with chair rest, participants had a lower perceived stress level, cortisol, heart rate, mean arterial pressure and higher finger temperature while listening to music ($P < 0.05$). Significant differences were also found between the two conditions in terms of post-test heart rate, cortisol levels, finger temperature and mean arterial pressure ($P < 0.05$). Music preference scores ranged between 7 and 10, with a mean score of 8.81 ($sd = 1.05$), and was significantly associated with mean arterial pressure, cortisol levels, self-perceived stress and finger temperature. **Conclusion.** The findings provided evidence for nurses to use soothing music as a research-based nursing intervention for stress reduction. (41 references) (Author)

20110808-41

Stressful childbirth situations: a qualitative study of midwives. Halperin O, Goldblatt H, Noble A, et al (2011), *Journal of Midwifery & Women's Health* vol 56, no 4, July/August 2011, pp 388-394

Introduction: This study aimed to explore clinical life-threatening childbirth situations, which midwives perceive as extremely stressful, and to identify how midwives cope with those experiences. **Methods:** Participants were 18 midwives employed in 6 labor and delivery units in Israeli hospitals. Individual semistructured, in-depth interviews were conducted wherein participants were asked to describe an extremely stressful situation that they had experienced, their significant feelings associated with the event, their coping strategies, and their support systems. **Results:** Thematic content analysis revealed 2 themes, with each consisting of 4 categories. The first theme focused on reactions to stressful childbirth situations and their impact on midwives. Categories were: functioning professionally in an unexpected reality, emotional reactions, physical reactions, and long-term effects. The second theme related to coping with stressful situations, focusing on coping difficulties, and suggestions for change. Categories were: midwives' coping difficulties, their colleagues' reactions, their feelings about supervisory staff support, and their suggestions for meeting expressed needs. **Discussion:** Stressful childbirth situations can have a long-term impact on midwives' professional and personal identities. Midwives need to feel supported and valued in order to deal with emotional stress. Incorporating clinical supervision by experienced midwives can serve as a supportive framework for other midwives. (42 references) (Author)

20110721-17

Reducing burnout and stress: the effectiveness of clinical supervision. Wallbank S, Hatton S (2011), *Community Practitioner* vol 84, no 7, July 2011, pp 31-35

Health visitors and school nurses have been identified as a particularly vulnerable group to stress given the complex, frontline clinical work that they are involved in. Recent high-profile reviews of safeguarding practices have brought an increased pressure on the profession. This paper provides evidence of the effectiveness of a model of clinical supervision that reduced burnout and stress for health visitor and school nurse Leaders. Commissioned by NHS West Midlands, the project delivered supervision to health visitors and school nurses with a safeguarding leadership responsibility within their organisation. (27 references) (Author)

20110706-44

Psychometric validity of the problem-focused style of coping scale: in relation to self-efficacy and life satisfaction among nursing staff in Taiwan. Chang Y (2011), *Journal of Advanced Nursing* vol 67, no 7, July 2011, pp 1625-1631

Aims. This paper is a report of a study of psychometric properties of the Problem-Focused Style of Coping-Chinese version questionnaire. **Background.** Coping with stress is an important topic in the 21st century, which deserves further attention. Although a variety of instruments have emerged to assess an individual's coping responses to stress, research suggests that numerous problems are associated with the current measurements. Since most coping scales are criticized as lacking valid estimates across occupational samples and cultures, there is an immediate need to develop a reliable and valid coping-style scale. **Method.** The study used a convenience sample and a sampling frame consisting of 307 nurses from different medical units in two regional hospitals in Taiwan. The data collection period was from May 2009 to June 2009. Exploratory factor analyses and reliability estimates were calculated. **Results.** The factor analysis revealed three coping factors: reflective, suppressive and reactive. All reliability and validity estimates were satisfactory. **Conclusion.** The Problem-Focused Style of Coping-Chinese version questionnaire is a valid and

reliable measure of nurses' dispositional coping style and can be used for educational training programmes to enhance nurses' stress management skills. (37 references) (Author)

20110706-41

Nurse burnout and its association with occupational stress in a cross-sectional study in Shanghai. Xie Z, Wang A, Chen B (2011), Journal of Advanced Nursing vol 67, no 7, July 2011, pp 1537-1546

Aim. This paper is a report of a study investigating nurse burnout and its association with occupational stressors in Shanghai, China. **Background.** Burnout is described as feelings of emotional exhaustion, depersonalization and reduced personal accomplishment. Measuring burnout among nurses and its association with occupational stressors are important in providing appropriate intervention to reduce stress and burnout. **Method.** In total, 527 nurses from 41 hospitals in Shanghai returned self-reported questionnaires in June 2008. Their burden of burnout was measured by the Chinese version of 'Maslach Burnout Inventory', and their stress by the Chinese version of 'job content questionnaire' and 'effort-reward imbalance questionnaire'. **Results.** Most nurses (74-76%) had a Demand/Control ratio higher than 1 and 27-13% had an Effort/Reward ratio higher than 1. The nurses showed a high level of emotional exhaustion, moderate level of depersonalization, and low level of reduced personal accomplishment. Linear regression analyses showed higher burden of stress and burnout among nurses at younger age, or on shift duty or from higher grade hospitals. Both the job content questionnaire and effort-reward imbalance questionnaire models had good predictive powers of the nurses' burnout, especially the effort-reward imbalance questionnaire model is more powerful than the other in predicting two Maslach Burnout Inventory subscales of emotional exhaustion and depersonalization. **Conclusion.** Nurses in Shanghai were suffering from high levels of burnout, which was strongly associated with work-related stress. Interventions in reducing occupational stress are needed to reduce the burden of burnout in Chinese nurses. (35 references) (Author)

20110621-107*

Midwife burnout poses threat to reducing maternal mortality. Davies R (2011), The Guardian 20 June 2011

Comments on a recently launched report (1) from the United Nations Population Fund (UNFPA) which highlights the shortage of midwives and their high workload, and aims to assist in improving maternal health services and reaching Millennium Development Goals 4 and 5, (reduce child mortality and improve maternal health, respectively). Focuses on the situation in Malawi, highlighted by a recent paper on maternal health staff (2) which illustrates that burnout is a common factor among providers of antenatal, intrapartum and postnatal care. States that Malawi has one of the highest rates of maternal mortality in the world: during the period from 2005 to 2009 there were 1, 140 maternal deaths for every 100, 000 live births, compared with an average 8.2 maternal deaths per 100, 000 live births in the UK. 1. United Nations Population Fund (2011). The state of the world's midwifery 2011: delivering health, saving lives. New York: UNFPA. 2. Thorsen VC et al (2011). High rates of burnout among maternal health staff at a referral hospital in Malawi: a cross-sectional study. BMC Nursing, 23 May 2011. <http://www.biomedcentral.com/1472-6955/10/9> (JSM)

20110607-8

The genesis and consequences of stress among midwifery students. Khajehei M, Ziyadlou S, Hadzic M, et al (2011), British Journal of Midwifery vol 19, no 6, June 2011, pp 379-385

This study investigated various sources of stress among junior and senior midwifery students in Iran. It also explored the effect of stress on the students' performance and physical and mental health. Ninety junior and senior midwifery students participated in this survey. Data were collected using self-created questionnaires and analysed using the Statistical Package for the Social Sciences (SPSS). The data showed that the most stressful activity for juniors was nursing care practice. Prenatal health care practice was identified as the second most common cause of stress in juniors. For seniors, nursing care practice and prenatal health care practice were equally stressful. The preceptor (mentor) as well as the clinical setting and staff have been identified as two major factors causing stress, somewhat more in juniors than in seniors. The most common physiological and behavioural demonstrations of stress in the students were palpitation, exacerbated asthma, fatigue, unusual behaviour and dizziness. It is evident that efforts need to be made to minimize the negative effect of stress on students by creating and establishing healthy learning environments. (22 references) (Author)

20110506-12

Work-related stress, education and work ability among Croatian university hospital midwives. Knezevic B, Milosevic M, Golubic R, et al (2011), Midwifery vol 27, no 2, April 2011, pp 146-153

AIM: This paper is a report of a study conducted to determine which occupational stressors are present in nurses'

working environment; to describe and compare occupational stress between two educational groups of nurses; to estimate which stressors and to what extent predict nurses' work ability; and to determine if educational level predicts nurses' work ability. **BACKGROUND:** Nurses' occupational stress adversely affects their health and nursing quality. Higher educational level has been shown to have positive effects on the preservation of good work ability. **METHOD:** A cross-sectional study was conducted in 2006-2007. Questionnaires were distributed to a convenience sample of 1392 (59%) nurses employed at four university hospitals in Croatia (n = 2364). The response rate was 78% (n = 1086). Data were collected using the Occupational Stress Assessment Questionnaire and Work Ability Index Questionnaire. **FINDINGS:** We identified six major groups of occupational stressors: 'Organization of work and financial issues', 'public criticism', 'hazards at workplace', 'interpersonal conflicts at workplace', 'shift work' and 'professional and intellectual demands'. Nurses with secondary school qualifications perceived Hazards at workplace and Shift work as statistically significantly more stressful than nurses with a college degree. Predictors statistically significantly related with low work ability were: Organization of work and financial issues (odds ratio = 1.69, 95% confidence interval 1.22-2.36), lower educational level (odds ratio = 1.69, 95% confidence interval 1.22-2.36) and older age (odds ratio = 1.07, 95% confidence interval 1.05-1.09). **CONCLUSION:** Hospital managers should develop strategies to address and improve the quality of working conditions for nurses in Croatian hospitals. Providing educational and career prospects can contribute to decreasing nurses' occupational stress levels, thus maintaining their work ability. (51 references) (Author)

20110406-57

Assessing intervention effectiveness for reducing stress in student nurses: quantitative systematic review. Galbraith ND, Brown KE (2011), Journal of Advanced Nursing vol 67, no 4, April 2011, pp 709-721

Aims. To identify the types of interventions that are effective in reducing stress in student nurses, and to make recommendations for future research. **Background.** Student nurses experience significant stress during their training and this may contribute to sickness, absence and attrition. Given the global shortage of nurses and high dropout rates amongst trainees, the importance for developing stress management programmes for student nurses is becoming more evident. To date, only one review has examined the effectiveness of stress interventions for student nurses, but the emergence of recent literature warrants a new review. **Data sources.** Research papers published between April 1981 and April 2008 were identified from the following databases: Medline, CINAHL, Behavioral Sciences Collection, IBSS and Psycinfo. **Review methods.** A quantitative systematic review with narrative synthesis was conducted. Key terms included 'nurses OR nursing OR nurse', 'student OR students', 'intervention', 'stress OR burnout'. In addition to database searches, reference lists of selected papers were scanned, key authors were contacted and manual searches of key journals were conducted. **Results.** The most effective interventions provided skills for coping with stressful situations (typically relaxation) and skills for changing maladaptive cognitions. Interventions which promoted skills to reduce the intensity or number of stressors were also successful. In most cases, stress interventions did not improve academic performance. **Conclusion.** The design of stress interventions should be driven by theory. Future studies should focus on interface and organizational factors and the long-term benefits of interventions for student nurses are yet to be demonstrated. (65 references) (Author)

20110406-20

Attention: calm and relaxed midwives at work! Copp E, Morton N (2011), Practising Midwife vol 14, no 4, April 2011, pp 21-23

This article highlights the need for midwives to access and receive support and self-care when looking after families who themselves need support. The nature of being pregnant and giving birth means that there is a multitude of unknowns for the woman and her family. Every midwife works in situations which range from wonderful to unpredictable and tragic; how does she cope with that? What mechanisms and resources does she have to be proficient and competent as well as caring, compassionate and remain professional in such a changeable job? Two midwife hypnotherapists have been working and helping midwives and student midwives since 2009. They are addressing midwives' need to do all that, raising awareness of the resources needed and showing why this attitude works whilst preserving good health and preventing burnout. They are currently working with student midwives in-house around the UK. (Author)

20110107-52

Managing stress in a palliative care team. Gupta V, Woodman C (2010), Paediatric Nursing vol 22, no 10, December 2010, pp 14-18

Vineeta Gupta and Clare Woodman discuss the use of a solution-focused model in identifying and resolving pressure

20110105-11

Midwives' emotional wellbeing: impact of conducting a structured antenatal psychosocial assessment (SAPSA).

Mollart L, Newing C, Foureur M (2011), Women and Birth: Journal of the Australian College of Midwives vol 22, no 3, September 2009, pp 82-88

PARTICIPANTS AND METHODS: Registered midwives who had conducted the SAPSA with women during the first hospital booking visit at two hospitals in NSW. Data was collected by means of focus group interviews. RESULTS: Four sub-themes were identified that directly impacted upon the midwives' emotional wellbeing: cumulative complex disclosures, frustration and stress, lack of support for midwives and unhealthy coping strategies. DISCUSSION AND CONCLUSIONS: There was a cumulative emotional effect with some midwives utilising unhealthy strategies to cope with feelings of frustration, inadequacy and vicarious trauma. Establishment of structured referral pathways for women and supportive systems for midwives is essential prior to implementing the SAPSA. (44 references) (Author)

20100818-55

Losing the capacity to care. Collins K (2010), Essentially MIDIRS vol 1, no 3, September 2010, pp 47-49

A midwife relates her experience of working a night shift on a busy postnatal ward with extreme staff shortages, and reflects on the moment that she felt unable to provide adequate care for the women around her. Considers how midwives can reach a nadir point in providing care and explores the ideological clash between the 'with woman' and 'with institution' models of midwifery care. (25 references) (TC)

20100218-31

Ways to deal with stress and become calm and confident instead. Copp E (2010), MIDIRS Midwifery Digest vol 20, no 1, March 2010, pp 30-32

In this article Eleanor Copp, a practising midwife and hypnotherapist, describes a training session she runs with her colleague for midwives on how to deal with stress in their work environment and offers feedback from previous attendees. (ABS)

20100204-52

The costs of 'being with the woman': secondary traumatic stress in midwifery. Leinweber J, Rowe HJ (2010), Midwifery vol 26, no 1, February 2010, pp 76-87

OBJECTIVE: it is widely acknowledged that caring can cause emotional suffering in health-care professionals. The concepts of compassion fatigue, post-traumatic stress disorder and secondary traumatic stress are used to describe the potential consequences of caring for people who are or have experienced trauma. Empathy between the professional and patient or client is a key feature in the development of secondary traumatic stress. The aim of this paper is to contribute to the conceptual development of theory about dynamics in the midwife-woman relationship in the context of traumatic birth events, and to stimulate debate and research into the potential for traumatic stress in midwives who provide care in and through relationships with women. METHOD: the relevant literature addressing secondary traumatic stress in health-care professionals was reviewed. FINDINGS: it is argued that the high degree of empathic identification which characterises the midwife-woman relationship in midwifery practice places midwives at risk of experiencing secondary traumatic stress when caring for women experiencing traumatic birth. It is suggested that this has harmful consequences for midwives' own mental health and for their capacity to provide care in their relationships with women, threatening the distinct nature of midwifery care. CONCLUSIONS: opportunities for research to establish the existence of this phenomenon, and the potential implications for midwifery practice are identified. (70 references) (Author)

20100114-13

Maternity services under mounting stress. (2008), Midwives December 2008/January 2009, pp 8-9

Reports results from a survey of midwifery managers which finds that most maternity services in the United Kingdom are under increasing stress because of an increase in the birth rate and a lack of both funding and staff. Poor pay deals coupled with widespread unpaid overtime is leading to poor morale amongst midwives and makes it hard to retain staff. (JR)

20091027-27*

How to be a relaxed midwife. Copp E (2009), Relaxed Parenting 2009

This CD has been created with the intention of offering stressed midwives a route to being relaxed and calm. Listening to one track a day will help you to manage your workload and your approach and mood better than you do currently and in the process enable you to feel less burdened and happier. (Author, edited)

20090518-12

The phoenix midwife. Klein M (2009), MIDIRS Midwifery Digest vol 19, no 2, June 2009, pp 177-181

The story of the phoenix may have special meaning for midwives who have a sense of duty and propriety, belief (in their capabilities and in those of their clients), and whose hearts are full of love and compassion. Conversely and possibly as a result of the often intensely personal commitment involved in their profession, they may come to lose satisfaction in their job and feel it is time for change. Will this change involve trying to reduce their work hours, taking a break to do something different for a while, or seeking out other forms of satisfaction? Or, as with the phoenix, will they just burnout, completely stop their work as midwives, and re-emerge in society to a new life. What sort of a midwife are you? Are you still happy, hopeful and confident while you work? Or are you perhaps at the crossroads of your life, contemplating a new beginning? This article is based on the hope that some midwives who understand that they are burning out might think about the phoenix and explore new possibilities for the future: a meaningful mission, a new passion, an innovative channel for self-fulfillment which does not necessarily mean ceasing their work as midwives. It argues that the midwifery profession must do more than offer support and advice to stressed-out midwives, although this is important too. (19 references) (Author)

20081211-21

Are you stressed by what is happening in your personal or working life?. (2008), Midwifery Matters no 119, Winter 2008, p 9

A consultant midwife offers some advice on how to cope with stress. (CR)

20081119-8

Community midwifery 'performances' and the presentation of self. Deery R (2009), In: Hunter B, Deery R eds. Emotions in midwifery and reproduction. Basingstoke: Palgrave Macmillan 2009, pp 73-89

Considers how UK community midwives manage and perform emotion on a daily basis, relating to and engaging with the women in their care, whilst balancing the organisational demands of the maternity service, an increasing workload and reported low morale. (35 references) (TC)

20081119-6

Women's emotion work in the context of current maternity services. Edwards NP (2009), In: Hunter B, Deery R eds. Emotions in midwifery and reproduction. Basingstoke: Palgrave Macmillan 2009, pp 36-55

Explores the concept that emotional work can be equally damaging or rewarding for both midwives and the women in their care. Defines the terms associated with emotional work, emotional labour and emotion work. Considers the impact midwives' emotional work has on the women in their care and the issue of disengagement in large-scale, industrial models of maternity care. (79 references) (TC)

20081119-20

Examination of developmental models of occupational burnout using burnout profiles of nurses. Onder C, Basim N (2008), Journal of Advanced Nursing vol 64, no 5, December 2008, pp 514-523

Aim. This paper is a report of a study to identify the occupational burnout profiles of a sample of nurses in Turkey and to examine alternative developmental models of burnout based on these profiles. Background. Previous findings on causal links between components of occupational burnout have largely been inconclusive. There are divergent models of inter-temporal ordering of emotional exhaustion, depersonalization and personal accomplishment, which are the three dimensions of burnout. Method. Data were collected with 248 nurses from five hospitals in Turkey in 2007. The Maslach Burnout Inventory was used to collect burnout data and the Job Descriptive Index was used to measure satisfaction with coworkers and supervisors. Following validity and reliability analyses of these instruments, burnout profiles were identified using cluster analysis and the resulting profiles were validated using analysis of variance. Results. Three burnout profiles were identified and validated. Findings suggest a coupling of emotional exhaustion and depersonalization. That is, nurses who reported higher levels of emotional exhaustion also reported

higher levels of depersonalization. Examination of the profiles suggested a non-linear relationship between personal accomplishment and emotional exhaustion or depersonalization. More specifically, nurses with higher emotional exhaustion or depersonalization did not always report lower personal accomplishment. Conclusion. Partial support for the developmental model that endorses temporal precedence of emotional exhaustion was found. The model that emphasizes temporal precedence of depersonalization was not supported. Depersonalization was found to be a dysfunctional coping strategy with respect to emotional exhaustion. Emotional exhaustion rather than depersonalization or perceptions of personal accomplishment should be screened for early detection and prevention of burnout. (33 references) (Author)

20080605-67

Leadership, organizational stress, and emotional exhaustion among hospital nursing staff. Stordeur S, D'Hoore W, Vandenberghe C (2001), Journal of Advanced Nursing vol 35, no 4, August 2001, pp 533-542

STUDY'S RATIONALE AND OBJECTIVES: We examined the effect of work stressors and head nurses' transactional and transformational leadership on the levels of emotional exhaustion experienced among their staff. **METHODOLOGICAL DESIGN AND RESEARCH METHODS:** A questionnaire was sent to all nurses of a university hospital. Usable returns were received from 625 nurses, giving a response rate of 39.2%. Data were treated using correlational analyses and multiple regression. The latter modelled stressors and leadership as predictors of nurses' reported emotional exhaustion. **MEASURES:** Work stressors were assessed using the Nursing Stress Scale (NSS) which comprises 34 items divided into three subscales (referring to stress from the physical, psychological, and social environment), and the role ambiguity (three items) and conflict (three items) scales. Leadership was measured with the Multifactor Leadership Questionnaire. **RESULTS:** In regression analyses, work stressors as a whole were found to explain 22% of the variance in emotional exhaustion whereas leadership dimensions explained 9% of the variance in that outcome measure. Stress emanating from the physical and social environment, role ambiguity, and active management-by-exception leadership were significantly associated with increased levels of emotional exhaustion. Transformational and contingent reward leadership did not influence emotional exhaustion. **LIMITATIONS:** A limitation of this study is that it considered only the emotional exhaustion dimension of burnout. Also, as data were cross-sectional in nature, conclusions regarding the direction of causality among variables cannot be drawn. **CONCLUSIONS:** This study provided, for the first time, a test of the influence of leadership on burnout among nurses, taking into account the role of work stressors. Future research is needed to examine if the effects reported herein can be replicated using the two other dimensions of burnout (depersonalization and reduced personal accomplishment). (64 references) (Author)

20080313-81

Continuity or bust?. Hall J (2008), Practising Midwife vol 11, no 3, March 2008, p 50

Stop making excuses and give women what they really want. (2 references) (Author)

20080221-12

Feeling rushed? Make time for yourself. Ellwood M (2007), International Journal of Childbirth Education vol 22, no 4, December 2007/January 2008, pp 7-9

Many women feel rushed because of the combined pressures of job and family. Yet time-use research shows that among those who don't feel rushed, the notion of time for oneself is one of the key differentiating factors. Interviews with women indicate examples of these, including gardening fitness, spiritual time, and hobbies. The way to make time for these activities is by blocking time for them - ultimately making a choice that personal time is a priority that benefits everyone. (Author)

20071002-91

Burnout: co-workers' perceptions of signs preceding workmates' burnout. Ericson-Lidman E, Strandberg G (2007), Journal of Advanced Nursing vol 60, no 2, October 2007, pp 199-208

Aim. This paper is a report of a study to describe co-workers' perceptions of signs preceding workmates' burnout. **Background.** Burnout engenders emotional and economic suffering, both individual and societal. It is therefore important to learn to recognize early signs to prevent burnout and co-workers, who have opportunities to recognize such signs, are valuable resources in this context. **Method.** Fifteen interviews were conducted with nursing and medical staff in Sweden who had worked with a person who developed burnout. The interviews took place in 2004 and were analysed using a thematic content analysis. The narratives were obtained when co-workers already knew that their workmates were on sick leave because of burnout or had left their employment after sick leave because of burnout. **Findings.** The findings show that co-workers retrospectively recalled a multiplicity of signs. They perceived

that the people concerned were struggling to manage alone, showing self-sacrifice, struggling to achieve unattainable goals, becoming distanced and isolated, and showing signs of falling apart. Conclusions. Some of the signs preceding workmates' burnout may be difficult to interpret as signs of burnout, because they may be regarded as qualities which are to some extent encouraged in the prevailing culture. The findings provide a complex picture of these signs that will hopefully increase our awareness of and ability to recognize such signs to facilitate the possibilities of our helping in time. The sub-themes and themes in the present study may also serve as a basis for supervisors involved in supporting clinical staff. (58 references) (Author)

20070918-72

Sources of burnout among healthcare employees as perceived by managers. Glasberg AL, Norberg A, Soderberg A (2007), Journal of Advanced Nursing vol 60, no 1, October 2007, pp 10-19

Aim. This paper is a report of a study to investigate healthcare managers' perspectives on factors contributing to the increase of healthcare employees on sick leave for burnout symptoms. Background. Current turbulent healthcare reorganization has resulted in structural instability, role conflicts and vague responsibility commitments, all of which contribute to increasing numbers of sick days caused by burnout symptoms. Managers' perceptions of burnout sources are important as these perceptions guide the actions taken to prevent burnout. Method. Interviews were carried out with 30 healthcare managers, with different occupational backgrounds and from different units. The data were collected in Sweden in 2003 and analysed using thematic qualitative content analysis. Findings. According to the healthcare managers, continuous reorganization and downsizing of healthcare services has reduced resources and increased demands and responsibilities. These problems are compounded by high ideals and expectations, making staff question their own abilities and worth as well as making them feel less confirmed and less valued as people. The main finding indicates that healthcare employees are thrown into a spiralling sense of inadequacy and an emerging sense of pessimism and powerlessness. Conclusion. To understand and influence people's actions, one has to understand their perceptions and thoughts - their explanatory models. This study shows the complexity and interconnection between sources of burnout as perceived by healthcare managers, and highlights the encouragement of realism without the destruction of enthusiasm as an important factor in management and healthcare practice. (46 references) (Author)

20070918-71

Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review.

Jackson D, Firtko A, Edenborough M (2007), Journal of Advanced Nursing vol 60, no 1, October 2007, pp 1-9

Aim. This paper is a report of a literature review to explore the concept of personal resilience as a strategy for responding to workplace adversity and to identify strategies to enhance personal resilience in nurses. Background. Workplace adversity in nursing is associated with excessive workloads, lack of autonomy, bullying and violence and organizational issues such as restructuring, and has been associated with problems retaining nurses in the workforce. However, despite these difficulties many nurses choose to remain in nursing, and survive and even thrive despite a climate of workplace adversity. Data sources. The literature CINAHL, EBSCO, Medline and Pubmed databases were searched from 1996 to 2006 using the keywords 'resilience', 'resilience in nursing', and 'workplace adversity' together with 'nursing'. Papers in English were included. Findings. Resilience is the ability of an individual to positively adjust to adversity, and can be applied to building personal strengths in nurses through strategies such as: building positive and nurturing professional relationships; maintaining positivity; developing emotional insight; achieving life balance and spirituality; and, becoming more reflective. Conclusion. Our findings suggest that nurses can actively participate in the development and strengthening of their own personal resilience to reduce their vulnerability to workplace adversity and thus improve the overall healthcare setting. We recommend that resilience-building be incorporated into nursing education and that professional support should be encouraged through mentorship programmes outside nurses' immediate working environments. (59 references) (Author)

20070911-4

The crisis in nursing morale. Vere-Jones E (2007), Nursing Times vol 103, no 36, 4 September 2007, pp 16-17

Nurses' morale is falling fast according to a recent RCN survey. (Author)

20070813-14

Supporting midwives to support women. Deery R, Kirkham M (2006), In: Page LA, McCandlish R eds. The new midwifery: science and sensitivity in practice. Edinburgh: Elsevier 2006. pp 125-140

Discusses the effects that lack of professional support has on the care that midwives are able to give women. Explores

changing work patterns and ways in which midwives cope with their workload and asks how midwives can support one another. (88 references) (MB)

20070724-105

Relationship between burnout and occupational stress among nurses in China. Wu S, Zhu W, Wang Z, et al (2007), Journal of Advanced Nursing vol 59, no 3, August 2007, pp 233-239

Aim. This article is a report of a study of occupational burnout among nurses in China. **Background.** Burnout is described as feelings of emotional exhaustion, depersonalization and reduced personal accomplishment. It is well-known that burnout is a major problem for many professions. Nurses are considered to be particularly susceptible to this. Measuring burnout among nurses is important because their well-being has implications for stability in the healthcare workforce and for the quality of care provided. **Method.** The sample consisted of 495 nurses from three provincial hospitals in China. The Maslach Burnout Inventory - General Survey (MBI-GS) was used to measure burnout, and the Occupational Stress Inventory - Revised edition was used to measure two dimensions of occupational adjustment (occupational stress and coping resources). After statistical testing for validity and reliability of the MBI-GS with nurses in China, participants' scores were evaluated and analysed. **Results.** Scores for burnout of surgical and medical nurses were statistically significantly higher than those of other nurses ($P < 0.05$). Lower educational status was associated with lower professional efficacy, and younger nurses reported higher levels of burnout. The most significant predictors of emotional exhaustion were role overload, responsibility, role insufficiency and self-care ($P < 0.05$). The most significant predictors of cynicism were role insufficiency, role boundary, responsibility and self-care ($P < 0.05$). The most significant predictors of professional efficacy were role insufficiency, social support and rational/cognitive coping ($P < 0.05$). **Conclusion.** It is important to reduce occupational stress in nurses and to strengthen their coping resources to prevent burnout. This could be achieved with job redesign, modification of shiftwork systems, and by offering occupational health education. (17 references) (Author)

20070710-23

Eyes on storks. Carlisle D (2007), Health Service Journal vol 117, no 6063, 5 July 2007, pp 24-26

Government pledges on choice in maternity care are at odds with widespread reports of midwives crumbling under the pressure of slashed budgets. (Author)

20070608-115*

Burnout in the caring nurse: learning resilient behaviours. Edward KL, Hercelinskyj G (2007), British Journal of Nursing vol 16, no 4, 22 February-7 March 2007, pp 240-242

This paper reviews current literature to offer a discussion related to burnout, an issue that affects the entire healthcare sector, including nurses and patients. Literature suggests a correlation between moral distress and burnout in nurses. These issues are considered to be current and affect recruitment and retention of nurses. The authors propose supporting nurses by using knowledge of resilient behaviours as a means of transcending burnout and workplace stress. The authors believe that this process can be achieved through existing hospital professional development processes, for example supervision, reflective practice, in-service education and other forms of professional development. (Author)

20070322-15

Phoenix rising: rebirth of a burnt out midwife. Tucker J (2007), Midwifery Matters no 112, Spring 2007, pp 3-4

The author shares her experiences of suffering an emotional breakdown after spending 26 years working as a midwife and 'fighting the system' as she puts it. (MB)

20070302-10

Burnout and 'stress of conscience' among healthcare personnel. Glasberg AL, Eriksson S, Norberg A (2007), Journal of Advanced Nursing vol 57, no 4, February 2007, pp 392-403

AIM: This paper reports a study examining factors that may contribute to burnout among healthcare personnel. **BACKGROUND:** The impact on burnout of factors such as workload and interpersonal conflicts is well-documented. However, although health care is a moral endeavour, little is known about the impact of moral strain. Interviews reveal that healthcare personnel experience a troubled conscience when they feel that they cannot provide the good care that they wish - and believe it is their duty - to give. **METHODS:** In this cross-sectional study, conducted in 2003, a sample of 423 healthcare personnel in Sweden completed a battery of questionnaires comprising the Maslach Burnout

Inventory, Perception of Conscience Questionnaire, Stress of Conscience Questionnaire, Social Interactions Scale, Resilience Scale and a personal/work demographic form. RESULTS: Regression analysis resulted in a model that explained approximately 59% of the total variation in emotional exhaustion. Factors associated with emotional exhaustion were 'having to deaden one's conscience', and 'stress of conscience' from lacking the time to provide the care needed, work being so demanding that it influences one's home life, and not being able to live up to others' expectations. Several additional variables were associated with emotional exhaustion. Factors contributing to depersonalization were 'having to deaden one's conscience', 'stress of conscience' from not being able to live up to others' expectations and from having to lower one's aspirations to provide good care, deficient social support from co-workers, and being a physician; however, the percentage of variation explained was smaller (30%). CONCLUSION: Being attentive to our own and others' feelings of troubled conscience is important in preventing burnout in health care, and staff need opportunities to reflect on their troubled conscience. Further research is needed into how a troubled conscience can be eased, particularly focusing on the working environment. (63 references) (Author)

20070111-67

Drained and dumped on: the generation and accumulation of emotional toxic waste in community midwifery. Deery R, Kirkham M (2007), In: Kirkham M ed. Exploring the dirty side of women's health. Abingdon: Routledge 2007, pp 72-83

Reports the findings of the author's PhD study into the emotional well-being of a group of community midwives. Explores midwives' experiences of the emotional cost of working with women, their peers and managers. Reviews the literature surrounding ways of dealing with emotional distress. (39 references) (MB)

20061221-39

Wellbeing at work. Cooper G (2006), BMJ Careers 9 December 2006, pp 219-221

Cary Cooper discusses coping with change. (10 references) (Author)

20061215-73

Impact of recurrent changes in the work environment on nurses' psychological well-being and sickness absence.

Verhaeghe R, Vlerick P, Gemmel P, et al (2006), Journal of Advanced Nursing vol 56, no 6, December 2006, pp 646-656

AIM: This paper is a report of a study of how the occurrence and appraisal of recurrent changes in the work environment of hospital nurses affect psychological well-being (i.e. job satisfaction, eustress and distress) and absence through illness. BACKGROUND: Many researchers have demonstrated the impact of major organizational changes on employees' psychological well-being, but only a few have focused on the permanent consequences in work conditions. In a contemporary healthcare setting, an increased number of recurrent operational changes has become a normal characteristic of nurses' work environment. Specific work situations have frequently been associated with occupational stress, whereas employees' appraisal of recurrent changes as stressors and their relation to psychological well-being and health outcomes (i.e. sickness absence) have been dismissed. METHODS: A cross-sectional questionnaire survey was conducted in 2003 with 2094 Registered Nurses in 10 general hospitals. Logistic regressions were used to investigate the impact on psychological well-being and prospectively measured rates of sickness absence (frequency and duration). RESULTS: The occurrence of changes in the work environment (in the past 6 months) had had a negative impact on staff psychological well-being. Nurses who had been confronted with changes scored statistically significantly higher for distress. Changes appraised as threatening were negatively related to job satisfaction and eustress, and positively related to distress and sickness absence (frequency and duration). Changes appraised as challenging were positively related to job satisfaction and eustress but had no impact on distress and sickness absence. CONCLUSION: Future research should take into consideration the impact of the occurrence and appraisal of recurrent changes in the work environment of healthcare employees (i.e. Registered Nurses) on psychological well-being and sickness absence. This should also be considered by managers when dealing with these nursing workforce issues. (38 references) (Author)

20060926-15

Can nursing ever be stress free?. Vere-Jones E (2006), Nursing Times vol 102, no 39, 26 September 2006, pp 18-20

As part of NT's Help Yourself To Health campaign, Emma Vere-Jones examines why nurses are prone to stress and what they can do to protect themselves. (Author)

20060710-43*

The effectiveness of a 15 minute weekly massage in reducing physical and psychological stress in nurses. Bost N, Wallis

M (2006), Australian Journal of Advanced Nursing vol 23, no 4, June-August 2006, pp 28-33

OBJECTIVE: To investigate the effectiveness of massage therapy in reducing physiological and psychological indicators of stress in nurses employed in an acute care hospital. **DESIGN:** Randomised controlled trial. **SETTING:** Acute care hospital in Queensland. **SUBJECTS:** Sixty nurses were recruited to the five week study and randomly assigned to two groups. **INTERVENTION:** A 15 minute back massage once a week. The control group did not receive any therapy. **MAIN OUTCOME MEASURES:** Demographic information, a life events questionnaire and a brief medical history of all participants was completed at enrolment. Physiological stress was measured at weeks one, three and five by urinary cortisol and blood pressure readings. Psychological stress levels were measured at weeks one and five with the State-Trait Anxiety Inventory (STAI). **RESULTS:** Differences in the change in urinary cortisol and blood pressure between the two groups did not reach statistical significance. However, STAI scores decreased over the five weeks for those participants who received a weekly massage. The STAI scores of the control group increased over the five week period. These differences between the groups were statistically significant. **CONCLUSION:** The results of this study suggest that massage therapy is a beneficial tool for the health of nurses as it may reduce psychological stress levels. It is recommended that further large studies be conducted to measure the symptoms of stress rather than the physiological signs of stress in nurses. (Author)

20060627-11

Pediatrician self-care after disasters. Madrid PA, Schacher SJ (2006), Pediatrics vol 117, no 5, suppl, May 2006, pp S454-S457
Discusses the psychological impact of working with the victims of disaster, terrorism, torture, mass murder or war. Highlights the need for practitioners to attend to their own personal needs too and lists the warning signs to look out for. (14 references) (MB)

20060317-3

Stress at work. Georgiou G (2006), RCM News and Appointments Mid-March 2006, p 2
Cases of stress are becoming more common and some are caused by bullying in the workplace. George Georgiou explains what is being done to tackle this and suggests sources of further information. (2 references) (Author)

20051115-58

Vaginal delivery of two cases of brow presentation using multiple Kiwi omnicups. Luker R (2005), Journal of Obstetrics and Gynaecology vol 25, no 6, August 2005, pp 601-603
Presents two cases of failure-to-progress in the second stage of labour due to brow presentation in the occipitoposterior position. (9 references) (Author, edited)

20051005-31

Combating workplace stress. Lomas C (2005), Nursing Times vol 101, no 40, 4 October 2005, pp 22-23
Knowing the difference between 'good' and 'bad' stress, and understanding how to manage it, can transform the quality of your working life. (Author)

20051005-30

Feeling the strain. Shuttleworth A (2005), Nursing Times vol 101, no 40, 4 October 2005, pp 18-20
Workplace stress in the UK is reaching epidemic proportions, with nurses being one of the groups most at risk. But is stress just part of the job or is it a real threat to the profession - and one that employers are failing to address? (3 references) (Author)

20050919-60

Extinguishing the flames of manager burnout with CPR. Simons SL (2005), Neonatal Network: the Journal of Neonatal Nursing vol 24, no 4, July/August 2005, pp 59-60
Discusses the causes of and ways of preventing burnout in nurse managers. Explores the importance of recognition of a plan to mitigate negatives and of a sense of purpose and a positive attitude, as well as making sure managers look after themselves and keep their options open. (7 references)

20050916-21

The art of nurturing. Fuller E (2005), Midwifery Matters no 106, Autumn 2005, pp 10-12

Comments on the need for midwives to look after, or nurture, themselves to avoid burnout. Offers advice on how to do this. (5 references) (MB)

20050810-14

Building our knowledge about emotion work in midwifery: combining and comparing findings from two different research studies. Hunter B, Deery R (2005), Evidence Based Midwifery vol 3, no 1, July 2005, pp 10-15

Aim: To demonstrate the value of combining and comparing research findings from two UK studies where there was evidence of emotion work in midwifery. Approach: A critical review of two major studies, one using ethnography and the other action research. Sample characteristics of studies selected: The ethnography study used a purposive sample of student and qualified midwives 9 n = 56) and the action research study used a case study sample of community midwives (n = 8). Data were analysed using variations on thematic analysis. Findings: Common themes relating to strategies for emotion management were identified. Midwifery was commonly experienced as highly emotional work, but this aspect of work was often unacknowledged and undervalued. Both studies identified relationships with midwifery colleagues and dealing with organisational demands as key sources of emotion work. Emotion management was governed by 'feeling rules' and midwives worked at 'impression management' in order to maintain a professional facade. Differences between the findings of the two studies relate to the midwives' experience of 'doing' emotion work. IN one study this was a potentially positive experience for some midwives, in the other, emotion work was an overwhelmingly negative experience for most of the midwives. This divergence is attributed to variations in the context in which the participants worked. Combining and comparing studies adds to the credibility of each research study, drawing together what is known and what needs to be explored further. Implications for practice include the need to focus on common goals rather than difference, and to make use of models of support, such as clinical supervision, to foster the development of 'emotionally intelligent' midwives. (35 references) (Author)

20050606-44

An action-research study exploring midwives' support needs and the affect of group clinical supervision. Deery R (2005), Midwifery vol 21, no 2, June 2005, pp 161-176

OBJECTIVE: to explore community midwives' views and experiences of their support needs in clinical practice, and then to identify how they would wish to receive such support. Further objectives were to redress the imbalance identified by planning and facilitating a model of clinical supervision devised by the participating midwives. DESIGN: a qualitative study using an action-research approach based on collaboration and participation. Action research has the potential to facilitate understanding of, and is able to adapt to, changing situations within clinical practice. Data were collected in three phases using in-depth interviews and focus groups. SETTING: a large maternity unit in the north of England, UK. PARTICIPANTS: eight National Health Service (NHS) community midwives working in the same team. FINDINGS: recent and ongoing organisational change and increased demands placed on the midwives by their managers were found to be detrimental to the process of clinical supervision and working relationships with their peers and clients. These pressures also inhibited the process of change. The midwives' behaviour and coping strategies revealed an apparent lack of understanding on their part, and that of their midwifery managers, of the regulation of emotion and the amount of energy this generated. Pseudo-cohesion and resistance to change were key defence mechanisms used by the participating midwives. KEY CONCLUSIONS: a large amount of published literature supported the existence of stress and burnout in midwifery, but no research addressed ways of alleviating this situation. Effective facilitation of midwifery support is needed, which can be met through support mechanisms such as clinical supervision. During the process of clinical supervision, strong messages emerged about the necessity to ensure that midwives are prepared educationally for the difficult situations that are brought about through collaborative working. There are also messages about the cultural legacy of NHS midwifery and how this can inhibit autonomous behaviour by midwives. IMPLICATIONS FOR PRACTICE: developing and increasing self-awareness is still not viewed as being intrinsic to the work of the midwife, and midwives are being asked to undertake a level of work for which they have not been adequately prepared. The bureaucratic pressures of working in a large maternity unit exaggerate this further. In this situation, the system is seen as more important than the midwives. (72 references) (Author)

20050510-19

HSE launches project to cut nurse stress. (2005), Nursing Times vol 101, no 19, 10 May 2005, p 4

Briefly reports on a new government funded project, the 'Willing 100' which aims to reduced stress-related illness, and could be of benefit to nurses working in the NHS. The project is so named because it covers 100 organisations in

20050218-54

Predicting self-assessed health status in women: what counts for German midwives and medical office assistants?.

Reime B, Tomaselli-Reime S (2004), Canadian Journal of Midwifery Research and Practice vol 3, no 3, Winter 2004-2005, pp 11-23

Previous studies on women's work and health have tended to summarize women's occupations in broad categories and ignore job-specific workload. We compared occupational characteristics, burnout, health behaviour, and predictors of subjective health status between German midwives and medical office assistants (MOAs). We conducted a cross-sectional survey using a standardized questionnaire with items addressing aspects of the occupational biography, job characteristics, unpaid work, social support, gender role orientation, and health status and behaviour. Burnout was measured using the Maslach Burnout Inventory (MBI, Maslach and Jackson 1986). Altogether 386 questionnaires for midwives and 552 questionnaires for MOAs were sent out (response rates 60.4% and 44.1% respectively). Chi-square- and Mann-Whitney-U-tests and multiple regression models were conducted. Significant group differences were found regarding, for example, satisfaction with salary and control. More midwives than MOAs would choose their profession again ($p < 0.001$). The level of burnout was medium for MOAs. Midwives had medium levels of burnout on two subscales and low levels on one subscale of the MBI. Health behaviours such as smoking, alcohol consumption and exercise did not differ between the occupations. Midwives conducted breast self-examination and ate whole-wheat products more often, whereas MOAs utilized GP and cancer checkups more frequently and consumed more medication. Satisfaction with salary and overtime hours predicted burnout in both occupations. Burnout and smoking were the only overlapping predictors of the health status of midwives and MOAs. Further studies should consider differences between female-dominated occupations when designing appropriate studies on women's health. Increases in salary and reductions in overtime hours may be appropriate interventions for health promotion in these occupations. (34 references) (Author)

20050204-16

Lived experiences of the time preceding burnout.

Ekstedt M, Fagerberg I (2005), Journal of Advanced Nursing vol 49, no 1, January 2005, pp 59-67

AIM: This paper reports a study to illuminate the complex interaction between person and their life world during the burnout development period. BACKGROUND: Burnout is a construct describing the psychological state resulting from ineffective strategies for coping with enduring stress in both client and non-client work. Role conflict and role ambiguity, or long-term stress and frustration caused by strain in daily life, promote or exacerbate burnout, indicating that the person's entire life world is involved. There is still a lack of description of lived experiences of the time preceding manifest burnout. METHOD: Data were collected from interviews with eight people suffering from burnout and analysed using a phenomenological method. FINDINGS: The essential meaning of the phenomenon of burnout is understood as being trapped with stimulating challenges as a self-nourishing drive on one side and with responsibilities and demands on the other. This essence can be illuminated by its eight constituents: inner incentive, feeling responsible, threatened self-image, cutting off, bodily manifestations, psychological manifestations, fatigue and reaching the bottom line. CONCLUSIONS: The lived experiences of the time preceding manifest burnout are an ambiguous struggle. Cutting off is understood as a mean to shelter the threatened self-image in a state of vulnerability and weakened strength. Accordingly, a better understanding of how to reach behind the defence of 'cutting off' and thus help to open up for consolation and self-acceptance is an essential skill for nurses, health care professionals and others encountering the burnout sufferers. Furthermore this study illuminates early signs of burnout and an important issue is how to strengthen the individuals' ability to shelter their need for recovery and restitution. (46 references) (Author)

20041116-16

Learn to manage your stress levels.

Lemin-Stone K (2004), Nursing Times vol 100, no 46, 16 November 2004, pp 74-75
Nursing is a demanding profession, but there are ways of reducing the effects of stress and therefore avoiding burnout. (Author)

20040917-3

Stress and the midwife.

Dimond B (2004), British Journal of Midwifery vol 12, no 9, September 2004, p 577
Discusses the implications for midwifery of a case heard at the House of Lords, which related to stress at work and an employer's duty of reasonable care. (4 references) (SB)

20040827-19

Physicians and nurses with substance use disorders. Shaw MF, McGovern MP, Angres DH, et al (2004), Journal of Advanced Nursing vol 47, no 5, September 2004, pp 561-571

Background: The literature addressing substance use patterns among medical professionals suggests that specialty, gender, age, familial substance abuse, and access/familiarity with prescription drugs are associated with particular chemical dependencies. These studies have rarely compared nurses and physicians directly, thereby making it difficult to tailor interventions to the potentially unique needs of each group. Aim: This paper reports a study to compare the initial clinical presentations, service utilization patterns, and post-treatment functioning of nurses and physicians who received services in an addiction treatment programme. Method: This exploratory study combined data collected through retrospective record reviews and prospective questionnaires. There were three types of dependent variables: initial clinical characteristics, treatment utilization patterns, and post-treatment functioning. The independent variable was membership of either professional group. Time both in treatment and between discharge and follow-up were covariates. Results: Nurses and physicians showed comparable results in most domains. Among the statistically significant differences between groups, a subset was particularly noteworthy. Prior to participating in the programme nurses showed significantly less personality disturbance than physicians, although they tended to work and live in environments with more triggers to relapse, such as other substance users. After the index hospitalization, nurses received less primary treatment, worked longer hours, and were more symptomatic than physicians. Furthermore, nurses reported more frequent and severe work-related sanctions as a consequence of their behavioural disorders. Conclusion: In most areas of study, nurses and physicians demonstrated comparable results; however, a series of statistically significant differences suggest that these groups may have unique clinical needs. The policy implications of these findings are discussed. (52 references) (Author)

20040723-25

Are you dependent on your work?. Persaud R (2004), BMJ Careers 24 July 2004, pp 36-37

Do you feel stressed and overworked? You may have the underlying condition of work dependency. (Author)

20040715-53

Storm troopers. Simms R (2004), Health Service Journal 24 June 2004, p 54

The Health and Safety Executive may have lifted the improvement notice on West Dorset General Hospitals trust but, for many managers, stress remains a big cloud on the horizon. (Author)

20040705-40

Developing Lecturer Practitioner roles using action research. Williamson GR, Webb C, Abelson-Mitchell N (2004), Journal of Advanced Nursing vol 47, no 2, July 2004, pp 153-164

Background. Lecturer Practitioner roles are well established in the United Kingdom. The national literature demonstrates that these staff are valuable to National Health Service trusts and universities however, their roles are busy and demanding, with conflicting expectations from the two employers. In addition, their role in addressing the theory-practice gap - a major reason for their establishment - is at best unclear. Although a number of qualitative studies have explored the topic, there have been no systematic attempts to develop the role or to quantify the effects on postholders. Aim. This paper reports a study that aimed to develop aspects of Lecturer Practitioners' work roles, examine the effects of this on individuals at one English university, and to quantify Lecturer Practitioners' occupational stress and burnout. Methods. A flexible, 'spiral' action research framework and 'collaborative group approach' were used, with mixed methods of data collection. Data were collected through focus groups, meetings and participant feedback, and participants' reflective diaries. A questionnaire using previously validated psychological attitude rating scales was also used to measure occupational stress and burnout, the extent to which the project influenced these, and the influence of Lecturer Practitioners' experience and qualifications. Six null hypotheses were constructed to measure these ideas. Findings from qualitative and quantitative perspectives were triangulated to give depth to the analysis. Findings. Five themes emerged from the focus groups: personal motivation, workload pressures, role clarity, preparation and support, and gains from the role. Specific policies and documentation were developed as a result of this initial project planning work. The findings from the questionnaire indicated that Lecturer Practitioners were no more stressed or burnt out than comparable workers. Synthesis of findings indicated, broadly speaking, that these LPs were 'thriving rather than just surviving'. Conclusion. Action research was an effective methodology for uncovering new knowledge, and bringing about organizational change in this project. (69 references) (Author)

20040519-21

Occupational stress and constructive thinking: health and job satisfaction. Stacciarini JMR, Troccoli BT (2004), Journal of Advanced Nursing vol 46, no 5, June 2004, pp 480-487

Background: Occupational stress is associated with specific situations, characteristics of the work environment, and individual perceptions and reactions in the context of the workplace, but many nursing studies of occupational stress have tended to analyse aspects related to the job itself. In Brazil nursing is acknowledged as a stressful occupation whose stresses are generally associated with the job itself, while the effects of personal characteristics on an individual's response to occupational stress are dismissed. Aims: The aim of this paper is to describe: (1) occupational stress, job satisfaction and state of health in Brazilian nurses, and (2) the relationship of these variables to a constructive thinking coping style. Methods: A correlational study was performed during 1999 with 461 nurses recruited from the public health and education system in the Federal District of Brazil. Instruments used were the Nursing Stress Inventory, Constructive Thinking Inventory, subscales of the Occupational Stress Indicator, and a researcher-designed questionnaire. Results: Normal distributions were found for occupational stress, state of health (physical and psychological), and job satisfaction. Results suggest that nurses have fewer psychological health problems and similar job satisfaction compared with other Brazilian government white-collar workers. Occupational stress was directly associated with state of health, and inversely associated with global constructive thinking and job satisfaction. Conclusions: Brazilian nurses in this study seem to have adapted satisfactorily to their profession, but the finding that constructive thinking was significantly related to psychological ill-health, occupational stress and physical ill-health highlights a need to value individual coping styles in the work environment. (36 references) (Author)

20040511-3

New low back pain in nurses: work activities, work stress and sedentary lifestyle. Yip VYB (2004), Journal of Advanced Nursing vol 46, no 4, May 2004, pp 430-440

Background. Low back pain is common among nurses. Previous studies have shown that the risk of low back pain increases rapidly with greater amounts of physical work and psychological stress, but is inversely related to leisure activities. However, these previous studies were predominantly retrospective in design and not many took account of three factors simultaneously. Aims. This 12-month prospective study examined the relationships between work activities, work stress, sedentary lifestyle and new low back pain. Methods. A total of 144 nurses from six Hong Kong district hospitals completed a face-to-face baseline interview, which was followed-up by a telephone interview. The main study measures were demographic characteristics, work activities, work stress, physical leisure activities and the nature of new low back pain during the 12-month follow-up period. Level of work stress, quality of relationships at work, level of enjoyment experienced at work, and work satisfaction were self-reported. Results. Fifty-six (38.9%) nurses reported experiencing new low back pain. Sedentary leisure time activity was not associated with new low back pain. Being comparatively new on a ward (adjusted relative risk 2.90), working in bending postures (adjusted relative risk 2.76) and poor work relationships with colleagues (adjusted relative risk 2.52) were independent predictors of new low back pain. Conclusion. The findings of this study suggest that low back pain is a common problem in the population of nurses in Hong Kong. Being comparatively new on a ward, bending frequently during work and having poor work relationships with colleagues are independent predictors of new low back pain. Training for high-risk work activities and ergonomic assessment of awkward work postures are essential. Moreover, relaxation and team-building workshops for nurses, especially those who are less experienced in the type of work on their current ward, are recommended. (70 references) (Author)

20040329-84*

Organization of nursing care and stressful work characteristics. Makinen A, Kivimaki M, Elovainio M, et al (2003), Journal of Advanced Nursing vol 43, no 2, July 2003, pp 197-205

BACKGROUND: Occupational stress is assumed to arise from social arrangements that are partially determined by the modes of organization of work. However, there is little systematic research on the extent to which modes of organizing nursing work are related to stressful characteristics of work. OBJECTIVES: This study explored the relationship between modes of organizing nursing and stress. METHODS: Survey responses on modes of organization of nursing were collected from 27 ward sisters and those on stressful work characteristics from 568 nurses working in 27 wards with different nursing modes. RESULTS: Four different nursing modes (primary, modular, team and functional nursing) were not consistently associated with stress. Statistically significant associations involved only certain features of these modes and specific components of stress. After the effects of demographic and ward characteristics were controlled for, hierarchical regression analyses showed that opportunity to write nursing notes decreased the likelihood of nurses' stress because of problems in interpersonal relationships. Writing nursing notes is common in patient-focused nursing modes (primary and modular nursing). Other features of nursing modes were not associated

with stress. **DISCUSSION:** In general, nursing mode is not associated with stressful job characteristics. However, certain aspects of patient-focused nursing reduce the likelihood of interpersonal problems among staff. (44 references)
(Author)

20040312-39

A comprehensive model for predicting burnout in Korean nurses. Lee H, Song R, Cho YS (2003), Journal of Advanced Nursing vol 44, no 5, December 2003, pp 534-45

BACKGROUND: Although burnout among nurses has been studied in a great deal, this work has not included Korean nurses. Furthermore, the role of personal resources such as empathy and empowerment in predicting the variance in burnout has never been examined. **AIM:** The purpose of this study was to understand the phenomenon of burnout among Korean nurses. A comprehensive model of burnout was examined to identify significant predictors among individual characteristics, job stress and personal resource, with the intention of providing a basis for individual and organizational interventions to reduce levels of burnout experienced by Korean nurses. **METHODS:** A cross-sectional correlational design was used. A sample of 178 nurses from general hospitals in southern Korea was surveyed from May 1999 to March 2000. The data were collected using paper and pencil self-rating questionnaires and analysed using descriptive statistics, Pearson correlations, and hierarchical multiple regression. **RESULTS:** Korean nurses reported higher levels of burnout than nurses in western countries such as Germany, Canada, the United Kingdom and the United States of America. Nurses who experienced higher job stress, showed lower cognitive empathy and empowerment, and worked in night shifts at tertiary hospitals were more likely to experience burnout. **CONCLUSIONS:** Identifying a comprehensive model of burnout among Korean nurses is an essential step to develop effective managerial strategies to reduce the problem. Suggestions to reduce the level of burnout include enhancing nurses' cognitive empathy and perceived power, providing clear job descriptions and work expectations, and exploring nurses' shift preferences, especially at tertiary hospitals. In future research we recommend recruiting nurses from broader geographical areas using random selection in order to increase the generalizability of the findings. (49 references) (Author)

20040225-35*

Healthy attitudes: quality of working life in the London NHS 2000-2002. Perryman S, Robinson D (2004), Brighton: Institute for Employment Studies January 2004. 178 pages

Report examining health professionals' attitudes towards the quality of their working lives in London. Among its findings, it discovered that midwives suffer more harassment and violence than any other professional group, proportionate to its size. Thirty-eight percent of the midwives questioned said that they had suffered harassment in the previous year. It also found that midwives were less satisfied in their jobs than any other nursing group and rated their professional development opportunities as poor or non-existent. (RM)

20040219-19

How to... manage stress. Hoban V (2004), Nursing Times vol 100, no 2, 13 January 2004, pp 64-65

The demands of nursing make stress management a vital career skill. (Author)

20040219-17

Creating a better work environment. Whyte A (2004), Nursing Times vol 100, no 2, 13 January 2004, pp 18-20

The look and feel of the workplace has an enormous impact on how we feel about our jobs. Now nurses are being given the opportunity to create better workspaces. (Author)

20040120-9

Workplace stress in nursing: a literature review. McVicar A (2003), Journal of Advanced Nursing vol 44, no 6, December 2003, pp 633-642

BACKGROUND: Stress perception is highly subjective, and so the complexity of nursing practice may result in variation between nurses in their identification of sources of stress, especially when the workplace and roles of nurses are changing, as is currently occurring in the United Kingdom health service. This could have implications for measures being introduced to address problems of stress in nursing. **AIMS:** To identify nurses' perceptions of workplace stress, consider the potential effectiveness of initiatives to reduce distress, and identify directions for future research. **METHOD:** A literature search from January 1985 to April 2003 was conducted using the key words nursing, stress, distress, stress management, job satisfaction, staff turnover and coping to identify research on sources of stress in

adult and child care nursing. Recent (post-1997) United Kingdom Department of Health documents and literature about the views of practitioners was also consulted. FINDINGS: Workload, leadership/management style, professional conflict and emotional cost of caring have been the main sources of distress for nurses for many years, but there is disagreement as to the magnitude of their impact. Lack of reward and shiftworking may also now be displacing some of the other issues in order of ranking. Organizational interventions are targeted at most but not all of these sources, and their effectiveness is likely to be limited, at least in the short to medium term. Individuals must be supported better, but this is hindered by lack of understanding of how sources of stress vary between different practice areas, lack of predictive power of assessment tools, and a lack of understanding of how personal and workplace factors interact. CONCLUSIONS: Stress intervention measures should focus on stress prevention for individuals as well as tackling organizational issues. Achieving this will require further comparative studies, and new tools to evaluate the intensity of individual distress. (Author)

20031211-41

Nursing stress: the effects of coping strategies and job satisfaction in a sample of Australian nurses. Healy CM, McKay MF (2000), *Journal of Advanced Nursing* vol 31, no 3, March 2000, pp 681-688

The study reported in this paper examined relationships between nursing work-related stressors and coping strategies, and their impact upon nurses' levels of job satisfaction and mood disturbance. It was proposed that higher levels of perceived work stress and use of avoidance coping would increase mood disturbance, while problem-focused coping would be associated with less mood disturbance. The study also aimed to explore the possible 'buffering effects' of using humour in coping with stress, and the effect of job satisfaction on the stress-mood relationship. The sample consisted of 129 qualified Australian nurses who volunteered to complete standardized questionnaires, including the Nursing Stress Scale, Ways of Coping Questionnaire, the Coping Humour Scale, Job Satisfaction Scale of the Nurse Stress Index, and the shortened version of the Profile of Mood States. Results revealed a significant positive relationship between nursing stress and mood disturbance, and a significant negative relationship between nursing stress and job satisfaction. The use of avoidance coping and the perception of work overload were found to be significant predictors of mood disturbance. No evidence was found to indicate that the use of humour had a moderating effect on the stress-mood relationship but there was support for the influence of job satisfaction upon this relationship. These results provided some support for a transactional model of stress since situational factors were found to influence the nurses' coping and perceptions of stress. (28 references) (Author)

20031201-67

Is midwife workload associated with quality of process of care (continuous electronic fetal monitoring [CEFM]) and neonatal outcome indicators? A prospective study in consultant-led labour wards in Scotland. Tucker J, Parry G, Penney G, et al (2003), *Paediatric and Perinatal Epidemiology* vol 17, no 4, October 2003, pp 369-377

Evidence for staffing recommendations in labour wards is scant. This study aimed to test association between midwife workload with adjusted process of continuous electronic fetal monitoring (CEFM) and neonatal outcome indicators. This was a prospective workload study in 23 consultant-led labour wards in Scotland. There were 3489 livebirths during September 2000, and 1561 consecutively delivered women with CEFM case review during the mid-two weeks. Process measures were: adjusted rates of CEFM, appropriate CEFM, and time to medical response for a serious fetal heart trace abnormality. Neonatal outcome indicators were: Apgar score < 7 at 5 minutes, admission to neonatal unit (NNU) > 48 hours, and neonatal resuscitation. Complete information was available for 99% (2553/2576) of workload time points, 99% (1559) of CEFM process, and 3083 eligible neonates. There were no associations between occupancy or staffing ratios and adjusted CEFM process, Apgar < 7 at 5 minutes (0.98 [0.83, 1.15]) or admission to NNU for > 48 hours (0.97 [0.95, 1.00]). However, there was association between increasing staffing ratios and lower odds of adjusted neonatal resuscitation (excluding bag and mask only) (0.97 [0.94, 0.99]). The direction of effect of increasing workload suggests detriment to outcome indicators, although the size of effect may be small. (23 references) (Author)

20031201-6

Specific determinants of intrinsic work motivation, burnout and turnover intentions: a study among nurses. Janssen PPM, de Jonge J, Bakker AB (1999), *Journal of Advanced Nursing* vol 29, no 6, June 1999, pp 1360-1369

This study of 156 Dutch general hospital nurses tested a theoretically derived model of specific relationships between work stressors and stress reactions. The model proposes four central domains of the work situation, namely work content, working conditions, social and labour relations, and conditions of employment. In addition, the model proposes three important stress reactions, namely a diminished intrinsic work motivation, occupational burnout and an inclination to leave the job. More specifically, it was hypothesized that (i) intrinsic work motivation is primarily

determined by work content variables, (ii) burnout is primarily determined by both work load and limited social support, and (iii) propensity to leave is primarily determined by conditions of employment. All these relationships were simultaneously tested using a structural equations modelling technique. The results of a series of LISREL analyses indicate that the postulated model fits well to the data. The present study used conceptually integrated measures that cover the area of work stress and stress reactions, and provides directions for interventions aimed at preventing or reducing specific negative outcomes of work-related stress in general hospitals. (75 references)

(Author)

20031201-5

Emotional contagion, empathic concern and communicative responsiveness as variables affecting nurses' stress and occupational commitment. Omdahl BL, O'Donnell C (1999), Journal of Advanced Nursing vol 29, no 6, June 1999, pp 1351-1359

Based on data gathered from registered nurses at two hospitals, this research examined the extent to which empathy variables contributed to nursing stress and occupational commitment. The empathy variables examined were emotional contagion (i.e. sharing the emotions of patients), empathic concern (i.e. being concerned for patients) and communicative effectiveness (i.e. effectively communicating with patients and their families). Nursing stress was explored through the variables of depersonalization, reduced personal accomplishment and emotional exhaustion. Multiple regression analyses revealed that the combination of the three emotional communication variables explained significant proportions of the variance in all three of the stress variables, as well as occupational commitment. The analyses further revealed that a lack of empathic concern and poor communicative responsiveness accounted for significant proportions of the variance in depersonalization. Lack of empathic concern, poor communicative responsiveness and high emotional contagion significantly contributed to reduced personal accomplishment. Emotional contagion explained a significant proportion of the variance in emotional exhaustion. Emotional contagion also significantly reduced occupational commitment. The findings are discussed in terms of nursing education and administration. (45 references) (Author)

20031126-5

Nurses' cognitive structural models of work-based stress. Taylor S, White B, Muncer S (1999), Journal of Advanced Nursing vol 29, no 4, April 1999, pp 974-983

This study examined the causes of stress experienced by National Health Service nurses in England over the course of a single week with the aim of generating a cognitive structural model. Qualitative data served as the foundation of a network study which employed inductive eliminative analysis. These data were also analysed using conventional qualitative methods and by content analysis. The results were consistent with previous studies that identified a number of primary sources of stress. However, the network study indicated that two systems of causation were operating. The first centres on inadequate staffing levels, which were seen as leading to poor attitudes and abilities among colleagues, multiple work roles and lack of support. Lack of support also contributed to powerlessness and poor attitudes and abilities. The behaviour of managers was strongly endorsed as a direct cause of stress, but the strongest explanatory link was through staffing levels and powerlessness. The second system of causation related patients' suffering to stress. The qualitative data validated the network study results through elaborating the understanding of the respondents' nominated causes. Discussion focused on the pressure and frustration experienced by nurses because of organizational factors and interaction effects with the caring nature of nursing work. It is suggested that nursing discourse is subordinated to managerial and biomedical discourse reflecting the relative powerlessness of nurses. The extent to which such powerlessness is primarily a result of the failure of nurses to assert themselves or intrinsic organizational factors is not clear. The consequences of a stressed and demoralized nursing workforce on the quality of patient care and risk profile are identified as the focus for future research. (36 references) (Author)

20031105-5

Combating stress. Crouch D (2003), Nursing Times vol 99, no 5, 4 February 2003, pp 22-25

New approaches to occupational health mean there is much that employers and staff can do to reduce stress levels in nursing. Describes the role that counselling can play in helping nurses identify and deal with stress in their lives.

(Author, edited)

20031003-16

Effort-reward imbalance and burnout among nurses. Bakker AB, Killmer CH, Siegrist J, et al (2000), Journal of Advanced

This study among a sample of 204 German nurses tested the hypothesis that an imbalance of high extrinsic efforts spent (i.e. job demands) and low extrinsic rewards obtained (e.g. poor promotion prospects) are associated with the burnout syndrome: the depletion of nurses' emotional resources. The results of a series of analyses of variances confirmed this hypothesis, by showing that those nurses who experienced an effort-reward imbalance (ERI) reported higher levels on two of the three core dimensions of burnout (i.e. emotional exhaustion and depersonalization) than those who did not experience such an imbalance. Moreover - as additionally hypothesized - significant interaction effects indicated that burnout (i.e. emotional exhaustion and reduced personal accomplishment) was particularly prevalent among those nurses who experienced ERI and put relatively high intrinsic effort into their jobs, as reflected by their strong tendency to be personally in control over job conditions. (37 references) (Author)

20030902-41

Reducing distress in first level and student nurses: a review of the applied stress management literature. Jones MC, Johnston DW (2000), Journal of Advanced Nursing vol 32, no 1, July 2000, pp 66-74

Following recent evidence of continuing high levels of distress in both trained and student nurses, a critical review of the stress reduction and stress management literature targeting both trained and student nurses is presented. Using a systematic approach, some 36 studies dating from 1980 until the present day were identified adopting either pre-experimental, quasi-experimental or experimental designs. While many work-site programmes in this series were successful in terms of adaptive changes in problem-solving, self-management skills including relaxation and interpersonal skills, affective well-being, and work performance, a number of design and evaluation inadequacies were identified. The relative lack of home-work interface or organizational level programmes to reduce work-related distress, and the scarcity of interventions targeting aspects of the work environment likely to contribute to such outcomes may have contributed to continuing high levels of distress in trained and student nurses. Recommendations regarding the future design, provision and evaluation of such work-site interventions include the further clarification of the structure of perceived stressors, and development of causal models of the stress process to identify the job characteristics 'causing' work-related distress. Such an approach would inform the design and implementation of evidence-based organizational level interventions augmenting strategies to target the health behaviour, lifestyle/risk factors and self-management skills of practitioners and students with attempts to amend problematic elements of the psychosocial work environment. (93 references) (Author)

20030902-17

Beating stress. (2003), Midwifery News [New Zealand College of Midwives] issue 30, September 2003, p 4

Midwifery + stress can = burnout. Midwifery News looks at some recent writings on countering stress and caring for yourself. (Author)

20030822-31

Action on stress in nursing. Hunt S (2003), Nurse 2 Nurse vol 03, no 07, July 2003, pp 14-15

You are not alone if you are feeling stressed. One in five people in the UK are experiencing unacceptably high levels of work related stress (HSE 2001) with stress now the top reason for NHS sick leave. A recent report by Neurolink (Russell 2001), an independent board of mental health experts, suggested that it was now more common for nurses to take time off because of stress than a cold. Ninety-six per cent of health professionals responding to the neurolink questionnaire felt that stress was compromising their performance at work. This same survey indicated that a third of nurses are suffering from mental health problems such as anxiety and depression. Working with people who are ill and in pain or discomfort is, in itself, demanding and potentially stressful. It is therefore essential that the well being of the carer is paramount to the success of the service he/she provides. (11 references) (Author)

20030703-51

Opinion: so what happens now?. Young C (2003), Midwifery News [New Zealand College of Midwives] Issue 28, March 2003, p 10, 27

Argument that the strides that have been made by midwives in New Zealand to increase their professional status and undertake complicated births has resulted in a moving away from the philosophy of natural childbirth to a medical model of midwifery care. Notes a change in terminology and practices, so that now pregnancy is 'diagnosed' and scans are a routine expectation. Questions whether the role of the midwife-doctor is a desirable one, since it has increased workloads and is leading to stress and burnout in the profession. (RM)

20030528-11

Not just a day at the seaside. Sutton F (2003), MIDIRS Midwifery Digest vol 13, no 2, June 2003, pp 170-171

Midwives working closely with women who use drugs and alcohol in pregnancy suffer from particular job-related stresses. Some midwives from the south west of England chose to get together informally in order to share their experiences with one another. They found this peer support had the benefit of reinvigorating them for this sometimes very difficult work. Over the period of about a year, these meetings had grown to incorporate an increasingly large geographical area, with more midwives attending each meeting. Were we to become victims of our own success, how long would our managers give us the time to attend these meetings? We felt that we ought to let people know we were around and tell them why these meetings are so important to us and so this article about us was conceived. (Author)

20030515-1

Low morale and burnout; is the solution to teach a values-based spiritual approach? Brown C (2003), Complementary Therapies in Medicine vol 9, no 2, May 2003, pp 57-61

In the busy and stressful environment of hospitals and community care how can we bring the best care to our patients and at the same time feel enriched by the work? (Author)

20030414-84

Leaving the conveyor belt. Wells B (2003), Midwifery Matters no 96, Spring 2003, p 7

A personal account of the author's decision to stop working as a clinical midwife but continue her work on the neonatal unit. (JSM)

20030224-56

The effects of a dramatic and traumatic experience on midwives in independent practice. Calvert I (2002), In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-ROM Vienna 2002. The Hague: ICM 2002. 7 pages

In New Zealand midwives may practice autonomously and therefore be the Lead maternity carer for women. Women are entitled to choice and control over their birthing experience. The emphasis of the article will therefore be on those midwives working in independent practice and provide continuity of midwifery carer. This is not to suggest that midwives in other situations will not experience similar emotions. A dramatic experience is something that occurs suddenly and is striking and impressive. A traumatic experience is something that is described as unpleasant and may be due to injury, violence or emotional shock. A dramatic experience may occur with traumatic consequences in any situation and childbirth is no exception. Caregivers strive to provide women with the optimum birth experience. They are aware that certain adverse situation may produce acute stress or Post Traumatic Stress Disorder for the woman. Are they also aware of the influence of such a traumatic situation on the caregiver? This article will discuss the impact of dramatic and traumatic experiences for midwives. How the situation may impact on her family and her practice. The support systems available will be outlined. The fear of litigation and the importance of risk management will be introduced as well as the concept of reflective practice. (24 references) (Author)

20030106-36

Staffing, stress, bullying and the midwife. Dimond B (2002), British Journal of Midwifery vol 10, no 11, November 2002, pp 710-713

In the light of the serious staffing situation in midwifery services, identified by the RCM annual statistics, this article looks at the law relating to stress and bullying and a recent Court of Appeal decision. (8 references) (Author)

20021128-2*

Beating stress in the NHS. Chambers R, Schwartz A, Boath E (2003), Abingdon: Radcliffe Medical Press 2003. 160 pages

The multidisciplinary authorship intends this book to be of use to all staff (professional and ancillary) working in the NHS. In reality, it often favours doctors and nurses. Ancillary workers receive less attention and midwifery is rarely (if at all) mentioned as a profession. A certain level of analytical and academic attainment is required to fully appreciate the context in which the text is written.

The book is well structured and has a logical flow. There are six chapters; the first two discuss the theory' of stress and the remainder consider the management of stress from various perspectives. A brief overview of the individual

chapters is provided in the initial introduction, a summary at the end (or start) of each chapter would have been useful. The book begins well with a concise introduction giving clear objectives about what the reader can expect to achieve. The authors make an early conclusion that 'working in the health service is bad for your health!'p1 This gives a feeling of negativity from the start and several pages later I thought that reading this book might be bad for my health! It gives the impression that this may not be light reading and could involve a lot of work. When I started reading the book I did not consider myself stressed but doubted whether someone who is feeling stressed would survive it. To break up the text there are illustrations and cartoons throughout, but the intensity of the text tends to distract one from fully appreciating the humour of these. One of the problems I found is that it is a long time before the reader reaches the more practical approach to stress management. Whilst I fully support the theoretical input, there is an imbalance between practice and theory. There is some degree of interaction in the form of exercises that begin early in the book and continue throughout. Though useful, many of these appear to focus on the negative and as such are not as enjoyable as they have potential to be. But, it gets better as it goes along. For me, and I think for midwifery, the usefulness of this book becomes apparent in Chapter 4. If there is anything in this book to stimulate and motivate midwives this is it. I found this chapter very interesting and useful, not necessarily to manage stress, but many of the principles around team building and quality issues could be applied to midwifery practice in the NHS. Chapter 5 is also a valuable resource in terms of personal planning and development. I feel that the authors have assumed a certain level of knowledge and understanding and some readers may find implementation of the exercises a challenge. It is certainly not something that can be done quickly and I fear that for the midwife employed in the NHS it may be resource prohibitive. I feel one would need a lot of motivation to work through these exercises and unfortunately, as the authors acknowledge early in the book, motivation is something that can be difficult to master when one is feeling stressed. In summary, I think this book has a huge potential but unfortunately there is an imbalance between the presented theory and the practice that can be realistically achieved by a stressed midwife in the NHS. At £24.95, I feel it is good value for money in terms of the resource it provides. There are a few other books available on stress, healthcare and the workplace and I feel this book compares favourably in terms of the up-to-date references applied and the attempt to meet the challenge of translating theory to practice in this complex subject. Though it aims to be interactive and applicable in practice, for me personally its main use would be as an academic reference text. Reviewed by Helena Knowles, midwifery lecturer.

20021108-20

Care for the caregiver. Lynch B (2002), Midwifery vol 18, no 3, September 2002, pp 178-187

The issue of caring for the midwife caregiver is a complex issue when viewed within a global context. While national health-care systems vary significantly, midwives around the world are affected by the policies of economic globalisation. Caring for the caregiver must take place within the notion of a worldwide community of midwives, where caring for the caregiver is seen as caring for each other. In this address I examine the issue of caring for the caregiver from four perspectives: global, professional, workplace and personal. As midwives living and working in stressful environments, we are called upon to examine the ways in which we may be contributing to the systems that create the stresses. From the capabilities available to us through the International Confederation of Midwives to apply political pressure to global policies, to individual workplace conditions, midwives can affect change. By exploring alternative models and attitudes and challenging the status quo, we can apply our midwifery skills of caring to each other. (17 references) (Author) [Keynote address given at the 26th Triennial Congress of the International Confederation of Midwives, Vienna, Austria, April 2002.]

20020919-12

Bereavement, grief and the midwife. Burden B, Stuart PC (2002), Practising Midwife vol 5, no 8, September 2002, pp 14-17

Providing care for bereaved parents can cause stress and grief to the carer. (23 references) (Author)

20020821-19

Critical incident stress in midwifery practice. McNiven P, Robertson A (2001), Association of Ontario Midwives Journal vol 7, no 4, Winter 2001, pp 144-146

Review of stress experienced in midwifery following critical incidents. Signs of stress and ways of coping with it, including professional support and debriefing, are examined. (9 references) (KL)

20020724-19

Autonomy and commitment to life outside midwifery: women, work and midwifery. Durham R (2002), In: Mander R

Due to increased autonomy the midwife has been experiencing new tensions in her struggle to balance the competing demands of life and work on the one hand, and science and art on the other. In this chapter some of these tensions will be explored and recommendations for addressing them offered. (47 references) (Author, edited)

20020115-44

The midwife's ultimate paradox: a UK-based study of the death of a mother. Mander R (2001), Midwifery vol 17, no 4, December 2001, pp 248-258

Objective: to identify the meaning of the death of a mother to the midwife providing care for her. Design: a qualitative study in which the fieldwork comprised mainly semistructured telephone interviews. Data were also collected by letters and e-mail correspondence. Setting: the midwife informants are based in the UK. Participants: because of the sensitive nature of the topic, a volunteer sample of midwives who had 'experienced' the death of a mother was appropriate. Further 'non-experienced' midwives were recruited using a snowball technique. Findings: the midwife's experience of the death of a mother is comparable with that of emergency personnel attending large-scale disasters. It features images intruding, identifying with those involved, encountering death and being unprepared. Key conclusions: the midwife faces a number of psychological challenges following the death of a mother, which justify this event being considered as a disaster. The findings of implications for practice: this study suggests that there may be a need for cultural change among midwives. It is possible that changes in midwifery education and in the midwife's continuing education may facilitate this. (51 references) (Author)

20020107-15

Stress in midwifery practice: an empirical study. Birch L (2001), British Journal of Midwifery vol 9, no 12, December 2001, pp 730-734

This study was undertaken in the North West of England to identify the contribution that change, and other internal and external factors had on the perceived and actual stress levels of midwives working in teams and also on those who were core staff. The researcher also considered the influence of personality type on perceptions of stress. A series of three questionnaires was sent to 100 midwives and the researcher also had access to data concerning sickness levels before and during the study. The questionnaires gathered basic demographic data, and explored individuals' stress levels, self-perception and self-worth. The response rate was 72%. In this study a larger percentage of 'team' midwives replied than 'core' midwives. Overall, 76% of respondents perceived themselves to be stressed, but the results indicated that 47% scored a low stress score, 47% a medium score and only 6% had a high stress score. Thus the perception of stress was greater than the reality. The research also demonstrated that while workload was thought to be the greatest single cause of stress, other factors made up 62% of the replies. These included conflicts within work and pressures from outside of work. Abstract writer's comments: This is an important piece of research that could be repeated in many units for comparison and to discover the levels of occupational stress in any unit. Stress does affect both the health and attitude of employees and so has an impact on the clients' perception of their care. One of the interesting points that came out of the study was that stress perception was far greater than the 6% shown in the research and that this perception is greater for working mothers, for part-time midwives and for team midwives. Midwives have many other life events that are beyond the work environment, but are major stressors. These might include financial difficulties, sexual and relationship problems, moving house, or interpersonal conflict. Those who felt most stressed also felt that they were unable to refuse when asked to do more and felt unsupported by their colleagues. The other point of interest to note is the midwives' low opinions of the Trust's interventions, such as providing stress counselling and stress awareness sessions. Respondents suggested that other factors such as support from the organisation and from colleagues, and more flexible working times would have been more beneficial. Midwives should read this article and perhaps try to replicate the research by contacting the author. Work place stress, whether perceived or proven, must be addressed as the effects are more far-reaching than the individual's health and happiness. Client satisfaction and safety, and recruitment and retention can also be affected. Abstract written for MIDIRS by Muriel O'Driscoll, stress management consultant.

20010809-53

How to... preserve your mental health. Kirkman S (2001), MIDIRS Midwifery Digest vol 11, no 3, September 2001, p 432

Sandy Kirkman give some useful tips on how to stay sane in an increasingly frenetic workplace. (3 references) (VDD)

20010809-18

The death of a baby in our care: the impact on the midwife. Cowan L, Wainwright M (2001), MIDIRS Midwifery Digest vol 11,

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no 3, September 2001, pp 313-316

The authors undertook a qualitative study of the effects on midwives of the death of a baby in their care. This article draws on their findings and in particular the long term effects on midwives who have not been able to assimilate these experiences, leading to problems many years later. They discuss ways in which this can be avoided. (21 references) (VDD)

20010117-16

The RCM counselling service. Bowley B (2001), RCM Midwives Journal vol 4, no 2, February 2001, p 43

A summary of the work of the Royal College of Midwives Counselling Service (Tel: 0845-6050044). The service is available to all RCM members and their families, 24 hours a day, 365 days a year, and is staffed by fully qualified counsellors. (RGW)

20001013-01

Diagnosing and treating burnout. Booth T (1999), International Journal of Childbirth Education vol 14, no 3, September 1999, pp 4-5

Describes several symptoms of burnout specific to the field of childbirth education, together with a variety of ways the problems can be treated in order to maintain enthusiasm. (3 references) (JAL)

20001007-14

Facilitating the grief process: the role of the midwife. Butler M (2000), Practising Midwife vol 3, no 9, October 2000, pp 36-37

Margaret Butler explores the support skills midwives can offer, and the support midwives need themselves. The impact of the care provided by the midwife during pregnancy loss can have lifelong repercussions for the grieving parents. Hence the need for midwives to have a heightened awareness of their role. (15 references) (Author)

20000817-19

Survival and resistance. Grove J (2000), Nursing Times vol 96, no 1, 4 May 2000, pp 26-28

Guidance for dealing with bullying at work. Signs for diagnosing stress from bullying are given, and the main categories of bullying are described. (2 references) (Author)

20000602-11*

Stress in health professionals: psychological and organisational causes and interventions. Firth-Cozens J, Payne RL, editors (1999), Chichester: Wiley-Blackwell 1999. 264 pages

Stress levels in health professionals have been shown to be high in many countries and in most staff groups. This creates a personal cost to the individuals concerned, a financial cost to the organisations in terms of absence, early retirement and complaints, and a health cost to patients in terms of the risk of poorer quality care that is received by patients from stressed or dissatisfied staff. At a time when health organisations worldwide are striving to reduce costs and to increase quality, addressing the psychological well-being of their staff has necessarily risen high on their priorities. Stress in Health Professionals reports on the latest research from around the world on the cause of stress in health professionals and on the ways to intervene to reduce stress levels. In doing this, it takes approaches from organisational and clinical psychology to focus on key staff groups. It considers wider issues such as burn-out, teamwork, training and counselling services and investigates the effectiveness of both organisational and individual interventions. Written by experts from a broad range of areas, the chapters include: the latest evidence on the levels and sources of stress in health staff; links between stress and patient care; individual differences in the stress process; ways to set up counselling services; the importance of teamworking; a strong focus on interventions and their evaluation. This volume is an important resource for managers, health professionals, trainers and health organisations, and also for those involved in research in this important area of individual and organisational well being. (Publisher)

20000414-03\$

RCM Counselling Service. (2000), RCM Midwives Journal (Mid-Month Supplement) February 2000, p 1

The Royal College of Midwives has launched a 24-hour telephone counselling service for members, providing counselling on a wide range of personal and professional matters. (JAL)

20000216-09

The RCM [Royal College of Midwives] in 2000 and beyond. Skewes J (2000), RCM Midwives Journal vol 3, no 2, February 2000, p 41

The author highlights three new developments from the Royal College of Midwives (RCM) for 2000. The first is a new 24-hour telephone counselling service, providing support and advice for members on a wide range of subjects from workplace stress to debt counselling and bereavement. Information is also given on how the RCM hopes to influence maternity services within the new primary care trusts, and a forthcoming conference on 24 March promoting working partnerships. (JAL)

20000215-42

The emotional work of being a midwife. Hunter B (2000), Practising Midwife vol 3, no 2, February 2000, pp 34-36

Part of what makes midwifery stressful is the emotional labour it requires. (23 references) (Author)

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