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## Is caseload midwifery a healthy work-form? – A survey of burnout among midwives in Denmark



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### Introduction

In recent decades, there has been a strong focus on the planning of care during pregnancy and labour investigating how different models of care are evaluated or experienced by the woman and her family [1–7]. During the last ten years, there has also been an increasing interest in how models of care impact the well-being and working conditions of midwives with qualitative as well as quantitative studies undertaken in this area [8–11]. The well-being of midwives was also the focus of this study.

Health-care professionals may be at risk of work-related stress [12,13] leading to high attrition rates as is evidenced in a tendency towards midwives leaving the midwifery profession before retirement age [14–17]. In England, Curtis found that dissatisfaction due to role conflict, inadequate staffing, and unsupportive management were reasons for leaving midwifery [14], and Hunter claimed that high job demands stressed midwives and contributed to low morale, high sickness, and high attrition [17]. In Australia, Pugh found that a shortage of midwives was partly due to midwives retiring prematurely because of high attrition [15].

Paying attention to the well-being of midwives is important to prevent work-related stress. To obtain measurable information about working conditions and well-being, several studies have investigated the level of burnout among midwives [18–23]. A Swedish survey of 978 midwives with a response rate of 48.6% (475 midwives) found more than one third reporting some level of burnout [19]. A similar study from the UK, with a 54% response rate (128 midwives) among 238 surveyed midwives, showed that working hours were positively associated with burnout [18]. Interestingly, community midwives (working in teams or group practices) when compared to hospital midwives, had a higher score on stress recognition, but were more likely to feel in control, and had a higher degree of job satisfaction [18].

A large Danish population survey, the PUMA (Danish acronym for Project of Burnout, Motivation and Job Satisfaction) conducted in the human services sector, found that midwives had the highest levels of personal and work-related burnout and the second highest level of client-related burnout of all professions in the study [13]. As part of the PUMA study, The Copenhagen Burnout Inventory (CBI) was developed, validated, and evaluated to be able to measure burnout [24]. CBI is translated into eight languages and has been used worldwide [19,21,22].

In Denmark, midwives were authorised 300 years ago and midwifery led practice has been the standard model of care for all women during all pregnancies and labours since then [25]. Danish midwives are authorised to be in charge of managing uncomplicated childbirth. If complications arise, midwives will refer to obstetricians, but will continue to provide care for these women throughout labour [26]. Since the PUMA study in 1999–2005, different models of care such as team midwifery and caseload midwifery have been implemented. It is of interest to examine whether the level of burnout differs across the models of care and to compare the present level of burnout to the level of burnout ten years ago.

Caseload midwifery is a model of care focusing on continuity, ensuring that childbearing women receive their antenatal, intrapartum, and postnatal care from one or only a few, known caseloading midwives with whom the women can develop a relationship [1]. This model of care has been increasingly popular in Denmark as 16 out of 26 (61%) public maternity units have implemented some kind of caseloading practice for a smaller part of their births. In the North and Central Denmark Regions, around 24% of childbearing women are offered caseload midwifery.

The typical work-form for Danish midwives is to work 37 h per week in 8–12 h shifts, including one day in the antenatal clinic. The midwife will care for any women who may require care during the midwife's working hours. In caseload midwifery, this rostered work pattern for a full-time midwife is replaced by being on call for her/his own caseload of women for up to seven days including a day in the local antenatal clinic, followed by six days of leisure time. The caseload for these midwives is 60 women per year. At

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present, caseload midwives in Denmark have chosen this work-form themselves by applying for vacancies.

Internationally, several studies have shown caseloading practice to have a positive influence on midwives as they are able to work autonomously, and experience high job-satisfaction [8,11,22]. At the same time, midwives working in caseloads experience their job as challenging because of the great impact on their personal lives [22,23,27,28].

This study is situated in Denmark in a tertiary level maternity hospital, defined as a maternity unit with specialist obstetric, anaesthetic and paediatric services onsite. The population in this maternity unit's catchment area is predominately Caucasian and encompasses a wide range of socio-economic classes.

The aim of this study was to investigate burnout among midwives – including a comparison of the level of burnout in caseloading midwives and midwives working in other models of care who do not provide continuity of care.

## Methods

### Design

A cross-sectional survey using the Copenhagen Burnout Inventory (CBI) was carried out to measure the level of burnout among Danish midwives.

### Definition of burnout

Burnout is a complex concept. Fatigue and exhaustion are core-concepts of the PUMA burnout definition, but the additional key feature is “the attribution of fatigue and exhaustion to specific domains or spheres in the person's life” [24] p. 196–197. These domains or spheres are personal burnout, work-related burnout, and client-related burnout.

This definition of burnout is supported by some authors [29] whereas others define “burnout” as a severe psychosocial diagnosis [30]. In the PUMA study, the questionnaire was posted by mail to people who were working; this means that burnout was not regarded as a severe psychosocial diagnosis that would result in sick leave. In the PUMA study, the metaphor of “flat batteries” or “feeling exhausted according to the three different spheres in a person's life” was used to describe burnout [24], thus covering a wide range of expressions of fatigue.

### Procedure

Permission to use the Danish version of the Copenhagen Burnout Inventory Scheme (CBI) was obtained from the National Research Centre for the Working Environment.

The applicability of the CBI questionnaire was discussed in a small project group including the first author and three volunteer midwives. Questions asking about “work-form” and “years since graduation” were added to the CBI to be able to assess the association between these variables and burnout. To ensure anonymity among the midwives, who knew each other well, the answers according to “years since graduation” were recorded in four groups. In this way, no individual midwife was recognisable.

An information letter to the midwives was mailed to their home address but was also distributed via workplace ‘pigeon-holes’ to ensure a high response rate.

The questionnaires were distributed using the midwives' ‘pigeon-holes’ and the midwives returned the questionnaires in a post-box. To measure the response rate, the questionnaires were numbered but randomly distributed. A reminder was sent out a week after distribution.

### Participants and study setting

This study focused on the level of burnout among midwives working in a tertiary unit with approximately 3200 births a year. In this unit, the midwives work in one of four models of midwifery practice: (1) Caseload midwifery, (2) Standard care, (3) Rotating between different departments of the maternity unit and (4) Only working at the labour ward.

- (1) Caseload midwifery is the only model focusing on continuity of care where an individual midwife (and/or her midwife partner) follows an individual woman throughout the duration of her care. In this unit full-time caseloading midwives most often work in pairs succeeding each other with one week on call, one day in the ante-natal clinic and six days of leisure time. Some work in a threesome which means working part-time (equivalent to 30 h a week), being on call for 3.5–4.5 days including a day in the antenatal clinic and followed by six days of leisure time. The midwives conduct consultations in small, local antenatal clinics and attend the women during childbirth, mainly in hospitals. Each full time midwife attends 60 all-risk pregnant women a year but here it should be noted that they have only one contact with the couple after birth because health care nurses provide postnatal care. Further elaboration of this model of care is available in a previous study [31].
- (2) In standard maternity care, midwives are rostered to work 37 h a week per full time midwife. Besides working in the labour ward, the midwives undertake antenatal visits one day a week, but they do not follow individual women through the duration of care. Women can ask for a meeting with the delivery midwife after birth.
- (3) Midwives who rotate between the department for hospitalised pregnant women, the postnatal maternity ward for uncomplicated birth and the labour ward. They work in the labour ward for about 40–50% of their working hours.
- (4) Only working in labour ward means that the midwives are rostered to solely work in the labour ward attending any women giving birth.

All midwives employed in these models of care received the questionnaire (n = 61). If they completed and returned the questionnaire this was regarded as implied consent to participate.

### Ethical considerations

Approval for the study was granted by the chief-midwife at the hospital. The Committee on health research ethics in the North Denmark Region saw “no obstructing ethical issues in this study” and the study was reported to the Danish Data Protection Agency (j.nr. 2014-41-2928) who rated the study to not include sensitive data.

### The Copenhagen Burnout Inventory (CBI)

In CBI, the three domains of burnout: personal, work-related, and client-related burnout are described by nineteen sub-questions (Table 1). Personal burnout consists of 6 sub-questions, work-related burnout of 7 sub-questions, and client-related burnout of 6 sub-questions. Each sub-question is assessed on a Likert scale with five levels ranging from “Never” = 0 to “Always” = 100 points. [32]. The average score for each of the three domains was used in the analysis.

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