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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

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ABSTRACT

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.

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Introduction

Caseload midwifery is a model of care which aims to provide women with continuity of care from a known midwife throughout the maternity care continuum (Australian Institute of Health and Welfare, 2014). Caseload is associated with reduced childbirth interventions, improved neonatal outcomes (McLachlan et al., 2012; Sandall et al., 2016b), and increased satisfaction (McLachlan et al., 2016; Sandall et al., 2016b). Australian Government policy has supported the expansion of caseload midwifery as a model of care (Bryant, 2009; Department of Health Western Australia, 2007; Department of Human Services Victoria, 2004; NSW Department of Health, 2008; Queensland Government, 2008); however, despite this policy as well as the evidence of benefit, availability of the model is still limited (Dawson et al., 2016).

While there are clear benefits of caseload for women and their infants, there has been debate regarding the potential impact of this work on midwives. Some studies have found that caseload midwifery is associated with increased professional satisfaction, autonomy and fulfilment for midwives (Collins et al., 2010; Jepsen et al., 2016; Newton et al., 2016; Turnbull et al., 1995; Yoshida and Sandall, 2013). However, concerns have also been raised regarding the potential for midwives to burnout, due to the on-call and client-focused nature of the work (Sandall, 1997; Stevens and McCourt, 2002; Young et al., 2015).

Caseload work differs from traditional shift-based midwifery work. Midwifery in a shift-based hospital setting has been described as fragmented and organisationally focused (Forster et al., 2011; Homer, 2016). The midwife is rostered to work for either a morning, afternoon or night shift, during which the midwife cares for a defined number of women, handing over care to another midwife at the end of the shift. In comparison, the caseload model focuses on activity-based care; the midwife is on-call and works responsively based on the needs of the women rather than the hospital, and the midwife provides care for the duration of the care episode (within local industrial frameworks), rather than the shift (Newton et al., 2016).

Burnout is a complex phenomenon that has been attributed to working long term in human service industries where the emotionally demanding nature of a job can lead to fatigue and exhaustion (Kristensen et al., 2005). Midwives are thought to be vulnerable to burnout due to the emotional demands of high level engagement and interaction with women and their families (Hildingsson et al., 2013; Schaufeli and Greenglass, 2001). Burnout in midwives has been associated with increased attrition rates (Hildingsson et al., 2013), depression, anxiety and stress (Creedy et al., 2017); however, conversely, the close relationship midwives develop with women (such as in a caseload model) has been found to be protective (Sandall, 1997). A midwife's sense of occupational autonomy and passion for the profession may also be protective against burnout (Jepsen et al., 2016; Newton et al., 2014; Yoshida and Sandall, 2013). Research to date has found that midwives working within a caseload model have lower burnout scores compared with midwives working in other models of care (Fenwick et al., 2018; Jepsen et al., 2017; Newton et al., 2014), and that occupational autonomy, which is associated with caseload work, can be a protective factor against burnout (Yoshida and Sandall, 2013). While these studies provide an indication of the trends toward a lower level of burnout in midwives working within this model, burnout continues to be flagged as a significant issue for midwives working within continuity of carer models (Rolston, 1999; Sandall, 1997; Stevens and McCourt, 2002; Young et al., 2015).

Factors within a caseload model that may contribute to midwives' professional satisfaction may include the close relationship with women, autonomy of practice, working with midwives with a similar philosophy, and social support (Collins et al., 2010; Jepsen et al., 2016; Newton et al., 2016; Sandall, 1999; Turnbull et al., 1995). While increased satisfaction has been associated with working in caseload midwifery in a number of studies (Collins et al., 2010; Newton et al., 2014; Turnbull et al., 1995), it has also been suggested that midwives with particular personal characteristics and attitudes may be attracted to working in caseload (Newton et al., 2014; Turnbull et al., 1995); midwives self-select into the role and therefore may have a different professional attitude than those who elect not to work in this way. Studies that have measured change in professional attitude in midwives working within caseload following introduction of the model showed a positive change in midwives working within caseload as well as more positive professional attitudes compared with midwives not working within the model (Newton et al., 2014; Turnbull et al., 1995), supporting the hypothesis that, although a certain type of midwife maybe attracted to work in the model, the style of work also contributes to a more positive attitude toward midwifery work.

In 2013, we conducted a national study (Exploring Caseload in Australia, *ECO*) examining the prevalence and operation of caseload midwifery care in Australia, exploring the potential for further expansion, and sustainability of existing models. We found a significant increase in the availability of caseload midwifery across the country since 1995; 31% of public hospitals surveyed offered a caseload midwifery model compared to <1% in 1995, with many planning to expand; however only 8% of women overall were receiving caseload care (Dawson et al., 2016). *ECO* included a national survey of maternity managers and midwives, and a survey of graduating midwifery students from one state in Australia, Victoria.

Given the continued debate about the impact of caseload on midwives, this study compared the experiences of caseload and non-caseload midwives across Australia in relation to burnout and attitudes to their professional role.

Methods

Setting and participants

We undertook a national cross-sectional survey of midwives working in Australian public hospitals that offered birthing services. The preceding component of the *ECO* study was a national survey of maternity managers in public hospitals providing maternity services throughout Australia. At the conclusion of this survey, respondents were asked if they would distribute a survey to all permanent midwifery staff members at their organisation.

Data collection tools

The survey was developed specifically for this study based on a previous study of midwives' experiences of caseload midwifery (Newton, 2013). We collected the demographic details of the respondents including age, qualifications, equivalent full time (EFT) fraction worked, and years of experience. Burnout and midwives' attitudes to their role were measured using validated tools: the Copenhagen Burnout Inventory (Kristensen et al., 2005) and the Midwifery Process Questionnaire (Turnbull et al., 1994) respectively. Both the online and hard copy versions of the survey were piloted (Gillespie and Chaboyer, 2016) with midwives and maternity managers who were not eligible for the study (as they worked in areas other than the public maternity system). Minor amendments were undertaken as required, then the survey re-piloted and then finalised.

The Copenhagen Burnout Inventory

The Copenhagen Burnout Inventory (CBI) (Kristensen et al., 2005) has been used in a number of studies in Europe and Australia to assess burnout in midwives (Creedy et al., 2017; Fenwick et al., 2018; Henriksen and Lukasse, 2016; Hildingsson et al., 2013; Jepsen et al., 2017; Jordan et al., 2013; Newton et al., 2014). The CBI incorporates assessment of burnout across three subscales: personal burnout (the degree of physical or psychological fatigue and exhaustion experienced by the person); work related burnout (the degree of physical and psychological fatigue and exhaustion perceived by the person to be related to work);