What is the impact of 12-hour shifts on midwives' emotional wellbeing and ability to safely deliver care?

Jackie Dent, PhD student

Email: j.dent2@herts.ac.uk

Abstract:

Work-related stress and burnout are not uncommon within the midwifery workforce in the UK. The reasons for this are likely to be multifactorial, but organisational issues, like insufficient staffing, 12-hour shifts and dissatisfaction with the quality of care provided are all thought to contribute. Staff within maternity services influence the safety, effectiveness and quality of care a woman, her baby and family receive yet if a midwife's overall wellbeing is significantly affected by stress and low morale, it can have a detrimental impact on the delivery of that care. Despite this, there is currently a lack of research on how organisational issues in midwifery settings might contribute to work-related stress or burnout. 12-hour shifts are thought to have a negative impact on wellbeing, performance and delivery of care, yet the evidence remains conflicting. This study employs a quantitative methodology using a non-experimental design through the use of surveys to explore and analyse the impact of shift length and working practices on midwives' emotional wellbeing and ability to safely deliver care. Cognitive interviewing techniques will be used to pre-test the second survey to promote the validity and reliability of results. Descriptive and inferential statistics will be used in the

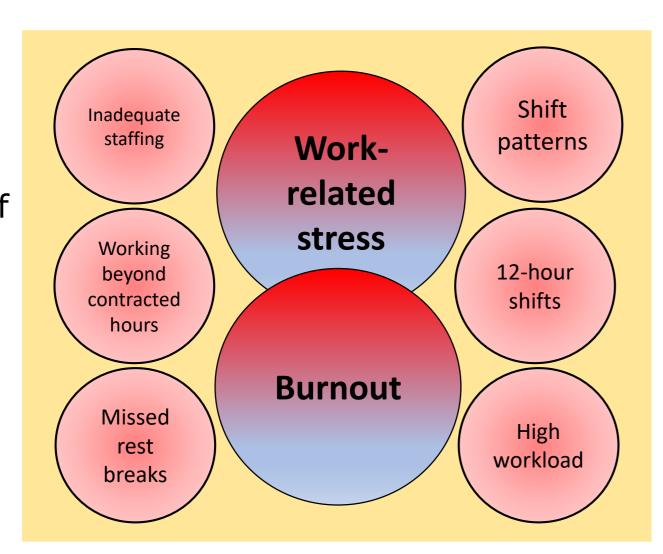
Background:

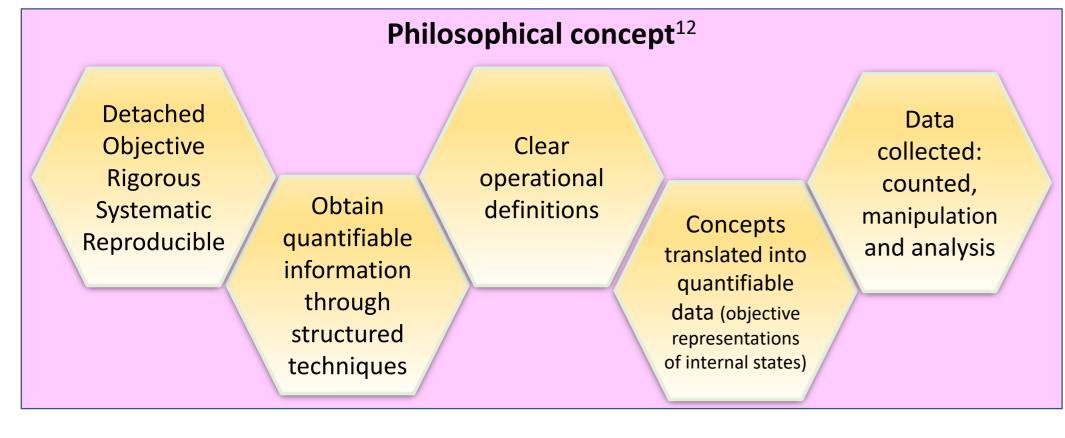
- The prevalence of 12-hour shifts is thought to be increasing yet there is a lack of research on the impact of longer shift lengths in midwifery settings.
- Nursing literature conflicting, with mixed views on job satisfaction¹⁻³ but no negative impact on the quality of care unless shifts exceed 12-hours.⁴⁻⁶

analyses, with control of confounding variables.

- Fatigue and exhaustion appear to be more prevalent in nurses working longer shifts but this could be due to individual tolerances or cultural working practices rather than shift length.^{2,6-8}
- 50% of midwives report work-related stress.⁹ They also have the highest reported levels of working unpaid beyond their contracted hours, more than any other staff group.⁹
- A complex interplay of factors contribute to the emotional wellbeing of midwives, but organisational issues [Figure 1] have repeatedly been found to have a significant negative impact.¹⁰⁻¹¹

Figure 1.
Influential factors on emotional wellbeing of midwives





Research aim:

Explore, analyse and report on how 12-hour shifts impact on the emotional wellbeing of midwives and how this may affect the provision of care.

- Determine the prevalence of 12-hour shifts in midwifery hospital settings in the UK;
- Assess levels of work-related stress among midwives in the UK
- Measure the levels of burnout and job satisfaction in midwives working different shift lengths;
- To explore and analyse potential influences on job satisfaction and causes of burnout amongst midwives;
- To identify and control for confounding variables that may contribute to individual coping mechanisms of shift work, such as workforce diversity or working practices (e.g. missed rest breaks, part-time or full-time working)

Design and methods:



Phase 1:

Online UK national survey of Heads of Midwifery

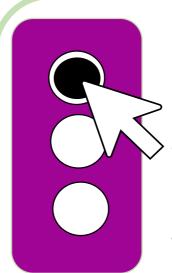
Descriptive data on shift lengths, working practices and safe staffing indicators in hospital settings.

Pre-cursor to analytical survey



Phase 2:

Cognitive interviews: Purposive sample of up to 30 registered midwives working in NHS settings across UK. Structured qualitative method to pre-test quantitative survey questions. Card sort to explore conceptual boundaries of work-related stress



Phase 3:

Online UK national survey of registered midwives currently working in an NHS hospital setting

Analytical survey. Statistical control of variables – explore and test association between variables.

Surveys

What? ✓
Where? ✓
When? ✓
How? ✓

Why? ... not so easy to answer

Seeks to establish associations between variables, not causality

Contribution to the evidence base

- This is the first time a study will explore the impact of shift length and working practices on midwives' emotional wellbeing and ability to safely deliver care whilst controlling for mediating factors in the analyses.
- Due to the current lack of research in this area, the findings of the study could provide a better understanding of working practices and/or challenges within NHS maternity settings.
- The findings could influence policy on safe working practices and may lead to more creative workforce designs.
- The results may provide evidence of those midwives who may be at increased risk of adverse outcomes so strategies can be put in place to support them and their ability to safely deliver care to women and their babies.

References:

903-913

kingdom-the-uk-whelm-study.pdf

- 1. Dall'Ora, C. et al. (2015). Association of 12 h shifts and nurses' job satisfaction, burnout and intention to leave: findings from a cross-sectional study of 12 European countries. *BMJ Open*, *5*, e008331. Doi: 10.1136/bmjopen-2015-008331
- 2. McGettrick, K. & O'Neill, M. (2006). Critical care nurses perceptions of 12-h shifts. *Nursing in Critical Care, 11*(4), 188-197
- Stone, P.W. et al. (2006). Comparison of nurse, system and quality patient care outcomes in 8-hour and 12-hour shifts. Medical Care, 44(12), 1099-1106.
- 4. Rogers, A.E. et al. (2004). The working hours of hospital staff nurses and patient safety: both errors and near errors are more likely to occur when hospital staff nurses work twelve or more hours at a stretch. *Health Affairs*, 23(4), 202-212
- 5. Griffiths, P. et al. (2014). Nurses' shift length and overtime working in 12 European countries. The association with perceived quality of care and patient safety. *Medical Care*, 52(11), 975-981
- 6. Chen, J. et al. (2013). Fatigue and recovery in 12-hour dayshift hospital nurses. *Journal of Nursing Management*, 22(5), 593-603
 7. Clendon, J. & Walker, L. (2013). Nurses aged over 50 years and their experiences of shift work. *Journal of Nursing Management*, 21,
- 8. Hazzard, B. et al. (2013). Work- and nonwork-related factors associated with PACU nurses' fatigue. *Journal of PeriAnesthesia Nursing*, 28(4), 201-209, doi: 10.1016/j.jopap.2012.06.010
- 28(4), 201-209. doi: 10.1016/j.jopan.2012.06.010
 9. National NHS Staff Survey Co-ordination Centre. (2019). Staff survey 2018 detailed spreadsheets. NNSSCC. Retrieved from
- http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Results/

 10. Cramer, E. & Hunter, B. (2018). Relationships between working conditions and emotional wellbeing in midwives. *Women and Birth*, (in
- press) https://doi.org/10.1016/j.wombi.2018.11.010
 11. Hunter, B. et al. (2018). Work, health and emotional lives of midwives in the United Kingdom: The UK WHELM study. Royal College of Midwives. Retrieved from https://www.rcm.org.uk/media/2924/work-health-and-emotional-lives-of-midwives-in-the-united-
- 12. Rolfe, G. (2013). Philosophical basis for research. In E.A. Curtis & J. Drennan (Eds.). Quantitative health research: issues and methods. (pp.11-28). [e-book]. Retrieved from https://ebookcentral.proguest.com