Team midwives' views on team midwifery

What do midwives think about working in a team? This study by **Melanie Haith-Cooper** gives some answers

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Continuity of care schemes using teams and caseloads have been implemented across Britain in order to achieve the target set by Changing Childbirth;[1] that 'at least 75% of women should know their carer in labour'.

These schemes differ widely in their organisation and consequently in midwives' working patterns. This article describes a study undertaken to explore team midwifery from the perspective of team midwives working in one continuity of care scheme in the north of England.

Background

The maternity unit in Bradford established four teams of midwives to provide care across one area of the city. Within each team were eight full-time equivalent midwives. Their role was to provide continuity of care from booking to discharge for all women (high and low risk) within a geographical area. This involved providing community-based antenatal and postnatal care, with a 24-hour on-call service for intrapartum care, mainly within the hospital setting.

There was a wide variation in the areas covered, ranging from the inner city with high levels of poverty and deprivation, to more prosperous and semi-rural areas. Some areas had large numbers of women from ethnic populations, particularly of South-East Asian origin.

Although an audit was undertaken to generate women's opinions of this scheme,[2] consideration also needed to be given to its impact on the team midwives providing care. In implementing the scheme, midwives had to make major changes to their working patterns. This included the provision of an on-call system for women in labour at night. Some midwives needed to become re-skilled in areas of care in which they had not worked for many years. With such major changes, it is vital to understand the impact on the lives of the midwives, and so to evaluate the effectiveness of team midwifery not only from the perspective of the women but also from the perspective of the midwives providing care.

Literature review

There is an increasing body of evidence evaluating the organisation of midwifery services.[3] However, little of this research examines the impact of team midwifery on midwives; the majority of research studies have concentrated on women's experiences of team midwifery.[4,5,6]

Those studies which have evaluated continuity of care schemes from the midwives' point of view have mainly been written by midwives and managers involved in the provision of care and offer mainly positive evaluations.[7,8,9]

From the available research, conflicting findings have been generated. In comparison to other continuity of care schemes, team midwifery has been found to predispose to burnout.[10] The flexible commitments required to work in teams cannot be met by some midwives, especially those with dependants.[11] Other studies, however, found that team midwifery is enjoyable and midwives want to continue working in this pattern of care.[12,13,14] This conflict may be due to the ways in which different schemes are organised; for example, excluding an overnight on-call system may reduce the impact on midwives lives and decrease the risk of burnout.[13]

The largest, most influential study to date[14] examined the impact of team midwifery nationally by interviewing midwives involved in schemes organised in different ways. Most views expressed in the study were positive. The study identified the impact of team midwifery on four key areas (see below) which were important to all team midwives, wherever they worked. These four areas were used as a conceptual framework for this current study to develop questions related to the impact that the scheme had on midwives' lives, both professional and personal. The findings add to the body of evidence evaluating the organisation of midwifery services.

Methodology

A qualitative approach was undertaken to generate in-depth, rich subjective data[15] examining the midwives' thoughts, feelings and opinions about the impact of team midwifery on their lives.

All team midwives in Bradford (a total of 32) were eligible for entry into the study. Because of the constraints of the duty rotas and the fact that midwives were to attend in work time, a convenience sample was the most practical approach. Groups were planned for both morning and lunchtime sessions on weekdays and weekends when most midwives met to plan their workload. It was hoped that this would improve recruitment into the study; in fact only nine midwives attended the groups and were therefore recruited into the study.

Although there were no measures taken to control the sample, there were midwives from all four teams and from all three grades (E, F and G) within the teams. Both full and part-time workers were represented. All had previously worked in both hospital and community settings.

The focus group interviews were undertaken with five and four different midwives participating. Focus groups allow more depth of opinion to surface than in individual interviews, through participants stimulating one another's ideas. It also allows a larger sample to be interviewed in a short space of time.[16,17]

Data was collected and tape recorded using a list of probes to stimulate responses on the four key themes mentioned earlier:[14]

1 Grade and responsibilities

2 Hours and shift patterns

3 Personal and professional development

4 Job satisfaction.

The four open questions were worded: 'How has team midwifery influenced your...?' inserting each of the above themes in turn. The themes were described to the participants at the beginning of the interview to allow them to collect their thoughts.

To maintain anonymity when transcribing the data, participants were coded and the tapes were destroyed once the transcription was completed. The participants were urged not to reveal information about the interviews to other parties. These assurances assisted in increasing the honesty of discussion and therefore the richness and validity of the data received.

Tape recording allowed the researcher to concentrate on the discussion without making notes. Initially, taping appeared to cause the participants discomfort but before long discussion began to flow. Within three days of the interviews, the tapes were transcribed by the researcher, while still fresh in the memory.

Findings and discussion

The categories collapsed down easily into the original four themes, with various issues being highlighted around each. As can be seen from the results (Table 1), the midwives often provided conflicting opinions about the issues raised.

1 Grades and responsibilities

Each team consisted of two G grade team leaders, two F grades and the remainder were E grade midwives. Working within teams appeared to stimulate the midwives to question these grades, with both groups having in-depth discussions about the issue.

All but one participant agreed that team midwives should all be the same grade:

'...all carrying the mobile telephone and having the same responsibility for a caseload of women...'

The midwife who disagreed with generic grading was a G grade. She felt that G grades have an important role as team leaders, providing support to more junior midwives. She believed her knowledge of how the multi-disciplinary system of care worked was an important reason for her grade.

Table 1: Main issues generated from focus groups

GRADES AND RESPONSIBILITIES
Team midwives should all be the same grade/G grades have an important role
The RCM recommendation for a minimum F grade should be upheld in teams
Teams provide good experience for newly-qualified midwives/newly-qualified midwives should not be in teams
There should be a probationary period for E grades

HOURS AND SHIFT PATTERNS
Teams affect family life for the better/the worse compared with traditional working patterns
Team working results in more/less freedom in the evenings
Teams provide more flexibility of hours/team hours are more rigid
On calls cause tiredness

PERSONAL AND PROFESSIONAL DEVELOPMENT
Personal study programmes are easier/more difficult to attend
Statutory study days are more difficult to attend
Team midwives maintain the full range of midwifery skills

JOB SATISFACTION
Continuity of care is poor/good
Team midwifery is rewarding
Using all midwifery skills increases the enjoyment of team midwifery
The level of job satisfaction is high/low
I would like teams to continue

There was a conflict of opinion as to whether newly-qualified midwives should be involved in team midwifery. The G grade expressed concern about them working in the teams without any prior experience. This point was countered by another participant (an E grade):

'...for newly-qualified midwives it gives them a really good experience...'

This opinion supported other researchers' findings that junior midwives appreciate the experience they gain working in teams.[12]

Junior midwives appreciate the experience they gain working with teams

One participant felt strongly that the Royal College of Midwives guidelines that all midwives should be a minimum of an F grade should be upheld within the teams. This supports other findings[14] that E grades believe that they act as fully independent practitioners, which their grade does not reflect. Research suggests that E grade midwives working within teams are more likely to suffer from burnout than higher-grade team midwives.[10]

Many participants believed that there should be a probationary period for E grades, working within the teams before automatically becoming an F grade. This supports practice in some areas where E posts are used developmentally within teams. Once the E grade midwives have developed skills and experience in being a team midwife, then promotion to an F grade is automatic.[14] Adopting this approach would assist in meeting the RCM recommendations for clinical grading. Perhaps it would also reduce the risk of burnout associated with E grades working within the teams.

2 Hours and shift patterns

A major discussion point in both focus groups was the impact of the shift patterns used within the teams on family life. All worked office hours (8.30-5.00) on community-based days, but when on call for intrapartum care the shift times varied. Two teams worked 12-hour shifts (8.00-8.30) both day and night when on call. The other teams worked on call office hours in the day and 15 hours overnight.

Opinions varied as to whether the team shift patterns had a positive or negative impact. One midwife (previously community based) felt that team midwifery had restricted her family life so much that her marriage had suffered:

'...it was literally nearly a divorce for me...'

Another (previously hospital based midwife) felt that her life was now easier with organising childcare, as she had more evenings free. This difference of opinion may have been influenced by the midwives' previous place of work. However, some participants (both ex-hospital and community based) felt that they had fewer free evenings working as a team midwife, due to parentcraft and study commitments. One midwife (previously community based) described the hours as

'...more flexible...'

Another participant (previously hospital based) felt that the shift patterns were more rigid, stating a preference for 12-hour shifts. This suggests that other factors influenced the midwives' opinions on shift patterns and whilst the hours suited some midwives, they clearly did not suit others. No previous research had highlighted this conflict although some studies discussed how the hours had a negative influence on home life.[14,18,19]

Overall, the on calls were viewed negatively, one participant stating that:

'...it is quite barbaric to be called out of our beds a couple of times at night...'

Another was concerned with the drive to work in the night in winter:

'...getting up at two in the morning, scraping my car off and coming over the tops...'

Some midwives acknowledged that the on calls resulted in very long, tiring working hours:

'...being up all night with a labouring primip...'

However one felt that she'd rather do the on calls (one or two per week) than do late shifts followed by a batch of night shifts. This supports the findings from other studies.[14,19,20,21] Many midwives in these studies commented on the intense tiredness caused by working on call nights. Long hours have also been associated with an increased risk of burnout,[10] an issue which must be addressed to improve midwives' working conditions.

3 Personal and professional development

Some midwives felt that it was easier, others more difficult, to attend personal study programmes. Some teams allowed the flexibility of fitting the study around the work:

'...everybody's been really good... it fits in and I can just work it around what I'm doing...'

Others struggled to attend their courses:

'...we have to fight to get the time...'

These midwives also expressed concern about the influence of team midwifery on their time to attend statutory study days such as resuscitation:

'...there is nobody else to do your clinics...'

This raises a major concern about midwives losing skills in particular areas and the possible impact on the safety of the maternity services. However, it is not an issue that was highlighted by other studies.

Key points

- Team midwives feel undervalued in terms of grading
- Overnight on calls are problematic, causing tiredness and having a detrimental effect on family life
- Despite being designed to improve continuity, team midwifery provides poor continuity of care for women, especially antenatally
- Overall team midwives feel a high level of job satisfaction as they can utilise a wide range of midwifery skills
- Most want the scheme to continue in some form.

In contrast to this, however, team midwifery was viewed positively by all midwives with regards to maintaining a full range of specific midwifery skills:

'...you do utilise all your skills, your antenatal, your intrapartum and also your postnatal...'

Other studies have produced similar findings; midwives feeling their self-development was enhanced because of the opportunity to use all their skills.[14,18,20]

4 Job satisfaction

Continuity of care was an issue raised when discussing job satisfaction and most participants felt that it was poor, especially antenatally:

'...a woman is so busy trying to meet all the team members so she knows her midwife in labour, that she is unlikely to meet the other team members more than once...'

One compared this with the traditional system where women knew their community midwives:

'...there is not the bond that there would have been as community midwives...'

However, again opinions varied, some midwives feeling that continuity was good, others feeling that it was not. One part-time midwife felt that her working pattern further restricted continuity because of the lack of time spent on community meeting the women:

'...I rarely get a full community day...'

Not all studies have highlighted continuity as a problem; indeed improved continuity of care has been seen as a benefit of team midwifery.[12,14] However, other research has found that, compared with other schemes, the poor continuity associated with team midwifery is a predisposing factor in burnout.[9]

Team midwifery has also been found to have poorer continuity than caseload midwifery.[10] It is important to

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question the value of a scheme designed primarily to improve continuity of care, if such an improvement is not achieved.

Despite this, most participants enjoyed team midwifery and had a high level of job satisfaction, although they felt their work was more stressful. A number of midwives wanted team midwifery to continue in one form or another. One found:

'...It is frustrating at times but I enjoy it...'

The main reason for this appeared to be the use of all midwifery skills:

'...I enjoy the job because we can practise in all areas...'

This finding supported other studies – most midwives feel an increased level of job satisfaction when working within teams and with caseloads because they use all their midwifery skills.[14,18,19,20]

Conclusion

This is a small study that cannot be generalised to midwives in other team midwifery schemes. The sample represented only those midwives involved in team midwifery at the time; some had already left the scheme, and other midwives joined later. Comparing the perceptions of the different groups would have led to a more balanced view of team midwifery.

A larger study, comparing team and non-team midwives' opinions, would provide a more rounded body of evidence to enhance the planning of the future of team midwifery.

This study has found many conflicting opinions from midwives, making it difficult to interpret the results. It suggests that some midwives enjoy the pattern of work associated with team midwifery, but that it does not suit all midwives.[11]

Despite the negative issues raised by the team midwives, most felt a high level of job satisfaction. Although they felt undervalued in terms of grading, and on calls created major problems of tiredness for them, they felt that utilising a wide range of midwifery skills compensated for this and contributed to a higher level of job satisfaction.

This finding is similar to studies examining other continuity of care schemes, including group practices[20,21,22] and is something that should be taken forward when organising future midwifery services.

The evidence suggests that returning to fragmented care, in which midwives specialise in one particular area, is not desirable.

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