



Development of midwives' job satisfaction after the implementation of a midwife-led project

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Background

Midwives' job satisfaction depends on their working environment. A positively experienced work situation enhances the likelihood of midwives remaining in their job as well as in their profession. This contributes to the prevention of skill shortages. Midwives working in midwife-led models of care are more independent and assume more responsibility. They were found to be more satisfied compared to those working in standard care. However, no previous study has investigated job satisfaction in the context of midwife-led projects. The implementation of postpartum telephone debriefing sessions in a Swiss University Hospital was initiated by midwives, was under their responsibility and fostered continuity of care. It therefore fulfilled some criteria of midwife-led care, but changes affected only a small part of the spectrum of maternity care.

Research Question / Aim

This study aimed to investigate job satisfaction before and after the implementation of a midwife-led project consisting of postpartum debriefing sessions.

Method / Procedure

We conducted a repeat measure observational study at three time points combining quantitative (online questionnaires) and qualitative methods (focus group discussion). A total of 43 out of 50 midwives, who could participate at least at one time point, completed one (n=10), two (n=14) or three (n=19) online-questionnaires. Between five and seven midwives participated in the three focus group discussions. The midwifery specific instrument of Turnbull et al. to assess job satisfaction and questions from the Copenhagen Psychosocial Questionnaire were included in the online questionnaires. Descriptive and multivariable time series analysis were used for quantitative data. Focus group discussions were transcribed verbatim and qualitative content analysis was applied.

Results

Between t₀ and t₁, adjusted predicted sub scores decreased and subsequently increased slightly at t₂ without reaching baseline values (e.g. 'professional support subscales': between t₀ and t₁: (0.65, 95% CI [0.45, 0.86] versus 0.26 95% CI [0.08, 0.45], p=0.005) and t₀ and t₂ (0.65, 95% CI [0.45, 0.86] versus 0.29, 95% CI [0.12, 0.47], p=0.004); 'professional development subscale' between t₀ and t₁ (0.77, 95% CI [0.55, 0.99], versus 0.40, 95% CI [0.15, 0.64], p<0.001) as well as t₀ and t₂ (0.77, 95% CI [0.55, 0.99] versus 0.41, 95% CI [0.17, 0.64], p<0.01). Focus group discussions revealed four themes: "Job satisfaction", "Challenges with the implementation", "Continuity of care" and "Meaning for the mothers". Midwives perceived the additional tasks and organisational aspects as stressors but mentioned also other work-related burdens.

Discussion

Job satisfaction showed a multifactorial character and cause-effect could not be assessed conclusively. The implementation of a new intervention comprising additional tasks might increase work related stress and decrease job satisfaction in an early phase. This effect might decrease over time.



Conclusion

Long term development of job satisfaction in the context of this midwife-led project remained unclear. Longer follow-up periods and larger samples in different settings should be considered in future studies.