

Group Clinical Supervision for midwives

Midwives are leaving the profession, many of them at the beginning of their careers. A trial of Group Clinical Supervision is underway in Australia to see if it makes a difference to burnout, perception of workplace culture and midwives' intention to leave.

Midwives are pivotal to the wellbeing of women and their babies. Indeed, there is an urgent global call to upscale midwifery to address the rates of women and babies who are injured or die in childbirth. However, in Australia, similar to other high-income countries, there is another type of crisis occurring that we can no longer ignore - midwives in significant numbers are leaving the profession.

We know that midwifery provides a 16-times return on investment (Sandall et al, 2016; UNFPA, 2021). However many midwives are feeling demoralised, disempowered, and overwhelmed. Some of the reasons for this are an over-medicalisation of the workplace, a lack of autonomy and under-staffing (see this [article](#)). These factors are leaving midwives emotionally fragile and feeling unsupported by their managers (Catling & Rossiter, 2020; Hunter et al, 2018; Pezaro et al. 2016).

Blogs such as '[midwife diaries](#)' are heartbreaking to read and confirm the results of the Work, Health and Emotional Lives of Midwives (WHELM) study (Hunter et al, 2018). The WHELM study surveyed the wellbeing of nearly 2000 midwives in the UK and found significant levels of emotional distress, burnout, stress, anxiety, and depression. Two thirds of participants stated that they had thought about leaving their profession in the last six months, and alarmingly, early career midwives were over-represented in those leaving (Harvie et al, 2019).

Australian research echoes findings about midwives who have left the profession (Matthews, 2021), along with similar findings about work-related distress (Creedy et al, 2017; Catling & Rossiter, 2020). A Royal College of Midwives document *Why midwives leave – revisited* (2016) reported that 88% of midwives who had left the profession might consider returning if there were appropriate staffing levels. Eighty percent of midwives said they would return if their workplace culture was changed for the better, although this report did not outline what a positive workplace culture was. These data are UK-based, but similar issues are being faced by Australian midwives.

How can we support midwives?

Clinical Supervision is a well-known supportive strategy that has been used in many health disciplines to help promote staff professional development and health and wellbeing. [Associate Professor Christine Catling](#) gained a National Health and Medical Research Council investigator grant to investigate whether Group Clinical Supervision makes a difference to Australian midwives and the midwifery workplace culture. We know Clinical Supervision reduces burnout from observational studies, but it has not been studied

extensively and experimentally before in the midwifery discipline. For more information on what Clinical Supervision is please go to the Australian Clinical Supervision Association site here: <http://clinicalsupervision.org.au/>

The trial of Group Clinical Supervision

The cluster randomised controlled trial (for maternity units in Greater Sydney) will involve 12 maternity sites (the ‘clusters’). Each cluster will be randomised to either receive the intervention (Group Clinical Supervision) or not.

The trial will measure midwifery burnout rates (using the Copenhagen Burnout Inventory) (Kristensen et al, 2005), the perceptions of their workplace culture (using the Australian Midwifery Workplace Culture (AMWoC) tool (Catling et al. 2020), and intentions to leave the profession. For the intervention sites, the efficacy of the Clinical Supervision will be measured through using the Clinical Supervision Evaluation Questionnaire (CSEQ) (Horton, 2008). Data on the numbers of midwives exiting the organisation and rates of sick leave will be collected. Please see [this study protocol](#) for more information (Catling et al., 2022).

The results of this 5-year study are forthcoming. Watch this space.

References

Catling, C. & Rossiter, C. (2020), Midwifery workplace culture in Australia: A national survey of midwives, *Women and Birth*, Vol 33, iss. 5, 464-472.

Catling, C., Rossiter C. & McIntyre, E. (2020), Developing the Australian Midwifery Workplace Culture instrument, *International Journal of Nursing Practice*, Vol. 26 Issue 1 Pages e12794.

Catling, C., Donovan, H., Phipps, H. et al. (2022), Group Clinical Supervision for midwives and burnout: a cluster randomized controlled trial. *BMC Pregnancy Childbirth*, Vol 22, iss. 309 <https://doi.org/10.1186/s12884-022-04657-4>

Creedy, DK., Sidebotham, M., Gamble, J., Pallant, J. & Fenwick, J. (2017) Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey, *BMC pregnancy and childbirth*, Vol 17, iss. 1, pages 1-8.

Harvie K., Sidebotham, M. & Fenwick. J. (2019), Australian midwives’ intentions to leave the profession and the reasons why, *Women and Birth*, Vol 32, iss. 6, e584-e593.

Horton S, de Lourdes Drachler M, Fuller A, de Carvalho Leite JC. (2008). Development and preliminary validation of a measure for assessing staff perspectives on the quality of clinical group supervision. *Int J Lang Commun Disord*. Vol 43, pages126–34.

Hunter B, Henley J, Fenwick J et al (2018). *Work, Health and Emotional Lives of Midwives in the United Kingdom: The UK WHELM study*. School of healthcare Sciences, Cardiff University.

Kristensen, TS., Borritz, M., Villadsen E. & Christensen, KB. (2005), The Copenhagen Burnout Inventory: A new tool for the assessment of burnout, *Work & Stress*, Vol. 19 Issue 3 Pages 192-207.

Matthews, R. (2021). *Impact of Stage of Career on Burnout and Experience of Work for Midwives and Neonatal Nurses Working in a Tertiary Service*, conference presentation, PSANZ Congress.

Pezaro, S., Clyne, W., Turner, A., Fulton, E. & Gerada, C. (2016), 'Midwives Overboard!' Inside their hearts are breaking, their makeup may be flaking but their smile still stays on, *Women and Birth*, Vol 29, iss.3, e59-e66.

Royal College of Midwives, (2016), *Why midwives leave – revisited*. RCM, London.

Sandall J. et al, (2016), Midwife-led continuity models versus other models of care for childbearing women during pregnancy, birth and early parenting. *Cochrane Database Syst Rev*. 2016; 4CD004667

UNFPA, ICM, WHO, (2021) *The state of the world's midwifery 2021: a universal pathway. A women's right to health*. United Nations Population Fund, Geneva, Switzerland.