

RCM Caring for You Campaign

Survey results about the health, safety and wellbeing of midwives working in education

April 2017



Promoting · Supporting · Influencing

www.rcm.org.uk/caringforyou





Foreword

In May 2016 the RCM launched our 'Caring for You' campaign with the aim of improving RCM members' health, safety and wellbeing so they are able to provide high quality maternity care for women and their families. The Caring for You Campaign has so far focused on midwives, maternity support workers and student midwives working in the NHS, we now want to highlight the health, safety and wellbeing issues that midwives who work in education face. This publication gives the findings of a recent survey of the health, safety and wellbeing of midwives who work in education.

We believe that supportive and open workplaces benefit everyone. People perform better when they are confident and motivated and good health, safety and wellbeing underpins this. By positively supporting employees' health, safety and wellbeing, employers can make sure that staff perform to the best of their ability. When staff wellbeing is supported, employee involvement increases, motivation and performance levels increase; this will mean that student midwives will have a better experience and when they graduate and go to work in the NHS they will be better able to give high quality care to women and their families.

We hope that universities and the Council of Deans for Health look closely at these results and address the issues we raise. Midwives employed in education work tremendously hard to train the next generation of midwives. They are integral to ensuring that we have enough new midwives graduating every year with the skills and knowledge to give high quality, safe care to women and their families.

Cathy Warwick

Chief Executive
The Royal College of Midwives

Executive Summary

The RCM's survey about the health, safety and wellbeing of midwives in education reveals some troubling findings about their health, safety and wellbeing at work. Midwives in education are facing increasing workloads, particularly around paperwork and administration and there are pressures to publish research and gain extra qualifications without adequate time to complete them.

In the survey results midwives raised that their increased workload was causing them to feel stressed and they are working a significant amount of unpaid hours to meet the demands. Perhaps the most troubling finding is that over a third of the midwives in our survey say they wish to leave their organisation in the next two years. If there is not enough midwife lecturers to teach the next generation of midwives this will only worsen the shortage of midwives working in the NHS.

The key findings of the survey are:

- 88% agreed/strongly agreed with the statement 'my workload has increased in the last 12 months'
- 84% agreed/strongly agreed with the statement 'I can only get my work done if I work beyond my contracted hours'
- 67% said in a typical working week they worked an extra 5 or more hours unpaid with 35% saying they work 10 or more hours extra unpaid a week
- 45% said they felt stress every day or most days with a further 48% said they felt stress some days. The three most common causes of stress are workload (77%); not enough time (60%); and working long hours (46%)

- 37% agreed/strongly agreed with the statement 'I want to leave my organisation in the next two years'
- 85% said when they had a period of sickness absence they worried about the impact their sickness absence would have on their workload
- 63% said they had felt unwell as a result of work related stress in the last 12 months
- 69% said they had gone into work in the last 3 months despite not feeling well enough to carry out their duties
- 100% said they had put themselves under pressure to go back to work
- 62% said they felt their current rate of pay did not adequately compensate them for their responsibilities

There are some positive findings from the survey, it is clear that midwives working in education are passionate about their work and the majority of respondents report a great level of camaraderie and support amongst midwifery colleagues. However it is also clear that there are improvements that can be made.

If you have any questions about this survey please email CaringforYou@rcm.org.uk.

Main findings

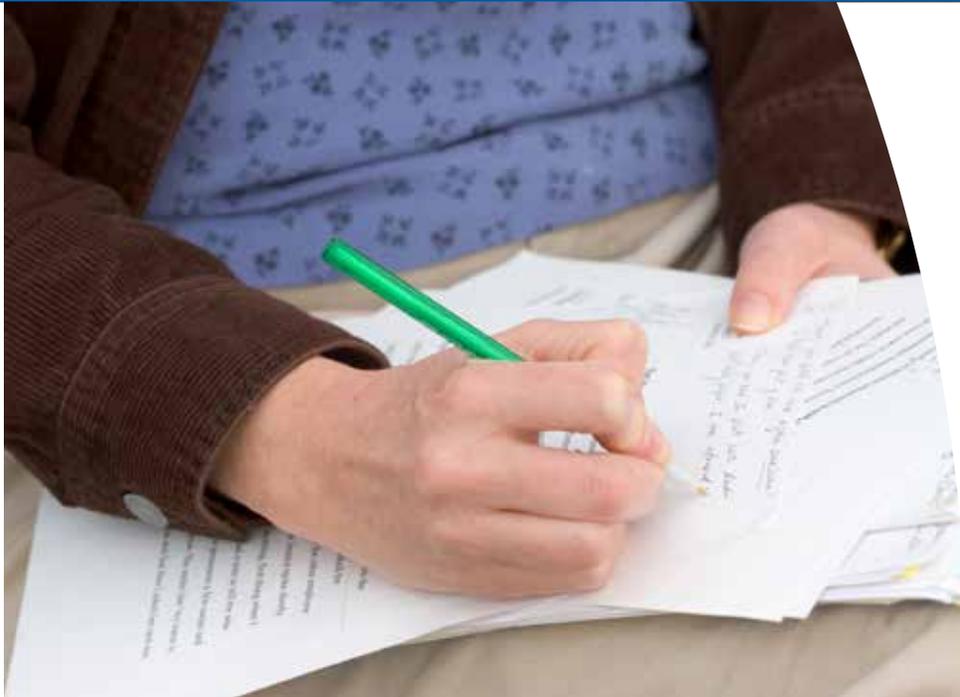
This section gives the findings of the survey in more detail. We conducted our survey of midwives who work in education from December 2016 to January 2017. We had 122 responses to the survey which is a turnout of around 52% of RCM members who work in education. Midwives are employed in sixty universities across the UK.

Some of the key demographic information about the respondents is:

- 84.3% of the respondents were based in England, 9.9% of the respondents were based in Wales, 4.1% of the respondents were based in Scotland and 1.7% were based in Northern Ireland
- 78.8% of the respondents worked part time
- 17.1% of the respondents have a disability, impairment, health condition or learning difference
- 97.2% of the respondents are female
- 3.6% of the respondents are aged 30 or under; 6.4% are aged between 31 and 40; 32.7% are aged between 41 and 50; 50.9% are aged between 51 and 60; and 6.4% are over the age of 60
- 7.28% of the respondents are from a black or minority ethnic (BME) background
- 2% of respondents have worked in midwifery education for under 1 year; 26% between 1 and 5 years; 21% between 5 and 10 years; 27% between 10 and 20 years; and 24% over 20 years
- 87% of respondents rated their general health as very or fairly good
- 74% of respondents had caring responsibilities

The survey results are divided into three key sections:

- Work intensification
- Stress and wellbeing
- Organisational policies and pay



Work intensification

The survey asked questions about working hours and working time. Overwhelmingly midwives answered that they did not have time to complete all their duties in their working hours, particularly the administrative demands of work.

Midwives raised staffing shortages and increasing workload as reasons for working beyond their hours but interestingly midwives also raised that there were some issues with universities using standardised student-lecturer ratios and standardised expectations of research which is difficult to achieve because the midwifery education course is longer than other degree courses.

The main findings around work intensification are:

- 76% said they always or most of the time ate their lunch while working
- 77% said they always or most of the time took work home with them e.g. marking
- 67% said in a typical working week they worked an extra 5 or more hours unpaid with 35% saying they work 10 or more hours extra unpaid a week
- 88% agreed/strongly agreed with the statement 'my workload has increased in the last 12 months'
- 84% agreed/strongly agreed with the statement 'I can only get my work done if I work beyond my contracted hours'
- 58% agreed/strongly agreed with the statement 'I am overwhelmed with how much work I have to do'
- 70% agreed/strongly agreed with the statement 'I have to neglect some tasks because there is so much to do'
- 71% agreed/strongly agreed with the statement 'I find it hard to stop thinking about work when I am at home'
- 86% agreed/strongly agreed with the statement 'I often find myself checking my work email when I am not at work'

Midwives were able to give more detailed answers about their working hours. The quotes below illustrate some key themes around the problems and issues they face with their working time:

"I love my job and find working with the students very rewarding. There are issues with the role of never feeling you have actually finished - there is always something to do!"

Midwifery Lecturer, England

"Staff student ratios are set by the university and are applied generically to all courses: the resourcing of a midwifery academic team is not well served by high staff student ratios. The nature of the student support required both academically and for placement learning would be enhanced by a lower staff student ratio. However, there is often no robust evidence to argue this case. Therefore as a senior member of the midwifery academic team, I try to cover the gaps left by the lack of midwifery academics".

Associate Professor, England

"Having been a midwifery lecturer for twenty-eight years I can honestly say I still enjoy it and look forward to going to work. My managers are under pressure themselves but remain understanding and supportive. I work with the most incredible team of midwifery and nursing lecturers who are helpful and generally highly co-operative - we are all in this together and want to do the best for our students and the universities reputation. On the other side: I see no end to the increase in workload and the overall university attitude seems to be 'work smarter'. There is no offer of paid overtime and our salaries have reduced significantly over the last few years. I am having some pressure to start a doctorate but am offered no hours to do the work required. Deadlines get shorter and shorter e.g. our marking must be turned round in fifteen days which is impossible unless I mark at the evenings and weekend. Most stressful of all is the constant barrage of emails from numerous sources which must be answered within three days. I get between forty and sixty a day and now miss some important ones".

Senior Midwife Lecturer, England

"Expectations are that we 'do as many hours as fulfils the job'. There is a workload model across the whole university to ensure staff have 'downtime' as well as 'research time' but this does not take into consideration that we have a forty-five week course as opposed to a thirty week one. In recent years we have had staff leaving or retiring and their hours being absorbed [into existing staff's workload] rather than replaced and using more hourly paid lecturers rather than taking on new staff. It's getting to be a real challenge to maintain a work-life balance".

Midwife Lecturer and Researcher, England

"I love my role and the job. The previous Dean (who has recently left) was supportive, however there is an unrealistic expectation of what can be achieved in the hours that I am paid for. I have reduced my hours and I am now working four days a week. In practice this means I am working over forty hours a week and paid for twenty-eight, but I am getting a day off most weeks and not working over fifty hours which was what was happening".

Lead Midwife for Education, England

"I have the workload of a full time member of staff. I was asked last year to undertake some extra marking which I anticipated would take me three days to complete. I asked to be paid for this work but was told this was not possible and to take the time back".

Midwifery Teaching Fellow, England

"I cannot complete all the work that is required of me, in the thirty-seven and a half hours I am contracted to do. I work in a team that has been grossly understaffed for the last eighteen months, so as course leader I try to fill the gaps. This week we have sickness in the team and so I am covering their work as well. I don't want to sound like a martyr but I feel in a state of collapse at the weekends".

Senior Midwife Lecturer and Course Leader, England

"I find I am working longer due to administration rather than on lecture preparation. Due to university timetabling and hours allocated, it seems harder to deliver the programme in the depth and breadth needed for this profession. I regularly work 10-12 hours without a break".
Midwife Lecturer, England

"I find the open plan office arrangement and its effect on stress levels means I am less effective when on campus. The level of student expectation and widening participation has altered the welfare aspects of the role to a very high level throughout the 46 week academic year. The reduction in administration support means we have a high level of admin tasks in addition to our lecturer role".
Senior Midwife Lecturer, England

However, some midwives did raise positive aspects about their working life and hours:

"There is some degree of flexibility around my commitments /unexpected events related to my children as a full time single parent. My line manager is very supportive, which I really value. This means I can fulfil my role".
Midwifery Lecturer, England

"Working in education has empowered me to look at things from a different perspective and how important it is to inspire a new generation of practitioners. The university has been very supportive to my associate role, there is a curriculum to deliver and assessment and feedback strategies however there is also an emphasis on what I want to get out of it and how I want to develop. I have excellent mentors and a supportive team around me and this has made this a refreshing new challenge after twenty-three years in midwifery".
Associate Lecturer, Wales

Stress and wellbeing

The survey asked questions about stress at work. It is clear from the survey results that midwives working in education are facing intense pressure because of the demands of their workload and this is causing some to feel under stress.

The main findings around stress are:

- 45% said they felt stress every day or most days with a further 48% said they felt stress some days
- The three most common causes of stress are workload (77%); not enough time (60%); and working long hours (46%)
- 50% agreed/strongly agreed with the statement 'there is friction or anger between colleagues'
- 44% agreed/strongly agreed with the statement 'I feel however hard I work it is not good enough'
- 46% agreed/strongly agreed with the statement 'my personal life suffers because of my working life'
- 28% disagreed/strongly disagreed with the statement 'I am able to give students the level of support I would wish to'
- 37% agreed/strongly agreed with the statement 'I want to leave my organisation in the next two years'

Midwives were able to give more detailed answers about stress at work and how this affects their morale and motivation. Midwives said:

"I find students' expectations are unrealistic about university life - the more support that is given the more is requested. Students' whole focus on assessment and this is damaging their ability to learn. I believe these are serious issues and will get worse with fee paying".
Midwife Lecturer, England

"Our department is very top down and managerial. We are expected to jump when orders come on down. Disagreement is not tolerated, you are expected to get on with it. Negotiation doesn't happen and change is imposed. The university has become so hierarchical and cut throat. I really loved my job but now I am disillusioned with internal politics and style of management".
Senior Midwife Lecturer, England

"Other schools within the university have strong support structures and working practices to promote research activities or doctoral activities of their staff e.g. more flexible working yet this is not apparent in midwifery".

Senior Midwife Lecturer, England

"My current workplace culture is positive. There are some tensions and limited leadership in parts of the wider Department as a whole, but I am part of a small and cohesive midwifery team, working well with some truly lovely colleagues. We work hard and we achieve. Our line manager is very supportive of us as a team and as individuals, however I wish there was greater leadership for midwifery. I have worked in three educational institutions - one which I would describe as toxic. I made a sideways job move out of that institution to preserve my health/mental health. This has had an adverse effect on my career progression though".

Midwife Lecturer, England

"Overall the team are working as hard as they can but over recent years there has been increasing stress. Some of the team have anger and frustration about this and carry this with them. Many of us are now close to retirement age and have aging parents and family commitments and are pulled in a number of directions. We are being pushed into changes to things externally without time to think about whether these are right for us or the students and many can't be bothered any more. However I would still encourage many to join this role as it is so fulfilling to see students qualify".

Midwife Lecturer and Research, England

"There is a culture of the more you do the more you will get to do. The leadership and management is poor and the priority is research. They are only just realising that education and teaching are very important. I think some people work too hard because they feel they cannot say no".

Midwife Lecturer, England

"There is an unwritten expectation that staff will work as many hours as the job will take and if you are not prepared to do this then it is looked upon badly. This means staff do a lot of work in their own time encroaching on their personal life and many find it very stressful".

Senior Midwife Lecturer, England

"There is a tall poppy syndrome ever present at work. Those who work hard, do well, publish and do great work are often bullied. It may seem a strong word to use but it has happened to me personally and has damaged my motivation, self-esteem and dedication to midwifery. Those of us who are talented are knocked down as our line manager sees us as getting too big for our boots or professionally threatening her own position. There is nobody to turn to. This is the main reason I am planning on leaving".

Senior Midwife Lecturer, England

"Whilst I have never been told to respond to emails outside of my working day, my managers send emails that require a response. My team of midwifery colleagues all work hard without exception, but we have lots of junior lecturers, who obviously require support, which we have no time to provide. I have been told by the management that 'they applied for the job, they should be able to do it', which to me is not the caring environment I expect from a university. I have only worked here five years, after working for thirty years in the health service".

Senior Midwife Lecturer, England

"Experiencing daily high levels of stress limits my enjoyment of the role: I have always enjoyed being a midwife but the last five years in the university has left me experiencing a lack of enthusiasm and satisfaction with my day to day work experience. I will leave this role in the next one-two years as the levels of stress are beyond what I am willing to experience. I have engaged with counselling as a strategy to manage the stress on a number of occasions but I recognise the increasing demands made on me by the organisation are excessive and unsustainable. The key to improving this would be to increase the number of midwifery academic staff by only one or two more posts but this seems to be an anathema to the budget holders".

Associate Professor, England

"My current employment is much better than my previous university, where the staff to student ratio was poor, support to students was done in your own time and I worked every evening and weekend to manage my workload, despite airing concerns nothing was done. I love education and moving to an employer who (currently) sees the benefits of good staff to student ratios and sensible workloads was the best decision ever, I could not have continued as I was".

Senior Midwife Lecturer, England

"Bullying from our line manager is making many of our lives a misery. There is nobody to trust or turn to. Good people who inspire students are leaving because of this. I am actively looking for another job in. The stress has affected my mental health and I am on anti-depressants purely because of work. My passion has always been midwifery but am now burned out".

Senior Midwife Lecturer, England

"Although I don't let stress affect me (or I try not to let it affect me) I do have periods where I feel physically and mentally exhausted. I am unable to sleep at night but sleep two-three hours when I get home. I sometimes find that reading students work in the office takes much longer than necessary as I have to re-read a number of times due to tiredness".

Midwife Course Leader, Wales

"Being constantly under stress and pressure at work is very difficult to cope with every day. There are not many days in my job when I don't feel stress. Some experienced members of staff have recently left and have been replaced with staff on a lower grade who have no experience of education and this has added to the amount of stress as there is not enough time to adequately mentor new staff so they feel supported in their role and this then in turn makes me feel I am not doing a good job. There are many student issues which need to be dealt with on an almost daily basis which takes up large chunks of time that are not taken into account by managers. Pastoral care for students is important and being in a caring profession I feel this is an important aspect of my role".

Senior Midwife Lecturer, England

Organisational policies and pay

The survey asked questions about policies that are put in place by universities to improve midwives' health, safety and wellbeing at work. While it does appear that universities put in place policies there is a feeling amongst some midwives that these are just 'on paper'. There are mixed feelings about the level of support that midwives get from their line manager, many feel supported at work but there are reports of bullying and undermining behaviours.

The main findings are:

- 88% felt their organisation took positive action on health, safety and wellbeing
- 73% felt their line manager took positive action on health, safety and wellbeing
- 9% hid the real reason for sickness absence from their line manager when they were off sick
- 85% said when they had a period of sickness absence they worried about the impact their sickness absence would have on their workload
- 92% said when they had a period of sickness absence they checked their work email
- 63% said they had felt unwell as a result of work related stress in the last 12 months
- 69% said they had gone into work in the last 3 months despite not feeling well enough to carry out their duties
- 100% said they had put themselves under pressure to go back to work
- 62% said they felt their current rate of pay adequately did not compensate them for their responsibilities

Midwives were able to give more detailed answers about organisational policies and pay. Midwives said:

"I recently had a family bereavement and my manager could not of been more helpful, which took the pressure off".

Midwife Lecturer, Wales

"I returned from maternity leave and requested flexible working and was point blank refused. Instead of returning earlier I ended up taking more leave than I needed to the detriment of my team".

Senior Midwife Lecturer, England

"I think they are supportive to a certain extent. This university does not like having part-time workers, this comes from the Professor of Midwifery as well as the Head of School. I therefore, had to fight to reduce my hours even though it was for health reasons! I think there is a lot of lip service paid to staff who are struggling, you have to be clear on your rights and be prepared to fight for them. Which is sometimes difficult if you have had a serious illness or are a carer".

Midwife Lecturer, England

"The university is highly regarded for its sustainability and eco-friendly work. There is currently a move to address workload balance by introducing a workload balance, but this is difficult to implement. Many are overstretched with teaching and marking. We are working towards Athena Swann Silver award, so many diversity and gender issues are being addressed but it will be interesting to see how much this is rhetoric or reality".

Associate Midwife Professor and Lecturer, England



"My organisation has a constant phrase which is 'building resilience' and as such if you mention that you feel overwhelmed with the workload or similar, you are told you need to be more resilient. Very sad".

Senior Midwife Lecturer, England

"My manager is realistic about the reason for sickness. She is keen to be supportive rather than judgmental".

Midwife Lecturer, England

"[After a period of absence] they changed my role and gave my job to someone who has been part time. I only found this out on my first day back from a person who thought I knew as it had been mentioned in a team meeting".

Midwife Lecturer, England

"A lot of staff do not take time off even when they are sick as they have too much work and there is no one else to do it. Also it is seen as a sign of weakness; people are afraid to say that they have been off sick".

Midwife Lecturer, Northern Ireland

"If you are off sick there is no one to cover your workload. This impacts negatively on students and you have to fit the work into a shorter time period".

Midwife Lecturer, Wales

"There is generally no-one to cover work when sick or ill and if so it is usually at a colleague's expense. The only work covered is teaching, therefore the administrative and preparation tasks just pile up for your return so I struggle into work even when I shouldn't be there knowing that it will only add to the pressure if I miss any working days".

Senior Midwife Lecturer, England

"I have lost my sick pay now because I have had twelve months off within the last two years therefore I cannot afford to be off sick. I think the sick pay issue for people suffering from cancer and cancer related problems is shocking".

Midwife Lecturer, England

"As an older woman the menopause and chronic illness have affected my health yet there are no adaptations in the workplace to account for this".

Senior Midwife Lecturer, England

"Undertaking an educational role has come at a significant financial cost - without working clinical shifts on the midwife bank I would not be able to afford to keep working as a lecturer".

Senior Midwife Lecturer, England

"Public sector pay must catch up and keep up with, at least inflation. It is a dreadful state of affairs when industrial action is the only option to try to achieve this. For new comers into higher education the pay is extremely poor - this level of pay combined with zero hour contracts and the requirements for a PhD will not attract clinical staff".

Senior Midwife Lecturer, England

"The university pays less than other universities in the surrounding area. Pay rises are insignificant in the face of rising living costs. Lecturers need a PhD to climb the leadership ladder but their pay does not match what a consultant might get working for the NHS - so what's the point?"

Midwife Lecturer, England

"The importance of staying well is stressed at a corporate level but the practical and realistic solutions are not available".

Senior Midwife Lecturer, England

Conclusion

Midwives employed in education work tremendously hard to train the next generation of midwives. They are integral to ensuring that we have enough new midwives graduating every year with the skills and knowledge to give high quality, safe care to women and their families.

Sadly, our survey of midwives in education has revealed some troubling findings about the health, safety and wellbeing of midwives working in education. They are facing increasing workloads, particularly around paperwork and administration, and there are pressures to publish research and gain extra qualifications without adequate time to complete them. In the survey results midwives raised that their increased workload was causing them to feel stressed and they are working a significant amount of unpaid hours to meet the demands. Perhaps the most troubling finding is that over a third of the midwives in our survey say they wish to leave their organisation in the next two years. If there is not enough midwife lecturers to teach the next generation of midwives this will only worsen the shortage of midwives working in the NHS.

It is important to note that there are some positive findings from the survey, it is clear that midwives working in education are passionate about their

work and the majority of respondents report a great level of camaraderie and support amongst midwifery colleagues. However it is also clear that there are improvements that can be made. We believe that supportive and open workplaces benefit everyone. People perform better when they are confident and motivated and good health, safety and wellbeing underpins this. By positively supporting employees' health, safety and wellbeing, employers can make sure that staff perform to the best of their ability. When staff wellbeing is supported, employee involvement increases, motivation and performance levels increase; this will mean that student midwives will have a better experience and when they graduate and go to work in the NHS they will be better able to give high quality care to women and their families.

If you have any questions about this survey please email CaringforYou@rcm.org.uk

Further Information

The information about the RCM's Caring for You Campaign can be found here on the RCM website here: <https://www.rcm.org.uk/caring-for-you-campaign>

Published: **April 2017**



www.rcm.org.uk/caringforyou