MGP midwives
satisfaction survey
Just about every MGP service in public hospitals across Australia has more demand than it can meet...

...which makes it imperative that we successfully attract and retain midwives ready, willing & able to provide continuity of care
Clinician burnout has been well-documented and is at record highs. The same issues that drive burnout also diminish joy in work for the health care workforce.

Health care leaders need to understand what factors are diminishing joy in work, nurture their workforce, and address the issues that drive burnout and sap joy in work.

http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx
WHA Survey for MGP midwives

MGP SIG members agreed in March 2019 to develop a survey to

► better identify which elements of MGP work are going really well for their teams, and

► where there might be issues that need improvement

April 2019 - Survey developed & tested with 5 respondents

May 2019 - All interested WHA member hospitals invited to circulate to relevant staff working in MGP models

► 210 midwives from 37 hospitals responded

► 18 hospitals had 5 or more midwives respond - included in summary results here
Participating Hospitals (with 5+ respondents)

- Bendigo Health
- Caboolture Hospital
- Calvary Health Care
- Centenary Hospital for Women & Children
- Flinders Medical Centre
- Gawler Health Service
- King Edward Memorial Hospital
- Lyell McEwin Hospital
- Mackay Base Hospital
- Mareeba Hospital
- Mater Mother’s Hospital
- Mercy Hospital for Women
- Monash Health - Casey Hospital
- Nepean Hospital
- Royal Hospital for Women
- Sunshine Coast University Hospital
- Westmead Hospital
- Women's & Children's Health Network
Scope of survey questions asked

- Anonymous, except for hospital identifier
- Midwives background & years of experience
- Professional Satisfaction from working with women
- Relationships with midwives
  - Within the same MGP
  - Working in other MGPs
  - Working in labour & birth suite or postnatal wards
- Relationships with obstetricians
  - Consultant Obstetricians
  - Obstetric registrars
  - Neonatologist
- Relationships with Managers
  - Direct line manager
  - Executive management
- Access to professional development
- Practical Support
- Stress/sustainability of the job
Age of midwives choosing to work in MGP

- 20 and 29 years of age: 15.00%
- 30 and 39 years of age: 15.00%
- 40 and 49 years of age: 25.00%
- 50 and 59 years of age: 30.00%
- 60 or more years of age: 20.00%
Midwives duration of experience in MGP

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years
- Previously worked in Model
- Never worked in Model
Types of MGP models these midwives work in

- Low risk women (with exit indications)
- Low risk women (no exit)
- All women except high risk pregnancies seeing MFM specialists
- Complex or high risk pregnancy
- All women, irrespective of risk
Rating of MGP midwives overall satisfaction

Highly satisfied

Neutral

Highly dissatisfied

Average Hospital Satisfaction
Satisfaction ratings by relationship/topic

- Personal
- Midwives
- Medical
- Management

More satisfied

Less satisfied

- Interactions with women
- Skill/Confidence/PD
- MGP Team
- MGP Whole
- Midwives core
- Consultants
- Registrars
- Neonatology
- Practical Support
- Management
- Executives
- Workload
- Professional Satisfaction
Difference between top 3 and bottom 3 hospitals re satisfaction for selected categories

- Personal
- Midwives
- Medical
- Management

Top 3  Bottom 3
Satisfaction - Relationships with Midwives
Satisfaction - Relationship within own MGP Team

1. Know each other’s women/ability to provide care as secondary midwife
   - Rating: 3

2. Communication between team is easy/regular
   - Rating: 4.5

3. Overall support for one another
   - Rating: 4.5

4. Midwives in my Group Practice work well together
   - Rating: 4.5

5. Professional support from colleagues
   - Rating: 4.5

Bottom 3: 1
Top 3: 4.5
Satisfaction - Relationships with wider MGP service

- Service provides a supportive environment to debrief on issues in the care of women
- Experience midwives mentoring less experienced
- Communication between midwives across MGP service is regular/easy
- Midwives in MGP work well together
- Professional Support from Colleagues

Bottom 3
Top 3
Satisfaction - Relationship with Core Midwives

- Overall support by midwives in core areas
- Support by core staff if caseload requires a postnatal admission
- Support by core staff if caseload requires care in birth suite
- Support by core staff if caseload requires antenatal admission
- Core Midwifery Staff work well with MGP staff
- Working well with Core Midwifery Staff

Bottom 3 vs Top 3
Qualitative comment about relationships with midwives in core services

Promote better understanding between core services and MGP

All Maternity staff must have a full understanding of what caseload continuity of Midwifery care entails. Most core staff have no idea…”

Create position for new grad midwives to continue working after they have done 1 year
Relationships with Medical Staff

Consultants
Registrars
Neonatology
Average Consultants
Average Registrars
Average Neonatology
Satisfaction - Relationships with Consultant Obstetricians

1. Respect by consultant obstetricians of contribution towards care
2. The consultant obstetricians interact in a respectful way with MGP colleagues
3. Ease of discussion about concerns with consultants
4. Shared understanding between MGP and consultants about triggers for consultation/referral
5. MGP has good working relationships with consultant obstetricians
6. There is a named consultant/s responsible for working with our MGP
7. Consultant obstetricians have a positive view of the model
Satisfaction - Relationship with Obstetric Registrars

- Respect by registrars for contribution to care
- Registrars interact respectfully with MGP colleagues
- Ease of discussion about concerns with registrars
- Understanding between MGP and registrars about triggers for consultation/referral
- MGP has good relationships with registrars
- Registrars have understanding of MGP

Bottom 3 vs Top 3
Satisfaction - Relationship with Neonatology

- Respect by Neonatology for contribution to care
- Neonatology interacts respectfully with MGP colleagues
- Ease of discussion about concerns with neonatology
- Understanding between MGP and neonatology about triggers for consultation/referral
- MGP has good working relationship with neonatology

Bottom 3
Top 3
Qualitative comment about relationships with medical colleagues

“More respect needed from medical team around women who make an informed choice not to follow guidelines”

“Ensure new obstetric staff are clearly educated about the model of care”

“One designated obstetric consultant for MGP to avoid conflicting advice and care plans”
Satisfaction - Relationships with Line Management and Executives

1.00 1.50 2.00 2.50 3.00 3.50 4.00 4.50 5.00

126 57 19 177 3 75 84 21 147 135 133 129 31 25 33 30 7 169

Direct Management  Executive Support  Average Management  Average Executives

WOMEN'S HEALTHCARE AUSTRALASIA
Managers understand the MGP model
My MGP has a supportive manager(s)
I feel valued by my manager(s)
I have the back-up of my manager(s)
Recognition by managers of contribution to care
Effective communication with our MGP manager(s)
Manager listens to MGP midwives when issues arise
Manager is effective in resolving issues that affect ability to provide care
Inclusion in service planning and direction for the MGP
Manager(s) commitment to making providing continuity of care to women sustainable for MGP midwives

Satisfaction with Direct Management Support

Manager(s) commitment to making providing continuity of care to women sustainable for MGP midwives
Inclusion in service planning and direction for the MGP
Manager is effective in resolving issues that affect ability to provide care
Manager listens to MGP midwives when issues arise
Effective communication with our MGP manager(s)
Recognition by managers of contribution to care
I have the back-up of my manager(s)
I feel valued by my manager(s)
My MGP has a supportive manager(s)
Managers understand the MGP model
Familiarity with executive responsible for maternity services (including MGP)

Executives have a good understanding of the benefits of MGP model

Executive have a good understanding of how MGP service is delivered

Executives are supportive advocates of MGP

Belief the executives are committed making providing the continuity of care to women sustainable for MGP midwives

Satisfaction with Executive Leadership

[Bar chart showing responses from bottom 3 to top 3]
Qualitative comment about relationships with managers & executives

Most of the time it feels like there is no management support whatsoever”

“Allow midwives to practice midwifery not obstetric nursing...less finger pointing from management when there is an adverse outcome...less decision making without consulting the MGP midwives who it affects directly”

“Never met the Midwifery Director of our hospital - fell undervalued and vulnerable as a model of care and often can work / be awake 24 hrs+”
Satisfaction - MGP workload by hospital
Qualitative comment about workload

Paid for 0.7FTE but full time on call 10 out of 14 days - set workload and hours not reflective of actual workload and hours”

With caseload I fell its an expectation of myself to be available for my women even on days that I am not supposed to work”

Can’t see myself being able to do MGP in 5 years when hours can be so long”

Ensure all midwives are having enough time off, and to make sure core staff are supportive”
Satisfaction with practical support by hospital
Qualitative comment about workload

Better logistical support - often times we struggle to find parking and when called out in the middle of the night have to walk through the streets/parks in the dark and have encountered unsafe situations.

Laptops provided as other hospitals do so we can access results at home or away from the hospital. A space for meetings, and appointments for our group so we aren't constantly negotiating for space and computers just to do our jobs.
Access to continuity for women

“Expand the service so that more women have access”
“Ability to offer this service to more women”
“More midwives to work in this group”
“Large waiting list of women wanting MGP need to expand our service to accommodate them”
“More staff and more supportive staff”
“Adequate equipment, greater connections built between MGP midwives within the service”
“Creating position for new grad midwives to continue working after they have done 1 year”
“More funding for more MGP positions”
“Equal access to midwifery clinical community space”
“Help reduce roadblocks to women accessing care in this model rather than creating more”
There are proven methods for creating a positive work environment that creates these conditions and ensures the commitment to deliver high-quality care to patients, even in stressful times.
4 Steps Leaders can take to increase joy in work - IHI

https://www.youtube.com/watch?v=EkOKxXU31B0
How to Create a Joyful, Engaged Workforce

1. Ask staff “what matters to you?”
2. Identify unique impediments to Joy in Work in the local context
3. Commit to making Joy in Work a shared responsibility at all levels
4. Use improvement science to test approaches to improving joy in your organization

Outcome:
- ↑ Patient experience
- ↑ Organizational performance
- ↓ Staff burnout