

Caring for You Campaign: Survey Results

RCM campaign for healthy workplaces delivering high quality care



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Foreword

The RCM is launching our new campaign 'Caring for You' with the aim of improving RCM members' health, safety and wellbeing at work so they are able to provide high quality maternity care for women and their families.

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Maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service. RCM members have never felt so challenged in their ability to provide high quality care to women and their families. There are also worryingly high numbers of midwives, maternity support workers and student midwives who don't feel confident in raising concerns about unsafe practice.

The birth rate has been rising steadily for years and added to this maternity units are handling more complex cases. This means that midwives and maternity support workers are working harder and harder and increasingly facing difficult issues. Maternity services in the UK have been running on goodwill for years now. The service is reliant on midwives and maternity support workers working through their breaks and well beyond their hours to provide safe care for women.

The increased pressure and demands are having a significant effect on the health, safety and wellbeing of midwives and maternity support workers. RCM members are reporting that they are feeling stressed, burnt out and unable to give high quality care to women and their families. While there is a high level of camaraderie in maternity units there are also many reports of bullying and undermining behaviours. We believe that nobody should be harmed when caring for others.

Supportive and open workplaces benefit both staff and service users. 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. The strong relationship between levels of staff wellbeing and clinical outcomes is well known. Research shows that when staff wellbeing is supported, employee involvement increases, motivation and performance levels increase and outcomes for women improve. Investment in staff is an investment in care for women and their families.

This publication details the findings of our survey of RCM members about their health, safety and wellbeing at work. While at times this report makes for troubling reading about the level of burn out and stress amongst midwives and maternity support workers it does offer solutions too. The evidence we present shows that when Heads of Midwifery and RCM Health and Safety Representatives work in partnership and take action on health, safety and wellbeing it does make a difference. Stress levels are lower, health and wellbeing is better and importantly, care for women and their families improves.

I would like to thank every member who responded to the survey. Your contribution has helped us illustrate the work intensification in maternity services and how this impacts on you and your ability to provide high quality care for women. Some of you shared some very distressing stories and I would urge you to speak to your local RCM Health and Safety Representative and get involved in your RCM branch for support and to get involved with the RCM's Caring for You Campaign. The Caring for You Campaign asks organisations to sign up to our Caring for You Charter. Our second publication 'Caring for You Campaign: Working in Partnership' gives you information

about the charter and how this will improve maternity services for both the staff and also women and their families.

If you have any questions about the Caring for You Campaign please speak to your local RCM Health and Safety Representative or your Head of Midwifery. Alternatively, you can email caringforyou@rcm.org.uk.

I hope that RCM Health and Safety Representatives and Heads of Midwifery sign up to the Caring for You Charter and I urge all members to get involved in the Caring for You Campaign. In particular, I want to encourage RCM members to become Health and Safety Representatives. It is an important role in the RCM and makes a big difference to members. We give you lots of support and training and our Caring for You Campaign will make it a really exciting time to come on board. You can find out more about how to become a RCM Health and Safety Representative in our second publication: 'Caring for You Campaign: Working in Partnership'.

Please make sure you and your RCM Branch are involved in the Caring for You Campaign. By working together in partnership we can make a difference and ensure that we have healthy maternity workplaces that deliver high quality care.

Cathy Warwick
Chief Executive
The Royal College of Midwives

Executive Summary

The RCM's Caring for You survey was conducted during March 2016 using Survey Monkey. In total there were 1,361 responses from RCM members. The survey asked questions about midwives', maternity support workers' and student midwives' health, safety and wellbeing at work. The first section of this report gives information about the survey and the demographics of the respondents.

This executive summary highlights the key findings of the survey divided into six sections.

- Shifts and Working Time
- Work Intensification
- Sickness Absence
- Organisational Policies
- Workplace Culture, Bullying and Leadership
- Reporting Concerns

These results are then explored in more detail throughout the publication.

Sadly, the survey reveals disturbing findings about how the pressures and demands of work are affecting the health, safety and wellbeing of midwives, maternity support workers and student midwives. This results in high levels of stress and burnout and poor workplace cultures that are impacting on the quality of care that women and their families receive.

While the results paint a bleak picture of the health, safety and wellbeing of the maternity workforce the results do show that when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing this significantly improves levels of stress and burnout and workplace culture. This in turn improves the quality of care that women and their families receive.

Key Findings - Shifts and Working Time

This section has shown that RCM members' shift working has a negative impact on RCM members' health, safety and wellbeing, in particular restrictions to work flexibly; working long shifts; shift patterns; missing breaks; and working beyond hours cause frequent problems for midwives, maternity support workers and student midwives.

Encouragingly, when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing attitudes to shift working and working time improve significantly.

The key findings are:

- 47% of respondents work part time
- 62% of respondents work night shifts
- 85% of respondents work weekends
- 38% of respondents' shifts are always 12 hours or more
- 39% of respondents work on-call shifts
- 35% of respondents had made a request to change their shifts in the last two years but 37% of these respondents said their request to change their hours was rejected
- only 21% of respondents said they take their entitled breaks most or all of the time
- 62% of respondents delay using the toilet at work because they don't have time
- 62% of respondents find they are dehydrated at work because they don't have time to drink
- 17% of respondents work 5 hours or more every week unpaid
- 18% of respondents did not take all their annual leave entitlement last year.

42% of respondents who work in organisations that do not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they take their breaks compared to 8% of respondents that work in organisations that do take positive action on health, safety and wellbeing.

Key Findings - Work Intensification

The results from the survey show that maternity units are overworked and understaffed and many midwives, maternity support workers and student midwives are feeling under intense pressure to be able to meet the demands of the service.

This is creating high levels of stress and burn out which is impacting on the care that is provided to women and their families. Again, the survey results show that when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing levels of stress and burnout are lower and respondents reported they were more able to provide high quality care for women and their families.

The key findings are:

- 48% of respondents said they felt stress every day or most days. The most common reasons for stress were workload (78%); staff shortages (76%) and not enough time to do their job (65%)
- 84% of respondents strongly agreed/agreed with the statement 'my workload has increased in the last 12 months'
- 67% of respondents strongly agreed/agreed with the statement 'I often feel that service users want to talk more but I have to move on to the next subject because otherwise I will run out of time'
- 57% of respondents strongly agreed/agreed with the statement 'I have to neglect some tasks because there is so much to do'
- 56% of respondents strongly agreed/agreed with the statement 'I feel overwhelmed by how much work I have to do'
- 50% of respondents strongly agreed/agreed with the statement 'I am worried about making a mistake at work because I am exhausted'
- only 22% of respondents strongly agreed/agreed with the statement 'I have enough time to build rapport with service users'
- 18% of respondents strongly agreed/agreed with the statement 'I often cry at work because of the pressure I am under'
- 64% of members who said their organisation did not take positive action on health, safety and wellbeing reported feeling stress every day or most days compared to 30% of members who work in organisations that definitely take positive action on health, safety and wellbeing reported feeling stress every day or most day
- 59% of respondents that report their organisation takes positive action on health, safety and wellbeing strongly agreed/agreed that they are able to deliver the care they aspire to compared to 17% of respondents that work in organisations that don't take positive action on health, safety and wellbeing.

Key Findings - Sickness Absence

The survey results show that the work intensification in maternity units is having a significant impact on sickness absence which in turn is impacting on stress and pressure for midwives, maternity support workers and student midwives.

While respondents noted that they worried about the impact of their absence on their colleagues they did feel welcomed back to work by colleagues. However, many respondents felt under pressure by their managers to come back to work. When they returned to work many respondents did not have a back to work meeting and did not feel welcomed back by their manager.

The key findings are:

- 62% of respondents had been absent from work in the last 12 months
- aside from short term illness like flu, the most common reason for absence were stress and musculoskeletal problems
- 54% of respondents said they had experienced musculoskeletal problems as a result of work
- 64% of respondents said they have felt unwell as a result of work related stress
- 69% of the respondents who had a sickness absence in the last 12 months had a back to work meeting with their line manager, however 37% did not feel that the meeting was positive
- 68% of respondents who had a sickness absence felt welcomed back by their line manager but more reassuringly 90% felt welcomed back by their colleagues
- 81% of respondents said that while they were absent from work they were worried about the impact their absence would have on their workload
- 71% of respondents said they had come to work in the last 3 months despite not feeling well enough to perform their duties
- 51% said they had felt pressure from their manager to come to work
- 97% said they had put themselves under pressure to come to work.

Key Findings - Organisational Policies

The survey results clearly show that respondents' health, safety and wellbeing benefited from organisations, managers and RCM Health and Safety Representatives taking positive action on health, safety and wellbeing. However, it is not enough for policies to be in place they must be put into action to have a positive effect.

The key findings are:

- 77% of respondents said their organisation takes positive action on health, safety and wellbeing
- 71% of respondents said their manager takes positive action on health, safety and wellbeing
- 42% of respondents said they had a RCM Health and Safety Representative in their organisation
- 80% of respondents said their RCM Health and Safety Representative takes positive action in their organisation
- 20% of respondents had asked for reasonable adjustments to be made because of a disability or health condition and 77% of those reasonable adjustments were made in part or in full
- 14% of respondents asked for a risk assessment because of a disability, health condition or pregnancy but the risk assessment was only carried out for 69% of those respondents.

Key Findings - Workplace Culture, Bullying and Leadership

The results from this section show that the workplace culture in maternity units is significantly affected by the current workloads and demands upon midwives, maternity support workers and student midwives.

This has resulted in workplaces that have high levels of bullying, harassment and undermining behaviours. Some RCM members report feeling a lack of support from their manager and that rather than recognising good work there is a 'blame culture' in units. However, RCM members do report that there are high levels of camaraderie on maternity units and they feel supported by their colleagues. Encouragingly, like other areas of the survey results, workplace culture improves significantly in organisations that take positive action on health, safety and wellbeing; when managers take positive action on health, safety and wellbeing and when RCM Health and Safety Representatives take positive action on health, safety and wellbeing.

The key findings are:

- 51% of respondents had received harassment, bullying or abuse from service users and/or their families in the last 12 months
- 31% of respondents had received harassment, bullying or abuse from managers in the last 12 months
- 33% of respondents have received harassment, bullying or abuse from colleagues in the last 12 months
- 37% of respondents who have suffered bullying, harassment and/or abuse said they did not report it
- 25% of respondents said they strongly agreed/agreed that they are satisfied with the recognition they get for good work
- 39% of respondents strongly agreed/agreed that they are satisfied with the support they get from their line manager
- 40% of respondents strongly agreed/agreed that there is friction/anger amongst colleagues
- 77% of respondents strongly agreed/agreed that they are satisfied with the support they get from their colleagues
- 53% of respondents who work in organisations that do not take positive action on health, safety and wellbeing report bullying, harassment and abuse from managers compared to 12% of respondents who work in organisations that do take positive action on health, safety and wellbeing
- 93% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement that they are proud to work as a midwife/maternity support worker compared to 74% of respondents who work in organisations that do not take positive action on health, safety and wellbeing
- 73% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement that they are proud to work for their organisation compared to 21% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.

Key Findings – Reporting Concerns

The survey results show that while there are some significant concerns about raising concerns and 'blame culture' these concerns are alleviated significantly in organisations that take positive action on health, safety and wellbeing; when managers take positive action on health, safety and wellbeing; and when RCM Health and Safety Representatives take positive action on health, safety and wellbeing.

The key findings are:

- 37% of respondents reported that they had seen an error, near miss or incident that could have hurt staff in the last month
- 52% of respondents reported that they had seen an error, near miss or incident that they could have hurt service users in the last month
- 79% of respondents said that the error, near miss or incident was reported
- 83% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'I am confident that my organisation would address my concern' compared to 30% of respondents who work in organisations that do not take positive action on health, safety and wellbeing
- 86% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'I would feel secure raising a concern about unsafe clinical practice' compared to 47% of respondents who work in organisations that do not take positive action on health, safety and wellbeing
- 79% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'We are given feedback about changes made in response to reported errors, near misses or incidents' compared to 41% of respondents who work in organisations that do not take positive action on health, safety and wellbeing
- 88% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again' compared to 48% of respondents who work in organisations that do not take positive action on health, safety and wellbeing
- 92% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'My organisation encourages us to report errors, near misses or incidents' compared to 72% of respondents who work in organisations that do not take positive action on health, safety and wellbeing

- 60% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement 'My organisation treats staff who are involved in an error, near miss or incident fairly' compared to 30% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.

The results of each section is explored in more detail in the sections below.

- About the Caring for You Survey
- Shifts and Working Time
- Work Intensification
- Sickness Absence
- Organisational Policies
- Workplace Culture, Bullying and Leadership
- Reporting Concerns

There is some more information about the Caring for You Campaign at the end of this publication along with links to more resources about health, safety and wellbeing.

About the RCM's Caring for You Survey

The RCM's Caring for You survey was conducted during March 2016 with RCM members using Survey Monkey. In total there were 1,361 responses. The survey asked questions about midwives', maternity support workers' and student midwives' health, safety and wellbeing at work.

This section gives some information about the respondents to the survey.

The responses were from a broad cross section of RCM members across the UK. 84% of the responses were from England; 6% were from Scotland; 6% were from Wales; and 4% were from Northern Ireland. This is broadly reflective of the maternity workforce across the UK.

87% of the responses were midwives; 2% were maternity support workers and 11% were student midwives. The respondents were based across all areas of the service 14% work in labour and delivery; 5% work in antenatal care; 17% work in the community; 3% work in postnatal care; 6% work in a midwife led unit; 40% work in a rotational role; 6% work in a specialist role; 2% work in either a team based or individual case loading role; 1% work in research and 5% work in management.

Additionally, there was a broad range of experience amongst the survey respondents: 6% had less than one years service; 21% between one and five years service; 14% between five and ten years service; 22% between ten and twenty years service; 21% between twenty and thirty years service; and 16% had over thirty years service.

The age of the survey respondents reflects the age range of midwives, maternity support workers and students working in the NHS with 16% of the respondents aged thirty or under; 18% aged between thirty-one and forty; 28% aged between forty-one and fifty; 34% aged between fifty-one and sixty and 4% over the age of sixty.

12% of survey respondents declared that they have a disability or long term health condition. 42% of the respondents who have a disability or long term health condition currently have a long standing illness such as cancer, diabetes or chronic heart condition; 24% have a mental health condition such as depression; 15% have a physical impairment or a condition that affects mobility; 15% have a learning difference such as dyslexia; 4% have a learning disability or cognition impairment; and 4% have a sensory impairment.

Other equality questions revealed that 99.6% of the respondents were female and 0.4% were male. 87% of the respondents identified as white British; 8% identified as white other and 5% identified as BME (black and minority ethnic). 94% of the respondents identified as heterosexual; 2.3% identified as lesbian, gay or bisexual and 4% preferred not to say. 4% of members said that they were or had been pregnant in the last 12 months.

91% of respondents rated their general health as fairly or very good and 68% of respondents said that they undertook exercise each week.

69% of respondents said they had caring responsibilities. 47% had caring responsibilities for children; 20% for older relatives; 15% for other family members; and 4% had other caring responsibilities.

Section One – Shifts and Working Time

Maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service.

The birth rate has been rising steadily for years and added to this maternity units are handling more complex cases. This means that midwives and maternity support workers are working harder and harder and increasingly facing difficult issues. Maternity services in the UK have been running on goodwill for years now.

Midwives and maternity support workers are frequently working beyond their hours and missing breaks. As we shall see later in this report this is having a significant impact on sickness absence; the level of stress and burn out in maternity units; negative workplace cultures and the impact on quality care for women and their families.

This section breaks down the findings by:

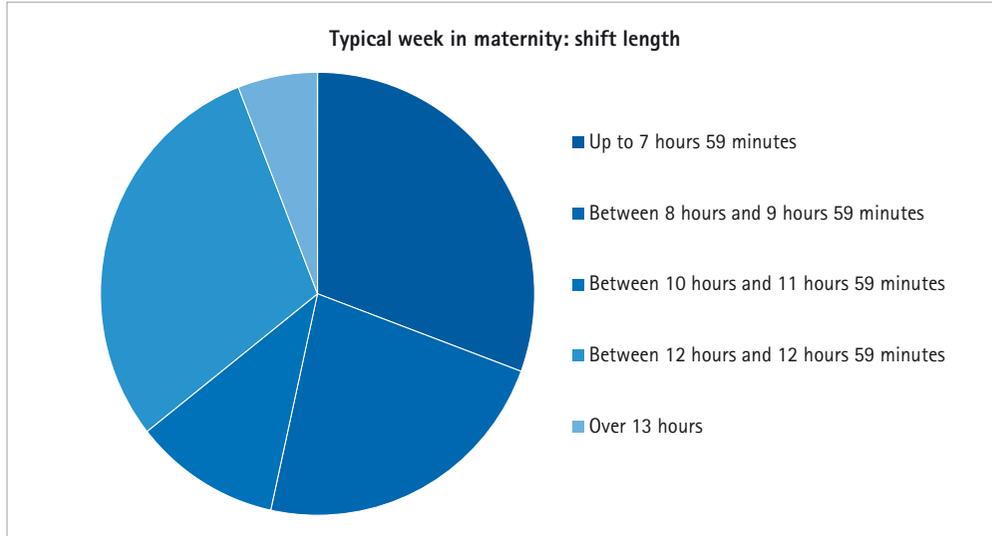
- shift work
- flexible working requests
- breaks and working time
- positive action by organisations, managers and RCM Health and Safety Representatives.

Shift Work

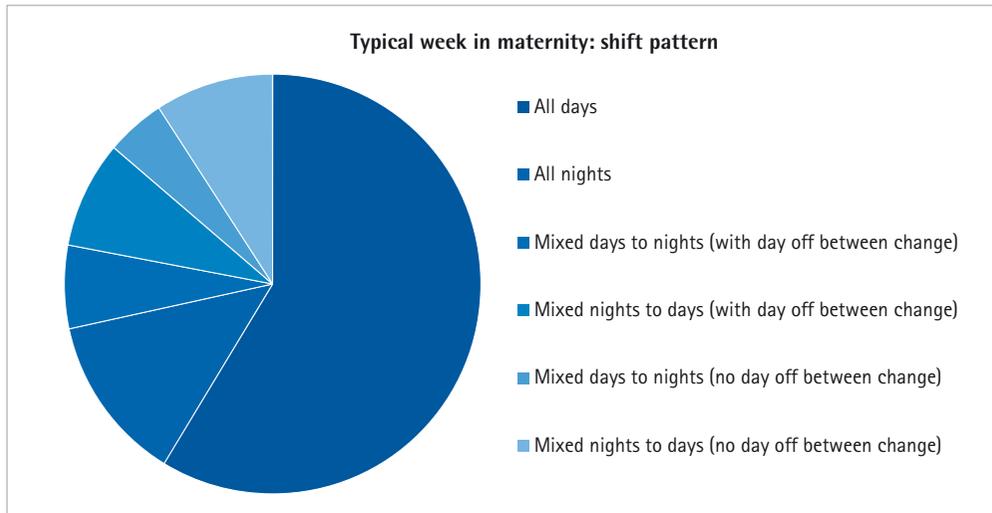
Key Results

- 47% of respondents work part time.
- 62% of respondents work night shifts.
- 85% of respondents work weekends.
- 38% of respondents' shifts are always 12 hours or more.
- 39% of respondents work on-call shifts.
- 70% of respondents' shifts are scheduled by e-roster.

The survey asked respondents to note the shifts they worked in the last week to gain a picture of a typical week in maternity. The pie charts below shows the typical length of shifts worked in maternity units:



The pie chart below illustrates the different shift patterns that respondents worked in the week



Many respondents commented on the impact of certain patterns of shift working:

"I am a band five midwife and have recently found that on one rotational area I was scheduled for five weeks of nights. It was too late to change them and ended up sick due with a migraine that lasted three days due to the lack of sleep and maladjusted body clock. I do not mind working my fair share of nights but think that nights and days should not happen in the same week. I also work in a trust where you hand scan in. Almost every shift I am there early and have given care to people before hand over. However this is not taken into account as time off in lieu or overtime, however if we clock out one minute early we are docked. I feel like big brother is watching you and its all take and no give. I don't mind working my allowed hours, but sometime with deliveries you can be there in excess of two hours past the delivery because you want to give your woman the care she deserves and the continuity. You never get that time back".

Midwife, England

"The organisation runs on goodwill, staff working extra shifts on top of their contracted hours, staying on after shift end-times etc. Not a great deal of appreciation for this apparent from senior management".

Midwife, Wales

"As you get older 12 hours shifts are not conducive to physical/mental wellbeing, yet alone family life. It's their way or no way. I work part time as my partner has a job that requires him to travel away from home. I can not get family friendly hours so was left with no choice but to reduce my hours in order to minimise the potential clash of my husband being away and being rostered on shift. I do not know of any childcare facility that opens at 7am and remains open until 8pm. No account is given to the problems this causes, you can't even get set days, or even set days off planning is impossible."

Midwife, England

"Factoring in adequate rest between weeks of four shifts is not always a priority, and can often mean working eight out of eleven days or not having two days off together for two weeks"

Midwife, England

"The problem is that as a caseload midwife I am on call 24/7 so will sometimes work or be called out on days off which has an impact of my time off and I struggle to retrieve the time owing, this was so extreme one month that someone from the e-roster office came over to maternity to see if my hours were a mistake and warned the manager that it was wrong for me to be working like this"

Midwife, England

"We have a new matron who insists all staff work a 50/50 split of nights and days. Many of us work nights to fit around childcare. Midwives with children under five, children with specific health needs, husbands in the emergency services and single mums have been forced to leave the jobs that they love or to work hours that are not conducive to a satisfactory work life balance".

Midwife, England

"It was a constant series of late shifts followed by earlies. No 'sleep day' after nights. It's a very busy unit. I was forced into early retirement due to stress".

Midwife, England

"Having to work day and night shifts in the same week is exhausting. Coordinating labour ward but not being supernumerary so also providing patient care is very mentally and physically challenging".

Midwife, England

"Shift rostering is horrendous. Managers frequently roster me most weekends. I was scheduled to do eight full weekends in a row, one weekend off then another six weekends. Flexible working patterns are also routinely overridden and the onus is then placed on you to rearrange which is hugely stressful".

Midwife, England

Flexible working requests

Key Results

- 35% of respondents had made a request to change their shifts in the last two years but 37% of these respondents said their request to change their hours was rejected.

35% of respondents had made a request to change their shifts in the last two years. 24% wanted to reduce their hours; 8% wanted to increase their hours; 9% wanted to fix their days of the week; 9% wanted to work days only; and 3% wanted to work nights only.

Unfortunately 37% of these respondents said their request to change their hours was rejected. Many respondents reported that they were not given the reason for why their request was rejected but many said it was due to staffing and workload. Worryingly, there were a significant number of respondents who said the reason their request was rejected was because everyone needed to be treated the same despite having childcare or health issues:

"I was told that as a student midwife I must mirror the shifts of the mentor, and I should really question if this career is right for me when I seem to have issues with childcare".

Student Midwife, Northern Ireland

"[I was told that] 'this does not meet the service requirements and if I give that to you they will all be asking for it'".

Midwife, Scotland

"Even though I was breast feeding was told we all had to do a fair share".

Midwife, England

"I was starting at a new trust and told this was possible at interview then when I went to meet my manager the response was "we don't do that here". We compromised at one fixed day on the weeks I really need it however we have just been informed we have to reapply for family friendly working/fixed days. Two midwives had to leave last year as they wouldn't allow them fixed days/nights that they needed for child care".

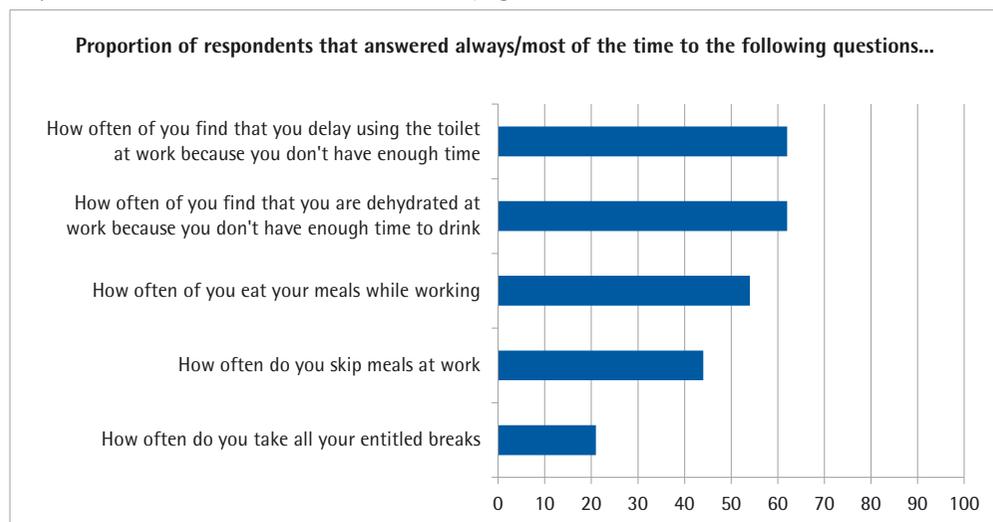
Midwife, England

Breaks and working time

Key Results

- Only 21% of respondents said they take their entitled breaks most/all of the time.
- 62% of respondents delay using the toilet at work because they don't have time.
- 62% of respondents find they are dehydrated at work because they don't have time to drink.
- 17% of respondents work 5 hours or more every week unpaid.
- 18% of respondents did not take all their annual leave entitlement last year.

Respondents were asked the extent to which they agreed with a series of statements:



Many respondents commented on the difficulty of taking breaks and the impact this was having on them:

"I feel that I am considered a nuisance or lazy because I insist on taking my breaks, I feel like I need to apologise for being diabetic and this is particularly bad on nightshift when labour ward is more likely to take staff away and when I question how we are going to get our breaks with just two midwives there is frequent eye rolling and tutting. This is a source of great anxiety and embarrassment for myself, I feel I have to justify myself and explain apologetically that I need to have my breaks".

Midwife, Scotland

"Often whilst working, I don't pass urine from 06.00 to 20.00 if I am working a long day shift. Drinking is not allowed whilst on duty. We have to 'sneak' a drink in the office and it often goes cold".

Midwife, England

"As a coordinator I never take a break until all the midwives have taken theirs. Frequently they are unable to take their breaks so I am unable to take mine".

Midwife, England

"Hours are long and hard being on your feet all of the day, with the problem of not having time to use the toilet when needed. Wards are hot and busy and staff and students sometimes faint because of this".

Student Midwife, England

"Constantly face work each day not knowing staffing levels or what time I will finish due to unpredictable due to sickness rates or if staff are to get pulled to cover another area in the hospital. It's demoralising. No dedicated or unofficial coffee break during the day; we can have a tea trolley with disposable cups but I don't have time for hot drinks and water bottles were disallowed due to infection control measures. Often exhausted and drained after a shift which impacts my days off. Too tired to do anything else or get regular exercise outside of work. Often have dehydration headaches and tense shoulder muscles. I work with a good team but it's not always easy to speak with immediate manager as they are busy and under pressure too. My husband works in the NHS and we now end up working opposite shifts as we have elderly parents who live a distance away. We care for others but very difficult to care for ourselves and for our families".

Midwife, England

"I am employed as a community midwife and carry a caseload of women however, most of the time I am called to work on the labour ward as they are always short staffed and so my case loading work is constantly left undone and soon mounts up and so I end up staying after hours to complete this work. On night shifts you rarely have a meal break as there is no one to cover for you while you have something to eat and drink".

Midwife, England

"As a student I do not always get my breaks, or get to leave on time. My mentors depend on me as an extra pair of hands (I am a first year). Several times at work I have felt faint from hunger/dehydration. Thankfully when I work extra hours I get them signed off so they can count towards my total. There used to be a book in each area that midwives could add their extra hours too (the shift lead signed them to confirm). The books have now been taken away by management, with no indication of what will happen to the huge number of hours recorded there, or future arrangements for extra time worked".

Student Midwife, England

"If working during the day on postnatal ward it is now considered normal to not eat or drink. Many families become cross if they find out that you are on a meal break instead of chasing their discharge".

Midwife, England

"I have been off sick with kidney stones in the last few weeks as we never get a break on the late shift therefore I am dehydrated. We are always understaffed. I will leave the profession when I have started a family. No doubt about this".

Midwife, England

"No break regularly as no one to relieve when on nights. Head of midwifery refused to reinstate two midwives on nights as says no break is a consequence of working in standalone midwife led unit".

Midwife, England

"We should get an hour break but it's very rare we get more than half an hour in 12.5 hours. Wish we had the option of shorter shifts the 12.5 hour ones are killing me!"

Midwife, England

"I now have a disability due to my job, I have interstitial cystitis due to a very long shift with no break, drink or pee".

Midwife, England

"Community midwives do a lot of unrecognised jobs, which makes it one of the most stressful areas in midwifery. Driving in heavy traffic, finding parking spaces in an increasingly parking-controlled city, finding houses that are not easy to locate, visiting houses that are unfit for living, dealing with aggressive people outside of the hospital environment, carrying so much equipment to stock the centres we work in that we often drop things, working alone, working in the dark. Never, ever having an actual break".

Midwife, England

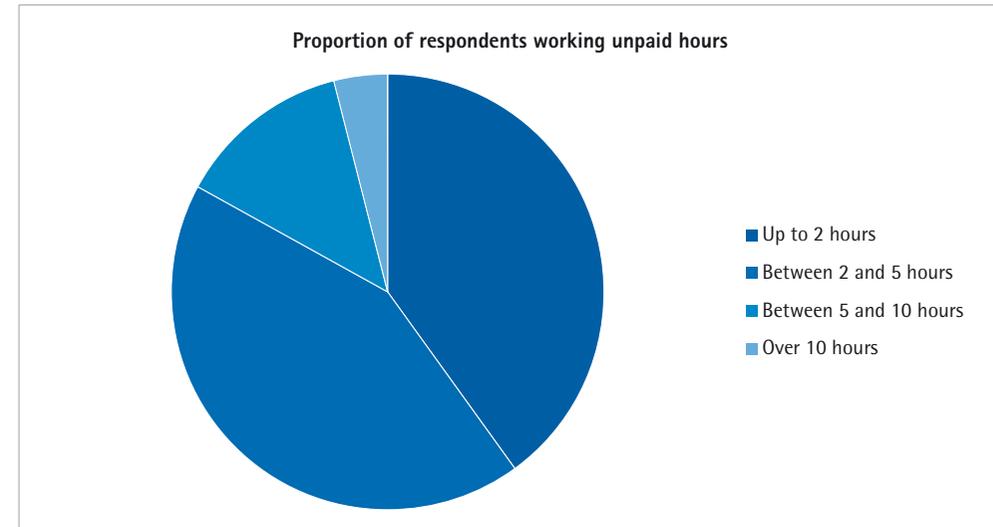
"I feel it is implied that if staff don't manage to take a break - often because when told to take a break it would not be the right time to leave a woman - the staff members cannot manage their time effectively and must therefore accept that that break is sacrificed".

Midwife, England

"When feeling unwell during a shift and reported to my coordinator, I was told there was no need to make such a scene to obtain my break (note: had been working since 7.45 am, not eaten anything only drinking, and reported to feel unwell at 17.00), as everyone was being pushed due to heavy workload. Made me feel guilty and ashamed".

Midwife, England

In addition to missing breaks many respondents found themselves working beyond their hours, unpaid:



Many respondents commented about the amount of time they worked over their contracted hours unpaid:

"We have no way of claiming back time back in lieu for unpaid hours such as missed breaks. We used to have a folder where we could document it and either get paid it or take the time back but this was removed and never replaced. Myself and a colleague documented the hours owed that month including missed breaks and time we stayed late and I recorded fifty three hours in a four week period the head of midwifery in response, when shown this along with an explanation of how this adversely affects us as staff, was that 'it was our fault for not managing our time effectively'".

Midwife, England

"I work in the community and am unable to fulfil my responsibilities within contracted hours so regularly do paperwork, emails and phone calls in own time. Don't feel able to claim time back - feel I am supposed to be able to get all work done within contracted hours. Am aware that several of my colleagues also work in own time. We're under pressure to accept it as part of the job. Sadly means often difficult to switch off on days off. It's difficult to recuperate".

Midwife, England

"I have been told by my matron not to work over my hours as I will not be allowed to take the time back, however this doesn't apply to everyone in the team and my workload is such that I can't complete it in my working hours. Our workload is such that if you don't work over you can't complete the days work and it rolls over into the next day so you constantly feel under pressure. Some of my colleagues have taken to coming into the office at weekends, without our matrons knowledge, to catch up because they feel so under pressure".

Midwife, England

"Currently have over 350 hours time owing. No real opportunity to take time off in lieu as workload does not allow".

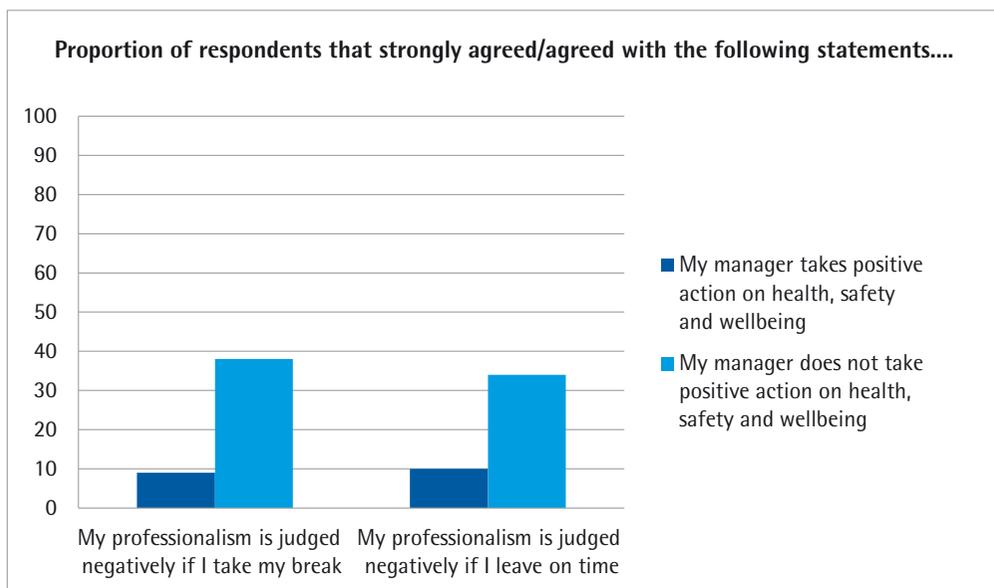
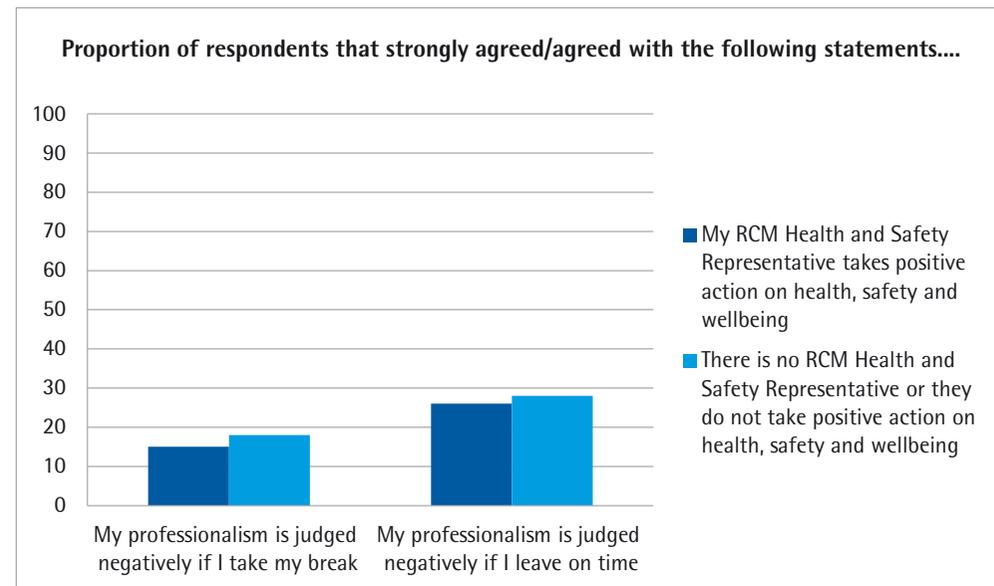
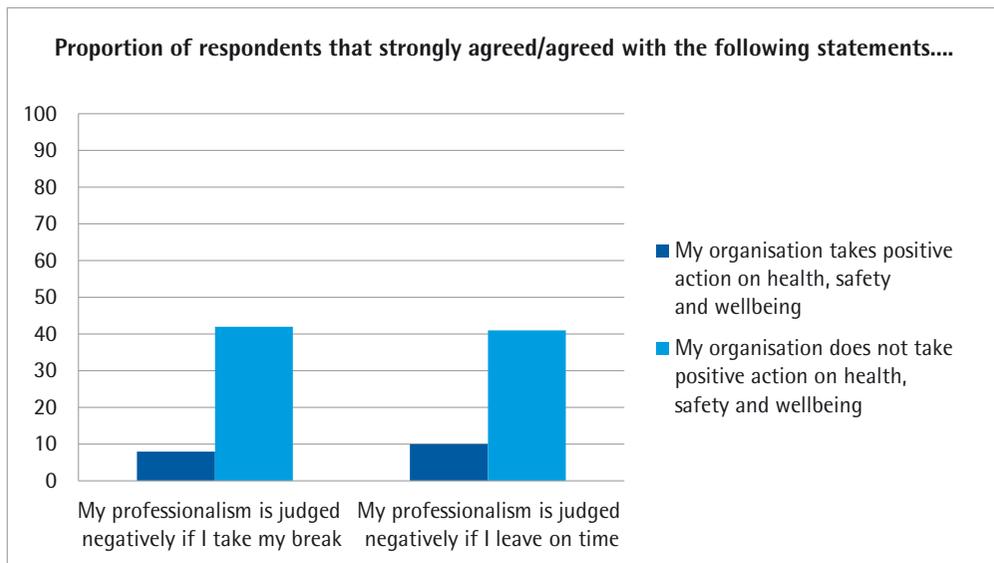
Midwife, England



Positive action by organisation, manager and RCM Health and Safety Representative

Key Results

- 42% of respondents who work in organisations that do not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they take their breaks compared to 8% of respondents that work in organisations that do take positive action on health, safety and wellbeing.
- 41% of respondents who work in organisations that do not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they leave work on time compared to 10% of respondents that work in organisations that do take positive action on health, safety and wellbeing.
- 38% of respondents whose manager does not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they take their breaks compared to 9% of respondents whose manager does take positive action on health, safety and wellbeing.
- 34% of respondents whose manager does not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they leave work on time compared to 10% of respondents whose manager does take positive action on health, safety and wellbeing.
- 18% of respondents who work in organisations without a RCM Health and Safety Representative or the Representative does not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they take their breaks compared to 15% of respondents that work in organisations with a RCM Health and Safety Representative that does take positive action on health, safety and wellbeing.
- 28% of respondents who work in organisations without a RCM Health and Safety Representative or the Representative does not take positive action on health, safety and wellbeing report that they feel their professionalism is judged negatively if they leave work on time compared to 26% of respondents that work in organisations with a RCM Health and Safety Representative that does take positive action on health, safety and wellbeing.



Summary

This section has shown that RCM members' shift working has a negative impact on RCM members' health, safety and wellbeing, in particular restrictions to work flexibly; working long shifts; shift patterns; missing breaks; and working beyond hours cause frequent problems for midwives, maternity support workers and student midwives.

Encouragingly, when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing attitudes to shift working and working time improve significantly.

Section Two – Work Intensification

Maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service. The birth rate has been rising steadily for years and added to this maternity units are handling more complex cases.

This means that midwives and maternity support workers are working harder and harder and increasingly facing difficult issues. Maternity services in the UK have been running on goodwill for years now. The increased pressure and demands is having a significant effect on the health, safety and wellbeing of midwives and maternity support workers.

This section gives answers from the survey about the increase in workload pressures and demands in maternity units and the impact this has on RCM members' levels of stress and burn out and the impact this then has on their ability to provide high quality care to women and their families.

Encouragingly, the survey results show that when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing levels of stress and burnout are lower and respondents reported they were more able to provide high quality care for women and their families.

The section breaks down the findings by:

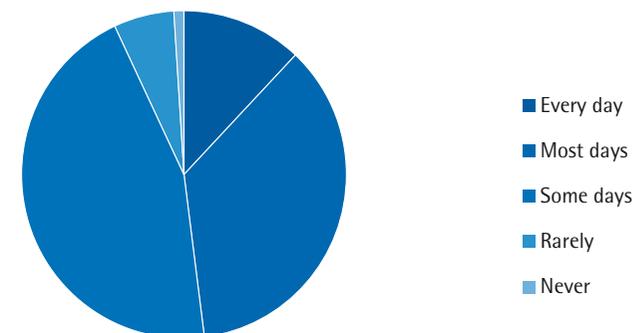
- levels of stress and burn out
- workload and staffing shortages
- providing high quality care
- work-life balance
- positive action by organisations, managers and RCM Health and Safety Representatives.

Levels of stress and burn out

Key Results

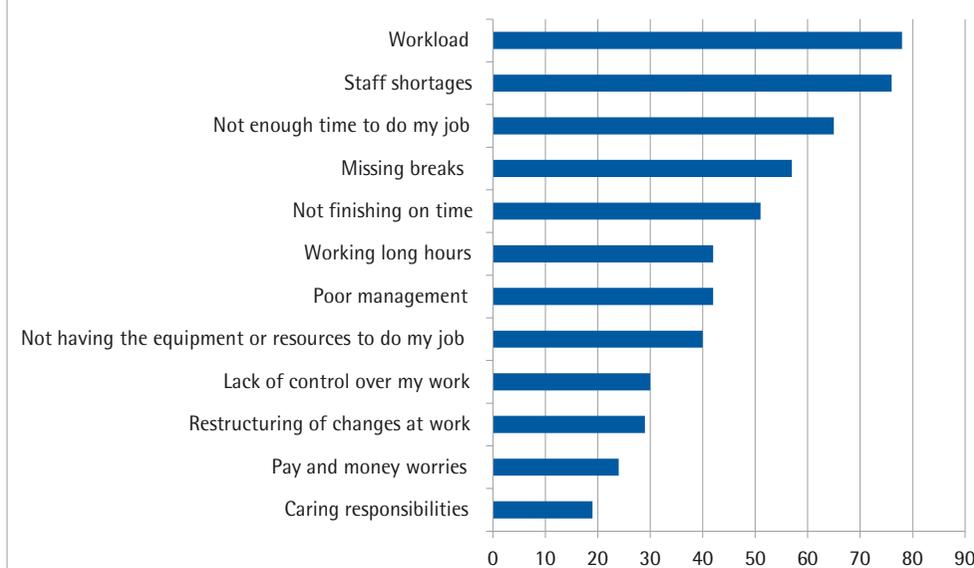
- 48% of respondents said they felt stress every day or most days. The most common reasons for stress were workload (78%); staff shortages (76%) and not enough time to do their job (65%).

How often do you feel stress?



When asked the causes for their stress the most common reasons were workload (78%); staff shortages (76%); not enough time to do their job (65%); missing breaks (57%) and poor management (42%).

Causes for Stress at Work



The survey asked RCM members the extent to which they agreed/disagreed with a series of statements. The opinion questions revealed some quite disturbing findings about how midwives, maternity support workers and student midwives currently feel about their working conditions and how this affects their ability to provide high quality care for women and their families.

The results are explored in more detail under several key themes:

- workload and staffing shortages
- providing high quality care
- work-life balance.

Workload and staffing shortages



Respondents frequently commented on the impact of workload and staffing shortages:

"We definitely do not have enough staff to safely care for users. The skill mix is often very poor. The facilities we provide care in are inadequate for the purpose intended. And lack of equipment is embarrassing. We experience pressure and harassment daily as we try to discharge patients home. The pressure on beds is crazy, and patients and relatives do not understand the time scale it can take to get them home, adding greatly to stress levels. We all hate working on postnatal ward. I would resign immediately if my whole time as spent on this ward".

Midwife, England

"I am not often stressed now but stress and burn out three and a half years ago meant I nearly left midwifery. Staffing shortages and bullying management were the crux. It took me a couple of years to get over it. I still bitterly resent the bad treatment and horribleness I was subjected to by colleagues who did not have sufficient managerial skills to run the service other than by bullying staff at all levels. My workload was totally ludicrous, utterly impossible".

Midwife, England

"My job feels like I have to run just to keep pace with what's happening and needs to be done. This becomes extremely tiring even though I feel I am a resilient person. After many years it seems to slow you down even though you want to be quick at the job. I find some days I am slow to complete tasks I would have completed more quickly before".

Midwife, England

"We are constantly telling our managers that the work load is unacceptable but they say there is nothing they can do about it. I constantly worry in case I have missed something important that could have a detrimental affect on patients. I feel I have to try and work faster every day and actually get chest pains. Sometimes I need to leave work on time but end up feeling so stressed because I know I've missed my train".

Midwife, Scotland

"I was a level headed experienced midwife who always stayed calm and could manage a huge workload despite pressure, but I now find myself suffering from stress and depression all because I have tried to do a job that I love and provide good quality care to women. My mental health has suffered because of my job and my family have been affected to a huge extent because of it. This is not right, but is a common theme in my workplace".

Midwife, England

"Morale has got significantly worse over the last couple of years. Skills mix can be quite poor at times and sickness absence isn't covered adequately very often. In the last few months flexible working has gone out the window and set shifts are banned making childcare very stressful to organise".

Midwife, England

"I have just gone off with stress and am so angry at the situation, mainly staff shortages and lack of support from management after difficult situations at work, I'm seriously considering not going back to work as a midwife. As an experienced community midwife with nearly thirty years of exemplary service I am saddened and devastated to end my career this way".

Midwife, Northern Ireland

"I feel that we are overstretched at work due to a shortfall in midwives. We work in a friendly supportive environment however moral is low due to the current work climate of often being short staffed. Also one often has to look around to find equipment that is in order or complete. The unit has just started to employ agency midwives which has upset staff as some feel that the trust should offer incentives to bank/regular midwives opposed to paying increased salaries to agencies".

Midwife, England

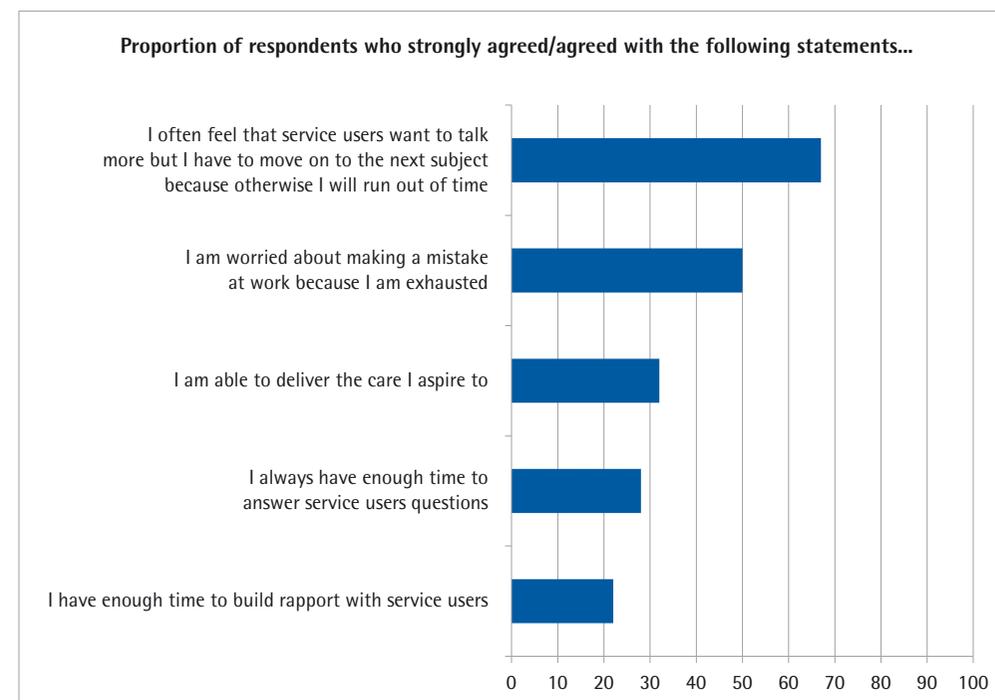
"I have worked at the same organisation for most of my career and only up to recent years it has been a fabulous place to work. However the turnover has increased dramatically and the expectations and demands from service users have increased an awful lot. The demands and ethos on the unit has changed and the staff work under great pressure all the time. We have several newly qualified staff who are frequently reduced to tears as they don't feel they are giving good service and the job is too stressful. This is despite the longer qualified staff being as supportive as they are able. I am fifty-five in November and along with a great number of other midwives I work with will be looking into flexible retirement as we don't feel we will be able to maintain the pace required to get the work done".

Midwife, England

"Unrealistic expectations, too many bits of paper and duplication. High patient numbers, not enough staff. Too much emphasis on ticking boxes, not enough on giving actual care. No one is interested in staff or their health/happiness/well being at all. We've been told that staff are a 'commodity'".

Midwife, Scotland

Providing high quality care



Many respondents commented that they were concerned that they would make a mistake:

"I absolutely love being a midwife the thing that is hardest is the staffing levels which causes unsafe workloads. As someone who came into midwifery extremely positive and optimistic I have found that I can not give the care I want to because of this and almost feel I am put into unsafe situations in terms of heavy workloads without breaks and time to go through notes which inevitably will lead to mistakes being made. It makes me scared I will miss something and someone could come to harm yet I feel there is nothing that can be done when there is only so many of us on the shop floor."

Midwife, England

"Stress and anxiety have caused me to make errors at work or forget things. Concentration is affected which as a midwife is highly dangerous. I was once a confident and competent midwife, yet within a short time became completely overwhelmed, unconfident and constantly second-guessed and questioned my practise. I suffer lack of sleep worrying about the previous days work and worrying again about the next day. I end up starting work early and finishing late to try to keep up with work and prove to the manager that I can do the job. It's exhausting".

Midwife, England

"I am a diligent midwife, I work hard and I want to provide women with the best care possible, yet I am terrified that I miss something and in doing that cause harm to a woman and I will be hauled over the coals for it face discipliners and end up loosing my job. Everyone knows of someone who has been through that. We practice in an environment where we are forced to be defensive, because at some point your work will be scrutinised. Forget the fact that 99.9% of the time you have given excellent care. It's scary. I went on holiday and for the first week I couldn't sleep panicking about when I got back to work what would be in my emails. Its not fair that midwives who work hard and provide good safe care feel they have to practice in this way from fear of litigation and being disciplined. That being said, I love what I do and will continue to do it. If I could deal with the worry and stress better that would help. I know that I am not alone, it's a frequent conversation we have in the staff room among the more junior midwives".

Midwife, England

"I have always prided myself on the care that I give. Until recently I have always felt confident that the care I have given has been thorough, correct and efficient. However, nowadays I'm so busy at work I can never remember what I have done. I spend a lot of time at home worrying that I have missed something and I constantly check my emails for messages from the clinical risk midwife telling me that an incident has occurred because of the care I have or haven't given. I am in a management role and feel helpless to support my midwives on shift as I often have my own women to care for. Balancing my management duties, caring duties and staff well being duties is impossible. I am seriously considering another career path".

Midwife, England

"Stress erodes any creativity where we could come up with solutions to workload issues, This results in a numbing effect where you just go through the motions of providing what essential care you can and you just breath a sigh of relief when the shift is over. This is not a good outcome for either staff or women, its not that you stop caring per se, its just that you don't have the emotional reserves to really give women what they need".

Midwife, Scotland

"It's not so much how stress affects my work but how it affects me as a person within the workplace. I have become a person I don't recognise. I swear, I have little compassion at times, and say things I don't mean - it sounds to anyone overhearing me that I don't care. I am normally a very caring compassionate person. That person has been strangled. I have made a decision to leave my workplace to save my self - it sounds dramatic but this is not a person I like and I need to change. I cannot do that without the massive life change of an alternative work environment and more control over how and when I work".

Midwife, England

"When I feel stressed I feel less empathetic toward my patients (which I do not like and try to combat) but I find it hard to cope with my own emotions when I am feeling stressed and this seems to take up my capacity to cope with others feelings. I find this even more stressful as I am aware of this and actually normally a very caring individual and very empathetic, I try to give every patients the time that they need no matter how late this makes me but this obviously has implications on my workload".

Midwife, England

"Before I was a midwife I would have considered myself 'steady' both in my emotional and physical wellbeing. Over ten years in to my profession and I've turned into a psychological wreck. Terrified to the point of being almost catatonic at the increase in workload, the increase in complex maternal issues and the speed of change. The heavy handed approach to errors taken by human resources is incredible...and unjust, targeting some, but not all. I'm now in a position, like many of my colleagues were I can only perform my job at the expense of my personal life, with days off tired and exhausted, with counselling and with an ever increasing dose of antidepressants to keep me going. I am honoured to be a midwife, I care for my service users and their families and offer the best possible career I can, given the circumstances.... but to my cost".

Midwife, England

"I've always been proud to be a midwife however I have seen cuts to staff and services reduce the quality of care given and not to the benefit of women or job satisfaction. Too many changes to the service over the last years have decimated care given to women. Merging of trusts have made big units baby factories focusing on turnover and targets. I have seen great care in some units from passionate obstetricians and midwives but sadly of late more poor care. I cannot wait to retire".

Midwife, England

"It used to be a great place to work. Everyone is still friendly but there is now a culture where it is all about service delivery at the expense of the wellbeing of its staff. I have friends / colleagues who work in admin, medical secretaries, labs as well on the clinical edge not just midwives and everyone is feeling demoralised, undervalued and just a payroll number. Many are seeking early retirement or considering a work life outside the NHS and in the last eighteen months I have applied for two jobs outside of the NHS as a means of transition to leave when I can retire and do something different. I want to work, I enjoy working, I like being a midwife but not in the current NHS culture. I will not compromise my standards and wish to deliver an excellence in care but feel it is increasingly hard to do the job due to workload and service demands. In the end you wear yourself out and I wish to be a caring and supportive person to my family and friends. I have no option but to look for another profession".

Midwife, England

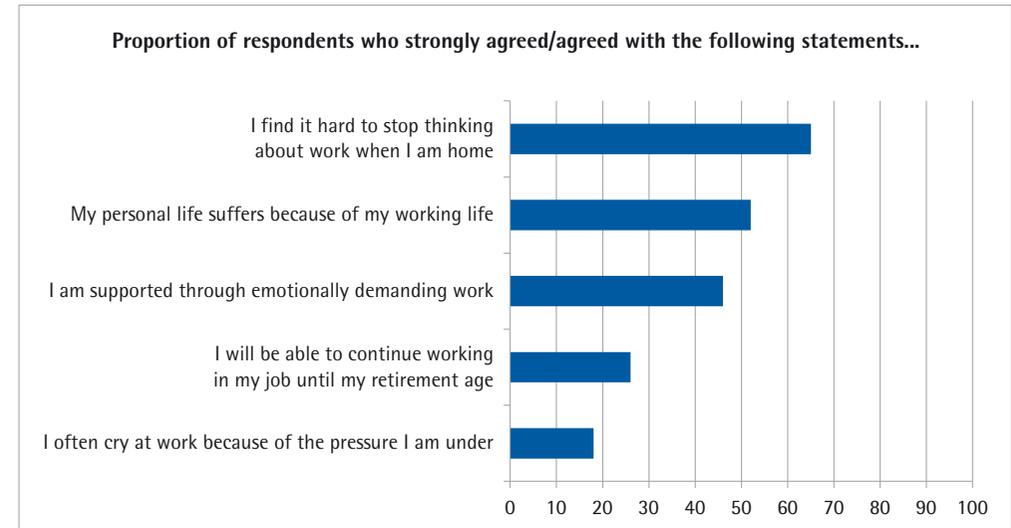
"I am happy as a clinical support worker but I wouldn't recommend being a midwife. People outside the profession do not realise what a responsibility the job is. It's lovely when we get newly qualified midwives all keen and within a few months when they realise the juggling of patients, paperwork and the things that can go wrong they say I can't do this job forever it's so stressful and I think they feel they are thrown in the deep end. They definitely don't get paid enough for the responsibility for woman and their babies and they are frightened to death of being sued which makes them practice defensively".

Maternity Support Worker, England

"Thought I was going in to a caring profession, I haven't got time to care, very disheartening that's why I would like to leave profession and not recommend it to others".

Midwife, England

Work-life balance



Many respondents spoke about the impact on their family and home life, particularly, the impact of stress over a long period time:

"Expectations of managers and women are just unrealistic at times. I run myself ragged trying to please everyone and fail miserably and go home at the end of every shift having worked at least two hours unpaid over my contracted hours and feel totally demoralised. I arrive home to an unhappy husband and unhappy children".

Midwife, England

"Despite most of my stress coming from work, it is mainly my outside life that suffers, as I tend to get an incapacitating headache after I have left work, which makes me lose the ability to spend time enjoying my children or doing leisure activities. Or just feeling like a fulfilled human being".

Midwife, England

"I find it difficult in my own time to switch off from work for example when I'm on annual leave. I worry about the workload building up that only I'm able to deal with. I feel anxious all the time. I sometimes get palpitations".

Midwife, England

"The burdens of managing personal life (e.g. children, care responsibilities, meeting own health and financial needs) and meeting academic and placement deadlines are very difficult. There are times when things that are important to me (particularly my children and partner) have to be sacrificed for the sake of meeting academic and placement requirements. Then there are times when my workload is such that by the time I am finished I am so exhausted that I cannot spend time to my family without becoming emotional. Unfortunately the NHS is so focussed on caring for its patients it forgets about caring for its frontline staff".

Student Midwife, England

"Being a midwife is not conducive with having a young family. Childcare is impossible. It causes so much stress and anxiety. If they could give us even one set day a week it would help immensely. I have had enough of it know and am looking for other roles to apply for outside of midwifery".

Midwife, England

"Like most midwives I'm a copper but stress has become endemic, it's chronic and debilitating. In order to cope I find myself becoming indifferent to events. I am powerless to affect change, my colleagues all feel the same. Time and again we have witnessed our point of view be ignored and dismissed. We are just a number on the health roster. Who cares if we have families or lives outside of work, or health issues or ideas or suggestions. We are all counting the days till we can afford to leave".

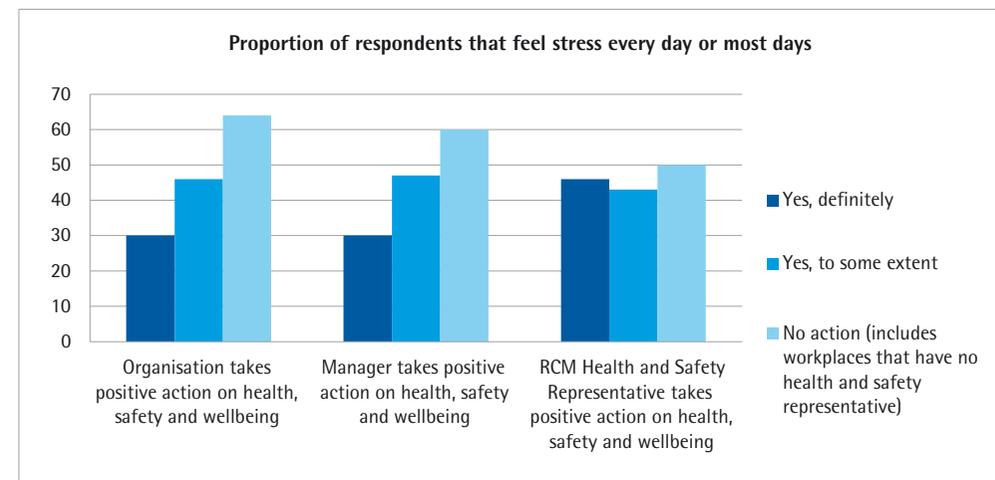
Midwife, England

Positive action by organisation, managers and RCM Health and Safety Representative

The proportion of respondents that reported feeling stress every day or most days decreased substantially amongst respondents who reported that there was positive action on health, safety and wellbeing in their organisation.

Key Results

- 64% of members who said their organisation did not take positive action on health, safety and wellbeing reported feeling stress every day or most days compared to 30% of members who said their organisation definitely took positive action on health, safety and wellbeing reported feeling stress every day or most days.
- 60% of members who said their manager did not take positive action on health, safety and wellbeing reported feeling stress every day or most days compared to 30% of members who said their manager definitely took positive action on health, safety and wellbeing reported feeling stress every day or most days.
- 50% of members who said they did not have a health and safety representative in their workplace or that their rep did not take positive action felt stress every day or most days compared to 46% of members who said their health and safety representative definitely take positive action on health, safety and wellbeing reported feeling stress every day or most days.



Some respondents spoke about how the support they received from their manager and employer had helped them to stay at work and continue to provide high quality care.

"Felt stressed for the first time ever in my life last year. Was able to tell my boss who quickly helped me to prioritise and relieved pressure"

Midwife, England

"I have had counselling previously and done the stress management days that are put on by the employer. Management have been good at ensuring that I have gaps between shifts so I can ensure I remain able to work and at my best"

Midwife, England

"My team work very well together, led by a approachable, fair and supportive manager"

Midwife, England

"Horrific, staff often overwhelmed and in tears. The situation currently is ridiculous and with a ban on recruitment will only continue to worsen. I feel trapped. Thankfully my colleagues and team leader are amazing"

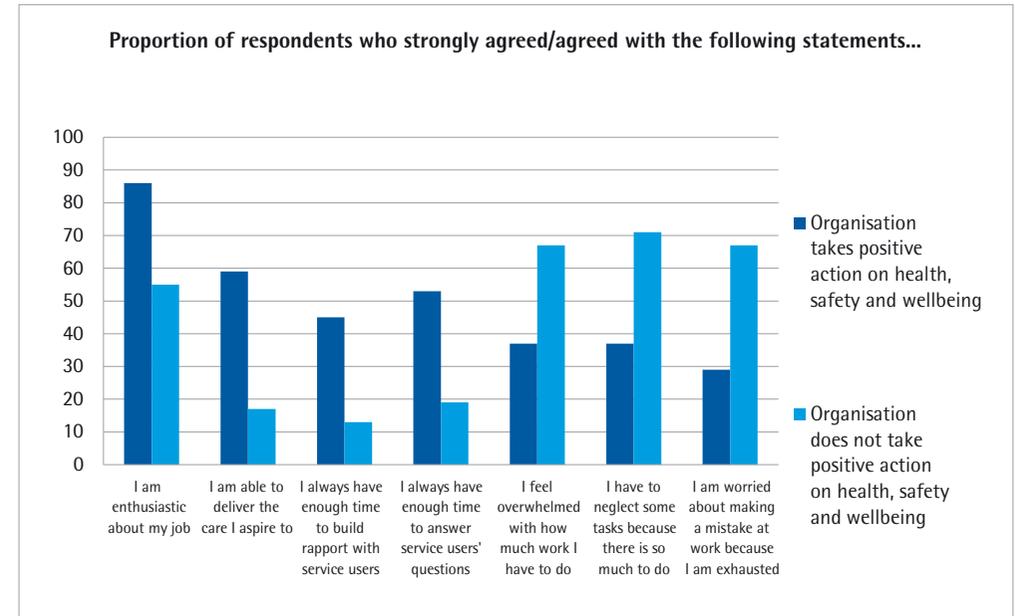
Midwife, England

The survey asked respondents to what extent they strongly agreed/agreed with a series of statements. When the results were filtered depending on whether the organisation, manager and/or RCM Health and Safety Representative took positive action on health, safety and wellbeing it again revealed that results improved significantly if there was positive action on health, safety and wellbeing.

The first chart shows the difference between organisations who do take positive action and organisations that don't take positive action by comparing the extent to which respondents strongly agree/agree to statements. This reveals significant differences such as in organisations that do take positive action on health, safety and wellbeing.

Key Results

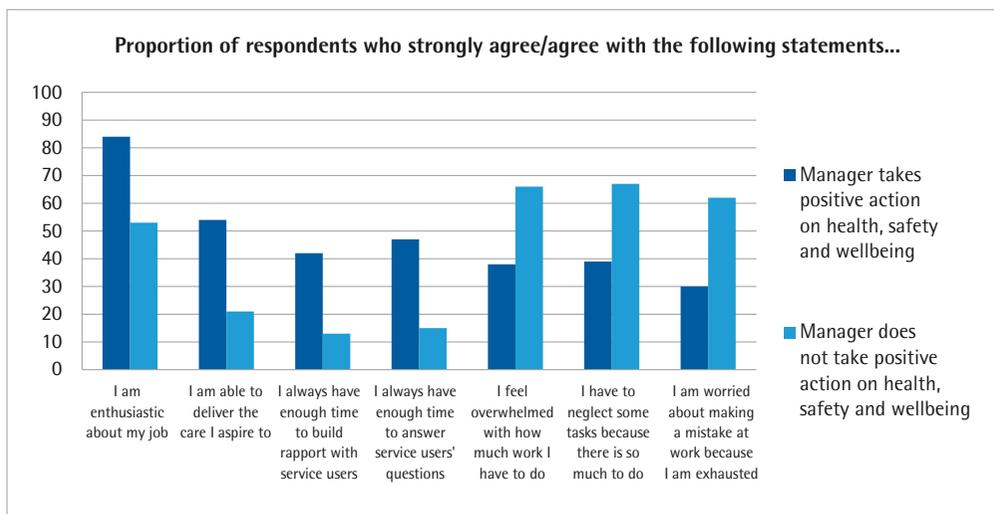
- When respondents report that their organisation does take positive action on health, safety and wellbeing 59% of respondents strongly agree/agree that they are able to deliver the care they aspire to compared to 17% of respondents in organisations that don't take positive action on health, safety and wellbeing.



The next chart shows the difference between respondents who report that their manager takes positive action and respondents who report that their manager does not take positive action by comparing the extent to which respondents strongly agree/agree to the same statements. This again reveals significant differences.

Key Results

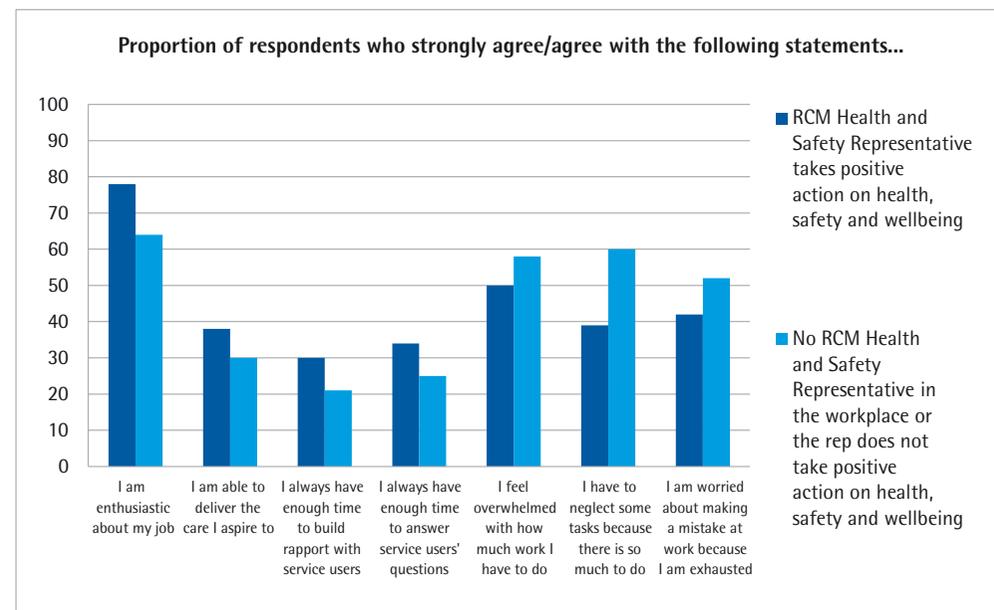
- When respondents report that their manager does take positive action on health, safety and wellbeing 42% of respondents strongly agree/agree that they always have enough time to build rapport with service users compared to 13% of respondents that report their manager does not take positive action on health, safety and wellbeing.



The final chart of this section shows the difference between respondents who report that they have an RCM Health and Safety Representative who takes positive action and respondents who don't have a local RCM Health and Safety Representative or that the RCM Health and Safety Representative has not taken positive action by comparing the extent to which respondents strongly agree/agree to the same statements. Again, this reveals significant differences.

Key Results

- When respondents report that their RCM Health and Safety Representatives does take positive action on health, safety and wellbeing 39% of respondents strongly agree/agree that they have to neglect some tasks because there is so much to do compared to 60% of respondents in workplaces that do not have a RCM Health and Safety Representative or the Health and Safety Representative does not take positive action on health, safety and wellbeing.



Summary

The results from the survey show that maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service. RCM members have never felt so challenged in their ability to provide high quality care to women and their families. The increased pressure and demands are having a significant effect on the health, safety and wellbeing of midwives and maternity support workers and their ability to provide high quality care for women and their families.

Encouragingly, the survey results show that when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing levels of stress and burnout are lower and respondents reported they were more able to provide high quality care for women and their families.



Section Three – Sickness Absence

As the last section demonstrated, maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service.

Increased pressure and demands are having a significant effect on the health, safety and wellbeing of midwives and maternity support workers and their ability to provide high quality care for women and their families.

This section details results from the survey about sickness absence.

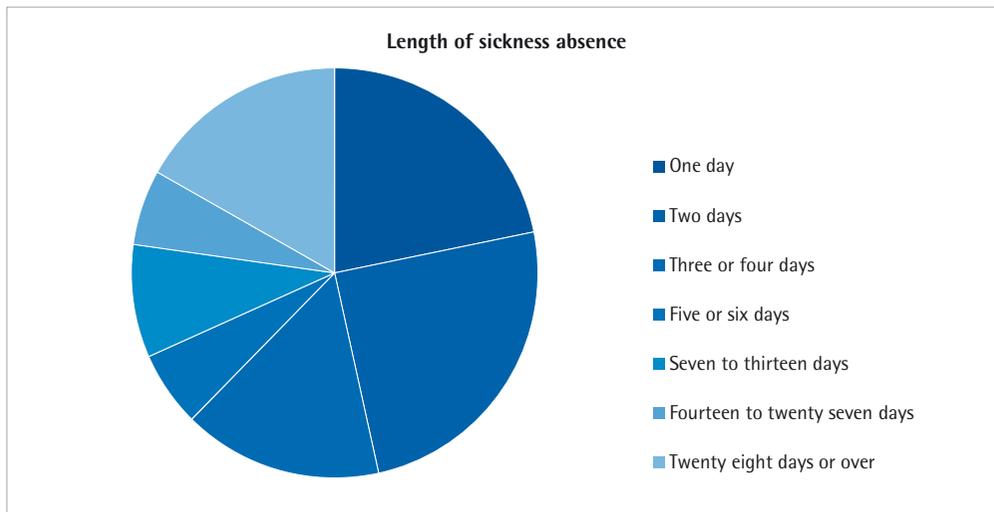
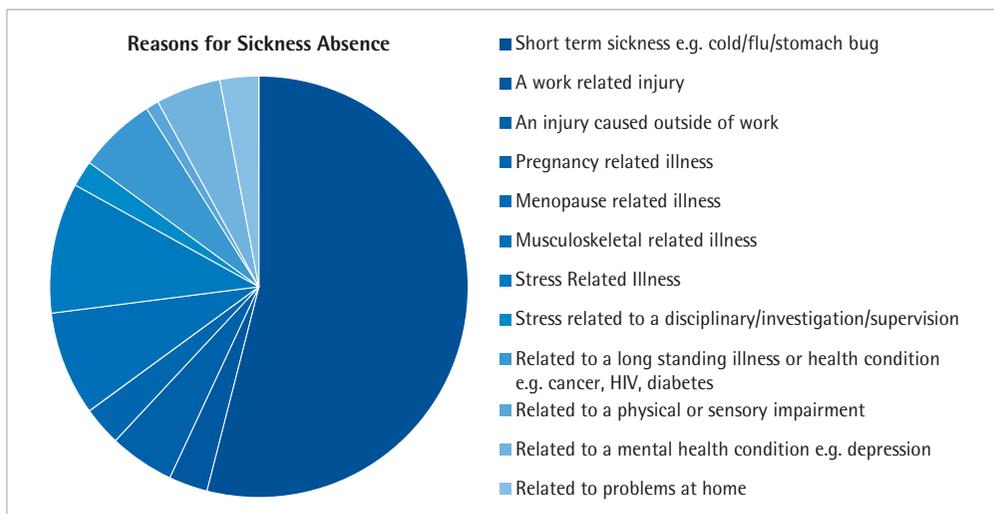
The section breaks the results down by:

- rates of sickness absence
- pressure to return to work.

Rates of sickness absence

Key Results

- 62% of respondents had been absent from work in the last 12 months.
- Aside from short term illness like flu, the most common reason for absence were stress and musculoskeletal problems.
- 54% of respondents said they had experienced musculoskeletal problems as a result of work
- 64% of respondents said they have felt unwell as a result of work related stress.
- 69% of the respondents who had a sickness absence in the last 12 months had a back to work meeting with their line manager, however 37% did not feel that the meeting was positive.
- 68% of respondents who had a sickness absence felt welcomed back by their line manager but more reassuringly 90% felt welcomed back by their colleagues.



8% of respondents who had a sickness absence in the last 12 months said they did not tell their manager the real reason for their absence.

Respondents explained the reason for doing so were:

"I was too scared to say anything due to stigma, retribution, punitive actions, being judged as weak".
Midwife, England

"Embarrassed. I know people talk, and I did not want the entire staff group to know that I suffer long-term depression".

Student Midwife, England

"Because confidentiality is pretty much non existent in my workplace and my disability is of a very, very serious and personal nature".

Midwife, Scotland

"Because she just wouldn't understand and I also don't want her to think that I can't do my job and lose her respect and confidence".

Midwife, England

Key Results

- 81% of respondents said that while they were absent from work they were worried about the impact their absence would have on their workload.

Many respondents spoke about how their sickness absence would impact on their colleagues:

"I am currently off sick with anxiety and stress due to bullying in the workplace from my line manager. I am now taking antidepressants and having counselling. I ended up going off sick because I was unable to focus on my job and frightened of causing harm to those in my care. My confidence is at rock bottom and I am worried that I am letting everyone down, which makes me feel worse".

Midwife, England

"When a member of staff is off sick, the shift is very rarely covered, leaving the ward short staffed and the remaining staff are very stressed. I personally have been left with headaches and high blood pressure because of the pressure and stress that I have been put under due to sickness. I have felt guilty each time that I have been off sick myself as I know that this will be leaving the team a member down and putting extra strain on my colleagues".

Midwife, England

"Am acutely aware of impact of my absence on my team colleagues: no slack in the system to take up so their workload will then become unduly stressful too. I am dreading returning to work as don't want to be seen as 'weakest link' for needing time off".

Midwife, England

"I am definitely stressed due to lack of staff. I visited the GP on my day off because I had constant headaches, insomnia, irritability, extreme tiredness, memory loss, and an apparent inability to regulate my blood sugars (either sleepy or shaky/about to faint). I thought I had pre-diabetes or a thyroid problem. My blood screen was completely normal! The GP asked me if I'd ever considered myself to be stressed. I told him I thrive on stress. Clearly I don't!"

Midwife, England

Pressure to return to work

Key Results

- 71% of respondents said they had come to work in the last 3 months despite not feeling well enough to perform their duties.
- 51% said they had felt pressure from their manager to come to work.
- 97% said they had put themselves under pressure to come to work.

Many respondents commented on the pressure they had felt to stay at work when they were poorly:

"I was made to feel that my duty to my employer was more important than my duty to my unborn child and to complain about missed or delayed breaks was ungrateful as I was the first to get one if they were had when I was pregnant. Even when I advised that this was negatively impacting my health and increased my episodes of vomiting at work I was told that I needed to get on with it, if I was sick everyday (I was) I had to deal with it and the women wouldn't mind they'd understand as otherwise I'd be off all pregnancy and obviously that wouldn't do. This was by management, not by my colleagues".

Midwife, England

"No support when genuinely unwell. One colleague came in with 40 degree fever as she didn't feel she would be believed if she called in sick. She was then made to feel bad for going home by manager when other colleagues told her to go home".

Midwife, England

"I have had menopausal symptoms, hot flushes, anxiety, waking at night two to three times, feeling exhausted, but have worked on as I don't think managers would see the menopause as an acceptable reason for absence".

Midwife, Northern Ireland

"Short staffed and made to feel guilty about this, therefore struggle to go to work when unwell. Currently pregnant, awful morning sickness and sciatica. No support and no sickness absence as feel guilty".

Midwife, Wales

"You do not want to get a name for yourself as someone who does not turn up to work. You hear comments in the staff room about people who have that reputation. It's a culture thing. Many midwives are kind and sensible and understanding if it's something tangible that's wrong, but you have to be very careful not to be considered a skiver. I suffer from chronic fatigue related to medication that I take, and I don't think I would get any sympathy for that".

Student Midwife, England

Many respondents commented on the pressure to come back to work when they were off sick:

"Whilst off sick with stress my manager rang me daily asking when I was coming back despite the fact I had a sick note for four weeks at a time".

Midwife, England

"When my dad was dying he was being cared for by me at my home and I signed myself off sick for the first five days. with stress as I wasn't fit to come into work (they'd refused me compassionate leave as he hadn't actually died). On day three my boss rang me and asked if he'd died yet".

Midwife, England

"I was off because of ectopic pregnancy and told by my manager they were short staffed and she asked me on several occasions if I could come back and do paperwork. I went back early due to her constant questioning".

Midwife, England

"We are called at home when we are sick to check on our well being asked when we think we will be fit to return to work. There is pressure to come back but worry over returning too soon and then not recovering and needing to go sick again which counts a another account of sickness then warnings and sickness meetings. The policy feels harassing and bordering on bullying you to return to work".

Midwife, England

"The manager I worked with the last day before getting off sick due to stress at work (who had seen me crying non stop during the whole day because I had too much responsibility and felt I couldn't cope with it because it was very unsafe for all the women I was caring for), was very angry with me and told me she was very disappointed with me. She bullied me after I returned to work and that made me feel worse. I had never had stress at work, and it is horrible when you really have it, not being able to stop crying at work because of the pressure and going home crying without being able to stop. All my family got really worried for my mental health, and wanted me to change my work".

Midwife, England

"Poorly managed. Pressured my managers and colleagues to return. Made to feel very guilty being off. Unwelcoming on my return, snide comments being made, fuelled by managers".

Midwife, England

Summary

The survey results show that the work intensification in maternity units is having a significant impact on sickness absence which in turn is impacting on stress and pressure for midwives, maternity support workers and student midwives. While respondents noted that they worried about the impact of their absence on their colleagues they did feel welcomed back to work by colleagues. However, many respondents felt under pressure by their managers to come back to work and lacked a back to work meeting and did not feel welcomed back to work by their manager.

Section Four - Organisational Policies

As shown throughout this report organisations and managers that take positive action on health, safety and wellbeing make a real difference to staff which then improves high quality care for service users, particularly when these actions have been taken in partnership with RCM Health and Safety Representatives.

This section gives answers from the survey about how common it is that organisations and managers take positive action on health, safety and wellbeing. It details answers about different policies that may be available to RCM members' but it must be remembered that just because a policy is in place it doesn't automatically translate into action.

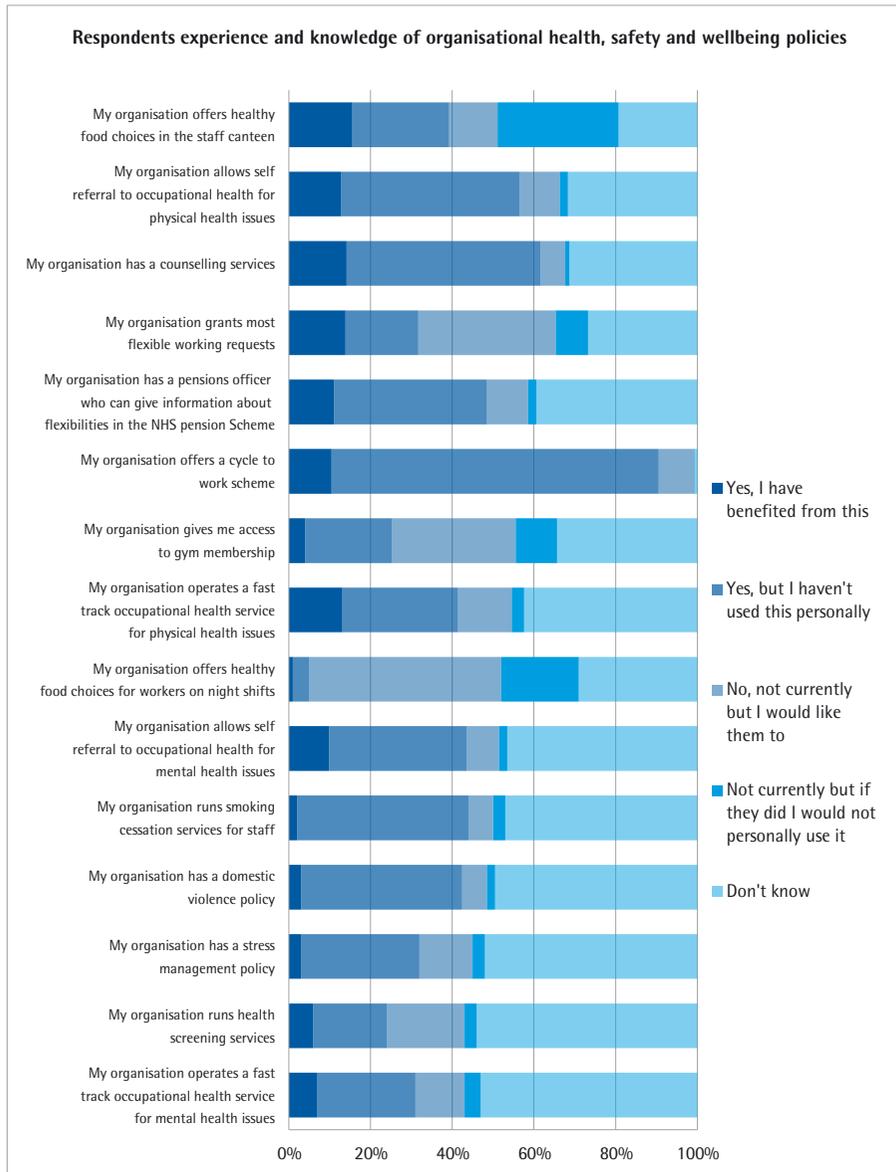
This section is divided into:

- organisational policies
- taking positive action.

Organisational policies

Respondents were asked if their organisation had certain health, safety and wellbeing policies. Overwhelmingly many respondents said they were not aware of the policies available in their organisation.

Some key results are:

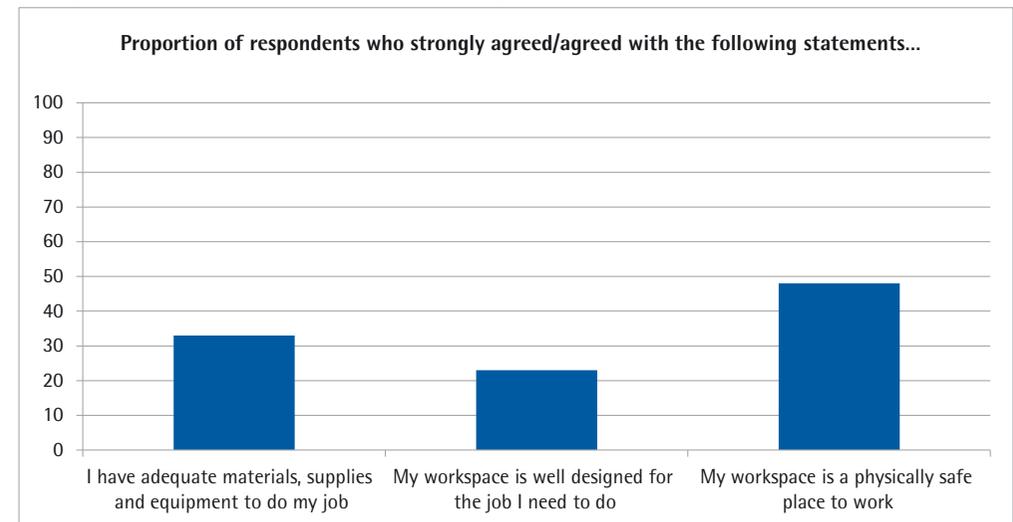


Taking positive action

Key Results

- 77% of respondents said their organisation takes positive action on health, safety and wellbeing.
- 71% of respondents said their manager takes positive action on health, safety and wellbeing.
- 69% of respondents said their manager shows an interest in their health, safety and wellbeing.
- 42% of respondents said they had a RCM Health and Safety Representative in their organisation.
- 80% of respondents said their RCM Health and Safety Representative takes positive action in their organisation.
- 20% of respondents had asked for reasonable adjustments to be made because of a disability or health condition and 77% of those reasonable adjustments were made in part or in full.
- 14% of respondents asked for a risk assessment because of a disability, health condition or pregnancy but the risk assessment was only carried out for 69% of those respondents.

Respondents were asked the extent to which they agreed with a series of statements about their workspace and the materials they have to do their job:



Respondents who work in the community noted particular issues with their working environment:

"If things go wrong we do not feel supported even though management say there is a no blame culture. We are also expected to attend people even if there are health and safety concerns and management do not want to pay two midwives to attend for the whole labour due to paying overtime. Some colleagues are scared to be called because they do not want to be out alone at night in a strange environment".

Midwife, Wales

"They are ignored. Our equipment bags are broken and could cause manual handling issues but the is apparently no money to replace them".

Midwife, Wales

"Our safety does not seem to be a priority. We work in tower blocks, areas where there have been shootings and we still visit. Staff have been attacked at work. The out of hours area to collect home birth equipment is not covered by security cameras. We have been told we can not have the ID cards which also act as alarms".

Midwife, England

Respondents who work night shifts also raised concerns:

"I don't think enough is done to promote the staff's health and wellbeing within the organisation. We don't have access to a canteen on our site. During the week day there is the opportunity to purchase food from the mobile canteen that comes over from the main hospital. Out of hours there is a vending machine that often is out of order. We work in a very stressful environment and I don't feel that there is enough support from the organisation".

Maternity Support Worker, England

Many respondents spoke about the lack of adjustments made for pregnancy or health conditions:

"I feel my employer plays lip service to wellbeing issues, rather than management taking a real interest. People who have faced issues in the past have felt that they have sometimes been pressurised to leave rather than adjustments made".

Midwife, England

"Management only interested in getting staff back to work as soon as possible. I was pregnant with twins and lost one of my babies due to a rare condition and was shown no compassion, they were just keen to know when I would be back at work".

Midwife, England

"The organisation is unable to differentiate between midwives of different ages, abilities and with different health needs. Midwives get older and it is not unreasonable for older people to need to adapt how they manage the physical constraints that age and minor disabilities inflict. It doesn't mean they can't do their job they just might need to do it differently. We cannot operate like robots no matter how convenient that would be".

Midwife, England

Many respondents commented that there were policies but they weren't being put into action:

"Once occupational health is aware of your health problems, they do fast-track you to be seen by specialists in the respective areas. However, the problem lies with fulfilling the recommendations of assessments. I had an assessment for correct workstation equipment for my spine and I am still waiting for the right equipment to arrive".

Midwife, England

"I recently approached my manager as had a woman who needed hoisting. Hospital policy is that we do not use hoist unless trained. Some training of specific individuals has been done and I have asked for training. Other midwives have also expressed concern. Our concerns have not been addressed and we are being treated as being unreasonable".

Midwife, England

"The policies exist on paper, but are not practised. As a pregnant employee, if I don't ask to get breaks, or ask for help with manual handling then I'm expected to just 'get on with it' There is a culture of 'you have to look after yourself, as no one else will'".

Midwife, England

Some respondents gave good examples of health, safety and wellbeing policies and actions in their organisations:

"We have a wellbeing service with massage that staff can self refer to this is fantastic it has really helped staff and moral".

Midwife, England

"The organisation has an induction day for new staff which covers health, safety and wellbeing. There are numerous policies on health and safety which are regularly reviewed by the health and safety committee. Staff in my area are being trained in risk assessment, reducing the risk of violence and aggression, and the lone worker policy. We can involve health and safety practitioner in meetings if we have concerns about any aspect of our work or workplace".

Midwife, Scotland

Summary

It is clear that respondents' health, safety and wellbeing benefited from organisations, managers and RCM Health and Safety Representatives taking positive action on health, safety and wellbeing. However, it is not enough for policies to be in place they must be put into action to have a positive effect.



Section Five – Workplace Culture, Bullying and Leadership

Maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service. RCM members have never felt so challenged in their ability to provide high quality care to women and their families.

The increased pressure and demands is having a significant effect workplace culture in maternity units with high levels of bullying and undermining behaviours and problems with leadership in maternity units. This is particularly important because poor workplace cultures impacts on the quality of care women and their families receive and impacts on retention of midwives and maternity support workers in their organisation and in the profession.

This section gives answers from the survey about workplace culture in maternity units and the impact this has on how the unit provides high quality care to women and their families. Encouragingly, the survey results show that generally there are high levels of camaraderie in maternity units and midwives, maternity support workers and student midwives support each other. Additionally, the results show that when organisations, managers and RCM Health and Safety Representatives take positive action on health, safety and wellbeing respondents report improved workplace culture.

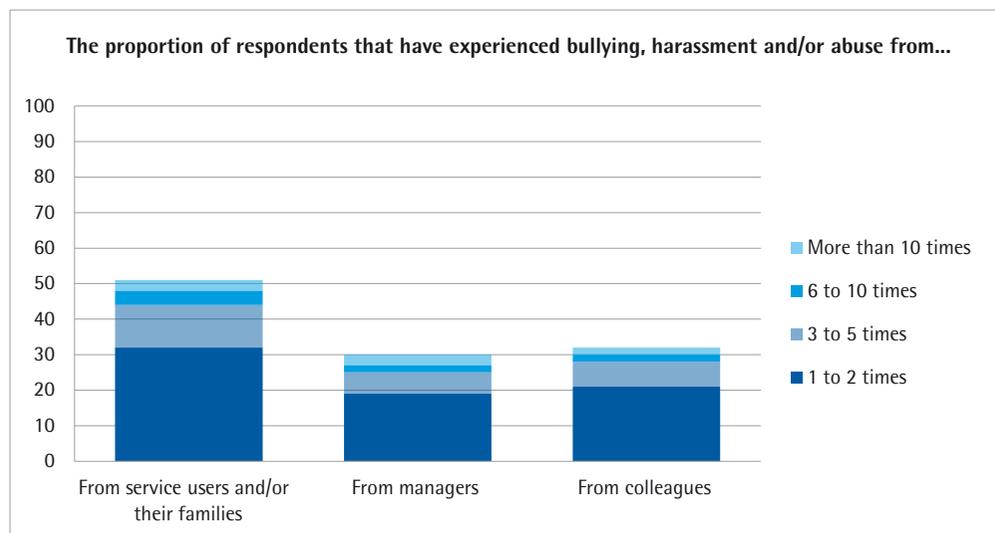
The section breaks down the findings by:

- bullying and undermining behaviours
- support from managers and colleagues
- positive action by organisations, managers and RCM Health and Safety Representatives.

Bullying and undermining behaviours

Key Results

- 51% of respondents had received harassment, bullying or abuse from service users and/or their families.
- 31% of respondents had received harassment, bullying or abuse from managers.
- 33% of respondents have received harassment, bullying or abuse from colleagues.
- 37% of respondents who have suffered bullying, harassment and/or abuse said they did not report it.



Sadly, 37% of respondents who have suffered bullying, harassment and/or abuse said they did not report it.

Additionally, 16% of respondents said they had experienced discrimination from service users, managers and/or colleagues. The most common grounds for discrimination were age (40%); ethnicity (22%); and disability (19%).

Respondents explained the discrimination they suffered and why they didn't report it:

"People will inform that I am nearing retirement age. I am of the opinion that there is institutional racism within the organisation. [I didn't report it because...] All that reporting does is label you as a trouble maker."

Midwife, Scotland

"I have had 3 patients/families judge me on first glance as being young and childless and making the judgement that because of this I cannot know what I am talking about. I know several other youngish midwives who have experienced the same. The judgment mostly seems to fall on being childless although childless midwives who are older do not get questioned in the same way. I have questioned if there is something in my demeanour causing this however I have very good feedback from the vast majority of patients so believe this to just be age discrimination. I reported one that lead to physical intimidation from a husband directed at myself and my student - I felt unable to return to that house safely and was supported with this, a senior midwife went for future care in pairs. I have not reported other incidences as it is just an opinion and does not affect my care of them or their baby, so I just tried to show that my training and experience shouldn't be disregarded."

Midwife, England

"A client's husband pulled a face when I introduced myself as woman's midwife for the new shift. He demanded a younger pretty midwife. This was granted as I no longer felt comfortable in the room. [I didn't report it because...] The gentleman's wish was granted. Probably to keep the peace!"

Midwife, England

"People saying that I'm too young to be a midwife, and implying that I am incompetent. [I didn't report it because...] It's often mentioned by the person I would have to report it to."

Midwife, England

"A birth partner believed I was from a different religion background to him and his partner and was abusive. Also made derogatory comments about my practice without knowing any details regarding my church background or home life. [I didn't report it because...] Birth partners are often under stress as a result of being in an environment where they have no active input or control over events. It can be frightening for them and even when procedures are explained or actions taken are discussed they are not always aware of the potentially harmful nature of them trying to be a voice for their partner when decisions made don't involve them directly."

Midwife, Northern Ireland

"Snide remarks and comments and unrealistic expectations. Told it was my own fault for getting pregnant. [I didn't report it because...] You can't report it when it's the managers doing it. I'd lose any semblance of pleasant working relations if I reported colleagues. Life would be made very difficult in retaliation."

Midwife, Wales

"I was discriminated against because I was suffering from stress. I was made to feel like an idiot who wasn't capable of doing my job [I didn't report it because...] It was my manager who did it."

Midwife, England

Support from managers and colleagues

The survey asked respondents about the support they received from managers and their colleagues. In general, respondents reported good levels of support from their colleagues (although there were incidences of friction between colleagues). However, many respondents commented that they did not feel supported by their manager, particularly with regards to coping with workload. Respondents also said that managers tended not to recognise good work but rather focus on mistakes and errors and respondents said they felt there was a 'blame culture'.

The survey asked respondents the extent to which they strongly agreed/agreed with a series of statements about support from managers:



Many respondents spoke about their lack of support from senior management:

"I felt so enthusiastic and proud as a student. Now all I feel is I let down service users, a hopeless midwife and not supported in my role."

Midwife, England

"I have not been with this organisation for very long, however in the short time that I have been working there I have experienced bullying which has had a severe impact on my mental and physical health. My team of colleagues try to be supportive but don't have time themselves to take on someone else's issues. The workload is high and stressful and due to this, mistakes can occur and the staff member involved is made to feel like their practise is unsafe and needs to be scrutinised. It seems that midwives are expected to be some superhuman robot type machine. It feels like we are expected to work long hours without sustenance or comfort breaks and yet be able to remain focused, remember everything and remain safe practitioners. The senior management are aware of the issues, yet make light of our concerns and attempt to sweep our comments under the carpet or subject us to inappropriate laughter or joking behaviour."

Midwife, England

"There are so many powers that be putting pressure on practicing midwives that I think of leaving on many occasions. I no longer recommend midwifery to people I meet as my passion is tested regularly! It is like waiting for your own turn to be incriminated for something you have or haven't done. I feel support is gone and management is waiting for something to punish you for. Moral is low. I don't leave because I love what I do. I do not love how hard they are making it for us to give quality compassionate care"

Midwife, England

"There is an unpleasant atmosphere on the labour ward. This was obvious to me on my first day as was the unhappiness of many staff. There has been a clinical psychologist involved interviewing staff as a result of the CQC inspection highlighting potential issues between staff/management. That said there are many great and supportive band 5 and 6 midwives who I enjoy working with"

Midwife, England

"There is a bullying culture within my trust. The senior managers are aware of who the bullies are and who their victims are but no one is prepared to deal with it. I have found another job and will be leaving my current trust imminently before I have a complete nervous break down"

Midwife, England

"There are some toxic senior managers who use bullying and intimidation to keep those that speak out quiet. There is a 'clique' of staff on labour ward who decide how things work, and although the worst (senior) manager has now left there is a toxic culture. Unfortunately the unit is geographically isolated and in comparison to big city hospitals I have worked at there is a real problem with understanding that midwifery and maternity care has changed and new ideas are good. The unit is run by people who view change with suspicion and have trained and worked in the same unit, with the same conditions, guidelines and ideas for their whole career. I intend to leave in November".

Midwife, England

"Our line manager gives more criticism than praise. We anticipate being picked up for boxes not ticked etc. so often that it's a shock if they ever say you've done something well".

Midwife, Scotland

"If bullying from other colleagues is reported to line managers it is ignored and brushed under the carpet. If you take it further to HR you are made out to be a trouble maker and working life within the team becomes that unbearable that you have no choice but to rotate to another area. It then feels like your card is then marked. I would move to another trust but I fear it would just be the same so I am considering leaving a career I love and have worked hard to achieve. It is soul destroying".

Midwife, England

"Bullying and harassment is high midwives are forced out of roles because they can't keep up with the pace! It is expected to work outside of work hours and it is actually frowned upon if you do not work full time or change shifts with less than a days notice! Sickness is high due to burn out".

Midwife, England

"Management could be really supportive. I do find that sometimes they are really trying to make their staff always happy and the retention of midwives is not the best. Labour ward and postnatal ward are two very tough places and it can break midwives. You are considered as a midwife and not always as a person. I find it dehumanising sometimes".

Midwife, England

"As a newly qualified midwife I find I need a lot of support especially on the labour ward. Unfortunately I find that how supported I feel depends hugely on people who are working on that particular shift. Some seniors are extremely supportive and push you to use experiences to further yourself. Others make me feel like I am a nuisance and should be better and know how to do everything and be able to do everything. Similarly, if there are supportive peers working I find I have a much better shift and feel more confident".

Midwife, England

"There is still a prevalence of blame culture and in some places a toxic work environment. Staff are reluctant to raise concerns, particularly in relation to culture as those who have done have been moved to less other areas of service and are seen as being punished. Undermining behaviour is common but is ignored by management".

Midwife, Northern Ireland

"Culture of bullying, harassment and intimidation. Managers assure that they are aware of the issue and have been for over ten years and are "trying" to resolve it. It is never resolved and some culprits are senior members of staff/managers. Students repeatedly complain to the local training university about the issues within midwifery at the trust and nothing is done. It is appalling".

Midwife, England

"The management only care about the service provided, not the people that provide it. They are not particularly family friendly and we are made aware that we get workable shifts on the managers' good grace only. We are based in teams (ward or labour suite) and have to apply to rotate, whereas rotation used to be automatic and worked really well. When we do apply, we're given a month in the other area only, which is clearly not enough. When the newly qualified midwives complained to our midwifery matron, and said they felt they needed longer to consolidate after so long on the ward, they were accused of being selfish and not thinking of the service or service users!"

Midwife, England

"I have been a midwife for many years, I have been lucky to work with great colleagues, however from band 7 upwards, the aggressive attitudes, lack of compassion, subtle threats and bullying have gone completely ignored over the years and have indeed become accepted to some extent. These people have been hiding in plain sight for years and there is a failure to recognise the direct impact this has on the quality of care women receive as the staff are so undervalued and disheartened. This is shameful as there are some fantastic, skilled people in this organisation".

Midwife, Scotland

"I work alongside many good and caring midwives but have never known such low morale. The workplace culture is one of relentless negative feed back from higher management. There's almost an unspoken assumption that all staff need constantly reminding how to do a good job - how sad that those of us who have always put service users needs at the heart of what we do and have always striven to give excellent care are left feeling somewhat harangued and tarred with an indiscriminate brush".

Midwife, England

"My line manager and other colleagues are amazing. Very supportive and great team but senior management are poor, we are severely understaffed and the workload is forever increasing. I cannot physically or mentally continue for much long at this pace. I don't think it is necessarily just my organisation but maternity services as a whole".

Midwife, England

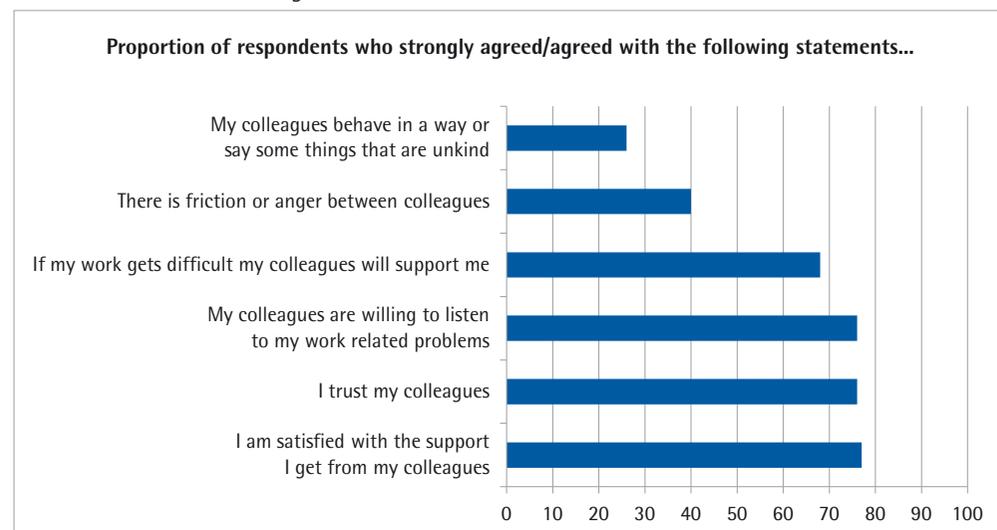
"It is very much a blame culture. If things go wrong or there is a complaint we are always made to feel in the wrong even when it is clearly not the case. We have very little support or contact with managers. I have not seen our Community manager in the last year at least as she is based at another hospital and rarely visits our team even though we are having major staffing issues at the moment. Praise is in very short supply only nit picking and criticism!"

Midwife, England

"My manager is a stressed out as the rest of us. My sister was terminally ill - she never once asked how she was or how I was (other staff did). She has difficulty looking at anyone in the eye. As time has passed since my sister died I have realised this is how she is with everyone - not just me - so that made me feel a little better. I realise she is as stressed as anyone (if not more so) and needs to shut out anything she can".

Midwife, England

The survey asked respondents the extent to which they strongly agreed/agreed with a series of statements about their colleagues:



Some respondents spoke about the friction on maternity units:

"Makes you anxious and edgy. Causes arguments between colleagues if someone 'isn't working hard enough' people bullying junior staff and not supporting them as they feel this adds to their stress".

Midwife, England

"Our maternity services are something to be proud of, the majority of staff really want to provide and excellent level of care, sadly that is not every single midwife. There are real differences of culture between obstetric and midwifery teams, but we are doing some work together to try and understand the differences and work together to support women".

Midwife, England

"It depends on who you are working with! Some are great and are supportive, some stick to their cliques and your can feel left out, some are just rude and have poor people skills when it comes to their colleagues! I am currently disheartened with the job, it's not what it was. Although I have said I want to quit I can't see myself doing anything else. I'm there for the women but the politics get in the way".

Midwife, England

"There are people that have worked in the area for a long time and believe 'their way is the right way'. Many newer midwives are influenced by this way of working and have adopted bad practices. As a student, I often feel uncomfortable being asked to participate in certain situations when they are going against practices taught in university. I am hoping to have the courage to be able to challenge and change such practices when qualified, but as a student I am not in a position to be able to make such a difference".

Student Midwife, England

"There are cliques that are resistant to change which makes the specialist role difficult. Everyone is constantly pushed for time/with workload. A common phrase is I am too busy".

Midwife, Wales

"Midwifery feels very competitive to me, especially labour ward and I feel that if you complain or comment on your working conditions, you are seen as weak. There a culture of bullying in the organisation which I work towards younger, inexperienced staff. You have to prove yourself as tough, lack sensitivity and yell loudest in order to achieve anything in this organisation".

Midwife, England

"I feel the culture is very cliquy. And I don't feel I fit in".

Midwife, England

However, some respondents were more positive about their relationships and support from their colleagues:

"My workplace culture is extremely supportive. I feel lucky to have such great support from the band 7 midwives on my unit and my colleagues, however I feel management are not so involved with staff wellbeing and finding out about the stresses/strains of working a very busy, under staffed unit. I feel happy to be a midwife and at present I do enjoy my job, however I see more junior (and senior!) midwives struggling with the stress and expectations of the job. It can be exhausting and I feel that a lot of physical and emotional strength is needed to get through sometimes! I really don't know if midwifery is something I could do forever if working conditions do not improve".

Midwife, England

"The unit is very supportive of midwives and colleagues look after each other. I feel we are very supportive of new staff and very welcoming. We have good retention of staff".

Midwife, England

"My colleagues are really welcoming and lovely and so hard working and caring despite the shortfalls of our trust, I have found this the only reason I have coped here for so long".

Midwife, England

"My organisation really supports and encourages potential for management and leadership, especially in younger midwives, who (in my experience) can be overlooked in other trusts that only promote older midwives to leadership positions".

Student Midwife, England

"Like every place to work there are a instances where support is not given from those above who are more to do with administrative than actual care giving. But for the best part of time where I work there is a very supportive team of midwives that work hard to give a fantastic standard of care. Given what everybody has they work hard to ensure that women leave with a good experience and the best care possible. I am proud to be a midwife, I am proud to work in the hospital I do. I am not the most experienced midwife but I am well supported in my learning by midwives themselves".

Midwife, England

Positive action by organisations, managers and health and safety representatives

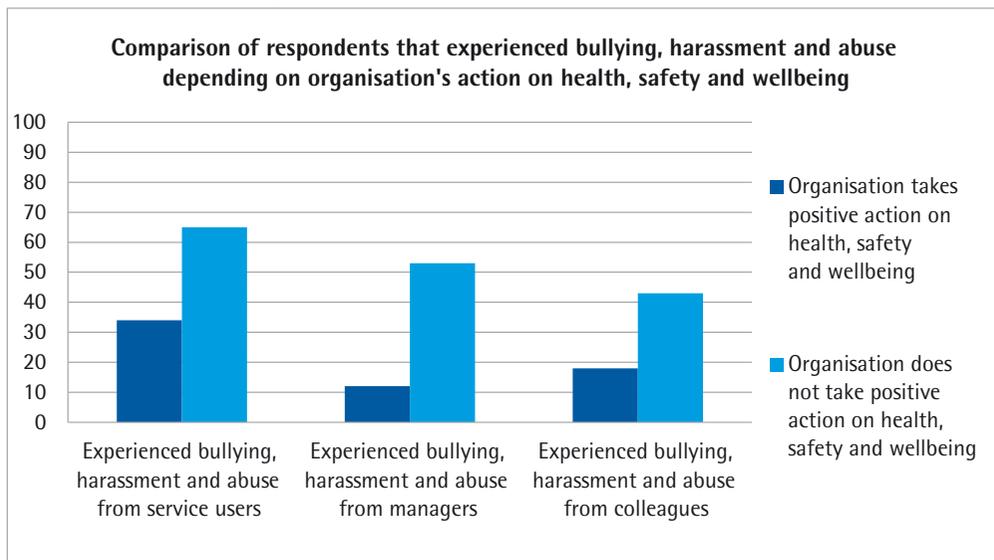
Like other areas of this survey there were significant differences in the results when the answers were filtered to compare respondents who work in organisations that take positive action on health, safety and wellbeing to respondents who work in organisations that don't take positive action; respondents who say their manager takes positive action on health, safety and wellbeing compared to respondents who report that their manager does not take positive action on health, safety and wellbeing; and respondents who say their RCM Health and Safety Representative takes positive action on health, safety and wellbeing compared to respondents who do not have a RCM Health and Safety Representative or their Representative does not take positive action.

Key Results

- 53% of respondents who work in organisations that do not take positive action on health, safety and wellbeing report bullying, harassment and abuse from managers compared to 12% of respondents who work in organisations that do take positive action on health, safety and wellbeing.
- 42% of respondents whose manager does not take positive action on health, safety and wellbeing report bullying, harassment and abuse from colleagues compared to 19% of respondents whose manager does take positive action on health, safety and wellbeing.
- 93% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement that they are proud to work as a midwife/maternity support worker compared to 74% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 73% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agreed/agreed with the statement that they are proud to work for their organisation compared to 21% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 10% of respondents whose manager takes positive action on health, safety and wellbeing strongly agree/agree with the statement that they want to leave their organisation as soon as possible compared to 33% of respondents whose manager takes positive action on health, safety and wellbeing.

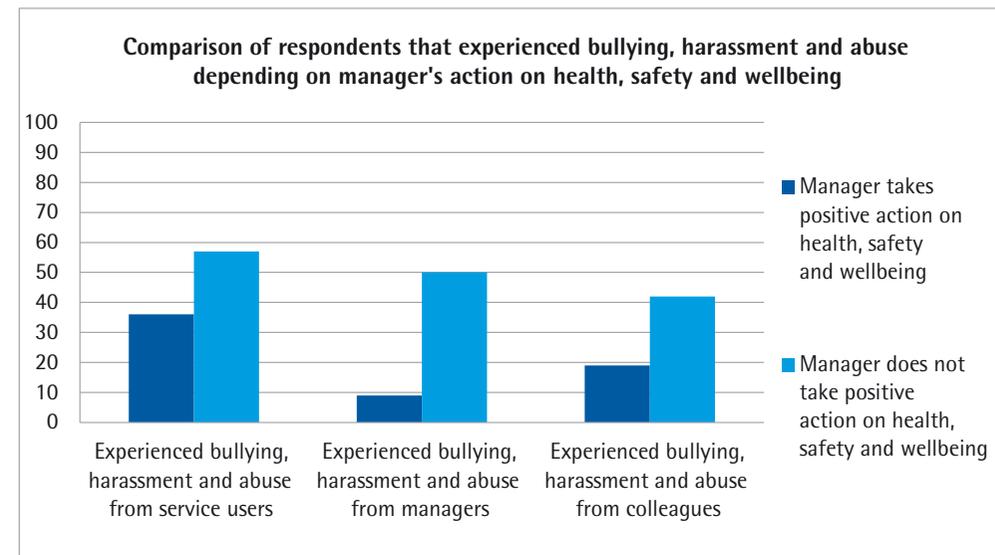
The table below compares the proportion of respondents who report experiencing bullying, harassment and/or abuse in the last 12 months and work in organisations that take positive action on health, safety and wellbeing to the proportion of respondents who report bullying, harassment and abuse and work in organisations that does not take positive action on health, safety and wellbeing.

The results show a staggering difference between the two:



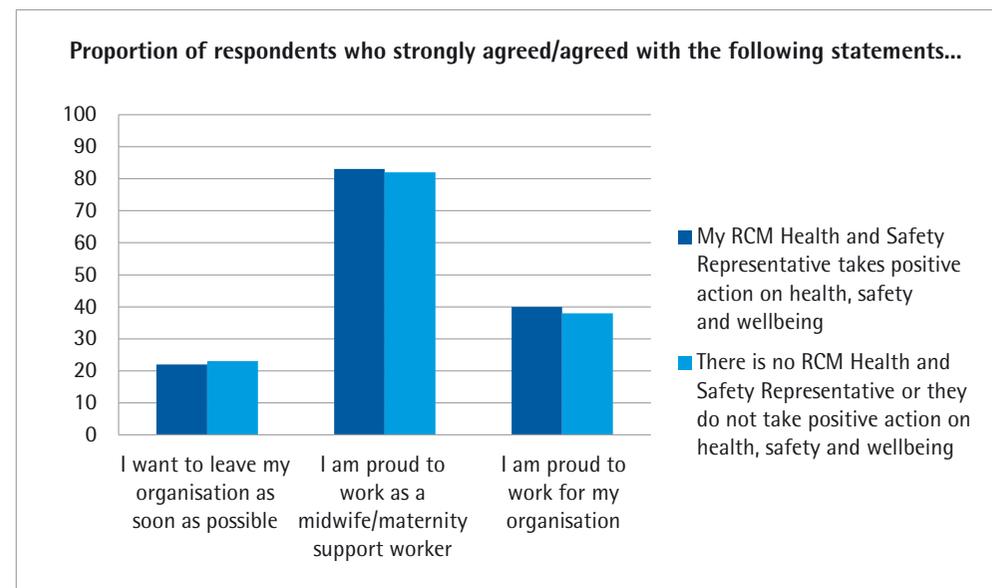
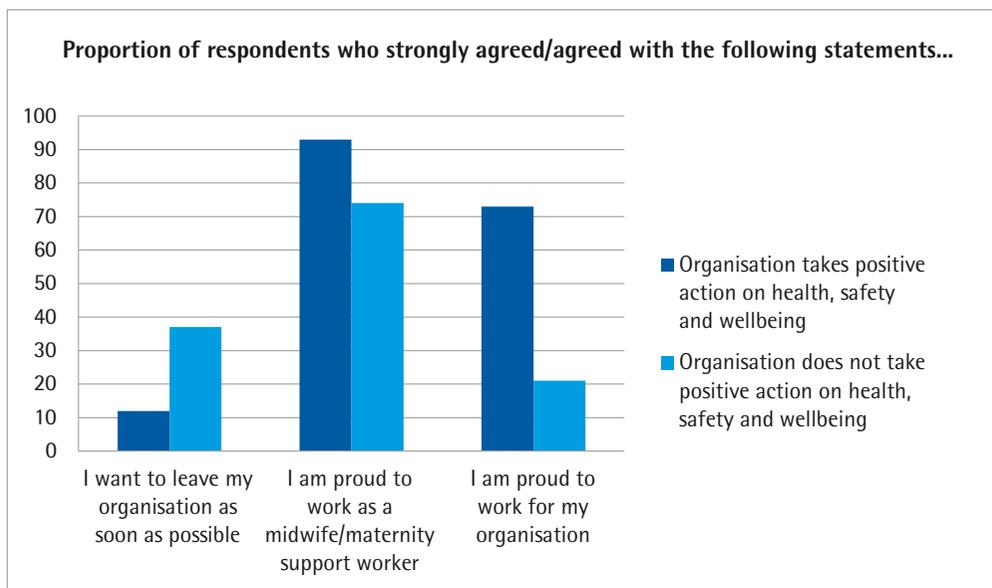
Moreover, the table below compares the proportion of respondents who report experiencing bullying, harassment and/or abuse in the last 12 months and report that their manager takes positive action on health, safety and wellbeing to the proportion of respondents who report bullying, harassment and abuse and reports that their manager does not take positive action on health, safety and wellbeing.

Again, the results show a staggering difference between the two:



Respondents were asked the extent to which they agreed with a series of statements about their pride in their job and the organisation they work.

Again, there were significant differences in the results for respondents who work in organisations that take positive action on health, safety and wellbeing and the organisations that don't; respondents whose managers take positive action on health, safety and wellbeing and the managers that don't; and respondents who say their RCM Health and Safety Representative takes positive action on health, safety and wellbeing compared to those who do not have a RCM Health and Safety Representative or the Rep does not take positive action.



Summary

The results from this section show that the workplace culture in maternity units is significantly affected by the current workloads and demands upon midwives, maternity support workers and student midwives. This has resulted in workplaces that have high levels of bullying, harassment and undermining behaviours. Some RCM members report feeling a lack of support from their manager and that rather than recognising good work there is a 'blame culture' in units. However, RCM members do report that there are high levels of camaraderie on maternity units and they feel supported by their colleagues.

Encouragingly, like other survey results, workplace culture improves significantly in organisations that take positive action on health, safety and wellbeing; when managers take positive action on health, safety and wellbeing and when RCM Health and Safety Representatives take positive action on health, safety and wellbeing.



Section Six – Reporting Concerns

As this report has shown so far our survey shows that there are significant pressures and demands on midwives, maternity support workers and student midwives caused by the rising birth rate and rising complexity of cases.

This work intensification is causing stress and burnout amongst the maternity workforce and this is impact on workplace culture and the ability to provide high quality care to women and their families.

It is important that in all workplaces midwives, maternity support workers and student midwives should be able to raise concerns if they have concerns about the quality and standards of care provided if they suspect treatment or care will have caused harm.

This section gives information about respondents feelings about reporting concerns and shows the significant impact that positive action on health, safety and wellbeing has on the reporting concerns.

This section breaks the findings down by:

- reporting concerns
- positive action by organisation, manager and RCM Health and Safety Representatives.

Reporting Concerns

Key Results

- 37% of respondents reported that they had seen an error, near miss or incident that could have hurt staff in the last month.
- 52% of respondents reported that they had seen an error, near miss or incident that they could have hurt service users in the last month.
- 79% of respondents said that the error, near miss or incident was reported.

Many respondents spoke about the fear of reporting concerns because of a 'blame culture':

"My organisation is one of blame culture. Individuals often do not feel anything will be done if they raise a concern, and worry about the implications for themselves. I have no faith in the whistleblowing process and feel I would be disadvantaged in one way or another if I was to personally raise a concern".

Midwife, England

"We work in a culture of fear and individuals involved in incidents seem to be punished rather than supported. More and more we are forgetting things and making small errors due to disproportionate workload".

Midwife, England

"Not that long ago I would have felt ok raising concerns but now having heard of other staff who have reported stuff and what has happened to them I am not sure now".

Midwife, England

Many respondents commented that concerns are not acted upon:

"I feel specific clinical concerns would be addressed, but the on-going staff shortage issue cannot be financed and it is this issue which invites so many of the clinical incidents to emerge and which leaves the staff so vulnerable. Staff are willing and able but are put in positions in which they cannot practise to the best of their ability - due to volume of work - and are therefore at risk of making errors through not having time to be adequately thorough".

Midwife, England

"We have several junior staff who are very inexperienced and who aren't getting the support they require to be competent in a busy unit. Have reported this to line manager, line manager simply looking at the inability of the individuals not at the lack of support they are getting".

Midwife, England

"There are certain 'routine' types of unsafe practice - usually due to low staffing - that everyone accepts and that I would not feel safe to raise".

Midwife, England

Respondents also commented that they had experienced difficulties at work following reporting a concern:

"I have been threatened and bullied since submitting an incident form on poor care".

Midwife, England

"As a student I don't feel secure in reporting any causes of minor concern or near misses. I feel my placement and university place maybe in jeopardy if and I would be ostracised".

Student Midwife, England

"I have reported near misses and been told they do not exist. I have been told not to complete risk reports. I have been warned my career will be in jeopardy if I continue to report risk. Other staff at this organisation have been forced to leave due to the threat of losing their job/career. When the CQC came in and identified some of the issues please be aware that the organisation worked very hard to hide the truth and openly threatened the staff not to speak out".

Midwife, England

"I have raised concerns for staff and client safety and wellbeing and been bullied and harassed by the management who are meant to deal with the situation. Attempts made to get me to withdraw my concerns. As concerns weren't addressed and as a result of bullying, harassment and intimidation I raised a grievance and received further similar treatment. My grievance was ignored".

Midwife, England

"As a student, I feel people expect you to behave a certain way. That is to be submissive and to know your place. My views are not valued therefore I don't feel able to speak up without some adverse consequence from the staff".

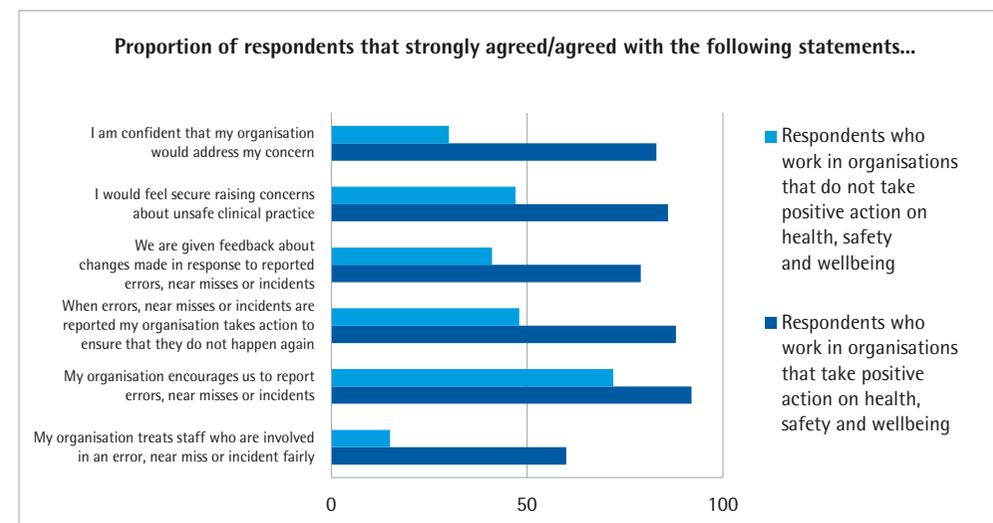
Student Midwife, England

Positive action by organisation, manager and RCM Health and Safety Representatives

As the table below shows, there is a significant difference in how respondents feel about reporting errors and concerns when they work in an organisation that takes positive action on health, safety and wellbeing.

Key Results

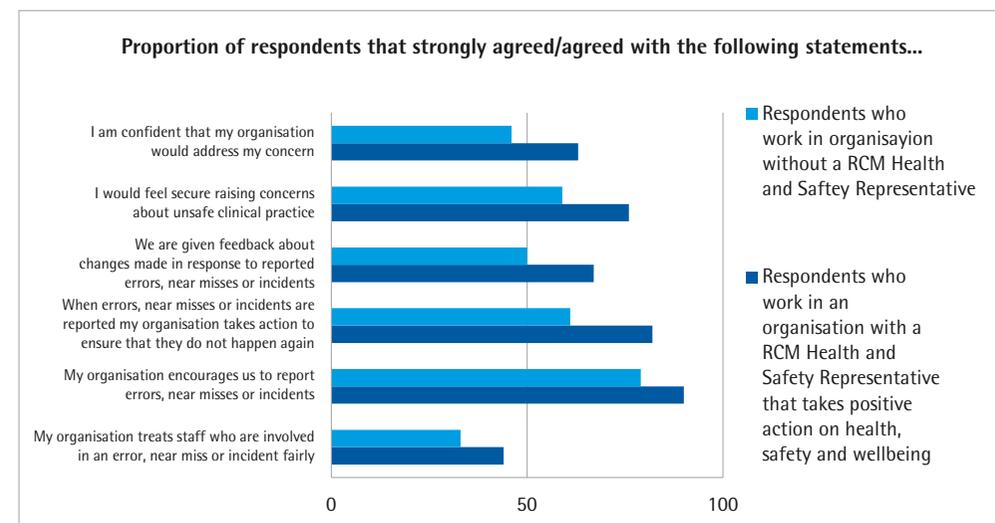
- 83% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'I am confident that my organisation would address my concern' compared to 30% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 86% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'I would feel secure raising a concern about unsafe clinical practice' compared to 47% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 79% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'We are given feedback about changes made in response to reported errors, near misses or incidents' compared to 41% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 88% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again' compared to 48% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 92% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation encourages us to report errors, near misses or incidents' compared to 72% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.
- 60% of respondents who work in organisations that take positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation treats staff who are involved in an error, near miss or incident fairly' compared to 30% of respondents who work in organisations that do not take positive action on health, safety and wellbeing.



Additionally, there is a significant difference in how respondents feel about reporting errors and concerns when they have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing.

Key Results

- 63% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'I am confident that my organisation would address my concern' compared to 46% of respondents who do not have a RCM Health and Safety Representative in their organisation.
- 76% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'I would feel secure raising a concern about unsafe clinical practice' compared to 59% of respondents who do not have a RCM Health and Safety Representative in their organisation.
- 67% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'We are given feedback about changes made in response to reported errors, near misses or incidents' compared to 50% of respondents who do not have a RCM Health and Safety Representative in their organisation.
- 82% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again' compared to 61% of respondents who do not have a RCM Health and Safety Representative in their organisation.
- 90% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation encourages us to report errors, near misses or incidents' compared to 79% of respondents who do not have a RCM Health and Safety Representative in their organisation.
- 44% of respondents who have a RCM Health and Safety Representative in their organisation that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation treats staff who are involved in an error, near miss or incident fairly' compared to 33% of respondents who do not have a RCM Health and Safety Representative in their organisation.

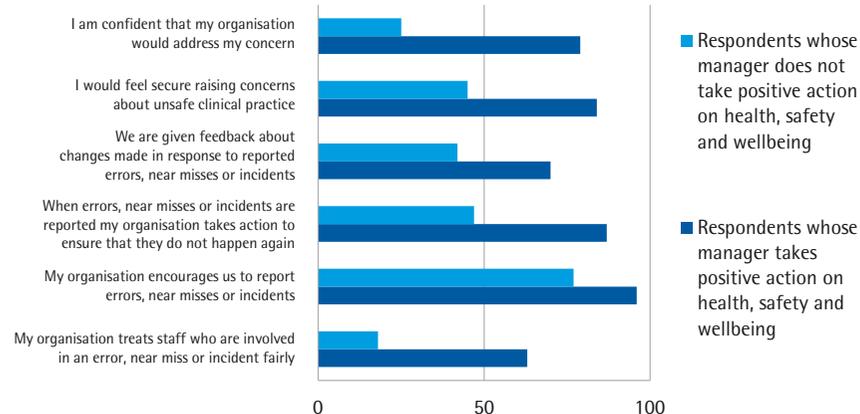


Additionally, there is a significant difference in how respondents feel about reporting errors and concerns when respondents reported that their manager that takes positive action on health, safety and wellbeing.

Key Results

- 79% of respondents who report that their manager takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'I am confident that my organisation would address my concern' compared to 25% of respondents whose manager does not take positive action on health, safety and wellbeing.
- 84% of respondents who report that their manager takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'I would feel secure raising a concern about unsafe clinical practice' compared to 45% of respondents whose manager does not take positive action on health, safety and wellbeing.
- 70% of respondents who report that their manager takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'We are given feedback about changes made in response to reported errors, near misses or incidents' compared to 42% of respondents whose manager does not take positive action on health, safety and wellbeing.
- 87% of respondents who report that their manager takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again' compared to 47% of respondents whose manager does not take positive action on health, safety and wellbeing.
- 96% of respondents who report that their manager that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation encourages us to report errors, near misses or incidents' compared to 77% of respondents whose manager does not take positive action on health, safety and wellbeing.
- 63% of respondents who report that their manager that takes positive action on health, safety and wellbeing strongly agree/agree with the statement 'My organisation treats staff who are involved in an error, near miss or incident fairly' compared to 18% of respondents whose manager does not take positive action on health, safety and wellbeing.

Proportion of respondents that strongly agreed/agreed with the following statements...



Summary

The survey results show that while there are some significant concerns about raising concerns and 'blame culture' these concerns are alleviated significantly in organisations that take positive action on health, safety and wellbeing; when managers take positive action on health, safety and wellbeing; and when RCM Health and Safety Representatives take positive action on health, safety and wellbeing.

About the Caring for You Campaign

The RCM is launching our new campaign 'Caring for You' with the aim of improving RCM members' health, safety and wellbeing at work so they are able to provide high quality maternity care for women and their families.

The Caring for You Campaign asks organisations to sign up to our Caring for You Charter.

We have produced two Caring for You publications. The first 'Caring for You Campaign: Results of the RCM Health, Safety and Wellbeing Survey of Midwives, Maternity Support Workers and Student Midwives' explains why we have launched our campaign and the second publication 'Caring for You Campaign: Working in Partnership' gives you information about the Caring for You Charter and how this will improve maternity services for both the staff and also women and their families.

You can find our more information about the campaign by:

- visiting our website www.rcm.org.uk/caringforyou
- speaking to your RCM Health and Safety Representative or Head of Midwifery
- emailing caringforyou@rcm.org.uk

Further Information

Caring for You Campaign – Working in Partnership (2016) The Royal College of Midwives www.rcm.org.uk/caringforyou

Work-Related Stress (2016) The Royal College of Midwives www.rcm.org.uk/equality-and-diversity

Equality Essentials (2016) The Royal College of Midwives www.rcm.org.uk/equality-and-diversity

Working with the Menopause (2016) The Royal College of Midwives www.rcm.org.uk/equality-and-diversity

Pregnancy and Maternity Rights at Work (2016) The Royal College of Midwives www.rcm.org.uk/equality-and-diversity

BME Midwives, Disciplinary Proceedings and the Workplace Race Equality Standard (2016) The Royal College of Midwives www.rcm.org.uk/equality-and-diversity

RCM Position Statement – Raising Concerns (2015) The Royal College of Midwives https://www.rcm.org.uk/sites/default/files/Raising%20Concerns%20Spread_0.pdf

Standing Up for High Standards (2015) The Royal College of Midwives <https://www.rcm.org.uk/content/raising-concerns>

The RCOG/RCM Joint Statement on Undermining and Bullying in the Workplace (2015) The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists https://www.rcm.org.uk/sites/default/files/Undermining%20Behaviours%20A4_7%20%20-for%20website.pdf

Working with Birthrate Plus (2013) Jean A Ball, Marie Washbrook and the Royal College of Midwives <https://www.rcm.org.uk/briefings-and-reports>

Spending on Agency Midwives in England (2015) The Royal College of Midwives <https://www.rcm.org.uk/briefings-and-reports>

The State of Maternity Services (2015) The Royal College of Midwives <https://www.rcm.org.uk/briefings-and-reports>

Undermining and Bullying Behaviours in the Workplace i-learn course (2016) <https://www.rcm.org.uk/i-learn-and-i-folio>

The Code for Midwives and Nurses (2015) NMC <https://www.nmc.org.uk/standards/code/>

Raising concerns: Guidance for nurses and midwives <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>

Managing the Risks of Sharps Injuries (2015) Health, Safety and Wellbeing Partnership Group (NHS Staff Council) <http://www.nhsemployers.org/case-studies-and-resources/2015/12/hswpg-sharps-guidance>

Guidance on the Prevention and Management of Stress in the Workplace (2014) Health, Safety and Wellbeing Partnership Group (NHS Staff Council) <http://www.nhsemployers.org/case-studies-and-resources/2014/11/guidance-on-the-prevention-and-management-of-stress-in-the-workplace>

The Importance of Effective Partnership Working on Health, Safety and Wellbeing (2014) Health, Safety and Wellbeing Partnership Group (NHS Staff Council) <http://www.nhsemployers.org/case-studies-and-resources/2014/05/the-importance-of-effective-partnership-working-on-health-safety-and-wellbeing>

Back in Work Back Pack (2015) Health, Safety and Wellbeing Partnership Group (NHS Staff Council) <http://www.nhsemployers.org/case-studies-and-resources/2015/10/back-in-work-back-pack>

Health and Safety and Organising: A Guide for Reps (2016) The TUC <https://www.tuc.org.uk/sites/default/files/TUC%2025951%20Health%20and%20Safety%20Organising%20Report%20v4%20Lo-res.pdf>

Guidance on flexible working for the NHS (2014) NHS Staff Council <http://www.nhsemployers.org/~media/Employers/Documents/Plan/Guidance%20on%20flexible%20working.pdf>

NHS Terms and Conditions of Service Handbook (2016) NHS Staff Council http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/AfC_tc_of_service_handbook_fb.pdf

Work and Well-Being: A Trade Union Resource (2015) The TUC <https://www.tuc.org.uk/sites/default/files/work-and-well-being-2015.pdf>



www.rcm.org.uk/caringforyou