Which factors affect the emotional wellbeing of newly qualified midwives in their first year of practice?
Why do Newly Qualified Midwives leave?

- 5–10% of newly qualified midwives leave the profession in the UK within a year (The Royal College of Midwives 2010)

- Similar losses reported internationally (Fenwick et al, 2012)
Negative emotional wellbeing affects the safety and quality of care

- Impaired cognitive function affecting compassion and decision making
  (Beaumont et al, 2016)

- Failure of a newly qualified practitioner to transition smoothly into the workplace can affect the quality of care causing preventable clinical incidents
  (Duchscher 2001)
Literature Review


Four qualitative research studies between 2007 and 2017 of NQM experiences.
Factors challenging resilience causing negative wellbeing of NQM:

- Working conditions and environment
- Reality Shock/Theory–Practice Gap
- Responsibilities of the role
- Midwifery Culture and Identity
- Feeling Unsupported
Negative Emotional wellbeing: Working conditions and environment

“Some days when it’s just so busy, you might have 30 women and babies, that’s sixty people, and there mightn’t be many of you on…and the women expect so much attention…and they’re used to the one-to-one care they’ve had in the labour ward…and on the postnatal it’s just so short staffed…we just don’t have the time to give that level of care, even though you’d like to”

(NQM’s voice from Putten 2008)
Negative Emotional wellbeing: Reality Shock/Theory–Practice Gap

- “It’s awful, it’s a lot harder than I expected it to be… I didn’t realise how difficult that would be… yeah I think it’s been a really bad experience”

- “Nothing can prepare you for the realities”

(NQMs voices from Reynolds et al, 2014)
Negative Emotional wellbeing: Responsibilities of the role

- "'Palpitations' and 'stomach in knots'"
- "My poor adrenal glands were going full speed that year…(I was) constantly nervous".
- "My heart would be racing like 'Please don’t anything go wrong, please help me get through the day'".

(Voices of NQMs from Fenwick et al, 2012)
Negative Emotional wellbeing: Midwifery Culture and Identity

“Midwifery is a hierarchical system. It is based on midwifery-in-charge (and) also who has been here the longest or who has the most experience and it’s like you were in a food chain”

“We have been so busy over the last month…I have worked 14 and a half hours on two occasions and I had a 10 minute break in the middle of one day and that was it…you think well that should not be happening”

(NQMs voices from Fenwick et al, 2012 and Hobbs 2012)
Negative Emotional wellbeing: Feeling Unsupported

“I asked if they would just come and be there in the room for the birth, it was my first VBAC (vaginal birth after caesarean section); they wouldn’t.... they wouldn’t come”.

(NQMs voice from Fenwick et al 2012)
Factors which build resilience and sustain positive emotional wellbeing

- Positive nurturing relationships with both midwives and women.
- Positive role models and practicing women-centred care

“I love that, it is really great. If you get such a rapport with them, you feel like you have really been ‘with woman’… You really have been the midwife. You have done virtually everything. You have been there… And when they say, ‘You were so great’, it just makes you feel good that you have been able to make a difference.”

NQM from (Hobbs 2012)
What is the answer?

- How can we improve preceptorship packages for newly qualified midwives?

- More research is required into the emotional wellbeing during transition of newly qualified midwives in order to create interventions to increase their resilience.
References