

GUEST EDITORIAL

Work Environment, Empowerment and Psycho-emotional Well-being of Midwives

Vita Vaičienė

Lithuanian University of Health Sciences, Clinic of Obstetrics and Gynaecology, Lithuania

Sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) is an essential component of the Sustainable Development Goals. Improving SRMNAH requires increased commitment to, and investment in, the health workforce. As it is written in the State of the World's Midwifery 2021: "Resilient health systems grounded in primary health care are vital to the health and well-being of every woman, newborn and adolescent. The Global Strategy on Human Resources for Health stresses that without an effective health workforce no health system is viable and universal health coverage cannot be achieved." (1) An effective health workforce and professionalism are related to employee job satisfaction, work environment, and ability to be resilient, sustainable, psycho-emotionally strong (2–4). This raises the need to assess, evaluate and monitor the work environment of midwives and how work environmental influences psycho-emotional well-being and empowerment in the professional midwifery practice.

The profession of midwife is one of the oldest in the world and is considered prestigious because of the characteristics of midwifery practice. Midwives' knowledge, competence, practice and the consolidation of scientific knowledge in the workplace are crucial to achieve a trust-based relationship between midwives and women. Health care professionals constantly develop their professional competence, improve clinical skills and organizational management. They become active team members who can take responsibility for the work they do. In order to perform their functions professionally without compromising their health and personal development, midwives need to be psychologically strong, prepared to face a variety of work and life challenges and difficulties.

The ability to reject or control stress is the result of the personal life and development of everyone who is exposed to various sources of stress or stressors. It is argued that the ability to be psychologically strong is acquired in childhood, when children

develop psychological, psycho-emotional and social skills, and varies depending on the pursuit of personality identity, the nature and frequency of human experiences and stressful situations (5, 6). Psychological strength is necessary for the process of personal maturation and ability to survive even in the most difficult life situations. The development of a sense of control leads to the creation of more favourable conditions where psycho-emotional well-being is associated with better health of individuals (7).

The concept of occupational burnout and its breadth in midwifery is widely and comprehensively explored around the world. Occupational burnout is less common in psychologically strong people who are communicative, flexible to different situations, feel empathy, have excellent problem solving skills, have internal control, and feel self-esteem (5). Recent studies show that the psychological readiness and strength of individuals is important for health care professionals to achieve self-realization, empowerment, professional development in their field, and adaptation to the impact of various life situations on individual and personality development (8). The more psychologically prepared the employees are to overcome all difficulties, the less likely they are to succumb to environmental stressors and tensions. A resilient professional is more self-confident, has a high level of self-esteem, seeks to be a professional in the particular field, and has a stronger relationship, better communication and teamwork, characterized by a high level of commitment and loyalty to the institution.

The psycho-emotional wellbeing of health professionals is influenced by the work environment and organizational climate and values. The values, such as altruism, religious beliefs, perceptions of professionalism, and communication between midwives and patients do not always coincide in daily practice; therefore, midwives must ensure that their service meets patients'/clients' expectations. Satisfying patients' expectations, unlike technical procedures, requires from midwives much more professional knowledge and personal strength, physical and psycho-emotional resilience (9). The actions to prevent occupational burnout can contribute to the

Correspondence to Vita Vaičienė, RM, PhD, Clinic of Obstetrics and Gynaecology, Medical Academy, Lithuanian University of Health Sciences, Eivenių g. 4, LT-44307 Kaunas, Lithuania. E-mail: vita.vaiciene@lsmuni.lt

midwives' health and further personal and professional development (3, 8).

The three key messages from the State of the World's Midwifery 2021 highlight the goals for improvement and development in midwifery practice:

- Midwives, when educated, licensed and fully integrated in and supported by interdisciplinary teams, and in an enabling environment, can provide a wide range of clinical interventions and contribute to broader health goals, such as advancing primary health care, addressing sexual and reproductive rights, promoting self-care interventions and empowering women.

References

1. The state of the world's midwifery 2021 [Internet]. United Nations Population Fund. [cited 2021]June4]. Available from: <https://www.unfpa.org/publications/sowmy-2021>
2. Vaičienė V, Blaževičienė A, Macijauskienė J, Sidebotham M. The prevalence of burnout, depression, anxiety and stress in the Lithuanian midwifery workforce and correlation with sociodemographic factors // *Open Nursing*. Hoboken: Wiley. ISSN: 2054–1058, 2021.
3. Vaičienė V, Macijauskienė J, Blaževičienė A. Assessment of relationship between Lithuanian midwives' work environment and psychoemotional wellbeing: systematic review. *MIDIRS Midwifery Digest*. ISSN: 2631-8814. 2021,31(2):191–194.
4. Medway P. Finding your political voice as a midwife. *Australian Midwifery News*, 2019;19(1):44.
5. Burns E, Schmied V. "The right help at the right time": Positive constructions of peer and professional support for breastfeeding. *Women and Birth: Journal of the Australian College of Midwives*, 2017;30(5):389–397.
6. Gitsels van der Wal JT, Gitsels LA, Hooker A, van Weert B, Martin L, Feijen-de Jong EI. Determinants and underlying causes of frequent attendance in midwife-led care: an exploratory cross-sectional study. *BMC Pregnancy Childbirth*, 2019;19(1):203.
7. Baldwin A, Harvey C, Willis E, Ferguson B, Capper T. Transitioning across professional boundaries in midwifery models of care: A literature review. *Women Birth*, 2019;32(3):195–203.
8. Campbell A. Midwife as Practitioner. In: Hutton KE, Murray-Davis B, Kaufamn K, Carty E, Butler M, editors. *Comprehensive Midwifery: The role of the midwife in health care practice, education, and research*. Hamilton: McMaster University; 2017.
9. Fisher J, Lawthom R, Mitchell-Smith Z, O'Neill T, McLaughlin H. "Neither a professional nor a friend": The liminal spaces of parents and volunteers in family support. *Families, Relationships Societies*. 2019, 8(2):249–266.