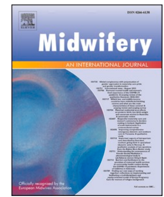
Midwifery 140 (2025) 104240

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw



The work of midwives: The socio-institutional theory of the meaning of midwives' work-life balance[☆,☆☆]

Kate Buchanan[a,*], Kate Dawson[b], Jacqueline Taylor[a], Sara Bayes[a]

[a] School of Nursing and Midwifery, Edith Cowan University, 270 Joondalup Dve, Joondalup, Western Australia, Australia
[b] School of Nursing, Midwifery and Paramedicine, Australian Catholic University, 8 Brunswick St Victoria, Fitzroy, 3065, Australia

ARTICLE INFO

Keywords:
Midwifery
Work-life balance
Midwifery workforce
Midwifery scope
Professional issues
Burnout

ABSTRACT

Background: Globally, midwifery is facing a potential workforce crisis. A significant number of midwives intending to leave the profession often cite burnout as contributing to this decision. While it has been reported that work-life balance is a key element in deciding to stay in midwifery, little is known about what constitutes work-life balance and the barriers to achieving this.

Aim: The aim of this study was to explore what work-life balance means to Australian midwives, and to determine its crucial features.

Methods: Qualitative Description methodology was used for this study. Data were collected from 31 midwives in Australia working in hospital settings, and different models of care. Data were collected using open ended questions via an online survey. Thematic analysis with a socio-institutional lens was applied to the data.

Findings: The findings were organised to three themes: 'Tipping the balance: The socio-institutional factors that shape midwives' work-life balance; 'Taking it home: The unique occupational characteristics of midwifery emotion work' and 'Finding harmony: Midwifery agency fosters presence and joy'. Together these explain the macro-, meso- and micro- level factors that characterise midwives' work-life balance.

Conclusion: The concept of work-life 'blending' is proposed as a more accurate depiction for midwifery than 'balance', where integration of work and life can be beneficial if autonomy and midwifery role and professional identity are valued. The majority of midwives are women who carry a significant domestic burden outside of work, and gender affirming structural changes to better support the role and full scope of the midwives to facilitate blending of work and life in a way that works for them are recommended.

Introduction

Statement of significance

Problem	Globally, midwifery is facing a potential workforce crisis. A significant number of midwives intending to leave the profession often cite burnout as contributing to this decision.
What is known	While work-life balance has been suggested as affecting midwifery retention, little is known about what constitutes work-life balance and the barriers to achieving this.
What this paper adds	Socio- institutional theory and gender bias highlight the complexity of finding balance as a midwife. The concept of 'work-life blending' is proposed as a more accurate depiction for midwifery, where integration of work and life can be beneficial if midwifery role and professional identity are valued. Recommendations include structural changes to better support midwifery autonomy and renumeration to promote healthy work-life interface.

The concept of work-life balance (WLB) originated in the 1970s, when researchers began to recognise that events at work affected events at home and vice versa (Katz & Kahn, 1978), whereas previously the two domains were assumed to operate independently because they were physically and temporally separate (Clark, 2000). While it is acknowledged that there is no single accepted definition of 'work-life balance' (WLB) yet (Sojka, 2020), it is generally framed similarly to the way Killiath and Brough (2008) characterise it, as 'the individual perception that work and non-work activities are compatible and promote growth

☆ X handle☆☆ @kateofbuchanan

* Corresponding author.
E-mail address: k.buchanan@ecu.edu.au (K. Buchanan).

https://doi.org/10.1016/j.midw.2024.104240
Received 16 July 2024; Received in revised form 12 November 2024; Accepted 12 November 2024
Available online 14 November 2024
0266-6138/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

in accordance with an individual's current life priorities' (p. 326). Work-life balance, also known as work-life integration, fit, quality, effectiveness or work-family balance, has become an important contemporary issue, and awareness of the phenomenon among both the employed and employers has increased over the last decade (Chandra, 2012). This has led to the Organisation for Economic Cooperation and development (OECD) reporting on the work-life balance of its member countries' citizens every two to three years since 2011 (see for example Organisation for Economic Cooperation, development, OECD, 2024), and to individuals wanting and expecting that their job will respect their spare time and to employers implementing work–life balance policies as a potential retention strategy (Rodríguez-Sánchez et al., 2020).

In a large study conducted by Noda (2020) across 34 OECD countries, work-life balance was explained as having adequate time to devote to leisure and personal care and was found to strongly influence a person's overall life satisfaction. For organisations, employees who feel they have a good work-life balance are more likely to stay in their employment. In contrast, when one's workplace is a 'greedy institution', described by Coser (1974) as an organisation that take up so much of employees' time that there is little or no time, room, or energy for other pursuits, and their work-life balance is weighted too heavily in favour of work, emotional exhaustion, depersonalisation and high turnover can ensue (Holland et al., 2019). Related to midwifery, work-life imbalance was also intimated in a study by Geraghty et al. (2019) to include situations where a very heavy or stressful workload impinges on one's life outside of work because of the physical or emotional toll it takes.

A previous study of midwives reported that they feel their efforts to attain work–life balance, often by reducing their work hours, can cause discontent and resentment, lead to divisions between midwifery staff, and ultimately culminate in their marginalisation at work (Prowse and Prowse, 2015). This is an issue because if midwives' work and outside life are not aligned, then research suggests that burnout can occur (Fenwick et al., 2018), leading to midwives leaving the midwifery profession (Sidhu et al., 2020). Although research by Bloxsome and Team (2021) has identified that attaining a work-life balance is a notable factor in why midwives stay in their role, midwives' perceptions of what work-life balance is, and is not, have yet to be reported.

Question

The aim of this study was to explore what work-life balance means to Australian midwives, and to determine its crucial features.

Ethics were approved by the universities Human Research Ethics Committee REMS NO: 2023-04799 and reciprocal ethics approved at the collaborating university 2023-3412R in November 2023. Participants gave their consent to the study and remained anonymous.

Research design and methods

Qualitative Description (QD) methodology was used for this study because it is suited to explorations of peoples' experiences and perceptions of a phenomenon about which little is known (Sandelowski, 2010), which is the case here. Bradshaw et al. (2017) also suggest that QD is valuable when the issue under scrutiny is subjective in nature, as 'work-life balance' is. Socio- intuitional theory (Beirao et al., 2017; Scott, 2014) was the theoretical framework used to organise and analyse the data which is useful for highlighting structural complexities that influence a phenomenon. This approach aligns with the authors constructivist paradigm, and reflexivity was used by the authors during analysis along with presenting the raw data of the participants to stay true to their experiences.

Setting and Sample. Purposive sampling was used to recruit participants who met the study inclusion criteria. Inclusion criteria set out that the individual must be practising as a registered midwife in Australia. An advertisement invitation to participate in the study was shared via the Australian College of Midwives e-advertorial provision, and through the research team's social media networks (specifically, open and closed Facebook groups frequented by Australian midwives, Twitter, and LinkedIn). A link took interested participants to the participant information letter and consent, the survey questions were managed in the Research Electronic Data Capture (REDCap), a secure, web-based platform (Harris et al., 2009).

Data collection

Data were collected via online qualitative survey between January and February 2023. The participants answered a series of closed demographic questions (n = 7). This paper focuses on four opened questions that related to the characterisation of WLB. The questions were: 'What do you imagine work life balance in midwifery to be?'; 'Do you think there are societal / or governmental or institutional barriers to maintaining work-life balance as a midwife? If so, please describe these'; 'How does your role help you achieve work-life balance?'; 'What support do you feel you get from your employer with maintaining work-life balance?'.

Analysis

Thematic analysis was used to analyse the survey data, which aligns with a constructionist philosophy. Thematic analysis enables interpretation of the data and is subjective and socially constructed, with the researchers as active participants (Braun et al., 2022). Our analysis was informed by socio-institutional theory; specifically, we explored macro-, meso-, and micro- level influences on the phenomenon of interest (Beirao et al., 2017; Scott, 2014) to reveal its underpinning characteristics. In this study the macro-level analysis refers to the examination of broader societal, institutional and systems characteristics that impact work life balance. The meso-level analysis was related to the unique occupational characteristics of midwifery work, and the micro-level data are focused on individual midwifery roles and characteristics that influence work-life balance.

The data collected under each question were allocated to small groups of team members by whom deductive coding and category development were conducted; these analyses were then and peer-checked with the remaining research team members, and these discussions supported refinement of the findings. The first author collated the codes and categories, identified patterns and relationships between the categories and produced semantic and latent themes. These were further refined by the entire team. Table 1 provides a data matrix to illustrate the analysis process from raw data through coding to categories. In the results section these categories are described further in the supporting data for the three presented themes.

Trustworthiness

Trustworthiness was achieved in this study, through conducting the research in line with explicit methodologies and reporting standards (O`Brien, et al., 2014). The collaborative effort of the research team through interpretative analysis of the data achieved credibility and reliability. Including conceptualisation of the participants recorded experiences, added dependability.

Findings

Thirty-one participants contributed to the study. The demographics were heterogeneous for age, gender, years qualified, Equivalent Full Time (EFT) status and or fraction employed (part time): see Fig. 1. The midwives in this study worked in hospital settings, with approximately half in the public maternity system (n= 13) and six in midwifery group practice (MGP). MGP may also be known as 'Caseload midwifery', where the woman is cared for by a primary midwife and supported by a small group of midwives throughout the perinatal period. Many

Table 1
Matrix illustrating an example of analysis raw data to category.

	Raw data	Coding level 1	Coding level 2	Category
16	People asking work questions on days off, being unable to switch off	People asking work questions on days off. being unable to switch off	Work contacting staff on day/s off Unable to switch off and reset	The emotion work
17	Working every weekend. Not being allocated requested shifts off. Shifts that are unsafe and extremely busy, leading to issues with mental health and exhaustion, unable to reset before back on shift for the next round. Missing out on important events in my family's life, because I have to work.	Working every weekend. Not being allocated requested shifts off Shifts that are unsafe and extremely busy leading to issues with mental health and exhaustion unable to reset before back on shift for the next round Missing out on important events in my family's life, because I have to work	Every weekend Roster requests not considered Unsafe work environment Mental Exhaustion Unable to switch off and reset Missing out on important family events	Keep going and giving

identified as a clinical midwife (n=11) and they worked across the continuum of maternity care in postnatal (n = 17) labour and birth care (17) and antenatal care (15).

Data analysis resulted in three themes that contribute to the participants' sense of work-life balance (see Table 2). A narrative account of each theme, illustrated with raw data, now follows.

The first theme titled '**Tipping the balance: the socio-institutional factors that shape midwives WLB**' describes the idea that there exist societal and institutional pressures which contribute to midwives' perception that their role is poorly understood by wider society and in turn find they are undervalued. Three categories support this theme '*Midwifery is gendered and perceived as low value' 'Institutional culture and society expects a lot*' and '*Keeping the system running for women.*' and defined in the above table. Below sets out raw data that supports the category *Midwifery is gendered and perceived as low value.* The participants describe the midwifery profession as affected by gendered issues whereas almost exclusively women in caring roles, normal work and life boundaries do not apply. This is compounded by the fact that midwifery work was perceived as poorly understood by wider society, and the midwifery role undervalued by patriarchal maternity systems. This affects the granting of little autonomy at work, as well as in the relatively low remuneration of this workforce compared to other graduate professions. One participant described it thus:

> *"The government is complicit in the factory line of maternity service, which in turn compels midwives to be factory machine parts, it's awful and it needs to stop. True recognition of the importance of our role, of the impact of maternity on society, of how we influence that good and bad and what contributes to that needs to happen. I'm not a mercenary... but I don't own a home, I despair of having enough to retire on, and I'm not paid enough for the level of responsibility and requirement imposed on me." (24)*

> *"Societal demands [that midwives] say yes when requested to do stuff, e. g., volunteer during a pandemic, [and] … guilt is a strong driver for us." (9)*

Other midwives highlighted a gendered explanation of why it was difficult to achieve work life balance, balancing the competing and often overlapping demands of the caring role at home and the workplace. Participants explained patriarchal systems as a root cause of why midwives are expected to work beyond usual expectations.

> *"The oppressiveness of patriarchy as a background force that compels us to 'just keep going' because we're already so used to it as predominantly women in the rest of our lives in every other facet of society. I don't see others in my life who are not midwives having to push themselves so hard every workday, and in between to maintain basic levels of mental health and capacity for work. They also don't do shift work, and the difference is stark." (20)*

> *"Gender bias - female dominated profession caring for women - not valued the same as medical colleagues doing similar work. Caregiving responsibilities at work and outside of work never end. Emotional toll of the hours and intensity of work." (6)*

Three participants put forward that society doesn't understand nor value the full scope and role of the midwife as a profession and how this impacts the work they do for society.

> *"Midwives are not valued, and the needs of the system are prioritised over women and midwives." (14)*

> *"People not understanding our role and the care we provide. We 'cuddle babies'." (16)*

The supporting category *Institutional culture and society expects a lot* captures the construct that midwives perceive the hospital system and institutional culture as expecting midwives to work beyond normal professional boundaries, such as doing excessive overtime and long shifts, and missing breaks. And yet in return the system fails to support midwives in doing their role such as lack of consultation, lack of understanding of the role of the midwife, and limiting scope and autonomy. The participants explained they felt exploited due to increased work burden versus the caring nature of the work midwives do. Participants explained in detail the experience of feeling misunderstood and unsupported in the systems they work for.

> *"As midwives we care so much, and I feel management of hospitals etc take advantage of this. We do things we may not do in another role (i.e. go without lunch breaks, take on unsafe patient loads, work back unpaid while a woman is birthing) because we have such compassion and empathy for those women. This care and compassion we have is exploited by management. I am constantly sent messages from the hospital casual pool (up to 6 per day) for shift shortages but I refuse to go back as I feel I will only be taken advantage of and put in unsafe situations." (4)*

Fig. 1. Demographics of participants.

Table 2
Themes, categories, and definitions.

Theme	Macro - Tipping the balance: The Socio-institutional factors that shape midwives WLB	Meso - Taking it home: The unique occupational characteristics of emotion work	Micro - Finding harmony: Midwifery agency fosters presence and joy.
Categories	**1. Midwifery is gendered and perceived as low value. 2. Institutional culture and society expect a lot. 3. Keeping the system running for women**	**1. The emotion work of midwifery. 2. The expectation to just keep going and giving. 3. The hidden work of midwifery**	**1. Redesigning my role to get the balance right. 2. Controlling shift patterns and unpredictability 3. Permission to have a personal life. 4. Finding joy and presence**
Definition	The theme captures the idea that socio-institutional factors contribute to midwives' ability to achieve work-life balance. The theme includes the idea that there is an expectation from society that for midwives, who are almost exclusively women, normal work and life boundaries do not apply. This is compounded by the fact that midwifery work is poorly understood and carer roles are undervalued by patriarchal society and systems.	The theme captures the idea that midwives have a unique emotional load, unlike other professions. This theme explains the hidden work of midwifery includes both emotion work - when caring for women and emotion of working in difficult environments. The burden of emotion work is difficult to leave at work, thus impeding personal life affecting WLB.	The theme explains when the balance is right the midwife has choice and control over her role and her roster. This sense of empowerment over her work life fosters a sense of joy at work and midwifery presence where the midwife is fully present and emotionally availed at work which in turn benefits holistic care of women.

> *"Executives or hospital services have no understanding of how we work, the toll it takes on us, the difference we make - they only see it on paper. They have no appreciation for how their requirements in policy and procedures unfold in real time and what is achievable, what is safe, and what compromises that really." (27)*

The subcategory *Keeping the system running for women* explains the idea that the system and services for women supersede the importance of the wellbeing of midwives. The participants described heavy workloads work with long hours with little flexibility to rosters. That shift work wasn't seen as family friendly related to childcare opening hours and missing important events, such as Christmas. Annual leave was described as difficult to take and negotiate, and there was a general feeling of inherent workplace inflexibility among the participants along with resignation that investing extra time, relinquishing breaks and staying beyond shift is just part of the job. Participants described it thus:

> *"[we are] ...expected to keep on going and going and going. We are burnt out trying to keep the healthcare system running for the public. There is no end in sight.' (7)*

> *"The expectation is that we are always there - [and] we always are. The requirement and force of that fact is used against us given the caring and service nature of our role as midwives." (15)*

The second theme **'Taking it home: the unique occupational characteristic of emotion work'** explains the hidden work of midwifery that includes the emotion work inherent in caring for childbearing women and of working in high stress, morally difficult environments. Participants shared that it is difficult to leave work at work because of this. The categories that contribute this theme are described in the following: '*The hidden work of midwifery', 'The expectation to just keep going and giving', and 'The emotion work of midwifery'*.

The hidden work of midwifery explains the construct that midwifery work utilizes many interpersonal or social skills when caring relationally and holistically for women and is thus described as hidden work. But with this hidden work, that is often not measurable nor formalized, comes a cost to home life and leaves midwives feeling drained. A key reason for this is that a responsibility is felt by the midwife when she has built a relationship with a birthing family. Participants describe it thus:

> "The practice of midwifery involves an emotional and physical commitment to support and guide women across the continuum of maternity care. In addition to continuous professional *development and maintenance of skill. The role can be often emotionally and physically draining." (12)*

> *"I have phoned [the] ED [Emergency Department] in the middle of the night when I worked clinically to see if [a woman I had advised to go there had] attended as I doubted my decision making … you are always thinking what if?" (27)*

> *… we ruminate on scenarios and that can follow you home and impact your ability to switch off and fully enjoy your days off (30).*

> *We're a caring profession who think about our women even while we're not with them which can take its toll (31)*

> *[To me, balance is] having enough non-work time to be resilient and build the ability to 'turn-off' when not at work, and to 'turn-on' fully when at work. Midwifery practice relies on developing relationships with human beings quickly, at a vulnerable time of their lives, and so, often, [you are] intensive in your 'presence' (9)*

The supporting category labelled *The expectation to just keep going and giving* relates to the expectation that midwives will provide very high-quality care, and that they draw on inner resources to keep going. The idea that the women they care for is the reason midwives accept these work conditions. Participants described it thus:

> *"All the expectations placed on women and mothers to just keep going [are] not healthy and [it] is a terrible unrealistic standard we have to maintain." (21)*

> *"The hours we do must be illegal We aren't even appropriately paid, or these hours recognized … it's SOUL DESTROYING" (7)*

The supporting category titled *The emotion work* describes a demand that is unique to midwifery. Midwifery care was explained as requiring an emotional energy to provide care for birth people's psychological, emotional, and spiritual selves. The participants described this labour thus;

> "It is such emotive work ... The physiological changes of the midwife should be examined - what about my adrenalin and my oxytocin rush post birth. We don't expect women to "come down" after [birth], [so] why am I expected to..?" (13)

> "I think midwives tend to give their all to women and their families and can get very burnt out. Fighting the philosophy of the system you're working in, trying to walk in both worlds, that of the woman & physiological birth and the system is challenging". (2)

> "The expectations of women and families and demands of healthcare and maternity care can require a high level of emotional and physical commitment form care providers which can impact other aspects of your life, blame and litigious societal expectations can add to the pressure of the role. "(23)

Theme three is titled '**Finding harmony: Midwifery agency fosters presence and joy '.** The theme captures that when the balance is right the midwife finds joy and can be fully present for those she cares for. Having choice and control over her role and her roster along with supportive colleagues and mangers is the key to finding this harmony. The categories that supported this theme are '*redesigning my role to get the balance right', 'having control of shift patterns and unpredictability', and 'finding joy in midwifery presence"*.

The supporting category *Redesigning my role to get the balance right* explains that midwives make changes to support work life balance. For some midwives this looked like rotating to different areas or having roster control and for other midwives it was working in continuity and for others it was leaving a full-time role to work casually. Participants described this as such:

> *"Preventing burnout by rotating to other areas. "It gives me the opportunity to work in different areas to reduce burn out from working in the same area all of the time" (18)*

> *"Working in Midwifery Group Practice [Teams] mainly, I view it as adequate on-call hours to complete continuity for women with access to enough leave for fatigue management and reduced burn out long term." (25)*

> *"Having some flexibility with the days/shifts. Being able to work rosters around my family life.... Perhaps more stable/rotating rosters to know "where you are at" well in advance. More options for varied start/finish time rather than the "standard" hospital work expectations." (10)*

Finding joy in midwifery presence, captures the idea that when the balance is right the midwife can be fully present at work, and finds joy in their work. With work-life in balance, the midwives found the rest recovery and recharge they needed to find the joy in midwifery work and be attentive and responsive at work. The codes that contributed to this category; *Being able to leave work on time; Being able to be fully present at work; Being able to do my job well; Feeling I have made a difference; Being able to feel joy from work.* the participants described it thus*;*

> *"[In terms of] workload, able to give the women and families the care that they deserve. Satisfaction that I have been able to do my job properly and made a difference." (16)*

> *"Enough capacity to give to the women and families I care for but also to feel like I can show up emotionally in the best way possible to support them, I think that working within the Midwifery model of care for the past 11 years has provided the best work-life balance of my working career, along with being the most rewarding way to provide care to women, their partners and families" (21)*

> *Being able to switch off at home because I'm not exhausted from work. Being happy to show up for work because I've been allowed to recharge sufficiently. (30)*

The themes are presented visually in Fig. 2. Themes illustrated figuratively which demonstrate the relationship between the themes and the subsequent outcomes that affect work-life balance.

Discussion

This study examined midwives work-life interface to better understand the crucial elements. In this section, the results are considered against and integrated with socio-institutional theory, which exposed the underpinning factors that contribute to midwives' work-life balance.

Health services and society more broadly were perceived by the midwives in this study as misunderstanding the role and scope of the midwife, which led to midwives feeling undervalued. The meso-level analysis explained the unique occupational characteristics of midwifery work which includes emotion work, deemed as positive when the balance is right and, in turn, to foster joy, and negative when the emotion is difficult to leave at work, which contributes to feelings of burnout. The micro-level analysis revealed that when midwives opted for roles with more choice and control over their work, such as when they can practise in midwifery models of care, their capacity and presence at work are enhanced, and work-life balance improved.

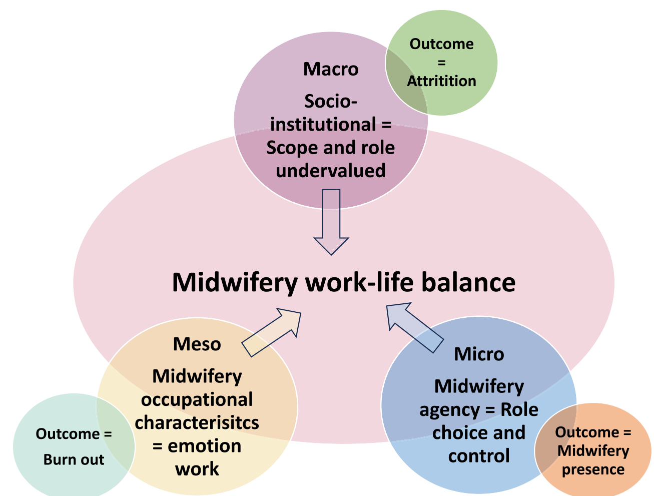


Fig. 2. Work-life balance themes illustrated figuratively.

Societal and organisational misunderstanding of the role of the midwife contributed to midwives' perception of feeling undervalued, affecting work-life interface. There exists a level of expectation for midwives to extend beyond normal work boundaries, and yet simultaneously midwives expressed feeling curbed in working to their full scope and autonomy. These tensions are explained by wider literature. Pezaro's (2016) narrative literature review explained two sources of workplace distress for midwives: occupational sources of stress, and organisational source of stress. As with our participants, Pezaro found organisational sources of work-related psychological distress for midwives to include hierarchical subordination of midwives, pressures and structure of the organisation, and a lack of professional autonomy.

Our findings also highlight the gendered aspect to midwifery work-life (im)balance. With the profession dominated by females, our participants described being seen as inherently caring, which led them to doing unpaid work in challenging work conditions. Hawke (2021) helps explain this in their work about midwifery work conditions in Australia as seen through a feminist lens: they argued that the industrial model of birth affects the midwifery profession. The author describes institutional barriers including rigid policies and procedures, lack of continuity of care and under-resourcing as barriers to the wellbeing of women who are midwives.

From our meso-level analysis, the unique characteristics of midwifery emotion work were exposed., Emotion work is defined as "the management of feelings to create a publicly observable facial and bodily display'' (Hochschild, 1979). Midwifery care is holistic: midwives provide psychological, emotional, spiritual, cultural and sexual health care during the perinatal journey. The 'soft' skills of midwifery, which we term 'hidden work', are the interpersonal and social skills required when providing woman-centred relational care. With this hidden emotion work, however, the ability to provide very high-quality care often 'stretches' midwives, and our participants described extending themselves at work to keep giving to meet the psychosocial needs of those they care for. This finding resonates with those of earlier midwifery emotion work by Hunter et al. (2001) who proposed it as the intimacy of midwifery, and described it to involve working with women through labour and birth, protecting women from medical intervention and working with others with differing birth ideologies (Hunter, 2001, 2006). Recently Drach-Zahavy et al. (2016) offered empirical support for the importance of the midwife's expression of authenticity toward the birthing woman in improving their childbirth experience, but also

recognise that this emotional work affects midwives' health and well-being. This recognition is reflected in recommendations from more recent research on midwives' emotional competence, wherein it is suggested that organizations employing these health professionals can better support them to cope with emotional work by offering more planned support to enhance their well-being (Plimmer et al., 2022).

The micro-level of analysis of our data led us to find that role characteristics impact work-life balance. When participants chose roles such as continuity models that offered flexibility, support and control over roster, and when they were valued for their professional identity, they felt a sense of achieving work-life balance. These roles supported rest, recovery and recharge, which created a sense of joy about work. In turn, participants said they felt fully present at work and better able to provide high quality care. These findings support previous work by Fenwick et al. (2018) who reported that working in continuity of care models demonstrated lower levels of burnout, depression and anxiety and higher levels of professional identify in midwives and that their counterparts working in fragmented maternity care systems had higher rates of burnout when working to rosters with heavy workloads and the unpredictability of acute care models.

The dichotomous nature of the term 'work-life balance' has been put forward as not quite right for people in vocational professions whose work is often central to who they are (Bloxsome et al., 2021); the alternative concept of 'work-life spillover', characterised by Bakker et al. (2009) as "a within-person across-domains transmission of strain from one area of life to another" (p. 207), is potentially more accurate in this scenario, but it does frame spillover as undesirable. Subsequently, Greenhaus and Allen (2011) proposed the idea that 'work-life integration' can be beneficial for both domains, and more recently, Steffens et al. (2023) have, with both that and the pervasiveness of mobile technology in mind, suggested that 'work-life blending', which they define as the "temporal, local, or psychological blurring of domains caused by high permeability and flexibility of the borders, and the personal preference to integrate the work and life domain" (p.1), most accurately captures what is going on currently in midwifery. The interface is deemed positive when there exists midwifery autonomy and professional identity is valued by socio-institutional systems, which in turn fosters midwifery presence and quality care. The work-life interface is deemed negative when the midwife is not valued, their role is misunderstood, and work stressors carry into the time required for midwives' rest and recuperation.

Strengths and limitations

We have, through this study, developed new knowledge of midwives work life balance as seen through a socio-institutional lens. Specifically, we have presented a characterisation of the phenomenon and underpinning barriers and enablers to midwives' achieving it. Our findings represent midwives who work in a range of hospital settings and models of maternity care, and their practice context may have influenced their views. Additional research with a larger sample could reveal additional perceptions of work life balance. Further research.

Conclusion

The concept of a work-life balance captures the notion that balance exists between one's work life and life outside of work. Often in midwifery there is work-life blend, with many factors frequently impacting midwives' well-being within and outside work. The participants in this study clearly demonstrated that recognition and value of midwives as individuals and the roles of midwives from society and organisations is fundamental to midwifery workforce well-being. The emotional work of midwifery is exacerbated when other supports are not present, and these flow into life outside work when mechanisms are not in place to protect these. When there is opportunity for choice and control over how and when they work, and when midwives can be fully present at work, they find improved work satisfaction, midwifery presence and joy in the midwifery work. Further research on the work-life blend of hospital-employed midwives working in non-continuity models of care is indicated.

Funding

This research received no funding.

Ethics approval

Ethics approval was obtained from the Human Research Ethics Committee through the universities of the authors REMS NO: 2023-04799 and 2023-3412R.

Ethical statement

Ethics were approved by the Edith Cowan University Human Research Ethics Committee REMS NO: 2023-04799 on November 2023 and reciprocal ethics were approved at the collaborating Australian Catholic university Human Research Ethics Committee 2023-3412R in December 2023. Participants gave their consent to the study and remained anonymous.

CRediT authorship contribution statement

Kate Buchanan: Writing – original draft, Visualization, Validation, Project administration, Investigation, Data curation, Methodology, Formal analysis, Software, Data curation. **Kate Dawson:** Writing – review & editing, Visualization, Validation, Software, Methodology, Investigation, Formal analysis, Data curation. **Jacqueline Taylor:** Writing – review & editing, Validation, Investigation, Data curation, Formal analysis. **Sara Bayes:** Writing – review & editing, Validation, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments

The authors would like to thank the midwives who contributed to this study.

References

Bakker, A.B., Westman, M., van Hetty Emmerik, I.J, 2009. Advancements in crossover theory. J. Manage. Psychol. 24 (3), 206–219. https://doi-org.ezproxy.ecu.edu.au/10.1108/02683940910939304.

Beirao, G., Patricio, L., Fisk, R.P., 2017. Value cocreation in service ecosystems: investigating health care at the micro, meso, and macro levels. J. Serv. Manag. 28 (2), 227–249. https://doi.org/10.1108/JOSM-11-2015-0357.

Bloxsome, D., Bayes, S.J., Ireson, D., 2021. Factors that enable midwives to stay in the profession: why do midwives stay in midwifery? Evid. Based Midwifery 20 (1), 25–32.

Bradshaw, C., Atkinson, S., Doody, O., 2017. Employing a qualitative description approach in health care research. Glob. Qual. Nurs. Res. 4, 2333393617742282. https://doi.org/10.1177/2333393617742282. Nov 24PMID: 29204457; PMCID: PMC5703087.

Braun, V., Clarke, V., Hayfield, N., 2022. A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. Qualitative research in psychology 19 (2), 424–445.

Chandra, V., 2012. Work-life balance: eastern and western perspectives. Int. J. Hum. Resour. Manag. 23 (5), 1040–1056.

Clark, S., 2000. Work/family border theory: a new theory of work/life balance. Hum. Relat. 53 (6), 747–770.

Coser, L., 1974. Greedy Institutions: Patterns of Undivided Commitment. Free Press.

Drach-Zahavy, A., Buchnic, R., Granot, M., 2016. Antecedents and consequences of emotional work in midwifery: a prospective field study. Int. J. Nurs. Stud. 60, 168–178. https://doi.org/10.1016/j.ijnurstu.2016.04.014.

Fenwick, J., Sidebotham, M., Gamble, J., Creedy, D.K., 2018. The emotional and professional wellbeing of Australian midwives: a comparison between those providing continuity of midwifery care and those not providing continuity. Women Birth 31 (1), 38–43.

Geraghty, S., Speelman, C., Bayes, S., 2019. Fighting a losing battle: midwives experiences of workplace stress. Women Birth 32 (3), E297–E306.

Greenhaus; T.D. Allen: In Handbook of Occupational Health Psychology, 165-183. 2011.

Harris, P., Taylor, R., Thielke, R., Payne, J., Gonzalez, J., Conde, J., 2009. Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. J. Biomed. Inform. 42 (2), 377–381.

Hawke, M., 2021. Subversive acts and everyday midwifery: feminism in content and context. Women Birth 34 (1), e92–e96.

Hochschild, A, 1979. Emotion work, feeling rules, and social structure. Am. J. Sociol. 85 (3), 551–575. https://doi.org/10.1086/227049.

Holland, P., Tham, T., Sheehan, C., Cooper, B., 2019. The impact of perceived workload on nurse satisfaction with work-life balance and intention to leave the occupation. Appl. Nurs. Res. 49 (76). https://doi-org.ezproxy2.acu.edu.au/10.1016/j.apnr.2019.

Hunter, B., 2001. Emotion work in midwifery: a review of current knowledge. J. Adv. Nurs. 34 (4), 436–444.

Hunter, B., 2006. The importance of reciprocity in relationships between community-based midwives and mothers. Midwifery 22 (4), 308–322. https://doi.org/10.1016/j.midw.2005.11.002.

Katz, D., Kahn, R., 1978. The Social Psychology of Organizations, 2nd ed. Wiley.

Killiath, T., Brough, P., 2008. Work-life balance: a review of the meaning of the balance construct. J. Manag. Organ. 14 (3), 323–327.

Noda, H., 2020. Work–life balance and life satisfaction in OECD countries: a cross-sectional analysis. J. Happiness Stud. 21 (4), 1325–1348.

O'Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A., Cook, D.A., 2014. Standards for reporting qualitative research: a synthesis of recommendations. Acad. Med. 89 (9), 1245–1251.

Organisation for Economic Cooperation, development, (OECD), 2024. *Work-Life Balance*. OECD Better life Index. https://www.oecdbetterlifeindex.org/topics/work-life-balance/.

Pezaro, S., Clyne, W., Turner, A., Fulton, E.A., Gerada, C., 2016. Midwives overboard!'inside their hearts are breaking, their makeup may be flaking but their smile still stays on. Women Birth 29 (3), e59–e66.

Plimmer, G., Franken, E., Franken, M., 2022. Navigating emotional labour with emotional competence: insights from midwifery. Labour Ind. 32 (3), 307–333.

Prowse, J., Prowse, P., 2015. Flexible working and work–life balance: midwives' experiences and views. Work Employ. Soc. 29 (5), 757–774. https://doi.org/10.1177/0950017015570724.

Rodríguez-Sánchez, J., González-Torres, T., Montero-Navarro, A., Gallego-Losada, R., 2020. Investing time and resources for work-life balance: the effect on talent retention. Int. J. Environ. Res. Public Health. https://doi.org/10.3390/ijerph17061920.

Sandelowski, M., 2010. What's in a name? Qualitative description revisited. Res. Nurs Health 33, 77–84. https://doi.org/10.1002/nur.20362.

Scott, W.R., 2014. Institutions and Organizations Ideas, Interests, and Identities. SAGE (Fourth edition). http://www.vlebooks.com/vleweb/product/openreader?id=none&isbn=9781483311227.

Sidhu, R., Su, B., Shapiro, K.R., Stoll, K., 2020. Prevalence of and factors associated with burnout in midwifery: a scoping review. Eur. J. Midwifery 4. https://doi.org/10.18332/ejm/115983.

Sojka, L., 2020. Critical analysis of work-life balance concept and proposal of evaluation method. J. Innov. Bus. Manag. 12 (2), 49–56.

Steffens, K., Sutter, C., Sülzenbrück, S., 2023. The concept of Work-Life-Blending: a systematic review. Front. psychol. 14, 1150707.