Midwifery Workload; A Concept analysis

Samia Faris Ahmad Alzahrani*, Tukimin Bin Sansuwito

School of Nursing & Applied Science, Lincoln university college, Malaysia

*Corresponding Author's E-mail: Samiafaris1438@gmail.com

Abstract: *The midwifery profession plays a vital role in ensuring the health and well-being of mothers and newborns, yet midwives often face significant workload-related challenges that impact both their performance and the quality of care provided. This paper explores the concept of midwifery workload, analyzing its defining attributes, antecedents, consequences, and empirical referents. Through a comprehensive review of existing literature, the study identifies several key factors that contribute to high workloads in midwifery, including inadequate staffing, high patient acuity, and insufficient organizational support. These factors lead to increased stress, burnout, and job dissatisfaction among midwives, which in turn negatively affects patient care outcomes. The study also discusses the role of external elements such as socio-cultural expectations, resource availability, and institutional factors in shaping midwifery workload. This research highlights the complex nature of midwifery workload and underscores the need for targeted interventions to address the negative consequences of high workload. The findings suggest that improving staffing levels, providing organizational support, and fostering a positive work environment are essential strategies for reducing workload-related stress and enhancing job satisfaction among midwives. Furthermore, the study calls for the development of standardized workload measurement tools to better quantify and manage midwifery workload across healthcare settings. The paper concludes by emphasizing the importance of addressing midwifery workload to ensure the sustainability of the midwifery workforce and to improve the quality of care delivered to mothers and newborns. By implementing strategies that reduce workload-related stress and support midwives in their professional roles, healthcare systems can promote better outcomes for both healthcare providers and patients, ultimately contributing to a more effective and sustainable midwifery workforce.*

Keywords: Midwifery workload, job satisfaction, burnout, staffing levels, organizational support.

1. Introduction

Midwifery care plays a pivotal role in ensuring the safety and well-being of mothers and newborns. As frontline healthcare providers, midwives face a unique set of challenges that directly impact the quality of care they can provide. One of the most significant factors influencing midwifery care is the workload experienced by midwives. High workloads, often resulting from staff shortages, increased patient caseloads, and long working hours, can compromise the quality of care, leading to adverse maternal and neonatal outcomes, as well as negative psychological and physical effects on midwives themselves (Atinga et al., 2025; Hajiesmaello et al., 2024). Research consistently shows that excessive workload is a significant stressor in the midwifery profession, contributing to burnout, job dissatisfaction, and poor mental health outcomes (Hajiesmaello et al., 2024). This is particularly

concerning in settings where midwives are expected to manage multiple responsibilities, including administrative tasks, patient care, and coordination, often with limited resources. In countries with strained healthcare systems, particularly low- and middle-income countries (LMICs), these challenges are compounded by a lack of adequate healthcare infrastructure, insufficient staff, and inadequate training opportunities, which further exacerbate the negative effects of workload on midwifery practice (Reddy et al., 2022).

In addition to the well-documented work-related stressors, the broader social, economic, and cultural context in which midwives work also plays a significant role in shaping their experience of workload. In LMICs, issues such as gender inequality, workplace violence, and lack of professional autonomy are often reported, adding another layer of complexity to the already high demands on midwives (Reddy et al., 2022). These challenges not only affect midwives' well-being but also compromise the care provided to women and newborns, leading to increased maternal and neonatal morbidity and mortality (Mattock et al., 2025). Furthermore, while much of the research on midwifery workload has focused on individual midwives and their personal well-being, there is a growing recognition that workload should be understood within a broader context, considering the institutional, organizational, and societal factors that contribute to the challenges faced by midwives (Richa et al., 2024; Gyaase et al., 2023). For instance, factors such as insufficient staffing, poor leadership, lack of professional development opportunities, and workplace violence have been identified as key barriers to improving midwifery care and supporting midwives in their roles (Reddy et al., 2022; Gray et al., 2021). Research into the impact of midwifery workload on care quality and staff well-being is essential to identify effective strategies for improving working conditions and reducing stress. Studies have shown that appropriate staffing levels, supportive leadership, and a positive work environment are crucial to maintaining high-quality care and ensuring the retention of midwives in the workforce (Turner et al., 2024; Silvia et al., 2025).

For example, increasing midwifery staffing has been linked to a reduction in adverse events such as perineal trauma, postpartum hemorrhage, and maternal readmission rates (Mattock et al., 2025). This study aims to build on existing research by exploring the complex relationship between midwifery workload, job satisfaction, and quality of care. By examining the factors that contribute to high workloads and the impact this has on midwives' ability to deliver care, this research seeks to provide insights into how workload-related stress can be mitigated. In particular, it will focus on the role of organizational factors, including leadership, staffing levels, and institutional support, in influencing midwifery outcomes (Navarro-Maldonado et al., 2025). Additionally, this study will explore the broader socio-cultural and economic factors that shape midwives' work experiences, with a particular focus on LMICs, where these challenges are often more pronounced (Gyaase et al., 2023). The findings of this research will contribute to the development of policies and interventions aimed at reducing midwifery workload and improving the working conditions of midwives. By enhancing midwifery work environments and addressing the underlying organizational challenges, this study aims to support the retention of midwives, improve job satisfaction, and ultimately enhance the quality of care provided to women and newborns worldwide (Turner et al., 2021; Gray et al., 2021).

2. Methodology

2.1 Selection of the Concept

The methodology for this concept analysis follows Walker and Avant’s (2011) framework, which is widely recognized in nursing and healthcare research. This approach is employed to clarify the

concept of midwifery workload by identifying its defining attributes, uses, and antecedents, as well as establishing its relationship to related concepts. The first step in the concept analysis process is selecting the concept to be studied. For this analysis, midwifery workload was chosen as the focal concept. The selection of this concept is grounded in its critical relevance to both the well-being of midwives and the quality of care provided to mothers and newborns (Atinga et al., 2025). Midwifery workload encompasses the demands placed on midwives, including patient care, administrative duties, and emotional labor. Given the increasing pressures on midwifery services globally, particularly in low- and middle-income countries (LMICs), there is a need for a clearer understanding of how workload impacts both midwives and patients (Reddy et al., 2022). This concept was selected because it is foundational to addressing the challenges faced by midwives in clinical settings and ensuring sustainable healthcare systems (Mattock et al., 2025). The concept of workload is further explored within the context of existing literature on healthcare staffing and the stressors that affect healthcare providers (Gyaase et al., 2023).

2.2 Determination of the Aim of Analysis

The aim of this concept analysis is to provide a comprehensive understanding of midwifery workload by examining its defining attributes, antecedents, and consequences. The primary goal is to clarify how the workload of midwives is conceptualized in the literature, how it is measured, and what impact it has on midwifery practice and patient outcomes (Turner et al., 2024). By understanding the nature of midwifery workload, this analysis aims to inform policy recommendations aimed at reducing workload-related stress and improving job satisfaction and quality of care. Additionally, the study aims to propose a more inclusive and comprehensive framework for understanding workload, one that takes into account both work-related and non-work-related factors affecting midwives (Navarro-Maldonado et al., 2025). The analysis will also provide insights into the broader socio-economic factors that influence midwifery workload and its impact on healthcare systems in different geographical contexts (Silvia et al., 2025).

2.3 Identification of All Uses of the Concept

Identifying all uses of a concept is crucial in understanding its full scope and application. The concept of midwifery workload is utilized across various domains of healthcare, including clinical practice, policy development, and academic research (Ross et al., 2023). In clinical practice, midwifery workload refers to the amount of work expected from midwives in delivering maternal care, which can impact their ability to provide safe and effective care (Hajiesmaello et al., 2024). In research, the concept is often used to examine the relationship between workload and job satisfaction, burnout, and the quality of care provided to patients (Mattock et al., 2025). Midwifery workload is also used in the context of workforce planning, as understanding the workload distribution is essential for optimal staffing levels and ensuring that midwives can deliver high-quality care without experiencing undue stress (Turner et al., 2024). Furthermore, policy-making and healthcare management use the concept to assess the effects of staffing levels on care outcomes and to implement strategies for reducing the workload burden on midwives (Gyaase et al., 2023).

2.4 Determination of Defining Attributes

The defining attributes of midwifery workload are those characteristics that capture the essence of the concept. Based on the literature, several attributes are consistently associated with midwifery workload. First, workload is often characterized by the volume of tasks assigned to midwives, including direct patient care, administrative duties, and emotional labor (Hajiesmaello et al., 2024). Second, the complexity of tasks is a defining feature, as midwives often face varying levels of patient acuity, which can increase the cognitive and physical demands of their work (Mattock et al., 2025). Third, the time required to complete these tasks is a key attribute, with studies showing that midwives often work long hours, which can lead to fatigue and burnout (Gyaase et al., 2023). Fourth, workload is shaped by external factors, such as staffing levels, resource availability, and institutional support (Turner et al., 2021). Finally, midwifery workload is influenced by socio-cultural factors, such as gender expectations and professional hierarchies, which can affect midwives' autonomy and job satisfaction (Reddy et al., 2022).

2.5 Identification of a Model Case

A model case is a real-world example that fully embodies the concept being analyzed. A model case of midwifery workload would be a midwife working in a busy hospital with a high patient caseload, where she is responsible for providing direct care during labor and delivery, as well as performing administrative tasks such as patient documentation and coordination with other healthcare providers. In this case, the midwife experiences high cognitive and physical demands, with limited time to rest between shifts. She faces challenges in managing her workload due to insufficient staffing, yet receives support from her supervisors and colleagues. Her workload is associated with increased stress levels, but she remains motivated to provide quality care due to the support and resources available to her. This model case reflects the essential attributes of midwifery workload, including task volume, complexity, time demands, and the role of organizational support (Mattock et al., 2025).

2.6 Identification of Borderline, Related, and Contrary Cases

Borderline cases are those that share some characteristics of the concept but do not fully meet all the defining attributes. A borderline case of midwifery workload might be a midwife working in a rural healthcare setting with fewer patients, where she primarily handles low-risk pregnancies. While her tasks are less complex, she still experiences long hours and a heavy administrative burden. This case shares many attributes of midwifery workload, such as task volume and time demands, but lacks the high patient acuity and workload stress associated with more urban healthcare settings (Gyaase et al., 2023). Related cases include other healthcare professions, such as nursing, where workload is similarly influenced by staffing levels, patient acuity, and administrative tasks (Ross et al., 2023). While the context and tasks may differ, these professions share the core attributes of workload, such as task complexity and time demands. Contrary cases are those that do not exhibit the defining characteristics of midwifery workload. A contrary case might be a midwife working in a small clinic with a low patient caseload, where tasks are minimal, and there is no significant time pressure. In this case, the midwife experiences minimal workload-related stress and is able to manage her responsibilities without the negative consequences typically associated with high workload (Turner et al., 2024).

2.7 Identification of Antecedents and Consequences

Antecedents are the conditions or events that precede the concept. For midwifery workload, antecedents include the healthcare setting, staffing levels, and patient population (Turner et al., 2021). Inadequate staffing and high patient caseloads often lead to increased workload for midwives. Additionally, socio-cultural factors, such as societal expectations of midwives and gendered work roles, can influence the nature of the workload experienced by midwives (Reddy et al., 2022). These antecedents create the context in which midwives experience workload-related stress. Consequences of midwifery workload include physical and emotional exhaustion, burnout, and reduced job satisfaction (Atinga et al., 2025). High workload is also associated with lower quality of care, as midwives may struggle to provide personalized care to each patient due to time and task constraints (Mattock et al., 2025). Furthermore, workload-related stress can lead to high turnover rates and affect the retention of midwives in the workforce, particularly in resource-constrained environments (Hajiesmaello et al., 2024).

2.8 Definition of Empirical Referents

Empirical referents are the observable and measurable elements that help to validate the concept. For midwifery workload, empirical referents include workload measurement tools, such as the Quantitative Workload Inventory and Nursing Activities Score (NAS), which assess the volume and complexity of tasks performed by midwives (Turner et al., 2024). Studies that measure the impact of workload on job satisfaction, burnout, and care outcomes serve as empirical referents by providing evidence of the relationship between workload and midwifery performance (Gray et al., 2021). Additionally, studies examining staffing levels, patient outcomes, and midwifery well-being provide further empirical validation of the concept of midwifery workload (Reddy et al., 2022). The detailed article search, screening, and selection process is illustrated in Figure 1, the PRISMA-style flow diagram, which outlines the steps of identification, screening, eligibility, and inclusion of studies.

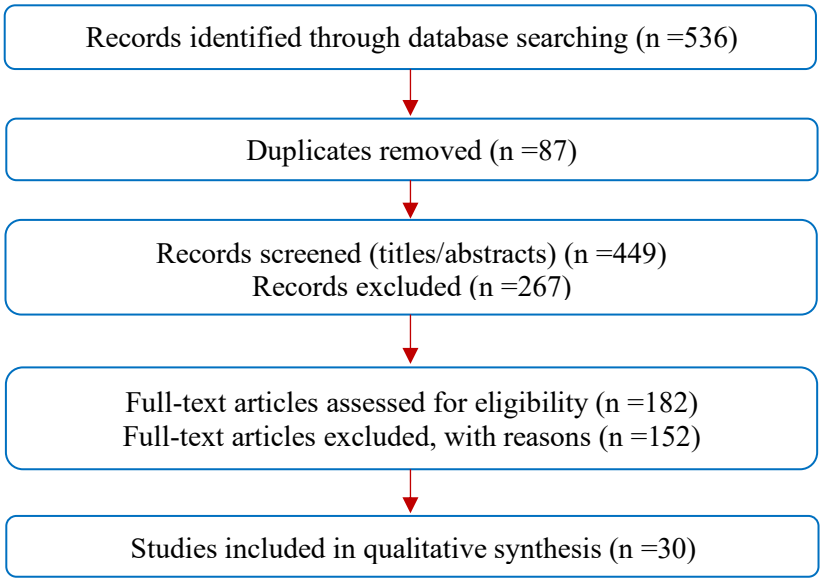

Figure 1. PRISMA-style flow diagram of article search, screening, and selection process

3. Results of Concept Analysis

3.1 Defining Attributes

In the concept analysis of midwifery workload, several key attributes emerged that define the essence of this concept, as identified across multiple studies in the literature. The primary attributes of midwifery workload include task volume, task complexity, time demands, and external factors such as staffing levels and institutional support. Task Volume refers to the number of tasks or responsibilities a midwife is required to complete during a given shift. This attribute is often cited in studies examining the relationship between workload and burnout. According to Atinga et al. (2025), midwives in Ghana reported high workloads, which were linked to increased stress levels and lower job satisfaction. Similarly, Mattock et al. (2025) found that midwives working in OECD countries, particularly in maternity settings, often experienced overwhelming task volumes, especially during peak times such as labor and delivery. This aligns with findings from Turner et al. (2024), who noted that high patient-to-midwife ratios led to an increase in the workload, negatively affecting care delivery.

Task Complexity involves the nature of the task's midwives are required to perform. This includes not only physical tasks such as assisting in childbirth and monitoring maternal and neonatal health, but also administrative tasks like documentation and patient education. Gyaase et al. (2023) found that midwives working in high-acuity settings faced more complex tasks, which contributed to their increased workload. In addition, midwives in these settings reported higher stress levels, as they were often required to manage multiple high-risk pregnancies simultaneously, which is a key finding from Reddy et al. (2022). Time Demands are another defining attribute. Hajiesmaello et al. (2024) found that midwives who worked long shifts, often exceeding the standard 12-hour shift, faced significant time pressures that negatively impacted their ability to provide optimal care. The literature consistently highlights that long working hours contribute to physical and emotional exhaustion, which can exacerbate the negative consequences of high workload (Turner et al., 2021).

Finally, External Factors such as staffing levels, resource availability, and organizational support are key to understanding midwifery workload. Silvia et al. (2025) reported that inadequate staffing in Indonesian community health centers increased workload, as midwives were required to manage multiple roles. In contrast, Navarro-Maldonado et al. (2025) emphasized that supportive institutional factors, including supervisor and peer support, mitigated the negative effects of workload. This was particularly evident in high-stress environments, where strong organizational support helped to reduce burnout and improve job satisfaction. These attributes define midwifery workload as a multifaceted concept that encompasses both the physical and emotional demands placed on midwives, as well as the broader organizational and societal factors that shape their work environment. Table 1 provides a summary of the descriptive data from the research studies included in this analysis, offering insight into the key attributes, methodologies, and findings from the literature.

Table 1. Descriptive Data of the Research Studies

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
1	Atinga et al. (2025)	Ghana; Referral Hospitals (Healthcare)	Cross-sectional survey design, 219 midwives, hierarchical multiple regression, moderating effect of supervisor and coworker support on workload and stress.
2	Mattock et al. (2025)	OECD Countries (Maternity Care)	Systematic review, 23 studies, 2,943,120 births, workload linked to care delays, caesarean births, maternal outcomes.

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
3	Ross et al. (2023)	Intensive Care Units (Healthcare)	Systematic review, 32 studies, nursing workload linked to patient mortality and adverse events, Nursing Activities Score (NAS) tool used.
4	Argaheni et al. (2024)	Malaysia (Healthcare)	Scoping review, 15 studies, factors contributing to workload include caseload, staffing, work environment, job satisfaction, burnout.
5	Reguin-Hartman (2025)	Medical-Surgical Units (Healthcare)	National study, 16 nurses, revision of Chiulli, Thompson, & Reguin-Hartman Acuity Tool (CTHAT), assessment of workload in various medical-surgical settings.
6	Hajiesmaello et al. (2024)	Iran; Labor and Delivery Departments (Healthcare)	Cross-sectional study, 349 midwives, path analysis, impact of work-related factors on secondary traumatic stress.
7	Turner et al. (2021)	OECD Countries; Inpatient Maternity Services (Maternity Care)	Scoping review, 21 studies, midwifery staffing and its effects on maternal and neonatal outcomes.
8	Albendín-García et al. (2021)	Global (Healthcare)	Systematic review, 27 studies, burnout related to work overload and lack of autonomy.
9	Silvia et al. (2025)	Indonesia; Community Health Centers (Maternal Care)	Cross-sectional study, 31 midwives, association between workload and competence in delivery care.
10	Richa et al. (2024)	Global (Research)	Bibliometric analysis, Scopus data, trends in midwifery workload research from 2013-2022.
11	Johnson et al. (2023)	Australia; SPHERE Nursing and Midwifery Career Pathway (Healthcare)	Qualitative study, focus groups and interviews with nursing leaders, thematic analysis, career pathway for clinician researchers in nursing and midwifery.
12	Nankamba & Mwanaumo (2024)	Zambia; Women's and Newborn Hospital (Maternity Care)	Cross-sectional quantitative study, 385 women, 185 midwives, workload and knowledge level influence on perception of care quality.
13	Navarro-Maldonado et al. (2025)	Global (Perinatal Mental Health Care)	Qualitative study, 30 women, 20 midwives, thematic analysis, challenges and needs in perinatal mental health care.
14	Turner et al. (2024)	England; Maternity Services (Maternity Care)	Cross-sectional analysis, 106,904 maternal admissions, understaffing linked to harmful incidents, analysis of staffing and safety.
15	Saher et al. (2022)	Pakistan; Tertiary Care Hospitals (Critical Care)	Cross-sectional study, 139 nurses, stress determinants in ICU settings, descriptive statistics, focus on workload-related stress.
16	Dixon et al. (2025)	Aotearoa New Zealand; Midwifery Workplace (Healthcare)	Cross-sectional study (2019-2021), 1766 participants, use of Quantitative Workload Inventory and Job Satisfaction Scale, focus on job satisfaction, pay satisfaction, and work-life balance.
17	Emeis et al. (2021)	USA (Midwifery Practices)	Benchmarking project, midwifery-led quality improvement program, use of national quality measures, continuous improvement focus for midwifery practices.
18	Gyaase et al. (2023)	Ghana; Midwifery Services (Maternity Care)	Quantitative cross-sectional study, 388 midwives, 12 qualitative participants, focus on midwifery workload and its effect on quality care, statistical analysis with SPSS.
19	García et al. (2024)	Spain; University Hospitals (Healthcare)	Longitudinal study, 50 midwives, multicentric, validation of a scale to measure midwifery workload using time and interventions (NIC), focus on workload at childbirth.
20	Gabutti et al. (2025)	Global (Healthcare Systems)	Systematic literature review, 21 studies, focus on health workforce planning approaches, data availability, and professionals' competencies in response to healthcare system changes.

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
21	Mharapara et al. (2022)	Global (Midwifery Profession)	Integrative review, two decades of research on midwives' well-being, focus on work-related stressors, proposed comprehensive well-being framework.
22	Creswell et al. (2023)	UK and Ireland; Maternity Services (Healthcare)	Retrospective observational study, 30,550 births, work intensity and staffing variations, impact on birthing suite activity and staffing levels.
23	Hajiesmaello et al. (2022)	Iran; Maternity Units (Healthcare)	Qualitative study, 22 participants, focus on challenges in midwifery education and training, sociocultural influences on clinical competency.
24	Barber & Cluett (2021)	UK (Maternity Care)	Exploratory study, 59 women, survey on birth partner overnight stays, analysis of emotional support, privacy concerns, and impact on breastfeeding.
25	Mthombeni (2025)	South Africa; Primary Health Care Clinics (Healthcare)	Qualitative study, semi-structured interviews with PHC nurses, exploration of workload impact on job satisfaction and quality of care, JD-R model applied.
26	Reddy et al. (2022)	LMICs; Health Facilities (Maternal Care)	Scoping review, 54 studies, focus on organisational factors affecting providers, issues like workload, lack of autonomy, and workplace violence; solutions include leadership and peer support.
27	Gray et al. (2021)	UK & Ireland; Nursing and Midwifery (Healthcare)	Mixed-methods study, 77 Directors of Nursing, 35 nurses and midwives, focus on KPIs, leadership challenges, and engagement in KPI evaluation for quality improvement.
28	Kang & Shin (2024)	South Korea; Hospitals (Nursing)	Qualitative study using hybrid model, focus on nursing workload, five dimensions identified: direct/indirect nursing, coordinator role, emotional labor, and profession.
29	Jacob et al. (2021)	England & Wales; Nurse Staffing Systems (Healthcare)	Qualitative comparative case study, interviews and observations, focus on professional judgment in nurse staffing systems, including COVID-19 impacts.
30	Ar-Rohman et al. (2026)	Indonesia; Sub-District Health Centers (Maternal Care)	Quantitative cross-sectional study, midwives' attitudes, workload, and work environment's effect on performance in early detection of high-risk pregnancy.

3.2 Antecedents

Antecedents are the conditions or events that precede the experience of midwifery workload. These include external and internal factors that contribute to the demands placed on midwives and set the stage for the workload they experience. From the literature reviewed, several key antecedents emerged, including staffing levels, patient acuity, institutional support, and the socio-cultural environment. Staffing Levels are perhaps the most critical antecedent to midwifery workload. Studies have consistently found that insufficient staffing directly contributes to increased workload and stress among midwives (Mattock et al., 2025; Gyaase et al., 2023). In Atinga et al. (2025)'s study in Ghana, midwives reported that high patient-to-staff ratios, combined with limited resources, created a challenging work environment. Similarly, Turner et al. (2024) found that understaffing was associated with higher workloads and increased risk of harmful incidents in maternity services. When midwives are responsible for caring for more patients than they can handle, they experience heightened stress and fatigue, which negatively affects care quality. Patient Acuity is another significant antecedent that influences midwifery workload. Midwives in high-acuity settings, where they are required to care for women with high-risk pregnancies, often face greater workload demands (Gyaase et al., 2023). The complexity of patient care in such environments requires midwives to manage more tasks in a shorter amount of time, which increases the overall workload. Hajiesmaello et al. (2024)'s findings support this, showing that high patient acuity contributes significantly to midwifery workload, as it requires not only more frequent monitoring but also more complex interventions.

Institutional Support and Organizational Factors also play a critical role in determining the level of midwifery workload. As Silvia et al. (2025) noted, midwives working in well-supported environments, where they have access to training, mentorship, and adequate resources, experience less stress and are able to manage their workloads more effectively. Conversely, poor organizational support, such as inadequate supervision and insufficient staff training, exacerbates workload pressures and can lead to burnout (Reddy et al., 2022). In Mattock et al. (2025)'s systematic review, midwives in poorly supported settings faced higher levels of stress, which contributed to increased workload and reduced job satisfaction. Socio-Cultural Environment is another important antecedent. In many LMICs, the role of midwives is shaped by gendered expectations and cultural norms, which can influence their workload. As Reddy et al. (2022) found, midwives in these settings often face societal pressures that demand more extensive care, which can lead to increased workloads. These socio-cultural factors contribute to the work environment by influencing both the tasks' midwives are expected to perform and the level of autonomy they have in their roles.

3.3 Consequences

The consequences of midwifery workload are wide-ranging and affect both the well-being of midwives and the quality of care provided to patients. These consequences can be physical, emotional, and organizational, leading to burnout, job dissatisfaction, and compromised patient care. Burnout and Job Stress are among the most common consequences of high workload in midwifery. According to Atinga et al. (2025), midwives who reported high levels of workload also experienced increased stress and burnout. Mattock et al. (2025) found that high workload in maternity settings was linked to lower job satisfaction and higher rates of burnout, particularly in midwives working in high-pressure environments. Similarly, Hajiesmaello et al. (2024) identified that midwives experiencing high workloads due to insufficient staffing were more likely to report feelings of exhaustion, depersonalization, and a reduced sense of accomplishment, all hallmark signs of burnout.

Impact on Patient Care is another significant consequence of midwifery workload. Studies have consistently shown that excessive workload leads to poorer outcomes for patients. Gyaase et al. (2023) reported that midwives working in high-workload settings had less time to provide personalized care, leading to lower quality of care, increased complications, and delays in maternal and neonatal care. Turner et al. (2024) also highlighted that understaffing and high workloads were linked to an increase in harmful incidents during childbirth, such as perineal trauma and postpartum hemorrhage. In Reddy et al. (2022)'s study, midwives in LMICs who were overloaded with tasks were less able to provide respectful maternity care, which negatively impacted maternal and neonatal outcomes. Retention and Turnover are additional consequences of excessive workload. As noted by Turner et al. (2024), high workload is a leading cause of midwife turnover, as many midwives leave the profession due to stress and burnout. In Mattock et al. (2025), the review found that midwives working in high-stress environments were more likely to leave their positions or reduce their hours, which worsened staffing shortages and perpetuated the cycle of high workload. This has serious implications for the sustainability of the midwifery workforce and the continuity of care for patients.

3.4 Empirical Referents

Empirical referents are the observable and measurable elements that help to validate the concept of midwifery workload. These referents help to quantify and assess the impact of workload on midwifery practice, including its influence on job satisfaction, burnout, and patient care outcomes. One key

empirical referent for midwifery workload is the use of workload measurement tools, such as the Quantitative Workload Inventory (QWI) and the Nursing Activities Score (NAS). These tools are designed to assess the volume of tasks midwives perform, the time spent on each task, and the complexity of care provided. According to Mattock et al. (2025), the NAS tool is widely used in studies to quantify nursing workload and its impact on patient outcomes. This tool is also applicable to midwifery settings, where it has been used to measure the number of tasks midwives perform during labor and delivery. Additionally, staffing ratios serve as an empirical referent for midwifery workload. The patient-to-midwife ratio is commonly used to assess workload in maternity care settings, with higher ratios typically indicating higher workload and greater stress for midwives.

Turner et al. (2024) found that high patient-to-midwife ratios were associated with an increase in adverse events, such as perineal trauma and postpartum hemorrhage. Similarly, Gyaase et al. (2023) found that a high patient-to-midwife ratio was a significant factor contributing to workload-related stress and burnout among midwives. Other empirical referents include job satisfaction and burnout scales, such as the Maslach Burnout Inventory (MBI), which is frequently used to assess emotional exhaustion, depersonalization, and personal accomplishment among healthcare providers. In Atinga et al. (2025), midwives with higher workloads reported higher levels of burnout, as measured by the MBI, which aligns with the findings of Hajiesmaello et al. (2024), where midwives experiencing high workloads were more likely to experience emotional exhaustion and burnout. Finally, patient outcomes such as maternal and neonatal morbidity and mortality are also used as empirical referents in studies of midwifery workload. Mattock et al. (2025) found that high workload was associated with increased maternal complications, while Turner et al. (2021) reported that high workload contributed to negative patient outcomes, including delays in care and increased rates of cesarean births. These empirical referents provide concrete measures to validate the concept of midwifery workload and assess its impact on midwifery practice and patient care.

3.5 Summary of Findings

The concept of midwifery workload is multidimensional, encompassing the volume and complexity of tasks, time demands, and the broader organizational and socio-cultural factors that influence midwifery practice. The defining attributes of midwifery workload include task volume, task complexity, time demands, and external factors such as staffing levels and institutional support. Antecedents of workload include staffing levels, patient acuity, and socio-cultural factors, while consequences include burnout, job dissatisfaction, poor patient care outcomes, and midwife turnover. Empirical referents for midwifery workload include workload measurement tools like the QWI and NAS, staffing ratios, job satisfaction and burnout scales, and patient outcomes. These referents help to validate the concept of midwifery workload and assess its impact on midwifery practice and patient care. In conclusion, addressing the challenges related to midwifery workload is crucial for improving the well-being of midwives and the quality of care provided to mothers and newborns. Reducing workload-related stressors, improving staffing levels, and providing adequate support are essential steps in ensuring the sustainability of the midwifery workforce and improving patient outcomes.

4. Discussion

4.1 Theoretical Implications

The findings from this concept analysis of midwifery workload provide important theoretical contributions to the understanding of workload in healthcare settings, particularly in midwifery practice. One of the key theoretical implications is the need to expand the conceptualization of workload beyond the traditional focus on task volume and time demands. Previous research, such as that by Mattock et al. (2025), has emphasized the quantifiable aspects of workload, like the number of tasks performed by midwives and the time they spend on patient care. However, this analysis highlights the importance of task complexity and external factors, such as institutional support, as core components of midwifery workload. The theoretical model proposed in this analysis builds on Walker and Avant's (2011) concept analysis framework by incorporating both the internal and external factors that contribute to midwifery workload. This broader perspective aligns with Gyaase et al. (2023)'s findings, which suggest that midwifery workload is influenced not only by the number of patients and tasks but also by the complexity of care required and the level of support available from colleagues and supervisors. By integrating these elements, the model offers a more comprehensive understanding of workload that considers the social, economic, and cultural contexts in which midwives work.

Additionally, this study provides theoretical support for the Job Demands-Resources (JD-R) model, which posits that job demands (e.g., workload) can lead to burnout, while job resources (e.g., social support) can buffer against the negative effects of high workload (Silvia et al., 2025). The findings from Hajiesmaello et al. (2024) reinforce this idea, demonstrating that supervisor support and peer support can moderate the relationship between workload and stress. The model can therefore be applied to other healthcare professions facing similar workload-related challenges, offering a theoretical foundation for interventions aimed at reducing stress and improving job satisfaction. Moreover, Turner et al. (2021)'s work on the association between staffing levels and care outcomes supports the notion that the midwifery workload is a critical determinant of care quality. Their findings suggest that an increase in midwifery staffing may improve patient outcomes, such as reducing maternal complications. This theoretical implication suggests that future research should explore how midwifery workload interacts with staffing levels, organizational factors, and patient outcomes, leading to new insights into workforce management in maternity care.

4.2 Management and Policy Implications

The results of this analysis have significant implications for healthcare management and policy, particularly regarding the allocation of resources, staffing strategies, and organizational support for midwives. One of the most pressing implications is the need for improved staffing levels in midwifery services. The research from Turner et al. (2024) and Mattock et al. (2025) underscores the importance of adequate staffing for improving the quality of care and reducing the stress levels of midwives. Given that high patient-to-midwife ratios contribute significantly to workload-related stress, healthcare management must prioritize workforce planning and recruitment strategies to ensure that midwifery services are adequately staffed. The organizational support element, as emphasized in Atinga et al. (2025) and Silvia et al. (2025), is also a critical factor in addressing midwifery workload. Policies that promote a supportive work environment, including adequate training, peer support, and supervisor mentorship, are essential for mitigating the negative effects of workload. For example, Hajiesmaello et al. (2024) found that midwives who received adequate emotional and professional

support reported lower levels of stress and burnout, despite having high workloads. These findings suggest that policies aimed at fostering a positive organizational culture and providing resources for midwives' professional development are necessary for improving both job satisfaction and patient care.

Furthermore, Reddy et al. (2022) highlight the role of institutional leadership in reducing the negative effects of high workload. Healthcare managers and policymakers must recognize the importance of leadership in creating an environment where midwives feel valued and supported. Leadership training programs, as well as creating clear communication channels for midwives to voice their concerns, can help address workload issues effectively. Policymakers should also advocate for workplace reforms that include adjusting work schedules and ensuring that midwives are not subjected to excessive overtime, which can contribute to burnout and reduce the quality of care. In terms of workforce planning, policies should be implemented that address the gendered nature of midwifery work. As Reddy et al. (2022) noted, societal expectations and gender norms can exacerbate the workload demands on midwives, particularly in LMICs. Addressing these systemic issues through policy reform, such as equalizing workload distribution and improving the professional status of midwives, can lead to a more sustainable workforce.

4.3 Practical Applications

The practical applications of the findings from this concept analysis are far-reaching, particularly for healthcare providers, midwifery educators, and frontline practitioners. One of the most important applications is the use of workload measurement tools. Tools like the Quantitative Workload Inventory (QWI) and the Nursing Activities Score (NAS), which have been used to assess nursing and midwifery workload in various settings, should be more widely adopted to measure the volume and complexity of tasks midwives perform in real time. By using these tools, healthcare providers can better understand how workload impacts midwifery practice and identify areas where interventions are needed to reduce workload stress (Turner et al., 2024). Furthermore, midwifery managers and team leaders can use the findings of this study to design workload management strategies that optimize the allocation of tasks among midwives. For example, Mattock et al. (2025) highlighted that reducing the administrative burden on midwives by delegating non-clinical tasks to other staff members can help alleviate some of the workload pressures. This can be particularly beneficial in busy maternity units, where midwives are often required to balance clinical care with extensive documentation. Additionally, fostering a collaborative work environment, where midwives can share resources, knowledge, and support, can mitigate the emotional and physical strain of high workload (Gyaase et al., 2023).

Workplace interventions should also be designed to enhance midwives' well-being and reduce stress. As Hajiesmaello et al. (2024) found, midwives who received sufficient support from their supervisors and peers were better able to manage the stresses associated with high workload. Training programs that focus on stress management, resilience building, and time management are practical tools that can be integrated into midwifery education and professional development programs. Moreover, creating safe spaces for midwives to discuss their challenges and receive emotional support from colleagues can be an effective strategy to reduce burnout and improve job satisfaction. In clinical settings, practical applications can include adjusting work schedules to accommodate for high-demand periods, such as implementing flexible shifts during peak times to ensure that midwives are not overburdened. Additionally, job rotation strategies, where midwives alternate between high-

acuity and low-acuity tasks, can help balance workload and reduce stress. By adopting these practices, healthcare settings can improve the quality of care provided and enhance midwives' job satisfaction.

4.4 Future Research Directions

There are several important directions for future research in the field of midwifery workload, building upon the findings of this concept analysis. First, there is a need for longitudinal studies that examine the long-term effects of midwifery workload on both midwives and patient outcomes. Most of the studies reviewed in this analysis were cross-sectional in nature, which limits the ability to draw conclusions about causality and the long-term impact of workload on midwifery practice (Gyaase et al., 2023). Longitudinal research could provide valuable insights into how workload affects midwives' health, job satisfaction, and career longevity over time. Another area for future research is the impact of different staffing models on midwifery workload and care outcomes. Studies such as Turner et al. (2024) have suggested that staffing levels are a critical factor influencing workload, but further research is needed to identify the most effective staffing models for different maternity settings. Specifically, research could explore the role of midwifery assistants, peer support, and nurse-midwife models in alleviating workload and improving care outcomes (Silvia et al., 2025).

Additionally, more research is needed to explore the socio-cultural factors that contribute to midwifery workload, particularly in LMICs. As Reddy et al. (2022) noted, gendered expectations and cultural norms often shape the workload of midwives in these settings, leading to unequal distribution of tasks and increased pressure on female healthcare workers. Research in this area could inform policies aimed at reducing gender-based disparities and improving midwifery work conditions. Finally, future studies should explore the effectiveness of organizational interventions aimed at reducing workload-related stress. As Atinga et al. (2025) and Mattock et al. (2025) found, support from supervisors and colleagues can reduce the negative effects of high workload, suggesting that organizational interventions such as mentorship programs, peer support networks, and leadership training could be effective in mitigating stress and improving job satisfaction.

5. Conclusion

In conclusion, midwifery workload is a multifaceted concept that significantly impacts both midwives and the quality of care provided to mothers and newborns. This concept analysis has provided a comprehensive understanding of the defining attributes, antecedents, and consequences of midwifery workload, as well as its empirical referents. The findings highlight that midwifery workload is influenced by task volume, task complexity, time demands, and external factors such as staffing levels and organizational support. High workload can lead to increased stress, burnout, job dissatisfaction, and compromised patient care, all of which have profound implications for both midwives and healthcare systems. The antecedents of midwifery workload, including insufficient staffing, high patient acuity, and inadequate organizational support, create the conditions for high workload and its associated stress. Conversely, the consequences of high workload can be detrimental to midwives' well-being and the quality of maternal and neonatal care. Burnout, emotional exhaustion, and poor patient outcomes are some of the negative consequences of excessive workload, underscoring the importance of addressing workload-related stressors in midwifery practice.

Moreover, this analysis has identified key empirical referents, such as workload measurement tools, staffing ratios, job satisfaction and burnout scales, and patient outcomes, which can be used to validate the concept of midwifery workload and assess its impact on midwifery practice and patient care. These empirical referents provide concrete measures to quantify and assess midwifery workload, enabling healthcare managers and policymakers to better understand and address workload-related issues. The theoretical, management, and policy implications of these findings emphasize the need for comprehensive interventions to reduce midwifery workload. This includes improving staffing levels, providing organizational support, and fostering a positive work environment to mitigate the negative effects of high workload. Healthcare systems must prioritize workforce planning, ensuring that midwives are adequately supported and resourced to provide optimal care while maintaining their own well-being. Overall, addressing midwifery workload is crucial for improving job satisfaction, reducing burnout, and ensuring the sustainability of the midwifery workforce. It is equally important for improving patient care, as midwives with manageable workloads are better able to deliver high-quality, respectful care to women and newborns. By implementing strategies to reduce workload-related stress and improving work conditions for midwives, healthcare systems can enhance both the well-being of midwives and the quality of maternal and neonatal care, ultimately leading to better outcomes for all.

References

Albendín-García, L., Suleiman-Martos, N., Cañadas-De la Fuente, G. A., Ramírez-Baena, L., Gómez-Urquiza, J. L., & De la Fuente-Solana, E. I. (2021). Prevalence, related factors, and levels of burnout among midwives: a systematic review. *Journal of midwifery & women's health*, *66*(1), 24-44.

Argaheni, N. B., Maulina, R., Juwita, S., & Setyarini, I. A. (2024). Scoping Review of Midwives' Workload: A Comprehensive Overview. *Malaysian Journal of Medicine & Health Sciences*, *20*.

Ar-Rohman, B., Permata, A. D., & Handayani, T. P. (2026). The Relationship between Attitudes, Workload, and Work Environment and Midwives' Performance in Early Detection of High-Risk Pregnancy. *Genius Journal*, *7*(1), 208-216.

Atinga, R. A., Sayibu, S. S., Ayawine, A., & Yambah, J. K. (2025). Workload and work stress association with midwives' job performance in Ghana: The moderating effect of organisational support. *International Journal of Africa Nursing Sciences*, 100954.

Barber, C., & Cluett, E. (2021). Women's opinions about their birth partners staying overnight on the postnatal wards. *MIDIRS Midwifery Digest*, *31*(2), 251-262.

Creswell, L., Lindow, B. J., Lindow, S. W., MacIntyre, A., O'Gorman, N., Hehir, M., & O'Connell, M. P. (2023). A retrospective observational study of Labour Ward Work Intensity: the challenge of Maternity staffing. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, *286*, 90-94.

Dixon, L., Clemons, J. H., & Mharapara, T. (2025). Exploring the midwifery workplace environment in Aotearoa New Zealand over the three years 2019-2021. *New Zealand College of Midwives. Journal.*, (61), 1-9.

Emeis, C. L., Jolles, D. R., Perdion, K., & Collins-Fulea, C. (2021). The American College of Nurse-Midwives' Benchmarking Project: A Demonstration of Professional Preservation and Improvement. *The Journal of perinatal & neonatal nursing*, *35*(3), 210-220.

Gabutti, I., Pandolfi, D., Apuzzo, L., & Martini, L. (2025). Health workforce planning in the era of proximity healthcare: A systematic literature review. *Health Services Management Research*, 09514848251398797.

García, L. G., Valcarcel, M. D. R., Llor, A. M. S., Gil, M. F. H., Merino, G. R., Guerrero, F. J. N., & Cano, E. D. L. I. (2024). Validation of a scale to measure the workload of midwives. *Acta Paulista de Enfermagem*, *37*, eAPE02632.

Gray, O., McCance, T., & Brown, D. (2021). Exploring how key performance indicators influence nursing and midwifery practice: A mixed-methods study. *Journal of Advanced Nursing*, *77*(12), 4900-4918.

Gyaase, P., Acheampong, E. B., Sampson, D. B., & Opoku, A. (2023). Midwifery Workload and Its Effects on Quality Client Care: A Case Study in the Central Region of Ghana. *Asian Research Journal of Gynaecology and Obstetrics*, *9*(1), 58-73.

Hajiesmaello, M., Hajian, S., Riazi, H., Majd, H. A., & Yavarian, R. (2022). Challenges facing clinical midwifery education in Iran. *BMC Medical Education*, *22*(1), 407.

Hajiesmaello, M., Hajian, S., Riazi, H., Majd, H. A., & Yavarian, R. (2024). Determinants of secondary traumatic stress in midwives: The role of workplace related factors.

Jacob, N., Burton, C., Hale, R., Jones, A., Lloyd, A., Rafferty, A. M., & Allen, D. (2021). Pro-judge study: Nurses' professional judgement in nurse staffing systems. *Journal of Advanced Nursing*, *77*(10), 4226-4233.

Johnson, M., Ferguson, C., Thornton, A., Israel, J., Cruickshank, M., Deboroah, D., ... & Middleton, S. (2023). Exploring the SPHERE nursing and midwifery clinician researcher career pathway: A qualitative study. *Collegian*, *30*(6), 795-804.

Kang, Y., & Shin, N. (2024). Nursing Workload in Hospital Settings in South Korea: A Concept Analysis Using the Hybrid Model.

Mattock, R., Bojke, C., Wright, J., & Stacey, T. (2025). The impact of midwife workload on delivery of care, and mother and baby outcomes in maternity settings in OECD countries: A systematic review. *PloS one*, *20*(8), e0329117.

Mharapara, T. L., Clemons, J. H., Greenslade-Yeats, J., Ewertowska, T., Staniland, N. A., & Ravenswood, K. (2022). Toward a contextualized understanding of well-being in the midwifery profession: An integrative review. *Journal of Professions and Organization*, *9*(3), 348-363.

Mthombeni, Q. M. (2025). *Experiences of Primary Health Care Nurses Regarding Workload in Gauteng Province, South Africa* (Master's thesis, University of South Africa (South Africa)).

Nankamba, N. W. S., & Mwanaumo, E. (2024). FACTORS INFLUENCING QUALITY OF MIDWIFERY CARE SERVICE AT WOMEN'S AND NEW BORN HOSPITAL, LUSAKA. *Midwifery*, *7*(4), 161-174.

Navarro-Maldonado, R., Moreno-Poyato, A. R., & Rioboó, N. M. A. (2025). Women'and midwives' experiences of perinatal mental health care: A qualitative study. *International Journal of Nursing Studies Advances*, 100467.

Reddy, B., Thomas, S., Karachiwala, B., Sadhu, R., Iyer, A., Sen, G., ... & Tunçalp, Ö. (2022). A scoping review of the impact of organisational factors on providers and related interventions in LMICs: implications for respectful maternity care. *PLOS global public health*, *2*(10), e0001134.

Reguin-Hartman, K. L. (2025). Improving assessment of workload for medical-surgical nurses: Revisions to a nurse workload tool. *Advancing Medical-Surgical Nursing*, *1*(1), 100002.

Richa, F. T., Argaheni, N. B., & Mufidah, A. (2024). Workload of midwives: A bibliometric analysis. *Malaysian Journal of Medical Research (MJMR)*, *8*(2), 30-41.

Ross, P., Howard, B., Ilic, D., Watterson, J., & Hodgson, C. L. (2023). Nursing workload and patient-focused outcomes in intensive care: A systematic review. *Nursing & health sciences*, *25*(4), 497-515.

Saher, N., Imran, M., Farhan, S., Ahmed, F., & Shabbir, A. (2022). Stress among critical care nurses: A Cross-sectional study: stress among critical care nurses. *The Healer Journal of Physiotherapy and Rehabilitation Sciences*, *2*(2), 170-177.

Silvia, E., Asmawati, D., & Syaptiani, W. (2025). Barriers and Facilitators to Optimal Midwife Competence in Normal Delivery Care: Perspectives from Community Health Centers in Padang Pariaman, Indonesia. *Sriwijaya Journal of Obstetrics and Gynecology*, *3*(1), 22-34.

Turner, L., Ball, J., Meredith, P., Kitson-Reynolds, E., & Griffiths, P. (2024). The association between midwifery staffing and reported harmful incidents: a cross-sectional analysis of routinely collected data. *BMC Health Services Research*, *24*(1), 391.

Turner, L., Griffiths, P., & Kitson-Reynolds, E. (2021). Midwifery and nurse staffing of inpatient maternity services–a systematic scoping review of associations with outcomes and quality of care. *Midwifery*, *103*, 103118.