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# FACTORS THAT CONTRIBUTE TO MIDWIVES STAYING IN MIDWIFERY: A STUDY IN ONE AREA HEALTH SERVICE IN NEW SOUTH WALES, AUSTRALIA

## ABSTRACT

**Objective**: The Australian health workforce is experiencing workforce shortages like many other countries. Managing retention is one important element of workforce planning. Determining the drivers of retention in midwifery can assist workforce planning. The objective of this study was to determine the factors that contribute to the retention of midwives, that is, why do midwives stay?

**Design**: A descriptive design was undertaken in two phases. Phase One used focus groups to adapt a questionnaire used in the 'Why Midwives Stay 'study in England for the Australian context. Phase Two used the questionnaire to collect qualitative and quantitative data.

**Setting**: One area health service in New South Wales, Australia.

**Participants**: 392 midwives employed in the area health service either full-time, part-time or on a casual basis were invited to participate and 209 (53%) responded.

**Findings**: The majority of respondents were women aged 23-69 years (mean age 42 years). Just over half had received their midwifery qualification through the hospital-based system which was usual prior to 1994 reflecting the age of the cohort. The top three reasons for staying in midwifery were 'I enjoy my job', 'I am proud to be a midwife' and 'I get job satisfaction'. Job satisfaction was received when midwives felt that they made a difference to women, had positive interactions with women in their care and saw women happy. The motivation to keep going was achieved through having a positive outlook; having job satisfaction; and, having work colleagues with a sense of belonging.

**Implications for practice**: The findings have implications for the organisation of care, models of care, and management systems. Health services and departments of health need to consider these issues especially in an environment of workforce shortages. Addressing the way care is arranged and how staff are supported may lead to higher retention rates, thus reducing costs.

**Introduction**

The provision of an adequate health workforce is essential to providing a population with effective health care. Midwifery, like many health professions, is experiencing global workforce shortages (WHO, 2006). In Australia in 2004, it was estimated that by 2010 there would be a shortage of 40,000 nurses and 2,000 midwives in the local health workforce (Australian Health Workforce Advisory Committee, 2004). No research has been undertaken in Australia to determine if this predication proved to be accurate. A recent review into maternity services however suggested that the shortage has occurred in midwifery with implications for the broader maternity service (Commonwealth of Australia, 2008).

Midwives in Australia gain their midwifery registration through completing a university course. In most of the eight states and territories, midwives have two routes to registration. Registered nurses can gain registration through completion of either a Graduate Diploma in Midwifery or a Masters in Midwifery over 12 to 18 months. Alternatively non-nurses seeking to become midwives gain registration through the completion of a three year Bachelor of Midwifery direct entry program. Australian midwifery has undergone considerable changes in models of care and changing philosophies of midwifery practice. These have given rise to new models of care including those providing midwifery continuity of care (Homer, 2006; Homer et al., 2008a; Homer et al., 2008b; Commonwealth of Australia, 2009; Foureur et al., 2009). Another considerable change has been a national registration system implemented in 2010. For the first time, this will collect national data on the number of practising and student midwives.

The provision of an adequate midwifery workforce remains challenging. In many countries, the health workforce is ageing and is increasingly choosing to work part-time (Tierney, 2003; WHO, 2006; Midwifery 2020 Programme, 2010a). In Australia in the past decade, there have been changes in the provision of health care, including increased acuity, decreased length of hospital stay and an emphasis on using the available workforce more efficiently (Productivity Commission, 2005). Similarly in the UK, the Midwifery 2020 Program has also identified challenges in measuring workload issues such as increasing complexity of care, inequalities,

policy drivers; and the impact of these on the increasing role expectations required of midwives (Midwifery 2020 Programme, 2010b).

In Australia, workforce planning initiatives have been recommended including paying attention to recruitment, retention and turnover (Productivity Commission 2005). Understanding recruitment, retention and turnover in Australian midwifery requires an understanding of the role of the midwife. Midwives in Australia are educated to fulfil the International Definition of the Midwife (ICM, 2005; Homer et al., 2008b). The majority of midwives in Australia are employed by, and work in, the hospital setting where care is often fragmented in nature (Homer, 2006). The vast majority of the almost 300,000 annual births in Australia occur in hospital (Laws and Sullivan, 2009) with the state of New South Wales (NSW) contributing to almost one third of the annual Australian births. In most Australian states and territories, women receive care from a variety of care providers including midwives, general practitioners (GPs) and obstetricians (Vernon, 2008). The care providers in the antenatal period are often different to those during labour and birth and in the postnatal period mitigating against continuity of care. Midwifery continuity of care models are increasing but still only offered to approximately 10-15% of women (Commonwealth of Australia, 2009). Each of these issues possibly has an effect on the retention of midwives but this has not been explored to date.

Retention in many disciplines, including midwifery, seems to be linked to job satisfaction. Retention may be improved as a result of the change of focus in midwifery care from a fragmented midwifery model of care to one that has continuity of carer as a focus. Research more than 15 years ago in the United Kingdom (UK) by Sandall (1995; 1997) identified that midwives had high levels of job satisfaction when they were able to work in ways that support and encourage continuity of care. Other research in the UK has suggested that the undermining of midwives' autonomy may be the heart of the problem in relation to recruitment and retention of midwives (Stafford, 2001). There has been no research in Australia examining the autonomy of midwives and the affect this has on their job satisfaction. It is possible however that if midwives are able to work autonomously, their job satisfaction and retention levels may be increased.

Despite understanding that retention is an important part of workforce planning, there has been limited research in midwifery. One important study titled 'Why Midwives Stay' was conducted in England by Kirkham et al. (2006). The study identified seven factors which encouraged midwives to stay. These were being able to develop and have relationships with childbearing women and feeling like they were making a difference to them; feeling supported and valued by colleagues; feeling supported and valued by managers; having adequate resources, especially staffing, to underpin good practice; having a degree of autonomy, control and flexibility within their work; finding their personal niche within midwifery; and ensuring that working hours suit individual circumstances. These are very similar to the findings from Sandall's work with caseload midwives as described earlier (Sandall, 1995; 1997). In a similar vein, other work by Kirkham and Morgan (2006) found that one of the reasons that midwives returned to midwifery was because they had missed midwifery, which they saw as a satisfying job. Conversely, the "Why Midwives Leave" study found that midwives left the profession when they were unable to provide an appropriate standard of care or were unable to develop relationships with their clients (Ball et al., 2002). These issues are reflected in the Midwifery 2020 Report which emphasised the importance of meeting women's needs by ensuring women have a midwife they know and trust to coordinate their physical and emotional care through pregnancy and until the end of the postnatal period (Midwifery 2020 Programme, 2010b).

While the issue of retention in the midwifery workforce is a topic of focus at the moment nationally and internationally very little is known about the situation in Australia and this was the impetus for the study described in this paper. Specifically, we aimed to address the lack of understanding in relation to retention in midwifery. The research aimed to determine the factors that contributed to midwives in one Area Health Service in New South Wales (NSW) staying in midwifery.

**Method**

A descriptive survey design underpinned this study with both qualitative and quantitative data collected. There were two phases to the study. The study used the questionnaire which was initially used in the English 'Why midwives stay' study (Kirkham et al., 2006). In Phase One, the original questionnaire was reviewed in a series of four focus groups to ensure its suitability to the

Australian setting. Phase Two involved the distribution of the reviewed questionnaire and analysis of these data. This paper concentrates on the results from Phase Two of the study.

***Setting***

The setting was an area health service which extends north from Sydney Harbour across the Hawkesbury River to the far end of the Central Coast and west to Wiseman's Ferry. The Area health service comprises seven maternity units including a tertiary referral hospital, one large hospital, three district-type hospitals, a small rural unit and a stand-alone midwifery-led unit.

***Questionnaire***

The original questionnaire was developed by Kirkham et al. (Kirkham, Morgan et al. 2006). It was modified in Phase One using groups as described above. The modified questionnaire collected demographic data and workforce participation information. It then has four lists of statements - why do you chose to stay in midwifery; what gives you job satisfaction; what keeps you going as a midwife; and what changes would improve your midwifery job. These four lists are scored using five point Likert scales: (1) very important, (2) important, (3) not an issue for me, (4) disagree or (5) strongly disagree.

***Sample and data collection***

Convenience sampling was used for Phase 1 (the focus groups) of the study. Eligibility for the study included being an employed midwife, fulltime or part time, in the area health service. Posters advertising the focus groups and inviting midwives to participate were placed in each of the four sites chosen. Four sites were chosen after discussion with the senior midwifery managers as they were seen to represent the hospitals in the area health service in terms of size and complexity. In total, 36 midwives attended the focus groups.

In Phase 2 of the study all midwives who were employed permanently or in the casual bank in the seven hospitals in the area health service were invited to participate. In total, 392 midwives were identified as being eligible and therefore invited to participate. The number of eligible midwives was obtained from the managers at each site. From the staff lists, each midwife was assigned a study number which was placed on the top right hand corner of the questionnaire. A

study information letter was also attached to the questionnaire. The names of the midwives were then written in pencil on the information letters. This ensured that the questionnaires were distributed to the correct midwife based on the study number to which they had been assigned. Study numbers were assigned to each midwife for follow-up purposes, and not for identification reasons.

### *Ethics Approval*

The study was approved through the Research Ethics Committee of the university and in the area health service. All participation was voluntary with participants remaining anonymous. Midwives could choose not to participate and their managers were not informed of whether they participated or not.

### *Data analysis*

Both qualitative and quantitative data were obtained in Phase Two, though most were quantitative. Data were entered into a database and randomly checked to ensure that there were no missing variables or variables which fell outside the specified parameters. Simple descriptive statistics were calculated using Statistical Package for the Social Sciences software.

The four lists of reasons to stay were re-coded into positive, negative and neutral responses. The findings reported here represent the positive responses, that is, the proportion of participants who indicated ‘very important’ or ‘important’, to any given statement. Finally, the top three reasons in each of the four lists were combined and analysed thematically to determine to determine the overall reasons contributing to retention in midwifery.

## **Results**

There were 209 respondents to the survey (53% response rate). Respondents included a nursing/midwifery unit manager (NUM), clinical midwifery consultant (CMC) and four clinical midwifery specialists/clinical midwifery educators (CMS/CME). Two of the respondents identified as being neonatal nurses, however both were registered midwives who worked in the neonatal care nursery. One enrolled nurse returned the questionnaire and this was excluded as the inclusion criteria were for midwives only.

The majority of respondents were women (99%). Respondents ranged in age from 23 years to 69 years with the mean age being 42 years. The majority were older than 41 years with only 11% aged less than 30 years.

Most respondents had received their midwifery qualification through the hospital-based system (53%) which was usual prior to 1994 and reflects the age of the cohort. Almost half of respondents (45%) had qualified as a midwife before 1989. Only 32% of respondents had a tertiary qualification.

Many respondents had taken time out of midwifery at some point in their career (Table 1). About half (47%) reported to have had some time out of midwifery since qualifying. This time out ranged from one year to 25 years with the mean being two years and seven months. The most common reason reported for this time out was ‘to care for dependent children’ (25%). Just over one in six midwives (18%; n=35) reported having additional paid work to their midwifery position. Of the 35 midwives who had other paid positions, two (6%) midwives had more than one other position.

Midwives were asked why they chose to stay in midwifery. The top three reasons given were ‘I enjoy my job’, ‘I am proud to be a midwife’ and ‘I get job satisfaction’ (Table 2). Midwives were asked about their source of job satisfaction. The three highest ranked sources of satisfaction given by midwives in their current post were, ‘I feel like I make a difference to the women’, ‘Interactions with women in my care’ and ‘seeing women happy’ (Table 3). Midwives were asked to identify where they received motivation to ‘keep them going’. The top three statements were: having a positive outlook; having job satisfaction; and, work colleagues and a sense of belonging (Table 4).

When asked if they would recommend midwifery to others, 83% of midwives reported that they would recommend midwifery to others. Analysis of the responses from the 17% of midwives who would not recommend midwifery to others identified the themes: organisational issues, money, lifestyle matters, and matters of practice. Analysis of the responses from the 83% of

midwives who would recommend midwifery to others identified the themes: women and their families, job satisfaction, matters of practice, lifestyle matters, and sustaining the future.

Finally, a content analysis of three highest rating reasons identified three main reasons why midwives stay in midwifery. These reasons were: midwifery relationships; professional identity as a midwife; and, the practice of midwifery. Relationships meant relationships with the women and their families and the colleagues they worked with. When they spoke of professional identity, midwives made statements about the privilege of being present when women gave birth and the professional pride they had of being a midwife. The practice of midwifery related to the elements of the job that midwives enjoyed. The elements of the job which midwives found important to keeping them in midwifery included: the variety of the job; normalising midwifery care; job satisfaction; finding the job preferable to nursing; and, working in an area they want to work in.

**Discussion**

This study aimed to understand the factors that contribute to midwives in one Area Health Service in NSW staying in midwifery. This is the first Australian study to specifically examine the retention of midwives and as such has implications for health services and managers in particular. The study identified three main reasons why midwives stay - midwifery relationships; professional identity as a midwife; and, the practice of midwifery.

Our study was designed to replicate Kirkham et al.'s study (2006) in the UK. This had shown that midwives stayed in midwifery because of their relationships with childbearing women and feeling that they made a difference to them; feeling supported and valued by colleagues; feeling supported and valued by managers; adequate resources to underpin good practice; a degree of autonomy, control and flexibility within their work; finding their personal niche within midwifery and working hours to suit individual circumstances. These have similarities to our study, in particular the relationships with women. Clearly women are at the core of midwifery practice despite geographic and health system differences between Australia and the UK. The factors such as developing relationships, having a professional identity with the women and their

families, achieving reciprocity through their professional identity, and practising in a way which supports them to support women, enabled midwives to practice to the true meaning of a midwife, that is, *with women*.

Midwives need to be able to develop meaningful relationships with women. One way to do this is through midwifery continuity of care (Hatem et al., 2008; Homer et al., 2008b; Foureur et al., 2009) although this is not the only avenue. The development of midwifery continuity of care models may enable midwives to work more autonomously and receive satisfaction from their experience as midwives. The Midwifery 2020 Programme (2010a) identified that the ability to develop a trusting relationship with a midwife, or small team of midwives, who coordinate her care and provide continuity of care throughout pregnancy and the postnatal period was advantageous. Other research in the UK has highlighted the value of midwives of being able to work according to the 'with woman' ideal. In Hunter's (2004) study, midwives who were able to work with woman experienced their work as emotionally rewarding but when this was not possible, work was seen as being as emotionally difficult and requiring regulation of emotion, that is 'emotion work'. Further research needs to be conducted in Australia to determine the link or association between midwifery continuity of care, emotionally rewarding work and retention of midwives.

The characteristics of midwives from the cohort in this area health service were reflective of Australian nurses and midwives as a whole and similar to recent data from the UK. In particular, the average age of the cohort was 43 years of age, the same as the national average (AIHW, 2009). Similar trends have been reported in the UK with more than two thirds of midwives being over 40 years and a quarter being over 50 years (Midwifery 2020 Programme, 2010a). The proportion of part-time midwives is also similar across countries. In our study, 61% worked part-time compared with 57% across the UK (Midwifery 2020 Programme, 2010a). There are likely to be other commonalities, for example, changes in annual birth rates, the global financial crisis and the projected economic situations in both countries and health reforms, both in the public and private sector. These issues make the UK's Midwifery 2020 Programme particularly relevant for Australia and other similar countries. In particular, one of the key messages from the Report has direct relevance to this study as it recommends that "an analysis should be undertaken of the

impact of an increasing trend towards part-time work among midwives including the impact on continuity of care, mentoring students, future recruitment, predicted absence and time required for continuing professional development" (Midwifery 2020 Programme, 2010b) (page 25).

Interaction with work colleagues and a sense of belonging were ranked third in the question about motivation to keep going in midwifery and fourth in the question that asked about factors associated with job satisfaction. While interactions with women were clearly important as in earlier studies (Kirkham et al., 2006), interactions with colleagues and their personal outlook were also significant for the midwives in our study. There are again links between our study and research from the UK. For example, Hunter (2005) found that for hospital-based midwives, relationships with midwifery colleagues were of key importance, providing the main source of feedback on individual practice. She also found that while these collegial relationships could provide support and affirmation, they were also a source of conflict, particularly between junior and senior midwives with similar challenges between those with conflicting ideologies of midwifery practice. Our study did not examine the complexities within these collegial relationships but it is likely that as well as being supportive there were aspects of negativity which could be further explored in relation to why midwives stay or go.

This study has limitations which need consideration. The study was conducted in only one Area Health Service in NSW. While the service includes both a large metropolitan maternity service and a small regional service, it may not be representative of all maternity sites or midwives within NSW or Australia. With a response rate of 53%, it may have been that the most dissatisfied or unhappy midwives within this area health service did not respond to the questionnaire. The study was conducted in the public hospital system and therefore does not cover midwives working within the private hospital sector or in private/independent midwifery practice. In addition, the tool used was adapted from the Why Midwives Stay study in England. Formal reliability and validity analyses have not been undertaken using this tool. Therefore, it is possible that the instrument is not measuring what it actually set out to measure. Despite this, the face validity of the instrument is high and the findings 'made sense' in the context of the questions asked.

## Conclusions

This study has implications for the organisation of care, models of care, and support systems. Health systems need to consider these issues especially in an environment of acute workforce shortages and/or inappropriate workforce distribution. Addressing the way care is organised and how staff is supported may lead to higher retention rates, thus reducing costs to the health sector. Further research needs to consider the complex interactions between relationships with women, colleagues and the allegiance with the institution in relation to supporting recruitment and retention of the valuable commodity that is a midwife.

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**Table 1: Demographic characteristics of the respondents to the questionnaire**

| | | *N*<br>*n=204* | *%* |
|---|---|---|---|
| Gender | Female | 202 | 99 |
| | Male | 2 | 1 |
| Age in years | 20-30 | 31 | 15 |
| | 31-40 | 58 | 28 |
| | 41-50 | 75 | 37 |
| | 51-60 | 34 | 17 |
| | >60 | 6 | 3 |
| Year of midwifery qualification | <1975 | 14 | 7 |
| | 1976-1985 | 43 | 21 |
| | 1986-1995 | 62 | 30 |
| | 1996-2005 | 75 | 37 |
| | >2005 | 10 | 5 |
| Type of midwifery qualification | Hospital | 107 | 53 |
| | University | 97 | 47 |
| Highest educational qualification | Certificate | 54 | 27 |
| | Degree | 35 | 17 |
| | Postgraduate | 98 | 48 |
| | Other | 17 | 8 |
| Time out from midwifery since qualification | Yes | 96 | 47 |
| | No | 108 | 53 |
| Years not employed in midwifery ♦ | 1-5 | 66 | 74 |
| | 6-10 | 14 | 16 |
| | 11-20 | 7 | 8 |
| | >21 | 2 | 2 |
| Reason for time out of midwifery | Care for children | 50 | 24 |
| | To work in other job | 29 | 14 |
| | Other | 19 | 10 |
| | N/A | 106 | 52 |

^ Some percentages have been rounded to the closest full number

♦ Only 89 of the 96 midwives who had time out of midwifery responded to this question

**Table 2: Reasons for staying in midwifery**

| Reasons for staying in midwifery? | No. (agree or strongly agree) | % |
|---|---|---|
| I enjoy my job | 141 | 98 |
| I am proud to be a midwife | 139 | 97 |
| I get job satisfaction | 137 | 95 |
| Midwifery is preferable to general nursing | 132 | 92 |
| I want to work with women and their families | 129 | 90 |
| I work in the area of practice I want to work in | 129 | 90 |
| I feel privileged to be a midwife | 127 | 88 |
| Midwifery is a job I feel passionately about | 122 | 85 |
| For the women I care for | 122 | 85 |
| The good days somehow justify you staying in practice | 103 | 72 |
| It is convenient for me to stay | 93 | 65 |
| Because I want to make a difference to midwifery | 91 | 63 |
| My salary | 76 | 53 |
| Working as a midwife gives me my identity | 73 | 51 |
| I worked hard to be a midwife and feel it would be a waste to give up now | 68 | 47 |
| The alternatives to midwifery are not preferable | 67 | 47 |
| I don't consider it work, it's just my way of life | 52 | 36 |
| Midwifery is what I've always done | 50 | 35 |
| Midwifery is a gateway into other things | 48 | 33 |
| Because I do not have to work full-time | 45 | 31 |
| I cannot afford to retrain in something different | 44 | 31 |
| I could not earn this money doing anything else | 43 | 30 |
| To change direction would be very unnerving | 39 | 27 |
| I am not qualified to do anything else | 34 | 24 |
| I feel I would be letting down colleagues if I left | 26 | 18 |
| I feel I am too old to change jobs | 23 | 16 |

^ Some percentages have been rounded to the closest full number

**Table 3: Reasons for job satisfaction**

| *Where do you get job satisfaction from in your CURRENT midwifery post?* | *No. (agree or strongly agree)* | *%* |
|---|---|---|
| Feeling like I make a difference to women | 146 | 99 |
| Interaction with the women in my care | 143 | 97 |
| Seeing women happy | 139 | 94 |
| Interaction with work colleagues | 138 | 94 |
| Being an advocate | 137 | 92 |
| The variety of my job | 132 | 89 |
| Feeling valued at work by women | 130 | 89 |
| Being able to normalise midwifery care | 127 | 86 |
| Feeling valued at work by colleagues | 120 | 81 |
| Feeling like I make a difference to colleagues | 115 | 78 |
| My autonomy as a midwife | 115 | 78 |
| Being able to provide the care I want to give | 110 | 74 |
| Being in a team who share my philosophies | 108 | 73 |
| Job flexibility | 106 | 72 |
| The professional recognition of midwifery | 100 | 68 |
| Being able to provide continuity of care | 86 | 58 |
| Feeling valued at work by managers | 81 | 55 |
| Training and study opportunities | 69 | 47 |
| My salary | 64 | 43 |
| Working in the community | 58 | 39 |
| The adrenaline rush of the hospital | 30 | 20 |
| I get no job satisfaction in my current role | 9 | 6 |
| Homebirths | 7 | 5 |

^ Some percentages have been rounded to the closest full number

**Table 4: Motivation to keep going in midwifery**

| *Which of the following help you to keep going as a midwife?* | *No. (agree or strongly agree)* | *%* |
|---|---|---|
| Having a positive outlook | 189 | 94 |
| Having job satisfaction | 187 | 92 |
| Work colleagues and a sense of belonging | 179 | 89 |
| Putting into the job as much as you want to get out | 174 | 87 |
| Being an experienced midwife | 161 | 81 |
| Taking positive action rather than grumbling | 153 | 76 |
| My friends outside of work | 146 | 73 |
| My family | 138 | 68 |
| Switching off/keeping work out of home life | 133 | 67 |
| My work environment | 129 | 65 |
| Not taking a victim mentality | 129 | 64 |
| Being busy outside of work | 125 | 62 |
| My partner | 123 | 61 |
| Not working full-time | 115 | 57 |
| Taking exercise | 111 | 55 |
| Having a moan | 77 | 39 |
| Involvement with professional groups | 66 | 33 |
| My manager | 58 | 29 |
| Moving to a different midwifery position | 48 | 24 |
| Burying my head in a book/ studying | 45 | 22 |
| My religious beliefs | 39 | 19 |
| Taking sick leave | 21 | 10 |
| Knowing that I will soon be retiring | 15 | 8 |
| Alcohol and other drugs | 13 | 7 |

^ Some percentages have been rounded to the closest full number