

**THE EARLY WORKFORCE EXPERIENCES OF MIDWIVES WHO
GRADUATED FROM TWO DIFFERENT EDUCATION COURSES
IN AUSTRALIA**

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for the award of the degree

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from

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by

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Certificate of Original Authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student:

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Preface

As a novice midwife in the turbulent throes of midwifery education and preliminary clinical employment, I held a group of senior midwives in high esteem: Louise White, Janice Mullins and Rosie Nichols. These women materialised as subtle and off-the-record super heroes. Observing these women midwife labouring women was to see woman-centred midwifery care in action. Watching them attend to women in urgent clinical need was akin to watching a performance of a flawlessly choreographed ballet, where the possession of clinical proficiency, physical dexterity, intellect, advanced communication skills, compassion and kindness were key, all followed by a reassuring and encouraging chinwag. These women performed a providential and essential role in my successful adjustment and transition into being a new graduate midwife. I extend my gratitude towards them. I want all midwives to be able to develop into these un-caped wonders, to flourish as exemplary midwives in full fruition. A workplace environment that houses compassionate personnel, and is supportive of the comprehensive midwifery role is imperative.

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Abstract

Title The early workforce experiences of midwives who graduated from two different education courses in Australia

Background There are workforce shortages in the nursing and midwifery professions in Australia. Many factors have been associated with these shortages such as high workloads, an inadequate skill mix, low nurse/midwife-to-patient/woman ratios, and heightened acuity, all of which can lead to professional burnout for staff. Connected to these shortages are perceptions of inadequate remuneration, experiences of bullying and work-related stresses, the lack of managerial action to tackle these issues and a perceived lack of opportunities for career diversity and progression. Much of this is well known in the nursing discipline, however it is unclear how these factors are similarly impacting midwifery and therefore, research into the workforce experiences of Australian midwives is timely.

Objective / Purpose To explore early workforce participation trends, experiences and choices of midwives who graduated from one Australian university (graduating years 2007 and 2008). Participants were educated either in Bachelor of Midwifery or Graduate Diploma of Midwifery programs ($n = 113$). Further objectives of the study were to identify work environment and personal factors that may influence workforce experiences, and to compare any workforce trends by midwifery course.

Methods A sequential explanatory mixed methods design was conducted. Phase 1 survey collected mainly quantitative demographic and workforce participation data. Three validated instruments were also used: Maslach Burnout Inventory (MBI); Practice Environment Scale of the Nursing Work Index (PES-NWI); and Perceptions of Empowerment in Midwifery scale (PEMS). Due to sample size restrictions, analysis was restricted to non-parametric measures including frequency distribution and simple correlations ($p \leq 0.01$). Phase 2 was a qualitative study using semi-structured interviews with qualitative content and contextual analysis.

Results In Phase 1, the survey response rate was 66 percent ($n = 75$). Fifty-nine were working as midwives, half of them in full-time employment. Personal factors contributing to workforce choices were only a cause of concern for a small number of midwives. The

main reason for having exited from the profession was child rearing. There was a low degree of burnout and high levels of empowerment. Inadequate clinical resources and ineffective managerial support in the workplace were also identified. Bachelor of Midwifery participants were older than the Graduate Diploma midwives but no other relationship between the midwifery course and any of workforce measure existed. In Phase 2, 28 participants were interviewed. Three themes, each comprising of subthemes, were generated: (i) 'sinking and swimming'; (ii) 'needing a helping hand'; and (iii) 'being a midwife... but'. The initial transition into midwifery was overwhelming for most participants, particularly when providing intrapartum care. Coping within the experience was dependent upon support. Job satisfaction was strongly related to the midwife-woman relationship and working to the full scope of practice ability, both which encouraged midwives to remain in midwifery. Dissatisfaction stemmed from poor remuneration, inflexibility of rostering, high workloads and poor managerial approaches. Experiences of bullying were ubiquitous. Factors inducing midwives to stay in the midwifery profession were not the absence of those that caused dissatisfaction. The midwife-woman relationship sustained their practice despite those factors that generated job dissatisfaction.

Conclusion Elements of the early workforce experiences of these midwives paralleled many of those evident in the Australian nursing profession and similar workforce factors contributing to job satisfaction and dissatisfaction were identified. The midwife-woman relationship was a source of job satisfaction and inspired these midwives to remain in midwifery. Exiting the profession- temporarily or permanently- was mainly due to child rearing.

Implications for practice Any vacuum created by eliminating factors of job dissatisfaction will require an amplified investment of factors that bring job satisfaction in order to have genuine content in midwives. Strategies that deliver transitional support, rostering flexibility, leadership training and address workplace bullying, will be ameliorative in the face of staffing shortages. Employment models that enhance relational aspects of midwifery are integral for job satisfaction in midwives. Health systems and services have a duty to support the continued professional development and accessibility of career progression for midwives, to allow individuals to cultivate their midwifery skills and work to their potential.

Organisation of Dissertation

Chapter One: Describes the aim of the study, the context and background for which it was undertaken, the purposes and aims of the larger project that this study is a part of, and the philosophical background of this thesis.

Chapter Two: Is an appraisal of the literature and research surrounding the research topic, thus placing this study within the research canon, as well as providing grounds for the undertaking of the study.

Chapter Three: The methodology chapter describes the overarching design of the study and its ethical considerations.

Chapter Four: This chapter is comprised of the specific methods of the study: the tactic of having it organised in two phases as well as the study's setting, participants, the recruitment and data collection methods.

Chapter Five: This chapter presents the measures used for data analysis of both Phase 1 and Phase 2 of the study

Chapter Six: The first of the survey results chapters relays the demographic findings from Phase 1 of the study, in text and table form.

Chapter Seven: The second of the survey results chapters provides the results from three instruments used to collect data on burnout, the practice environment and perceptions of midwifery empowerment.

Chapter Eight: The interview results chapter presents the findings of the interview data, which constitutes Phase 2 of the study.

Chapter Nine: The discussion chapter interprets and integrates the results derived from both methods of the study, firstly by grouping the integrated analysis as to the research objectives and secondly, by placing this in context with existent research and philosophical literature. In conclusion, this chapter synthesises the findings obtained from the process of analytic synthesis. Limitations of the study will be discussed as well as indicating the significance of the findings for midwifery practice and future research.

Appendixes: The Appendixes provide a copy of the ethics approval letter, the coversheet to the Phase 1 survey and the survey itself. A recruitment information sheet is also included. These supplement the main body of the thesis document.

References: A reference list is supplied in alphabetical order.

List of Abbreviations

ABS Australian Bureau of Statistics

AHPRA Australian Health Practitioner Regulation Agency

ATSI Aboriginal or Torres Strait Islander

AIHW Australian Institute of Health and Welfare

Australian States and Territories

ACT Australian Capital Territory

NSW New South Wales

NT Northern Territory

QLD Queensland

SA South Australia

TAS Tasmania

VIC Victoria

WA Western Australia

BM Bachelor of Midwifery

FTE Full-time equivalent

GD Graduate Diploma of Midwifery

GRAMMS Good Reporting of A Mixed Methods Study

HCCC Health Care Complaints Commission

HW2025 Health Workforce 2025 Doctors, Nurses and Midwives

MBI Maslach Burnout Inventory

MGP Midwifery Group Practice/s

MIDTREC Midwifery Transitions Retention Experiences and Choices - the MidTREC study

MMR Mixed methods research

NRAS National Registration and Accreditation Scheme

NMBA Nursing and Midwifery Board of Australia

PEMS Perceptions of Empowerment in Midwifery Scale

PES-NWI Practice Environment Scale of the Nursing Work Index

QUAL Qualitative research

QUAN Quantitative research

SPSS Statistical Package for the Social Sciences

UTS University of Technology Sydney

WHO World Health Organization

WML 'Why midwives leave?' study

WRS Work Readiness Scale