



## **Midwives' Intention to Stay in the Profession: Results of a Mixed-Methods Pan-Canadian Study**

*L'intention des sages-femmes de demeurer dans la profession : résultats d'une étude pancanadienne à méthodes mixtes*

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Elena Neiterman, PhD, Farimah HakemZadeh, PhD, Isik U. Zeytinoglu, PhD, Johanna Geraci, RM, Jenn Plenderleith, MSc, and Derek Lobb, PhD

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## ABSTRACT

Midwifery is a rewarding career, but a considerable number of midwives decide to leave the profession early. To explore how to improve retention among midwives in Canada, we conducted a national study funded by the Canadian Institutes of Health Research. Applying a mixed-method design, we explored (a) practicing midwives' intention to stay in the profession and (b) factors that shape midwives' professional experiences and their job satisfaction. We had 720 midwives respond to our 2018 online survey. To better understand midwives' working experiences, we also conducted qualitative, semi-structured interviews with 29 midwives across Canada. Our findings suggest that while the majority [95%] of midwives feel pride from their work and enjoy it, about a third of midwives who took part in our study considered leaving the profession. Qualitative and quantitative data suggest that challenging working conditions, inadequate remuneration, and a policy context in which midwives work may impact their decision to leave the job. In conclusion, we identify actionable strategies for workforce policy planning that can improve working conditions for Canadian midwives and increase retention.

## KEYWORDS

*midwives, intention to stay, experiences, working conditions, retention, mixed methods*

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## RÉSUMÉ

La pratique sage-femme est une carrière enrichissante, mais un nombre considérable de sages-femmes décident d'abandonner la profession tôt. Afin d'examiner la manière d'améliorer le maintien en poste des sages-femmes au pays, nous avons mené une étude nationale financée par les Instituts de recherche en santé du Canada. Appliquant un plan d'étude à méthodes mixtes, nous avons examiné (a) l'intention des sages-femmes en exercice de demeurer dans la profession et (b) les facteurs qui influent sur leur expérience professionnelle et leur satisfaction au travail. Sept cent vingt [720] sages-femmes ont répondu à notre sondage en ligne de 2018. Pour mieux comprendre l'expérience de travail des sages-femmes, nous avons aussi effectué des entrevues qualitatives semi-structurées auprès de 29 sages-femmes de partout au Canada. Selon nos constatations, bien que la majorité [95 %] des sages-femmes soient fières de leur métier et l'aiment, environ un tiers des participantes à notre étude ont envisagé de quitter la profession. Les données qualitatives et quantitatives laissent entendre que les conditions de travail difficiles, la rémunération inadéquate et le contexte politique dans lequel elles évoluent sont susceptibles d'avoir une incidence sur la décision des sages-femmes de démissionner. En conclusion, nous indiquons des stratégies réalisables de planification des politiques de main-d'œuvre qui sont susceptibles d'améliorer les conditions de travail des sages-femmes canadiennes et d'accroître le maintien en poste.

## MOTS-CLÉS

sages-femmes, intention de demeurer, expériences, conditions de travail, maintien des effectifs, méthodes mixtes

*Cet article a été évalué par un comité de lecture.*

## INTRODUCTION

The growing concern about the retention of maternity care providers in Canada is particularly applicable to midwives.<sup>1</sup> The high demand for midwives is likely to grow due to a rise in births coupled with a continued decline in the provision of obstetrical care by family physicians. Access to midwifery care will grow as the number of practitioners increases.<sup>2</sup> In rural areas, which are characterized by shortages of midwives and other maternal care providers and by limited access to health care facilities, midwives are becoming better positioned for the provision of care to pregnant and child-bearing clients.<sup>3,4</sup>

While the need for midwives across Canada is apparent, there are also concerns about the retention of midwives in the workforce.<sup>5</sup> Data from 2015 shows that the percentage of inactive midwives ranged from 8.6% in Alberta to 13.7% in Ontario.<sup>6</sup> In 2001, as many as 15% of recent graduates left the profession within the first 5 years of practice.<sup>7</sup> Factors influencing midwives' intention to leave the profession include [1] challenges with work/life balance, stemming from unpredictable schedules and gendered social roles; [2] stress and burnout associated with practice; and [3] unfriendly workplace policies.<sup>5,8-11</sup> Knowing why midwives leave the profession is important, but we also need to understand what makes midwives stay in spite of the challenging conditions of practice.<sup>12-14</sup> Staying in the workplace, known as "retention," has been defined as "continued employment of skilled and productive" individuals.<sup>15</sup> While retention is not always perceived as the opposite of attrition, factors that improve retention can help reduce attrition among midwives and other maternity care providers. A review of the literature shows that job satisfaction, workload, working patterns, pay, flexible hours, part-time work, on-call scheduling,<sup>16-21</sup> and workplace environment<sup>22</sup> are important factors in midwives' intention to stay in practice.<sup>18</sup>

Our mixed-methods study examined practicing midwives' intention to stay in the profession and factors that shape their professional experiences and job satisfaction. Our focus on intention to stay was grounded in the theory of planned behaviour,<sup>23</sup> which suggests that one's intention to act is a good predictor of one's actual behaviour.<sup>24,25</sup> A recent

scoping review of employment models available to midwives in Canada highlighted the gaps in our knowledge about the working conditions preferred by Canadian midwives.<sup>26</sup> Learning about midwives' workplace experiences and the factors that shape their intention to stay in the profession provides us with an opportunity to address this gap and identify what needs to be done to improve the retention of midwives.

## METHODOLOGY

### *Procedure*

This study employed a concurrent mixed methods design.<sup>27</sup> In consultation with our research advisory committee, we developed an online survey. The survey included a set of demographic questions and specific questions related to midwives' intention to stay in the profession. We asked midwives about job satisfaction, work/life conflict, perceptions of work-related physical demands, policies, and professional environment. We also asked midwives about their preferred working conditions. The survey questions were developed from previously validated questionnaires on job satisfaction, work/life conflict, and work-related physical demands.<sup>28-31</sup> We recruited participants with the help of provincial, territorial, and national midwifery organizations and by advertising our study in public venues and online. Overall, 720 registered midwives (43% of all registered midwives in Canada in 2018, when the survey was conducted) completed our survey. We also recruited 29 midwives to take part in semi-structured individual interviews.

Participants were recruited by advertising the study on our website and at midwifery conferences and by using snowball methods. We purposively sampled participants who practiced in rural and urban areas across Canada, as well as new registrants, mid-career (5-10 years of practice) and late-career midwives (10 or more years of practice). For logistical reasons, the interviews were conducted over the phone. We interviewed 20 practicing and 9 nonpracticing registered midwives. The interviews were conducted in either English or French and in accord with an interview guide that explored factors shaping midwives' decision to stay in the profession. Most interviews lasted 30 to 60 minutes; all were recorded and transcribed

## Safe working conditions and the presence of a supportive working environment might have a positive impact on retention.

verbatim. The interviews in French were translated into English for analysis.

### **Analysis**

STATA 14 software [StataCorp LLC, College Station, TX] was used to analyze the survey data. Descriptive statistics included percentage and average [mean] of responses to each item. Exploratory data analysis is presented in this article in bar charts.\*

The anonymized transcripts were analyzed with NVivo 11 software [QSR International, Melbourne, Australia], using Charmaz's guidelines for data analysis—moving from inductive, open-ended coding to more-focused analysis, and relying on the method of constant comparative analysis.<sup>32</sup> In the final stage of analysis, we consolidated our survey results with the data generated from the interviews. In the following, we use pseudonyms and omit some contextual details to protect participants' confidentiality.

### **RESULTS**

Based on our survey results, 79.4% of our respondents have studied midwifery within Canada, with 60.3% having completed their studies in Ontario and 8% in British Columbia. At the time of the survey's completion, 82.5% of midwives were practicing. Our respondents included midwives working in British Columbia [14.0%], the Prairies [11.2%], Ontario [49.4%], Quebec [8.8%], the Atlantic Provinces [1.3%], and the North [0.4%]. About 11% of midwives who answered the survey had more than 20 years of experience, and just above 5% had practiced for less than one year. The average

age of our respondents was 42.6 years, and 66% were married or living in a common-law relationship or with a partner. About 45% of respondents had another career prior to becoming a midwife and held either an undergraduate [42.8%] or graduate [14.7%] degree, in addition to their midwifery degree.

### **Do Midwives Want to Stay in the Profession?**

When asked about their intention to stay in the profession, most midwives agreed or strongly agreed to the statements that indicated their willingness to continue professional practice [Figure 1]. While this suggests that most midwives intend to continue practicing, about 33% of our respondents were seriously considering leaving the midwifery profession in the near future [Figure 2].

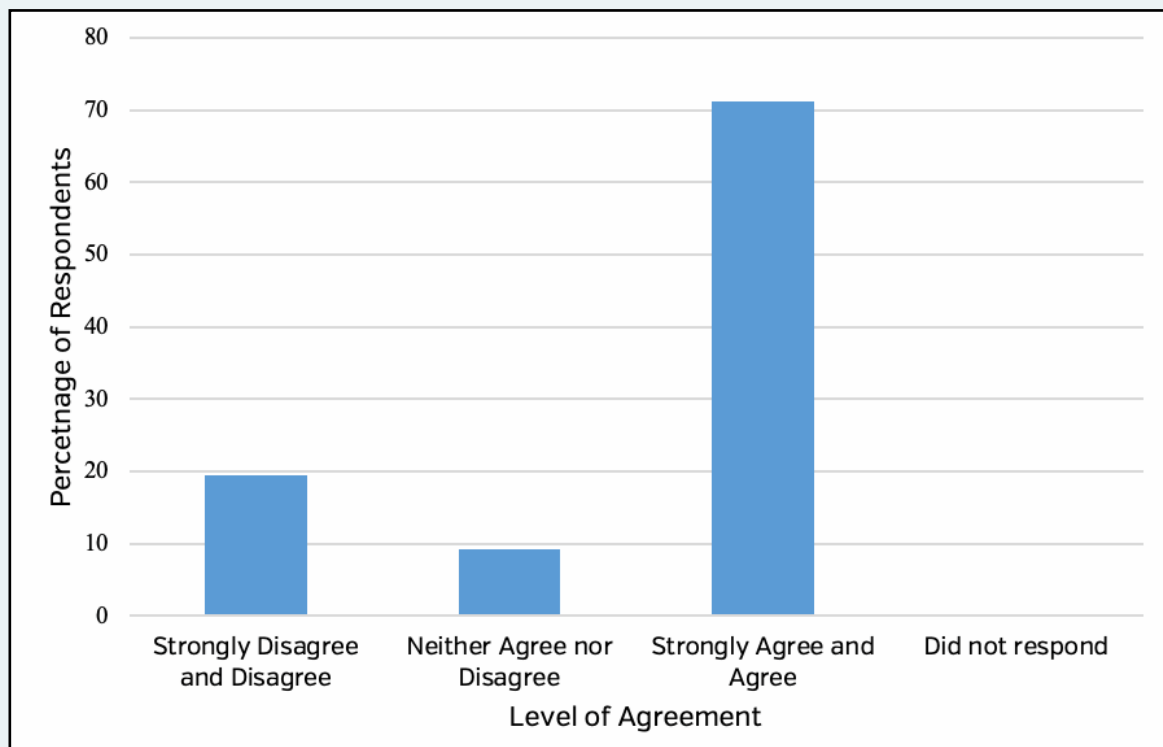
### **What Shapes Midwives' Work Experiences and Job Satisfaction?**

Close to 95% of participants felt a strong sense of pride about their work. This finding was reiterated by the qualitative data analysis. For instance, recalling her decision to become a midwife, Allison, a midwife from Ontario, noted that she wanted to “enable women to have choices around their care” and “also help return birth to normal.” Kathy, practicing in Quebec, said that “the relationship that develops between the women and us [midwives] is very precious.”

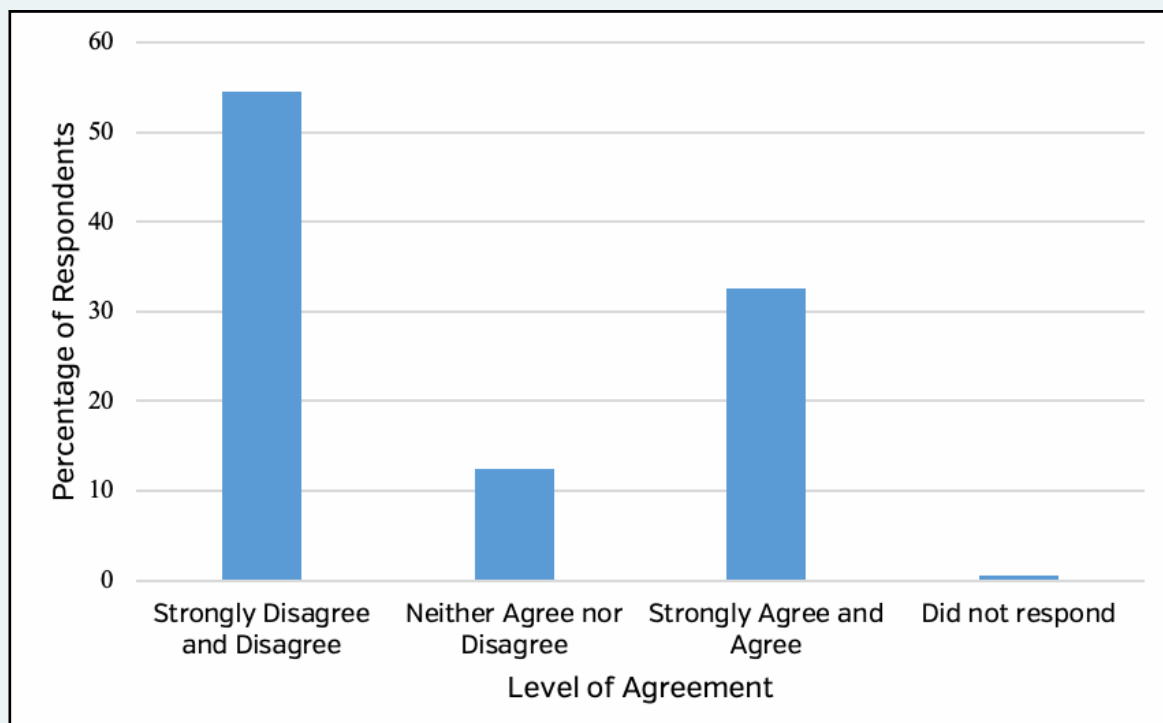
The “us” in Kathy's account reflects that many midwives work in group practices or in clinics where they rely on colleagues. The survey results showed that 80.8% of respondents liked their practice colleagues. Allison called her practice “fabulous” and noted that her working environment is “great.”

\* Further details of the survey results are available in <https://canadianmidwiferystudy.ca/files/2020/02/200225-Summary-results-registered-midwives-study.pdf>

**Figure 1.** Response to Intention to Stay Question, “If I were completely free to choose, I would prefer to keep working as a midwife.”



**Figure 2.** Response to Intention to Leave Question, “I am seriously considering leaving the midwifery profession in the near future.”



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Some midwives, however, had different professional experiences. Recalling an unfortunate work incident, Taylor, working in Quebec, said her colleagues could be quite “nasty.” Others shared experiences of being in “unhealthy” professional relationships that made their work “stressful” and “difficult.” Interpersonal conflicts and the power imbalance were felt most strongly by junior midwives who were joining clinics led by experienced, senior midwives.

To assess the job satisfaction of participants, we also asked questions about their benefits’ coverage and about policies impacting their work. Among survey respondents, 80% indicated that pay increases are few and far between, and 43.8% said rules and procedures associated with professional practice make it difficult to do a “good job.”

Given the demanding nature of midwifery work, it is not surprising that our respondents reported a high level of conflict between work and personal life; 88.6% indicated they were unable to attend to personal activities because of work. Midwives recalled missing birthday parties for their children and important family events. Patricia summarized what many participants shared in their interviews when she said:

*You live with a pager attached to your hip and thinking that no matter where you go, you have to think about being on call instead of going to see a movie or going out to a restaurant with your family.*

More than 77% of the participants said that they have put their personal lives on hold for their work, and more than 76% said that their personal life suffers because of working as a midwife.

The other aspect of the midwifery profession that we captured in our survey was midwives’ perceptions of the physical demands of their work. Close to 38% of our respondents agreed to some extent that their work as a midwife is too physically demanding, and over 81% indicated that their work puts physical strain on their body and compromises their health. Kayla, a midwife with vast experience, said, “It’s just the reality of being a midwife, you know, the strain and fatigue you are under.” Echoing her, Arya recalled the following:

*I’ve had periods of insomnia where I*

*couldn’t sleep because I was paranoid that I was going to get called, and this is even when no one is in labour that I know of.... I don’t want to go to sleep, because I don’t want to get woken up.*

Thus, according to Arya’s account, the unpredictable schedule of midwifery practice may affect midwives’ sleep and their well-being.

### **What Factors Could Shape Midwives’ Decision to Stay in the Profession?**

Our findings revealed that work-related policies could shape midwives’ decision to stay in the profession. One of the key issues identified by our participants was the dissonance between their preferred and actual compensation. For example, 66.8% of our survey respondents indicated that they were paid by billable courses of care, but only 28.8% actually preferred this model of compensation. About 14% of the respondents were paid through salary, whereas 22.1% preferred that model. Overall, 32.2% of survey respondents preferred a combination of salary and billable courses of care, but less than 4% had access to this blended method of compensation.

Employment status showed similar discrepancies. Among our survey respondents, 63.5% identified as self-employed or independent contractors, and only 15.7% considered themselves employees. Asked about their preferences, however, 35.7% preferred the self-employed or independent contractor status, and 41.8% preferred to be employees. Part-time work was preferred by 44.4% of the respondents, but over 65% were working full-time. The data from the interviews echoed the survey findings. Employee status seemed to attract some midwives because it improves job security, but others thought that it undermines professional autonomy and poses additional administrative challenges.

Most midwives who took part in our study believed they were compensated inadequately. Although actual compensation among the study participants varied, we focused on the perceptions that midwives had about their compensation. Midwives from Ontario were particularly frustrated with their compensation method, whereby they are

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paid indirectly through the transfer of funds to the midwifery practice only after the course of care is complete. Midwives from Alberta were concerned with the government's lack of commitment to continued and consistent funding of midwifery practices. Interviewees from British Columbia, on the other hand, were more satisfied with their model of compensation, which balanced the status of independent contractor with more-equitable payment policies. Mirela, working in British Columbia, noted the following:

*In BC, we get our whole, we bill per trimester and not for the whole course of care at the end, which I also think isn't very helpful, because when you start out, you need to start making money right away, but when you have that money and then when you work at a practice, you pay overhead.*

The type of compensation could also influence midwives' ability to claim remuneration for services provided "overtime." Close to 67% of survey respondents said they were never or rarely compensated for work that exceeded their regular caseload, and about 54% said they had no workplace policies limiting the number of consecutive hours of work. The absence of these policies was evident in the personal stories shared by the interviewees who talked about sleep deprivation and dangerous experiences of driving, especially in remote areas.

The lack of options to reduce workload or switch to part-time employment was also seen as a challenge. Allison summarized what could improve midwives' intention to stay in the profession as follows:

*I think one piece for...the younger midwives who are balancing young children, I think, paying them more, so they feel like they have the option to...work part-time.... For somebody like me, I would love to continue to be a midwife forever if I could do it in very discrete amounts of time.*

Allison's suggestions were echoed by other midwives who took part in the qualitative portion of the study. Many believed that an increase in pay and flexible working conditions would improve the retention of midwives and help them to better

balance work with personal life.

Finally, some midwives, especially new registrants in Ontario, found it difficult to obtain hospital privileges. Among the survey respondents, only 25.2% disagreed with the assertion that obtaining hospital privileges was a challenge. Jennifer, from Ontario, detailed her ordeal of getting hospital privileges that were not "coming through" after she had already moved her family to the community where she planned to practice. Discussing her practice setting, Kayla, also from Ontario, noted that "midwives who were practicing in the first few years were having a hard time getting hospital privileges," in part due to "midwifery interpractice disagreements." Kayla attributed these challenges to the way Ontario funds midwifery practices, forcing midwives "to jostle you for hospital privileges." Linking the existing policies to midwives' work experiences, Kayla said that "we are basically funded to be at each other's throats."

## **DISCUSSION AND RECOMMENDATIONS**

This study examined factors that shape Canadian midwives' intention to stay in the profession. Most midwives reported a great deal of pride and satisfaction in their work, especially when they reflected on the unique relationships they build with their clients. Many also plan to stay in the profession for a long time, and some feel that they are compensated fairly for the work they are doing. Our study indicated, however, that there are some areas for improvement. Most midwives perceived pay increases for their services to be inadequate. This finding is not surprising given the court challenge launched by the Ontario Association of Midwives against the Ontario government.<sup>33</sup> Still, our study shows that this problem is experienced across the country. Lack of adequate compensation not only poses financial burdens on individuals; it also reflects the social value of one's contribution to society.<sup>34</sup> To improve retention, therefore, it is important to ensure that remuneration provided to midwives is perceived by them as fair and adequate, thus making them feel that their work is valued and appreciated.<sup>35</sup>

Our study also showed a gap between midwives' preferred and actual working arrangements. Midwifery is practiced differently across Canada,

**Table 1.** Recommendations for Improving the Retention of Registered Midwives in Canada

Provide adequate compensation and pay increases to midwives.
Provide more options in how midwives are being paid.
Provide access to part-time work, benefits, and flexible working structures.
Identify supports needed by new registrants for smoother transitions into practices.
Identify supports needed by midwives practicing in rural and remote areas.
Provide midwives with universal access to safe and supportive practice environments.

both within and across provinces and territories.<sup>36,37</sup> It might be useful to examine what role working arrangements have on midwives' intention to stay in the profession. For example, access to part-time work, benefits coverage, and paid leaves of absence were mentioned as attractive features of the employee-based model, although not all midwives preferred to work under that particular arrangement. Some practices provided midwives with opportunities to adjust their working situation to meet their needs, but this was not possible for most.

Although most midwives in the study planned to stay in the profession for a long time, a quarter of survey respondents said they prefer to leave the profession. Qualitative analysis revealed that there was considerable variation in midwives' experiences in the workplace and that these experiences shaped midwives' desire to continue working. Some midwives were deeply unhappy in their practices, which may have influenced their decision to stay in the profession. The experiences of midwives working in smaller provinces and rural areas were exacerbated by social isolation and their having to rely on their colleagues for backup. We also found that junior midwives found it challenging to enter long-established practices. It would be beneficial to examine what features of organizational context create power imbalances and unsafe working conditions. Future research can also explore why new registrants might experience challenges integrating into established practices and what can make this transition smoother. Intention to stay in

the profession, while inherently personal, is shaped by factors that may be beyond an individual's control. Safe working conditions and the presence of a supportive working environment might have a positive impact on retention.

From our analysis data, we developed a list of recommendations that could improve midwives' retention (Table 1).

Our study also highlighted the need for better integration of occupational health and safe working conditions. The participants talked about unsafe practices of working long hours and driving to meet clients while being sleep deprived or in extreme weather. Midwives are committed to their clients and may compromise their own well-being to provide care for the clients, which we witnessed during the COVID-19 pandemic.<sup>38,39</sup> In geographic areas where midwives are scarce, it is particularly important to establish policies that promote safe working practices. Some of these policies can be established within practices, whereas others might need to be considered at a provincial level. These policies might improve retention, particularly for junior midwives who may not be able to voice their concerns about the demands placed on them by their practices.

Our study highlighted some of the factors that can shape midwives' intention to stay in the profession and those that can pose challenges for midwives staying in practice. While intention to stay is based on midwives' personal perceptions of their work environment, it may also be shaped by factors that are beyond midwives' control. We found that



the majority of midwives feel rewarded by the work they do and want to stay in the profession. A supportive work environment, flexible working arrangements, and fair compensation were regarded by midwives as essential factors in shaping their intention to stay. In order for midwives to focus more on the work they enjoy, policy makers need to create more flexibility in the ways midwifery care is structured and delivered. Access to different models of midwifery practice can improve retention and ensure the needs of Canadian midwives—from entry level to late career and in a range of geographic locations—are met, supporting longevity in the profession.

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## AUTHOR BIOGRAPHIES

**Elena Neiterman**, PhD, is a continuing lecturer at the School of Public Health and Health Systems at the University of Waterloo. Her research focus is on women's health, health human resources, work and health, and qualitative research methods.

**Farimah HakemZadeh**, PhD, is an assistant professor at York University. Her expertise is in evidence-based decision making and enhancing the wellbeing and work experiences of the health care workforce. Her research is currently focused on retaining midwives in their profession by studying their work/life balance, job satisfaction, and related work policies and conditions.

**Isik U. Zeytinoglu**, PhD, is Professor Emeritus at DeGroote School of Business, McMaster University. Her research focuses on health human resources (nurses, midwives, homecare, and personal support workers); non-standard employment and employer flexibility policies; retention and job satisfaction of workers; and the creation of healthy workplaces.

**Johanna Geraci** is a registered midwife with the College of Midwives of Ontario and a graduate of the McMaster Midwifery Education Programme. She has provided midwifery care and clinical mentorship in Canada and overseas. Johanna has a Master's degree in Health Research Methodology and has conducted research on the delivery of prenatal care in Nunavut and the delivery of an adult education curriculum. She currently works at the College of Midwives of Ontario.

**Jenn Plenderleith** has a Master's of Science degree in Kinesiology and is a Certified Clinical Research Associate. Her experience as a research coordinator extends to projects pertaining to midwifery work, nursing, personal support workers, older adults, and cardiac rehabilitation projects.

**Derek Lobb**, PhD, is an associate professor in the Department of Obstetrics and Gynecology at McMaster University. He teaches in the Midwifery Education Program and the Undergraduate Medical (MD) Program.