Student Attrition in the Ontario Midwifery Education Program: A Qualitative Analysis—Part II: Personal Issues

Attrition des étudiantes au sein du programme ontarien de formation en pratique sage-femme : Une analyse qualitative -- II. Problèmes personnels

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Abstract

Student attrition in the health care field is a persistent issue. To identify the factors associated with student midwives leaving their university program, we developed an Internet survey. Participants included senior-level students, graduates of the program, and those students that withdrew prior to graduation. This is phase II of qualitative analysis, and we have analyzed students' written comments and found that finances, family obligations, and the midwifery model of practice and its associated lifestyle are areas where we might develop interventions to reduce student attrition.

Keywords

student retention, attrition, midwifery education

This article has been peer reviewed.

Résumé

L'attrition des étudiantes dans le domaine de la santé constitue un problème persistant. En vue d'identifier les facteurs menant les étudiantes à abandonner leur programme universitaire en pratique sage-femme, nous avons conçu un sondage mené sur Internet. Parmi les participantes, on trouvait des étudiantes en fin de programme, des diplômées du programme et des étudiantes ayant abandonné leurs études avant l'obtention du diplôme. Il s'agit de la phase II de l'analyse qualitative : nous avons analysé les commentaires rédigés par les étudiantes et avons constaté que les finances, les obligations familiales et le modèle de pratique de la pratique sage-femme (et le mode de vie qui lui est associé) constituaient des domaines où nous pourrions élaborer des interventions visant à atténuer l'attrition des étudiantes.

Mots-Clés

Persévérance scolaire, attrition, formation en pratique sage-femme

Cet article a été évalué par des pairs.

BACKGROUND

The Ontario Midwifery Education Program (OMEP) is a consortium among Laurentian, McMaster, and Ryerson Universities. From 1993 to 2006 (the year before this study began) across the three institutions, 97 midwifery students left the program during their course of study. Although some of the students who leave eventually return to finish the program, attrition among midwifery students remains a concern and is costly for all Ontarians[1] but briefly, there are significant financial costs to the universities associated with attrition and also financial and emotional losses to the students that withdraw. There are also increased expenses to the health care system when maternity care is provided by physicians. Current demand for midwives outweighs supply, and student attrition is one of the factors that lead to the shortage of midwives in Ontario.

This study was undertaken to understand the reasons for attrition among midwifery students in Ontario and to compare the views of persisting and graduating students with those of students who leave during their course of study. We hoped to shed light on the experiences of OMEP students to better understand the context in which student midwives withdraw from the program. The study used sequential mixed methods analysis; part I was devoted to the logistic regression analysis, and parts II and III are focused on content analysis of the qualitative data. The statistical analysis determined that students were not leaving the program because of their classroom experiences. Rather, we found that students felt unsupported and were unprepared for the time requirements and the taking of leave, and these factors led to a student's decision to withdraw.[2] The logistic regression analysis was followed by the qualitative content analysis of the written responses of participants. The analysis of the textual comments indicated that some of the program design problems (such as the commuting and relocation required for placements, shortfalls in support and guidance, stress associated with clinical placements, and conflict with the preceptor during placement) may have an impact on some students' decisions to leave the program.[1] In this second article, we provide additional insights into the experiences of OMEP students. We discuss how financial difficulties, family obligations, and the midwifery model of practice and its associated lifestyle affect some students' decisions to leave or stay in the program.

METHODS

A survey consisting of approximately 50 questions seeking demographic, program, and scholastic information was distributed to 274 participants through the website *SurveyMonkey.* Those surveyed included senior students, students who had withdrawn, and graduates who had been enrolled in the midwifery education programs at Ryerson and McMaster Universities. The research ethics boards at these universities approved the protocol and the survey questions, which included questions about actual and perceived challenges in the program as well as questions about clinical experiences. The survey, based on consultation with midwives and our analysis of the education and retention literature,[3–5] was pilot-tested during its design. We also included many opportunities for participants to comment on specific questions or on topics that had not been specifically addressed. (A full description can be found in earlier publications.)[1,2] The survey was conducted anonymously, and personal information or commentary that could reveal any participant's identity has been omitted.

Findings from the quantitative analysis[2] provided the analytical framework for the qualitative analysis. The open-ended questions were designed to provide an opportunity for elaboration on the topics included in the survey, yet respondents often explained their multiple-choice answers. Although the structure of the survey presupposed specific themes (e.g., classroom experience, academic and financial difficulties, family obligations, placement adjustment), the goal of the thematic content analysis was to provide insight into the experiences of OMEP students. Therefore, the first phase of the analysis used "free," unstructured coding; we coded the responses of the participants into themes that emerged from the data. In the second phase of the analysis, we compared the content across the categories, merged some of the responses, and identified the relationships

between themes. At this stage of the analysis, the data were coded in a structured "tree" coding summarizing the relationships between different themes. In the final stage of the analysis, we grouped our respondents into those who finished the program and those who withdrew. This allowed us to compare the responses of the participants among these two groups to identify differences between the respondents.

Although we sometimes provide percentage breakdowns of some responses and (where indicated) the differences between students who left the program and students who stayed, these numbers merely indicate how many students answered questions related to the discussed subject. Written responses were optional, and these percentages do not reflect the length or content of the written responses. Therefore, they should not be given any "statistical" interpretation.

FINDINGS

Classroom Experience

To assess the importance of classroom experiences on students' decisions to leave OMEP, a number of questions were designed to explore their experiences in the program. The qualitative analysis revealed that classroom experiences in the first 1.5 years in the program tended to be positive and encouraged the students to remain in the program. The following comments reflect this trend.

> *Being able to do it part-time at Ryerson while my kids were young was invaluable.… I loved being able to go to classes weekly to get out of the house and use my brain for things other than child care. I really did enjoy and appreciate the classroom experience; it kept me in the program.*

> *When my first was born, I was allowed to bring her to class, which helped me to stay in the program.*

> *Class sizes were small, therefore making the learning experience more enriching and personal.*

Very few students made negative comments about academic struggles in the program. The majority of students did not perceive the academic rigour of the program to be excessive, and believed that a good academic background is essential for the successful practice of midwifery.

> *The academic challenges were huge, to be sure, but I feel the rigour is necessary to prepare us to be competent care providers.*

> *I think it is like any other degree where there are high expectations of students …. You are definitely expected to keep up with the academic rigour of the program.*

> *I felt quite prepared to start practicing upon graduation. I feel it's very important to get most, if not all, your experience in a full-scope practice.*

After experiencing the learning environment of large lecture halls in their previous undergraduate studies, the students often found the intimate nature of OMEP and its small tutorial groups to be a stimulating academic atmosphere. Therefore, the structure of the academic portion of the program was not a factor in a student's decision to leave the program. Other factors, such as finances, family obligations, and the midwifery model of practice, did present a challenge for some students.

Financial Struggles

Regression analysis of the survey data showed that finances did not affect student retention.[2] Nonetheless, in written answers, 12% of respondents made additional comments indicating that financial circumstances posed a significant challenge to program completion.

> *By the second year, all my personal and financial resources were exhausted, and … I did not have access to the only bursary available at the time.*

> *I found it really difficult as one who was already working at a job that paid well, with a spouse who earned a decent salary but not enough to maintain two cars, our home, and day care costs … yet I didn't qualify for bursaries or government assistance. I now have a very substantial student loan which I have started to pay back, and feel disappointed that without the completion of my degree, it has added that much more stress to my life.*

Although facing financial difficulties during undergraduate studies is not unique to midwifery students,

it appears to have a strong effect on their everyday experiences. Midwifery students tend to be older than the general undergraduate population (70.5% already have a university degree), and more OMEP students have families and children (e.g., 36.9% of respondents were mothers when they started the program) as well as other family obligations, such as caring for aging parents. Financial matters may therefore be more of a concern for midwifery education program (MEP) students. As the above comments reveal, employment and child care costs while attending school strained family finances, creating a situation in which financial sacrifices made by the students were borne by other family members.

Family Obligations

Family obligations were an obstacle to completion for only 10% of the respondents. Some saw family and a midwifery career as mutually exclusive, as reflected in the following comments:

> *I miss midwifery so much but know if I had gone back I probably would have resented my work for taking me away from my children.*

> *I love midwifery, I miss it every day.… I am not leaving the MEP because I don't think I can handle being a midwife. I am leaving the MEP because my family cannot handle the road for me to become a midwife, and having to choose between my family and a career that I love and is so much a part of me breaks my heart, but I have to choose my family.*

> *I chose not to return to the program because the cost of being a midwife is greater than the reward.… I am sad that I am not going to be a midwife, really sad. I would be starting my new registrant year this year.*

> *What I heard repeatedly was, "You knew what it was going to be like when you entered the program." Again, while that was theoretically true, the actual experience of being in placement was extremely taxing and was, for me, ultimately not reconcilable with the needs of my young children.*

The career/family balance is a constant challenge faced by many women who combine paid labour with caring for their families. Because more than one-third of midwifery students have family obligations while enrolled in the program, it is logical to assume that the conflict of combining full-time academic study with unpaid family work is more pronounced for them than for other undergraduate students. The comments showed that family obligations and maintaining a balance between work and family were viewed as challenges of being in the program. When envisioning themselves as midwives, many saw the midwifery lifestyle as more challenging and demanding than the academic route to becoming a midwife.

Midwifery Model of Practice and Lifestyle

The midwifery model of practice, which emphasizes continuity of care, places demands on practicing midwives that they are likely to question at some point in their professional life.[6,7] Although a minority of respondents commented on the midwifery model of practice, the theme was more prominent in the responses of students who withdrew from the program. Those students asserted that being a midwife made it difficult to maintain a personal life, as in the following:

> *I … recognized that I was not suited to the model of care.… Basically, I was not a birth junkie and preferred either models from other jurisdictions or practice models which would play to strengths.… I appreciate it is [a] very client-focused model in Ontario, but it is not a friendly model for practitioners.*

> *I realized that I enjoyed clinic but was not interested in being exhausted anymore. I did not enjoy going to births and never knowing when I was going to be finished.*

> *I felt betrayed by the system. Everyone [faculty] kept saying how rewarding this job is, and it is, but no one addresses the fact that your babies have to suck it up and that midwifery promotes an ideal for women, a certain way of being with family, but the job does not support the lifestyle midwifery preaches. It's hypocritical.*

Although this theme was certainly dominant among

students who withdrew from the program, the difficulty of being a midwife also echoed in the responses of practicing midwives—those who completed the program and entered the profession.

> *I didn't actually realize how being a midwife would impact my personal life until I was actually practicing and then had a family. I question my decision to become a midwife more now that I am practicing than I did in the program.*

> *Now as a practicing midwife, I feel the pressures and demands are much greater than in the program.… It seems to me if you can't make it through the program, practicing may be beyond you as well.*

The challenge of combining career with personal life is an issue that MEP students likely observed in their preceptors. While balancing work and life is challenging for many working women, the amount of hours spent on call and the unpredictability of midwifery practice make this career path especially rigorous. More students who withdrew from the program commented that they experienced a discrepancy between the idea and the reality of practicing midwifery. Observing the everyday life of practicing midwives prompted some students to question their ability to stay on call for long periods, to sacrifice many of their personal needs for professional life, and to adjust to the way midwifery is practiced.

> *I am virtually on the brink of withdrawing but have already invested too much time and money. If I could have known exactly how hard clinical placement would be on my family life, personal health, and finances, I would not have enrolled.*

> *I am not certain if I can handle working as a full-time midwife when this is all over. I am seriously regretting my decision to join the MEP.*

Some found that being a midwifery student meant giving more than they were able to give.

> *I know that being a midwife is about playing somewhat of a role of support person, but as a student I found it exhausting that the expectation was that I would be one of the main support people throughout the whole labour and then expected to also learn.*

> *I think that there may not be an effective way to measure in advance … life as an MEP student. … I think for some, the pressure of responsibility, the reality of the lifestyle, the demands on their families, and other elements of their life are too much … there are so many variables that lead people to walk away. I would wager that much like becoming a new parent, you can be told and study and take all the classes and read all the books, but somehow nothing represents the reality of being an MEP student … like actually being there and doing it.*

Also, there were those who were unable to adjust to the demands of on-call work, as reflected in the following comments:

> *Although I was well prepared for the time requirements of the program, there is really very little way to know how you will actually respond (physically, emotionally, etc.) to the time requirements until you are actually experiencing it.*

> *The on-call lifestyle in general was one I thought I was prepared for but which was a lot more difficult to accept than I had initially imagined. I think it would be really beneficial for first-year midwifery students to get a taste of on-call life—maybe a week of being seriously on call (in the role of bystander)—just to see if they can deal with the constraints … before they've committed a year and a half to finish the academic portion of the program.*

Evidently, the difficulties of maintaining the balance between work and family while practicing midwifery were central to the survey responses of the students who left the program. Graduates also indicated that the midwifery model of care requires time and commitment.

> *Prior to entering the program, I thought that I would love it enough that I would be able to deal with being on call. I learned a great deal about myself*

during the program and have absolutely no regrets.

The program taught me that I could not really set personal limits, and I am still trying to relearn that I have that right. … I quit for X years … but couldn't stay away. … The model has its wrinkles, and I suspect the attrition rate of students is a canary in the mine.

Positive Comments

When the study commenced, it was hypothesized that some MEP students' experiences would be motivators for their decision to withdraw. Our findings showed that most students were satisfied with their OMEP experience, including the academic rigour, classroom experiences, and overall atmosphere of the program. In fact, 23% of the respondents made positive comments about the program, such as the following:

Overall, I left the MEP a well-trained midwife but a very tired one.

Got through! Yay for me! Only wish there had been more sciences.

The MEP was a great experience that I feel prepared us well.

Looking back…completing the MEP, because it was so grueling, is one of the proudest accomplishments of my life.

Certainly, the program placed a lot of demands on students, but most students perceived it as a necessary step in preparing for professional practice. The completion of the OMEP, while challenging, was a confidence builder for graduates, reassuring them of their ability to practice independently.

DISCUSSION

This study found that the structure and organization of midwifery education leaves most OMEP graduates with positive experiences. The classroom and academic environment and the overall experiences in the program are reported as providing stimulating learning. Peer support has been cited as a positive factor in reducing student attrition.[8] The study respondents commented that peer support within the small group tutorial was a key factor in completing their course of study. It is believed that the positive effect of peer support on student retention results from the students' knowing what their classmates are going through and knowing that the support will be reciprocated.[9]

We also identified various social and personal issues that contribute to attrition among these students. For instance, financial difficulties created a significant challenge. The financial difficulties that students face are a significant source of stress, but in the general Canadian university student population, they have not been found to have a significant effect on retention.[10,11] In their analysis of student attrition, Grayson and Grayson reported that students who borrow to finance their education have a slightly higher graduation rate than those who work part-time while studying but that overall financial concerns are not strongly correlated with student attrition.[10] However, some of our study's respondents reported financial difficulties while in the program. Once in placement, the time commitment for the students is such that a part-time job is out of the question, so financial issues may be more challenging for OMEP students. Moreover, because they tend to be older than general university undergraduates, have families, and face relocation and car expenses, OMEP students may have more financial costs.

The literature on professional socialization indicates that during the process of learning the professional culture, students often experience disillusionment with the ethos of their profession.[12,13] This has been documented in regard to the professional socialization of nursing students,[14] and a less idealistic view of medicine has been seen during the professional socialization of students training to be physicians.[12] In regard to midwifery students, facing the reality of midwifery practice appears to have affected their decision to leave the program.

Family obligations and the need to balance work (i.e., full-time study) and family life are among the most challenging factors for OMEP students. This was expressed by the students and even by graduates who were in practice. The difficulty of balancing work and family is not unique to midwifery. Working mothers, in particular, and women who pursue careers face these challenges daily.[15–17] The "second shift" of unpaid home and child care, which individuals resume when they get home from

paid employment, continues to be undertaken in our society predominantly by women.[18] Rearing children and caring for older family members continue to be seen as the responsibility of women, even by women themselves. Therefore, having to miss important family events or child-related activities can make women feel they are "bad mothers" or "bad daughters." The demands of midwifery's work schedule, unpredictable working hours, and time-consuming nature make this profession, established by women for women, a challenging career. This challenge was recognized by Ontario's midwifery regulators, who established joint practices to prevent significant levels of burnout among practicing midwives.[19] Unfortunately, many midwives still work long hours and have difficulties combining paid employment and family obligations.

Arguably, practicing midwives have a more difficult time balancing work and family life because of their unpredictable work hours. Working unpredictable hours is more of a stressor than shift work, as family organizational planning is not always consistent.[15] Some respondents commented on this, but whether it factored into anyone's decision to stay in the program or leave it needs to be addressed by future research.

Is student attrition—particularly in the early part of a program—a good thing, in that it "weeds out" those who are inappropriate or ill-suited for the profession? In some cases, this may be true. However, midwifery students are usually committed to their studies; other factors can prevent them from completing the program. A recent article about attrition among student midwives in the UK argues that "midwifery attracts highly motivated students, and this motivation needs to be nurtured and retained as this will enable students to survive the periods of disillusionment."[20]

Is a period of disillusionment inevitable when becoming a midwife? With proper nurturing, would these students have been able to move through this and emerge on the other side as confident midwives? Are interventions possible when the realities of the lifestyle and disillusionment with the practice model influence some students to leave?

Our analysis of students' written comments uncovered some of the reasons for attrition in the OMEP. We found that financial issues, family obligations, and the midwifery model of practice and its associated lifestyle induce some students to leave the program. This work can now lead to discussion among educators and administrators on innovative strategies to improve the retention of MEP students.

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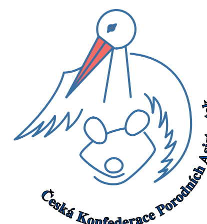

Midwifery Care for the Uninsured Migrating Family in Ontario

by Karline Wilson-Mitchell, RM, RN, CNM, MSN

The model of midwifery in Ontario reflects a commitment to social justice, equal access to health care, advocacy, feminism, and informed decision making (including place of birth). Midwives make a valuable contribution to the maternity services that are currently available to uninsured newcomers. Ontario midwives are funded by the Ministry of Health and Long-Term Care (MOHLTC) to provide prenatal, intrapartum, postnatal, and newborn care for the first six weeks for both insured and uninsured residents. However, access to quality maternity health care still eludes many newcomer women. The impact of midwifery care for uninsured newcomer women should be evaluated; such evaluation would contribute to the development of health policy.

Conservative estimates of Canada's uninsured range from 200,000 to 500,000, 50% of whom reside in Ontario.[1,2] Most are legally admitted into the country. In Ontario, some are landed immigrants experiencing a three-month wait for Ontario health insurance. However, many newcomers remain uninsured due to expired visas or changes in employers, when they become undocumented. The undocumented also include some refugee claimants, international students, temporary workers who have become "irregularized," holders of fraudulent visas, and a small portion of those living illegally in the country.[1] Immigrants migrate for economic reasons (46.9%) and to seek asylum as refugees (8.6%).[3–6] In 2009, 124,052 women of childbearing age (15 to 45 years old) were accepted as residents (both permanent and temporary) of Ontario.[3] A significant proportion of these new residents remain uninsured for months to years because of precarious status or denied refugee claims.[4] Uninsured pregnant women must pay for diagnostic tests as well as physician and hospital fees.

MOHLTC provides funding for health services in a variety of ways. The Ontario Health Insurance Plan (OHIP) covers most hospitalizations, physician care, and other services (such as laboratory investigations). Midwives, among other providers and services, are covered by specially designated ministry funds, making these services available to uninsured residents. Another option for the uninsured lies in salaried physicians at Community Health Centres (CHCs), whose multidisciplinary teams seek to reduce barriers to health care access. Some obstetricians may voluntarily contract with the CHCs to provide consultations for uninsured women at a subsidized rate.

Social services funded by the Ontario Ministry of Community and Social Services or by charities include newcomer and refugee settlement services, shelters, residential services for teens, and community centres. Fees for diagnostic tests and other services are not covered.[5,6] Prenatal visits and hospitalizations are covered only for designated countries or origins. Interim Federal Health (IFH) coverage is available for refugee claimants; however, there are strict rules for application and for the maintenance of temporary insurance.[5] Bill C-31 reduces access to IFH coverage in an effort to limit systemic health care costs. This bill also limits eligibility for immigration and refugee status, increasing the numbers of undocumented and uninsured newcomers as a consequence.[7,8]

Researchers have reported on the difficulties newcomers experience with health literacy and with completing forms and navigating referrals in the health care system.[9–13] While provincially funded insurance benefits are available to documented Ontario residents and to new immigrants three months after their arrival, many newcomers must deal with underemployment, poverty, racism, mental health issues, and language barriers that may prevent or

delay eligibility for OHIP coverage.[9,10] Without assistance, newcomers have found maternity to be an expensive and stressful experience. This is compounded by the fact that most refugees and new immigrants are deemed to have higher levels of poverty than other Canadians.[9,10,14] Although temporary residents (such as refugee claimants and seasonal workers) are eligible for government-funded midwifery services in Ontario, they are still faced with the costs of hospitalization, diagnostic tests, and specialists.

How does the gap in services affect Ontario midwives? Midwives find it increasingly difficult to negotiate a lower daily hospital usage fee for their uninsured clients as hospitals face shrinking provincial dollars for their services.[15,16] If a CHC has contracted with a particular hospital, subsidized hospital-based physician care is possible on a case-by-case basis, but the lack of uniformity from hospital to hospital and from CHC to CHC is challenging for midwives and their uninsured clients.[17,18] Also, some CHCs have long wait lists, which leads to higher costs for many clients.

The following also affect uninsured clients:

- Physician and hospital fees are commonly unregulated for the uninsured; fees vary amongst hospitals, anesthesiologists, and obstetricians,[19–21] and clients must negotiate payment plans on an individual basis.
- Negative perceptions and stigmatizing in regard to the entitlement of patients to services have been reported amongst some medical and hospital staffs.[2,4]
- Uninsured mothers will often delay or decline recommended plans of care (such as ultrasound examinations or obstetrical consultations), thereby jeopardizing their pregnancies.[11,13,17,22]

It is difficult to extract data on the number of uninsured women who access the Ontario health care system and on their health outcomes.[23] It is hoped that Canadian research can mirror the findings of American studies that examine the safety and improved maternal and newborn outcomes of midwifery care for socio-economically vulnerable populations.[24,25] Some American studies indicated that vulnerable women who received care by certified nurse-midwives had lower rates of low birth weight, preterm birth, obstetrical interventions, and maternal and perinatal mortality, as well as greater access to prenatal care. In addition, midwifery clients demonstrated increased bonding, attachment, and parenting skills.[25]

The concept of a partnership between midwives and CHCs bears consideration. A growing body of literature is exploring the efficacy of integrated primary care such as that provided by CHCs.[26,27] There is also good evidence of the safety of midwifery care.[28,29] For example, midwives are the only Ontario health care providers regulated to offer both home and hospital births. Many uninsured newcomer women choose home birth for two reasons: it is a less expensive option, and it is often the familiar mode of birth in the country of origin. Midwifery is an ideal fit for clients with multiple psychosocial needs because midwives support safe care, dignity, equity, woman-centred care, and the right to self-determination. Women reported that they felt safe and well cared for and had higher self-esteem and satisfaction with the participatory nature of midwifery care.[25]

The most compelling suggestion for health care reform would be that the provincial government provide universal health insurance to all pregnant and postpartum women and newborns, regardless of status. Funded partnerships between practitioners, hospitals, and CHCs could offer seamless care to the uninsured newcomer woman. Additional research is required to validate the growing body of literature that points to the usefulness of integrated health care.[26,27] Anecdotal accounts seem to indicate that both midwifery care and the integrated care of CHCs improve perinatal outcomes.[30] Midwifery research examining the health outcomes of uninsured women would be invaluable.

The current immigration constraints of Bill C-31 possibly reflect a growing concern for national fiscal challenges. Some claim that the three-month wait for health insurance in Ontario was instituted primarily to curb abuse and identity theft in the administration of insurance plans.[31] Good-quality research or evidence has not found a relationship between alleged abuse and maternal newborn care, nor has there been evidence of savings in health care dollars since the policy was instituted.

In summary, current health policy is based on two notions: that restriction of access will limit rising health care costs and that an exclusionary immigration policy will curtail the influx of newcomers. However, these notions are not grounded in research.[2] Opportunities to systematically examine such policies and their outcomes do exist. Much of the current research has been qualitative (interviews designed for 20 or fewer respondents).[2,9–11] Midwives are strategically placed to conduct mixed methods research into this timely issue.

This commentary is a preliminary inquiry into the care that Ontario midwives provide to uninsured newcomers. Internationally, midwives believe that midwifery care should be offered to every woman, regardless of her health status and ability to pay for services. This belief fuels the desire to provide access to maternity care for newcomer women who make Canada their new home. To that end, proposals for changes in the way maternal health care is delivered have been made. Much research is needed, however, to guide such changes in funding policy to meet the maternity health care needs of uninsured women.

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