ARTICLE

Becoming and Being a Midwife: A Theoretical Analysis of Why Midwives Leave the Profession

Formation et carrière de sage-femme : Analyse théorique des raisons pour lesquelles les sages-femmes quittent la profession

Carol Cameron, RM

ABSTRACT

Since the introduction of the Ontario Midwifery Education Program in 1993, the attrition rate of midwives early (< six years) in their careers has been on the rise. The study aimed to develop an understanding of the reasons why graduate midwives leave the profession. Semi-structured, in-depth interviews were conducted with nine former midwives, all graduates of the Ontario Midwifery Education Program. Interview transcripts were analyzed inductively, using the principles of grounded theory to identify conceptual categories, category properties and recurring themes. Key findings were validated by verification with participants. Three key categories emerged: 1) Becoming, 2) Being, and 3) Loss of Self. The implications of the findings of this study are useful to target areas which require more attention in order to reduce the loss of midwives in the province.

KEY WORDS

attrition, Ontario Midwifery Education Program, professional identity

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RÉSUMÉ

Depuis le lancement du Programme de formation des sages-femmes de l'Ontario en 1993, les taux d'attrition des sages-femmes tôt (< six ans) dans leur carrière ont été élevés. L'étude visait à élaborer une compréhension des raisons pour lesquelles les sages-femmes diplômées quittent la profession. Des entrevues semi-structurées approfondies ont été menées auprès de neuf anciennes sages-femmes, toutes diplômées du Programme de formation des sages-femmes de l'Ontario. Les transcriptions d'entrevue ont été analysées de façon inductive, en ayant recours aux principes de la théorie fondée sur les données pour identifier les catégories conceptuelles, les propriétés de catégorie et les thèmes récurrents. Les constatations clés ont été validées par vérification auprès des participantes. Trois catégories clés ressortent du lot : 1) le devenir, 2) l'être et 3) la perte de soi. Les résultats de cette étude s'avéreront utiles pour les efforts visant à cibler les aspects qui nécessitent plus d'attention afin de limiter la perte de sages-femmes dans la province.

MOTS CLÉS

usure, le Programme de formation des sages-femmes de l'Ontario, identité professionnelle

Cet article a été évalué par des pairs.

BACKGROUND

Of the total 518 midwives registered in the province of Ontario between 1994 and 2008, 108 midwives left the profession of midwifery (representing an attrition rate of 21%). While it is possible that some of these former Ontario midwives may be practicing midwifery in other jurisdictions, it is more likely that many are no longer practicing. Little is known about why midwives choose to leave the profession after investing several years in obtaining registration to practice.

Canada expects a shortage of maternity care providers in the near future as many obstetricians are facing retirement, few family physicians provide obstetric services, and fewer graduates seek obstetric residencies.[1] Midwifery is a small profession in Canada with a slow process to educate and register the numbers of midwives required to fill the gap. This shortage of qualified maternity care providers has in part contributed to the trend of rural and remote hospitals closing their maternity units. Consequently, women have to give birth in larger regional centres.[2] Identifying reasons that influence a midwife's decision to leave practice can help to develop strategies that could encourage midwives to remain in practice. When looking at the literature on midwifery attrition, themes such as stress, burnout, and dissatisfaction with the nature of providing midwifery care, along with difficulty balancing work and family life emerge.[3,4,5,6,7,8,9,10] There is no information about the Canadian setting, and it is difficult to say whether these same themes apply within the Ontario context. Most midwives who have chosen to leave professional practice have done so quietly. They have had no voice and there has been no formal follow-up to learn about the reasons for their decision. The purpose of this study was to understand and articulate common themes and reasons midwives leave practice. Only when the reasons behind the phenomenon of leaving practice are uncovered and understood can the profession and other stakeholders plan effectively for the future.

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METHODS

A qualitative research design was chosen to carry out an exploratory study of the phenomenon of midwives leaving professional practice. As little is known about why midwives in Ontario leave their profession it was deemed important to utilize a methodology which was inductive and allowed for theory to emerge from the data,[11,12] rather than force the data into preconceived categories.[13]

The qualitative methodology used in this study is the grounded theory approach described by Glaser[13,14] which focuses on the *lived experience* of participants and supports emergent data rather than preconceived hypotheses. The total available sample was 108 midwives who had left the profession. The majority of subjects were graduates of the Ontario Midwifery Education Program (MEP). Purposeful sampling was used to seek study participants. A mailed letter inviting former midwives to participate in the study was sent to all former registered midwives with the cooperation of the AOM. A total of nine former midwives from the MEP group responded and agreed to participate. None of the participants had any involvement with midwifery at the time of this study.

The study was approved by Thames Valley University Health Research Ethics Committee. Written consent was obtained prior to participation and participants were free to withdraw their participation at any time. The identity of all participants was kept strictly confidential. No names or identifiers appeared in transcriptions of interviews, memos or study reports. Any quotations that appear in the study findings are credited to a generic term for the participants in this study, such as "former midwife" or "participant".

In-depth interviews were conducted with all participants by telephone as the participants were

Table 1: *Midwives Registered Between 1994 and 2008 by Route of Entry*

Route of Entry	Number of Midwives n=518
Pre-legislation Assessment (Michener)	68
Undergraduate degree MEP	319
Prior Learning, Education and Assessment (PLEA)	64
International Pre-Registration Program (IMPP)	60
Reciprocity	7

located across Ontario as well as other provinces. Participants were interviewed individually by the same interviewer. An interview guide was used in order to ensure coverage of the area of study, however it was developed as a guide and allowances were made for divergent questions in pursuit of emerging themes. Interviews lasted from 35 to 75 minutes. Interviews were recorded with the participant's permission and transcribed verbatim.

Interview transcripts were hand-coded line-by-line. Concepts and categories emerged through a cyclical process of collecting, coding, and comparing incidents in the data.[13,14,15] Notes taken during and following interviews were utilized to assist in coding and code comparison. As core variables or concepts began to emerge, these were considered as 'tentative' core concepts. Further interviewing and coding occurred through looking for evidence of these emerging core concepts. Sorting of the theoretical memos and core concepts occurred at this stage. A further literature search was conducted using the core concepts and was treated as data in keeping with the "everything is data" tenant of grounded theory.[16]

Notes from interviews, which captured emergent themes and the researcher's analysis of the participant's views, were sent to three participants for feedback and validation. In this way, it became clear the researcher's inductive reasoning and the participants' stories were congruent. Validation of the emerging themes also occurred by asking experts in grounded theory and midwifery colleagues to review the coding.

RESULTS

All but one of the participants left professional practice within 3 years of graduation. One left at six years. All of them had worked full time up until the decision to leave. They ranged in age from 30 to 38 years old, two had children prior to midwifery practice, one had a baby while practicing and six of them had no children. Four of the participants had a previous degree, three of those were in nursing.

Interestingly, all participants responded to the question, *"Why did you leave practice?"* by addressing why they chose to become midwives. Thus, one of the important concepts discovered was that there is a strong link between reasons for becoming a midwife and the reasons for leaving. Participants indicated very high expectations about what it would mean to become a midwife. When these were not met, midwives suffered significant disappointment. Three key categories emerged from the data as important theoretical concepts; 1) *Becoming*, 2) *Being* and 3) *Loss of Self*.

Becoming

Becoming a midwife was described as a journey of self-growth and self-identity. Participants were motivated by a desire to achieve some of those properties they identified as part of becoming a midwife, such as altruism, righting a wrong, belonging to a special group, cultivating important relationships, and learning to be a midwife. They assimilated the role of becoming a midwife into their self-identity.

Participants held a deep desire to help and assist women. They sought to use the role of midwife as a way to give of themselves to others. The aim of using altruism through becoming a midwife was expressed as the ultimate goal. They viewed midwifery as a better choice of care for women than the traditional medical model. Two participants voiced

dissatisfaction with their own birth experience within that medical model. By becoming a midwife and offering what they saw as a superior choice, these former midwives hoped to protect women from an experience similar to their own. As one participant expressed,

> *I had a horrible experience and I just thought that I would want to give women the opportunity to have different birthing experiences.*

Even those participants who had not given birth themselves saw something lacking in a medical approach to birth. Many of the former midwives had witnessed births prior to deciding to become a midwife. As one explained:

> *I saw the way obstetricians were practicing and I didn't like it. Some of the things I saw, I thought it wasn't right and then I found out that midwives did things differently. I thought, oh, that's the answer.*

These former midwives described the desire to become a midwife as a long-standing personal dream. Some had formed a view of what it meant to be a midwife based on interactions with other midwives at earlier times in their lives. One participant described wanting to become a midwife as a way of reconnecting with a special time in her life, when describing her own birth experiences, saying,

> *It was a way to still be with that special time in my life when I had small babies and to stay connected to midwives.*

Participants described an awareness that becoming a midwife would fulfill personal needs in developing close personal relationships. They were particularly passionate in their description of their anticipated relationships with the women in care. This notion of connecting with women and their families in very personal and intimate relationships excited these participants. This seemed to be related to the earlier notion of self-actualization where these former midwives saw themselves as having and playing an important and pivotal role in the lives of women.

Former midwives entered the *learning to be* phase with much optimism and excitement. Many of the participants encountered a cultural shift in attitude toward their perceived image of an ideal midwife. Many of the participants reported a difficult preceptor-student relationship. But their relationships and interactions with women during the learning phase were described very positively.

Being

After graduation and during the phase of being a new midwife, participants discovered that their experience was a discordant reality at odds with their ideals. They began to lose control over aspects of their personal and working lives and questioned their devotion to women and to midwifery and made the decision to leave. Relationships with women, other midwives, other health care providers and colleagues, and balancing personal relationships formed a large part of the experience of being a midwife and contributed to the decision to leave. Participants reported that they developed important and significant relationships with women during the time that they practiced midwifery. These relationships had a special quality, which was the most satisfying aspect of being a midwife. The midwife-woman relationship was seen as a unique experience and considered more than a relationship between professionals and patients. One midwife wrote:

> *Getting to know women and developing a trusting relationship was the most rewarding part and caring for them at that time. It's mutually rewarding.*

While most viewed relationships with women very positively, others felt resentment towards women and the notion of a special relationship. These feelings began an internal conflict between the ideal and the reality. One participant described this conflict when she said:

> *I was starting to feel resentful. I was starting to feel very angry when the pager went off and feeling frustrated by the questions they were asking…just impatient with clients which I hated and, when I recognized that I was feeling resentful, I realized there was no pleasure in it for me and that's not what midwifery care was supposed to be about.*

The relationship between midwives was considered very important and was characterized by a large amount of personal contact. The value of this

relationship is shown by the remark, *"it's pivotal, one of the most important connections you have."* Since participants were dependent on support from senior midwives, they expressed their relationships in terms of how much support they received. For many, the level of support was insufficient. Most of these former midwives perceived the midwife-to-midwife relationship in negative terms. They felt that midwives who had entered midwifery through the Midwifery Pre-registration Program, ('Michener midwives') viewed them as not having proved themselves as midwives. They also perceived that they were looked upon as not having given enough of themselves to be "real" midwives. This contributed to feelings of being unappreciated and undervalued. One participant stated,

> *There was some resentment toward us because maybe they thought that we had it really easy and just slipped into the system and we didn't have to fight for anything.*

Participants expressed the view that other hospital workers unduly scrutinized their actions and practice and there was an underlying presumption that they were unskilled. For some, this negative attitude among physicians and nurses was unexpected. They had imagined that these other health care professionals would embrace and welcome them to the team, recognizing their unique skills. For two of the former midwives who had prior nursing degrees it was particularly upsetting to be judged negatively in their role as midwife when they had been viewed positively as a nurse. This is illustrated by the following comment:

> *When it really seemed to hit home is when you go into hospitals and here I was a nurse and thinking, but I'm one of you, and yet now, because I'm a midwife, they hated us. They hated me without even knowing who I am or what my past was.*

Participants reported that they entered the profession with a desire towards altruism and the idea that midwifery was a vocation requiring devotion and dedication. Participants found the work of being a midwife consumed much of their time and it became increasingly difficult to balance personal life with work. They discovered that time for family, friends and self was compromised by being a midwife. This struggle between midwifery and private life was a major priority and one where midwifery often took precedent. One participant expressed her views on struggling to find a balance, saying,

> *I felt like a lot of the time we were rushing. I mean I still eat standing up in my kitchen like I used to as a midwife. When I would need to take some time for myself I felt like I was stealing moments to be by myself.*

Former midwives found that being a midwife was more than a job, it was a lifestyle. They expressed the notion that 'being a midwife' always took top priority. The fact that they could not sustain this lifestyle made them feel guilty and inadequate.

Loss of Self

Midwives who participated in the study reported a loss of self while practicing midwifery and as a result of leaving practice. Those who made decisions to leave midwifery did so out of a sense of salvaging something of themselves. The three properties of this letting go phase were self-preservation, no longer feeling like a special person and finally letting go.

Participants stated that they were suffering from burn-out when they made the decision to leave. The toll of trying to be a midwife affected them physically and emotionally. *"It was physical. My body just stopped. I couldn't sleep at night."* Another midwife described it this way when she said,

> *I don't understand how people are still doing it because it sucked everything out of me and I'm not a person who gets easily flapped. I used to have panic attacks at night."*

Leaving the profession was a way to salvage some of their lives and was necessary in order to restore their sense of who they were before entering midwifery. One midwife stated:

> *I couldn't have stayed on……..I just couldn't. I needed to save myself,……..like I need to save my life because I just won't survive if I keep going.*

Making a decision to leave ended the stress of trying to perform the professional role. However, the decision to leave created feelings of guilt and raised issues of self-esteem for these midwives. They were

unable to fulfill the role they had envisioned for themselves and they questioned whether this was due to a personal deficit. They also grieved the loss of being a midwife. Each participant had to go through the stages of grieving for this loss of self-identity. Each had to reconcile not being 'special' any longer in their own eyes. They regretted no longer belonging to what they had once viewed as a special group, and by association they considered that they were no longer a special person. They expressed a view that their identity was very much related to being a midwife and with this loss of being, they lost something of themselves. This loss is shown by the following quote:

> *It's just a phenomenally privileged position and to prove it is to kind of let it get out of hand, but it is very special and only for special people. It is easy to think that way and part of stopping being a midwife is about saying I'm not a special person anymore.*

Letting go of being a midwife was a very difficult process, and most participants were in transition when the interviews took place. Remorse and unresolved feelings lingered following their decision. This was evident in the responses of every participant. One stated,

> *It's painful, still incredibly painful, because, on the one hand, I'm not a midwife anymore and on the other hand I'll never not be a midwife.*

The connection between 'personal self' and the 'midwife self' was broken and caused them strain and disassociation.

DISCUSSION

These former midwives encountered a very different reality from their ideal notion of being a midwife. Because they held strong beliefs about ideal midwifery practice, they were less able to accept the reality of working in the profession. One might describe these former midwives as overly idealistic. The decision to become a midwife included the belief that they would cultivate important and meaningful relationships with women. In this way, they entered these relationships with their own set of expectations. It is possible that these expectations were not and could not be met.

The participants also reported a loss of self which did not merely occur as the result of leaving the profession. Loss of the self meant that the dedicated and devoted special person/role they had envisioned when they decided to become a midwife was not fulfilled. When becoming a midwife the signs of discord between the ideal and the reality emerged. They believed that the control they had lost as a student would be regained as a graduate and a return to the ideal self would occur. Being a midwife was difficult because they were unable to fulfil the ideal self-identity they had envisioned. Grief for this loss became apparent and led to emotional and physical changes that propelled them towards the ultimate decision to leave. Midwifery was an ideal, a concept that had deep personal meaning to them which was never realized. It would appear that the realization of this ideal was so integrated with the idea of being a midwife, that the motivation to preserve self meant disengaging from reality.

These findings illuminate the difficulty some midwives experience when trying to reconcile expectations with the reality of midwifery practice. While this study was done in the early years of midwifery legislation, and the sample only included Ontario midwives it can help us to understand midwifery attrition. The problems facing midwives need to be examined, identified and addressed as early as when they enter the education program through the transitional new registrant year and beyond. Through awareness, midwifery educators, preceptors, and midwives can reduce attrition within our profession. Although this study is small it highlights the experiences of a hidden minority lost to our profession. Based on these findings, further research could be undertaken to develop interventions to reduce attrition in midwifery.

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AUTHOR BIOGRAPHY

Carol Cameron RM, MA, *is the head of midwifery service at Markham Stouffville Hospital. In addition, she is an instructor for McMaster University Midwifery Education Program.*

Carol Cameron, SF, MA, *agit à titre de chef des services de sage-femme de l'Hôpital Markham Stouffville. De plus, elle fait partie du corps enseignant du programme de formation de sages-femmes de l'Université McMaster.*

Address correspondence to:

Carol Cameron, RM, MA
Email: *carolcam@rogers.com*