

# Why Do Midwives Stay? A Descriptive Study of Retention in Ontario Midwives

## *Pourquoi les sages-femmes demeurent-elles en poste? Étude descriptive de la rétention des sages-femmes en Ontario*

By Nicole Versaevel BSW, BHSc, MSc

### ABSTRACT

This descriptive, exploratory study was designed to examine why Ontario midwives stay in clinical practice. All registered midwives in the province were invited to complete a Web based survey and a response rate of 37% was ascertained. Descriptive statistics were used to analyze quantitative data while inductive content analysis was employed to analyze qualitative data. Midwives enjoy their work and are highly committed to the profession. Relationships with clients and making a difference through their work are key factors in retention. Midwives report that autonomy in their work is another mediator of job satisfaction. Important support mechanisms for midwives include: relationships with their partner, colleagues and family. Barriers faced in clinical practice include: the need for greater flexibility in working patterns, as well as, conflict with hospitals with midwifery and/or non-midwifery colleagues. These findings are discussed and recommendations for future research are offered.

### KEY WORDS

*midwife, midwifery, retention, job satisfaction, attrition, Ontario*

*This article has been peer-reviewed.*

### RÉSUMÉ

Cette étude descriptive exploratoire a été conçue afin d'examiner les raisons pour lesquelles les sages-femmes ontariennes demeurent en poste. Toutes les sages-femmes autorisées de la province ont été conviées à remplir un sondage Web; un taux de réponse de 37 % a été constaté. Nous avons eu recours à la statistique descriptive pour analyser les données quantitatives, tandis que les données qualitatives ont été analysées au moyen d'une analyse inductive du contenu. Les sages-femmes aiment leur travail et font preuve d'un fort engagement envers la profession. Les relations avec les clientes et le fait d'exercer une influence sur les résultats au moyen de leur travail font partie des facteurs clés de la rétention. Les sages-femmes indiquent que l'autonomie dans le cadre de leurs fonctions constitue un autre médiateur de la satisfaction professionnelle. Parmi les mécanismes importants de soutien des sages-femmes, on trouve les relations avec leur partenaire, leurs collègues et la famille. Parmi les obstacles constatés dans le cadre de la pratique clinique, on trouve la nécessité d'obtenir une plus grande flexibilité en matière de structure du travail, ainsi que les conflits avec les hôpitaux, avec les autres sages-femmes et/ou avec les collègues des autres professions de la santé. Ces résultats font l'objet de discussions et des recommandations quant aux recherches à venir sont formulées.

### MOTS CLÉS

*sage-femme, pratique de sage-femme, rétention, satisfaction professionnelle, attrition, Ontario*

*Cet article a été évalué par des pairs.*

## INTRODUCTION

Issues of attrition and retention in midwifery are pervasive, long-standing and experienced worldwide.<sup>1</sup> These issues are not unique to midwifery as a profession but are common to many obstetric care providers. While a fair amount of discussion exists in the literature about retention of other obstetric care providers, particularly family physicians, less attention has been given examining this issue in the context of midwifery. Attrition within midwifery has been acknowledged with evidence suggesting stress and burnout are possible causes for this phenomenon.<sup>2,3,4</sup> Literature suggests that the underlying reasons for attrition include: not being valued, working hours, organizational culture, lack of support, low morale and increasing struggles with work/life balance.<sup>4,5,6</sup> Attrition in midwifery has been studied in the United Kingdom with little research having been conducted in North America and more specifically in Canada. While documentation about attrition in midwifery exists, research aimed at critically evaluating retention in midwifery practice is lacking.

An important aspect of the growth and sustainability of Ontario midwifery is to investigate both reasons why midwives stay and why they leave clinical practice.

As the first province to legislate midwifery in Canada, these issues are also highly relevant to the development of the profession on a national level. In addition, retention is an issue increasingly discussed with respect to obstetric care providers and understanding retention can be important in framing policy regarding other care givers and obstetric care in general. In Ontario, demand for midwifery care has exceeded availability of access to care with a midwife. For example, in 2006, midwives were only able to accommodate 61% of women who sought care.<sup>7</sup> Meeting this demand for service is dependent on both increasing the number of practitioners and retaining midwives in practice. Ontario midwives themselves have identified a concern about the issue of attrition and retention within the profession. At the 2008 Association of Ontario Midwives (AOM) Annual General

Meeting, a resolution was put forward and adopted, to conduct a survey to better understand the attrition rate.<sup>8</sup> Another compelling reason to address retention in midwifery is that it is a female dominated profession. Since legislation and the introduction of an education program, an increasing number of graduates from the education program are young women of childbearing age. This demographic now represents the majority of working midwives in the province. Historically, balancing work and family commitments is of concern for women in the workforce and strategies that encourage retention need to address this issue.<sup>2,9</sup>

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Findings from a study on retention in midwifery have practical significance in identifying areas to target interventions aimed at supporting midwives in practice. In addition, data from this profession can be extrapolated to other medical/ obstetrical professions to inform policy towards planning sustainable maternity care.

### *Methods and Data Collection*

A survey was conducted with midwives currently practicing in Ontario. A web based format was chosen since all Ontario midwives have email capability and access to the internet. This data collection method was chosen because of low cost, short time frame and access to a geographically dispersed sample.<sup>10</sup>

### *Eligibility Criteria and Sampling*

The population targeted in this study encompassed all midwives registered in Ontario in 2010 which includes 470 members from 75 midwifery practices. This sampling strategy was employed to avoid sampling bias and to ensure that as many respondents as possible were able to participate. An email was sent to the practice administrator of each practice group, who, in turn disseminated the survey via email to all members of the practice. A "currently practicing" midwife was defined as: an individual in clinical practice or on a short-term leave with the intention to return to practice.

*continued on page 36...*





# ARTWORK

## *Italian Renaissance*

### **Midwives and Birth in Italian Renaissance Art**

by Elaine Carty, RM

Birth was extremely important and celebrated in post Black Death Italy. The population of Italy and most of Europe was decimated when 40 - 60 percent of people died during the plague. Consequently, male children were preferred for both economic and political reasons but those families who could afford a dowry welcomed a girl.

Birth, although celebrated, was risky as very little was understood about the physiological process or how to prevent and treat complications. It was so risky in fact, that a woman might make a will before birth and a family might take out an insurance policy on her so they could recover the value of the dowry should she die in childbirth.<sup>1</sup>

Because birth was dangerous there were many talismans, amulets, objects and myths to help with the process. In order to ensure the best possible outcome women were encouraged to look at pretty images during pregnancy. It was felt that a woman's imagination was powerful and that by gazing at a painting of the Pregnant Madonna, the Nativity, the Birth of the Virgin or the Birth of Saint John the Baptist, she could see herself having a healthy baby.<sup>2</sup> These paintings were viewed in public places or commissioned for private homes. We now see these images in museums around the world. It is easy to simply think of them as religious paintings but at the time they had an important domestic purpose; they were meant to comfort a woman who most likely had overwhelming fears as labour approached.

Midwives (ostetricia) attended most births during the renaissance period, accompanied by assistants (guardadonne) and friends or family of the birthing woman. The majority of artists who painted the birth room during the 13th to 16th century were men and therefore had to rely on what they heard about the

process from women or the few men who did attend a birth.<sup>3</sup> Supported by patrons, artists' were often requested to paint the faces of the companions as portraits of their patron's family members. In most paintings the birth attendants are very young and beautiful (see Perfetti, Ghirlandaio) but occasionally we see an older, presumably experienced midwife (see Lucchesse).

The birth room is resplendent with women and decoration. There are usually five to ten women present in the paintings. The woman giving birth is in a large draped bed in the back of the painting, looking on while her baby is being washed (symbolic of baptism) or being breastfed by the wet-nurse. Sometimes a woman is lovingly attended by a midwife or an assistant who brings a birth tray with food and drink. Birth trays with hand painted motifs were very important birth objects and often kept in families for generations.

The paintings of the birth room are filled with symbolism. Colours, flowers, household objects and angels, all carry meaning. Animals begin to appear in paintings of interiors during this time. Rabbits represent fecundity and conception; dogs reflect loyalty and steadfastness while cats signify shrewdness and watchfulness.

The overwhelming impression in these paintings is one of female activity, somewhat detached motherhood, and the rituals associated with this important event of birth.

### **SOURCES**

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**Birth of St. John the Baptist**

Domenico Ghirlandaio

1486-90 Fresco Cappella Tournabuoni, Santa Maria Novella, Florence



**Childbirth Tray (desco da parto)**

Bartolomeo di Fruosino

1366-69

Private collection - on loan to the Metropolitan Museum of Art

Page 31 Background Image

**Birth of the Virgin**

Formerly attributed to Michele (Lucchese)

Greco

16thC Engraving, Boston Museum of Fine Arts





**Birth of the Virgin**  
Vittore Carpaccio  
1502, Accademia Carrara,  
Bergamo



**The Birth of the Virgin**  
Antonio Perfetti 1792-1872 after  
Andrea del Sarto 1486-1530  
Boston Museum of Fine Arts

# FEATURED POET

greg keeler

## ABOUT THE POET

by Chris Sternberg, RM

Greg is a long-time friend from the year my husband and I lived in Idaho, before any of us had any children. Greg kept us laughing then and continues to do so with his entirely original satirical songs and unique sense of humour. On a more serious note, these poems recount Greg's experience of becoming first a father, and then reflecting on the birth of his grandson.

Greg Keeler has published seven collections of poetry in Canada and the United States. His poems have been read by Garrison Keillor on three different segments of *Writers' Almanac* on National Public Radio. His song, "WD-40 Polka," was featured on NPR's *Car Talk*. He has performed his songs on NPR, PBS, ESPN and BBC4 Radio and has been a cartoonist for Canada's *The Walrus*. He also illustrated Jim Harrison's, "Livingston Suite," and has written and co-written six musicals. His memoir, *Waltzing With the Captain: Remembering Richard Brautigan*, was published in 2004 by Limberlost Press, and another memoir, *Trash Fish*, was published in 2008 by Counterpoint Press. He lives in Bozeman, Montana with his wife, Judy, and teaches at Montana State University. "Birthday" is from his book *American Falls*, published in 1987 by Confluence Press. Their son, Max, whose birth story is told in "Birthday" has a son and a daughter and lives and works in Alexandria, Virginia. Grandson Henry's birth is celebrated in the poem, *A Little More Water*, published here for the first time.

Chris Sternberg

### *A Little More Water (For Henry Keeler)*

*Writing to a grandson in his first  
week of life is like trying to mix a river  
with an egg beater, but Henry, this verse  
is for you in Safeway with your mother  
where her water broke and then in the car  
where she drove through tears across D.C.  
to a distant hospital and a kind doctor  
who said three weeks early ought to be  
just right for a life already big  
enough to take six hard pushes into the world  
with your father standing by, holding her leg  
like a divining rod. You emerged gnarled,  
blood-shiny and forceps scarred, but. thanks to  
a little more water, cleaned up--good as new.*

Greg Keeler



# BIRTHDAY

September 1974  
(Natchitoches, Louisiana)

*for Judy*

*When St. Denis found this place,  
the Red River ran through it.  
Back 260 years, he probably waited  
for the cool weather too.*

*Between us, the steam boats  
up through the middle of town  
stopped with slavery and a flood  
that sent the river somewhere else,  
leaving this ox bow, the Cane,  
where I park by a boat ramp  
and watch a black woman  
lift a gleaming string of sunfish  
and an old boy gun  
his bass rig onto a trailer.*

*Since Max was born this morning,  
the wind's been different all day:  
more sluggish, thick with  
the fried chicken smell of cotton seed oil  
from a mill on the outskirts.*

*When the contractions started,  
we drove the morning fast  
through this wonder-soup,  
even thicker with the cabbage smell  
blowing in from distant paper mills.  
It all stopped at the hospital  
where the doctor took me aside,  
showed me the x-ray of your pelvis  
and said it would be breech.  
For what seemed like hours  
they had you somewhere else,  
and I watched them wheel  
a huge black woman  
in and out of her own screaming,  
The doctor went out for a sandwich  
while we practiced our Lamaze charade.*

*In your first few puffs,  
a foot came out and water  
sprayed the labor room  
to send the nurses screaming,  
wheeling you away,  
pushing me out the quiet hall.*

*I tried to read, but  
a whistle like a distant train  
brought me back. It was you  
in the delivery room, a scream  
so high yet so abrupt, a quick  
birth and no doctor. The nurse  
with the It's a Boy button  
seemed as unreal as Max later,  
through the glass: purple,  
bull-dog faced, head scarred.*

*A soft hand on my shoulder  
turned me to a small black man  
in sweat-stained work clothes,  
"My wife, sub, she need a ride.  
We got no car. They try to  
make her ride the ambulance,  
but that cost money we ain't got."  
Down the hall was a huge woman  
in a wheelchair with the hot baby  
and a scowling white nurse.  
The man took the baby, and I tried  
not to stumble carrying the woman  
to the car. His mother followed,  
staring at me as if I were  
from another planet.  
In the rearview I saw the nurse  
and heard crows and a distant voice"  
"If anything happens, they'll sue."  
But I thought of you, lying drained,  
trying to make sense of the nurse's story.  
We stopped for a rare traffic jam  
on a bridge over the Cane.*

*Finally, at the other side,  
we saw a half-mile stretch  
of shiny cars, all with  
headlights burning strong into the sun.*

*The black people inside were  
as somber as their clothes  
and flowers were bright.  
After the funeral passed,  
we started moving,  
and the new breeze  
through our windows blew  
something more than hope  
or loss. I carried my heavy load  
into the house of wood and tar paper,  
and the husband carried his light one.*

*Now that you and Max are sleeping,  
I'm not ready to go home,  
but have pulled over here  
off of Main Street by this boat ramp  
on the Cane to watch this fisherman  
come in and this woman's  
silver chain of sunfish.*

Greg Keeler

### *Instrument and Data Analysis*

In 2006 a survey instrument was created to measure why midwives stay in midwifery in the United Kingdom.<sup>11</sup> Permission was received from the researchers who conducted the Why Midwives Stay (WMS) study and the Royal College of Midwives to modify and use the WMS survey for this project. Adaptations were made by the researcher based on a thorough literature review in order to make the instrument applicable to Ontario midwifery practice. The adapted survey underwent a pretest (n=10) with members of Womancare Midwives in London, after which, edits were made to the survey based on the feedback obtained. The pretest addressed face and content validity. After informal pre-testing a pilot study was conducted. All pilot test respondents were members of the target population. The survey was scrutinized for unreliability and the necessity of further revision.<sup>12</sup>

Quantitative data were analyzed through descriptive statistics. Inductive content analysis of text based answers was used to evaluate textual data.

### *Trustworthiness and Ethics*

In this study credibility was established in a number of ways. This project used methods triangulation, whereby, both quantitative and qualitative data were collected and compared to determine the compatibility of results.<sup>13</sup> Trustworthiness was addressed through reflexivity and an audit trail. Ethical approval was sought and obtained from the research ethics board at the University of Western Ontario.

## RESULTS

A total of 175 midwives participated in the survey, constituting a response rate of 37%. Survey respondents represented every geographic region of Ontario, with 59% of respondents reporting that they have been practicing for five or more years. Midwives from larger practices were more likely to complete the survey compared to midwives who work in practices of nine or less members. The research sample closely mirrored the demographics of currently practicing midwives in the province in terms of type of practice, however midwives from rural areas were somewhat underrepresented. The majority (72%) of midwives who responded to the survey were graduates of the Midwifery Education

Program (MEP). Route of entry into the profession was reflective of the demographics of currently practicing midwives.

## QUANTITATIVE ANALYSIS

All respondents reported that midwifery gives them job satisfaction. The most popular reason for job satisfaction was "seeing clients happy" with 100% of participants strongly agreeing or agreeing with this statement. Almost all participants said that they derived satisfaction from making a difference to clients. In addition, 97% reported getting satisfaction from interaction with women in their care and 96% enjoy being valued by clients. The top three sources of job satisfaction for the majority of midwives were:

1. *Feeling like I am making a difference to clients.*
2. *Autonomy as a midwife.*
3. *Interaction with women in my care.*

Interaction with clients was also the main reason cited by midwives about what enabled them to remain in midwifery practice. For example, midwives agreed or strongly agreed with the following statements: liking work with clients (98%), wanting to make a difference in the lives of childbearing women (95%) and feeling privileged to attend births (94%). Further, 83% of midwives reported that working as a midwife was important part of their identity. This demonstrates not only the feeling of importance midwives have placed on their work but also that it is important to one's sense of self. When asked to rank their top three reasons for staying in midwifery respondents report:

1. *Enjoyment of work*
2. *Wanting to make a difference in the lives of childbearing women.*
3. *Commitment to clients*

Relationships with colleagues were also cited as a source of job satisfaction and a reason for continuation in the profession. The majority of participants agreed that 'interaction with colleagues', 'feeling like I make a difference to colleagues' and 'being in a team who share my philosophy', were sources of job satisfaction, with response rates of 86%, 79% and 82% (agree or strongly agree) respectively. Table 1 and 2 contain results about job satisfaction and reasons for staying in midwifery.



**Table 1:** *Reasons for Staying in Midwifery*

What are your reasons for staying in midwifery?	Total Agree and Strongly Agree (%)
I like working with my clients	98
I enjoy my job	97
I get job satisfaction	97
I feel proud to be a midwife	95
I want to make a difference in the lives of childbearing women	95
I feel privileged to attend births	94
I am committed to my clients	91
I feel privileged to be a midwife	87
I am committed to my practice group	83
Working as a midwife is an important part of my identity	83
I want to stay registered as a midwife	80
The good days somehow justify staying in practice	78
My practice group is cohesive and supportive	76
I worked hard to be a midwife and feel it would be a waste to give up now	71
Because I want to make a difference to midwifery	69
No possibilities to do something else using my midwifery skills	57
To change direction would be challenging	51
I could not earn this money doing anything else	46
The alternatives to midwifery are not preferable	46
I cannot afford to retrain in something different	40
It is convenient for me to stay	36
I do not consider it work, it is just my way of life	36
Midwifery is what I have always done	31
Because I do not have to work full time	29
I feel I would be letting down colleagues if I left	29
Midwifery is a gateway into other things	25
I am not qualified to do anything else	25
I feel I am too old to change careers	21

When asked about supports in clinical practice, vacation was most frequently cited with 98% of respondents strongly agreeing or agreeing that this was a significant coping mechanism to maintain practice. Personal attributes such as having a positive attitude (84% strongly agreed or agreed), not having a victim mentality (60% strongly agreed or agreed) and putting into the job as much as you want to get out (62% strongly agreed or agreed) were also cited. Midwives infrequently mentioned negative coping mechanisms, such as 'social drinking', 'complaining about work' and 'knowing that I will soon be retiring' as a way of managing work related stress. Midwives ranked the following as the top three supports in maintaining practice.

1. *My partner*
2. *Work Colleagues*
3. *My Family*

Midwives were asked about potential improvements to their work. Participants reported better relationships with non-midwifery colleagues and improved relationships with hospitals would improve work. Three of the top seven ways to improve work focused on organization of work, with reduction of on-call time, moving to a different model of care and greater flexibility in working hours being identified as potential ways to enhance job satisfaction. Table 3 summarizes these results.

Of midwives who responded to the survey, 26% worked at a caseload of less than 75%. A summed total was calculated for the top three reasons indicated by midwives for working at a reduced caseload with the following results; wanting improved work/life balance, wanting to be at home with family and a reduction in on-call time.

A number of questions were asked that investigated midwives' future work related plans. The majority of midwives (72%) planned to keep their same caseload for the next year while 46% planned to work at the current rate for the next 2-5 years. A trend towards a reduction in work was noted with 17% of midwives decreasing caseload or taking a leave in the next year and 47% doing so in the next 2-5 years. In terms of future work plans, 68% of

**Table 2: Sources of Job Satisfaction**

Where do you get job satisfaction from your current position in midwifery?	Total Agree and Strongly Agree %
Seeing clients happy	100
Feeling like I am making a difference to clients	98
Interaction with the women in my care	97
Feeling valued at work by clients	96
I like delivering babies	94
Being able to normalize birth	93
Home birth	92
Being able to provide the care I want to give	90
My autonomy as a midwife	89
The variety in my job	89
Interaction with my work colleagues	86
Being an advocate	85
Feeling valued by my practice group	83
Being in a team who share my philosophies	82
Being able to provide continuity of care	82
Feeling like I make a difference to colleagues	79
My salary	78
Training and study opportunities	33
Midwifery does not give me job satisfaction	1

midwives intended to work for six years or more and the majority of midwives who plan to have children will continue to practice. Just under half of the midwives (48%) reported that they have considered leaving practice, with 17% currently considering leaving the profession (see Table 4).

Two questions were asked about enjoyment in the practice of midwifery. Only 6% of midwives forecasted that their enjoyment of midwifery would

decrease over time, with the majority (52%) predicting that their enjoyment would stay the same. These predictions are well grounded and informed by the fact that 48% of midwives found that their work had become more enjoyable during their career. Almost three quarters of midwives (72%) indicated that they would recommend their chosen career to others.

## QUALITATIVE RESULTS

Through content analysis of text a conceptual framework emerged. Midwives experience practical, relational and philosophical aspects of practice as rewarding or challenging. These factors overlap considerably and compound each other, thereby impacting the decision to remain in clinical practice.

### *Practical*

Practical issues can be defined as concerns with meeting basic needs: physical, emotional or financial. Midwives discussed the impact of work on basic needs such as food, sleep, compensation and aging. In addition to physical demands of midwifery work, other practical issues such as managing an on-call lifestyle, stress and workload associated with midwifery practice were discussed.

### *Physical Demands*

Midwives described physical symptoms that were related to midwifery work, such as head and neck pain and jaw pain. Some participants mentioned irritability, isolation from social networks, disappointment from family and "decreased ability to participate in the physical activities that help me reduce stress." The following comments demonstrate concerns related to the impact of midwifery work on aging:

*I am scared because my younger colleagues will not understand or may not support me if I get tired and can't pull my full weight.*

Practical concerns were also present for midwives who were having children or parenting young children. One midwife responded:

*Most stressful when I go days without seeing my child. She thinks being a midwife is horrible because of the terrible hours.*



### On-call Lifestyle

Textual data contained several comments related to the practical concerns that arise from being on-call. Disruptions to daily life, needing to pre-plan all aspects of life and the inability to relax when on call were discussed by participants. The following statements illustrate some of these issues:

*(Being on-call)...increases anxiety significantly, affecting sleep, appetite and enjoyment of other aspects of life.*

*I am constantly concerned about the toll that my on-call life takes on my partner and my family, as well as my mental health. I am hopeful that a more balanced call model would help this, because I love my job and would hate to leave practice.*

While some midwives reported that being on-call "restricted social contacts with friends and family" and created an inability to make healthy lifestyle choices, other midwives were able to incorporate "healthy food and a balanced family life", "social time with peers" and "activities with friends" as sources of support for them in practice.

Another practical issue relates to health concerns that midwives attributed to being on call. Interrupted sleep, unhealthy sleep habits, insomnia, eating habits, weight gain and mental health concerns were all mentioned as a consequence of needing to be on-call. The following comment demonstrates the significance of being on-call for some midwives;

*At times I feel almost angry when I have to miss out on events, or change my behaviour (i.e. social drinking). It wears me down mentally to never know if I will sleep through the night or not.*

### Work/life Balance

Another practical concern for Ontario midwives was the organization of practice. An overwhelming number of responses suggested alternative models of

**Table 3: Rank-ordered Suggestions for Improving Job Satisfaction**

Rank	
1	Improved relationships with non-midwifery colleagues
2	Improved relationships with hospital
3	Reduction in time on call
4	Decreased work related stress
5	Improved compensation
6	Moving to a different model of midwifery care
7	Greater flexibility in working hours

care provision or flexibility within the current model as a strategy to facilitate retention. Some suggestions included changes to active practice requirements, changing the policy that requires that two midwives attend births and modifying continuity of care requirements. These suggestions were coupled with midwives' repeated suggestions of flexibility and additional options for work, such as:

*Provide a more flexible model so that a more balanced lifestyle can be pursued.*

*Yikes. That is quite a question. I would say yes, with alternate models of practice (would improve retention). At the moment I am feeling like our model is too client centered. Gasp! (Don't tell anyone).*

### Relational

Relationships are significant to midwives' continuation in practice, with relational issues resulting in emotion work or satisfaction. Overwhelmingly, midwives derive significant satisfaction from their relationships with clients. While relationships with colleagues can be supportive, for some midwives emotion work or emotion management stems from interactions with colleagues. Midwives reported "pressure" from colleagues to not take time off call or feeling unable to ask for relief after having been up for more than 24 hours. Bullying and negativity were also cited as concerns with colleagues. When midwives consider leaving practice, the practice group environment plays a significant role in this decision. In speaking about collegial relationships one midwife wrote:

*I have been at my current new job for one month. (The practice) is non-hierarchical and there is a lot of goodwill towards building a practice that everyone is happy in... I can easily imagine if I did not have the support in my personal and professional life that I could not sustain this work. It is too demanding.*

**Table 4:** *Have You Considered Leaving Midwifery Practice?*

Have you considered leaving midwifery practice?	Number of respondents	%
No	63	49
Yes, in the past	48	38
Yes, currently considering leaving	17	13
Total	128	100

Missing values = 46

Midwives suggested that retention could be improved by working with practice groups to address issues surrounding hierarchy and peer-to-peer abuse. Securing funding to support practices have "meaningful facilitation" or conflict resolution, was seen as a way to strengthen practice groups. The following comment illustrates the opportunity for positive impact with interventions aimed at practice groups:

*Provide mentoring/training for practices or templates for practices in terms of how to treat each other, communications, and expectations, sharing of responsibilities, basic guiding principles....If practices are not healthy, strong and supportive that also causes midwives to leave.*

While relationships with non-midwifery colleagues may be a support for midwives they can also be a significant source of stress. Midwives report that relationships with hospitals, physicians and nurses are a major source of stress and improving these relationships would facilitate retention.

#### *Philosophical*

Midwives are passionate about the care they provide and the impact that they make in the lives of childbearing women. Respondents spoke about the passion they had for their work and the impact that midwifery care made in the lives of childbearing women. The importance that midwives place on their ability to impact change and to make a difference is captured in the following comment:

*Midwifery allows the possibility to make a difference...in a broader sense of social change and social justice. Midwifery has offered me the opportunity to be involved in education, policy making, activism and advocacy.*

Midwives view their work as meaningful to individual women and to broader society. As such, midwifery work has a political nature. Midwives report that being engaged in work that is consistent with their philosophical values impacts continuation in practice. One midwife commented:

*I see my role as a political activist working from inside to improve maternity care for not only midwifery clients but for Canadian women in general...*

Lack of integration into the broader health care system was cited as a source of stress and concern for midwives and participants described advocacy as "exhausting".

*One area of stress that hasn't been captured and that I personally feel has a huge impact on our lives as midwives is, the lack of integration into the health care system as an equal partner on the playing field with respect to health and human resource planning.*

#### *Acceptance or Dissonance*

Practicing in a way that is consistent with one's personal beliefs and philosophical orientation enables continuation in the profession for some midwives. Midwives said that they would only recommend the career if the potential midwife was very passionate about it because the "passion sees you through the rougher spots so that you stay long enough to enjoy the wonderful parts". For example, one participant said:

*Midwifery has been very inspiring work allowing me to learn a great deal and to find meaning in my work life. I am very aware that few jobs offer these gifts.... Midwifery has brought huge challenges to my life but what meaningful work would not come without challenge and stress.*

Many midwives reconcile and accept the positive and negative aspects of practice and continue in their work. For other midwives, the positive aspects of practice are overridden by the stresses and demands and conflicts in midwifery work. Some midwives perceive that they are unable to leave the profession and stay unwillingly because there are "no other options for practice" and they do not feel that



they have “something else to go to”. Another participant responded that the only reason that she continued in practice was due to being the “sole earner” in her family. When there is dissonance between one's ideology and practice reality, disempowerment can result as one participant points out:

*I think that there should be some effort to turn it into a 'normal' job, not something that is described as a passion, etc. And the expectation that midwives are these wonderful motherly women who want to meet all of their clients' needs including the totally unrealistic. No other profession that I am aware of has these expectations laid on them. The training of midwives is unfriendly to women and families. The expectation for students is unrealistic, there is too much female power tripping.*

Each midwife's decision to continue in clinical practice is impacted by practical, relational or philosophical issues. When a sustainable balance is achieved in each area continuation in work is possible.

## DISCUSSION

Findings from this study are consistent with findings from studies on attrition and retention in midwifery that have been conducted worldwide. Similar to the findings from the *Why Midwives Stay* (WMS) study,<sup>2</sup> and *Why Midwives Leave*,<sup>4</sup> Ontario midwives reported high levels of commitment to their profession and job satisfaction, as well as, a need for greater flexibility in working patterns. As in previous studies, heavy workloads, management of on-call and conflict with doctors or colleagues were reported as stressors for Ontario midwives. However, there are some significant differences between the results of this study and the original WMS study. While British midwives report that their job has become less enjoyable and forecast that it will become less enjoyable in the future, the majority of Ontario midwives report that their work had become more enjoyable during their career. The tensions around staffing issues and lack of support or respect with managers associated with hospital-based practice

reported by British midwives were not experienced by Ontario midwives since the organization of practice is different. Furthermore, many Ontario midwives reported that their relationships with colleagues were a support in maintaining practice. It is ironic that several Ontario midwives have suggested alternative practice models or hospital-based midwifery as a way to improve flexibility in work patterns. Given that one recommendation from the original WMS study is to improve autonomy of work in the hospital and that Ontario midwives value autonomy in their work, a hospital-based midwifery model in Ontario should be explored cautiously with this finding in mind. Future plans need to ensure autonomy as this is a major source of job satisfaction for midwives.

## Model of Care

Midwives who participated in this survey repeatedly discussed the stresses of an on-call lifestyle, concerns about the organization of work and the need for flexibility in the model of care. It is significant that three of the top ways reported by respondents to improve working lives directly relate to being on-call or scheduling. Midwives expressed a strong need to have options to work in different ways. The commitment of Ontario midwives to their clients was apparent. Almost all respondents to this survey reported enjoying their work with clients, wanting to make a difference in the lives of childbearing women and feeling privileged to attend births. Although being on-call is stressful for midwives, it provides continuity with clients and the development of relationships that midwives find satisfying. Findings from this study indicate that the relationships that midwives have with childbearing women are important and provide significant job satisfaction. Alternative ways to practice should be done in a way that places the client-midwife relationship central to practice. Flexible working arrangements aim to reconcile the expectation of women for continuity of care and preserve the midwife-client relationship whilst enabling midwives to maintain a healthy work/life

*Some midwives perceive that they are unable to leave the profession and stay unwillingly because there are “no other options for practice.”*

balance. It should be noted that some midwives did not share these sentiments and find the current model of midwifery care sustainable and enjoyable.

#### *Transition to Practice*

In this study, participants discussed the inclusion of practical support for student midwives as ways to facilitate retention, which includes learning how to be on-call and manage stress. This is important to address as students may graduate with unrealistic expectations of practice which places midwives at greatest risk for burnout in the first five years after registration.<sup>14</sup> Responses to open-ended questions in the survey indicate that the transition from school to practice can be challenging. It is unknown whether this survey was representative of New Registrants in the province. However, several comments were made about lack of mentorship during the New Registrant year. Designated advocates for New Registrants and policies to protect New Registrants were suggestions made by participants to address feelings of vulnerability and powerlessness during this time of practice. These issues impact new midwives' perception of empowerment and satisfaction with their position. Therefore, as the issue of retention in midwifery is examined, creating formal and informal support networks for new graduates may have a positive impact on transition to practice and subsequent years of practice. Based on findings from this study and broader research on midwifery training, interventions that begin at the educational level may be proactive in reducing attrition and encouraging retention.

#### *Childrearing and Older Midwives*

This study has identified two groups of midwives that are at increased risk of attrition and considerable work related stress. While it can be difficult for any midwife to struggle with the demands of midwifery work, it can be particularly challenging for midwives with young children, or those close to retirement. Midwives who are at the end of their career have expressed significant concern about the sustainability of midwifery

work with aging. In this study, participants articulated having difficulty in coping with back-to-back births, unpredictable pages and sleep disruptions as they age. Midwives who are aging need to be able to contribute to the profession in meaningful ways. Older midwives are often the most experienced midwives and if no opportunities exist for these members of the profession to continue in their work, the profession loses valuable mentorship and experience base. For example, mature midwives could be offered pay for mentorship allowing them to take a decreased caseload for similar compensation.

As for midwives who are aging, midwives who are pregnant, breastfeeding or who have young children report a struggle to balance work with commitments at home. As the profession grows, it is likely that the majority of midwives entering practice will be women of childbearing age. Based on the findings of this study, midwives in this group are very concerned about their ability to practice during this time of their lives. If this issue remains unaddressed the profession will lose a number of valuable members. It is reassuring that the majority of midwives who either have had or plan to have a baby reported that they will continue to practice midwifery, with only 11% of respondents indicating that they will take a long term leave from practice or cease practice altogether.

Midwives from these demographic groups are at increased risk of burnout and attrition and are affected by the lack of options for flexibility in practice. For a period of time during their career midwives would benefit from being able to participate in alternative practice models, collaborative projects, and using their skills in other capacities.

*Midwives who are at the end of their career have expressed significant concern about the sustainability of midwifery work with aging.*

#### *Working at a Reduced Caseload*

Over half of respondents who worked at a reduced caseload did not work full time because they found it to be either too tiring or too stressful. Given that most midwives who work at a reduced caseload do so to improve work/life balance, strategies that



address this issue in practice are warranted. For some midwives, a reduction in caseload is a strategy to cope with the demands of midwifery work; however, this creates a subtle form of attrition, in that midwives are not working to their full capacity. This survey asked questions that investigated future work related plans of midwives. There exists tremendous inter-practice variation in the organization of reduced caseload work. Given the absence of research on this topic, it is prudent to explore midwives' motivations for working at a reduced caseload and to develop strategies that enable midwives who do so to maintain practice and be supported appropriately.

#### *Health Promotion and Strategies*

Given the complexity of the midwife's role, retention strategies must address concerns at the individual, practice group and provincial association levels. Throughout this study, midwives themselves made suggestions about improving retention. Some recommendations target individual midwives, such as better preparation for work life, stress management and ongoing mentoring. Respondents also discussed practice groups, with concerns about the lack of preparation of midwives for managing practice groups and lack of resources available to practice groups. For example, greater administrative support, improved understanding of business management supports, making the process easier to start a practice and greater knowledge of group dynamics related to partnerships were recommended as ways to improve group practice.

Amongst Ontario practice groups there is tremendous variation in practice group organization and level of functioning. It is important to integrate work with practice groups into retention planning, since participants indicate that positive relationships with colleagues provide job satisfaction and have the potential to sustain midwives.

Efforts should be aimed towards the integration of midwifery into the broader health care system and inter-professional relations as these are sources of stress and concern for midwives. Midwives report that improved relationships with non-midwifery

colleagues and improved hospital relations are the most significant ways in which to improve working lives.

Midwives expressed ideas about facilitating retention that target broader structures such as the AOM and CMO. Midwives reported an interest in more programs being offered through the AOM to support midwives and to examine policies such as active practice requirements and the requirement for two midwives at a birth.

#### *Limitations and Future Directions*

Recruitment and retention policy needs to be informed by reasons for attrition and reasons for staying in clinical practice, as these issues are inseparable. In this study, both negative and positive statements about practice were included. However, retention efforts must stay focused on maximizing enjoyment of work if they are to have a significant impact. This exploratory study began to uncover reasons that midwives stay in practice and facilitators of job satisfaction. This work was limited by a high number of missing values in the sample and response rate of 37%.

Textual comments uncovered concerns that midwives had about relationships and leadership at practice groups. Very little is known about practice group functioning, practice group dynamics, elements of successful midwifery practices and the impact of these factors on individual midwives. Further work that investigates these topics is warranted.

While midwives are overwhelmingly positive about their work, this survey identified that many respondents have considered leaving practice, either in the past or present. Further midwives reported staying in their work because there are no possibilities to do something else using midwifery skills. We do not yet know the significance of these findings but they implore retention in Ontario midwifery to be further explored.

The findings of this study showed that midwives practicing in Ontario are positive about staying in midwifery and derive enjoyment from their work.

The client-midwife relationship is central in providing job satisfaction and the commitment of Ontario midwives to their clients is apparent. Midwives appreciate autonomy in their work and making a difference to women's lives. Throughout this study there was an overwhelming sense of dedication to midwifery and satisfaction that it brings to the lives of midwives. Responses of midwives demonstrate that continuing in practice is impacted by practical, relational and philosophical considerations.

Ontario Midwifery has been in existence for 16 years. Some of the issues that have arisen in this study are not unexpected and are related to "growing pains" of a new profession. For example, strained relationships with hospitals or with physicians are of concern to midwives. However, as midwives become more fully integrated into the health care system, it is hoped that these issues will dissipate. When the model of midwifery care was established, some challenges faced by midwives could not have been anticipated or predicted. As a part of the evolution of the profession, policies and aspects of practice will shift and be re-examined.

## CONCLUSION

This study has uncovered some issues related to education that impact retention and attrition. Midwives report that additional supports in their transition from education to practice would be beneficial. Student midwives and new midwives are a valuable source of information and their input into retention planning should be sought. Another aspect of education is increasing awareness among physicians, nurses and allied health professions about the roles and skills of the midwife. Efforts should be made to improve relationships with non-midwifery colleagues and hospitals as these were the top priority for midwives in potentially improving working lives.

As policies aimed at retention are created, a holistic inquiry is necessary to integrate initiatives in a way that is mutually reinforcing. Given the complexity of the midwife's role, retention strategies must integrate individual midwives, practice groups and midwifery organizations. Such an approach provides an opportunity to proactively prevent

systemic problems with retention. There is potential to enhance satisfaction that midwives derive from their work and continue to empower midwives in their working lives.



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