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Professional issues related to obstacles to midwifery practice in the Americas: A pilot survey



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ABSTRACT

Background/Objectives: the WHO (2011) estimates that 350,000 newly trained midwives are needed internationally to meet Goal 5 – Improve Maternal Health – of the 8 Millennium Development Goals established by the United Nations in 2000. Recognizing the challenges in accomplishing this goal, it is also imperative to retain trained midwives in the profession. Little to date has been investigated regarding the factors that lead to experienced midwives leaving the profession prematurely, particularly in low resource countries.

Design: in an effort to initiate identification of barriers that limit midwives' ability to continue in practice, a pilot study was conducted with a convenience sample of 58 midwife attendees, representing 12 countries, at the International Confederation of Midwives – Americas Triennial Regional Meeting in 2010. A survey was distributed to midwife respondents to explore potential influences on work retention, including: encounters of adverse outcomes in practice; empowerment to make change in the work setting; and migration.

Findings: sixty per cent of respondents reported encountering a maternal or newborn death or injury, and 10% had considered leaving the profession. Over 50% of the midwives listed three potential results that could occur after experiencing an adverse outcome in practice. These included: (a) an investigation by a governmental agency; (b) complaints about the midwife via available media; and (c) involvement in a lawsuit. The consequence most frequently cited for not enacting evidence-based changes in the workplace was resistance from obstetrical colleagues.

Conclusions: while there are limitations to gathering data from attendees at a professional meeting, this is the first known international survey of midwives regarding factors that may contribute to their leaving the profession at a time when there is an increasing global awareness of the need for a skilled birth attendant at every birth.

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Introduction

In order to meet one of the 8 Millennium Development Goals (MDGs) – Goal 5: Improve Maternal Health – established by the United Nations (UN) in 2000, various global organizations, including the UN and the World Health Organization (WHO) have recommended that a skilled birth attendant, such as a midwife, be present at every birth (WHO, 2011); however, there exists an acute shortage of midwives globally. The WHO estimates that an additional 350,000 midwives are needed internationally to meet the overwhelming need for midwife-led evidence-based care

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(WHO, 2005). While training new midwives will be necessary to meet the need, it is only one part of the solution the WHO strongly recommends. It is crucial while training new midwives to retain the midwives who are already currently in practice. Therefore, professional issues affecting both midwives' ability to provide evidence-based care, as well as their ability to stay in practice once trained and experienced, are of critical importance to the health of women and children globally. The United Nations Population Fund (UNFPA), in conjunction with the International Confederation of Midwives (ICM), recently released the State of the World's Midwifery Report 2011 (UNFPA, 2011), which has reported information on the status of midwives and their practices in 58 countries worldwide. Prior to this report there had been little available research on professional midwifery issues among midwives on an international level. While the report has provided valuable insight into the status of midwives globally,

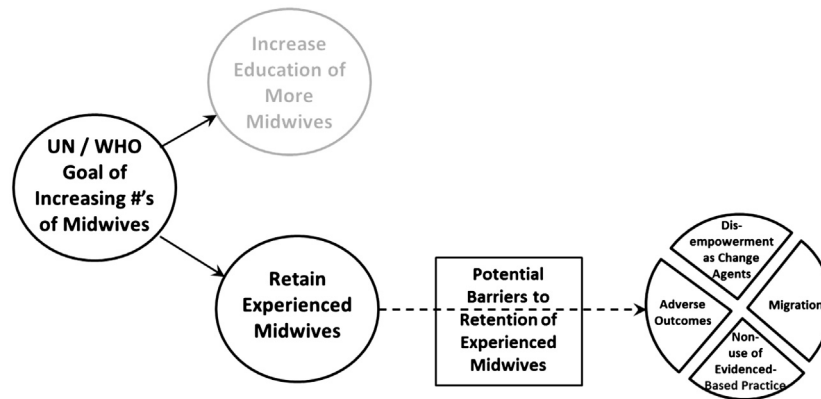


Fig. 1. Model of increasing total number of midwives globally, with emphasis on potential barriers to retaining experienced midwives in the profession.

professional midwifery questions related to the retention of experienced midwives in the profession abound and include:

- (1) What overall factors result in trained, experienced midwives leaving the profession when their skills and services still are needed in their particular country, region, or town/village?
- (2) What effects do adverse outcomes in the clinical setting have on the practice of midwives?
- (3) To what extent can midwives act as change agents in their workplace, especially with regard to implementing evidenced-based practice?
- (4) How does the international migration of midwives affect the midwives, personally and professionally, who remain in their home countries? (see Fig. 1.)

With these questions in mind, the authors collected survey data from professional midwives who attended the Triennial Americas Regional Meeting of the ICM held in Kingston, Jamaica, in June 2010. The purpose of the survey was to gain insight into the professional experiences of practicing midwives from throughout the Western Hemisphere (the 'Americas'). The survey was distributed to the aforementioned convenience sample with the intention of gathering preliminary data to form the basis of a broader and more international exploration of the salient issues that relate to midwives' abilities and desires to remain in the profession once they have gained valuable clinical experience. The survey covered broad content area related to the retention-related questions mentioned above, and included asking respondents about: (1) their education and training background; (2) their countries of origin and residence; (3) the incidence of adverse events (maternal and neonatal morbidity and mortality) they have experienced while practicing as midwives; (4) the potential personal and professional sequelae that these adverse outcomes can have in their respective countries of practice; (5) their ability as midwives to make positive changes in clinical practice while in their professional roles; and (6) their perceptions of barriers to enacting evidence-based practice in the workplace. This paper reports the data collected from this survey and offers: (1) identification of factors in experienced midwives' professional lives that may diminish their abilities to improve maternal health and remain in the profession that offers them the opportunity to do so, and (2) suggestions for gathering additional information about the professional role statuses of experienced midwives on a more global scale.

Review of the literature

Retention

Available research on why midwives leave professional practice has originated primarily from the United Kingdom (UK) and Australia.

A 2004 review of the literature (Shen et al., 2004) regarding retention of midwives in professional practice indicated that an important factor toward this regard was the feeling among midwives that their skills and experiences be valued. Midwives have identified a number of changes in the workplace that they felt would help with retention, including: increased staff development and promotion, as well as improved staff support and appraisal. The main factors associated with job turnover in midwifery have been identified as: the lack of opportunity in practice models to develop relationships with the childbearing women with whom midwives are working, job dissatisfaction with bureaucracy and lack of autonomy, heavy workload, long hours, lack of recognition for work contributions, high job-related stress, and a perceived lack of understanding on the part of doctors and managers regarding the midwife's role (Shen et al., 2004; Vernon, 2005; Sullivan et al., 2011). A survey by the Royal College of Midwives in the UK (O'Sullivan, 2002) found that the major cause for leaving midwifery was dissatisfaction with the profession due to a stressful work environment. Additionally, midwives often complained of inadequate support and lack of appreciation from managers at work. These phenomena are not unique to midwives in high-income countries; in a review of literature on African midwives, Pettersson (2007) reported a high degree of dissatisfaction among midwives in developing nations related to being overworked and understaffed in resource-poor settings.

Impact of adverse outcomes

Adverse outcomes, such as a maternal or infant death, not only affect midwives on an emotional level, but also have numerous personal and professional consequences. In qualitative interviews conducted among American midwives between 2004 and 2006, midwives stated that adverse outcomes in practice were barriers to maintaining a midwifery practice (McCool et al., 2007). In a qualitative study of Australian midwives involved in external review and litigation, Hood et al. (2010) noted that midwives commonly felt exposed, vulnerable, and uninformed during the review process following an adverse outcome. The review process affected midwives' emotional well-being as well as their personal relationships, and the pervasive fear of litigation permeated the midwives' practice environment, resulting in defensive practice and a shift towards a medical model of care. Researchers have found that in developed nations midwives shift from evidence-based to fear-based practice after an adverse outcome occurs, whereas in developing countries midwives fear losing their licensure and livelihoods after similar events (McCool et al., 2009). Pettersson (2007) pointed out that in developing nations in Africa, midwives may face high rates of maternal mortality with little psychological support for coping with adverse outcomes.

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