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The challenges facing midwifery educators in sustaining a future education workforce

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ABSTRACT

Background: national and international trends have identified concerns over the ability of health and social care workforces in meeting the needs of service users. Attention has increasingly been drawn to problems of recruiting and retaining professionals within higher education; however data in relation to the midwifery profession is scant.
Aim: to examine the perceptions and experiences of midwifery educators, in south-west England, about the challenges facing them sustaining the education workforce of the future.
Design: a mixed methodology approach was adopted involving heads of midwifery education and midwife educators.
Methodology: midwifery participants were recruited from three higher education institutions in south west England. Data collection comprised of self-administered questionnaires plus individual qualitative interviews with heads of midwifery education ($n=3$), and tape recorded focus groups with midwife academics ($n=19$). Numerical data were analysed using descriptive statistics. Textual data were analysed for themes that represented the experiences and perspectives of participants. Ethics approval was granted by one University Ethics committee.
Findings: demographic data suggests that within south-west England, there is a clear ageing population and few in possession of a doctorate within midwifery. The six identified sub-themes represented in the data describe challenges and tensions that midwifery academics experienced in their efforts to attract new recruits and retain those in post in a highly changing educational environment which demands more from a contracting workforce.
Conclusion and implications for practice: there remain some serious challenges facing midwifery educators in sustaining the future education workforce, which if unresolved may jeopardise standards of education and quality of care women receive. Active succession planning and more radical approaches that embrace flexible careers will enable educational workforce to be sustained and by a clinically credible and scholarly orientated midwifery workforce.

Introduction

Shortages of midwives and other health professionals have been and remain an international concern (Hirosawa, 1968; Karkinen, 1974; Burslem, 1979; World Health Organisation (WHO), 2006; Wray et al., 2009; Sullivan et al., 2011), complicated by problems associated with effective deployment in terms of geography, time and skill-sets in some parts of the world (Buchan, 2011). A quality midwifery service is central to the United Nation's (2007) millennium development goals to reduce maternal, newborn and infant mortality and morbidity worldwide. To achieve this quality service, the recruitment and retention of an effective educator workforce is essential (United Nations Population Fund, 2011).

The midwifery profession faces significant challenges as midwives develop their vision to meet the health and social care needs and expectations of women. Within the United Kingdom (UK), it is recognised that to achieve the vision of a quality contemporary maternity service, a critical mass of midwife educators is required to deliver education and support students in placements across

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the diverse regions of the UK (Midwifery 2020 Programme, 2010a). Whilst the picture varies across the four UK countries for midwives in practice, both in relation to the recruitment and retention of practitioners, the situation is less clear of midwife educators, or of the sustainability of their academic workforce. However, there is concern and fear that due to the economic downturn, Higher Education Institutions (HEIs) are imposing restrictions in replacing staff, which nationally has resulted in adverse effects on student to staff ratios and consequently challenging midwifery teachers to maintain the quality of education (Morgan, 2012).

Background

For some time there has been a growing crisis in education and research workforce which prompted the commissioning of a report identifying that these groups were in peril from 'under-recruitment, disparities in pay and reward, and rigid or poorly articulated career opportunities, all of which militate against flexible careers' (Butterworth et al., 2004, abstract). Recruitment barriers and shortages of senior education appointments across all health professions worsened this situation with little evidence that progress had been made (Council of Deans and Health, 2006).

Within the UK, midwives are prepared for professional practice through a 3-year degree programme, but for those planning to enter a career in education there are a number of requirements to be met which could act as disincentives for many. For example individuals are required to have achieved a master's degree and increasingly doctoral status while simultaneously developing into experienced midwifery practitioners and also to have gained some teaching practice. Additionally, the divide in income differential and conditions of employment, means that on financial grounds midwives may be less tempted to enter a career in teaching (National Health Service (NHS), 2004). Once in education, expectations of midwife teachers have changed significantly over the last 20 years. Midwife teachers are expected to undertake a Nursing and Midwifery Council (NMC) recordable teaching qualification and become expert teachers; they are required to meet their Higher Education Institution's (HEI) expectations as researchers and an NMC requirement to undertake a proportion of their time supporting student learning in practice representing 20% of their normal teaching hours (Nursing and Midwifery Council (NMC), 2009). Developing pedagogical expertise and becoming an excellent teacher, facilitator, mastery in learning technologies, supervisor, curriculum designer are inherent outcomes of this journey. Such diverse expectations have been identified as potential threats to the recruitment a career in nursing and midwifery education (NMC, 2009, p. 18).

For midwives and nurses who enter a second career within higher education (HE), many soon become disillusioned. Reasons include that practical skill instruction and teaching activities are less valued (Deans et al., 2003; Butterworth et al., 2004), with cases of the healthcare lecturing workforce being inappropriately 'casualised' with short- and fixed-term contracts; a phenomenon that is spreading across the globe (Peters et al., 2011). The potential research income to be gained from success in national research assessments, such as the current Research Excellence Framework (REF, Sinclair, 2008) or the Excellence in Research for Australia (ERA), have shifted work activity in many nursing and midwifery departments, overshadowing teaching excellence in terms of rewards, scholarly opportunities and career progression.

Shortages of registered midwives and nurses, the trend for part-time work, and the impact of an ageing population are having a direct effect in sustaining a viable healthcare workforce (Buchan, 1999; Buerhaus et al., 2000; Rafferty and Clarke, 2009; Midwifery 2020 Programme, 2010b). A pattern, that is being replicated within the health education labour force on both sides of the Atlantic (Shipman and Hooten, 2008; Girot and Albarran, 2012). Additionally, the introduction of differential clinical salaries (NHS, 2004) and improved career opportunities explains why the move into education may be viewed less appealing. Other explanations linked with the poor recruitment of practitioners to HE centre on the lack of clarity in relation to career pathways, the role of educators, the sense of working in isolation, tensions over teaching and research responsibilities, insufficient use of session contracts for clinicians interested in lecturing roles and limited collaboration between education and practice sectors (Andrew and Robb, 2011). More recently, the financial squeeze on HEIs has become equally pertinent (Morgan, 2012). Shipman and Hooten (2008) warn that without an academy to educate the next generation of health staff, standards of care and patient safety will be severely compromised. In terms of midwifery, a number of studies have documented the difficulties of retaining qualified midwives (Ball et al., 2002; Price, 2005; Curtis et al., 2006); however, less is known about the challenges of attracting and retaining midwives into higher education. This is cause for growing concern for quality of care, as the number of midwife recruits entering academia is low, with only 6% of all midwifery lectures being under the age of 40 years (Cunnane, 2012). Given the anticipated challenges presenting the profession, since the completion of this study, the Chief Nursing Officers across the UK commissioned the Midwifery 2020 Programme, 2010b to develop a vision for the midwifery workforce in practice and education and the findings of this study reinforce some of its key messages.

Aims of study

Given the current economic situation, the predicted downsizing of university departments and an emphasis on increased research productivity, this mixed methods study aimed to explore the challenges facing midwife teachers in sustaining the education workforce of the future across south-west England.

In particular, the study sought to address:

- The processes and challenges to the recruitment of midwifery practitioners into education.
- The profile required of individuals seeking a career in midwifery education.
- The perceived challenges to the retention of midwifery teachers.

Methods

Design

For this study, a mixed methods approach to data collection was adopted comprising of self-administered questionnaires to heads of midwifery education regarding the biographical data of their staff, individual qualitative interviews with heads of midwifery education, and focus groups interviews with midwife teachers.

Study participants

Midwifery teachers

Midwifery teachers ($n=48$) at three universities were approached through their individual head of midwifery seeking volunteers to participate in the study. Participants expressing an interest were sent a letter of invitation, a participant information sheet which outlined the aims of the study and a consent form. A convenience sample of 19 individuals agreed to participate from the three study centres, and arrangements were made at a convenient date, location and time. The number of participants