

Reasons why midwives leave

Most of us remember the seminal piece of work by Ball et al (2002) entitled *Why midwives leave*, and were, perhaps, not surprised by its findings about dissatisfaction and lack of support in the working environment.

Subsequently, Finlayson et al (2002) contacted midwives who had recently left the profession to find out why. They found that it was often not an easy decision, and could even be described as painful. This suggests a dilemma for midwives who might otherwise be persuaded to stay, in the right circumstances and with the appropriate support. Finlayson et al (2002) supported the findings of Ball et al (2002), reporting that the majority of midwives were dissatisfied with the provision of maternity care and their professional role, leading to low morale and reduced motivation.

Fast-forward to the present day and the Royal College of Midwives (RCM, 2016a) has revisited the topic of why midwives leave. Its survey elicited 2719 responses, representing a number of age groups and ethnicities. The top five reasons for leaving the profession were: not happy with staffing levels; not satisfied with the quality of care they were able to give; not happy with the workload; not happy with the support they were getting from their manager; and not happy with working conditions (RCM, 2016a: 9). A number of midwives highlighted areas of concern such as stress, not taking breaks, feeling undervalued and a lack of flexibility for those with personal commitments.

Today, there is a significant shortage of midwives (RCM 2016b), statutory supervision of midwives is about to be abolished and there have been a number of inquiries that have highlighted failings in midwifery practices (Francis, 2013; Kirkup, 2015). All of these could contribute to low morale and feelings of despair. Added to this, the latest quarterly report from the Nursing and Midwifery Council (NMC, 2016) states

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that 5000 nurses and midwives have not gone through the revalidation process. Although it is suggested that this figure is in keeping with those who did not re-register in previous years, could more be done to help retention? I am personally aware of midwives who might have stayed in the profession but chose to retire rather than going through what they perceived as a time-consuming revalidation process.

I have recently undertaken some audits on behalf of the Local Supervising Authority (LSA); part of this process is talking to midwives about all aspects of their role. Midwives appear to have a 'get on with it' attitude to work and, commendably, women and their families are the main focus of their day-to-day work. They continue to go 'the extra mile' e.g. staying late and missing breaks to ensure they get through what is often a heavy and challenging workload. Certainly, over the last decade, the role of the midwife has changed dramatically as women's needs become more complex. These working patterns, however, are those which contribute towards midwives leaving and need to be addressed urgently.

Of course, these issues do not only apply to midwives. Doctors are also leaving in high numbers owing to stress and a high workload. Carrieri et al (2015) stated that individuals are often blamed for their own lack of resilience, but that the issue is actually bigger than one person. This is a good point: if so many midwives are continuing to leave, it cannot simply be about each individual's endurance—it must have something to do with the culture and working conditions in the profession. This includes ever-declining budgets, not only for services but also for staff training.

Leadership, role modelling, creating opportunities to influence practice and stimulating practitioners have long been cited as factors that may affect an individual's decision to continue in employment. These can all be considered within the domain of the supervisor of midwives, so have we failed in our leadership role? Will the new model of 'clinical' supervision allow time to focus on these motivational practices? Or will the changes to statutory

supervision drive more midwives out of the profession? Currently, when incidents occur, midwives are investigated locally by supervisors of midwives they know and who are familiar with the workplace. No one is suggesting that this was always a perfect system, but mostly midwives would be supported through learning activities to enable them to continue to practise. Supervision investigations are concluded quickly, flaws in practice are identified and a plan introduced to allow individuals to start the remediation process within weeks. When this is devolved to the NMC, it will be a less personal and more stressful process that may take up to 2 years to finalise, perhaps leading to more resignations. The general view of health professionals is that mistakes will happen when working in the current environment and, hopefully, some form of 'supervision' in the workplace will provide much needed positive leadership.

The reasons why midwives leave are remaining static and may, in fact, increase with the changes being introduced. We need not only to continue to recruit to the profession, but also to nurture those already in it, particularly the newly qualified. A culture change is required to lead, support and build confidence.

BJM

Ball L, Curtis P, Kirkham M (2002) *Why Do Midwives Leave?* RCM, London

Carrieri D, Foxall P, Jackson M, Mattick K, Dieppe P (2015) Why are so many doctors leaving the profession: Is the answer one, seven or forty-two? www.bmj.com/content/351/bmj.h6719/rr-5 (accessed 17 November 2016)

Finlayson B, Dixon J, Meadows S, Blair G (2002) Mind the gap: the extent of the nursing shortage. *BMJ* 325: 538–41

Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. The Stationery Office, London

Kirkup B (2015) *The Report of the Morecambe Bay Investigation*. The Stationery Office, London

Nursing and Midwifery Council (2016) Revalidation Quarterly report Year 1, Quarter 2 – July to September 2016. <http://tinyurl.com/gm3w8aw> (accessed 17 November 2016)

Royal College of Midwives (2016a) *Why midwives leave – revisited*. RCM, London

Royal College of Midwives (2016b) *Agency, bank and overtime spending in maternity units in England 2015*. RCM, London