

# **A new approach to studying retention: following the professional journey of midwives in Canada**

**Summary results of the study of registered midwives'  
intention to stay in the profession**

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This study has been reviewed and approved by the Hamilton Integrated Research Ethics Board (Protocol #: 1737); University of Waterloo (ORE #: 21613); York University (Protocol #: 2019-353).

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## Executive Summary

- Retention of health care professionals is critical for Canadian policy makers and governments.

The goal of this project is to examine factors that can contribute to the retention of midwives in the profession. The objectives of the project are:

- to understand midwives' work-life balance issues while managing their career and personal life,
- to understand their preferences in work environment, and,
- to provide evidence to decision makers to assist in retaining midwives in the profession.

The survey results are based on:

- our pan-Canadian study of 720 registered midwives,
- representing 43% of registered midwives in Canada in 2018.
- Findings from the qualitative study will be presented separately.

Summary results:

- Majority of the midwives responding to our survey are intending to stay in the profession.
- However, when asked in a separate question about intention to leave, one-third are seriously considering leaving the midwifery profession in the near future.
- Midwives feel a sense of pride in doing their job, and like their practice colleagues.
- They consider pay increases too few and far between but consider their benefits are as good as most other comparable professions.
- They say many of the rules and procedures make doing their job difficult.
- When it comes to personal life, they miss many personal activities because of work and feel that they are putting a hold on their personal life for work.
- They consider the midwifery profession physically demanding, putting physical strain on their body.

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- Most midwives prefer a combination of salary and courses of care followed by billable courses of care, and salary methods of compensation.
- Most midwives prefer employee status followed by independent contractor / self-employed.
- More than a third of midwives prefer a full-time schedule and just under half prefers part-time arrangement for their work schedule.
- Most respondents prefer either birthing centres or home as their birthing site.
- Majority consider it easy to obtain hospital privileges and the process to obtain them as fair.
- Many midwives do not receive additional compensation for work that exceed expected caseload.
- More than half of midwives state there are financial costs associated with travel to clients home, which they pay for on their own.
- We recommend decision makers to consider above findings in creating work environment where midwives would like to stay in the profession. We particularly recommend decision makers to match midwives' work preferences with actual work experiences in order to retain midwives in the profession.

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### 1. Introduction, study overview and the conceptual framework of the project

Retention of health care professionals is critical for Canadian policy makers and governments. The number of births in Canada continues to grow, but the numbers of trained maternity health care providers, especially midwives, are not keeping up with the demand making the retention of midwives more important for the health care system. The goal of this project is to examine factors that contribute to the retention of midwives in the profession. The objectives of the project are: to understand midwives' work-life balance while managing their career and personal life, to understand their preferences in work environment, and to provide evidence to decision makers to assist in retaining midwives in the profession.

The conceptual framework of the project focuses on three themes in relation to midwives' intention to stay (Figure 1). Of those three areas for registered midwives, the focus in this summary results report is primarily on individual attitudes, and work-related policies. This report focuses only on registered midwives' responses to our survey. A future report will reflect on how midwifery students' intention to stay in the profession

changes throughout their career stages, and a qualitative report will focus on these topics for midwives and midwifery students.

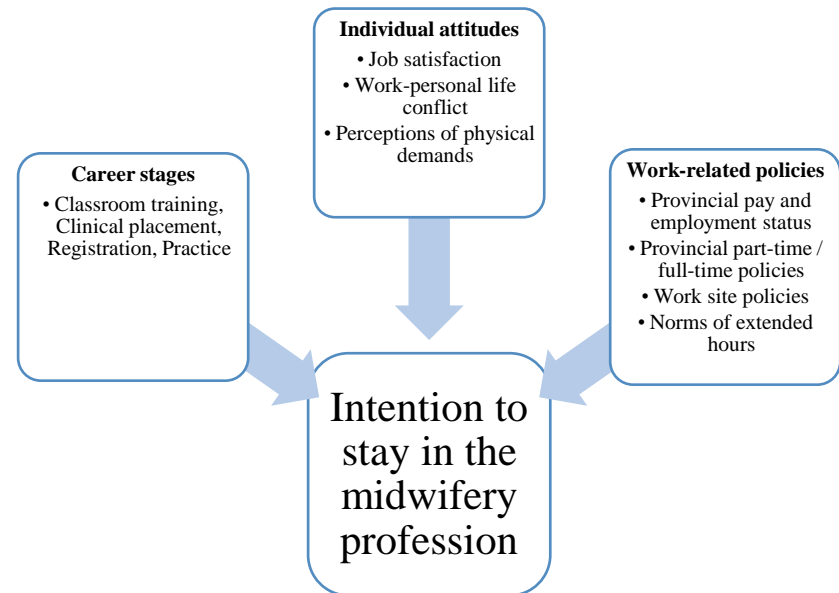


Figure 1. Conceptual framework of the project

## 2. Methodology

This report provides insights from data collected through surveys and interviews from registered midwives across Canada. We are also in the process of finalizing data collection from midwifery students in training, which will be reported later on. The current report focuses on 720 registered midwives who completed the survey. This represents 43% of registered midwives in Canada, in 2018, the year the survey was conducted. A portion of the study data is qualitative. At present, we are working on organizing the qualitative data into peer-reviewed publications that will be shared with health policy and midwifery communities.

The survey targeted all Canadian midwives: those registered and practicing, registered and not practicing (i.e. on leave or looking for employment), and those who have left the profession (asking them to reflect on their past work experiences). The data collection was through several avenues including communications at conferences, email, social media, and the study's website [[www.CanadianMidwiferyStudy.ca](http://www.CanadianMidwiferyStudy.ca)]. Midwives registered with provincial and territorial regulatory authorities, those who held a membership with the Canadian Association of Midwives (CAM), and midwives who signed up

for our waitlist were emailed an invitation to the study, along with an information letter.

The survey asked questions on midwives' intention to stay in the profession, job satisfaction, work-life balance, their perceptions of physical demands, work policies, and work environment issues. The survey also asked questions on midwives' preferences and demographic characteristics. These issues will be presented in this report.



### 3. Demographic Characteristics

Eighty percent of our respondents studied midwifery in Canada with 60% completing their studies in Ontario, 8% in British Columbia, and the rest in other provinces. Furthermore, 83% of registered midwives are practicing midwives (Figure 2).

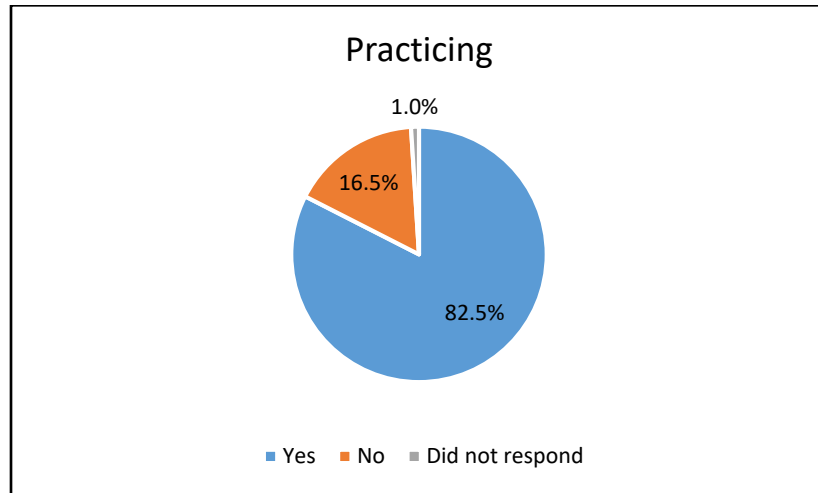


Figure 2. Are you currently practicing?

Our respondents represent practicing midwives from British Columbia (14%), Prairie Provinces (11%), Ontario (49%), Quebec (9%), Atlantic Provinces (1%), and the North (0.4%), with varying years of experience as a midwife (5% with less than a year of experience to 11% having more than 20 years of experience). Due to a small number of respondents, those in

Prairie Provinces are grouped together, Atlantic Provinces are grouped together, and Northwest Territories and Nunavut represent the North. Figure 3 presents the number of registered midwives according to Canadian Association of Midwives (2017) and responses to our survey from different regions in Canada.

The average age of our respondents is 43 years. At the time of completing the survey, 66% of the respondents were married, living with a partner, or in a common-law relationship. Before completing midwifery studies, most of the respondents had an undergraduate degree (43%), while some had a graduate degree (15%) or college diploma (9%), and about 8% had not completed any prior degree. Moreover, 45% of midwives in our data have had another career prior to becoming a midwife.

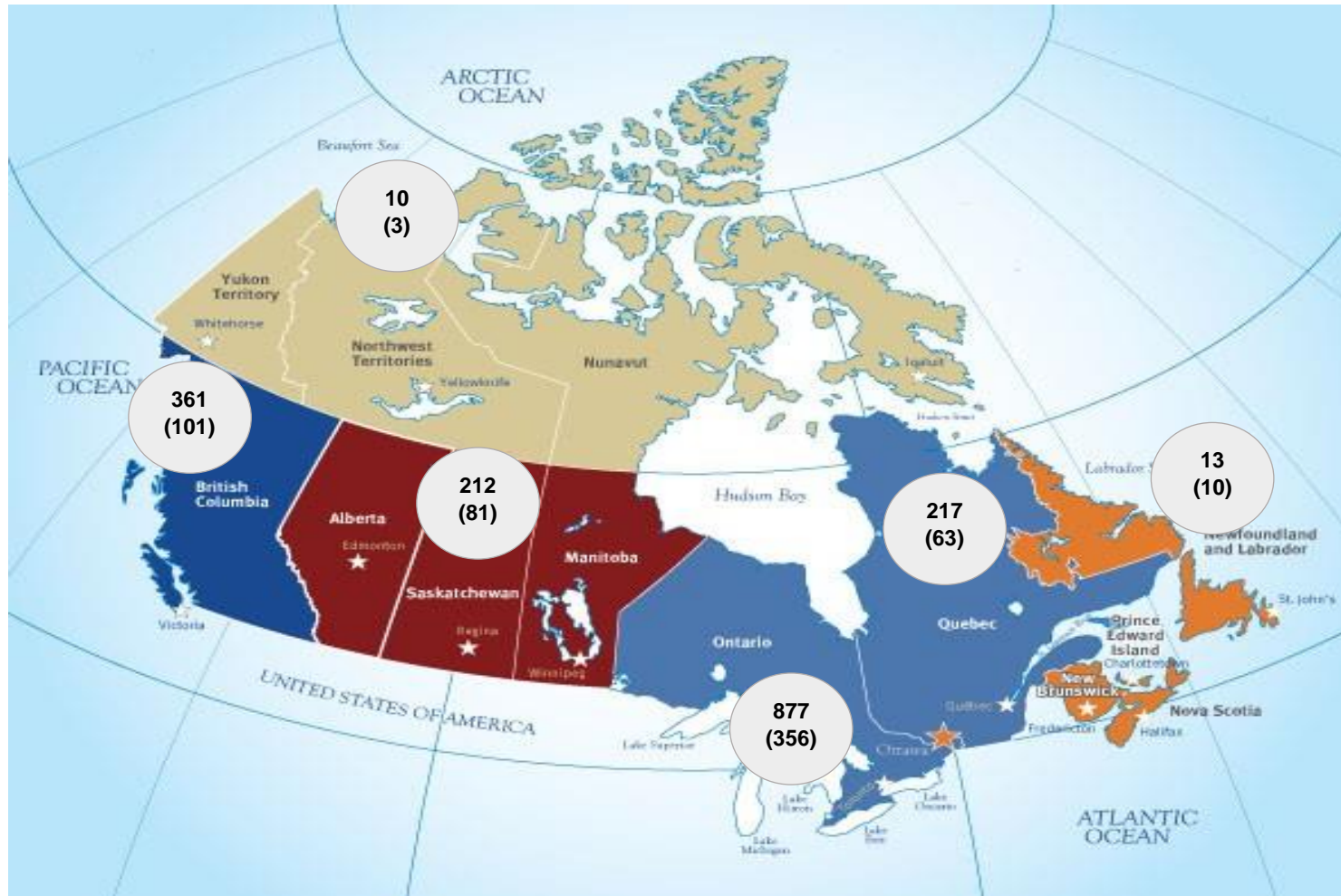


Figure 3. Map showing the number of registered midwives based on information from Canadian Association of Midwives in 2017 and the number of midwives who participated in our survey

### 3. Results

*Intention to stay in the midwifery profession:* We measured respondents’ intention to stay based on three questions (Lyons, 1971). For example, one question asked whether they would prefer to keep working as a midwife if they were completely free to choose (Figure 4). Respondents rated each question on a scale from 1 to 5. We took the sum of the responses to the three questions as a representation of their intention to stay in the profession. Midwives reported an average of 11.3 out of 15 showing that the majority are intending to stay in the profession.

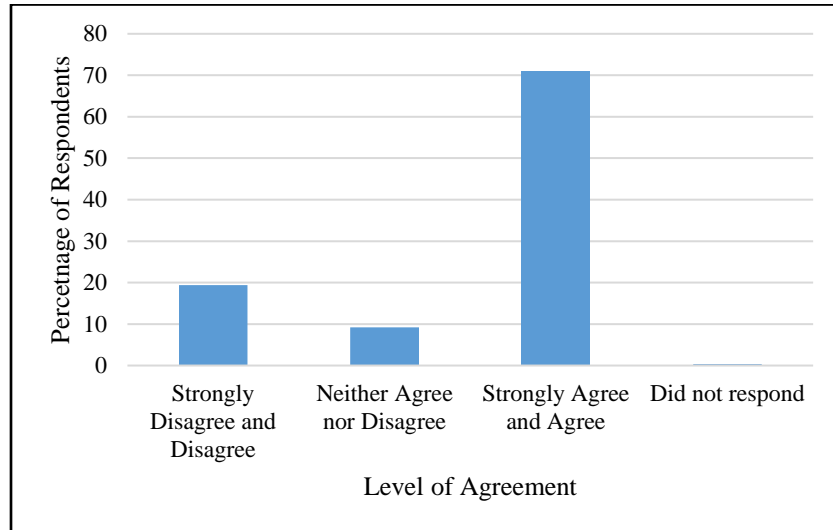


Figure 4. Intention to stay question: *If I were completely free to choose, I would prefer to keep working as a midwife*

However, in a separate question, midwives were asked about their intention to leave the profession (Fimian, Fastenau, & Thomas, 1988) and 33% of our respondents indicated that they are seriously considering leaving the midwifery profession in the near future (Figure 5).

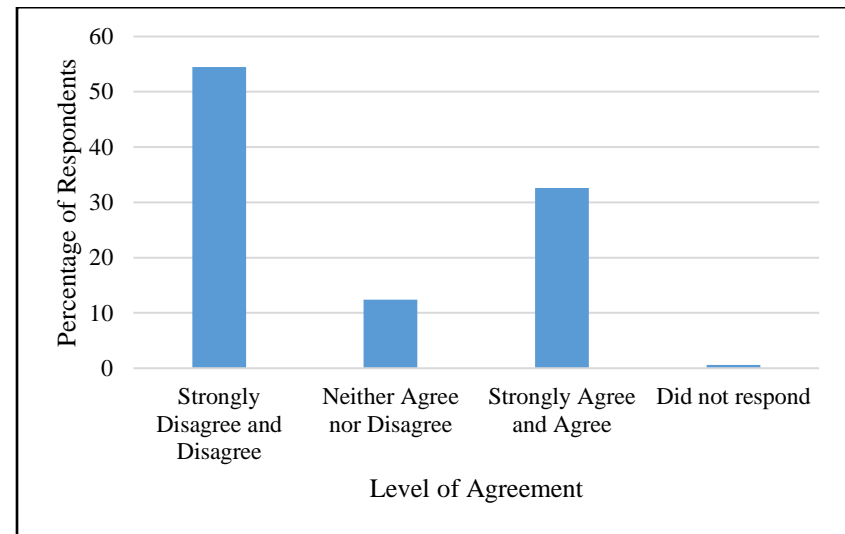


Figure 5. Intention to leave question: *I am seriously considering leaving the midwifery profession in the near future*

*Midwives' job satisfaction:* We also measured midwives' satisfaction with their jobs through 27 previously validated questions (Spector, 1985). Overall, responses to the work satisfaction questions show that midwives are more satisfied than dissatisfied with their work. The questions focused on midwives' satisfaction with pay and pay raises, fringe benefits, contingent rewards, rules and procedures, relationship with the co-workers, and the nature of the work.

Study respondents were overwhelmingly feeling a sense of pride in their jobs (92%) and the majority (81%) noted that they liked their practice colleagues. However, 50% reported some level of disagreement when asked whether their benefits were comparable to other health professions. Eighty percent indicated that pay increases are too few and far between and 44% agreed that many of the rules and procedures make doing a good job difficult (Figures 6-10).

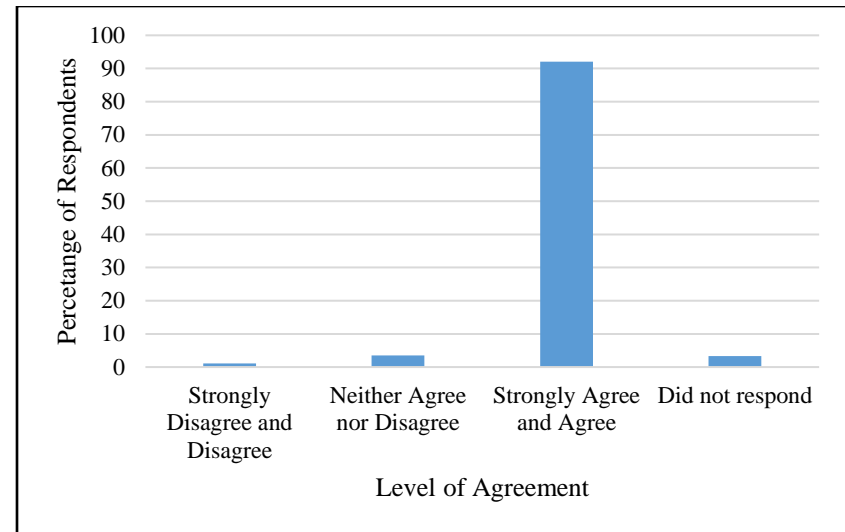


Figure 6. I feel a sense of pride in doing my job

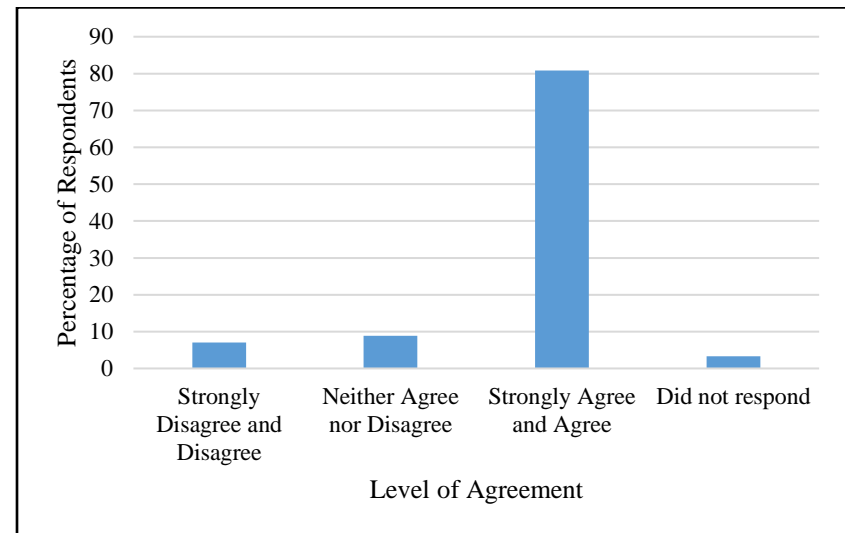


Figure 7. I like the practice colleagues I work with

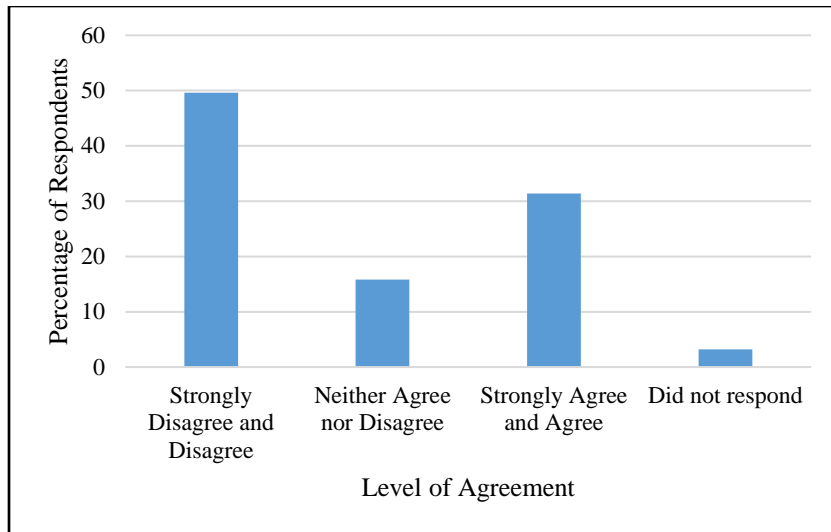


Figure 8. The benefits I receive are as good as most other comparable professions offer

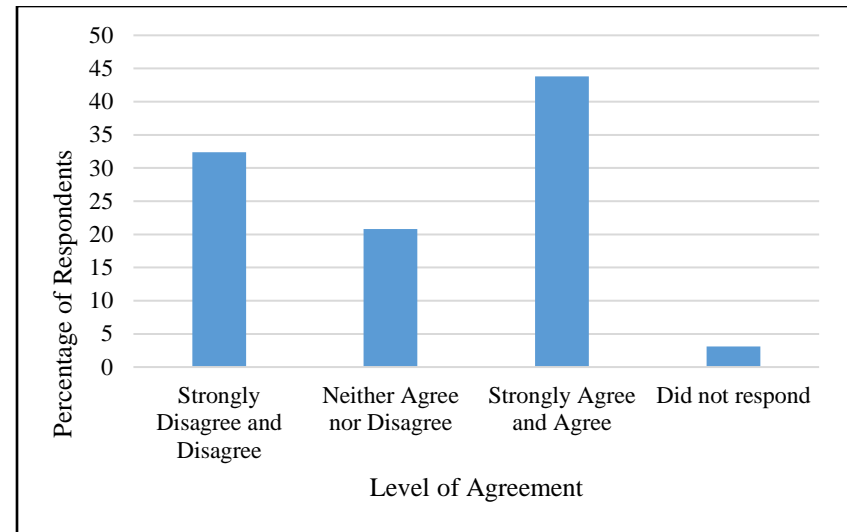


Figure 10. Many of the rules and procedures make doing a good job difficult

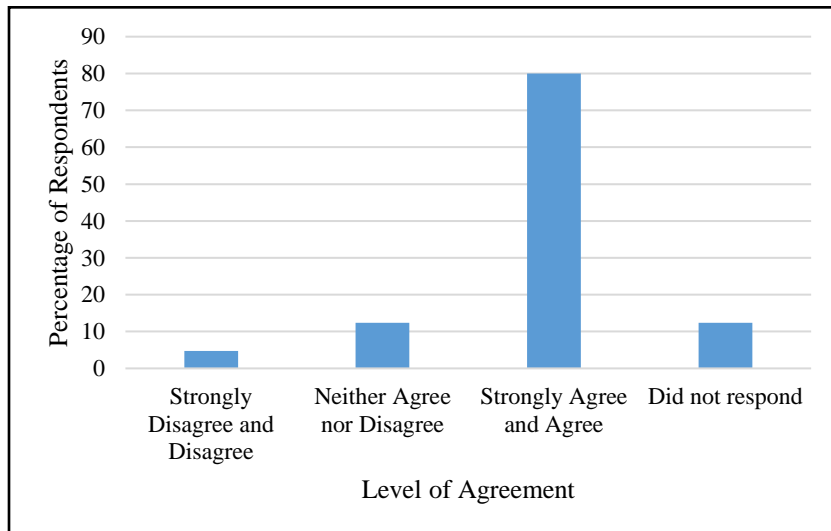


Figure 9. Pay increases are too few and far between

*Midwives' work-personal life conflict:* We also asked questions regarding the extent to which working as a midwife conflicted with their personal lives and vice versa. Respondents reported a high level of work conflicting with personal life with 89% reporting that they missed personal activities because of work. More than 77% said that they have put their personal lives on hold for their work, and more than 76% said that their personal life suffers because of working as a midwife (Figure 11-13). However, the opposite, the extent to which personal life conflicted with work did not show high levels of conflict.

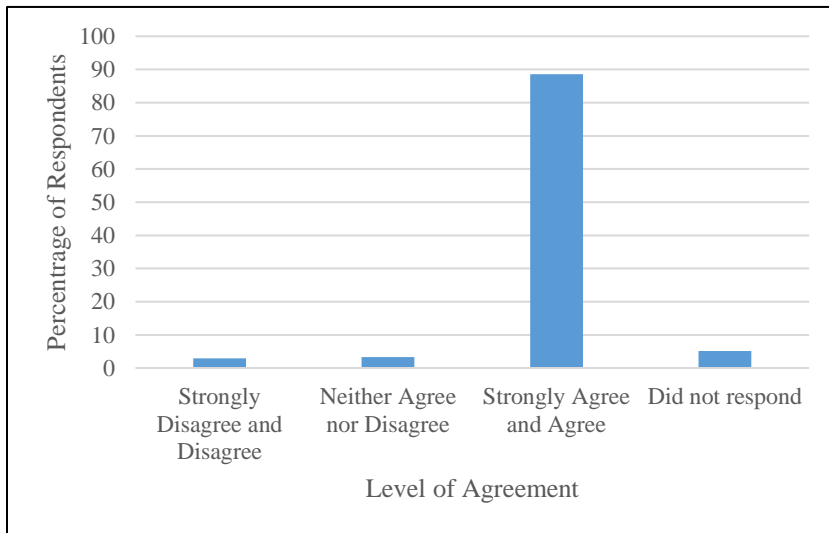


Figure 11. I miss personal activities because of work

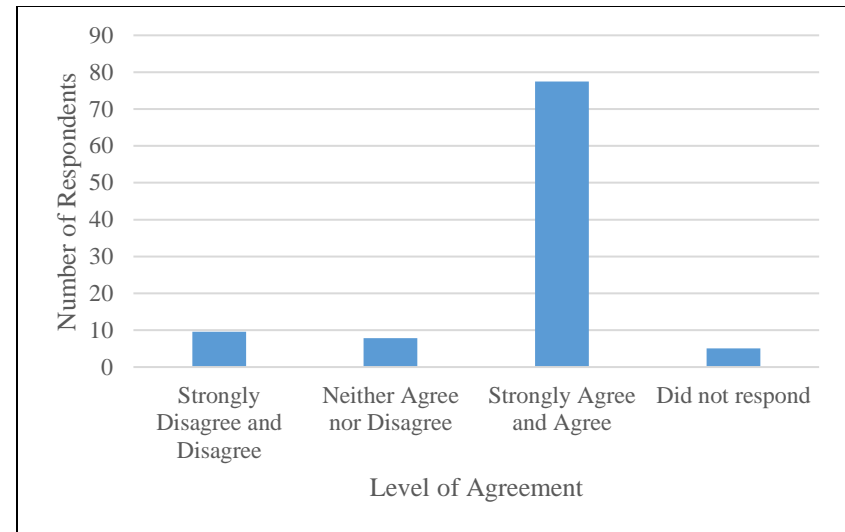


Figure 12. I feel I have to put my personal life on hold for work

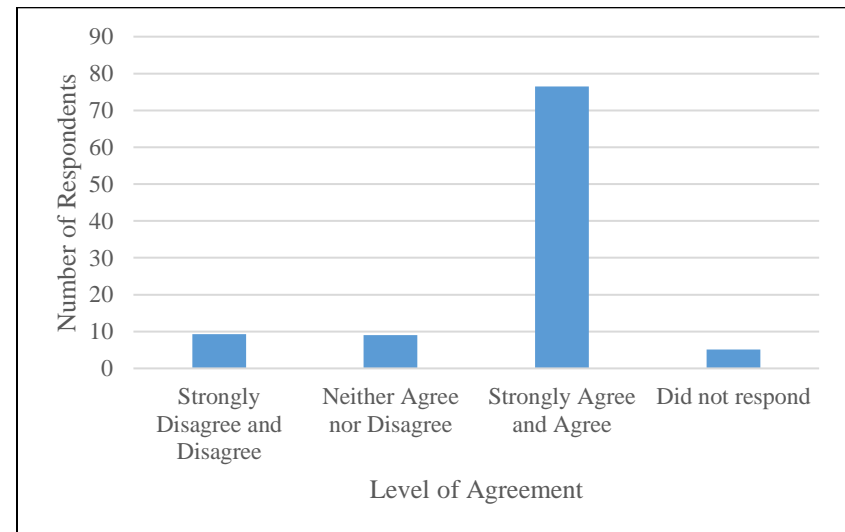


Figure 13. My personal life suffers because of working as a midwife

*Perception of the physical demands of midwifery.*

The other aspect of midwifery profession that we captured in our survey was midwives’ perceptions of physical demands of midwifery. We asked 10 questions of which 7 were from Denton et al. (2002) and the rest were developed by the research team. Approximately 38% of our respondents agreed, to some extent, that their work as a midwife is too physically demanding (Figure 14). Moreover, 81% of our respondents indicated that their work as a midwife puts physical strain on their body and more than 67% said that working as a midwife compromises their health (Figure 15, 16).

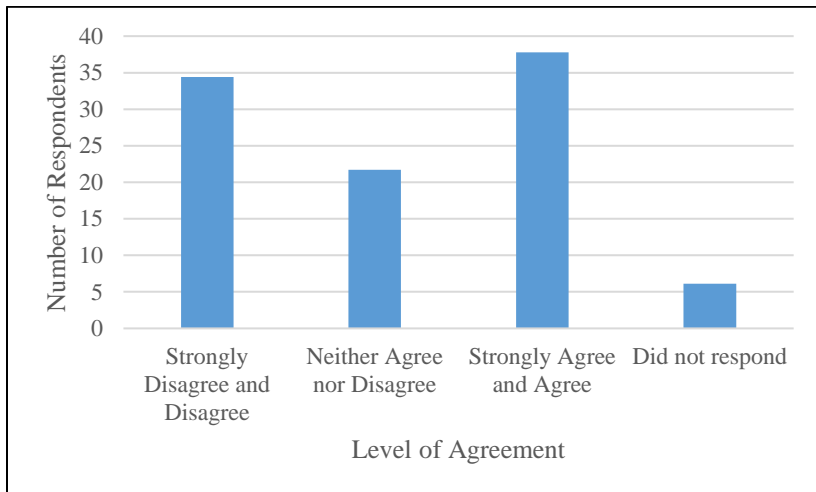


Figure 14. My work as a midwife is too physically demanding

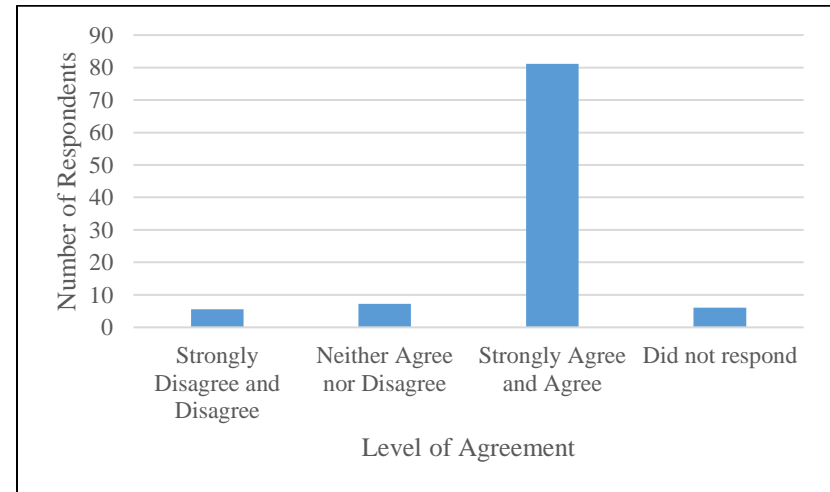


Figure 15. My work as a midwife puts physical strain on my body

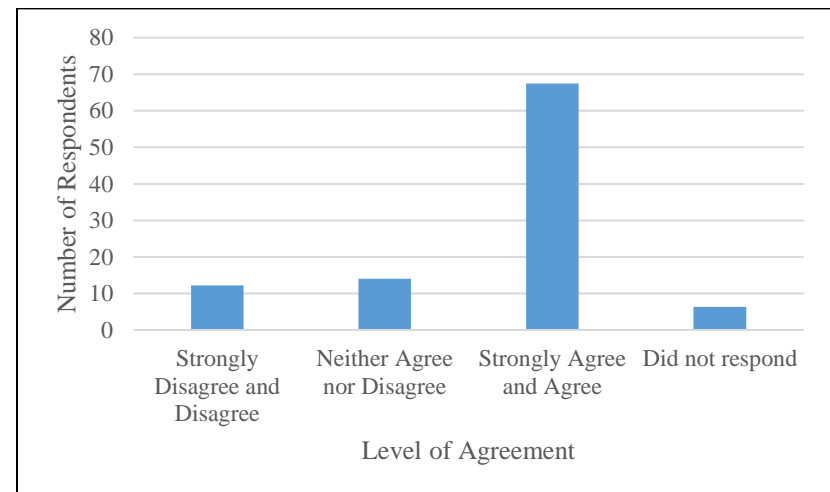


Figure 16. My work as a midwife compromises my health

*Work and employment policies.*

The survey asked questions regarding several work and employment policies. We asked how they were compensated and how they prefer to be compensated. Two-thirds (67%) indicated that they were paid by billable courses of care. However, less than a third (29%) preferred this method of compensation. About 14% of the respondents were paid by salary and 22% preferred this method; 4% were paid a combination of salary and course of care, however, 32% preferred this method (Figure 17). For employment status, 64% were self-employed or identified as an independent contractor and only 16% considered themselves employees. However, when it came to their preferences, 36% preferred the self-employed/independent contractor status and 42% preferred to be employees (Figure 18). When it comes to their work schedule, 65% indicated that they were working full time, while 39% preferred to have a full-time schedule and 44% preferred a part-time schedule. The rest of the respondents either skipped this question or preferred other work schedules (Figure 19).

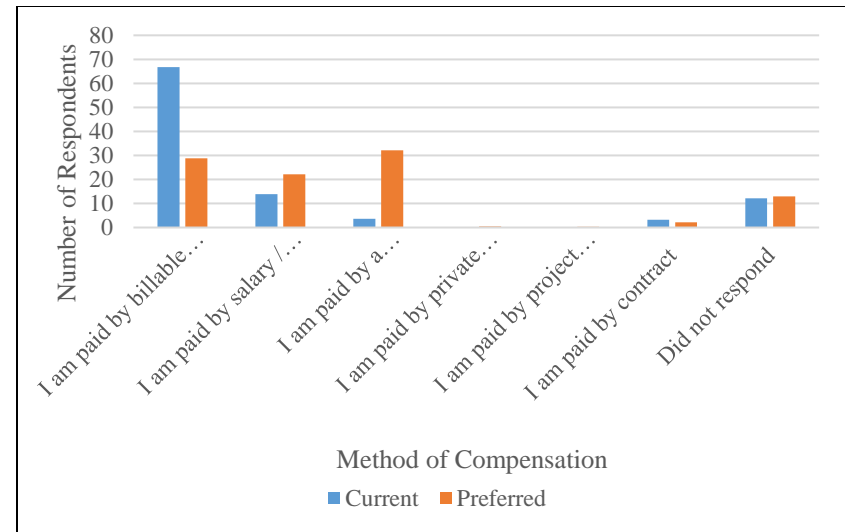


Figure 17. Current and preferred methods of compensation

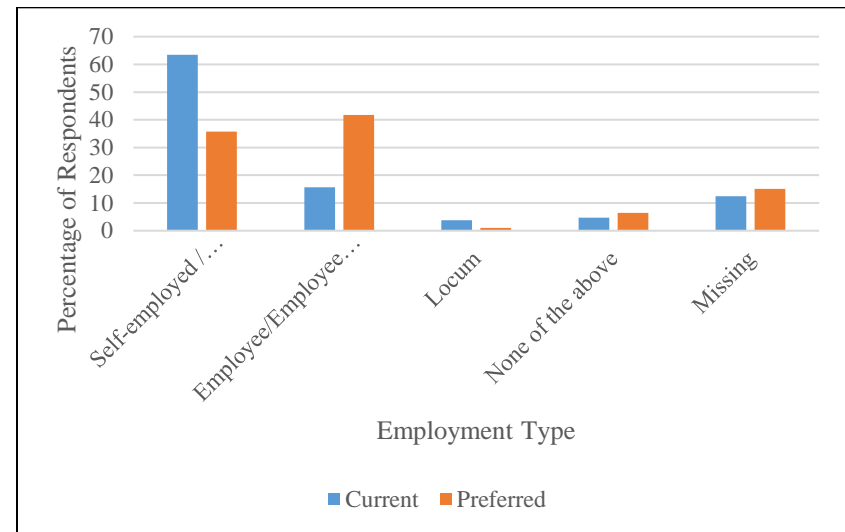


Figure 18. Current and preferred employment status



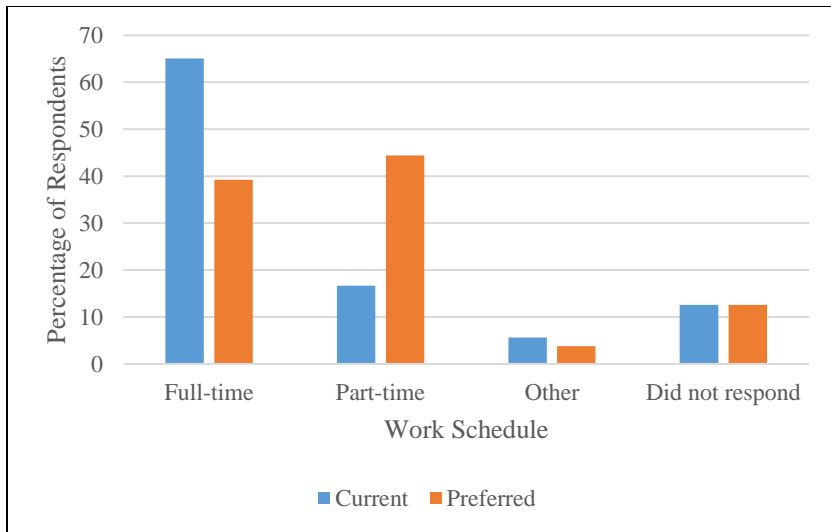


Figure 19. Current and preferred work schedule

For practice location, we separately examined birthing sites for Quebec and the rest of Canada. This is because in Quebec birthing centres are most commonly used and are preferred locations. While there are some birthing centres in Ontario, based on our knowledge, there is none in the rest of Canada and we wanted to see the preferences for provinces and territories in Canada, other than Quebec.

In Quebec (Figure 20), about two-thirds of midwives (65%) indicated birthing centres, followed by homes (13%) and hospitals (11%) as the birthing site they currently use most often. When it came to their preferences for birthing sites,

majority preferred birthing centres (35%) or home (35%), while a quarter prefer whichever location their clients prefer. Of note, not even one of our respondents in Quebec selected the hospital as their preferred birthing site. In addition, to note, clinic was not given as an option to select as preference (Figure 20).

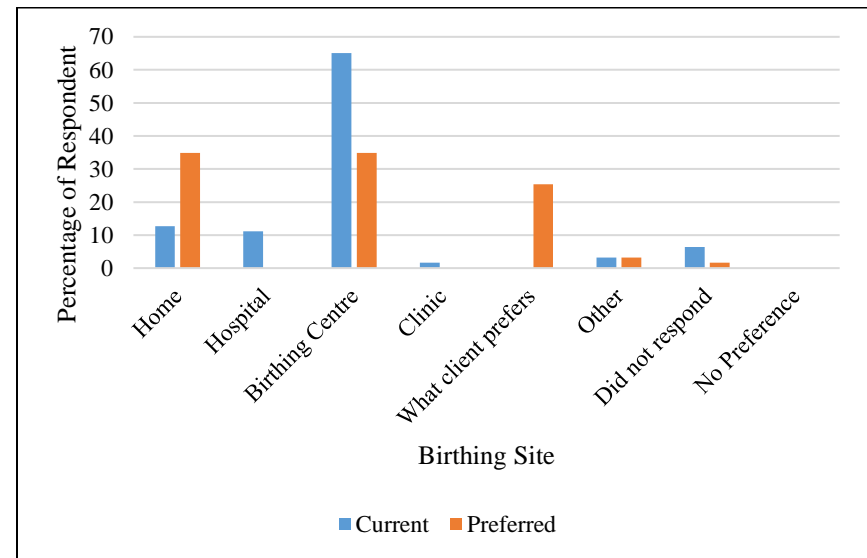


Figure 20. Current and preferred birthing sites for Quebec

For the rest of Canada, 57% identified hospitals as their most often used birthing site, while 16%, 7%, 0.8% identified homes, birthing centres, and clinics, respectively. Of note, 19% did not respond to this question. For the rest of Canada, midwives' preferred birthing site are home (37%), whatever

location their client prefers (23%), and birth centres (13%), followed by 8% for hospitals. Clinic was not given as an option to select as preference (Figure 21).

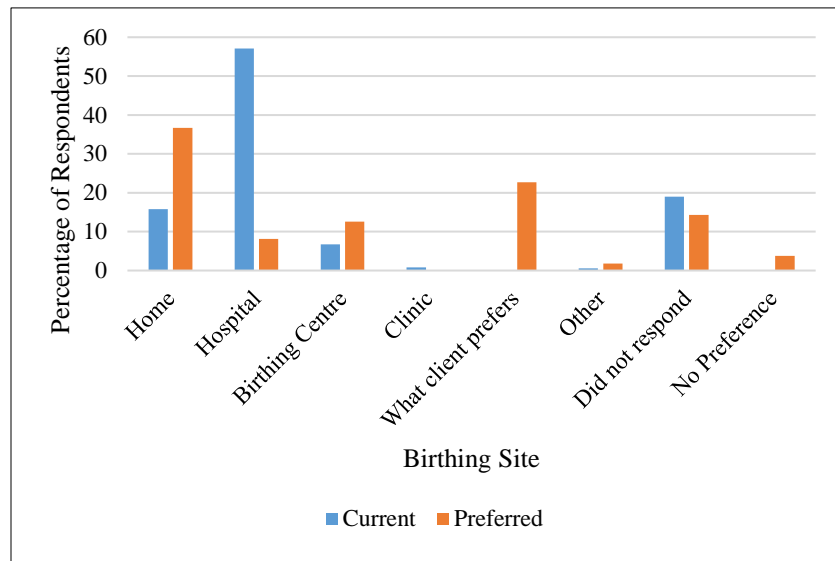


Figure 21. Current and Preferred birthing sites for the rest of Canada

For hospital privileges, seventy-six percent of our respondents indicated that they needed hospital privileges. However, when asked whether it was easy for them to obtain hospital privileges, 75% agreed or strongly agreed with the statement. When asked about whether the process to obtain hospital privileges is fair, only 51 percent agreed or strongly agreed. While 79 percent agreed when asked if it was easy to maintain these hospital privileges.

When midwives were asked about additional compensation for work that exceeds expected workload, for example overtime, committee work, 67% indicated that they were rarely or never compensated. In addition, 53% said that they care for more clients than they are paid for.

When asked if there were policies or guidelines that would limit the number of consecutive hours that midwives can work in a 24 hours period, 54% of our respondents answered no, while 75% indicated that they would prefer to have such policies in place.

As a part of their jobs, midwives are often required to travel. Therefore, we developed four questions to capture this aspect of the midwifery profession. Few midwives found the travel to and from their clients' homes to be stressful and 36% agreed or strongly agreed that many of their clients were located far away from the clinic or midwives' homes. Midwives (55%) also note that there are financial costs associated with their commute to their clients' homes and they pay for these costs out of pocket.

#### 4. Conclusions and Recommendations

Retention of health care professionals is critical for Canadian policy makers and governments. The goal of this project was to examine factors that can contribute to the retention of midwives in the profession. The objectives of the project were: to understand midwives' work-life balance while managing their career and personal life, to understand their preferences in work environment, and, to provide evidence to decision makers to assist in retaining midwives in the profession.

Based on the survey results we conclude the following: the majority of midwives' intend to stay in the profession, however, when asked specifically about their intention to leave the profession, a third are considering leaving. We recommend decision makers to consider work-life balance issues and midwives' preferences in work environment for retention.

Midwives feel a sense of pride in doing their job, and like their practice colleagues. For retention, pay increases and benefits comparable to other health professions are recommended for consideration. Work-life balance issues are a concern for midwives. For example, they miss many personal activities because of work and they feel that they are putting a hold on

their personal life for work. They also consider the profession to be physically demanding, putting physical strain on their body. Focusing on work and employment issues, giving midwives choice in the method of payment, employee status, and work schedule as part-time or full-time could assist in retaining midwives in the profession. Providing additional compensation for work exceeding their caseload and assisting them with financial costs associated with care for clients can also contribute to retention.

This is a preliminary report of our findings and we are continuing with further analysis of the data. Summary reports, including student survey findings and qualitative study results, will be provided as they are completed.

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