

THE WHO HAS HIGHLIGHTED THE GLOBAL concern of the shortage of midwives (WHO, 2006). The UK is not exempt from this evaluation and the depletion of the workforce is causing great concern. In the hope of addressing this deficit, increased funding has been provided to higher education institutions to increase the intake of student midwives for pre-registration midwifery programmes, with the aim of building the workforce.

Although widening the gateway is certainly a good place to start, attrition of students during their programme remains a major concern and has provoked close monitoring (Quality Assurance Audit, 2007). It is not merely a matter of wasted opportunities, financial consequences and disruption for the remaining students but, from a sustainable approach, it means fewer bodies long term to support the workforce. Although there is significant effort from tutors resulting in a positive impact on retention during the recruitment and selection process (Hughes and Fraser, 2011), it is not always possible to predict who will leave during the course of the programme.

Justifiably, some students do not complete the programme. Some may not possess the skills to meet the requirements in theory or practice. Although unfortunate, this remains an important



Training for resilience

Why are you leaving, you've just got here? An examination of attrition in pre-registration and preceptorship midwives.



paramount for students, to allow the evolution of emotions to build strong resilience. They are novices to the midwifery environment so exposure to everyday ‘normal’ midwifery is challenging and can affect self-efficacy.

Midwifery is more than a job, it is a lifestyle, and experienced midwives with sufficient resilience take it for granted that others (including student midwives) hold similar resilience. Although the student midwives don’t experience the exact same stresses, they have a similar type of stress, originating from the pressures and uncertainty surrounding acquisition of professional skills, and understanding the culture and evaluation of performance in the work environment (Neiterman and Lobb, 2014).

Sadly, these stresses are not exclusive to students: there is also a high ratio of preceptor midwives who leave for similar reasons. The realism of the environment, fear of making an error, the newly acquired responsibility and fear of failure are overwhelming (Claire et al, 2003). Although preceptorship programmes are in place (DH, 2010), the reality is the birth rate has been rising, women are experiencing high volumes of complex issues, and the shortage of midwives constantly compromises preceptorship programmes. Goh and Watt (2003) state that it is an ‘unrealistic expectation’ for preceptor midwives to ‘hit the ground running’, in some cases having a terminal effect on their career.

The caring dilemma

Socialisation plays a key role in the integration of academic and healthcare organisations (Green and Baird, 2009) and, therefore, universities and the trusts need to work together to provide consistent and organised programmes that encourage students to be well equipped and survive periods of disillusionment, with resilience built into the education programme (Hunter and Warren, 2014). Midwifery educators and clinicians have an ethical obligation to ensure women are cared for, but equally, that their carers are cared for (Reiger and Lane, 2012).

Bourgeault et al (2006) explored the caring dilemma midwives face in their work-life balance. Although motherhood and the work a mother does should be socially valued, midwives have difficulty in choosing between home caring or work caring when delivering a continuous midwifery model of care.

The caring dilemma is a major element of why students are attracted to the midwifery programme, but a contributing factor to

part of the regulation process of the profession. Some students may have personal issues that require an interruption or, occasionally, an end to their study (see column right). But by keeping the pathways open for communication, they are encouraged to return when their circumstances permit, with the support of the university and hospital trust.

Who will leave?

The students at risk of departing who can be identified and supported are those whose resilience is underdeveloped for the midwifery environment. The lack of resilience leaves them feeling unsuited to their new role. Hunter and Warren (2014) highlight the complexities qualified midwives have with their own resilience and identify that they too require support to learn how to become resilient.

Kind, supportive and nurturing environments are

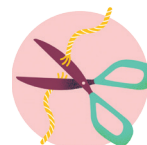
ISSUES?



Childcare issues



Relationship breakdown



Circumstances changing



Unexpected health issues



Carer to a family member



Financial pressure



→ why they leave. This highlights that being unavailable for family due to shift and work demands are heavily impacting on the future of the profession. Experienced midwives have developed tools to build resilience that supports the caring dilemma (Neiterman and Lobb, 2014), but student midwives may not have had this important development or may not be ‘allowed’ to operate in a way that enables them to balance everything.

Student midwives in the UK differ from other student populations. They are significantly older, predominantly female and they currently have access


to a bursary to support them financially, so it doesn't bode well for 2017 with the abolishment of the bursary and financial debt added as another stressor.

A sustainable future

Retention is linked to job satisfaction and there are several methods of supporting students and newly qualified midwives in their practice settings. These include preceptors web-based packages that provide support, such as the Flying Start NHS initiative (Banks et al, 2011), or offering transition projects (in universities), such as preceptor passports, so they are ‘preceptor ready’ (Kitson-Reynolds et al, 2016) when the newly qualified midwives start their first post. Community care models that provide effective and safe care (Killingley, 2016) known to enhance job satisfaction (Benjamin et al, 2001) while offering occupational autonomy, which is related to less burnout (Yoshida and Sandall, 2013), are also in the long-term plan set out in *Midwifery 2020*.

As important as support, the need to review the culture of certain areas and adopting tools to change (Freemantle, 2013a; 2013b) should be part of the sustainable future, as this sets the important example to the multidisciplinary team that effective team work and being heard is vital to retention, satisfaction and safety.

However, many of these valid solutions take time to organise and initiate, yet one easy resolution to influence positive experiences in students is that students need to feel they belong (McKenna and Boyle, 2013), and are valued (Yoshida and Sandall, 2013) by their mentors, who are exceptionally influential to them (Hughes and Fraser, 2011).

Therefore, this is a respectful reminder to continue the valuable support to students in gaining expertise and clinical skills and to remind all midwives that you were in their position once and they want to be like you. So exercise the wonderful qualities stated in the 6Cs (see box left). Together with pastoral care and support (Rodgers et al, 2013) from universities and clinical areas, we can help reduce the attrition rate and rebuild our workforce. 

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THE 6CS: A SET OF VALUES THAT UNDERPIN COMPASSION IN PRACTICE

Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.

Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication is central to successful caring relationships and to effective team-working. Listening is as important as what we say and do, and essential for ‘no decision about me without me’. Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead. (NHS England, 2012)