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Citation for final published version:

Moncrieff, Gill, Cheyne, Helen, Downe, Soo and Hunter, Billie 2023. Factors that influence midwives' leaving intentions: a moral imperative to intervene. *Midwifery* 125 , 103793. 10.1016/j.midw.2023.103793

Publishers page: <https://doi.org/10.1016/j.midw.2023.103793>

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PII: S0266-6138(23)00196-1  
DOI: <https://doi.org/10.1016/j.midw.2023.103793>  
Reference: YMIDW 103793



To appear in: *Midwifery*

Please cite this article as: Gill Moncrieff , Helen Cheyne , Soo Downe , Billie Hunter , Factors that influence midwives' leaving intentions: a moral imperative to intervene, *Midwifery* (2023), doi: <https://doi.org/10.1016/j.midw.2023.103793>

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## Factors that influence midwives' leaving intentions: a moral imperative to intervene

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**Keywords**

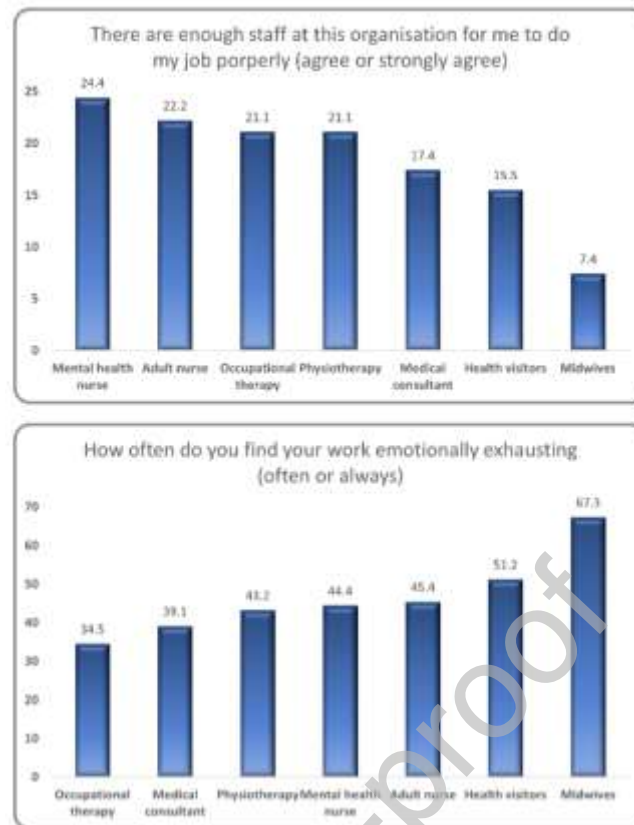
Workforce; Staffing; Midwives; Safety; Retention; Mental health; Burnout

**Achieving a sustainable workforce**

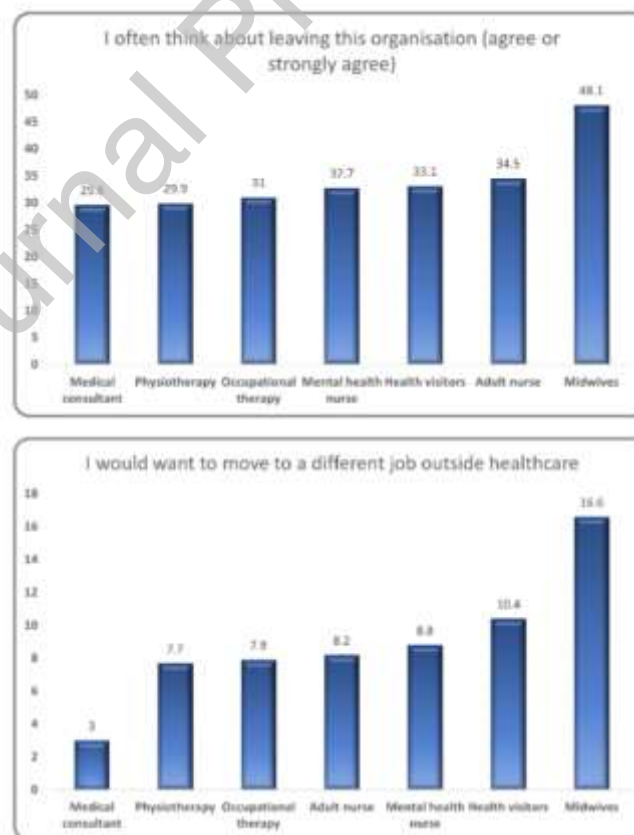
An appropriately staffed midwifery workforce is integral to sexual, reproductive, maternal, newborn and adolescent health. However, shortages of midwives are a global concern, impacting on the provision of care in low, middle, and high income countries (WHO 2021). In the United Kingdom (UK), the central importance of this issue is underscored by recent reports which find that insufficient staffing has contributed to adverse outcomes and experiences for service users (Knight, 2022).

While the UK response to midwifery staff shortages has typically focused on the education of new graduates, it is not sustainable to keep adding midwives to a system that is losing them at a similar rate. While thousands of new students enter the UK education system each year, this does not result in similar increases in the midwifery workforce, simply due to the number of staff leaving each year (Royal College of Midwives (RCM), 2023). Furthermore, it is increasingly difficult to safely support the clinical development of student midwives due to staff shortages (APPG, 2022). There is also an ongoing decline in the number of applications to midwifery programmes in the UK (RCM, 2023). Research suggests that this situation is not going to improve without significant intervention. Surveys released by the WHELM (Work Health and Emotional Lives of Midwives) collective found that 42.8% of Australian midwives, 66.6% of UK midwives, and 67.3% of Canadian midwives had considered leaving the profession in the 6 months before completing the survey (Harvie et al., 2019; Hunter et al., 2019; Stoll et al., 2019). RCM workforce surveys suggest that up to 57% of midwives in England and 75% of midwives in Scotland may be intending to leave (RCM 2021; 2022).

The annually released NHS staff survey provides valuable information about staff experiences at work, including questions about intention to leave (NHS England 2023). Data from the survey reveal an ongoing deterioration in terms of staff morale and engagement, with fewer staff completing the 2022 survey than in previous years, which may suggest apathy of expectation for change (Wallbank et al., 2023). Responses from midwives convey a particular cause for concern. Only 7% of midwives felt there were enough staff to enable them carry out their job properly, and 67% of midwifery respondents expressed that they often or always find their work emotionally exhausting (figure 1). Of the 48% of midwives who stated that they think about leaving, 16% stated that they would choose to move to a role outside healthcare (figure 2).



**Figure 1.** Comparing responses of health professionals to the 2022 NHS staff survey (NHS England 2023)



**Figure 2.** Health professional leaving intentions according to the 2022 NHS staff survey (NHS England 2023)

### **An essential focus on retention**

Appropriate employee retention is essential for optimal functioning of any organisation. If staff are not retained, costs and resources are incurred in terms of advertising, recruiting for and retraining new staff, and loss of valuable knowledge and experience that facilitates team working, innovation and adaptability (Buchan et al., 2018; Bussin, 2018). Furthermore, staff morale deteriorates due to working for an organisation that does not value its staff (Bussin, 2018).

The need to focus on retaining staff in the NHS has gradually been recognised. The 'Retain' element of the NHS Long Term Workforce Plan is focused on reducing the number of staff leaving the NHS, although it is not entirely clear how this will be achieved. The Plan appears to be based on the NHS People Plan, with a significant focus on issues such as increasing flexible working and improving career development opportunities (NHS England 2023). The Plan does acknowledge the integral importance of improving culture and wellbeing for staff, although it is unclear how the root cause for concerns about these should be investigated and addressed. With a considerable focus on the creation of new roles and responsibility placed on individual organisations, there is a risk of placing the weight of more bureaucracy onto staff already overstretched, without tackling the underlying issues. There may also be a need for increased emphasis on finding out why employees within individual professions intend to leave, which is likely to be influenced by context- and profession-specific factors (Kelly 2022).

Furthermore, retention is a concept that is superficially straight forward, yet difficult to define and measure (Buchan et al., 2018). An employee may change role or organisation, or they may leave the profession altogether. It is unclear when they are not 'retained'. How 'retention' is evaluated is equally unclear and critically, is not uniformly measured. There is a need therefore, for development and definition of the term and its key indicators, so that retention can be effectively measured and assessed.

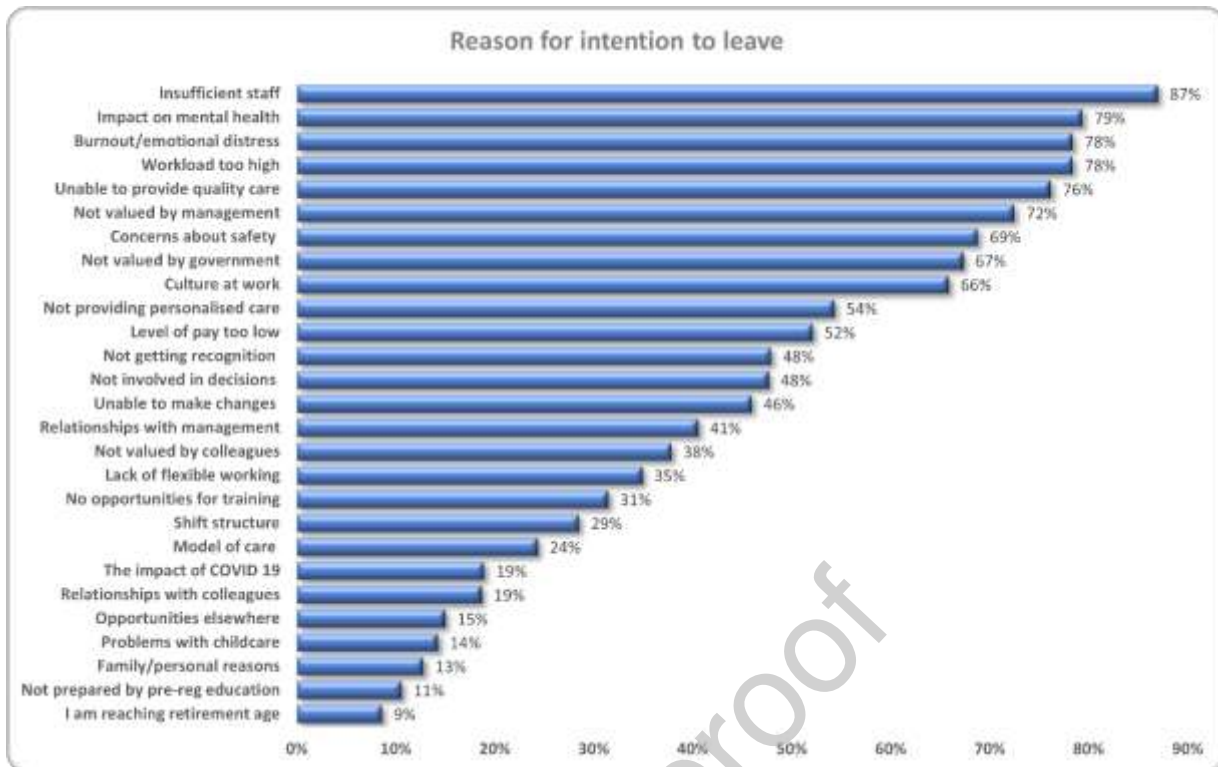
### **Development of an evidence-based retention strategy**

Any retention strategy would intuitively be based on mitigating the (push) factors that drive staff to leave as well as enhancing the (pull) factors that encourage them to remain (Weyman 2023). However, it is unclear whether current retention strategies in maternity have such a foundation.

The REMAIN (REsearching why Midwives stAy or leave to Improve retention) study is designed to develop an evidence-based retention programme for midwives in the UK. As part of this work, we released a survey exploring factors that influence midwives' decisions to stay or leave. The survey was developed in collaboration with relevant stakeholders (RCM, service users and midwives) and questions were based on the most frequently chosen responses to previous similar surveys. The survey was available online from April to May 2023 with 764 initial respondents, and 407 people fully completing the survey. Here we present interim analysis of intention to leave questions.

### **Factors that influence intention to leave**

Participants were asked to choose as many factors as they felt were applicable to their intention to leave from a pre-defined list of reasons. The results for this question are provided in figure 3.



**Figure 3.** Percentage of participants choosing stated reason as a factor influencing their intention to leave.

The top five reasons provided for intention to leave related directly to working life, rather than individual-level factors:

- Insufficient staff (87%)
- Impact on mental health (79%)
- Burnout/emotional distress (78%)
- High workload (78%)
- Inability to provide quality care (76%)

The least frequently chosen reasons were more personal:

- Opportunities elsewhere (15%)
- Childcare (14%)
- Family/personal reasons (13%)
- Not prepared by pre-registration education (11%)
- Retirement (9%)

Responses to open questions were coded and analysed using MAXQDA. A visual representation of the frequency analysis for the codes is provided in figure 4. This highlights elements of the toxic work culture that underpins insufficient staffing.





**Figure 4.** Code cloud for participants' own reasons for intention to leave. Only codes with a frequency of over 20 were included.

Quotes provided by the respondents illustrate the serious nature and consequences of the staffing crisis generated by the factors highlighted in figure 2.

*"Very unsafe levels of staffing, frequent closure of wards, frequently only one midwife staffing a ward"*

*"Staffing is horrendous. Working to burnout is not something I aspired to when commencing the role"*

*"Short staffing constantly, no breaks, not even time to pee. Have often bled through to my uniform when menstruating"*

*"Poor staffing means it's not uncommon for NQMs [Newly Qualified Midwives] to be in charge of a whole ward on their own, which leaves you feeling completely unsupported and unsafe"*

*"Unsafe staffing - lack of staff contributed to immense pressure on the clinical workforce. Due to this I did not feel supported and did not feel I could provide safe care. Every shift I felt it could be the time where serious harm could happen, solely because there weren't enough staff to keep women and babies safe"*



### **A vicious cycle; a need to intervene**

Our survey suggests that short staffing in maternity services has a profound impact on mental health and leaving intentions, and on the quality and safety of care. This results in a vicious cycle of staff leaving, which amplifies and exacerbates underlying poor conditions. As a consequence, staff experience has gone far beyond dissatisfaction, with dire consequences for mental health and care provision.

Our survey highlights that many of the factors that strongly influence leaving intentions are within scope for organisational change, rather than being individual-level factors. This suggests that there is significant opportunity to intervene. The moral and practical case for fundamental organisational change is reinforced by findings from recent maternity reviews (Knight 2022). There is now an organisational duty of care for urgent change, based on careful assessment of current drivers of attrition and retention.

It is unclear to what extent, if any, existing retention strategies are focused on pivotal factors for the midwifery workforce. While current strategies focus on flexible working policies and career development pathways, the results of our survey suggest that this will not go far enough. The need for profound cultural and organisational change must be recognised and addressed. The development of effective policies is likely to be driven both by clear understanding of what matters for the profession and what is feasible for sustainable implementation in practice (Buchan 2018). Furthermore, any strategy should be supported by a formal implementation and evaluation plan. This would include the identification of key performance indicators which at present have yet to be defined.

### **Conclusion**

Maternity services are caught in a self-perpetuating cycle of staff loss, impacting on the quality and safety of care, and the mental health and leaving intentions of remaining staff. Current retention strategies may not address the root causes of attrition for midwives, or strengthen factors that have been found to encourage midwives to stay. The REMAIN study is designed to develop a retention programme built on this knowledge base, and to be acceptable and feasible to sustainably implement in practice.

It is critical to ensure that retention strategies are appropriately focused, implemented and evaluated. There is a pragmatic need, and a moral imperative, for effective organisational change to ensure that staff and service users are physically and psychologically safe.

**CRedit authorship contribution statement**

Gill Moncrieff: Conceptualization, Methodology, Data curation, Formal analysis, Writing – original draft, Writing – review & editing.

Helen Cheyne: Conceptualization, Methodology, Formal analysis, Writing – review & editing.

Soo Downe: Conceptualization, Methodology, Formal analysis, Writing – review & editing.

Billie Hunter: Conceptualization, Methodology, Formal analysis, Writing – review & editing.

**Declaration of Competing Interest**

The authors have no competing interests to declare

## References

- APPG on Maternity and Baby Loss Joint Report. 2022. Report of the Baby Loss and Maternity All Party Parliamentary Groups. Safe Staffing: The impact of staffing shortages in maternity and neonatal care. House of Commons. <https://commonslibrary.parliament.uk/research-briefings/cdp-2022-0174/>
- Buchan, J., Schaffer, F. and Catton, H., 2018. Policy Report: Nurse Retention. International Centre on Nurse Migration.
- Bussin, M., 2018. Retention Strategies : The Key to Attract and Retain Excellent Employees. KR Publishing.
- Harvie, K., Sidebotham, M. and Fenwick, J., 2019. Australian midwives' intentions to leave the profession and the reasons why. *Women and Birth*, 32(6). doi:<https://doi.org/10.1016/j.wombi.2019.01.001>.
- Health and Social Care Committee (HSCC) (2021). The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of maternity services in England. House of Commons. Available from: <https://committees.parliament.uk/publications/6560/documents/71747/default/>
- Hunter, B., Fenwick, J., Sidebotham, D.M. and Henley, D.J., 2019. Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors. *Midwifery*, [online] 79(102526). doi:<https://doi.org/10.1016/j.midw.2019.08.008>.
- Kelly, E., 2022. Factors associated with staff retention in the NHS acute sector. The Institute for Fiscal Studies. <https://ifs.org.uk/publications/factors-associated-staff-retention-nhs-acute-sector>
- Knight, M. and Stanford, S., 2022. Ockenden: another shocking review of maternity services. *BMJ*, 377, p.o898. doi:<https://doi.org/10.1136/bmj.o898>.
- NHS England. 2023. NHS Staff Survey national results 2022. <https://www.nhsstaffsurveys.com/results/national-results/>
- Ockenden Independent Maternity Review. 2022. Final findings, conclusions and essential actions from the Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust
- RCM. 2021. RCM warns of midwife exodus as maternity staffing crisis grows. Royal College of Midwives. <https://www.rcm.org.uk/media-releases/2021/september/rcm-warns-of-midwife-exodus-as-maternity-staffing-crisis-grows/#:~:text=The%20College%20is%20warning%20of,NHS%20in%20the%20next%20year>
- RCM. 2022. 'Fix crisis in midwifery staffing now' says the RCM. Royal College of Midwives. <https://www.rcm.org.uk/news-views/news/2022/fix-crisis-in-midwifery-staffing-now-says-the-rcm>
- RCM. 2023. England state of maternity services 2023. Royal College of Midwives. <https://www.rcm.org.uk/media/6915/england-soms-2023.pdf>
- Stoll, K. and Gallagher, J., 2019. A survey of burnout and intentions to leave the profession among Western Canadian midwives. *Women and Birth*, 32(4), pp.e441–e449. doi:<https://doi.org/10.1016/j.wombi.2018.10.002>.

Wallbank, S., 2023. The NHS staff survey 2022: What do the results tell us?, The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2023/04/nhs-staff-survey-2022-what-do-results-tell-us> (Accessed: 14 July 2023).

Weyman, A.K., Glendinning, R., Costa, J., O'Hara, R., Roy, D. and Nolan, P., 2022. Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects. [online] Ulster University. University of Bath. Available at: <https://pure.ulster.ac.uk/en/publications/should-i-stay-or-should-i-go-nhs-staff-retention-in-the-post-covi>.

WHO (2021). State of the World's Midwifery 2021. [online] World Health Organisation. Available at: <https://www.unfpa.org/publications/sowmy-2021> [Accessed 15 Jul. 2023].

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