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Factors associated with midwives' job satisfaction and intention to stay in the profession: An integrative review

Dianne Bloxsome

Edith Cowan University, daustin@our.ecu.edu.au

Deborah Ireson

Edith Cowan University, d.ireson@ecu.edu.au

Gemma Doleman

Edith Cowan University, g.doleman@ecu.edu.au

Sara Bayes

Edith Cowan University, s.bayes@ecu.edu.au

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Factors associated with midwives' job satisfaction and intention to stay in the profession: An integrative review

Abstract

Aims and objectives: The aim of this study was to conduct an integrative review of the factors associated with why midwives stay in midwifery.

Background: Midwifery retention and attrition are globally acknowledged as an issue. However, little is known as to why midwives stay in midwifery as the focus has previously focussed on why they leave.

Design: A structured six-step integrative review approach was used, this involved the development of a search strategy, study selection and critical appraisal, data abstraction and synthesis, interpretation of findings and recommendations for future practice.

Methods: The review was conducted using the databases MEDLINE, CINAHL and PsychInfo. Included studies were in the English language with an unlimited publication date.

Results: Six studies were included in this review: one qualitative, two quantitative, and three using mixed methods. Seven themes emerged from synthesis of the data reported for the six included studies that together help answer the question of why midwives stay in midwifery.

Conclusion: This integrative review has highlighted some important factors that assist in answering the question why midwives stay in midwifery. However, it has also highlighted the need for quality data that reflects the range of contexts in which midwifery is practiced.

Relevance to clinical practice: There is an abundance of literature focussing on why midwives leave the profession; however, the gap exists in the reasons why midwives stay. If we can uncover this important detail then changes within the profession can begin to be implemented, addressing the shortage of midwives issue that has been seen globally for a large number of years.

Keywords:

Midwifery, work satisfaction, literature review, systematic review, integrative review

SUMMARY BOX

What does this paper contribute to the wider global clinical community?

- Enhancement of recruitment and retention strategies within the midwifery profession is a necessary focus for health services and individuals seeking to enter the profession.
- To forestall the gradual erosion of a skilled midwifery workforce, it is imperative that we not only identify but scaffold those unique aspects of midwifery practice that sustain midwives within our profession.
- Identification of environmental practices and positive workplace qualities that promote and develop resilience within the profession may support midwives' career longevity.

INTRODUCTION

Midwifery shortages and the inability to retain midwives in the midwifery sector are global problems (Adegoke, Atiyaye, Abubakar, Auta, & Aboda, 2015; Papoutsis, Labiris, & Niakas, 2014). The World Health Organisation (WHO) expressed concern about this issue in 2006, and despite efforts to implement remedial change, the retention of midwives continues to pose a large problem to healthcare internationally (UNFPA, 2014; WHO, 2006). The WHO (2006) asserts that midwives are the cornerstone to the reduction of maternal mortality and predicts if the workforce retention issue is not addressed, that increases in maternal and neonatal mortality will ensue. In 2014, the United Nations Population Fund (UNFPA) identified that, despite extensive worldwide efforts to address midwife retention, the problem still exists and is worsening. This calls for the urgent need to address this issue globally. In this article a synthesis of the literature on the topic is reported, that identified valuable perspectives, which seemingly encourage midwives to remain in clinical practice.

Background and aim

The retention of a highly skilled and robust midwifery workforce is of growing concern internationally and locally. The successful delivery and maintenance of maternity care depends on a robust, well-distributed, highly skilled and professional midwifery workforce (Jarosova et al., 2016). However, the maternity sector is currently experiencing workforce shortages that are expected to increase as the midwifery workforce ages, and for other reasons such as lack of job satisfaction, which has been identified as the number one cause of midwifery workforce attrition (Adegoke et al., 2015; Curtis, Ball, & Kirkham, 2006; Kirkham, 2007; Lavender & Chapple, 2004; Papoutsis et al., 2014; Price, 2005; Sullivan, Lock, & Homer, 2011; Wakelin & Skinner, 2007; Watson, Potter, & Donohue, 1999; Wood et al., 2013). Etymologically, the word origin Midwife means *mid* with and *wif* woman (Collins Dictionary, 2016). Increasing erosion of the midwife's role due to increasing medical dominance (Papoutsis et al., 2014) means their ability to be truly 'with woman' is ever more compromised, and this is the predominant factor in attrition from the profession due to job dissatisfaction.

An interpersonal relationship of mutual trust with each woman in his/her care is an important part of the midwife's role (Curtis et al., 2006). Sullivan et al. (2011) and Versaevel (2011) both agree, and state that the most effective way for midwives to develop and maintain interpersonal relationships is to be with women in a women-centred model of maternity care. Wakelin and Skinner (2007) have asserted that "midwives need the relationship with women to sustain practice" (p. 14), that if [the opportunity for] this is lessened these [midwife-woman] relationships will suffer, and that midwives' job satisfaction would decrease as a result. This requirement and consequence of it not being available

has also been reported in other studies reported at the time of Wakelin and Skinner's writing; (Kirkman et al. (2007), Curtis et al. (2006), and an earlier study by Watson et al. (1999), wherein it was unanimously agreed that midwives feel they need to make a difference, and they can do this by being with women and their families. More recent studies by Warmelink, Wiegers, de Cock, Spelten, and Hutton (2015) and Papoutisis et al. (2014) have still found this to be true, with these authors affirming that recognition for the midwives role has a strong correlation with job satisfaction, and that the only way to get this is to be with women.

Curtis and team's study on midwives in Britain a decade ago (2006) also explored the causes of midwives' job dissatisfaction, and found it to be directly related to the way in which participants were expected to work. The requirement to adhere to restrictive policies, protocols, and guidelines was found to constrain participants' ability to practice the woman-centred care they valued, thus leading to their dissatisfaction and ultimately to them leaving the profession (Curtis et al., 2006).

In addition to policies, protocols, and guidelines, other organisational factors are also recognised to lead to workforce attrition in the midwifery sector (Curtis et al., 2006; Wakelin & Skinner, 2007). These include, for example; lack of recognition, stress, high workplace demands, rosters, on call, lack of management support, lack of family and social life and money (Curtis et al., 2006; Hollins Martin & Bull, 2009; Papoutsis et al., 2014; Wakelin & Skinner, 2007). Exhaustion and burnout have also been reported to be associated with midwifery attrition (Curtis et al., 2006; Jordan, Fenwick, Slavin, Sidebotham, & Gamble, 2013; Price, 2005; Sandall, 1997; Wakelin & Skinner, 2007), with Wakelin and Skinner (2007) identifying these outcomes as the result of the requirement to be on-call for lengthy hours at a time, and other authors noting the resulting lack of work-life balance and social life as an issue that can make midwives decide to leave (Curtis et al., 2006; Jordan et al., 2013; Price, 2005).

A number of studies have been conducted worldwide that have explored what encourages nurses to stay in their profession and in their jobs (for instance: Al-Hamdan, Manojlovich, & Tanima, 2017; Han, Trinkoff, & Gurses, 2015; Twigg & McCullough, 2014), however these findings cannot be assumed to translate to the different profession of midwifery. The focus for this review, therefore, was to determine what is known currently about why midwives stay in midwifery and in their job.

Aims

The aim of this integrative review was to analyse and synthesise what is known to date about why midwives stay in midwifery. The question guiding this review for the quantitative component of the review was: What factors are associated with retaining midwives' in the workforce? The review question for the qualitative component of the review was: Why do midwives' stay in midwifery?

METHODS

Design

The structured integrative review approach used for finding, appraising and synthesising research was derived from the guidance provided in the Australian Journal of Nursing ‘Systematic Reviews, Step by Step’ series of articles (Aromataris & Pearson, 2014; Aromataris & Riitano, 2014; Munn, Tufanaru, & Aromataris, 2014; Porritt, Gomersall, & Lockwood, 2014; Robertson-Malt, 2014; Stern, Jordan, & McArthur, 2014).

Search strategy

The aim of the search strategy was to find published and unpublished papers relative to the topic of interest. Two searches were designed and undertaken: the first using qualitative PICO criteria (see Table 1) and the second using quantitative PICO criteria (see Table 2). Inclusion and exclusion criteria were also developed and agreed upon: studies published in English were included in this review with an unlimited publication date.

Literature was then sought using these from three databases, namely MEDLINE, CINAHL, and PsychInfo, using the individual text words in the search strings and the Boolean operators AND and OR. The purpose of this process was to focus the search as much as possible to reduce the number of yielded published articles for quality appraisal (see Table 3). The reference lists of the papers retrieved through this process were then hand searched to identify any additional studies or unpublished research that did not emerge from the database inquiries.

Table 1: Qualitative Logic Grid: ‘Why do midwives stay in midwifery?’

Table 2: Quantitative Logic Grid: ‘What factors are associated with retention of midwives in the midwifery workforce?’

Table 3: Final search strings

Quality appraisal

An assessment of each paper’s quality was conducted using the JBI QARI Critical Appraisal Checklist for Interpretive and Critical Research (Joanna Briggs Institute, 2014) for qualitative papers and the Quality Rating Tool, adapted from Estabrooks, Floyd, Scott-Findlay, O’Leary, and Gushta (2003) for quantitative papers. These tools were utilised to assess the papers’ methodological strengths

and weaknesses and appropriateness for inclusion in the integrative review. Mixed methods papers were reviewed using both tools for their respective components. All papers were reviewed by two authors (quantitative papers: XX and XX; qualitative papers: XX and XX) and consensus agreement reached about their inclusion for data extraction, or rejection.

Search and quality appraisal outcomes

A thorough screening process was undertaken for both the quantitative and qualitative searches. A search of the literature was conducted in February 2017, using CINAHL, Medline and PyschInfo databases reviewing studies with an unlimited publication date, English language, and unpublished and published papers. The search focused on the qualitative question: ‘Why do midwives stay in midwifery?’ and the quantitative question: ‘What factors are associated with retention of midwives in the midwifery workforce?’ The qualitative search string yielded 280 articles, with an additional six articles located through hand searching. The title of each retrieved article was reviewed and 265 papers were excluded at this stage as they did not relate to midwives. The abstract of each remaining paper was then read and a further 11 articles excluded at this point as they did not focus on why midwives stay. The ten articles that survived these two steps were then assessed for eligibility and five of these were excluded as the focus was on why midwives leave, despite the title stating ‘job satisfaction’. Five articles were then deemed relevant to the focus question (see Figure 1). The quantitative search string yielded 444 articles and a similar process was followed: each paper’s title was reviewed and 439 papers excluded as they did not relate to midwives; the abstracts of the remaining papers were then read and a further four articles were excluded as they did not focus on why midwives stay. The remaining one article was then assessed for eligibility and retained for review as it was deemed relevant to the focus question (see Figure 2).

Figure 1: PRISMA flow diagram: Study selection process for qualitative research question: ‘Why do midwives stay in midwifery?’

Figure 2: PRISMA flow diagram: Study selection process for quantitative research question: ‘What factors are associated with retention of midwives in the midwifery workforce?’

Papers reporting quantitative data

Quantitative research papers were reviewed for quality using an adapted quality rating tool (Estabrooks et al., 2003), which resulted in four of the five articles being rated as ‘moderate’ in quality (between 5 and 9) and one as ‘high’ (10-14). There was a lack of methodological rigour across the five articles including research design, measurement, data analysis, and statistical analysis. These limitations included only one study being prospective in nature, none of the articles using probability sampling and all using self-reporting means of collecting the data. In addition, none of the research

articles addressed the possibility that outliers influenced results. Three other limitations also emerged during the review: first, only one of the studies used correlations to analyse data; second, only two studies used a theoretical model to guide the study; third, only one study had a Cronbach' alpha coefficient above .70. In addition, only two of the five studies acknowledged bias. One study calculated response bias by using weighted and unweighted scores. A Pearson's r was calculated to indicate the significance between the rank order of items before and after weighting. The other chose a sampling strategy that avoided sampling bias.

The methodological rigour in this set of studies was assured through the justification of sample size in all five studies, and by all five studies drawing their sample from more than one site. Additional strengths included that four of the five studies used a valid instrument, three studies identified the reliability of the independent variable measurement scale, four studies mentioned they protected the anonymity of participants, and four studies had a response rate greater than 60%.

Papers reporting qualitative data

The three qualitative research papers were reviewed for quality using JBI QARI Critical Appraisal Checklist for Interpretive and Critical Research (Joanna Briggs Institute, 2014), and all were found to have methodological weaknesses. Two did not mention whether or how they protected the anonymity of their participants, , two studies had poor response rates, one study did not mention bias, and one study focussed its discussion section more on why midwives' leave.

The strengths in this set of studies include the justification of sample size by all three studies, and that all three studies each drew their samples from more than one site. All three studies provided a well-written background section, the research questions were appropriate, all studies gained ethical approval, all used appropriate data collection tools, analysis techniques and provided thorough findings and results sections. Additional strengths include that in one study it was mentioned that the anonymity of participants was protected, and in credibility was noted to be assured with triangulation and trustworthiness through an audit trail.

Table 4: Summary of included studies – Data extraction for Quantitative data

Table 5: Summary of included studies – Data extraction for Qualitative Data

Data abstraction and synthesis

Once the final set of research papers for inclusion was decided upon, the data subcategories in each were abstracted. The subcategories abstracted from each paper were classified as either quantitative or qualitative, and the label attributed to each abstracted subcategory was retained from the original.

Alike abstracted subcategories were then clustered into categories agreed by XX, XX and XX, and a representative label was ascribed to each.

The subcategories abstracted from the six included papers are summarised in Table 6, and the categories resulting from the synthesis process are summarised in Table 7.

Table 6: Included papers and the sub-themes

Table 7: Data Synthesis

FINDINGS

Through the process of data extraction, 43 sub-themes were identified. These 43 sub-themes were then synthesised to form seven representative themes, and in turn, these together represent what is known to date about why midwives stay in midwifery.

Category 1: I value my working relationship with my colleagues, and I feel supported and well supervised by my senior supervisors and members of staff

All of the papers reviewed made some reference to midwives feeling well supported by their colleagues, senior staff and supervisors and this helped sustain midwives in their work (Adegoke et al., 2015; Common, 2015; Kirkham, Morgan, & Davies, 2006; Papoutsis et al., 2014; Todd, Farquhar, & Camilleri-Ferrante, 1998; Versaevel, 2011). It is evident that relationships place a significant impact on why midwives stay in midwifery. Todd et al. reported this finding in 1998 and in the most recent studies from Versaevel (2011) and Adegoke et al. in 2015 it was still found to be true. Versaevel (2011) reported that midwives relied on this support mechanism and it overwhelmingly resulted in them being satisfied in their workplace. Kirkham et al. (2006) also found that midwives she surveyed in the United Kingdom (UK) valued this relationship as a source of satisfaction; however, this was to a lesser extent than Versaevel's (2011) participants. Midwives that received positive feedback from their manager greatly valued this, but very few reported this happening. It was also stated that the relationships midwives have with their colleagues can, in fact, act as a buffer to their stresses (Kirkham et al., 2006; Versaevel, 2011).

Category 2: I am committed to women and I enjoy building relationships with them throughout their pregnancy journey

Midwives feel a strong commitment to women; enjoy working with them and the relationships that are built throughout the continuity of care model (Kirkham et al., 2006). This theme was apparent in five out of the six papers reviewed (Common, 2015; Kirkham et al., 2006; Papoutsis et al., 2014; Versaevel, 2011) and featured particularly extensively in the paper by Versaevel (2011); with four of the nine relevant sub-themes in this study referring to it. Versaevel reports that relationships with women are one of the key factors in midwifery retention, with 97% of participants in the study in agreement. Midwives considered that relationships with women is what enabled them to remain in midwifery practice, Kirkham et al. (2006) reported those 103 midwives who responded to this particular question in their survey rated relationships with women as a great source of job satisfaction. Midwives also reported they felt privileged to be involved in such a special time with women, and they could make a difference to their pregnancy and postpartum experience. Kirkham et al. (2006) also reported that 96% of midwives surveyed ranked their number one reason for staying in midwifery as feeling they made a difference to women. The client-midwife relationship is seemingly central in providing job satisfaction and therefore central to why midwives stay.

Category 3: I enjoy my job and feel proud and privileged to be a midwife, and protect normality in pregnancy and to protect birth

The development of this theme emerged from 15 sub-themes found in four of the reviewed papers (Adegoke et al., 2015; Kirkham et al., 2006; Papoutsis et al., 2014; Versaevel, 2011), with it featuring most prominently in UK and Ontario midwives. Kirkham et al. (2006) stated that 180 midwives described midwifery as “the most fulfilling job ever” (p.93) and valued being able to normalise midwifery care; they rated it as one of the top reasons for staying in midwifery. Versaevel (2011) indicated that 94% of midwives surveyed cited they felt privileged to attend births. Midwives feel passionate in their job and the care they provide to the childbearing woman and her family and take a great deal of pride in taking part in their transition to parenthood (Kirkham et al., 2006; Papoutsis et al., 2014; Versaevel, 2011). The difference midwives make to this process and the enjoyment it gives them is paramount to job satisfaction and largely contribute to why midwives stay. These findings demonstrate the importance that midwives place on their work.

Category 4: I like to care for women and their babies and I feel a great sense of accomplishment when I do this

This category was derived from six themes featuring in three of the review papers (Adegoke et al., 2015; Kirkham et al., 2006; Versaevel, 2011). Midwives are passionate about childbearing women and the impact they make and the care they provide (Versaevel, 2011). Versaevel (2011) and Adegoke

et al. (2015) identified that one of the main predictors of job satisfaction and hence why midwives stay was, in fact, the work itself and the sense of accomplishment that came with this. Midwives in Nigeria also rated highly the feeling of caring for women and children in their community (Adegoke et al., 2015). Midwives want to provide women with a good experience in a caring environment, and this was expressed by Kirkham et al. (2006) as contributing to job satisfaction.

Category 5: I have considered the alternatives to midwifery but I stay as the hours and money are good

Two papers (Kirkham et al., 2006; Papoutsis et al., 2014) and four sub-themes contributed to establishing this theme. Kirkham et al. (2006) reported that community midwives were happier with their working hours compared to hospital-based midwives, with some midwives feeling lucky to do shift patterns that enable them to bring up their children and finding it gives them a lot of flexibility to work weekends. The ability to work part-time was of great importance to these midwives and allowed the work-life balance they need. It was also reported by Kirkham et al. (2006) that some midwives have considered alternatives to midwifery but decided to stay for financial reasons: salary was reported as being a reason why midwives stay (Kirkham et al., 2006; Papoutsis et al., 2014). Midwives reported the salary was neither high nor low but necessary to pay the mortgage and have a reasonable standard of living (Kirkham et al., 2006; Papoutsis et al., 2014), and some felt they had no choice but to stay for this reason.

Category 6: Passion for midwifery sees you through the rough days

To a lesser extent, midwives reported their passion for the profession saw them through the ‘rough’ days. Two papers contributed to the development of this theme (Kirkham et al., 2006; Versaevel, 2011). The ability to practice midwifery and being true to one’s own philosophy is of great importance to midwives (Versaevel, 2011), and working with like-minded midwives who share the same philosophy seemingly helps on the rough days (Kirkham et al., 2006; Versaevel, 2011). One midwife respondent in Kirkham’s (2006) study stated, “midwifery is stressful but the good days somehow justify you staying in practice”, another midwife responded, “job satisfaction outweighs the frustrations” (p. 52). Midwives keep going despite this, with job satisfaction motivating midwives to stay.

Category 7: I enjoy the variety in midwifery in my work: I can work autonomously and utilise my skills to their full capacity.

Two of the papers reported that midwives’ feel a great sense of satisfaction if allowed to work autonomously: they enjoy the clinical challenges this creates (Kirkham et al., 2006; Todd et al., 1998). Autonomy itself was found to be a major source of job satisfaction by Kirkham et al. (2006), who also

reported community midwifery to contain intrinsic sources of job satisfaction that were not a feature of hospital midwives' jobs. These findings also established a difference between hospital and community midwives' in the utilisation of skills: community midwives' job satisfaction was reportedly higher as they were able to utilise more of their midwifery skills. This is in contrast to findings from Todd et al. in 1998 who found there was no reported difference in the job satisfaction of community versus hospital midwives.

DISCUSSION

The aim of this review was, through a systematic process, to retrieve, analyse and synthesise the evidence published to date about why midwives stay in midwifery. Six studies emerged from the search and inclusion steps of the process that met both the aim of the review and quality criteria. The data abstracted from these six studies (in the form of the subcategories reported therein) were grouped to form seven synthesised categories that together characterise what has been reported so far about the drivers underlying midwifery workforce retention. The data synthesised for this review clearly suggests that when midwives have good working relationships, are well supported by their managers, are able to develop relationships with the women in their care, and can work in a normal birth-centric model that offers variety and the opportunity to practise to the full scope of their role, they are inclined to stay in their jobs. Further, being able to practice their 'passion' seemingly helps midwives get through the inevitable 'rough days'.

There are several additional published studies investigating factors in midwives' work that appear to make a difference to their experience of it. However, these are limited by either their focus in one geographical area, or by the absence of relation of their findings to participant's intentions to leave or stay in the profession or their jobs. Newton and associates (2014), for example, compared job satisfaction and burnout in midwives working in two different models of maternity care, but the data relates to Australia and the state of Victoria only. Sullivan and colleagues (2011) did examine factors that contribute to midwives staying in midwifery, but only in the state of New South Wales, Australia. Meanwhile, Skinner and team (2012) have looked at Australian nurses' and midwives' job satisfaction from a national perspective, as does an earlier study of Australian nurses' and midwives' work-life interaction (Skinner, van Dijk, Elton, & Auer, 2011) however neither relate their findings to workforce retention. More recently, Jarosova and team (2016) investigated job satisfaction and well-being amongst midwives across hospitals in Asian and Europe, but again, did not consider why midwives stay.

Limitations

While every attempt was made to provide a rigorous review some limitations exist. First, it is possible that articles published in journals not available electronically were missed. Second, studies published

in languages other than English were excluded, which may mean vital information remains unknown. Third, when studies were identified as having a lack of methodological rigour by the qualitative quality assessment tool, the authors of the article were not contacted for clarification. Fourth, the quality appraisal tool used for the qualitative data was selected for its applicability to qualitative data. However, it did not provide the reviewers with a definitive score by which to either accept or reject the reported study, therefore leaving the final decision open for interpretation. We acknowledge that other reviewers may well have accepted the data we decided to reject, and vice versa. Finally, although the seven synthesised themes that emerged from this integrative review together provide some insight into why midwives stay, it cannot be assumed that these data are representative of the Australian context. The geographical location of the studies from which data were abstracted to inform the synthesised categories did not include Australia, and it cannot be assumed that Australian midwives would report the same work values and retention drivers.

Conclusion

Midwives are needed now more than ever, and the various threats to their recruitment and retention is now a serious issue that if left unresolved will impact on women's and babies' maternity care outcomes. Midwifery workforce concerns in relation to demographically-driven factors must not be allowed to be compounded through not addressing the job-related needs of midwives.

This integrative review has highlighted the need for additional quality data that reflects the range of midwifery practice contexts, and has identified a dearth of data on why midwives stay from Australia. The findings from this integrative review will be useful as a basis for further original research on this topic.

Relevance to clinical practice

There is an abundance of literature focussing on why midwives leave the profession; however, the gap exists in the reasons why midwives stay. If we can uncover this important detail then changes within the profession can begin to be implemented, addressing the shortage of midwives issue that has been seen globally for a large number of years.

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Table 1: Qualitative Logic Grid: ‘Why do midwives stay in midwifery?’

Population	Phenomenon of Interest	Context	Inclusion Criteria
Midwi* Accoucher Nurse-midwife Registered Midwife	Job-satisfaction Intention-to-stay Workforce Retention Midwives-intentions Personnel-retention Attrition Workplace	Maternity- Unit Birth-Suite Labour-Ward Antenatal-Clinic Birth-Cent* Birthing-Unit Maternity-Care Maternity-Service Midwifery-Practice	Primary research In English Published and Unpublished papers

Table 2: Quantitative Logic Grid: ‘What factors are associated with retention of midwives in the midwifery workforce?’

Population	Intervention	Comparison	Outcome
Midwi* Accoucher Nurse-midwife Registered Midwife	Nil	Nil	Intention to stay Job satisfaction

Table 3: Final search strings

Qualitative:

(Midwi* OR Accoucheur OR "Nurse-Midwife" OR "Registered Midwife") AND ("Job-satisfaction" OR "Intention-to-stay" OR Workforce OR Retention OR "Midwives-intentions" OR "Personnel-retention" OR Attrition OR Workplace) AND ("Maternity- Unit" OR "Birth-Suite" OR "Labour-Ward" OR "Antenatal-Clinic" OR "Birth-Cent*" OR "Birthing-Unit" OR "Maternity-Care" OR "Maternity-Service" OR "Midwifery-Practice")

Quantitative:

(Midwi* OR Accoucheur OR "Nurse-Midwife" OR "Registered Midwife") AND ("Job-satisfaction" OR "Intention-to-stay")

Figure 1: PRISMA flow diagram

Study selection process for qualitative research question: ‘Why do midwives stay in midwifery?’

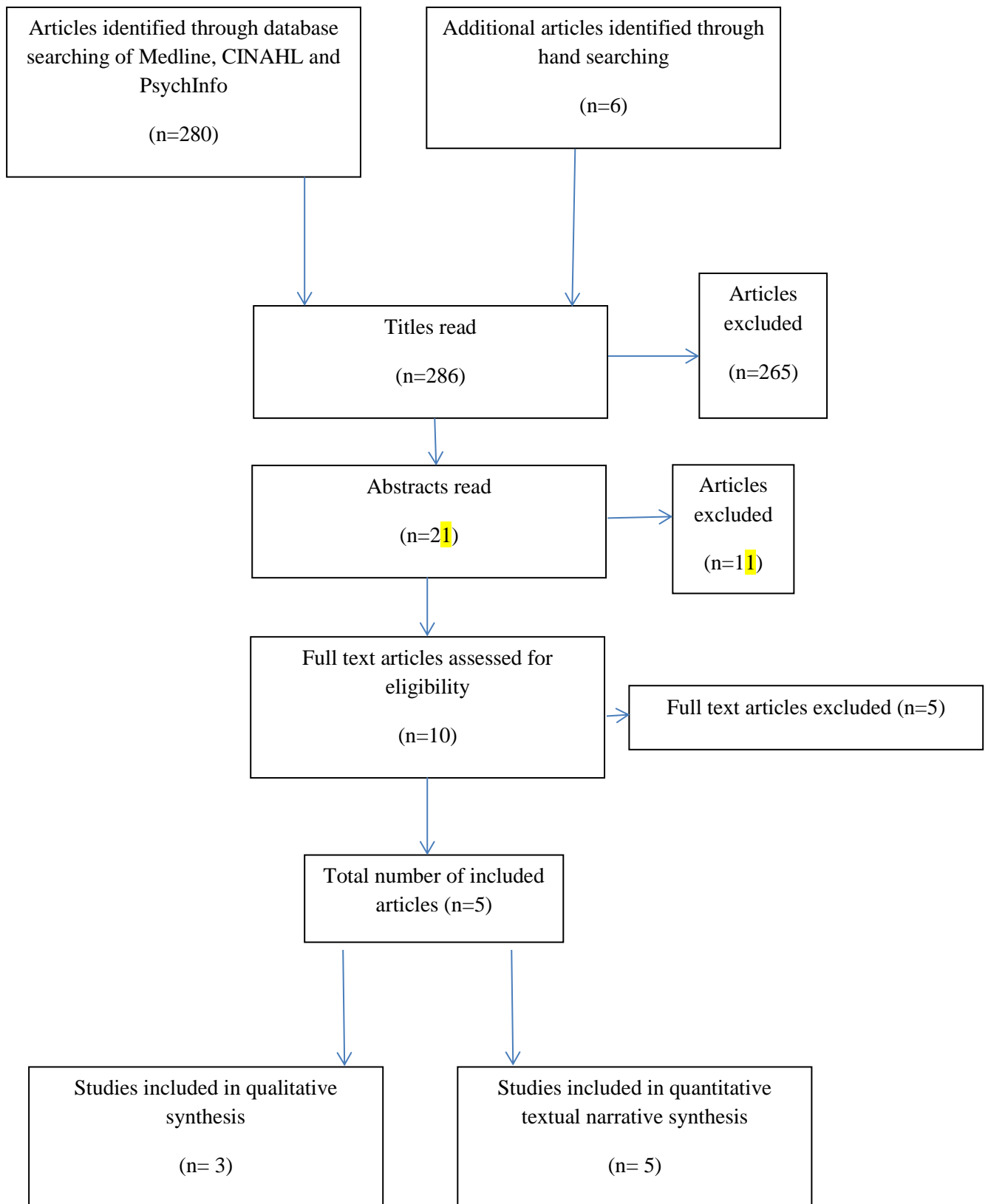


Figure 2: PRISMA flow diagram

Study selection process for quantitative research question: ‘What factors are associated with retention of midwives in the midwifery workforce?’

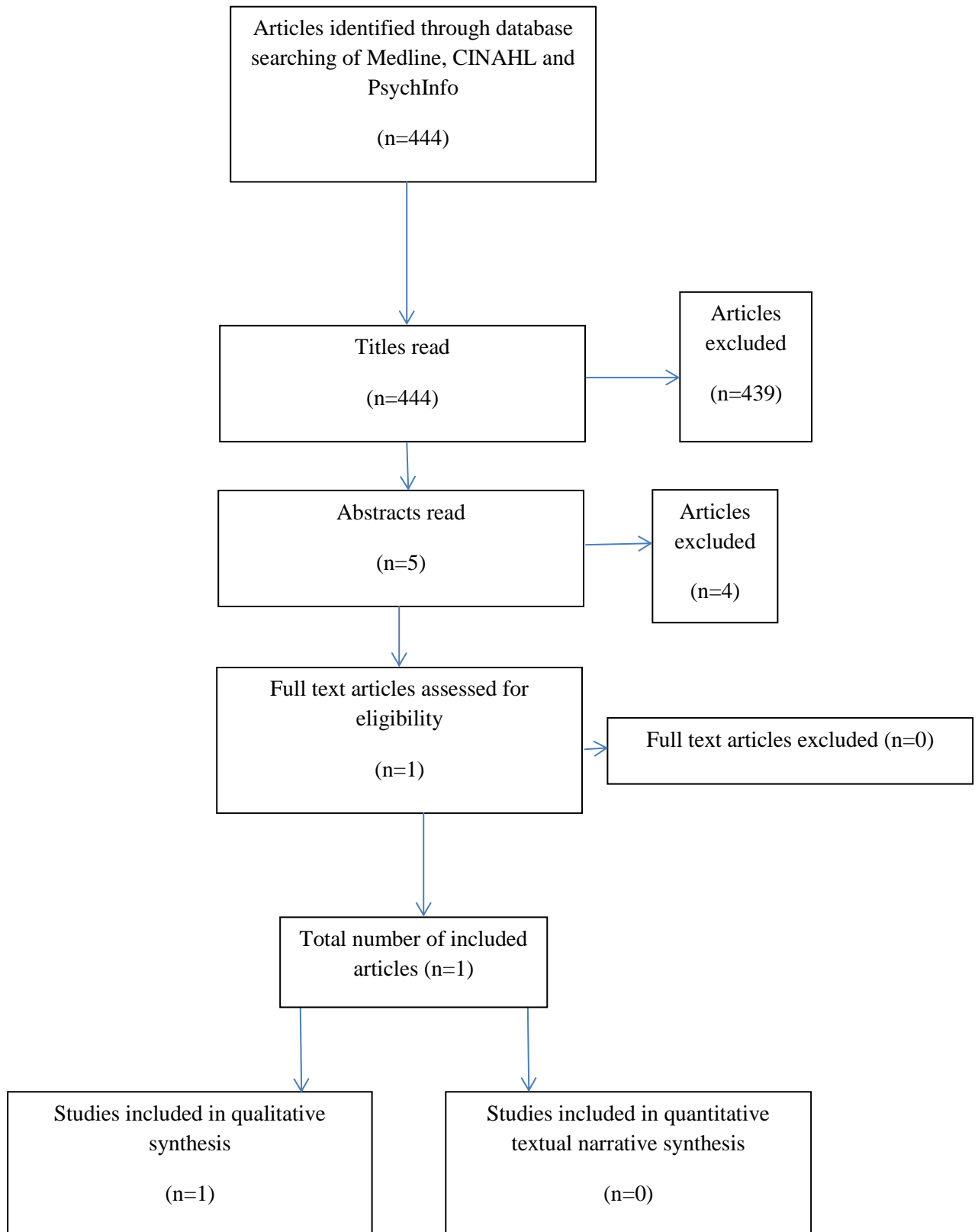


Table 4: Summary of included studies – Data extraction for Quantitative data

Reviewer	Author Date Journal Geographical Location	Title Study Design	Theoretical model	Sample/sampling method/ setting	Measurement /instruments	Scoring	Reliability (Cronbachs alpha)	Validity	Analysis	Findings/Themes
GE DB	Adegoke, Atiyaye, F Abubakar, A Auta, A Aboda, A 2015 Midwifery Nigeria	Job satisfaction and retention of midwives in rural Nigeria Descriptive Study Design	Herzbergs two factor theory	119 Midwives surveyed Across 51 Primary Health Care facilities	1.Study sample characteristics 2.Benefits 3.Retention strategies 4. Personal and job satisfaction 5.Career Plans and intention to leave	2 items 5 items 10 items 19 items 4 items	Not reported	Valid instrument used	Descriptive statistics	The MSS programme is a short-term solution to increase Skilled birth attendant coverage in rural Nigeria. The following themes were identified: 1. Support and Guidance from supervisors 2. The feeling from caring for woman and children 3. Chance to help and care for others

										4. Feeling of worthwhile accomplishment from doing the job 5. Degree of respect and fair treatment from senior staff/supervisor
GE DB	Versavel, N 2011 Canadian Journal of Midwifery Research and Practice Ontario, Canada	Why do midwives stay? A descriptive study or retention in Ontario midwives Descriptive Study Design	None	175 Midwives surveyed. response rate 37% Across 75 Midwifery practices	1. Demographics 2. Reasons for staying in Midwifery 3. Sources of job satisfaction 4. Rank ordered- suggestions for improving job satisfaction 5. Have you considered leaving midwifery practice?	Not reported completely 28 items 19 items 7 items ranked from 1-7 3 items	Not reported	Valid instrument used	Descriptive statistics	Relationships with clients and making a difference through their work are key factors in retention. Midwives report that autonomy in their work is another mediator of job satisfaction. Important support mechanisms for midwives include: relationships with their partner, colleagues and family. Barriers faced in clinical

										practice include: the need for greater flexibility in working patterns, as well as, conflict with hospitals with midwifery and/or non-midwifery colleagues
GE DB	Todd, C Farquhar, M Camilleri- Ferrante, C 1998 Midwifery UK	Team midwifery: the views and job satisfaction of midwives Descriptive Study Design	None	80 Midwives surveyed Hospital and community midwives included	1.Demographics 2.Job satisfaction 3.Preferences for returning to working in traditional midwifery patterns 4.Midwives working relationships 5. Other aspects of work by setting	14 items 12 items 3 items 8 items Statement given by respondents	0.759 0.502	Valid instrument used	1.Chi-square 2.Wilcoxon 3.Mann- Whitney U Test 4.t-tests	Whilst team midwifery aims to improve continuity of maternity care, in this instance, it does not appear to achieve this aim. Many midwives reported it had adversely affected care. Team midwifery is a source of disillusionment for midwives, since the continuity of carer ideal is unachievable in a

										system based on teams of seven or more. Attendance at the delivery may be a luxury provided at the expense of antenatal and postnatal continuity
GE DI	Papoutsis, D Labiris, G Niakas, D 2014 British Journal of Midwifery Athens, Greece	Midwives' job satisfaction and its main determinants: A survey of midwifery practice in Greece Prospective Observational Study Design	Herzberg's two factor theory	145 Midwives surveyed. Response rate 86.3% Private and public hospitals in Athens	1. Demographics 2. Job satisfaction 3. Association between job satisfaction and motivation-retention factors	4 items 5 items 5 items	0.5-0.81 (not specific)	Valid instrument used	1. Pearson's correlation coefficient 2. Cohen effect size analysis	Job satisfaction was similar between midwives who worked in the public and private sector and only 45.5% of midwives reported being satisfied with their job. strongest effect on 'high' job satisfaction was noted with the factor of recognition. Main determinants of job satisfaction in the public sector was work itself

										and supervision, while interpersonal relations affected job satisfaction in the private sector.
GE DB	Kirkham, M Morgan, R Davies C 2006 Unpublished report found and funded by the Royal College of Midwives UK	Why do Midwives Stay? Two phase study design	None	102 Midwives surveyed in Phase 1. (Pilot study) 562 Midwives surveyed in Phase 2. All midwives from the NHS Trust and worked in hospitals and the community.	From Phase 2 1. Your current employment 2. Working hours 3. Why do midwives stay? 4. What keeps you going? 5. How could your job be improved? 6. Future plans 7. Midwives who have left 8. About you	20 items 16 items 24 items 22 items 25 items 3 Written statements 3 items 8 items	Not reported	Not reported	1. Chi-Square 2. Pearson's r coefficient 3. Sampling bias	What encourages midwives to stay are; relationships with clients, feeling supported and valued by colleagues and managers, adequate resources, autonomy, control and flexibility within their work, finding their niche, and working hours.

Table 5: Summary of included studies – Data extraction for Qualitative Data

Reviewer	Author Geographical Location	Date	Journal	Title	Methodology Method	Phenomena of Interest Setting	Participants Data Analysis	Summary	Findings/Themes
DB DI	Versavel, N Ontario, Canada	2011	Canadian Journal of Midwifery Research and Practice	Why do midwives stay? A descriptive study or retention in Ontario midwives	Mixed Methods Descriptive Study Survey	Midwives satisfaction Across 75 Midwifery Practices	175 Midwives Inductive content analysis of text	Midwives report that additional support in transition from education to practice would be of assistance. Roles and skills of the midwife need to be made aware to other healthcare professionals. And an effort made to improve relationships.	1. Relational 2. Philosophical 3. Acceptance or Dissonance
DB DI	Common, L UK	2015	British Journal of Midwifery	Homebirth in England: Factors that impact on job satisfaction for community midwives	Qualitative Inductive and exploratory Semi structured Interviews	Midwives satisfaction with homebirth NHS Trust	4 Clinical Midwives	Modifying extrinsic factors will impact on the midwives satisfaction and thus see an increase in homebirth rates.	1. Continuity of care 2. Working relationships and workload
DB DI	Kirkham, M Morgan, R	2006	Unpublished report found and funded by the Royal College of Midwives	Why do Midwives Stay?	Mixed Methods In-depth interviews Survey	Intention to stay	15 Midwives	A number of factors can be identified as to why midwives stay in midwifery.	1. Enjoyment 2. Job satisfaction 3. Giving good care

	Davies C							Those being job satisfaction, salary and working hrs.	<ul style="list-style-type: none"> 4.Making a difference 5.Advocacy and passion 6.Pride and privilege 7.Relationship with clients 8.Continuity of care 9. Protecting normality 10.Autonomy 11.Interaction with work colleagues 12. Care environment 13. Variety and interest 14. Financial 15.Alternatives to midwifery 16. Working hours 17. The good days outweigh the bad
	UK								

Table 6: Included papers and the sub-themes

Author and Title of Paper	Qualitative, Quantitative Data	Abstracted Subcategories
<p>Versavel, N</p> <p>Why do midwives stay? A descriptive study on retention in Ontario midwives</p>	<p>Qualitative Data</p> <p>Quantitative Data</p>	<p>1. Relational 2. Philosophical 3. Acceptance or Dissonance</p> <p>1. I like working with my clients 2. I enjoy my job 3. Job satisfaction 4. Proud to be a midwife 5. Make a difference 6. Privileged to attend births 7. Committed to clients</p>
<p>Common, L</p> <p>Homebirth in England: Factors that impact on job satisfaction for community midwives</p>	<p>Qualitative Data</p>	<p>1. Continuity of care 2. Working relationships and workload</p>
<p>Kirkham, M; Morgan, R; Davies C</p> <p>Why do Midwives Stay?</p>	<p>Qualitative Data</p> <p>Quantitative Data</p>	<p>1. Enjoyment 2. Job satisfaction 3. Giving good care 4. Making a difference 5. Advocacy and passion 6. Pride and privilege 7. Relationship with clients 8. Continuity of care 9. Protecting normality 10. Autonomy 11. Interaction with work colleagues 12. Care environment 13. Variety and interest 14. Financial 15. Alternatives to midwifery 16. Working hours 17. The good days outweigh the bad</p> <p>1. Enjoyment of midwifery 2. Midwives in relationship with colleagues and women 3. Work context-setting</p>
<p>Adegoke, A; Atiyaye, F; Abubakar, A; Auta, A; Aboda, A</p> <p>Job satisfaction and retention of midwives in rural Nigeria</p>	<p>Quantitative Data</p>	<p>Personal and job satisfaction:</p> <p>1. Support and Guidance from supervisors 2. The feeling from caring for woman and children 3. Chance to help and care for others</p>

Table 6: Included papers and the sub-themes

		<ol style="list-style-type: none">4. Feeling of worthwhile accomplishment from doing the job5. Degree of respect and fair treatment from senior staff/supervisor
Todd, C; Farquhar, M; Camilleri-Ferrante, C Team midwifery: the views and job satisfaction of midwives	Quantitative Data	<ol style="list-style-type: none">1. Working relationships2. Utilisation of skills (community)
Papoutsis, D; Labiris, G; Niakas, D Midwives' job satisfaction and its main determinants: A survey of midwifery practice in Greece	Quantitative Data	<ol style="list-style-type: none">1. Recognition2. Work itself3. Supervision4. Salary4. Interpersonal relations