

## **The challenges facing midwifery educators in sustaining a future education workforce**

**Abstract: 283 words**

### Background:

National and international trends have identified concerns over the ability of health and social care workforces in meeting the needs of service users. Attention has increasingly been drawn to problems of recruiting and retaining professionals within higher education, however data in relation to the midwifery profession is scant.

### Aim

To examine the perceptions and experiences of midwifery educators, in south-west England, about the challenges facing them sustaining the education workforce of the future.

### Design

A mixed methodology approach was adopted involving heads of midwifery education and midwife educators

### Methodology

Midwifery participants were recruited from three higher education institutions in South West England. Data collection comprised of self-administered questionnaires plus individual qualitative interviews with heads of midwifery education (n=3), and tape recorded focus groups with midwife academics (n=19). Numerical data were analysed using descriptive statistics. Textual data were analysed for themes that represented the experiences and perspectives of participants. Ethics approval was granted by one University Ethics committee.

### Findings

Demographic data suggests that within south-west England, there is a clear ageing population and few in possession of a doctorate within midwifery. The six identified sub-themes represented in the data describe challenges and tensions that midwifery academics experienced in their efforts to attract new recruits and retain those in

post in a highly changing educational environment which demands more from a contracting workforce.

#### Conclusion and implications for practice

There remain some serious challenges facing midwifery educators in sustaining the future education workforce, which if unresolved may jeopardise standards of education and quality of care women receive. Active succession planning and more radical approaches that embrace flexible careers will enable educational workforce to be sustained and by a clinically credible and scholarly orientated midwifery workforce.

Key words: Midwifery academics, educational midwifery workforce, recruitment, retention, ageing education workforce

## **1. Introduction**

Shortages of midwives and other health professionals have been and remain an international concern (World Health Organisation (WHO) 2006, Hirosawa 1968, Karkinen 1974, Burslem 1979, Wray et al 2009, Sullivan et al 2011), complicated by problems associated with effective deployment in terms of geography, time and skill-sets in some parts of the world (Buchan 2011). A quality midwifery service is central to the United Nation's (2007) millennium development goals to reduce maternal, newborn and infant mortality and morbidity worldwide. To achieve this quality service, the recruitment and retention of an effective educator workforce is essential (United Nations Population Fund 2011).

The midwifery profession faces significant challenges as midwives develop their vision to meet the health and social care needs and expectations of women. Within the United Kingdom (UK), it is recognised that to achieve the vision of a quality contemporary maternity service, a critical mass of midwife educators is required to deliver education and support students in placements across the diverse regions of the UK (*Midwifery 2020 Programme*, 2010a). Whilst the picture varies across the four UK countries for midwives in practice, both in relation to the recruitment and retention of practitioners, the situation is less clear of midwife educators, or of the sustainability of their academic workforce. However, there is concern and fear that due to the economic downturn, Higher Education Institutions (HEIs) are imposing restrictions in replacing staff, which nationally has resulted in adverse effects on student to staff ratios and consequently challenging midwifery teachers to maintain the quality of education (Morgan 2012).

## **Background**

For some time there has been a growing crisis in education and research workforce which prompted the commissioning of a report identifying that these groups were in peril from "under-recruitment, disparities in pay and reward, and rigid or poorly articulated career opportunities, all of which militate against flexible careers" (Butterworth et al 2004, abstract). Recruitment barriers and shortages of senior

education appointments across all health professions worsened this situation with little evidence that progress had been made (Council of Deans of Health 2006).

Within the UK, midwives are prepared for professional practise through a 3-year degree programme, but for those planning to enter a career in education there are a number of requirements to be met which could act as disincentives for many. For example individuals are required to have achieved a master's degree and increasingly doctoral status while simultaneously developing into experienced midwifery practitioners and also have gained some teaching practice. Additionally, the divide in income differential and conditions of employment, means that on financial grounds midwives may be less tempted to enter a career in teaching (NHS 2004). Once in education, expectations of midwife teachers have changed significantly over the last 20 years. Midwife teachers are expected to undertake a Nursing and Midwifery Council (NMC) recordable teaching qualification and become expert teachers; they are required to meet their Higher Education Institution's (HEI) expectations as researchers and an NMC requirement to undertake a proportion of their time supporting student learning in practice representing 20% of their normal teaching hours (NMC 2009). Developing pedagogical expertise to develop into an excellent teacher, facilitator, mastery in learning technologies, supervisor, curriculum designer are inherent outcomes of this journey. Such diverse expectations have been identified as potential threats to the recruitment to a career in nursing and midwifery education (NMC 2009 p18).

For nurses and midwives who enter a second career within higher education (HE), many soon become disillusioned. Reasons include that practical skill instruction and teaching activities are less valued (Deans et al 2003, Butterworth et al 2004), with cases of the healthcare lecturing workforce being inappropriately 'casualised' with short- and fixed-term contracts; a phenomenon that is spreading across the globe (Peters et al 2011). The potential research income to be gained from success in national research assessments, such as the current Research Excellence Framework (REF, Sinclair 2008) or the Excellence in Research for Australia (ERA), have shifted

work activity in many nursing and midwifery departments, overshadowing teaching excellence in terms of rewards, scholarly opportunities and career progression.

Shortages of registered nurses and midwives, the trend for part-time work, and the impact of an ageing population are having a direct effect in sustaining a viable healthcare workforce (Midwifery 2020, 2010b, Buerhaus et al 2000, Buchan 1999, Rafferty and Clarke 2009). A pattern, that is being replicated within the health education labour force on both sides of the Atlantic (Shipman and Hooten 2008, Girot and Albarran 2012). Additionally, the introduction of differential clinical salaries (NHS 2004) and improved career opportunities explains why the move into education may be viewed less appealing. Other explanations linked with the poor recruitment of practitioners to HE centre on the lack of clarity in relation to career pathways, the role of educators, the sense of working in isolation, tensions over teaching and research responsibilities, insufficient use of session contracts for clinicians interested in lecturing roles and limited collaboration between education and practice sectors (Andrew and Robb 2011). More recently, the financial squeeze on HEIs has become equally pertinent (Morgan 2012). Shipman and Hooten (2008) warn that without an academy to educate the next generation of health staff, standards of care and patient safety will be severely compromised. In terms of midwifery, a number of studies have documented the difficulties of retaining qualified midwives (Ball et al 2002, Curtis et al 2006, Price 2005), however, less is known about the challenges of attracting and retaining midwives in the higher education. This is cause for growing concern for quality of care, as the number of midwife recruits entering academia is low, with only 6% of all midwifery lectures being under the age of 40 years (Cunnane 2012). Given the anticipated challenges presenting the profession, since the completion of this study, the Chief Nursing Officers across the UK commissioned the Midwifery 2020 programme (2010b) to develop a vision for the midwifery workforce in practice and education and the findings of this study reinforce some of its key messages.

### 1.1 Aims of study

Given the current economic situation, the predicted down-sizing of university departments and an emphasis on increased research productivity, this mixed method study aimed to explore the challenges facing midwife teachers in sustaining the education workforce of the future across South-West England.

In particular, the study sought to address:

- The processes and challenges to the recruitment of midwifery practitioners into education.
- The profile required of individuals seeking a career in midwifery education.
- The perceived challenges to the retention of midwifery teachers.

## **2. Methods**

### 2.1 Design

For this study, a mixed method approach to data collection was adopted comprising of self-administered questionnaires to heads of midwifery education regarding the biographical data of their staff, individual qualitative interviews with heads of midwifery education, and focus groups interviews with midwife teachers.

### 2.2 Study participants

- Midwifery teachers

Midwifery teachers (n=48) at three universities were approached through their individual head of midwifery seeking volunteers to participate in the study. Participants expressing an interest were sent a letter of invitation, a participant information sheet which outlined the aims of the study and a consent form. A convenience sample of 19 individuals agreed to participate from the three study centres, and arrangements were made at a convenient date, location and time. The number of participants attending varied between sites (n=5, n=6 and n=8) and in terms of the amount of experience they held within education. Some held roles as

programme leaders and module leaders in the delivery of the undergraduate programmes and others with responsibilities for education beyond Registration.

- Midwifery heads of education

Three Heads of Midwifery Education (n=3) at the selected Higher Education Institutions (HEIs) delivering midwifery education in southwest (SW) England were approached through a letter of invitation. In addition, a participant information sheet that outlined the aims and scope of the study, an interview schedule and a consent form were also posted. All agreed to volunteer to the study and convenient dates and times were arranged for data collection. Heads of Midwifery Education acted as professional lead for their organization although only one did not have line management responsibilities for their team.

### 2.3 Data collection

- Biographical data relating to midwifery teachers

Heads of Midwifery Education (HoME) were invited to complete a short biographical self-administered questionnaire which requested information on:

- Age bands of existing teachers with the projected age bands for five years' time.
- For those who transferred from NHS contracts, to estimate how many were expected to retire within the next five years.
- Information about staff with a masters or doctoral degrees

- Face to face interviews/telephone interviews

Given the geographical location of the institutions and time limitation of the project, one interview was conducted face to face (ER), the other two interviews through telephone (JWA). These interviews were performed in July/August 2008 with each lasting approximately one hour, only one of these participants was known to the researchers. Interviews were recorded and transcribed; interviewees were sent copies of the transcripts for review and confirmation. When reporting the findings, quotations drawn from interviews will be referred to by number (for example HoME 1, 2 and 3).

- Focus groups

Focus groups were conducted with midwife teachers at each of the three HEIs during July and September 2008 with all lasting around two hours. An interview schedule was developed comprising of three broad areas relating to issues of recruitment, qualifications required and retention of midwifery educators. The interviews were held in classrooms at individual HEIs. Refreshments were provided and arranged seating for an informal and relaxing atmosphere. Prior to data collection, participants were reminded that interviews would be tape-recorded and that transcript content would be made anonymous and kept confidential.

## 2.4 Data analysis

The quantitative biographical data were entered into EXCEL spread sheet and analysed using descriptive statistics. Qualitative data were transcribed verbatim and analysed using a thematic analysis. The responses were read, coded, reduced and then organised into clusters and from this themes were generated reflecting the areas of inquiry. The analysis of texts was conducted independently by each author and any discrepancies were resolved until consensus was reached.

## 2.5 Ethics

Ethics approval was gained from the University Ethics Committee of one of the participating study centres. Transparency in communicating with all participants was assured through introductory letters, information sheets, interview frameworks and consent forms. Distribution to all participants was facilitated by the HoME. Participants were assured that their responses would be kept anonymous, confidential and all safely stored in a password protected computer with access limited to the research team.

## 3. Findings

### **Context influencing recruitment and retention of midwifery educators**

At the time of data collection, the context of Higher Education was one of major organisational restructuring which may have influenced participant responses and



inevitably interpreted as impacting on their own retention and the recruitment of new staff. Additionally, the uncertainty of future working practices and dissatisfaction based on the increased workload demands needs consideration when interpreting the findings.

In terms of biographical data, Table 1 illustrates that from a total of 48 midwifery educators employed across all three HEIs, and at the time of data collection, 50% (n=24) were over 50 years. In 2013, it was predicted that this number would rise to 79% (n=38) over 50 years, with some already retired. It was noted that many of the current workforce were eligible to retire at 55 years due to their transfer in from the National Health Service employment contract. Forty-six of the participants were women, and out of the total sample, 40 had a masters qualification and 10% (n=5) across all three HEIs had achieved doctoral status.

In considering how practising midwives were approached and tempted into a career in HE, qualitative data indicates that participants employed a range of approaches and but also faced a number challenges that are captured by theme and sub-themes below.

### **Strategies and challenges in recruitment of midwifery practitioners into HE**

- **Internally driven interests**

Participants acknowledged, based on their own biographies and experiences, that individuals entered HE through various routes and for different reasons. For some a career change from practice into HE had been instigated by motives such as professional aspirations, as an opportunity for further professional fulfilment, and to impart clinical expertise: *...my abilities and my skills were not being used in a clinical role to a full extent and I wasn't able to expand and grow as I wanted to in my role and I knew that moving into academia would fulfil me more... (FG A)*

For others, decisions were driven by ambitions that as lecturers, they could make a difference to practice and the future generation midwives: *..I saw the teaching role*

*as possibly having something more substantial and long term to contribute.... in some way shaping and influencing and making a difference to the midwives that come after us (FG B)*

Individuals also recalled how inspirational educational role models, who were supportive, made learning interesting, facilitated the links between theory and practice in a meaningful way in part influenced them to consider a career in HE. The trajectory in deciding when to transfer into education varied, but it seems that while in practice individuals displayed certain talents and attributes which were noted. Indeed many described being approached by individual clinical managers or midwifery lecturers to consider lecturing opportunities as ‘tasters’ or even as secondment opportunities due to aptitudes for teaching and engaging with students.

- **Scouting out for the ‘passion’ and natural talent**

All study sites presented a picture of stability within the midwifery education workforce, suggesting that once employed, few left. However, when vacancies arose, a number of formal and informal processes were employed to recruit practitioners that would be ideally suited for a career in education. Formal mechanisms were not the mainstay approach to recruit midwives from practice. Typically, national, regional and local adverts were placed in key general and dedicated weekly publications and local hospital bulletins as a broad-sweep approach.

In practice, educationalists adopted an incremental approach that involved gradual involvement with potential midwife recruits. Examples included encouraging midwife practitioners to participate in the selection of new midwifery students through the interview process, sitting on programme committees, curriculum development groups and contributing to Objective Structured Clinical Examinations (OSCEs). Other techniques, included talent scouting for practitioners who seemed enthusiastic and who displayed a degree of flair in teaching and supporting learners: *...she is a very talented teacher but she lacks the confidence.... but I would like to see her develop because she has the natural talent to teach..... (HoME, A).*

In seeking to recruit midwife practitioners for a career in HE, teaching staff looked beyond competence in teaching, there was an shared expectation individuals had to be committed to the profession, have a '*passion*' for midwifery (HoME, A) and whose experience in practice marked them out in terms of achievements: *I don't think you can quantify in time... it's the quality... some people are ready after two or three years, some people are least seven or eight. It's more a matter of them being professionally shaped and have some of the rough edges knocked off* (FG B).

While there was an espoused approach to recruitment, a minority added that invitations to consider a career in education might depend on whether individuals would fit in with the existing small and close knit midwifery teams: *...there are a lot of contradictions.....Your face has to fit to get in and that wouldn't have been open to everyone* (FG A).

In searching for new recruits, participants considered the possession of generic clinical skills over specialist skills important because midwifery education teams were often small and therefore they were required to have rounded clinical experiences to teach across the breadth of the curriculum. Interestingly, while having a scholarly track-record was seen as an advantage, this was not perceived as a requirement. In addition, concern was expressed that an over-emphasis on scholarship and research activity could act as a deterrent for potential recruits pursuing a second career in midwifery education. Others questioned how would potential recruits be able to *meet all research, conference and publications... criteria* (FG A) when this was neither known by individuals or health service employers. Most however recognised that the expectations of midwife lecturers in HE were changing rapidly, particularly as newly qualified midwives were exiting as graduates. In terms of the growing requirement among the HE sector of doctoral status for all academic posts, this was viewed with some suspicion, in that it might attract the wrong type of person: *I think (doctoral study) would be an incentive for some. But, I'm not sure that the people who would be an incentive for would be the right people to be giving the lectures* (FG B).

- **Limitations of available lecturing positions**

Making midwifery education an attractive proposition for practitioners was not without problems. A practical issue experienced by participants, presumably because of changing expectations within the sector, related to the evolving and at times unclear role of what was required of a midwifery lecturing post: *...people in practice have a very unrealistic view of what goes on in education and very often, to be absolutely honest, they think it's an easy option* (FG B).

*... they see us teaching.....what they don't see is the 18 hours preparation for that two hour lecture....after midnight I was answering emails and 90% of your week end ...being devoted to work* (FG B)

Another challenge of recruitment was attributed to the stability of the workforce and geographical location of the study sites which resulted in few opportunities to bring on new staff: *it's a very flat structure and until people leave or die you are stuck where you are on the kind of same level* (FG A). With this bottle-neck, a pressing and associated concern was the lack of strategic thinking in developing the next generation midwife teachers: *... there is no sort of succession planning we don't prepare the midwives out in clinical practice to be able to come into education. You know it's very adhoc....I wasn't actually in any way prepared for the teaching aspect of the role before I was actually here and I think that's quite common in midwives that we are not preparing them in the clinical environment....* (FG A).

Perhaps the major threat and disincentive precluding practising midwives from considering a move to education revolved to salary differentials, pension benefits and annual leave entitlements: *I think the major issue that we currently face is that HEIs now lag significantly behind um... the NHS in terms of salary and in terms of benefits* (HoME, F). Whilst this view was not unanimous, changing expectations of academic roles within HE and the reduction of contact time practice were viewed as adversely influencing career choices. Despite these difficulties, there was acknowledgement that it was autonomy in particular that a career in education offered over practice and the emotional fulfilment of seeing students flourish: *I*

*missed practice for years and then I actually realised that perhaps some of that emotional need that was being met in practice was being met by the students.. you actually realised that you were getting that satisfaction from seeing your students turn into midwives (FG F)*

The theme and sub-themes below consider the challenges of retaining staff within the turbulent changes being experienced within HE sector partly driven by increased competition for funding and the downturn of the economic climate.

### **Challenges to the retention of midwives in education**

- **Expectations and opportunities: role and career progression**

As previously acknowledged, all three HEIs enjoyed a stable education workforce. There was a great deal of satisfaction among the participants for their education role particularly their relationship with their students: *I think there is an inherent job satisfaction in what we do and that certainly for me that's what keeps me here...I enjoy the relationship with the students... almost takes the place of the relationship with the clients, I think on that level, and that's what keeps us going. (FG, A)*

With respect to work/life balance some participants felt able to achieve this, others identified that too many demands were being made of them, and struggled to maintain significant activity in all areas which if sustained could have serious repercussions for individuals: *..you know that we have to keep up to date in practice as well, so we have to do practice... we have to do publications, we have to do enterprise, we have to do this and that.... and some of us are doing PhDs as well.... I just can't see us doing this. (FG, F).*

One of the greatest challenges centred on opportunities for development and career progression. While participants had moved from practice into a career in HE to educate and develop the next generation midwives, they rapidly recognised that achievements in education and practice seemed to take second place against research and scholarly activity. Even though opportunities were available to be

rewarded for excellence in education, such as national teaching fellowships, these were neither widely known nor sought out by the lecturers. To remain motivated and engaged, some resigned themselves to diversification in teaching rather than actively pursue promotion: *I think for me personally I don't see myself moving up through the ranks um... in that way. It's more the diversification and excitement challenge ... to diversify and take on other aspects and so equally be involved in research or enterprise activities, irrespective of our status, in terms of our role.. that's what keeps you hooked (FG,F)*

- **Supportive environment**

All participants identified the cohesiveness of their team as an important aspect of their retention, despite the effects of external forces: *Obviously there are... differences as there are in every team but overall there is a fantastic level of support and team working and everybody pulling together and I am sure that's why people stay. It's about not wanting to let your colleagues down... I think that makes a difference (FG,A).*

Participants recognised that not everyone could pursue doctoral studies, progress to senior roles and that they would all be competing for promotional opportunities. Despite this they spoke of the loyalty, open sharing of their resources and resolving problem issues collaboratively, which help them work together and collegially: *....you know all of us wanting to do research could be divisive... it has the potential to disrupt the team in terms of harmony because we're all at different places in our journey (FG,F).*

Maintaining the clinical practice requirements as part of their midwifery registration was a considerable hurdle that could negatively affect the retention staff. Most found it difficult to maintain their clinical credibility along with other demands of being lecturers this consequently meant working a six day week: *As midwifery teachers 20% of our time is meant to be immersed in clinical practice but we are small numbers...the priority is the university and the teaching and so many of us have*

*had to diversify and take on Bank midwife roles in order to keep up with practice and keep up to speed (FG,A).*

In spite of their heavy workloads, participants disclosed satisfaction with the support and encouragement they received from their professional lead and this was valued. With some noticeable increase in micromanagement at a higher level in the organisation, they recognised the influence of external forces negatively impacting on the delivery of their programmes.

- **Ageing workforce: a time-bomb**

Due to midwifery demographics within each of the HEIs, awareness of a need for succession planning and that many colleagues were due for retirement was evident. One lecturer expressed that potential exodus of seasoned midwifery educators would be a 'time-bomb' as *most of us will be gone in three years (FG,B)* strategies to address this were unclear. Similarly there were *huge unresolved issues to sustain a midwifery workforce over the next five years and one of the biggest problems is going to be that that time bomb in terms of people leaving the profession at 55 and beyond and the age range of midwives are significantly towards the upper age range (HoME F).*

## **DISCUSSION:**

### **Recruitment of midwifery practitioners**

The findings suggest that a career in education was seen as appealing for some midwives and those in post tended to work in stable and supportive communities. However, attracting practitioners into a career into HE was viewed as a challenge for the future education workforce. While a range of informal mechanisms were adopted across study sites to recruit practitioners into a second career in education, expectations and qualifications were constantly changing. Increasingly in the UK and evidence from across the developed world (Clinton & Jackson 2009, Cash et al 2009a), suggests that nursing and midwifery educators are increasingly required to be in possession of doctoral degree for appointment as a lecturer whilst at the same

time demonstrate clinical credibility (Waggoner 2009). Additionally, the changing patterns of healthcare, public expectations and advances in technology, (McKenna et al 2009) has resulted in midwives assuming new working practices, adopting new roles and developing specialist skills. These specialist skills can be used to supplement the curriculum and keep trainee midwives in tune with current and new practices. Thus, registered midwives have the opportunity to use their teaching skills within the practice environment. So the very reasons which attracted participants in this present study to pursue a career in education may well be overtaken by new and more fulfilling clinical roles which will commit them to stay in practice.

While the notion that those interested in a career in education should have a passion for midwifery, participants in our study identified that recruitment remains a challenge. Since the completion of our study, Midwifery 2020 (2010a) reinforces our findings and makes strategic recommendations to begin addressing some of the concerns. In particular, the report encourages a more flexible career framework for midwives to retain them in clinical practice and recognises the benefits of such flexible career pathways in the improvement of care and outcomes for women and their family. Further, Midwifery 2020 (2010a, p8) recommends greater partnership working between practice and HEIs to encourage joint appointments and secondments to maximise the opportunities for practising midwives to develop flexible careers and encourage early recruits into education as a viable career option. The report recognises the changing role of the lecturer and, unlike the findings in the present study, it recommends the need for strategic succession planning and to make formal, the informal mechanisms which our participants used to 'talent spot' practitioners with a particular aptitude for teaching. It acknowledges the need for teacher support for ongoing skills development and a career which reflects "the needs of a highly skilled workforce" (Midwifery 2020, 2010a, p20).

### **Challenges to Retention of midwives in education**

Job satisfaction, a positive work environment, good relationships with students, autonomy, feeling supported and valued by colleagues and managers seem to be motivators to remain in post, and this is reinforced in the literature by those in



nursing and midwifery practice across the globe (Sullivan et al 2011, Sandall 2011, Tourangeau et al 2009, Kirkham et al 2006). In spite of their small team, this study emphasises the importance of support from each other as well as from their professional lead as previously recognised in both nursing and midwifery research related to the retention of practising professionals (Sullivan et al 2011, Tourangeau et al 2009).

Unlike clinical practice with an upward career trajectory, those in the present study recognised, some time into their role, that the rather flat matrix management in education generally left them feeling unclear as to what was expected to progress. Having transferred and achieved mastery in teaching and learning expectations, participants discovered that the education role was far more encompassing than they had anticipated which left little room for engagement with scholarship. Further, the lack of resources, high workload and increasing divide between the rewards practising midwives could secure both in terms of annual leave and salary could be a threat to their entering and remaining in education. These findings reinforce a wealth of literature emerging over the past ten years with regard to research related to turnover and intention to stay in both nursing and midwifery practice (Buchan 2011, Tourangeau et al 2009, Sullivan et al 2011, Hayes et al 2006) and in nurse education (Cash et al 2009b, Gormley 2003). So, whilst there is a paucity of literature from the education workforce, any threat to the retention of midwives in practice is likely to have an impact on the academy. This study reinforces the importance of making explicit what is required to progress in a second career within HE and therefore healthcare professionals need be fully appraised and guided early on to the demands that being an educator in a modern and ambitious University sector.

The consequences of an ageing workforce were not lost on the participants, reinforcing need for visible and deliberate succession planning to ensure the education workforce is fit for purpose, something the participants in this study were not aware of contributing to. This study adds to the increasing evidence of the challenges facing an ageing workforce for nurses and midwives both nationally (Pike

et al 2011, RCN 2011) and globally (Jackson 2008, Pijl 2005, Lavoie-Trembley et al 2006, Buerhaus et al 2000). Recent research in the UK (Pike et al 2011) confirms that over 65% of the English midwifery workforce is over 40 years and 26% over 50 years. However, from this study in SW England, with almost 80% of the midwife educators due for retirement, the threat to the education of the new generation midwives is acute, with a shortfall in nursing and midwifery educators negatively impacting on the number of recruits to the profession (Cash et al 2009a) as well as the continuing professional development of those responding to the new agendas. Additionally, it is well recognised that the cost of replacement of this very experienced workforce is high with evidence to support the value that older workers bring to the workplace in terms of their talent, skill, capability and motivation (Pike et al 2011, p14). Whilst most midwife teachers in this study felt that they had reached a career plateau, with some frustration in not feeling able to progress, opportunities to diversify were being sought to retain their job satisfaction, and achieve a healthy work-life balance.

#### **Strengths and Limitations:**

A key strength of this study is that an overview of potential issues has been uncovered by mixed-methods data sets reinforcing the validity of the challenges facing midwifery educators. There are a few limitations to the study. It should be acknowledged that the study was undertaken by two researchers from one HEI under study neither of whom was connected to the midwifery department. All three focus groups were conducted by both researchers. It is recognised this may have had an influence on participant responses, however being 'outsiders' to midwifery education this might have provided an unbiased perspective to data analysis. The use of a sample of convenience may also threaten the quality of the data, but the issues and concerns raised at each site resonated among participants who were well able to inform the aims of the qualitative element of the study. Additionally, the data collection was undertaken at a time of considerable organisational change. Since midwife teachers were being exposed to shifting expectations of their role, increased workload demands and uncertainty of future career prospects, this combination of factors may have adversely affected their outlook. Therefore, caution should be exercised interpreting their responses.

Another factor relates to the geography of data collection, which was confined to three HEIs with a population size of less than a million inhabitants per city, hence participants views may have differed from more densely populated cities.

**Conclusion:**

This study has highlighted the challenges which exist in sustaining a future midwifery education workforce. Given the lack of clarity of role expectations and greater opportunities in practice to diversify and specialise, radical change and action is necessary now to attract practising midwives into a second career in education. Recruiting early on in a midwife's career to flexible career pathways, moving from practice to education and research, may give these midwives greater insight into the reality of a role in education in which practice and research are core business activities. As postgraduate study becomes an expectation for the advanced practice midwife, higher education qualifications will better support clinical academic careers and enhance their ability to move seamlessly across the divide. To maintain the lifeline of midwifery teachers that will produce the next generations of midwives, greater collaboration between HEIs and service providers, with robust contractual arrangements to support this, will be critical to success.

To ensure retention of excellent midwifery educators, job satisfaction will be essential through clarity of expectations in combination with a supportive work environment, opportunities for intellectual debate and to diversify as well as progress. Whilst the ageing workforce presents a potential 'time-bomb' exodus of experienced educationalists, active succession planning must become a reality where practitioners are equipped with the skills to teach, research and practice and value all three. The future generation educators will be attracted to move seamlessly across the different pathways to the benefit of the women they support.

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Table 1 Current and predicted age bands: (Midwifery, n=48 whole numbers)

<b>Grade</b>	<b>2008</b>	<b>2013</b>
Lecturer/Senior Lecturer/Principal Lecturer < 50 years	21	6
Lecturer/Senior Lecturer/Principal Lecturer > 50 years	19	31
Lecturer Practitioners/teaching fellows/clinical tutors < 50 years (whole numbers)	3	1
Lecturer Practitioners/teaching fellows/clinical tutors > 50 years (whole numbers)	3	5
Professors < 50 years	0	0
Professors > 50 years	2	2



Table 2, strategies and challenges to recruitment of midwifery practitioners

Theme	Sub-theme
<b>Strategies and challenges in recruitment of midwifery practitioners into HE</b>	<ul style="list-style-type: none"><li data-bbox="858 315 1257 349">• <b>Internally driven interests</b></li><li data-bbox="858 376 1302 465">• <b>Scouting out for the 'passion' and natural talent</b></li><li data-bbox="858 492 1326 582">• <b>Limited availability of lecturing positions</b></li></ul>

Table 3, challenges to the retention of midwives in education

Theme	Sub-theme
<b>Challenges to the retention of midwives in education</b>	<ul style="list-style-type: none"><li data-bbox="826 315 1299 405">• Expectations and opportunities: role and career progression</li><li data-bbox="826 432 1198 465">• Supportive environment</li><li data-bbox="826 492 1294 526">• Ageing workforce- a time bomb</li></ul>