

How do new midwives' early workforce experiences influence their career plans? An integrative review of the literature

Tanya S. Capper^{*}, Kelly Haynes, Moira Williamson

School of Nursing, Midwifery and Social Sciences, CQUniversity Australia, Level 20, 160 Ann Street, Brisbane, Queensland 4000, Australia

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ABSTRACT

Aim: To explore how the early workforce experiences of new midwives influence their career plans.

Background: Each year, thousands of new midwives graduate from entry-to-practice midwifery courses, gain professional registration, and enter the workforce. Despite this, the world continues to face a shortage of midwives. The first five years of clinical practice, commonly referred to as the early career period, can be highly stressful for new midwives, contributing to early attrition from the profession. Supporting the transition from midwifery student to registered midwife is vital if we are to grow the workforce. Whilst the early career experiences of new midwives have been more broadly explored; little is currently understood about how these can influence their career plans.

Methods: Following Whittemore and Knaf's (2005) five-stage process, an integrative review was conducted. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. Nineteen studies met the criteria for inclusion. Thematic analysis was undertaken to organise and present the findings.

Findings: Thematic analysis, guided by the review question led to the identification of three overarching themes: 'the need for support', 'sustaining health and wellbeing', and 'being able to provide safe and effective midwifery care'.

Conclusion: Very little research to date has specifically explored how the early career experiences of new midwives influence their career plans, particularly within the Australian context. Further research is required to better understand how the early workforce experiences of new midwives can either strengthen their commitment to the profession or contribute to the decision to leave midwifery prematurely. This knowledge would provide a basis for the development of appropriate strategies to minimise early attrition from the midwifery profession and promote career longevity.

1. Introduction

Midwives play a key role in providing safe and effective maternity care for women and their families across the childbearing continuum (McInnes et al., 2020). Adequate numbers of practising midwives are therefore required to meet the needs of the growing global population. The 2021 State of the World's Midwifery report (SoWMy) highlighted the significant shortage of midwives across the world suggesting that urgent investment is required to sustain and grow the workforce, addressing the shortfall of around 900,000 midwives (United Nations Population Fund (UNFPA), International Confederation of Midwives (ICM), World Health Organization (WHO), 2021).

Historically the midwifery profession has faced a range of challenges

that have contributed to staffing shortages which have recently been further exacerbated by the COVID-19 pandemic (Couper et al., 2022). For several decades midwives have been choosing to leave the profession early (Ball et al., 2002) with a more recent report by the United Kingdom (UK) Royal College of Midwives (RCM) highlighting the significant concerns the remaining members of the midwifery workforce have about the ever-increasing demands of the job (RCM, 2016).

Midwives practise in complex, demanding environments and are required to manage daily, excessive, unsafe workloads due to low staffing levels (Cull et al., 2020), workplace culture issues (Capper et al., 2022), and the pressure to provide gold-standard care with very limited resources (Neiterman, 2013). These and other workplace-related stressors are believed to contribute to midwives' decreased levels of

^{*} Corresponding author.

E-mail addresses: t.capper@cqu.edu.au (T.S. Capper), k.a.haynes@cqu.edu.au (K. Haynes), m.williamson@cqu.edu.au (M. Williamson).

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professional satisfaction, burnout, and premature workforce attrition (Mollart et al., 2013; RCM, 2016; Yoshida and Sandall, 2013). Concerningly, this ongoing premature attrition coupled with an aging workforce (Oliver and Geraghty, 2022), has real potential to lead to a critical midwifery shortage over the next decade as a significant proportion of the remaining workforce reach retirement age and leave (Callander et al., 2021). Data from the UK has demonstrated that when 30 new midwives join the workforce, it grows by just one midwife, due to high levels of simultaneous attrition (RCM, 2018). So, whilst this heightens the importance of having an ongoing supply of midwifery graduates, it is important to ensure that they want to *join* and *remain* in the profession. Alarming, research has suggested that the workplace challenges midwifery students are frequently exposed to whilst on clinical placement contribute to them leaving their course or deciding not to practice once registered (Capper et al., 2020). This poses a significant issue for midwifery workforce sustainability.

There are two main ways to begin to address the growing shortage of midwives; by educating and supporting midwifery students who want to *join* and *remain* in the profession, and by *retaining* the existing midwifery workforce.

1.1. Background

The period following initial registration as a midwife is known to be highly stressful (Avis et al., 2013). This has also been highlighted as an issue for new graduate registered nurses with the nursing literature suggesting that the stress experienced during this crucial time can significantly influence a graduate nurse's decision to leave or remain in the profession (Zhang et al., 2019). The three main terms used in the international literature to describe registered midwives during their first five years of clinical practice include 'New Graduate Midwives', 'Newly Qualified Midwives', and 'Early Career Midwives'. As these terms are used interchangeably, for the purpose of this review, the term Early Career Midwives (ECM) will be used. For many ECMs, the acute stress and anxiety experienced during this period coupled with the realisation of the disparity between their ideals, and the reality of midwifery, can result in a fraught transition experience, and lead to early attrition from the profession (Nolan et al., 2022). With this in mind, by way of supporting and facilitating a smooth transition into their new midwifery role, some employers now provide their new employees with the opportunity to participate in a 'new graduate program', sometimes called a 'transition program' (Gray et al., 2019). Such programs, through the provision of structured support, are designed to decrease staff attrition and turnover (Clements et al., 2012), but have had mixed results to date (Aldosari et al., 2021).

Many ECMs, once immersed in the clinical setting, become vulnerable to the pervasive wider issues impacting the midwifery profession, and whilst some midwives do of course enjoy long and fulfilling careers, others consider leaving shortly after entering the workforce. This was illustrated by a recent Australian study which identified that ECMs are the group most likely to consider leaving the profession due to dissatisfaction with their role (Harvie et al., 2019).

This highlights the importance of better understanding how the early career experiences of midwives, during the first five years of practice, influence their future career plans. Whilst other contemporary literature reviews have synthesised the evidence exploring the supportive strategies used to facilitate ECM's successful transition practice (Nolan et al., 2022), and the underpinning elements of this process, with a focus on the models of care the ECM works within (Hopkinson et al., 2022), at present, little is understood about how ECM's experiences influence their career plans. The findings of this integrative review will fill this knowledge gap.

1.2. Review question

How do the early career experiences of new midwives influence their

career plans?

2. Methods

This integrative review follows Whittemore and Knaf's (2005) five-stage methodology; 1. Identify the purpose of the review, 2. Search for relevant articles, 3. Evaluate and extract the data, 4. Analyse and synthesise the data, and 5. Present the findings (Whittemore and Knaf, 2005).

Taking an integrative approach to the review enables the contemporary literature to be compiled and understood from a range of perspectives, encompassing the diverse contexts, whilst incorporating the subjective elements of the topic being explored (Whittemore and Knaf, 2005). Given the nature of the review question and the anticipated diversity within the population of interest, this is considered the most appropriate review methodology. Reporting follows the updated Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Page et al., 2021). Please see Appendix I.

2.1. Identify the purpose of the review

The purpose of this integrative review is to identify and explore the contemporary literature related to the early career experiences of midwives during their first five years of practice and the influence these have upon their career plans.

It is anticipated that the findings of this review will provide insight into the experiences and factors that influence new midwives' career decisions, including whether to remain in the profession or leave early. It is also anticipated that any gaps in knowledge and areas for future research and intervention will be identified.

2.2. Search for relevant articles

To identify the contemporary primary peer-reviewed literature published between Jan 2015 and Jan 2023 related to ECM's workforce experiences during their first five years of practice and the influence these had upon their career plans, a systematic database search was undertaken. The year 2015 was agreed as the start of the time capture period due to the evolving nature of the midwifery profession and workplace. As the review team sought to gain insight into the contemporary experiences of ECM's and the influence they have on their career plans, it was important to ensure that the results were relevant to the current midwifery workforce landscape and were therefore useful when developing strategies to address midwifery staffing retention and turnover.

A preliminary search of the literature was undertaken to identify the frequently used keywords, combinations of terms, and phrases used in this field. The PICO framework (Schardt et al., 2007) was used to formulate the search strategy, guided by the review question we sought to answer. The terms were discussed and agreed upon by the review team and were then used to formulate the final search strategy presented in Table 1. The CINAHL Ultimate, Embase, OVID, and PubMed databases were systematically searched.

An example of the database search conducted in Embase is presented in Appendix II. To identify any literature meeting the inclusion criteria that had not been captured in the initial database search, a follow-up search was conducted in Google Scholar using the same terms. Finally, a hand search of the reference lists of the included articles was conducted. The primary database searches resulted in 1407 papers being identified. A follow-up Google Scholar and hand search yielded a further 42 papers. All 1449 results were exported into Covidence (2022), and 420 duplicates were removed. The title and abstracts of the remaining 1029 articles were independently screened by each team member, which resulted in a further 860 papers being excluded. The full text of 169 papers was then retrieved and individually reviewed. A further 150 were then excluded based on the inclusion and exclusion criteria

Table 1
Search strategy.

PICO	Description	Search terms applied to address each criterion
P (population)	New graduate midwives. Early career midwives. Newly qualified midwives.	['graduate midwi* ^{·P1} OR 'early career midwi* ^{·P2} OR 'newly qualified midwi* ^{·P3} OR 'new midwi* ^{·P4} OR 'junior midwi* ^{·P5} OR 'young midwi* ^{·P6} OR 'inexperienced midwi* ^{·P7}] AND
I (intervention)	Experiences in the first five (5) years of clinical practice.	['experienc* ^{·I1} OR 'clinical practice' ^{·I2} OR 'first five years' ^{·I3}] AND
C (comparison)	-	-
O (outcomes)	The influence early career experiences have upon career plans.	['leav* ^{·O1} OR 'increase* turnover' ^{·O2} OR 'increase* attrition' ^{·O3} OR 'stay* ^{·O4} OR 'remain* ^{·O5} OR 'decrease* turnover' ^{·O6} OR 'decrease* attrition' ^{·O7} OR 'retain* ^{·O8} OR 'career plan* ^{·O9} OR 'career intention* ^{·O10} OR 'turnover intention* ^{·O11}]

outlined in Table 2.

The rationale for excluding any articles that underwent full-text assessment is recorded in the PRISMA flowchart (Fig. 1). Any conflicting decisions were discussed and agreed upon by consensus. A total of 19 papers met the criteria for inclusion in the integrative review.

2.3. Evaluate and extract the data

The quality of each included primary study was assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018a). The MMAT was selected to guide this process as it is considered a reliable and comprehensive instrument that can be used to assess the quality of quantitative, qualitative, and mixed methods studies (Hong et al., 2018). Historically, assessing the quality of studies included in systematic

Table 2
Inclusion and exclusion criteria.

Inclusion	Exclusion
Published 2015–2023 in English.	Papers focussing upon employers' experiences of recruiting and retaining early career midwives.
Full text available.	Papers with early career midwives (<5 years post-grad) as participants that explored workplace experiences but did not refer to their influence upon career plans.
Published and unpublished primary research. All types of research approaches (Qualitative, Quantitative, Mixed Methods, Literature Reviews).	Non-primary research papers: Newspaper or magazine articles, book chapters, commentaries, opinion pieces.
Papers that include early career midwives, regardless of whether they were previously nurses.	Papers that refer to or explore experiences that occurred outside the healthcare setting (i.e., academic settings).
Papers with early career midwives (<5 years post-grad) as participants referred to or explored how early workplace experiences influenced career plans.	Papers with midwife participants who all had more than 5 years of postgraduate experience.
Papers with early career midwives (<5 years post-grad) as participants that reached themes related to early workplace experiences that influenced career plans.	Papers that included early career midwives as participants, but their findings were not distinguishable from the other participants (i.e., more experienced midwives or new graduate nurses).

reviews has been challenging due to the heterogeneous nature of study designs, thus requiring a different tool to be used for each (Hong et al., 2018b). Hong et al. (2018b) suggest that rather than providing a score to indicate the quality of a study, an evaluative summary of each paper should be undertaken, and no studies should be excluded based on their methodological quality. Every paper was evaluated against the MMAT criteria by each review team member individually and then discussed. The MMAT evaluation summary for each study is available upon request.

The final 19 papers were read by each member of the review team and the data that pertained to the review question were extracted from each article and tabulated using a pre-existing tool developed by the authors. The extracted data can be found in Table 3. Data Extraction.

2.4. Analyse and synthesise the data

Thematically analysis of the key extracted data was guided by Braun and Clarke' (2006) six-step process. First, we read and re-read the extracted data to familiarise ourselves with it. Next, we began to highlight groups of phrases or sections of our data, giving them codes. We then collated the similar codes, identifying any patterns which led to the development of the early themes. We then reviewed these themes to ensure they reflected the data. The themes were then defined and given final names. Finally, the full analysis was written up organised under each theme.

3. Findings

A total of nineteen papers met the criteria for inclusion in the integrative review. Four were literature reviews (Bacchus and Firth, 2017; Capper et al., 2022; Hopkinson et al., 2022; Nolan et al., 2022), eight were qualitative studies (Beehan, 2022; Cummins et al., 2015; Cummins et al., 2017; Griffiths et al., 2019; Mtegha, 2021; Naqshbandi and Karim, 2019; Naqshbandi et al., 2019; Stulz et al., 2022) two were quantitative studies (Dixon et al., 2015; Hunter et al., 2019) and five studies adopted a mixed methods approach (Cull et al., 2020; Feijen-de Jong et al., 2022; Harvie et al., 2019; Neiterman et al., 2021; RCM, 2016). Eight papers originated from Australia, four from the United Kingdom (UK), two from New Zealand (NZ), two from Iraq, one from the Netherlands, one from Malawi, and one from Canada. Two of the nineteen papers were lead-authored by Cummins and a further two by Naqshbandi. Whilst both papers from each of these authors appeared to be based on the same respective data sets the research questions were different, therefore the decision was made to include all four of these papers.

Three of the included papers explored midwives' intentions and/or decisions to leave or remain in the profession (Feijen-de Jong et al., 2022; Harvie et al., 2019; RCM, 2016). As the participant cohorts in these three studies included ECMs and it was possible to distinguish their findings from those of the midwives with greater than 5 years of experience, these papers were included. Three papers explored the retention of experienced registered midwives and ECMs and factors that can influence this (Cull et al., 2020; Dixon et al., 2015; Neiterman et al., 2021). All but two of the remaining papers explored the experiences of ECM's during their transitional period. Some took a broad focus (Griffiths et al., 2019; Mtegha, 2021; Naqshbandi and Karim, 2019; Naqshbandi et al., 2019), some explored their wellbeing (Bacchus and Firth, 2017; Hunter et al., 2019), some explored the experiences of working in a continuity of care (CoC) model as an ECM (Cummins et al., 2015, 2017; Hopkinson et al., 2022; Stulz et al., 2022), and one paper explored the ECM's experiences of having their continued professional development supported at during. time (Beehan, 2022). Of the remaining two papers, the first explored strategies to facilitate the smooth transition from midwifery student to registered midwife (Nolan et al., 2022), and the second explored workplace violence in midwifery. All 19 papers arrived at themes related to how midwives' early career experiences influence their career plans.

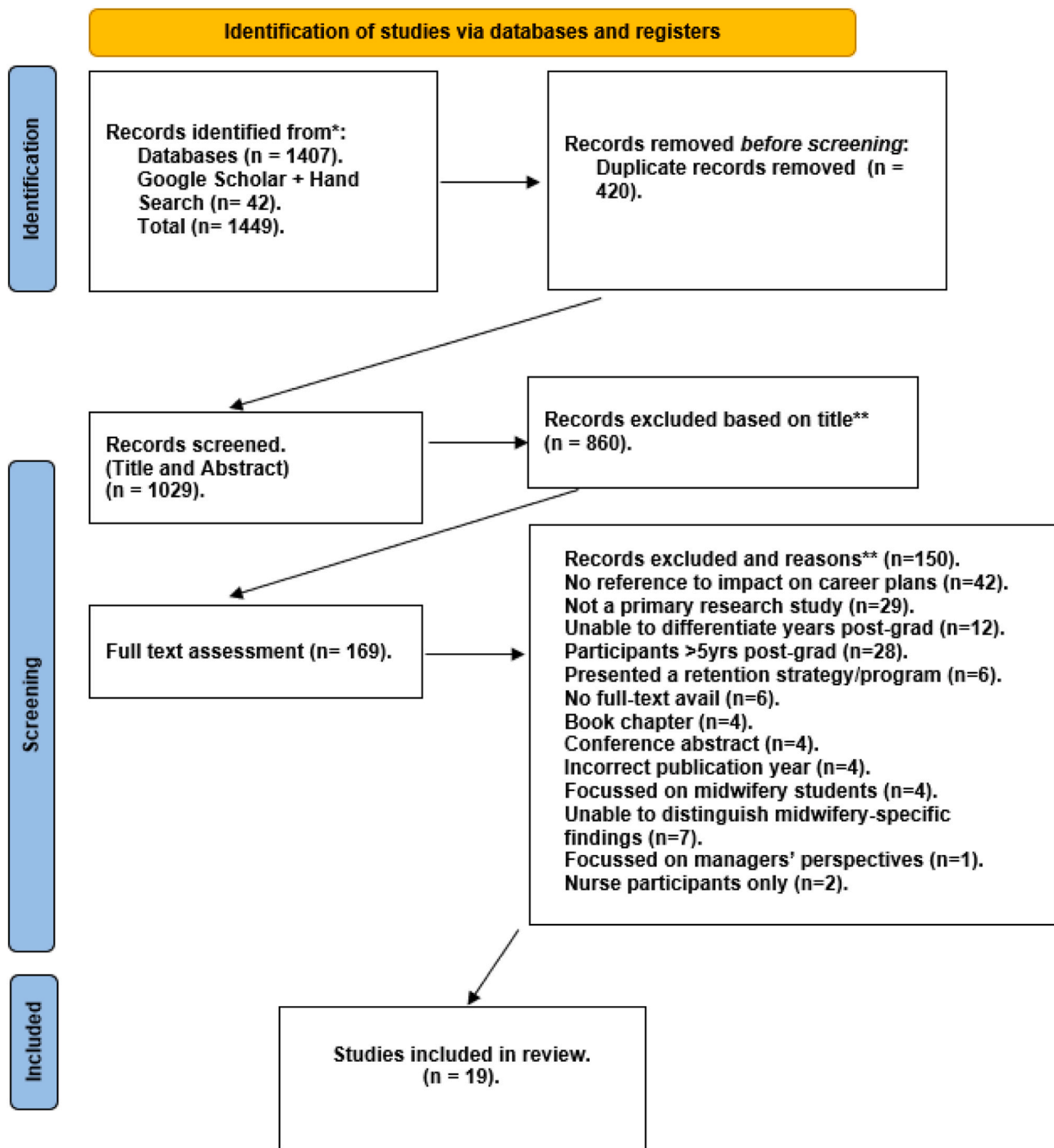


Fig. 1. Flow diagram of the literature search adapted from the updated PRISMA 2020 statement (Page and McKenzie et al., 2021).

3.1. Present the findings

The findings suggest that for many of the ECMs captured in this review, their experiences during their first five years of practice influenced how they viewed their newfound professional role and shaped their commitment to the profession in both the short and long term. Thematic analysis of the relevant findings of each included paper led to the identification of three overarching themes. These themes represent the key influencing components of the transition period from being a midwifery student to an ECM and an ECM to a mid-career midwife (MCM). The themes: 'the need for support', 'sustaining health and wellbeing', and 'being able to provide safe and effective midwifery care'

will now be explored in greater detail.

3.1.1. The need for support

Almost all the ECMs captured in this review spoke of the importance of having positive relationships and the support of others early in their career. The presence of support did in fact appear to be one of the key contributing factors to retaining ECMs in the profession. The ECMs gained support from a variety of sources including their friends and family (Naqshbandi and Karim, 2019), colleagues and peers (Bacchus and Firth, 2017; Beehan, 2022; Cull et al., 2020; Cummins et al., 2015; Naqshbandi et al., 2019; Neiterman et al., 2021), their mentors (Bacchus and Firth, 2017; Cummins et al., 2017; Hopkinson et al., 2022; Nolan

Table 3
Data Extraction.

Author/s. Year of publication. Country of origin.	Aim	Population sample size	Methodology Methods	Key Relevant Findings	Impact on career plans
Bacchus and Firth (2017) United Kingdom	To explore the experiences of Newly Qualified Midwives (NQMs) surrounding their emotional well-being within the first 12 months of transition.	Four papers were included capturing 41 NQMs from the UK, Australia, and Ireland.	Systematic Review of the Literature	The reality shock, theory-practice gap, the responsibilities of the role, midwifery culture and identity, and lack of support challenge NQM's resilience, leading to poor emotional wellbeing. Having positive role models, good relationships with women, mentors, and peers and being able to practise women-centred care enhanced resilience and led to good emotional wellbeing. Protective mechanisms such as structured preceptorship and supportive mentorship helped improve physical and emotional well-being, increase retention, and better prepare NQMs for the journey ahead.	Positive physical and emotional wellbeing was important for NQM's if they were to be retained in the profession. When their well-being was challenged, they were at greater risk of leaving the profession. The NQMs who received structured preceptorship and supportive mentorship were more inclined to remain in the profession as this enhanced their resilience and wellbeing.
Beehan (2022) New Zealand	To explore early career midwives' experiences of working in maternity hospitals that support their continued professional development.	Eight midwives in their first 2–5 years post-grad.	Qualitative Appreciative Inquiry Semi-structured interviews	Employers must support continued professional development for ECMs for them to consider a future within the organisation, have job satisfaction, and stay in their role. A trusting culture and supportive collegial relationships created opportunities for ECMs to develop professionally. Policymakers, managers, and midwives who are seeking to sustain the employed midwifery workforce should consider these findings.	The provision of ongoing professional development opportunities and collegial support for ECM's increased their job satisfaction, confidence, and the likelihood of them remaining in their midwifery role.
Capper et al. (2022) Australia	To identify and map what is known about workplace violence (WPV) involving midwives in Australia and New Zealand.	Ten papers were included. Two papers focussed on ECMs from Australia.	Scoping Review of the Literature	Two studies captured ECM's experiences of WPV. WPV was ubiquitous and being at the bottom of the hierarchy or lacking in skills and knowledge, increased their vulnerability. ECMs subsequently questioned their career choice or thought about leaving their job.	The ECMs who were targets of WPV subsequently questioned their career choice and thought about leaving their job.
Cull et al. (2020) United Kingdom	To establish the key, self-described factors of satisfaction and dissatisfaction at work for ECMs in the United Kingdom and suggest appropriate and effective retention strategies.	A total of 620 ECM's who were qualified for less than 5 years.	Mixed Methods. Survey: closed and open-ended questions. Qualitative thematic analysis.	Workload and poor staffing placed immense pressure upon ECMs. Strong collegial relationships were a protective factor against stress. Conversely, negative working relationships compounded pressures. Despite the challenges, many ECMs took great pleasure in their work, and described it as a source of pride and self-esteem. Initiatives to retain and motivate existing staff and recruit new staff are required. For staff wellbeing to improve, working conditions need to be better.	Strong collegial and supportive relationships strengthened commitment and provided job satisfaction. A positive work environment increases the retention of ECMs. Negative working relationships did however compound workplace and staffing pressures leading to burnout.
Cummins et al. (2015) Australia	To explore the experiences of New Graduate Midwives (NGM) who have worked in midwifery continuity of care, in particular, the support they received; and, to establish the facilitators and barriers to the expansion of new graduate positions in midwifery continuity of care models.	Thirteen NGMs in their first or second year of practice.	Qualitative description. Interviews.	NGMs valued their relationships with the women and the midwives they worked alongside. Due to the ability to develop trusting relationships, consolidate skills and knowledge, and be supported by the group midwives the NGMs felt prepared to work in midwifery continuity of care (CoC). This led to the NGMs	Working in a continuity of care model strengthened the NGM's confidence, and skills and left them feeling more satisfied with their midwifery role.

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Table 3 (continued)

Author/s. Year of publication. Country of origin.	Aim	Population sample size	Methodology Methods	Key Relevant Findings	Impact on career plans
Cummins et al. (2017) Australia	To explore the mentoring experiences of NGM's working in midwifery continuity of care models in Australia.	Thirteen NGMs in their first or second year of practice.	Qualitative description. Interviews.	feeling as though they were 'becoming real midwives'. The NGMs felt that working in CoC was more satisfying compared to a standard transition model where they were unable to develop relationships with women. Having a mentor was important and knowing that mentor made it easier for NGM's to call them at any time. The NGMs respected their mentors and their support helped build their confidence during their transition from student to midwife. Providing mentorship in their first year of practice positively impacted staff retention.	Having the support of a known mentor strengthened the NGM's confidence during the transition period. This positively impacted retention.
Dixon et al. (2015) New Zealand	To explore the retention of new graduates in midwifery practice following participation in the Midwifery First Year of Practice programme.	A total of 415 NGMs who took part in the Midwifery First Year of Practice (MFYP) programme.	Quantitative. A retrospective cohort study. Longitudinal observational data was collected from the programme participants.	The MFYP was a structured support plan encompassing support during clinical practice, provision of a chosen mentor, financial assistance for education, and compulsory quality assessment and reflection at the end of the year. Nationally consistent retention of NGMs was seen following their participation in the programme. Fifty-one (51) (30.4%) of 168 NQM participants plan to leave midwifery. The relevant reasons for NQM's planning to leave midwifery practice were: 11 – dissatisfaction with maternity care. 7 – dissatisfaction with own organisation. 9 – dissatisfaction with the role of the midwife.	Participation in the program appeared to lead to improved levels of new graduate retention.
Feijen-de Jong et al. (2022) Netherlands	To study the rate and the reasons for intending to leave, and to explore the reasons for leaving midwifery jobs in the Netherlands.	A total of 726 community midwives: 168 were NQM (<3 years exp).	Mixed methods. Quantitative survey Qualitative interviews	Overwhelmingly, the NQMs planned to stay in midwifery. Most expressed an unwavering commitment to CoC and a desire to work in this model. Being a caseload midwife was a goal. Ninety (90) (38.6%) of the 233 ECMs had considered leaving midwifery with many citing dissatisfactions with their role. ECMs under the age of 40 years were most likely to consider leaving the profession. NGM's valued well-structured, adequate clinical rotations. These gave them control, clinical skill development opportunities, and built their confidence. Short rotations were highly stressful. Supernumerary time was valued. NGMs felt supported in CoC models, where strong mentorship and support were available. Working in CoC also promoted clinical confidence, the consolidation of knowledge and skills, and decreased levels of fear. Study days provided good opportunities to debrief. Good relationships with	The accumulation of job demands lack of support and feeling unable to consult peers – led to potential attrition from the midwifery profession.
Griffiths et al. (2019) Australia	To explore the expectations and experiences of a group of NQMs as they transitioned to practice.	Eight NQMs.	Qualitative. Interviews. Thematic analysis.	Overwhelmingly, the NQMs planned to stay in midwifery. Most expressed an unwavering commitment to CoC and a desire to work in this model. Being a caseload midwife was a goal. Ninety (90) (38.6%) of the 233 ECMs had considered leaving midwifery with many citing dissatisfactions with their role. ECMs under the age of 40 years were most likely to consider leaving the profession. NGM's valued well-structured, adequate clinical rotations. These gave them control, clinical skill development opportunities, and built their confidence. Short rotations were highly stressful. Supernumerary time was valued. NGMs felt supported in CoC models, where strong mentorship and support were available. Working in CoC also promoted clinical confidence, the consolidation of knowledge and skills, and decreased levels of fear. Study days provided good opportunities to debrief. Good relationships with	The opportunity for the NQMs to work within CoC led to the commitment to remaining in midwifery. Working in CoC was a career goal.
Harvie et al. (2019) Australia	To determine the incidence of midwives indicating their intention to leave the profession and explore the reasons for this decision including what might cause midwives to be dissatisfied.	A total of 1037 midwives: 233 had less than 5 years of experience.	Mixed methods. Survey with closed and open-ended questions. Descriptive statistics and latent content analysis.	Overwhelmingly, the NQMs planned to stay in midwifery. Most expressed an unwavering commitment to CoC and a desire to work in this model. Being a caseload midwife was a goal. Ninety (90) (38.6%) of the 233 ECMs had considered leaving midwifery with many citing dissatisfactions with their role. ECMs under the age of 40 years were most likely to consider leaving the profession. NGM's valued well-structured, adequate clinical rotations. These gave them control, clinical skill development opportunities, and built their confidence. Short rotations were highly stressful. Supernumerary time was valued. NGMs felt supported in CoC models, where strong mentorship and support were available. Working in CoC also promoted clinical confidence, the consolidation of knowledge and skills, and decreased levels of fear. Study days provided good opportunities to debrief. Good relationships with	Dissatisfaction with the midwifery role led to many ECMs considering leaving the profession.
Hopkinson et al. (2022) Australia	To map and synthesise the literature underpinning the transition to practice for NGMs internationally, with a focus on continuity of care and traditional transition to practice models.	Twenty studies were included in the review.	A Scoping Review of the Literature.	Overwhelmingly, the NQMs planned to stay in midwifery. Most expressed an unwavering commitment to CoC and a desire to work in this model. Being a caseload midwife was a goal. Ninety (90) (38.6%) of the 233 ECMs had considered leaving midwifery with many citing dissatisfactions with their role. ECMs under the age of 40 years were most likely to consider leaving the profession. NGM's valued well-structured, adequate clinical rotations. These gave them control, clinical skill development opportunities, and built their confidence. Short rotations were highly stressful. Supernumerary time was valued. NGMs felt supported in CoC models, where strong mentorship and support were available. Working in CoC also promoted clinical confidence, the consolidation of knowledge and skills, and decreased levels of fear. Study days provided good opportunities to debrief. Good relationships with	Working in CoC improved retention rates. The NGMs valued structured, adequate clinical rotations and feel well supported in CoC models where strong mentorship and support are offered. This also helped them to manage the challenges of the role.

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Table 3 (continued)

Author/s. Year of publication. Country of origin.	Aim	Population sample size	Methodology Methods	Key Relevant Findings	Impact on career plans
				preceptors and mentors (Ideally chosen by the NGM) were important, as they increased confidence, retention and helped with the NGM's adaption to their new level of responsibility. Lack of structured support/mentors left NGMs vulnerable and fearful. Managing conflicting ideologies causes NGMs to leave the profession.	
Hunter et al. (2019) United Kingdom	To explore the relationship between the emotional well-being of UK midwives and their work environment.	A total of 1997 midwives. The number of ECMs was unclear.	Quantitative. Cross-sectional research design using an online survey. Two validated tools and demographic questions.	Younger, more recently qualified midwives (0–5 years) recorded some of the highest burnout, stress, anxiety, and depression scores. ECM's Burnout Scores: Personal (median) 0–1 yr post grad 70.83 Personal (median) 2–5 yr post grad 75.0 Work (median) 0–1 yr post grad 60.71 Work (median) 2–5 yr post grad 60.71 Young recently qualified midwives need more support to sustain their emotional wellbeing.	ECMs have some of the highest burn out scores. Burnout is linked to the early attrition of midwives.
Mtegha (2021) Malawi	To explore the transition experiences of NQMs working in selected midwifery units in Northern Malawi.	Ten NQMs.	Qualitative description. Interviews. Thematic analysis.	The NQMs were passionate about the profession, and this led them to stay as they loved it.	Having a passion for the midwifery profession led to workforce retention.
Naqshbandi and Karim (2019) Iraq	To find out NGM's' feelings, concerns, and needs through their lived experiences during their transition period in the Maternity Hospital of Erbil, the Kurdistan Region of Iraq.	Fifteen NGMs.	Qualitative. Interviews. Thematic Analysis.	One of the themes was 'decision to quit the midwifery profession'. The NGMs thought of leaving the profession but support from colleagues and family/friends was an important factor in their decision to stay. Midwifery was difficult and highly demanding. The NGMs felt they had a lot to learn.	Support from both the NGM's colleagues and family/friends was an important factor in their decision regarding whether to stay.
Naqshbandi et al. (2019) Iraq	To analyse the lived experiences of NGMs during their transition period in order to come up with a deep understanding of their feelings, concerns, and needs.	Fifteen NGMs.	Qualitative. Interviews. Thematic Analysis	One of the main themes: "Dilemma of staying in or quitting the midwifery profession". The NGMs struggled to adapt to the demands of the role. NGMs were overwhelmed with the responsibilities of the role.	A supportive environment and colleagues increased the likelihood of the NGM's staying midwifery.
Neiterman et al. (2021) Canada.	To explore retention among midwives practising in Canada.	Twenty-Nine midwives. The number of ECMs was unclear.	Mixed methods. Survey and Interviews	One ECM said if she wanted to have a child and partner, she would have to choose between a family and a career. For ECMs, the primary care model (one midwife providing all care) meant a lack of flexibility and poor work/life balance. The shared-care model (team of midwives) was preferred. Being unable to balance work and personal life contributed to work-related stress, burnout, and the subsequent decision to leave the profession. Relationships with women were reported to be overwhelmingly positive but ECMs had mixed feelings about their interactions with colleagues. Some ECMs experienced workplace bullying with impacted their wellbeing.	Support from co-workers helps to feel part of the team. The support of others shaped the intention to stay in the profession. Being unable to balance work and personal life contributed to work-related stress, burnout, and consideration of leaving the profession.

(continued on next page)

Table 3 (continued)

Author/s. Year of publication. Country of origin.	Aim	Population sample size	Methodology Methods	Key Relevant Findings	Impact on career plans
Nolan et al. (2022) Australia	To identify strategies that facilitate NQMs to transition successfully from midwifery student to confident, competent practitioner.	Ten papers were included in the review	An Integrative Review of the Literature.	A supportive transition period from midwifery student to a registered midwife was important to retain midwives. Mentorship is valued. The culture to which newly registered midwives are exposed is crucial. Models of care have influence—CoC increased retention.	CoC models, mentorship, and support help to retain midwives.
TheRoyal College of Midwives (2016) United Kingdom	To determine the reasons midwives, leave the profession.	A total of 2719 midwives. The number of ECMs was unclear.	Mixed Methods. Survey	An ECM reported a lack of flexibility – Offered one clinical setting only, long shifts, and fixed hours. ECM reported excessive workloads. No breaks. Colleagues unsupportive. Low staff morale. Poor working relationships. Unable to give good quality care. ECMs felt that career progression opportunities are limited. There was a heavy reliance on goodwill. ECMs were spoken down to. Hierarchical attitude. Bullying. Anxiety and physical health issues arose.	Plan to leave the profession. Already left the profession.
Stulz et al. (2022) Australia	To explore midwifery students' (and new graduates') experiences and level of satisfaction about a student-led midwifery model of care.	Four midwifery students/NGMs	Qualitative description. Interviews. Thematic analysis.	NGMs highlighted the benefits of caseload models of care, although reported that they could not yet commit to this. Work life balance is a struggle. Relationships are gold. Journeying beside women is personally rewarding and satisfying.	The NGMs aspired to work in a CoC model in the future, after gaining further years of experience as new midwives. The relationships drive NGM towards CoC. Working in CoC was seen as important to build relationships with women.

et al., 2022) and the women they cared for (Bacchus and Firth, 2017).

So, whilst it was evident that many ECMs gained informal support from those situated both inside and outside their employing organisation, some studies reported upon the more formal sources of support they are provided with. Several employers offered structured preceptorship models, mentorship programs, or 'new graduate programs' to ECMs when they commence clinical practice (Bacchus and Firth, 2017; Cummins et al., 2017; Dixon et al., 2015; Hopkinson et al., 2022; Nolan et al., 2022). The content of such programs ranged from supernumerary time spent with an experienced mentor (Hopkinson et al., 2022), to structured mentorship programs that provide ECMs with both clinical and theoretical learning opportunities (Dixon et al., 2015). The ECMs who undertook such programs welcomed the collegial support and guidance that they provided and believed that they had helped them gain the confidence and trust of their more experienced peers.

Importantly, the ECMs working in the CoC models, reported that they felt well supported and trusted by their mentor, which in turn enhanced their confidence and provided opportunities to consolidate their skills and knowledge in a safe environment (Cummins et al., 2015, 2017; Hopkinson et al., 2022). Additionally, the ECMs who were able to build supportive relationships with their mentors, saw them as positive role models to whom they could go to and seek advice and support when needed (Cummins et al., 2017), which was important for their emotional health and wellbeing (Bacchus and Firth, 2017). The positive experiences gained whilst working in CoC models as an ECM appeared to strengthen their commitment to remain in midwifery and often led to plans to continue working in CoC in the long term (Cummins et al., 2015, 2017; Griffiths et al., 2019; Hopkinson et al., 2022; Nolan et al., 2022; Stulz et al., 2022).

So, whilst having positive supportive role models appeared to increase the likelihood of retaining ECMs in the profession, those that lacked these important relationships felt unsupported, and stressed and

were more likely to leave (Bacchus and Firth, 2017; Capper et al., 2022; Cull et al., 2020; RCM, 2016). In some cases, a poor workplace culture was described, where the ECMs experienced overt hostility from their peers (Capper et al., 2022; Cull et al., 2020; Neiterman et al., 2021; RCM, 2016). This in turn led to poor ongoing working relationships, challenged the ECM's confidence, and diminished their job satisfaction, contributing to their thoughts of leaving the profession.

Whilst much of the literature focussed upon the immediate early career support required by the ECMs, those who took part in Beehan' (2022) study were planning further ahead. For this group of ECMs to see a long-term future with their current employer, opportunities for professional development and career progression were essential (Beehan, 2022). Providing ECMs with opportunities for continued professional development was thought to build confidence, trust, increasing their job satisfaction, and the likelihood of them remaining in the profession (Beehan, 2022).

It is evident that during the early years of clinical practice, ECMs require the support of others, in a range of forms to effectively establish themselves in their newfound role. Feeling safe and supported contributes to ECM's sense of belonging which is vital if they are to sustain their physical and emotional wellbeing (Bacchus and Firth, 2017).

3.1.2. Sustaining health and wellbeing

It goes without saying, but if ECMs are to safely fulfil their new midwifery role, and foster short and long-term career satisfaction, it is essential that they can sustain their personal health and wellbeing. Two of the papers included in this review specifically explored the importance of maintaining positive physical and emotional health and wellbeing (Bacchus and Firth, 2017; Hunter et al., 2019), whilst several others considered some of the workplace related factors that can enhance or challenge this either leading to heightened career commitment or early workforce attrition (Bacchus and Firth, 2017; Capper

et al., 2022; Cull et al., 2020; Feijen-de Jong et al., 2022; Harvie et al., 2019; Hopkinson et al., 2022; Hunter et al., 2019; Naqshbandi and Karim, 2019; Naqshbandi et al., 2019; Neiterman et al., 2021; RCM, 2016; Stulz et al., 2022).

The literature suggests that ECMs consider leaving the profession early due to high levels of pressure and stress, often caused by excessive workloads (Cull et al., 2020; RCM, 2016), staff shortages (Cull et al., 2020), and lack of support (RCM, 2016). These all had negative effects on the ECM's sense of personal wellbeing which was often further compounded by the reality shock of becoming a midwife (Bacchus and Firth, 2017; Hopkinson et al., 2022) and having negative workplace relationships with their peers (Capper et al., 2022; Cull et al., 2020; Neiterman et al., 2021; RCM, 2016). Hunter et al. (2019) highlighted that midwives with less than five years of clinical experience face the highest level of stress, anxiety, depression, and burnout, which is thought to contribute to their early attrition from the workforce. Conversely, those ECMs who were fortunate enough to foster supportive relationships with their peers felt trusted, safe, and well supported, which resulted in enhanced levels of resilience (Bacchus and Firth, 2017). This in turn boosted their levels of confidence and sense of personal wellbeing, subsequently heightening their commitment to their career (Bacchus and Firth, 2017; Beehan, 2017; Cull et al., 2020; Cummins et al., 2015, 2017; Naqshbandi et al., 2019).

Whilst many of the ECMs demonstrated a deep commitment to their career and felt able to comfortably manage the demands of the role, including shift work (Cull et al., 2020) and being on call (Cummins et al., 2015; Griffiths et al., 2019; Hopkinson et al., 2022; Mtegha, 2021; Nolan et al., 2022), others spoke of the need for improved work-life balance (Neiterman et al., 2021; Stulz et al., 2022). This was particularly prominent in the Canadian study where the ECMs worked within one of two main models of care; the 'primary care model' which required one midwife to provide all care to a small caseload of women, and the 'shared cared model', where a team of midwives cared for a larger caseload of women on a rostered basis. Funding challenges and provincial regulation had however negatively influenced the ECM's access to their preferred working arrangement (Neiterman et al., 2021). One participant was quoted as saying that she felt that a choice had to be made between having a midwifery career or becoming a mother due to the rigorous on-call commitments that were an integral part of the role of a primary care midwife (Neiterman et al., 2021). The ECMs who spoke of the struggles to balance work and their personal lives when working within CoC (Neiterman et al., 2021; Stulz et al., 2022) reported increased levels of stress, and burnout, and considered leaving the profession (Neiterman et al., 2021).

Despite the challenges to personal health and wellbeing that being an ECM undeniably posed at times, many spoke enthusiastically about their dedication to the role and the satisfaction and sense of pride they gain from working with women (Bacchus and Firth et al., 2017; Cull et al., 2020; Cummins et al., 2015; Mtegha, 2021; Neiterman et al., 2021; Stulz et al., 2022). Providing safe and effective women centred care was seen as one of the most rewarding aspects of the ECM's role, and whether opportunities for this were available appeared to impact their levels of career satisfaction and longevity.

3.1.3. Being able to provide safe and effective midwifery care

The ability to provide safe, effective midwifery care was important to the ECMs captured in this review. In many cases, however, there was a disconnect between the midwifery care they envisaged being able to provide and the reality (Bacchus and Firth, 2017). This was particularly the case when working within highly medicalised and fragmented models of care (Feijen-de Jong et al., 2022; Harvie et al., 2019) that were often short staffed (Cull et al., 2020) and lacked the required resources (RCM, 2016). The increasing demands of the midwifery role, often exacerbated by a lack of support, led to many ECMs feeling that the midwifery care they were able to provide was often compromised, and in some cases, even inadequate (RCM, 2016). This contributed to high

levels of stress, burnout, and thoughts of leaving the profession (Cull et al., 2020; Feijen-de Jong et al., 2022; Harvie et al., 2019; Hunter et al., 2019; Naqshbandi and Karim, 2019; Naqshbandi et al., 2019; RCM, 2016). Feijen-de-Jong et al. (2022) highlighted that 51 of their 168 (30.4%) ECM study participants planned to leave the profession, citing dissatisfaction with maternity care, their employing organisation, and the role of the midwife. These were similar findings to those of Harvie et al. (2019) who reported that 90 of the 233 (38.6%) Australian ECMs that took part in their study had considered leaving the profession due to dissatisfaction with their role.

The ECM's working in CoC did however demonstrate a strong commitment to working within this model in both the short and long term and their passion for providing this type of midwifery care sustained them in their practice (Cummins et al., 2015; Griffiths et al., 2019; Hopkinson et al., 2022; Nolan et al., 2022). Working within the CoC models enabled the ECMs to provide women-centred care and build strong relationships with the women, their families, and their midwife mentors (Bacchus and Firth, 2017; Cummins et al., 2015, 2017; Stulz et al., 2022). Although the majority recognised the benefits of CoC, including the satisfaction they derived from building relationships whilst journeying beside women and their families, some felt that they were unable to commit to working in this model so early in their careers and needed further professional experience as a midwife first (Stulz et al., 2022).

Regardless of the model of care the ECMs practised within, being able to form relationships with women and provide them with the care and support they required was an important factor in deriving satisfaction from their midwifery role. The ECMs believed that being a midwife provided them with an important platform to empower mothers and their families during their transition to parenthood and their role as an advocate helped to ensure that the woman's voice was heard within the complex maternity care system (Neiterman et al., 2021).

The presence of a range of enablers and barriers to providing the women centred care the ECMs strived for emerged as a strong theme in the papers included in this review, and this clearly influenced their level of job satisfaction and future career plans.

4. Discussion

This integrative review has identified and synthesised the contemporary literature published between January 2015 and January 2023 that relates to the experiences of early career midwives and how these have influenced their career pathways. Nineteen papers met the criteria for inclusion and their relevant data were extracted and thematically analysed, leading to the identification of three key themes. These themes represent the important elements of ECMs experiences during their transition from being midwifery students to ECMs and ECMs to MCMs and consider the influence these have had upon their longer-term career plans.

It is clear that in order for ECMs to thrive in their newfound role, achieve career satisfaction and sustain their commitment to the profession, having the support of others is essential in both the short and long term. In particular, strong, collegial relationships with their peers and mentors play a key role in strengthening their enjoyment of the midwifery role and promoting their sense of confidence and belonging. The broader literature has previously validated the importance of such relationships suggesting that positive support from the whole midwifery and maternity community helps to ensure ECMs feel safe and that their learning, development, and wellbeing is valued (Pairman, 2016). Despite this, it is evident that ECMs continue to suffer stress due to poor working relationships (Capper et al., 2022) and the perception that their more experienced colleagues expect them to be able to practice fully autonomously from the moment they graduate. Research by Maputle and Netshisaulu (2018) supports this perception highlighting that experienced midwives frequently express disappointment that ECMs are unable to take a major role in sharing the workload and independently

providing care from the beginning of their careers.

Whilst this does therefore suggest that the level of support provided to ECM's does vary significantly across employing organisations, one consistent finding was the heightened level of support ECMs receive when working in continuity models of midwifery care. These findings are however not new. Over a decade ago ECMs reported that they felt better supported in CoC models than in fragmented models of maternity care (Fenwick et al., 2012), and more recent research has suggested that they promote the growth of ECM's confidence as they provide the type of midwifery care they want, care that is safe and women centred (Cummins et al., 2015). This suggests that whilst there is a clear need for increased capacity for ECMs to enter CoC models (Cummins et al., 2018), emphasis does also need to be placed on providing consistent and robust support mechanisms for ECMs in all workplace settings as part of a wider strategy to retain midwives within the profession.

Much of the literature refers to the provision of a preceptor or mentor for ECMs which involves an experienced midwife providing guidance and support to a more junior staff member (Bradford et al., 2022). The role that mentorships or preceptorship plays in the early career transition process is however somewhat conflicting. Whilst much of the literature suggests that when ECMs are provided with a formal mentor, they value this and seize the opportunity to gain knowledge and skills whilst remaining in a 'supported capacity'. Other literature suggests that mentorship is not considered essential by all ECMs and was in fact seldom mentioned by the participants in the study by Cull et al. (2020) that explored factors that led to ECMs satisfaction at work. Longworth (2013) suggests when the mentorship model works it can be beneficial, but it is not always an effective way to learn, and in some cases can even be detrimental to an ECMs' progression. This is particularly thought to be the case when conflict between the mentor and the ECM arises which can undermine learning and confidence and even lead to early workforce attrition (Frederick, 2014).

Several papers captured in this review explored the role of formal models of transitional support such as preceptorship or new graduate programs. Participation in such programs was seen as an opportunity to gain the confidence and trust of their peers and their more senior colleagues which in turn strengthened the ECM's collegial relationships and the sense of belonging. Research has suggested that for ECMs, feeling welcome and belonging to a team is crucial if they are to remain engaged and committed to their work (Ching et al., 2022). Although preceptorship programs are widely available in many hospital settings, further investment into high quality and holistic mechanisms to support new midwives in transitioning into practice is still required (Nolan et al., 2022). Flexible but structured support where preceptorship programs are directly linked to the individualised needs of ECM's have, in particular, been identified as beneficial (Pairman, 2016). Additionally, given the inherently stressful environment that midwives often practice within, where stress and burn out are common (Sidhu et al., 2020), it is important to consider the negative impact this can have on ECM's health and wellbeing (Bacchus and Firth, 2017). Recent research has suggested that having strong positive workplace relationships and the guidance and support of others is known to minimise the risk of workplace stress, burnout, and early attrition (Wood et al., 2022).

4.1. Limitations

Very few studies to date have specifically focussed on ECMs early career experiences and how they have influenced their career plans. It is important to acknowledge that of the nineteen studies, sixteen were conducted in high income, Global North countries and just three were from the Global South. Only those reported in English were included. Whilst the experiences of the NGMs and the impact they had upon retention did appear similar in both the Global North and the Global South countries, the reader needs to remain mindful of the differing contexts when determining the transferability of the findings. Additionally, the participant groups of several studies comprised of both

experienced midwives and ECM's making it challenging to determine exactly how many ECM's experiences were captured. Finally, in some studies, it was not possible to determine the type of clinical area the ECMs were practising within making it difficult to generalise the findings to all areas of midwifery practice.

5. Conclusion

Very little research to date has specifically explored how the early career experiences of new midwives influence their career plans, particularly within the Australian context. Further focused research is required to better understand the early workforce experiences of new midwives and how these can either strengthen their commitment to the profession or contribute to the decision to leave midwifery prematurely. This knowledge would provide a basis for the development of appropriate strategies to minimise early attrition from the midwifery profession and promote career longevity.

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Ethical Statement

Ethical approval was not required for this review.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.nepr.2023.103689](https://doi.org/10.1016/j.nepr.2023.103689).

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