‘My passion is midwifery’: Midwives working across dual roles in the country.

Thesis submitted by

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Statement of Sources

Declaration

I declare that this thesis is my own work and has not been submitted in any form for another degree or diploma at any university or other institution of tertiary education. Information derived from published or unpublished work of others has been acknowledged in the text and a list of references is provided.

……. 30th September 2010

Signature Date

Statement of the contribution of others

This thesis has been completed through the support of the following people:

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Professor Kim Usher, School of Nursing, Midwifery and Nutrition, James Cook University

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Ethics Approval:

Ethical approval was sought and approved by the James Cook University Human Ethics Review Committee (H3199) and the Cairns and Hinterland Health Service District Human Research Ethics Committee (534).

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Conventions used within the thesis

The presentation of the data analysis chapters (Chapters 6 through 8), excerpts from the transcripts were presented. The following conventions were used in the thesis:

All participants were assigned pseudonyms to preserve their anonymity. Where other staff or family members were mentioned by name, these were also assigned a pseudonym.

All direct quotes were presented in italics. At the end of each quote a series of numbers were assigned in brackets. These numbers denote the participant number and the lines of the transcript that the quote was from. For example, (1:23-27) denotes this quote was from participant 1, and the quote is found in lines 23 to 27 of the transcript.

Where the participant may have expressed a word or phrase particularly forcefully or emphatically, this was presented in **bold** font. Three dots (…) at the beginning of a quote denote that the quote commenced part way through a sentence and if contained within the quote, they denote some words were left out, for the sake of brevity.

The words or comments of the author may have been included within the quote to enhance understanding or illustrate a question posed. In these cases the author's words are contained within brackets [ ] and are in normal font, not italics.

List of Figures and Tables

Abstract

Over 130 maternity units closed across Australia between 1995 and 2008 (Bryant, 2009). In the majority of cases these closures were in rural areas and caused by workforce shortages, both medical and midwifery. The potential for midwives to leave rural and remote areas as a result of the closures has serious implications for birthing women and their families residing in these areas, as well as for the already depleted rural workforce. The reduction in maternity services in rural areas has led to a situation where midwives have been required to work in dual roles as nurse and midwife. Midwives in rural and remote areas face many challenges including the difficulty in maintaining midwifery skills, being required to work in nursing-oriented areas for which they may have little current clinical experience or interest, and the fear of working beyond their scope of practice which may result in dissatisfaction with the work environment, a known contributor to staff attrition (Jackson, Mannix, & Daly, 2001). Little is known about the challenges faced by midwives who work in dual roles in rural and remote locations in Australia.

The aim of this study was to describe midwives' experiences of working in the dual role as nurse and midwife in rural areas of far north Queensland, Australia. The methodology was informed by Heidegger's interpretive phenomenological philosophy and data analysis was guided by van Manen's (1990) analytical approach. Data was generated by unstructured, conversational interviews with eight midwives. The interviews were recorded and transcribed verbatim, then analysed and interpreted using the van Manen (1990) hermeneutic phenomenological approach.

Three themes were identified that helped to explain what it is like to work in a dual role as nurse and midwife in rural far north Queensland. These were: Making choices between professional role and lifestyle: "Because I choose to live here"; Integration of maternity and general nursing: "All in together this fine weather" and, Shaped by location: "That's part of working in a small place". A number of sub-themes were also described under each of these themes. The findings revealed that the midwives saw their employment options limited by their rural location, however these limitations were largely accepted as being part of living in a rural area. A number expressed concern that they were deployed back and forth between midwifery and nursing areas, sometimes more than once during the same shift. There was philosophical conflict identified between the biomedical, illness based model of nursing and the partnership, wellness model of midwifery, and concern about the lack of support for midwifery services. While the midwives expressed a preference to work as midwives only, they did acknowledge that the variety offered by the dual role had some benefits in terms of maintaining nursing knowledge and skills. While the participants recognised that in rural areas it is important to be a multi-skilled generalist, they were concerned that midwifery skills could be eroded or even lost with the diminishing amounts of midwifery work available.

A number of recommendations arose out of this study. Further research is needed to examine the extent to which the requirement to work in a dual, or multi-faceted role is an impediment to the recruitment and retention of midwives to rural areas. Appropriate re-structuring of maternity services could provide better utilisation of the midwifery workforce in rural centres, and reduce the current problems associated with transferring birthing mothers from rural centres to larger facilities to birth their baby.

This study also highlighted the need to explore the dual role of the rural nurse and midwife from a nursing perspective. Rigorous evaluation of current rural midwifery-led models of care is important to create awareness of how these models may be able to be effectively implemented in rural settings in the future.

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