Responding to a rural health workforce shortfall: Double degree preparation of the nurse midwife

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Nursing education in Australia has been provided in the tertiary sector since the mid 1980s although the complete transfer of hospital based programs was not finalised until 1993. Pre-service nursing programs produce and graduate nurses who are generalist prepared and able to work in any practice context as novice registered nurses. Specialist education that traditionally incorporated midwifery was undertaken following registration and after a period of practice as a nurse. In recent years, views regarding midwifery as a specialism of nursing have been challenged by champions including the peak professional body representing midwifery, the Australian College of Midwives. Advocates maintained that women desire choices regarding birthing options and that midwives have, and continue to be dissatisfied with the current health care system that restricts their practice. By the beginning of the 21st Century, direct entry midwifery programs were part of the educational landscape.

In Victoria, the first of the direct entry midwifery programs commenced in 2002. Leap, Barclay and Sheehan reported that Bachelor of Midwifery programs were vulnerable due to an inflexible health care system aligned to traditional models of maternity care that limit the scope of practice of midwives. Waldenstrom noted that traditional models of care delivery do not readily support the employment of direct entry midwives and therefore graduates of these programs have limited employment options. This finding was supported by McKenna and Rolls who asserted that the majority of graduates from Victorian Bachelor of Midwifery programs secured positions in metropolitan based hospitals. These health care facilities are larger, support significant populations and therefore have the capacity to provide highly specialised clinical services that require staff to have specialist knowledge and skills. In contrast, rural health services offer generalist services and are reliant on a workforce that is multi-skilled. Multiskilling is desirable as staff are highly flexible and able to work in the majority of service areas provided by the health care facility. Graduates from courses such as Bachelor of Midwifery programs are perceived to have limited workplace flexibility making them largely unsuitable for employment in rural health care services, particularly facilities that have small numbers of births per year or do not offer maternity services.

Participants, methods and results

In 2008, Monash University, Gippsland Campus, enrolled its first cohort of students in the Bachelor of Nursing/Bachelor of Midwifery course. The introduction of this double degree program reflected the School’s commitment to the profession, rural populations and key stakeholders, who agreed that a 4-year program that graduated dual licensed clinicians was useful and would support health care services to meet service demands.

The thirty students who enrolled in this initial offering were invited to complete a short survey on commencement of their studies. The nineteen students who responded to this survey were all female and aged between 18 and 46 years of age. These respondents indicated that they had entered the course via a combination of traditional and non-traditional pathways. Students were able to enter the program via various pathways, including traditional school leaver, mature age and enrolled nurse entry mechanisms. The majority of students enrolled in the Bachelor of Nursing/Bachelor of Midwifery were from rural backgrounds and indicated an intention to practice in a non-metropolitan location on completion. This situation reflects findings in the literature, which suggests that students who have rural backgrounds and are educated in a rural environment are more likely to choose to practise in a rural context.
Comment

The Australian Government is concerned about the shortages of nurses and midwives and has responded by funding additional pre-service places and resources to enhance access to clinical placement, a barrier impacting on universities capacity to take additional students. While this trend is global, the impact on rural communities is significant as these clinicians are often the only health care professionals available. As the rural health workforce is characteristically dominated by nurses and to a lesser extent midwives the introduction of pre-service programs that graduate multiskilled competent clinicians able to practice as both a nurse and a midwife is a practical commodity.

References

5 McKenna L, Rolls C. Bachelor of Midwifery: reflections on the first 5 years from two Victorian universities. Women and Birth 2007; 20: 81–84.