



“I believe...” - graduating midwifery students’ midwifery philosophies and intentions for their graduate year: A longitudinal descriptive study

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ABSTRACT

Objective: Midwifery graduates may experience transition shock that makes them question their fit for their workplace and the profession and in extreme cases, may lead to them leaving. Understanding graduate midwives’ worldviews, job intentions and work experiences is important to inform retention strategies. Factors such as having a strong professional identity and experiencing strong job satisfaction are important for midwife retention. Conversely, stress, trauma and work-life imbalances are examples of factors that lead to attrition from midwifery. Transition shock experienced by some graduates can exacerbate these factors if not managed effectively. This study aimed to identify causes and impact of any changes in graduate and early career midwives’ philosophy, practice, and intention to stay in the profession.

Design, setting and participants: We invited the 2021 and 2022 cohorts of graduating midwifery students from all educational pathways in Victoria, Australia to participate in a longitudinal descriptive study using a questionnaire with both closed and open -ended questions. This paper reports the findings from 16 participants that completed the first survey of a five-year longitudinal descriptive study.

Findings: The sixteen participants predominantly held a woman centred philosophy and ideally wanted to work in a midwife-led model of care. Although excited about moving into practice, they also disclosed a sense of needing to ‘survive’ in a maternity care system that their beliefs were not fully in alignment with.

Key conclusions: The hopes, expectations and concerns of midwifery students who are anticipating moving into practice in this study resonate with those previously reported and demonstrate the need to consider personality-job fit in supporting this vulnerable group to transition.

Implications for practice: This study provides insights into graduating midwives’ hopes for, expectations of, and concerns about transitioning into practice that may inform the design of transition programs and support expansion of midwifery led models of care.

Introduction

Midwifery has long been recognised as a challenging profession for many reasons (Power, 2016), and practising midwifery can confer a range of emotional impacts on individuals (Cramer and Hunter, 2019) for example stress and burnout (Mollart et al., 2013), trauma (Pezaro et al., 2016), and overwhelm (Cull et al., 2020). The stresses experienced by midwifery students and midwives as a result of the COVID19 pandemic have only compounded the situation (Bradfield et al., 2022; Couper et al., 2022; Wynter et al., 2021; Yörük and Güler, 2021), and there are indications from a number of countries that the consequence is

or is likely to be unprecedented levels of midwifery workforce attrition internationally (Ahmadi and Maleki, 2021; Piotrowski et al., 2022; Tabur et al., 2022).

In addition to the inherent challenges posed by the work of midwifery, there is a range of other reasons for midwives across the world leaving, or thinking about leaving, their jobs or the profession. These include work versus private life conflicts (Peter et al., 2021), for instance the negative impact of an on-call schedule on personal life (Stoll and Gallagher, 2019), work overload, lack of developmental opportunities and lack of career progression (Muluneh et al., 2022), or dissatisfaction with the way midwifery care is organised or with the

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midwife's role *per se* (Harvie et al., 2019).

Evidence from a range of practice contexts relating to protective factors that help engender midwives' commitment to midwifery, however, is also emerging. (Bloxsome et al., 2020), for example, found that midwives who stay in the profession do so because they love it, their identity is strongly linked to being a midwife, and they feel it is more than a job, (Zeytinoglu et al., 2022) reported that when preference for hours of work and on-call weeks are met, that is positively associated with intention to stay, and (Alnuaimi et al., 2020) found a positive significant correlation between job satisfaction, a favourable work environment and intention to stay.

One group that is particularly vulnerable to leaving midwifery is new graduates, and transition shock has been posed as a key reason (Ashforth and Kitson-Reynolds, 2019; Fenwick et al., 2012). The concept of transition shock was proposed over a decade ago (Duchscher, 2009) to describe what happens to nursing students after they move into nursing practice. Australian researchers have since found parallels for newly qualified midwives (Cummins et al., 2017), and if not addressed either proactively or reactively, transition shock in newly qualified nurses (and, it can be reasonably assumed, midwives) can result in reduced "intention to stay on the job" among new graduates (Duchscher and Windey, 2018). As with longer qualified midwives, job satisfaction in graduates, described by (Sheehy et al., 2021) as "having a well-developed midwife-woman relationship in clinical care and being able to work to their full scope of practice", sustains beginner midwives in practice. Further, providing midwifery students with the opportunity to develop and articulate their personal midwifery philosophy and values greatly assists them to reinforce their identity as a midwife and confirm their commitment to the profession (Sidebotham et al., 2018) which, as (Bloxsome et al., 2020) found, may help them to stay in midwifery despite the challenges they encounter.

The aim of this study was to identify the causes and impact of any changes in midwifery philosophy, changes in midwifery practice, and changes in intention to stay in the profession as midwifery students move into their first 3–5 years of practice. Our four objectives were to:

- Investigate whether and how midwifery student philosophy changes post-graduation as they move into practice
- Understand whether midwifery graduates alter the way they work or want to work to 'fit in' to a health care setting
- Discern the difference/ discrepancy, if any, between what is taught at university about midwifery practice and the reality
- Find out whether midwifery graduates' intention to stay changes over the first three-five years.

This paper reports the findings from the first survey, administered at participant recruitment, which establishes a baseline of graduates' perceptions prior to them moving into practice. This will allow us to analyse any changes or developments post transition from student midwife to graduate/early career midwife. The four research questions addressed in this paper are:

- 1 What is included in midwifery graduates' midwifery philosophies?
- 2 Which models of care do midwifery graduates want to practice in?
- 3 What are the professional hopes and aspirations for midwifery graduates for their graduate year and early career?
- 4 What elements of their education do midwifery graduates perceive as useful?

Methods

This study used a longitudinal descriptive design where data was collected through a questionnaire with both closed and open-ended questions. We administered an initial survey at recruitment to establish baseline data. We then aim to survey the graduates every six months for five years from the month of their graduate year commencing (as

identified by them in their first survey) and offer an optional focus group each year to report back the findings from the first year and seek any further comments from the participants. The current paper reports on the findings from the first survey in a five-year longitudinal study.

Sample and participants

Graduating midwifery students from the state of Victoria, Australia in the cohorts graduating in 2021 and 2022 were invited to participate. The 2021 graduate cohort were invited via the course coordinators of the Universities that approved the study recruitment (4 out of 6 Victorian Universities). This cohort was emailed an invitation to participate via their course coordinator, and reminders were sent two and four weeks following the initial invitation.

The 2022 graduate cohort was invited to participate via an event offered to all graduating midwifery students by the Australian College of Midwives (Victorian Branch) regarding their options for employment following graduation. In 2022 this event was online, with attendees given a presentation about the study by the research team and a link to the survey and participant information form. The link and form were also emailed to participants in the week following the event and approximately four weeks following as a reminder.

Both recruitment activities provided the opportunity for graduating midwifery students from all Victorian Universities to participate.

Data collection

The initial recruitment survey that this paper reports on, comprised 10 questions – 4 questions collecting demographic data, and 6 open-ended, free text response questions (with no associated word limit) (Table 1). These data were collected via REDcap™. The 6 open-ended questions invited participants to share their midwifery philosophies; what model/s of care they would like and not like to work in (and their reason/s); what they were looking for in a graduate year; professional goals for the next five years; what they found useful and missing in their educational program in preparing them for the workplace. Participants were also asked to complete the validated 14 question resilience

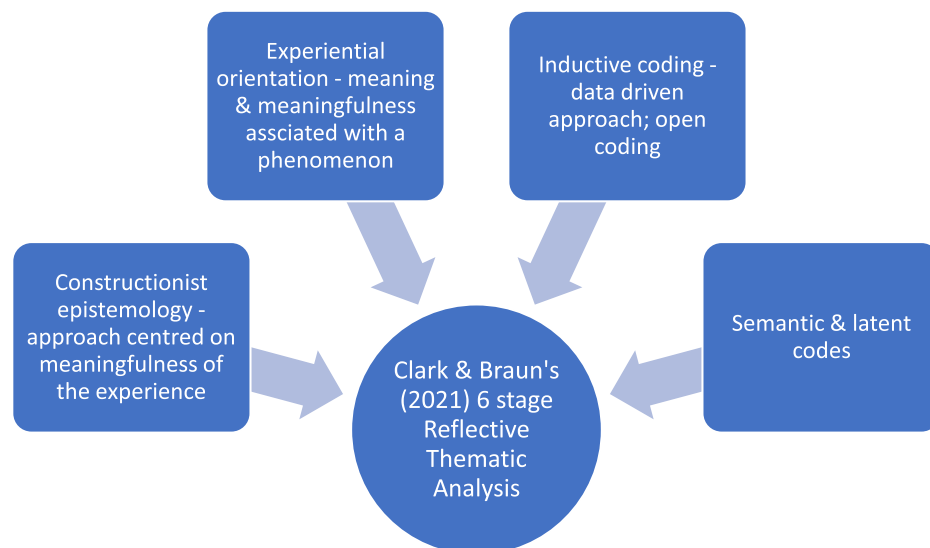
Table 1
Recruitment survey questions and response options.

What is your gender?	<ul style="list-style-type: none"> • Female • Male • Non-binary • Prefer not to say
What is your age?	Years ____
Through which educational pathway did you gain your qualification as a registered Midwife in Australia	<ul style="list-style-type: none"> • Bachelor of Midwifery • Bachelor of Midwifery / Bachelor of Nursing • Graduate Diploma of Midwifery
Please state or outline your midwifery philosophy (~500 words)	[open response]
If you were able to apply to work in any model of care in Australia – what would it be?	<ul style="list-style-type: none"> • Why this model? • What has influenced this decision?
What model would you prefer not to work in?	Why?
What are you looking for in a workplace for your grad year?	[open response]
In what geographical zone do you live:	<ul style="list-style-type: none"> • Metropolitan • Regional • Rural • Remote
What are your professional goals for the next 5 years?	[open response]
Reflecting on your education experience.	<ul style="list-style-type: none"> • What do you feel was useful in preparing you for the workplace? • What do you feel should have been included to prepare you for the workplace (i.e. what is missing?)

questionnaire (Wagnild, 2009). This will be reported in future publications following evaluation for any changes.

Data analysis

Guided by Byrne (2021), we firstly determined the underlying theoretical foundations within our approach:



These theoretical assumptions influenced and guided our analysis using Braun and Clarke (2021) six staged reflective thematic analytical approach. We firstly downloaded participants' written responses verbatim from REDcap™, creating anonymised Microsoft Word documents. We then organised these transcripts using our research questions as a framework. The research team read and re-read the documents several times, familiarising ourselves with the data (Braun and Clarke, 2021). Guided by our theoretical assumptions, we each coded sections of the data, so that each section was analysed by at least two of the research team. This coding then led to the development of a number of themes (Braun and Clarke, 2021). As a whole research team, we then came together to review and finalise the themes, not necessarily aiming for congruence and consensus, but for the development of richer interpretations of meaning (Byrne, 2022). This aligns with not only the paradigm of qualitative research, but of the principle that there multiple interpretations of truth (Braun and Clarke, 2021).

Ethics

Approval to conduct the study was granted by Australian Catholic University (HREC # 2021-197E), and permission to approach students from other universities who fit the inclusion criteria was also formally obtained. Reciprocal HREC approval was granted from universities that required it and agreement from the relevant representative (such as the Head of School) was pursued and received from those remaining.

Potential participants were informed prior to recruitment that due to the longitudinal nature of the study, (and the study design whereby participants will be contacted every 6 months), along with the anticipated annual focus group forum, that we would know who had consented to participate. However, potential participants were reassured that their names would be replaced by a code during data analysis, and

that no information identifying them will be used in published material resulting from the study.

Findings

We received responses from 15 students from the 2021 recruitment and one student from the 2022 recruitment. The majority of respondents identified as female, they represented a range of ages, all educational

pathways in Victoria and were largely from the metropolitan area, although individuals living in regional and rural areas also participated (Table 2).

We recruited fewer participants than we had anticipated. We were cognisant of potential tension or conflict between our role as midwifery educators as well as researchers, so were sensitive to any action on our behalf that may have been construed as coercive (Aycock and Currie, 2013). This may have made us overly cautious in our recruitment processes. Additionally, the cohorts from which we were inviting participation, had endured significant impacts to their studies due to Covid-19 restrictions. Recent research has confirmed that this experience has placed enormous added stress and anxiety on these students (Kuliukas

Table 2
Demographic characteristics of the participants.

Demographic characteristics	Number (percentage)
GENDER	
Male	0 (0%)
Female	15 (94%)
Non-binary	1 (6%)
AGE	
18–25	7 (44%)
26–30	2 (13%)
31–35	2 (13%)
36–40	0
41–45	3 (19%)
>46	2 (13%)
EDUCATION PATHWAYS	
Bachelor of Midwifery	6 (38%)
Bachelor of Midwifery/ Bachelor of Nursing	6 (38%)
Graduate Diploma of Midwifery	4 (25%)
GEOGRAPHICAL LOCATION	
Metropolitan	11 (69%)
Regional	4 (25%)
Rural	1 (6%)

et al., 2021). These factors, coupled with the acknowledgement that successful recruitment of study participants remains a recognised challenge (Lander et al., 2023), may have contributed to our low number of participants.

Philosophy

First, we asked participants to state their midwifery philosophy as they anticipated the completion of their education and were preparing to move into practice. Sixteen respondents submitted responses to this question, from which six themes were derived (Box 1).

Each theme was labelled with a phrase that characterized the data in it; Box 2 provides an example’ audit trail’.

The first theme, *Advocating for better systems*, includes statements of commitment from four participants in their philosophy statements related to better systems for birthing, for example, “contributing to the expansion of midwifery-led continuity models” (#7), and being an “advocate for women’s rights and [for] change within the Australian maternity system for the greater good of future generations” (#9).

The statements in the second theme, *Provision of care that acknowledges women’s position in society, their background, and intersectionality*, continue the activist intention described in theme one in that participants inferred that they will play a part in advancing narratives around childbearing by, for example, “adapt[ing] my practice to individual and community definitions of care” (#7), “recognis[ing] the power imbalances that affect women ... and how that manifests in their experience” (#12), and acknowledging that “trauma and violence informed care, cultural safety, and intersectionality are fundamental tenets of midwifery in vulnerable communities and central to my philosophy” (#7).

Theme three comprises data from six participants who each convey that they believe *Birth is a life altering experience during which women should feel loved, respected and that they have received kindness*. These contributions include: “I believe birth is a transformational event holding the power to self-actualise the women it graces” (#7); “Regardless of birth mode, I want women to emerge feeling loved,

respected and powerful” (#7), and “A woman’s experience of pregnancy, childbirth and motherhood is life altering and deeply personal” (#11). Two respondents also acknowledged the role of a woman’s partner in facilitating this outcome and discussed “encouraging partners to be involved and supporting the intimacy of pregnancy and birth as well as [in] the early postnatal [period]” (#6).

The fourth theme is labelled *Practice of midwifery in an evidence-based way, in an optimal model of care, supportive of physiological birth, and in relationships with colleagues*, and includes 10 participant remarks. Examples of responses that contribute to this theme include a commitment to remain “focused on [enabling] bodies to do as they are designed in a way that is both what the birth parent desires and ... on the physiological processes of birth” (#6), to “honour the evidence and demand for continuity of care models” (#7), to use “use evidence-based practice to strengthen the best outcomes for women, birthing people, babies and communities” (#12), and to pursue “solidarity with fellow professionals, united across disciplines by a common cause” (#7).

Theme five, which is about participants recognising the value of *Maintaining the skills to walk beside women with trust in their self-efficacy and own abilities*. Eleven data codes contribute to this theme and include, for example, the following philosophical tenets: “I value self-efficacy and aim for women to believe in themselves and their physiological abilities as much as I do” (#7) and “I seek to learn, to soak up all the knowledge and experience I can to better myself as a person, a health professional and particularly as a midwife” (#2). One participant exemplified this theme in the following contribution:

“I aspire to be someone with the ... knowledge and skills to walk beside women with integrity, empathy and compassion, empowering each individual to be confident in her own ability and to make informed decisions about her body, motherhood and birth experience.” (#11)

Lastly, theme six, which reflects the core value of woman-centredness in midwifery, not surprisingly includes contributions from 15 of the 16 participants. It is called *Support for women’s beliefs and knowledge of birth and advocacy for women’s informed choices*. Data related to the first dimension of this theme include that one participant’s broader basis for their midwifery philosophy is “acknowledgement of

Box 1

‘Philosophy’ themes.

Advocating for better systems

Provision of care that acknowledges women’s position in society, their background, and intersectionality

Birth is a life altering experience during which women should feel loved, respected and that they have received kindness

Practice of midwifery in an evidence-based way, in an optimal model of care, supportive of physiological birth, and in relationships with colleagues

Maintaining the skills to walk beside women with trust in their self-efficacy and own abilities

Support for women’s beliefs and knowledge of birth and advocacy for women’s informed choices

Box 2

Theme development example

Raw data	Theme
[I plan on] contributing to the expansion of midwifery-led continuity models	Advocating for better systems
[I will be an] advocate for women’s rights and [for] change within the Australian maternity system for the greater good of future generations	

the simple fact that women have been managing the natural life events of pregnancy, childbirth and the postpartum period since the beginning of humanity” (#11), while another states that they “want to implore women to trust in themselves” (#2). The second dimension of theme six is evidenced by such positions as “Midwifery care takes place in partnership with women, recognising the right to self-determination, and is respectful, personalised, continuous and non-authoritarian” (#10), and “The havoc gender discrimination continues to wreak globally on women’s quality of life demands midwi[ves] take an advocacy stance” (#7).

Model of care

Participants were asked what model of care they would like to work in if they were able to apply to work in any model in Australia, why they made this choice and what influenced this.

When identifying the model of care they hoped to work in, the majority of respondents indicated they wanted to work in a midwifery-led model (Table 3). Specifically, eight indicated they would like to work in a continuity of carer role, four in a private practice or models with home birth, three in a team model, and one participant indicated they would prefer to work in a ‘standard’ midwifery care model, which in Australia means maternity care that is led by medical practitioners in a hospital environment.

Participants explained that their model of care choice stemmed from their perceptions around benefits for the midwives and for the women they care for. Some of these perceived benefits were specific to midwives, for example, the chosen model perceived to provide support for the development of a midwife’s practice, or the perceived ‘safety net’ of a team, as well as the opportunity within that model to provide holistic care. Some of the perceived benefits were specific to the women being cared for, for example, optimal outcomes for women and babies, positive birthing experiences and being able to birth on one’s own terms. Participants also identified a range of shared benefits, including continuity of care, autonomy and empowerment:

“Women’s experience of choosing their one continuous healthcare provider as being the most empowering, positive experience of giving birth. I also fear the litigation and risk involved with practicing as a private homebirth midwife on my own and appreciate the safety net of working through a hospital or reputable MGP team - at least initially when I start” (#7)

The influence of these choices included evidence of best practice and outcomes as well as exposure to continuity of care on placement, whether it be direct exposure through placement or in discussion with midwives who worked in this way. As Participant #12 said, “[my chosen model has been influenced by] research and anecdotal conversations with [continuity of care] midwives”.

Some participants also flagged practical considerations such as life-style factors or the stage of their career as impacting their choice, and many reported choosing a model that they thought avoided interventionist practices which they linked with birth-related trauma: “The rates of obstetric intervention, coercion and violence in the standard

maternity system is causing harm to women as a population and [it is] disturbing to midwives having to facilitate such a system” (#7).

Participants were also asked what model of care they would prefer not to work in and why. Overwhelmingly participants responded that they did not want to work in private obstetric models (eight) and explained that this was because of what they perceived to be a lack of autonomy, satisfaction and a clear role for the midwife. Two participants indicated that they preferred not to work in a hospital at all, while two participants indicated they preferred not to work in a caseload or home birth model, citing the personal impact of continuity of care including being on-call on their personal lives and a need for further skill development as reasons for this. One participant preferred not to work in a high-risk tertiary setting, and one did not want to work in standard midwifery care.

Graduate year preferences and professional goals for the next five years

Participants identified numerous and diverse goals for their graduate year. A number of them spoke about the concept of survival, and just getting through the year in one piece. They wanted to feel safe, and they wanted to feel supported. Others clearly saw the year as an opportunity to build skills and gain experience and confidence, increasing their scope of practice. Even at this beginning stage of their midwifery careers, many students spoke about using their graduate year to strategically work towards future study, research, and other roles. Participant #4, like others, characterised this as “Supportive environment where midwives have each others [sic] back and help each other out and teach each other. Respectful communication and effective teamwork between midwives and obstetricians. Lots of opportunities for professional development”.

Participants wanted to undertake their graduate year in a place that was welcoming and excited to have them there. They spoke of the importance of that place being respectful, with effective communication and teamwork, and a place that supports women through experiences such as waterbirth, physiological birth and woman centered care. They wanted a supportive work environment that would facilitate their skills development, career progression and professional development, and somewhere that was both challenging and fulfilling. Having said this, they also wanted a safe space to discover the type of midwife they want to be, without fear of being judged or left alone. This was described by Participant #6 as follows: “[A] welcoming, supportive environment that has room to allow me to grow and develop my skills without the fear of being judged and being left alone without support”.

We also asked respondents what their professional goals were for the next five years. Participants wanted to survive and thrive, they wanted to further develop skills to be confident, compassionate, and competent midwives. Participant #9 exemplified these wishes in the following statement: “To learn as much as I possibly can. To become a competent and compassionate midwife with a wealth of experience”.

Finally, many wanted to progress towards working in a continuity model of care, developing skills to provide care across the continuum. They indicated that they also wanted a diversity of experiences, in different maternity settings and locations. Further education goals were also reported, including undertaking further studies in midwifery endorsement, maternal child health nursing, neonatal intensive care nursing, lactation consultant and potential involvement in research.

Education

We asked participants to reflect on their education experience to identify what was useful and what was missing in preparing them for the midwifery workplace.

Participants spoke of the challenges associated with the extensive clinical practice placements. They spoke of negative experiences as well as significant workloads. They acknowledged, however, that placements provided extremely useful education opportunities not just in the

Table 3
Why participants perceive midwifery-led care as optimal:.

Theme	Associated concepts
Benefits for midwives	Support for the development of a midwife’s practice; safety net of a team; ability to provide holistic care
Shared benefits	Continuity of care; autonomy; empowerment
Benefits for women	Optimal outcomes for women and babies; positive birthing experiences; birthing on own terms.

exposure to desirable practices, but also to undesirable practices and environments. As Participant #12 said, “Placement exposed me to practice I want to replicate, but more than that I have been exposed to practice I will never mirror.” Exposure to continuity of care models was appreciated when there were opportunities to experience these, however this was identified as a missing element of their workforce preparation when this opportunity was not available.

Similarly, while discussions and seminars with experienced midwives and teachers were seen as a valuable contribution to learning, others identified that further discussion of case studies, and particularly about malpractice situations, was missing from their education experiences. Other content that participants wanted that wasn't in their own course included specific skills such as venipuncture, induction of labour procedures and CTG interpretation.

Looking ahead to their role as midwives, participants spoke of their anticipation of being autonomous, and that they were excited to have the opportunity to develop their own midwifery ‘rhythm’. Some felt that this opportunity to take responsibility as the lead midwife during student clinical placement was useful in preparing for the workplace, with positive and constructive feedback and encouragement from midwives key to their preparation. Others noted that this had been a missing element in their education and preparation experiences: “I don't feel that I was allowed adequate responsibility in my final placements and am concerned that I am not ready to be on my own” (#14).

Discussion

This paper reports findings from the first survey of a longitudinal study of graduating midwifery students in Victoria, Australia, exploring their midwifery philosophies, intentions and hopes for their graduate year as a registered midwife. The overarching philosophy and intentions of the participants strongly reflect the International Confederation of Midwives (ICM) ‘Philosophy of Midwifery Care’ (International Confederation of Midwives, 2014). This cohort expressed an overwhelming wish to practice with a strong woman-focused philosophy, where midwives recognise that care is holistic and continuous in nature, that midwifery care takes place in partnership with women and recognises the woman's right to self-determination, and that midwives are the most appropriate care providers to attend childbearing women. As part of their role some also expressed a need to advocate for a better maternity system. This aligns also with the principles inherent within the ICM philosophy (International Confederation of Midwives, 2014), and demonstrates a strong commitment to those values and elements that are perceived as fundamental in midwifery care (International Confederation of Midwives, 2014).

Despite the participants' strong women and midwife centred stance, there was also recognition that they first needed to survive both the transition into practice and the integration into a system that some felt did not reflect a woman-centred philosophy. The transition into midwifery practice has been identified as a stressful event (Fenwick et al., 2012; Sheehy et al., 2021), with challenges including the culture of hospital environments (Fenwick et al., 2012), the high workloads, the inflexibility of rosters and at times difficult relationships with peers (Fenwick et al., 2012; Sheehy et al., 2021). Participants in our study clearly identified that moving into a workplace that was welcoming and supportive, as well as providing an opportunity to grow without judgement, would support them to further develop the knowledge, skills and competency to become the midwives they wanted to be. Positive collaborative relationships between midwives (Fenwick et al., 2012), as well as midwife to women relationships (Sheehy et al., 2021), have been identified as areas that sustain midwives during this transition. With a clear interest and support for continuity of care models expressed by our participants, expanding continuity models could not only provide increased access to relational care for women (and the benefits associated with this), but also contribute to a supportive environment for graduates through both the opportunities for the provision of relational

care, as well as working in small groups which may foster positive midwife to midwife (and inter-collegial) relationships and communication. This would have multifactorial benefits, for the graduates, the workforce and for the women receiving the care.

The theory of personality-job fit holds the underlying principle that every organisation and individual has specific traits that when they align, leads to greater workplace productivity and satisfaction (Kristof-Brown et al., 2005). Our findings reflect this theory in that midwifery students are seeking a job to match their philosophy, with most participants wanting to work in midwife-led relational models of care, and all participants indicating they wanted to work in ways that provided woman centred care, supporting women's beliefs and knowledge of birth and advocating for women's informed choices. It has been demonstrated that when midwives work in a continuity of care model, they are willing to go above and beyond to provide care (Allen et al., 2017), and they are more satisfied with their role and less likely to burn out (Dawson et al., 2018). Midwives are also more likely to stay in the profession when they have a strong identity as a midwife (Bloxsome et al., 2019), job satisfaction and a favourable work environment (Alnuaimi et al., 2020). This group of graduating students demonstrated a strong identity as midwives not only with a woman centred philosophy and a desire to work to the full scope of midwifery practice, but also supporting women and advocating for a ‘better system’.

One of the intentions of the transition time and graduate programs for midwifery graduates is for them to build competence and confidence as autonomous practitioners. A smoother transition is likely when there is a structured program in place that supports this process. (Clements et al., 2012) suggests that planned clinical rotations, supernumerary time, study days and support are key elements in fostering a smooth transition into the clinical space. However, in the first phase of the transition, newly qualified midwives have identified that their adjustment to the realities of their new role is difficult due to the disconnect between the protective environment they experience during their education experience and the reality of practice (Watson and Brown, 2021). In particular there can also be a philosophical disconnect between what is taught at university and the reality of the workplace: (Lukasse et al., 2017) identified that midwives felt only partially prepared for practice at graduation, identifying that for some, the focus on normality was what provided a strong foundation to being a ‘midwife’, while others felt it did not prepare them for working in a large maternity unit.

Early career midwives are more likely to indicate an intention to leave the profession, with a significant contributing factor to this intention being dissatisfaction with their role (Harvie et al., 2019). The participants in our study identified a strong desire for midwife-led woman centred care, they were looking forward to moving into practice into a supportive environment to enable their continued development as midwives and articulated that support to be independent in their practice at the end of their midwifery education assisted them in feeling prepared for the workplace. Supporting these midwives during this transitional phase, including navigating the differences between training ideals and the workforce, could play a key role in maintaining our workforce. This appears to be a shared responsibility between education providers and health care settings, with this study prompting a great opportunity to evaluate the congruence, or disconnect, between the two domains.

Conclusion

This paper provides an insight in the philosophy and workforce wishes of a group of graduating midwifery students in Victoria, Australia. Although limited by having information from a relatively small sample of newly qualified midwives who are all from one Australian state, the study objectives were achieved. As this group of students move into practice as midwives they have indicated their intention to work with a woman centred approach, ideally in a midwife led model of care, and they held a strong women centred philosophy

incorporating elements of advocacy – both for the women they care for and for a system that supports midwifery led models of care. While they reported that in the first instance they needed to survive the transition into practice, they were also looking forward to the transition, and adding to their skills and knowledge within the midwifery workplace. Understanding the philosophy and workplace wishes of this cohort may help shape transition programs to support these midwives during this time, thus contributing to long term retention of midwives in the workforce, increase job satisfaction and improve the care experience of women.

This study demonstrates the strong, woman-centred philosophy held by these graduates. It provides insights into both their excitement about transitioning into practice, as well as some of their concerns and fears. They have a clear understanding as to which models of care they wish to work, and are able to align this desire with their midwifery philosophy and identity. The key strength of the study is that the data confirm previously reported insights into this workforce groups occupational needs and preferences, and add a range of previously unreported insights; together the findings offer a basis for transition programs to fulfill graduates' needs, thus potentially increasing their job satisfaction, supporting their growth and a midwife, and supporting them to find, as one participant termed it, their 'own midwifery rhythm'. Facilitating these outcomes may enable midwives to remain longer in a profession that rather than stressful or traumatic, they find rewarding, fulfilling and satisfying. Such an outcome would benefit not only the midwifery profession, but the women cared for within the health system.

Ethical approval

Australian Catholic University Human Research Ethics Committee (ACU HREC) approved the study on 09/09/2021, reference number: 2021–197E

The Monash Nursing and Midwifery Research Register approved distribution of the survey invitation to students on 08/10/2021, reference number: 2021–68

La Trobe University granted approval from the Head of School for the study invitation to be distributed (Nursing and Midwifery) on 15/11/2021

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CRediT authorship contribution statement

Kate Dawson: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing – original draft, Writing – review & editing, Supervision, Project administration. **Heather Wallace:** Conceptualization, Validation, Formal analysis, Writing – original draft, Writing – review & editing. **Sara Bayes:** Conceptualization, Methodology, Validation, Formal analysis, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

None declared

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