

Attrition from midwifery programmes at a Midwifery School in the English Midlands 1939-1973: an historical study

ABSTRACT

Objective: This paper explores the features of attrition from a Midwifery Training programme in mid-twentieth century England.

Design: The research uses an historical methodology to explore rates of attrition from a Midwifery Training School in the English Midlands between 1939 and 1973. It uses principally the record books of the Training School which gave details about pupils across the period. This evidence is contextualised through national written and oral archive material.

Setting: Mid-twentieth century England. The period was a time of significant change in the maternity services, at both a philosophical and organisational level with the creation of the National Health Service and a move towards institutional rather than community based maternity care. Midwifery pupils were regulated by the Central Midwives Board, the national body which governed midwifery, and sat national exams based on national syllabi.

Participants: Pupil midwives based at the Midwifery Training School whose records are being explored. These included pupils who were had nursing qualifications and those who did not.

Findings: Numbers of pupils entering training varied across the period in relation to external workforce factors. The greatest proportions of those in training were pupils who already held a nursing qualification, although numbers of untrained pupils rose across the period. Rates of attrition were particularly high within this group, but across all groups rates rose across the period.

Conclusions: The evidence suggests that despite the very different organisation of midwifery training and care across the period in comparison to contemporary practice, rates of attrition from training programmes appear remarkably consistent.

KEYWORDS

Midwifery, students, education, attrition, history, training

INTRODUCTION

One of the major debates within contemporary midwifery and nursing education in the United Kingdom (UK) and internationally concerns the rate, cause and impact of attrition from pre-registration programmes (Ehrenfeld et al 1997; Green and Baird 2007; Prymachuk et al 2008; Urwin et al 2010; Orton 2011; Hughes 2013; Council of Deans 2013). Attrition is generally defined as the loss of students during a programme of study (Taylor 2005) and there have been suggestions that

attrition from healthcare programmes in England is as high as 30 per cent (Council of Deans 2013). It is a topic of interest to researchers, educationalists and to policy makers, because it represents a loss of resources both in financial and human terms. Researchers have explored direct causal factors such as academic or practice failure, together with wider issues including socioeconomic features, demographics and disconnects between theory and practice (Trotter and Cove 2005; Cameron et al 2010; Elick et al 2012; Hamshire et al 2013). There is evidence to suggest the importance of identifying and developing resilience in students to help them with both attainment and registrant status (McAllister and McKinnon 2009).

As Urwin et al (2010) argue however attrition, or 'wastage' as it was often termed, was highlighted in midwifery and nursing before the 1990s with discussion revolving around perceived changes in the expectations of students and in the qualities and attributes they brought to their training. Apart from this general overview of the concept of attrition, there has been no detailed work exploring the issue from an historical perspective. It therefore tends to be assumed by contemporary researchers and policy makers that attrition is a new problem (Prymachuk et al 2008). Exploring patterns of recruitment and attainment across earlier generations is useful in giving a sense of connections and differences in practice and management. This paper uses an historical methodology to explore the issue of attrition among midwives in training in the mid-twentieth century. The period 1939-1973 was a period of significant change in the organisation of maternity services in England, with the development of institutional birth being a particular feature (McIntosh 2012). However, for pupil midwives, as they were known, the period had much continuity with training programmes being organised through small Schools of Nursing and Midwifery attached to hospitals and overseen nationally by the Central Midwives Board (CMB). The paper will discuss the organisation of midwifery training during this period, and then, using a discrete and complete set of records of pupil midwives will explore in detail the issue of attrition during this period. It is important, as with any research design, not to place an over reliance on the conclusions of historical research. However the perspective gained by historical enquiry into attrition deepens and contextualises the debate, and suggests that regardless of changing organisational factors a relatively high rate of attrition appears, historically, to be unavoidable.

METHODOLOGY AND METHODS

Midwifery research has always drawn on research designs from a variety of academic traditions. Recently there has been a growing interest in the use of historical enquiry not simply for hagiographic or descriptive narratives but as a critical research tool (Berger et al 2003). This has built

on the discipline of the social history of medicine, which has been used by professional historians to explore a range of medical and social issues in juxtaposition (Jordanova 1993; Burnham 2005; Waddington 2011). Traditionally the use of history by health practitioners has been more limited, although the work which has been undertaken in relation to midwifery has been very significant in both historical terms (Loudon 1992; Leap and Hunter 1993) and in informing contemporary policy (Allison 1996; Tew 1995). It is increasingly seen as offering a new perspective on issues of contemporary interest (McIntosh 2012, McCourt and Dykes 2009). As with any methodology, history has its own complexities and uses a variety of strategies to manage these. Historians are dependent on the survival of records; it is difficult to 'create' historical evidence and there will therefore always be elements of the historical experience or narrative which are very difficult to explore in detail. The survival of many types of health record is down to serendipity rather than a deliberate strategy, and this puts limits around what can be known.

The midwifery pupil registers from a School of Midwifery in the English Midlands have been examined to explore the issue of student attrition from an historical perspective. The records are extant from the period 1939 to 1999 and have been rediscovered as part of a reorganisation and building move. The entries were hand written in large leather bound volumes, some of which have suffered superficial damage due to storage conditions. The records are largely in chronological order (the first three years are more mixed, suggesting that the entries had been copied from elsewhere). The information kept included names, ages, home addresses, the dates of commencement and finishing of training, and passes and failures. Also recorded was whether the pupil was already a State Registered Nurse (SRN), a State Enrolled Nurse (SEN) or had no previous training. The evidence of the record books yields a detailed picture of midwives in training in a typical midwifery school during the mid-twentieth century. It is possible to use the data gathered in a variety of ways to explore issues related not only to the specifics of training but also to concept of social and geographical mobility through education.

The issue of academic success, failure and attrition among pupil midwives has been explored using these records from the period 1939-1973. Records were first kept by the training School in 1939. This coincided with midwifery training nationally being separated into two parts, with examinations being taken at the end of each part. The records relate to Part One midwifery training which took place in local hospitals. Pupils moved to specific maternity homes or to other areas to take their Part Two training. In 1974, following changes to national organisation of midwifery education, there was a return to single part training and therefore the analysis for this paper ends at this point. Ending

analysis in 1973 also reduces the likelihood of inadvertent breaches of anonymity particularly as numbers in training fell in subsequent years. Although no ethics committee approval was required wider ethical considerations mean that it is imperative to retain anonymity as regards personal information in order that individuals may not be identified. Data from the records is analysed and presented in five year blocks, as numbers for individual years would otherwise be sometime too small to be meaningful. Descriptive analysis is used to discuss features pertinent to the themes of the paper as this method allows data to be presented and discussed in a way which allows comparisons and features to be drawn out and simple summaries presented. Discussion covers the general characteristics of the student cohorts training at the School between 1939 and 1973, their academic success and failure, and rate of attrition. It focuses in particular on the previous educational and experience of pupils, comparing those who entered training as either SRN, SEN or with no health qualification.

BACKGROUND

Midwifery in England and Wales was regulated by the Central Midwives Board (CMB) between 1902 and 1980. The CMB organised supervision, entry to the professional Midwives Roll, and licenced and regulated training schools. In order to qualify all aspiring midwives in England and Wales took the CMB exam after completion of their programme of training. Local Schools of Midwifery had no say in the setting or marking of examinations; all they could do was prepare candidates according to the syllabus laid down by the CMB (CMB 1937; 1943; 1961). Every pupil in every part of the country took the same exam. This removed any control or flexibility that local training schools had over the training of pupils; they were prepared to a national syllabus for a national exam.

Following the passing in 1902 of the Midwives Act in England and Wales which mandated training for all new entrants to the role, there was constant argument about how it should best be organised in order to produce the most efficient and effective midwives with the minimum amount of fuss, and to ensure that those who qualified would practice. Initially all midwifery pupils were non-nurses as nurse registration and training did not commence in England and Wales until 1919. Thereafter an increasing proportion of midwifery pupils had initial nurse training. By the 1930s the non-nurse midwifery pupil appeared to be on the verge of extinction, with less than 10 per cent of all pupils non-midwives in 1929 (Radford and Thompson 1988: 33). Pupils who were already SRN were felt to already demonstrate many of the qualities required of a midwife and therefore followed shorter periods of training than non-nurses (Ministry of Health 1929). However it was something of a false economy as far as the profession was concerned as many nurses who undertook midwifery training

had no intention of practising in the role. Instead they used it as a stepping stone to managerial or colonial posts for which midwifery was a pre-requisite (McIntosh 2012). It was for this reason that midwifery training was split into two Parts in 1938; only those who actually intended to practice would put in the time and effort to undertake both Parts. Qualified midwife status and the right to practice would only be achieved when both Parts were completed and passed. The length of training was 12 months for nurses (6 months for Part 1, 6 months for Part 2) and 24 months for untrained candidates (18 months for Part 1, 6 months for Part 2). Unsurprisingly the change did not have the effect of improving numbers of non-nurses undertaking midwifery training as it doubled their total training period from 12 months. Numbers of non-SRN trained midwifery pupils remained below 10 percent nationally (Stocks 1949). The Stocks Report, which looked at the problem of midwifery shortages and overwork in the immediate post war period, acknowledged that the cost and length of training was likely to deter many non-nurse trained candidates (Stocks 1949). Nevertheless, the option was retained because a far larger proportion of non-nurse trained midwives entered the midwifery workforce than those with SRN.

FINDINGS AND DISCUSSION

Discussion of the findings from the Training School records has been split into three main sections. These cover the general characteristics of the student cohorts between 1939 and 1973; their academic success and failure; the rate of attrition.

General Characteristics

Table 1 shows the total numbers of midwives in training at the School of Midwifery across the period, with a breakdown of the types of pupil recruited.

[table 1 here]

The totals varied year on year and is likely to have been directly related to the workforce planning needs of the hospitals that took the pupils. Numbers rose at the end of the Second World War as the birth rate dramatically increased, but interestingly appear to have dropped away again in the early years of the National Health Service (1948 onwards) (Macfarlane et al 2000). Numbers rose again in the early 1960s, again coinciding with another leap in the birth rate. The profile of pupils fluctuated from 1939 to 1973. Unlike some other Schools, only nurse trained pupils were taken initially, but by the mid-1950s around one third of pupils had had no prior training, and in 1958 this rose to nearly 60 per cent (16 out of 27 pupils). This appears to have been an aberration caused by low numbers of SRNs entering training that year rather than a long term development. Thereafter

the rate of direct entry midwifery pupils dropped back, but this was balanced by a steep rise in numbers of pupils who had experience of the health services as State Enrolled Nurses (SENs). The role of SEN was defined in the 1943 Nurses Act as a way of boosting the workforce. SENs had two years training rather than the three required by SRNs and were maintained on a separate Roll (Borsay and Hunter 2012). By the early 1960s there were more SENs than untrained pupils undertaking midwifery training at the School in most years, although the popularity of this route dropped away towards the end of the period under study. Overall the fluctuations in figures across the period illustrate the difficulty experienced in planning recruitment and training. National and local reports highlighted how overworked midwives were in the late 1940s which was a period which coincided with recruitment falls (Stocks Report 1949; McIntosh 2012). A rising birth rate from 1945 onwards put midwives under increasing pressure. In 1948 the Rushcliffe Committee, which helped employers to set pay rates and working conditions for nurses and midwives, recommended that hospital midwives should work a 96 hour fortnight (Towler and Bramall 1986). Any time for lectures or tutorials for pupil midwives should be part of these 96 hours. Towler and Bramall suggest that this was not achieved for pupil midwives until the 1960s, with pupils attending morning lectures straight after 11 hour night shifts (Towler and Bramall 1986:231). The Committee also recommended that all hospital midwives and pupils should have at least one day off per week. In 1949 the Stocks Report found that the midwife, working either in hospital or on the district was: '... unable to give sufficient time and attention to her mothers and babies, too busy to be calm, too pressed to enjoy her work' (Stocks 1949: 17). In domiciliary work in particular the limits to the midwife's role were set only by her 'physical endurance'. In Nottingham, another Midlands city, midwives threatened to strike in the early 1960s as a result of their unsustainable workloads (Allison 1996). One midwife who trained in London in the 1950s recalled that 'We went down to Guy's [hospital] to do midwifery, and because there were four of us, they put us on night duty for the first month. And so that meant I was put on the labour wards, but they were nothing like you have today. So I was thrown in the deep end...' (McIntosh 2012:78)

For midwifery pupils, training must have been an endurance test, with the promise of further all-encompassing workloads after qualification. It therefore, hardly surprising if at times of greatest pressure the temptation to train faded a little.

Academic success and failure

In common with other training schools across the country, the records show that the School prepared pupils for the national CMB written and oral exams. The record books noted whether each

pupil passed and how many attempts it took them to do so, or if they failed the exam. This section highlights the proportions of pupils passing and failing in each quinquennium under consideration, as a total and then in relation to their background qualification. *Table 2* shows the numbers of midwifery pupils who took the exam together with pass and fail rates.

[table 2 here]

Rates of success dropped across the period, with those not succeeding made up equally of those who failed and those who did not sit. There were always a proportion of pupils who required more than one attempt; in the period 1949-53 12 pupils passed on the second attempt and a further 2 on their third attempt. Between 1959 and 1963 only 141 out of 230 pupils actually passed first time, with 20 requiring a second attempt, and 9 requiring 3 attempts. In the following quinquennium passes reached a low point for the period with only 125 of 235 pupils passing first time. Totals only tell part of the story however; the previous background of the pupils, in terms of their qualification, had an impact on their performance on midwifery programmes as illustrated by *Table 3*.

[Table 3 here]

Caution must be used when interpreting the percentages because of some of the small absolute figures pertaining to non-SRN candidates. Despite this it is clear that the pupils who already had the SRN qualification had the highest proportion of passes. This may have been because they were younger and more used to studying and sitting examinations through their general nurse training. The group with the highest failure rate were not however the completely previously untrained candidates but were those with the SEN qualification. These pupils had undertaken training for their SEN role, although this was of a more practical nature than the full SRN. Pupils who took and failed the examination for SRN three times were entitled to become SENs, although it is not recorded in the midwifery record books how many SEN midwifery candidates might have been in this position. The results for the untrained candidates were better than for the SENs as regards failure rates. It will be noted however that for the untrained candidates in particular the percentages do not add up to 100; this is due to the high level of entrants who never sat the exam and will be discussed in the following section.

Throughout the period, Schools struggled to agree on how to assess potential pupils for academic aptitude. Although there was discussion around developing an entrance exam for pupil midwives as early as 1929 (Ministry of Health 1929:15) this never came to fruition and acceptance onto training courses was initially dependant on a vague notions of a 'satisfactory general education' (CMB 1943:11) although by the 1970s five 'O' levels were required as evidence (CMB 1980:10). This was partially due to ambivalence around what pupils were being trained for. There was no notion that

that they should be critical thinkers or theoretically adept. Instead they were expected to have practical proficiency above all else. Recalling their training, midwives focused on the practicalities of ward work and relationships, and did not recall much of textbooks used or lectures attended (McIntosh 2012). Myles, in the first edition of her midwifery textbook which came to be the standard work used by generation of pupils, commented that 'Maximum attention has been given to basic principles so that practical skill may be built on a sound foundation. No bibliographical references have been given because pupil midwives become confused when they study from more than one or two textbooks.' (Myles 1953: preface)

The rate of attrition

Figures relating to those who passed or failed their midwifery examination applied only to those who completed the course and got as far as sitting the exam. However there were a proportion of pupils who left before completing their studies. The data in the following sections examines the numbers of these pupils, and explores the relevance of their previous qualifications as SRN or SEN, and the spread of reasons given for leaving. *Table 4* illustrates the totals of those leaving, rather than failing, across the period and the main reasons recorded.

[Table 4 here]

The proportion of attrition varied across the quinquennia suggesting that there was no one factor which was responsible. Reasons for attrition varied from health and personal reasons, to issues with the training. Some of these related to pupils' perceptions of the role, but others suggest the influence of midwifery tutors and the CMB; the phrase 'unsuitable' for training came from the comments section in the records completed by tutors, as did perceptions of being unable to manage theory. This exact wording came not from the School, but from the CMB whose Rules required a report to be sent to them within six months of the pupil commencing if 'the general education of the pupil is inadequate or she is otherwise unsuited to be a midwife' (CMB 1960: 16). This implies a level of uncertainty was attached to the recruitment of pupils and that practical decisions could be made about their suitability after they had begun training. After 1965 as an aid to decision making the School required pupils to take and pass internal examinations before attempting the external CMB paper, and failures at this point led to some pupils leaving training which did nothing to reduce overall non-completion rates.

Attrition rates were skewed upwards by the addition of untrained pupils to the mix. It might be expected that it would be the professional issues which would cause those with no experience of health care to leave, but untrained pupils were no more likely overall to be judged unsuitable, dislike midwifery or struggle with theory than their SRN or SEN counterparts. For the majority of those previously untrained pupils leaving it came down to domestic and personal issues rather than training issues per se. SEN numbers are smaller absolute totals and therefore harder to judge the significance of quinquennia, but for the other groups of trainees the relative rates of attrition are clear.

Table 5 brings together all the information from the record books regarding failure to complete midwifery training and relates this to the previous experience of pupils.

[Table 5 here]

The rates of non-completion are striking across all groups. There are variations in the rate across the period, but overall rates rose across all groups. By 1968-73 over one third of pupils who commenced training did not finish, in contrast to just under 9 per cent in the 1939-43 period. Some of this change was driven by increasing removal from courses for academic reasons, although it is not clear whether training was becoming more exacting or prospective midwives more academically varied. However the significant changes appear to have been in the numbers of pupils leaving for personal and domestic reasons, which in turn drove the rise in overall attrition. This may have been as a result of wider employment opportunities opening up for women in the late 1950s and 1960s meaning that they did not have to stick with traditional caring roles such as midwifery. The structure of midwifery care was also changing with more hospitalisation of birth and a concomitant slide in autonomous community practice (McIntosh 2014). Changing practice and expectations may have impacted on completion rates as pupils found that their chosen career did not sit with family life or other expectation and responsibilities.

The attrition rates uncovered by this paper are very similar to those found currently which suggest up to 30 per cent of healthcare students do not complete their course, both in the UK and internationally (Prymachuk et al 2008; Council of Deans 2013). Both this paper and current research highlight attrition as a complex and multi-factorial issue (Green and Baird 2009; Hamshire et al 2013; Hughes 2013). The record books under exploration gave only one reason for each pupil leaving. However recent work suggests that for an individual student there will often have been several factors which link to create the final push. Thus cumulative difficulties with academic work together

with personal or financial problems may cause a student to feel that enough is enough (Green and Baird 2009). It is likely that this intertwining of factors has always been an issue, even if earlier records did not make this explicit. Reasons for attrition in mid-20th century midwifery programmes and those of the 21st century are very similar; personal and health reasons, academic issues and wrong career choice. This indicates that attrition is deep seated and quite constant, and suggests that amelioration will be difficult to achieve. There is interest in strategies to identify, support and develop resilience in healthcare students in order to give them the skills to manage the stresses and pressure points of their education (McAllister and McKinnon 2009). Pressures are likely to increase after 2017 when healthcare students in the UK will have to take out government loans to cover fees and living costs for their programmes, rather than these being covered by bursaries as is currently the case (Council of Deans 2016).

CONCLUSION

As with any historical research, there are caveats around what is known and what it is not known. Survival of records is always partial and therefore there are gaps in understanding that can never be completely filled. However the Training School records demonstrate features of midwifery training in the mid-twentieth century that add to our understanding of the profession in the period and to contemporary debates about attrition from education programmes. It is clear that pupils leaving before midwifery qualification, either as a result of academic failure, perceived unsuitability for training, or personal reasons, were an ongoing issue for training providers locally. Frustratingly there are no surviving records of discussions by the School about attrition and whether it was perceived as a problem or what actions were taken to address it. This is likely to be partly because national training regimes were so rigid (and remained so until the 1980s in England); there was little an individual School could do to personalise its offer to its pupils. The introduction of School based pre-CMB exams in 1965 suggests an attempt at least to identify struggling pupils, although its introduction appears to have had the unintended consequence of increasing attrition when pupils failed the paper. Other influences on attrition may have been purely practical ones such as the length of the training of unqualified candidates; the training for SRNs was half that for SENs and a third of that for non-nurse pupils. Given that pupils were expected to work a full time week of around 48 hours, in addition to attending lectures, in some ways it is surprising that as many made it through as did. There were always a proportion of pupils failing to finish as a result of academic failure or perceived unsuitability, and this may have been exacerbated by the rigid national curricula and assessment in place at the time. There was no flexibility in the system, and individuals either had to fit the mould or leave.

Caution must always be used in extrapolating from historical evidence to contemporary issues; it is not possible to make simple linear connections. However, the rates of completion achieved during this period suggest that attrition and academic failure is by no means a new issue. The landscape of midwifery education has changed dramatically since the period explored by this paper yet rates of attrition appear to be remarkably resistant to social, practice and educational changes. It may well be that consideration needs to be given not to attempting to reduce attrition but rather to build a certain expected level into both policy and planning.

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