

Nurturing the next generation: Midwives' experiences when working with third year midwifery students in New Zealand

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ABSTRACT

Midwifery students require appropriate and timely access to clinical learning opportunities while completing a Bachelor of Midwifery and to achieve this they must be supported by practising midwives. This research sought to understand what supports midwives to work effectively with third year midwifery students.

Midwives on the school's database who regularly worked with midwifery students were invited to participate in the research. Data were gathered using midwife focus groups.

The results reveal i) most placements were a positive experience, ii) issues were described that related to the students' professional behaviour, iii) tensions were experienced by the midwife between the needs of the woman and the needs of the student and iv) tensions were experienced by the midwife as they moved between the roles of teacher, supporter and assessor of the student. Potential for further research is suggested.

KEY WORDS

Midwifery student, midwife, clinical placements, preceptor, New Zealand.

INTRODUCTION

Midwifery education in New Zealand is delivered in tertiary institutions with the clinical component undertaken in partnership with practising midwives in both hospital and community settings. Students commence clinical placement within their first year of the New Zealand Bachelor of Midwifery programme and this increases over the programme to 80% (1280 hours) in their final year (Midwifery Council of New Zealand, 2007). When working with students, midwives are encouraged to reflect on their practice and find ways to articulate their practice knowledge to students. By discussing their practice midwives become aware of the "knowledge, feelings, expectations, assumptions, attitudes, beliefs and values" that contribute to their decision making and this helps them to gain a "deeper understanding of their own practice" (Best & Edwards, 2001, p.70). This paper examines the student – midwife partnership in the context of New Zealand undergraduate midwifery education, focusing on the views of the midwives who worked with third year midwifery students.

CONTEXT

To meet the projected shortage of midwives within New Zealand (due to an aging midwifery workforce) (Midwifery Council New Zealand, 2010), the Midwifery Council of New Zealand (MCNZ) has encouraged midwifery schools to increase their graduate numbers (MCNZ, 2010; Pairman, 2009). This was supported by the introduction of a new curriculum in 2009 (Otago Polytechnic and Christchurch Polytechnic Institute of Technology) and 2010 (Auckland University of Technology and Waikato Institute of Technology) which uses flexible delivery and seeks to "increase access to more midwifery students" (Pairman, 2009), particularly in rural areas. The new curriculum has increased both theory and practice hours and takes the total learning to 4800 hours (from 3600 hours), requiring students to work an average of 35.5 hours per week during a 45-week teaching year and is delivered over three years (MCNZ, 2007).

To meet the curriculum requirements students complete half of their programme in clinical placement. During this time students are immersed in the social, practical and ethical context of practice and this influences their understanding of the culture of midwifery and their place in it. Students undertake placements within both hospital and community settings throughout the three years of the programme. Community placements are usually with one midwife for up to four months. Within the hospital setting students work with a variety of midwives depending who is rostered for the shift. Anecdotally students often report a closer and stronger working relationship between themselves and the midwife in the community than with midwives in hospital placements.

Midwives are supported during the student's placement through the provision of a preceptor workshop facilitated by the midwifery school. This is a one day workshop which discusses the Bachelor of Midwifery curriculum, adult learning principles and student assessment. Support is also provided by face-to-face meetings and phone calls with the student and midwife and documentation of the student's learning goals. Assessment of the student's progress is undertaken by the midwifery school and by using feedback from the midwife within the clinical placement.

LITERATURE REVIEW

Little is written in the literature about midwives' motivation for working with midwifery students. However, literature on medical students suggests passing on knowledge and student's enthusiasm are important motivators; with remuneration amongst the least important of motivators (Scott & Szegar, 2006). The literature also suggests that students who have positive clinical placements learn to be confident, assertive and autonomous practitioners (Miles, 2008).

While there is little describing the midwife's experience in New Zealand, research undertaken in Britain describes the experience of midwife mentors who work with midwifery students. This discusses the importance of the

midwife mentor working regularly alongside the student (Fisher & Webb, 2009; Jones, Walters & Akehurst, 2001) and of the mentor being an effective role model (Fowler, 2008). The literature also discusses the need for midwife mentors to feel valued and supported in their role (Bray & Nettleton, 2007; Fisher & Webb, 2009), and the complexity of being an assessor and supporter of the student (Bray & Nettleton, 2007). In the New Zealand context the concept of mentoring is usually applied to new graduate midwives and involves a negotiated relationship between two people (Kensington, 2006).

RESEARCH OBJECTIVE

The research objective was to explore the experiences of midwives when working alongside third year midwifery students in a New Zealand setting and, in particular, what contributed to a positive placement experience for the midwife.

METHOD

To explore midwives' experiences, a design that allowed midwives to share their experiences was necessary. For this purpose focus groups provided the forum to gather the information required since it was felt these would elicit a wider range of experiences than individual interviews and these would be mediated by the group dynamics (Cluett & Bluff, 2006; Kamberelis & Dimitriadis, 2005). An invitation to participate in the research was sent to midwives within a specific geographical area of New Zealand, who regularly worked with midwifery students. Midwives were allocated to two focus groups, in order of when they first contacted the researcher, with six midwives in each group. Ethical approval was gained from the ethics committees of the University Of Waikato Faculty Of Education and the midwifery school.

A community venue was used for each of the focus group sessions, with each session lasting for two hours. Trigger questions were used to initiate the discussion. For example, the participants were asked to describe a positive experience they had when working with third year midwifery students. They were also asked how they perceived the role of the student, the role of the school and the role of the midwife within this relationship. The session was audio and video recorded. The interviews were transcribed by the researcher and sent to the participants for review. The transcripts were read to identify common characteristics and these were then grouped into two key themes, with a further three themes identified in each area.

PARTICIPANTS

Ten of the twelve midwives worked as Lead Maternity Carer (LMC) midwives, and two within a hospital setting. This is representative of the student's placement in their third year which is predominantly in the community working alongside LMC midwives, but also includes a hospital placement. Eight participants had been working with student midwives for seven or more years. Eight participants had been practising for over nine years.

FINDINGS

Two main themes were identified. These were: midwives' work with students and implications for midwives practice.

MIDWIVES WORK WITH STUDENTS

The first key theme described the midwives' work with students and included three sub-themes:

That confidence thing

The midwives described their pleasure in watching students gain confidence and competence during their clinical placements. A sense of pride and ownership of the student's achievement was evident amongst the group as they discussed times when their student had taken a "real" part and the "buzz" this gave them.

I really like it when they... it's that confidence thing... when they do a palpation and realise this baby is breech and they recognise it.

The balance between personal and professional when relating to women was an area that students sometimes struggle with.

The midwives discussed the need for students to step up when required and the strategies they used to create opportunities for the student to increase their learning and confidence. For example, during an antenatal visit the student used the seat usually occupied by the midwife to demonstrate that the student was leading the antenatal visit.

The midwives discussed working with students who had experienced "put-downs" (from other midwives) in the past and how they worked to build the students' confidence.

I have had a third year student where the first month was spent undoing the put-downs she had from previous placements and rebuilding her confidence - it wasn't her midwifery skills that were a problem - it was her confidence in her abilities.

The group identified that they enjoyed the "enthusiasm" and "fresh knowledge" the students brought to clinical.

It's not just about clinical skills

The participants discussed how they expected students to demonstrate the ability to plan care which was appropriate to each woman by anticipating what might be required.

It helped her to see it's not just all about clinical skills. It's about thinking and putting the whole picture together.

The participants described the year three placement as exciting as they saw students "bringing it all together" with the integration of theory and practice. Third year students were expected to demonstrate understanding of complex situations and to think like a midwife.

The unpredictability of clinical placement created some problems when students did not appear to participate in the learning opportunity that was available. One participant stated:

students need to be encouraged to understand that every experience offers learning opportunities and is positive in that sense.... she might have a crap day but (there are) still skills that the midwife has (to teach the student).

Learning to be professional

Breaches of professionalism by students frustrated the participants since it was expected students would understand these clearly within the first year of their education. Examples of unprofessional behaviour included being late to placement, poor communication skills, lack of confidentiality and the inability of the student to reflect on their own professional behaviour. Participants described when students would share their own birth experiences with women in ways the midwife did not feel was appropriate. The balance between personal and professional when relating to women was an area that students sometimes struggled with.

trying to get the balance between personal and professional life with the woman - little bits of yourself are okay but its knowing what is that barrier - that grey area you shouldn't step in there.

The midwives acknowledged this was challenging and fluid at times, and that it required acute awareness of what was appropriate in each situation.

The participants described times when they were required to support students as they learnt to balance the multiple demands of study and family.

Yeah, we're the ones that take the meltdowns.

Sometimes you feel like you're their mother and say, well I know, but this has to be done today.

IMPLICATIONS FOR THE MIDWIVES PRACTICE

The second key theme described the implications for the midwives' in their day to day practice and included three sub-themes:

We are responsible

The midwives were aware of their professional responsibility to supervise the student appropriately and to provide timely and appropriate feedback to support the student's development and progression. The fear of the student failing concerned the midwives as they felt this could be a reflection of the quality of the placement and the learning the student had experienced with them.

I had a student who failed.... you know it's nothing that you did but you feel absolutely gutted, you think, could you have done more?

Participants were aware their practice was critiqued when working with a student and welcomed this as providing transparency around their practice. A participant stated that those midwives who did not want to be responsible for the student would not agree to work with students, although it was acknowledged that hospital midwives did not have the same choice.

Most participants had used the leaflet provided by the midwifery school to explain the role of the student to the woman. The midwives described the tensions between the needs of the woman and of the student, including when women declined to have a student involved with their care. For one participant this meant the student had to absent herself from the clinic room during the woman's visit.

Even if you are not doing anything, (the woman) wants you to look like you are. You can't step so far back that the woman feels she's not supported by her midwife.

The participants discussed how they encouraged women to work with students and one stated she saw this as a way for women to help safeguard the midwifery service for the area by ensuring sufficient numbers of midwives.

What is expected of me

The midwives discussed the difficulties they had when assessing students. They stated they were anxious to get it right particularly when they felt a student did not meet the standard that was expected. Many of the participants stated the written information provided by the midwifery school was not always read fully, as they found it text heavy, but the preceptor workshop was found to be useful. The midwives felt they had often underestimated the time commitment required to debrief and feedback to the student.

I think I underrated when I first took a student how much input I was going to – how organised I was going to have to be and quite what their needs were and now I'm much more aware of the fact that I do need to devote some specific time each week looking at what we've achieved, what skills they've managed to practise, what experience they need to debrief about 'cause I tend to finish the day with the student and go, 'see you, bye I'm off home' and I needed to recognise that it's not appropriate.

For LMC midwives, providing feedback was easier if there was travelling involved in the day, as they used the time in the car together to debrief. For hospital midwives this was a part that they felt was absent in their relationship with the student.

The midwives described how they did not always enjoy providing written feedback on the students' performance particularly when students were not achieving at the expected level.

The paperwork has to be done but sometimes you can say things more nicely in words than if you have to write it down. It looks a bit harsh... 'lacks knowledge' ... when written down.

The relationship between the midwife and the student is central to the learning process.

Wanting a break

Most of the midwives had established a relationship with the student by meeting first to identify the student's goals and aspirations. They acknowledged that not all relationships between midwife and student worked. While the midwives agreed that students helped with the workload, this was offset by the extra time required for the midwife to explain what she was doing and to debrief. At times the midwives missed the spontaneity of working alone and getting their own hands on. For some, the peace in between visits was cherished rather than the constant talk of someone else present.

Sometimes I get tired of all the talking and all the energy that's required to go into (students).

However the midwives saw themselves as role models for the students and felt it was important to share their knowledge to grow the profession.

I do it for the future (of midwifery) and not for the money.

DISCUSSION

The findings from this study suggest that the relationship between the midwife and the student is central to the learning process, and this can lead to a positive or negative experience for both. A trusting relationship is required for the student to share their thoughts and feelings and feel supported by the midwife (Best & Edwards, 2001). When a mismatch of expectations or miscommunication occurs, the placement may break down. This may be due to the midwife having unrealistic expectations or to the student being perceived as lacking knowledge. These tensions may impact on the student's confidence and this can influence the midwife's desire to work with students in the immediate future. A Canadian study found conflict between the practitioner and student was more widespread than the researchers expected and they recommended it needed to be managed well to prevent negative outcomes (Mamchur & Myrick, 2003).

While the relationship between the student and the midwife is a professional one, to support the student in their learning, the midwife should not be expected to provide support and emotional care for the student. Instead the focus should be on the woman who is receiving care. A British study identified a lack of social skills amongst students as a challenge for midwifery mentors (Fisher, 2009). Her study also identified that "the student's inability to cope with the stresses and social complexities of midwifery practice and the time needed to support these students also caused anxiety" amongst midwives working with them (p.32).

An important issue arising from this research is midwives' concern about student's professionalism. The preparation of students for clinical placement is essential as students need to have the expected skills and an understanding and sensitivity of the culture they are entering. Learning professional behaviours requires clear standards and expectations that are modelled by midwives in the midwifery school and in practice. The boundary regarding what and when it is appropriate for practitioners to share personal information in a professional relationship is currently poorly defined. Students need midwives to role model, expected behaviours about what is appropriate in creating an atmosphere of trust within a professional relationship.

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Learning to work as a midwife requires the student to manage multiple demands from study, clinical placement and family. It is not unexpected then that anecdotally students report feeling tired and overloaded and this may affect their work. However in the New Zealand maternity system, an LMC midwife is a self-employed practitioner. Her reputation and standing in the community can influence her ability to build and maintain a caseload and therefore an income. Thus there can be a profound double impact when a student is inappropriate within placement. Firstly there is offence to the woman and her family, and secondly a risk to the midwife's reputation and income (should the offended woman seek care from another LMC).

The results from this study reveal that midwives expected more support over and above the preceptor workshops, particularly when working with a failing student. The nature of this support should include a close relationship with the midwifery school during the placement, including regular contact and succinct information about expectations. By having regular discussion with midwives, the midwifery school can gain ongoing feedback about the facilitating structures that are most appropriate to support students in their development toward becoming a professional midwife. Feedback is described as the "breakfast of champions" (Knowles, 1984, p.75) and this is necessary for students to develop their practice from learner to competent, and progress as a midwife to expert status.

LIMITATIONS

While focus groups can elicit a wider range of experiences than individual interviews, these can be mediated by the group dynamics. This can limit data capture and introduce bias.

A further limitation was the researcher also acted as the group facilitator. However to maintain facilitator independence, the facilitator did not participate in any of the discussions and strictly confined herself to trigger questions.

This was a small group of twelve midwives from community and hospital workplaces who shared their experiences of working with students. While some of these findings may be transferable to other groups of midwives, they are not generalisable.

FUTURE RESEARCH

Research from Britain uncovered similar experiences to those described anecdotally by New Zealand midwifery students; however, no formal research of midwifery students' experiences of clinical placement has been undertaken in New Zealand. The voice of midwives who choose not to work with midwifery students would be a valuable contribution. While there is a professional expectation that all midwives will work with students, a small group do not do so.

CONCLUSION

The midwives acknowledged their professional responsibility to work with midwifery students. However they also expected a break as they enjoyed the opportunity to practise separately of students. By third year the midwives expected the students to have mastered the required basic midwifery skills and to have a strong knowledge base to build from. Midwives were frustrated if students could not manage this, and if they did not appear to understand appropriate professional behaviours and boundaries. While tensions arose at times as midwives found themselves in the roles of teacher, support and assessor for the student, most placements were described as a positive experience and the midwives took pleasure in the student's progression through the programme. However, the tensions midwives face must be acknowledged and mitigated by both the school and the profession. By nurturing our emerging midwives through a trusting relationship where the experienced midwife feels well supported, we strengthen the midwifery profession for tomorrow.

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