



## Midwifery education in practice

## Midwifery students first encounter with the maternity ward



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## ABSTRACT

Considerable research has been made in order to find what promotes students' learning in general, but few studies have included midwifery students and their learning in clinical practice. The purpose of this study was to get a better understanding of the midwifery students' first encounter with the maternity ward and of what was essential to them in the learning environment. A qualitative study, based on in-depth interviews with six students during their first clinical practice at a maternity ward, was conducted. The findings show that the students needed to feel their presence desired and to be included in the activities in the ward. Learning needed to be based on the students' expectations, understanding and previous experiences. The most important factor influencing the students' well-being and learning was their relationships with their mentor. In conclusion, learning in a clinical setting required more than just motivated students. Engaged mentors, who linked the students' previous experiences and expectations to the clinical practice, were crucial to learning outcomes. Mutual engagement, shared understanding and common goals were imperative for the students' experiences of a good learning environment.

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## Background

The educational paths for midwifery students differ from country to country. In Norway, midwife education is a two-year programme that builds on a bachelor's degree and at least one year of professional practice as a nurse. Clinical practice constitutes fifty percent of the two-year programme.

In Australia, where the training for midwives is approximately the same as in Norway, [Carolan and Kruger \(2011\)](#) examined educational and vocational expectations among midwifery students. They found that the students' expectations frequently did not concur with the situation they encountered in clinical practice, which had consequences for their well-being, level of stress and rate of drop-out from the programme. Several studies confirm this regarding students who are new to clinical practice. The students need help and assistance in order to find their place and role during clinical practice ([Cameron et al., 2011](#); [Newton, 2012](#); [Sandvik et al., 2012](#)). A British study ([Chamberlain, 1997](#)) showed that unarticulated expectations caused midwifery

students to experience uncertainty and stress that could last for months.

A study by [Lake and McInnes \(2012\)](#) showed that British midwifery students learned and developed skills through a close cooperation and collaboration with their mentors. The study clarified the responsibility mentors had for promoting the students' ability to reflect and think critically, and thereby become independent and adaptable professionals. [D'Amore et al. \(2012\)](#) examined what nursing and midwifery students felt helped promote their learning during their first year of training. The study shows that Australian students had varying requirements for learning and for approaching the learning material and learning situations. These differences must be highlighted and emphasised throughout the whole education enabling the students to get good learning outcomes. Another study of how medical students learned in clinical practice ([Spencer, 2003](#)), highlighted the mentor's responsibility to promote learning and professional development among the students. This is done through the use of various training methods that are tailored for the student and the learning situation. [Sandvik et al. \(2012\)](#) showed that Norwegian nursing students found that access to mentoring, follow-up and pedagogical expertise was important to their learning outcomes in clinical practice. The students underscored that common goals needed to be clarified between mentors and students.

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The background for this article is the lack of research on midwifery students and their learning in clinical practice. International studies call for more research on this group of students (Lake and McInnes, 2012; McIntosh et al., 2012). The purpose of the study is to get a better understanding of the midwifery students' first encounter with the maternity ward and to find out what the students regarded as important to creating a fruitful arena for learning.

### Socio-cultural view of learning

In the socio-cultural perspective on learning, the culture of the learning arena and collaboration between learners and mentors are regarded as important to the learning process (Dysthe, 1996; Säljö, 2000). Learning is a result of active participation in close collaboration with others and the learning material. In this way, learning becomes a social, contextually and culturally dependent process. Thus, the socio-cultural setting has an important effect on learning and achievement. In close, balanced and dialogue-based collaboration, a mentor can enhance the student's ability to reflect, understand and learn (Dysthe, 1996).

Lave and Wenger (1991) base their research on a socio-cultural view of learning. They show how the clinical newcomer moves from being a legitimate peripheral member to becoming a full member of the practice community by participating actively with other professionals. They argue that three elements are required to make full incorporation possible: *Mutual engagement* among community members through getting involved and finding out what promotes and inhibits their engagement. The members achieve this by developing mutual relations, defining their identities and roles, etc. *A shared understanding of the activity* is a key factor if members are going to work toward common goals. The members must adapt their engagement, learn responsibility and make common efforts to define the activity. Conflicting interpretations of what the activities entail must be clarified. *A shared repertoire* entails that members must find common meaning in the various components of the activities (Gilje and Grimen, 1995).

### Method

In this qualitative study, the focus is on the narrative. The narrative research direction is a branch of interpretive research with roots in hermeneutics (Lyons et al., 2002; Ricoeur, 1981). A narrative is an oral or written account that represents events, placed in time and causal contexts. The listener tries to enter into the narrator's story and understand it from her point of view. The story is the point of departure for analysis, interpretation, discussion and amplification of the topic that needs to be understood or explained (Blåka, 2002; Lyons et al., 2002).

### Informants

Midwifery students who were assigned a trainee placement at two university hospitals in Norway were asked to take part in the study. All informants were nurses educated in Norway and had between one and eleven years of vocational practice before they entered the midwife programme. In addition to written information, midwifery teachers informed the students about the study before they began in clinical practice.

Nine out of 28 students initially expressed a willingness to participate as informants. Three of them withdrew from the study; one due to travel distance and two for unknown reasons. During autumn 2008, six students participated in the study, three from each of the two practice sites. These practice sites were almost equal in size, staffing and organization. Furthermore, access to

mentors and access to participation in learning situations were also equal.

### Collection of data

In order to gain insight into the students' experiences during their first clinical practice, six interviews were conducted. The informants were sent a brief text in advance about the purpose of the interview, together with an "interview guide." They were given this opportunity in order to reflect upon topics, e.g. how they were met in the ward, special episodes from learning situations, etc. (Kvale, 2001). The interview guide contained an overview of relevant topics, rather than structured pre-determined questions, which might have curbed the informants' ability to speak freely. The advantage of the qualitative interview is precisely its openness and the possibility of development while it is underway, as the informant brings out new information (Kvale, 2001).

Questions about *what* and *how* were frequently asked during the interviews. *Why* – questions were avoided because they can give the informants a feeling of being in an examination situation and thus, inhibit the narrative (Kvale, 2001).

Prior to the interviews, two pilot interviews were conducted. These were not included in the study. The interviews were audio-recorded and transcribed immediately afterwards. All recordings were deleted after transcriptions had been read by the informants. The interviews took place at the hospital, in a room shielded from ward activities.

The study was conducted by the first author, who is a midwife and a teacher for midwifery students at one of the hospitals. As a researcher, having her own practice within midwifery education could be a benefit, but also a challenge. According to hermeneutic (Ricoeur, 1981) we bring our preunderstanding into any encounter with another person, text or phenomenon. We interpret what we do not know based on what we already know. Understanding is thus always productive, not only reproductive. Understanding the world will always be hermeneutical, but if we wish to discover something new, we must have an open-minded and dwelling approach, which also means to question and reflect upon our own preunderstanding (Ricoeur, 1981). Being aware of one's own pre-conceptions throughout the whole process, was of importance and made it easier to have an open and dwelling attitude (Kvale, 2001; Säljö 2000).

### Analysis

The analysis was inspired by Lieblich et al. (1998) description of the Holistic-Content Perspective (Ricoeur, 1981, p. 62). Stories are regarded as an entirety where all factors belong together, but must be divided up into smaller and more lucid components that are first analysed separately and later as part of the whole.

The analysis in this study was made in four steps. First, all narratives were read repeatedly to get an overview of the material. The aim was to find connections and patterns between the narratives. Secondly, every student's narrative was read in search of repetitive themes and to identify when and in which context the themes were spoken of. In the third step the main focus was to identify themes across the narratives and in which context they were discussed. In this way, themes, statements and expressions were gathered, structured and coded. In the fourth step of the analysis all narratives were read anew, while searching for themes and connections that might have been missed in the initial readings.

The analysis of the interviews showed that there were no essential differences between students' experiences from the two hospitals/practice sites. The data from all the six interviews are therefore presented together.

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