



Midwifery Education in Practice

Fear, an unpleasant experience among undergraduate midwifery students: A qualitative study

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ABSTRACT

Fear is a normal emotion that can evoke an appropriate response when facing threat. However, sometimes the consequences of fear can lead to responses that are maladaptive. Fear can have negative effects on learning. Research has focused on the experience of fear and its consequences among midwifery students during their undergraduate program. A qualitative analysis was conducted of interviews with ten midwifery students in different years of an undergraduate program. The data was analyzed through a content analysis approach. Two main categories and five subcategories emerged. The first category, areas of fear in midwifery students, consisted of the following subcategories: fear of doing harm, fear of encountering their first childbirth, and fear of penalties. The second category, consequences of fear, consisted of the following subcategories: general physical and psychological consequences and interference in adopting the professional role. In this study, fear not only raised the students' stress levels thereby, leading to physical and psychological issues but also hindered their adoption of their professional role. These findings will potentially inform support and retention strategies within midwifery undergraduate programs in the future.

Background: Maternity care in Iran is provided mainly within a medical model of care. The majority of women give birth in hospital, where care is provided by midwives who work under the direction and supervision of an obstetrician. Midwives within the medically dominated system lack autonomy and have very little opportunity to gain experience in providing continuity of care for women as midwife-led models of care are rare. This practice context means that midwifery students have very little opportunity to gain experience in autonomous midwifery practice.

Midwifery undergraduate program in Iran is for four years. Admission to the undergraduate program is implemented via a direct entry route. Nearly all of the midwifery students are school leavers with their first exposure to university and hospital systems. Most of the midwifery students have chosen this career without sufficient understanding about midwifery and the work that it involves (Arfaee et al., 2008). The midwifery undergraduate program comprises theoretical and clinical elements. After the first semester, students enter clinical settings under the supervision of their clinical instructors.

1. Introduction

According to the Oxford English Dictionary, fear is described as “an unpleasant emotion caused by the threat of danger, pain, or harm” (OED, 2007). Lazarus and Folkman (1984) defined stress as a particular relationship between the person and environment that is appraised by the person as taxing or exceeding their resources and endangering their wellbeing. They postulated that the cognitive appraisal of a stressor determines whether the stressor is interpreted as a challenge, threat, or harm/loss (Lazarus and Folkman, 1984). From the previous remarks, it

could be concluded that if a stressor is interpreted as a threat, it could cause fear.

Fear in the workplace is defined as a feeling that a person carries when he/she is threatened by possible repercussions as a result of speaking up about work-related concerns. These feelings of threat may come from four sources: actual experience, stories about others' experiences, assumptions and interpretations of others' behavior, and negative, culturally based stereotypes about those with supervisory powers (Ryan and Oestreich, 1998).

The feeling of fear is considered useful for dealing with threatening

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conditions and leads to defensive behaviors. Some degree of fear can trigger positive and adaptive behaviors, such as behavioral responses in a safe manner and task implementation within an appropriate time.

Conversely, the consequences of fear can lead to maladaptive behaviors and responses (Whitley, 1992). Intense fear may lead to post-traumatic stress disorder, in which autonomous nervous answers and repeated memories of the traumatic event are frequently manifested (Gonzalez and Martinez, 2014). A long-term exposure to fearful experiences may lead to stress and anxiety (Bastable, 2008; Dahlen and Caplice, 2014), which can have serious consequences for their health (Cavanagh and Snape, 1997). Work-related fearful situations may eventually affect not only an individual's physical and mental health but also the productivity levels (Thongsukmag, 2003). In the field of education, fear is a major cause of high levels of anxiety and has negative effects on readiness for learning and ability to function in all areas of learning (Bastable, 2008).

Midwifery students face numerous challenges (Brunstad et al., 2016) and experience a high level of stress in the process of learning their roles (Carveth et al., 1996; Khadivzadeh and Erfanian, 2012). For example, Pryjmachuk and Richards found that out of 102 midwifery students, up to 40% reported high levels of stress (Pryjmachuk and Richards, 2008). Similarly, according to studies conducted in Iran, midwifery students experience more stress compared to that of the other medical sciences students (Esphandiari, 2002; Moridi et al., 2011). Different factors, including the feeling of fear can lead to stress among midwifery students (Dahlen and Caplice, 2014).

Suárez believes that fears cannot be relieved completely in the workplace, although it is possible to help people to deal with their fears (Suárez, 1993). An understanding of the conditions that make the students fearful is considered the first step toward providing more student support. The aim of this study is to explore the experience of fear and its consequences among undergraduate midwifery students.

1.1. Literature review

Few studies are available that explore the feeling of fear and its consequences among students. Higginson (2006) investigated the fears and concerns of first year nursing students in a study using a grounded theory approach. His findings focused on the students' concerns of death, worries about the practical procedures, worries about examinations, financial worries, and concerns about role as well as social conflicts (Higginson, 2006).

When exploring the opinions, feelings and views of student midwives in Ireland as they progressed through their education program, Begley found that for most student midwives the hierarchical system present in most clinical environments was not beneficial for their education. The students' view was that a hierarchical system was in operation in the majority of maternity hospitals, and the majority described a lack of caring shown to them by most of their 'seniors' in the hierarchy (Begley, 2002).

A qualitative study on student midwives' perceptions of what was traumatic for them, showed that they inhabit a vulnerable position in traumatic situations. This study revealed a paradigmatic clash between giving care within institutional procedure frameworks imposed on their practice in a busy obstetric unit, and the individualized woman-led approach they were expecting. The researchers suggested that a culture of support and/or debriefing after adverse events may help students articulate their needs and develop resilience (Davies and Coldridge, 2015).

A study was conducted with midwives who participated in workshops on normal delivery in Australia and New Zealand. They were asked to write down their main areas of fear on a piece of paper. Data analysis led to the development of eight main categories: the fear of newborn death, making mistakes that cause any harm, obstetrics emergencies, maternal death, being watched, causing negative experiences in childbirth, dealing with unknowns, and losing passion and

confidence around normal births (Dahlen and Caplice, 2014).

These previous studies in Australia and Ireland, as described, suggest that when students experience fears it is detrimental to their learning. Currently, there are no studies examining this phenomenon within the context of midwifery education in Iran. The objective of this study was to examine and explore the experiences of fear among midwifery students.

2. Methods

2.1. Design

Qualitative research is a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live. This type of research is used to explore the people's behavior, feelings, and experiences and what lies at the core of their lives. Descriptive approaches deal with narratives and give accounts of feelings and actions (Holloway and Galvin, 2016). To access contextualized, in-depth descriptions of midwifery students' experiences of fear, we chose a descriptive qualitative approach.

2.2. Setting and participants

The population of the study were undergraduate midwifery students from two universities in Tehran (Tehran University of Medical Sciences and Shahid Beheshti University of Medical Sciences), and one in Isfahan (Isfahan University of Medical Sciences). There were around 160 undergraduate midwifery students in the program in each university.

The students were informed by their lecturers that research to examine the experiences of midwifery students was being undertaken and they were invited to take part. The lecturers asked for telephone numbers of the students who agreed to participate in the study, and the first author contacted them to arrange a time for interview. Ten students from different years of the undergraduate program agreed to participate in the study.

2.3. Data collection

The interviews were held in times and places convenient to the participants and were conducted in Persian with the first author. Each interview lasted 40–60 min. After the warm up questions, the students were asked to share their worries or fears they had experienced during their course. The main interview question was, 'What, if anything, has made you fearful or worried during the program?'

2.4. Data analysis

The data were analyzed using a content analysis approach as follows:

- The oral interviews were transcribed.
- The transcriptions were read through several times to understand the material in its entirety.
- The text was divided into meaningful units, making them condensed.
- The condensed meaningful units were abstracted and labeled with codes.
- The codes were sorted into subthemes based on comparisons regarding their similarities and differences.
- Themes were formulated as the expression of the latent content of the text (Graneheim and Lundman, 2004).

All steps were conducted by the first author not using any software. The team members exchanged their ideas and comments throughout the analysis process.

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