



## Factors defining the mentoring competencies of clinical midwives: An exploratory quantitative research study in Japan



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### SUMMARY

**Background:** Clinical education is an extremely important process in cultivating healthcare professionals, and the quality of educators has a major impact on the quality of future practitioners. Although practicing clinical midwives contribute to the education of pre-registered midwives and those qualified within the past year (new midwives), the factors defining the educational competencies of clinical midwives have not been clarified. **Objectives:** The purpose of this study was to explore the factors that define the mentoring competencies of clinical midwives involved in educating new midwives.

**Design:** An exploratory quantitative research study.

**Methods:** Questionnaires were distributed to 694 midwives who had previously conducted educational activities with new midwives at the 63 facilities whose administrator or nurse manager in charge of all staff, including midwives, consented to participate. Of the 694 midwives, 464 (66.9%) returned the questionnaire and 451 (65.1%) valid responses were analyzed. Exploratory factor analyses were performed on the following three concepts: [competency as a professional], [competency as an educator], and [personal characteristics].

**Results:** [Competency as a professional] consisted of two factors: <self-awareness and self-reflection for finding confidence> and <sharing their midwifery practice>; [competency as an educator] consisted of four factors: <supporting experimental study>, <thoughtfulness and empathy for new midwives>, <making effective use of new midwives' own experience> and <commitment to educational activities>; and [personal characteristics] consisted of three factors: <exercising leadership>, <approachability>, and <tendency to be a caring mentor>. These three concepts were defined by a total of nine sub-concepts (factors), and 41 items were extracted with a reliability coefficient (Cronbach's  $\alpha$ ) of 0.944.

**Conclusions:** "Mentoring competencies of clinical midwives (MCCM)" are defined by three concepts and nine sub-concepts, which can be evaluated by 41 items regarding the behavior, thoughts, and characteristics that clinical midwives exhibit when they educate new midwives in clinical settings.

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### Introduction

There are serious concerns about the critical shortage of midwives in many countries (Boerma and Mason, 2014). Japan is one such country confronted with the lack of practicing midwives in the already complex field of obstetrics. Boerma and Mason (2014) remarked that the shortage of competent midwives is due to the lack of competent educators and that the key to a skilled midwifery workforce is education. Midwives with advanced clinical education skills contribute greatly to helping inexperienced midwives develop into expert practitioners, given their role as educators, mentors, preceptors, or evaluators. Therefore, due to the shortage of midwives, the cultivation of midwives with

advanced education skills has become a pressing issue in many countries including Japan.

The process of nursing education in clinical settings is an extremely important part of the practical application of theory by students (Hsu, 2006). Teaching is a vital aspect of the health professional's role, and the quality of teachers has a major impact on the quality of future practitioners (Hand, 2006). Hughes and Fraser (2011) defined "mentors" as educators who play a pivotal role in student learning and concluded that mentors play an essential role in shaping how a student will subsequently practice as a qualified midwife. Licqurish and Seibold (2008) defined "preceptors" as educators who work in a teaching or supervisory capacity with a student for a minimum of 1 day, and found that a positive midwife preceptor-student relationship is an integral part of effective student midwife learning. To obtain a midwife qualification in Japan, a pre-registered midwife must assist in around ten deliveries during the training period. During this process, professional midwives affiliated with the medical institutions where students conduct their

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practical training (e.g., hospitals, clinics, and maternity centers) play the role of educators and thus greatly influence student education. In addition, the majority of midwives working at facilities that take on pre-registered midwives and midwives newly qualified within the past year are engaged in new midwife education. This tells us that midwives working in clinical settings must not only have outstanding practical specialist abilities but must also possess the “educational competency” necessary to turn new midwives into outstanding practitioners in clinical placement.

The educational competencies of nurses have to date been roughly classified in terms of five characteristics: nursing competence (Johnsen et al., 2002), teaching activities (Tang et al., 2005), evaluation skills (Johnsen et al., 2002), interpersonal relationships (Tang et al., 2005), and personality characteristics (Tang et al., 2005). Meanwhile, the Nursing and Midwifery Council (NMC) (2008) classified the competencies of mentors, practice teachers, and teachers into eight domains. The World Health Organization (2015) also classified midwifery educator core competencies into eight domains, including learning in the clinical setting, evaluation of students, communication, and leadership. In addition, the effectiveness of educators’ practical abilities has been elucidated and their roles and functions have been evaluated from various perspectives (Chow and Suen, 2001; Licqurish and Seibold, 2008). However, the educational competencies have also been said to be “invisible and of unknown content” (Yoshida, 2005).

Midwives are continuously fostering the development of new midwives in clinical placements, and there are certainly clinical midwives that contribute greatly to the education of new midwives. However, the reasons why clinical midwives are able to contribute to the education of new and aspiring midwives, the way in which they contribute, the types of knowledge or skills constituting the educational competencies of clinical midwives, and the personal characteristics that promote their educational competencies remain unclear.

To shed light on the situation, we investigated the characteristics of the educational activities that midwives conduct in clinical settings and thereby explored the factors that define midwives’ mentoring competencies in clinical education.

#### Operating definitions

In this study, the following definitions were used:

- 1) New midwife—a pre-registered midwife or a midwife who was newly qualified within the past year.
- 2) Mentoring competency—the term used for “educational competency” in this study.

Midwives can be educators wherever there is a novice midwife who has less experience than themselves, even if they have been qualified for more than 1 year. According to Pearson Education (2014), “mentor” refers to “an experienced person who advises and helps a less experienced person” and “mentoring” refers to “a system where people with a lot of experience, knowledge, etc. advise and help other people at work or young people preparing for work.” In Japan, midwives who have been at their place of work for 1 or more years often help students or midwives less experienced than themselves. For this reason, we decided to use “mentoring competencies” instead of “educational competencies,” and “educator” to refer to both midwives who conduct educational activities for midwives licensed within the past year and midwives who conduct educational activities with pre-registered midwives.

- 3) Mentoring competencies of clinical midwives (MCCM)—the mentoring competencies that midwives exercise when they conduct educational activities for new midwives in clinical settings.
- 4) Preceptor—a midwife who plays the role of an educator, especially conducting educational activities for newly qualified midwives qualified within the past year.

- 5) Mentor—a midwife who plays the role of an educator, especially conducting educational activities for pre-registered midwives.

## Methods

### Design

An exploratory quantitative research study was conducted to explore the factors that define the MCCM.

### Participants and data collection

The participants were midwives who had been involved in educational activities for pre-registered midwives or midwives newly qualified within the past year at least once.

Requests for cooperation were sent, and data were collected in May–June 2009. 350 obstetrics facilities were randomly selected from the 3200 domestic facilities (large hospitals, small clinics, and maternity centers) listed on the Internet. The administrators and nurse managers in charge of all staff, including midwives, at each facility were sent a written explanation of the purpose, outline, and ethical consideration of the study and a request for permission to conduct the study in their facility. 137 (39.1%) facilities returned written informed consent, and 63 (18.0%) facilities agreed to participate in the study. These 63 facilities also provided the name of the person at the facility who was responsible for the study and the number of midwives who met the study’s inclusion criteria on the returned forms. If necessary, we arranged a visit to the facility to provide an oral explanation. Questionnaires were then distributed to the person responsible for the study at each of the 63 facilities, who then distributed them to a total of 694 midwives. The cover page of the questionnaire provided a written explanation of the purpose and outline of the study and requested the midwives’ permission to cooperate in the study. In particular, we explained that responding to the questionnaire was voluntary, that anonymity of the facilities and persons involved would be protected, and that the returning the questionnaire was taken as consent to participate in the study. The questionnaires were placed into envelopes, sealed, and posted by the participants themselves.

### Questionnaire and pilot study

The questionnaire used in this study had a self-description format and was created as described below.

The first step was a literature review. In previous studies, educational activities of midwives were evaluated by uniquely developed questionnaires (Tang et al., 2005) and scales such as the *Effective Clinical Teaching Behaviour* (Zimmerman and Westfall, 1988) and *Ideal Nursing Teacher Questionnaire* (Johnsen et al., 2002). The competencies relevant to educational activities were evaluated from the perspectives of professional competence (Tang et al., 2005), educational elements such as teaching ability (Tang et al., 2005), teaching skills (Johnsen et al., 2002), other educational functions (Jones, 2004; Kalb, 2008), and personal characteristics (Johnsen et al., 2002; Tang et al., 2005), which were evaluated as fundamental to building relationships with students or others. Therefore, in this study, “educational competency,” that is “mentoring competency,” was divided into the following three concepts (Fig. 1): [competency as a professional], [competency as an educator], and [personal characteristics].

We reviewed the literature to gather statements relevant to the three concepts of “mentoring competencies,” referring to items in previously developed scales and questionnaires and to articles relevant to educators’ activities and perceptions (Johnsen et al., 2002; Hishinuma, 2008), roles and responsibilities (Chow and Suen, 2001; Darra and Norris, 2006; Bluff and Holloway, 2008), and their evaluation (Jones,

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