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Enabling new graduate midwives to work in midwifery continuity of care models: A conceptual model for implementation

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ABSTRACT

Background: High-level evidence demonstrates midwifery continuity of care is beneficial for women and babies. Women have limited access to midwifery continuity of care models in Australia. One of the factors limiting women's access is recruiting enough midwives to work in continuity. Our research found that newly graduated midwives felt well prepared to work in midwifery led continuity of care models, were well supported to work in the models and the main driver to employing them was a need to staff the models. However limited opportunities exist for new graduate midwives to work in midwifery continuity of care.

Aim: The aim of this paper therefore is to describe a conceptual model developed to enable new graduate midwives to work in midwifery continuity of care models.

Method: The findings from a qualitative study were synthesised with the existing literature to develop a conceptual model that enables new graduate midwives to work in midwifery continuity of care. Findings: The model contains the essential elements to enable new graduate midwives to work in midwifery continuity of care models. Discussion: Each of the essential elements discussed are to assist midwifery managers, educators and new graduates to facilitate the organisational changes required to accommodate new graduates.

Conclusion: The conceptual model is useful to show maternity services how to enable new graduate midwives to work in midwifery continuity of care models.

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Statement of significance

Problem or issue

Women have limited access to midwifery continuity of care models, in Australia. As models are expanded across the country managers may experience difficulties in recruiting midwives to work in the models. New graduate midwives rarely have the opportunity to work in midwifery continuity of care.

What is already known

New graduate midwives are well prepared to work in continuity of care models. The small numbers of new graduates working in these models are well supported. The support includes a comprehensive orientation, an initial

reduced workload and mentoring. Midwifery continuity of care is beneficial to women and government recommendations are to expand the models in Australia.

What this paper adds

This paper provides a conceptual model that will illustrate how managers, educators and other key stakeholders can enable new graduate midwives to work in continuity of care models.

1. Introduction

Midwifery continuity of care is important to women, midwives and maternity services. High level evidence now shows that women, who experience midwifery led continuity of care, are more likely to experience a normal birth with reduced obstetric interventions, while babies are less likely to be born prematurely or admitted to the neonatal intensive care unit.¹ Women report

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higher levels of satisfaction with their birth experience when they know their midwife^{2,3} and midwives enjoy working this way.^{4,5} Research has also shown benefits to the health service including cost effectiveness.⁶

While the benefits are now evident, midwifery continuity of care has not been widely implemented in many countries including Australia. A recent study estimated that less than 10% of women have access to midwifery continuity of care in Australia.⁷ Similar low rates are seen in the United Kingdom, with rates around 15%, an improvement in women's access to continuity however access is still not universal.⁸ New Zealand has the highest rates of midwife led continuity of care with around 85% of women having access to this model.⁹

One of the reasons preventing the expansion of midwifery continuity of care models in Australia is a shortage of midwives who want to work in this way.⁷ Given new graduate midwives often want to work in midwifery continuity of care models, facilitating their transition directly from student to midwife in a continuity of care model could help to address staffing issues. Previous research in Australia has suggested that new graduate midwives could be employed in midwifery continuity of care models to increase their confidence rather than working in a transition to professional practice program.^{10,11}

Most current transition programs for new graduate midwives provide a structured rotational clinical program with preceptorship and study days.¹² The programs often last 12 months and are based on the new graduate rotating into different areas of the hospital for a specified time frame. A study of new graduate midwives' experiences of the transition program showed that this may not be the best way for a new graduate midwife to transition, particularly when they desire to work in a midwifery continuity of care model¹⁰ and have been educated for this model.¹³ Similarly, in the United Kingdom new graduate midwives do not have the opportunity to transition directly into midwifery continuity of care models instead they rotate through various wards in a hospital setting leading to feelings of dissatisfaction.¹⁴ In New Zealand, about half the new graduate midwives will transition directly to midwifery continuity of care models. These new graduates are supported through a formalized mentoring program called the Midwifery First Year of Practice Program.¹⁵ This transitional support for new graduate midwives to work in midwifery continuity of care models could be replicated in other countries, such as Australia.

In Australia, only a small number of new graduate midwives have been employed to work in midwifery continuity of care models. Our previous research has shown that these models facilitate the consolidation of skills and knowledge better as the new graduates develop a relationship of trust with the woman and their colleagues.¹⁶ New graduate midwives have high job satisfaction when they 'know the woman' assisting with ongoing retention of staff in the workplace. The new graduates midwives can struggle with professional boundaries finding it difficult to differentiate between friendship and a professional relationship. Developing professional boundaries helps to prevent emotional exhaustion known as burnout¹⁷ and is important for all midwives not just new graduate midwives to ensure their sustainability in the workforce. The new graduate midwives in our study developed their sense of professional boundaries through the relationships they developed with the small team of midwives they worked alongside. Support included mentoring and regular team meetings.¹⁸ Further research with managers and other key midwifery leaders found that the main driver for employing new graduate midwives into midwifery continuity of care models was to staff the models.¹⁹ Visionary leaders talked about how they sought out well-prepared graduates to work in the models and provided support such as a reduced workload and mentoring.¹⁹

Our research made us interested in how best new graduate midwives could be supported to provide midwifery continuity of care early in their transition. In response to this interest, we synthesized the findings from our studies into a conceptual model that provides advice and guidance in relation to enabling new graduate midwives to work in these models.^{16,18} The conceptual model is designed to assist midwifery managers, educators and new graduates to facilitate the organizational changes required to accommodate new graduates. The aim of this paper therefore is to describe the conceptual model and show how it may be used in maternity services.

2. Informing the development of a conceptual model

We drew on our previous studies that were undertaken to understand the experiences of new graduate midwives working in midwifery continuity of care models and the challenges to employing them. Initially, newly graduated midwives were interviewed and the findings showed that they felt well prepared to provide continuity of care in a small group practice. When working in continuity of care models, they were able to quickly consolidate their skills and their confidence grew as they developed relationships of trust with the women and the small group they worked alongside. Essential to their successful transition was the support provided by the group of midwives in the continuity of care models.¹⁶ This support often took the form of mentoring.¹⁸ These new graduate midwives developed relationships of trust when providing continuity of care to the woman. They also developed relationships of trust and found mentors within the small group of midwives they worked alongside. These findings were then analysed using interpersonal continuity of care as a theoretical framework and the findings led to the second study that aimed to discover the challenges of employing new graduate midwives to work in midwifery continuity of care models.^{16,20}

The second study examined the views of managers, clinical educators and clinical support midwives. Their main driver to employing new graduate midwives was a need to staff the continuity of care models.¹⁹ They recognized that a longer orientation period, initially a reduced workload, and other forms of support such as mentoring were required for success.¹⁹ Managers also had to overcome barriers in employing new graduates in this way, such as managing the myths that new graduates need to complete a standard transition program or have several years of experience before working in the models. Further analysis of the data was undertaken using the diffusion of innovation theory.^{19,21} Those managers who were able to employ new graduate midwives in this way were seen as 'visionary leaders'.¹⁹

The findings from the two studies were synthesized with the literature through the perspective of each theoretical frameworks (Tables 1 and 2) and the conceptual model was developed.

2.1. Synthesis part one

The relationship with the woman led to high levels of professional satisfaction, the consolidation of skills and knowledge and the development of professional boundaries for the new graduate midwives. These findings were compared with those in the literature that also found high levels of continuity leads to high levels of professional satisfaction.^{4,16,22,23} The new graduate midwives in our study stated they felt prepared to work in midwifery continuity of care models through their experiences as students. These findings are comparable with other studies that have found students need quality continuity of care experiences in order to prepare them to work in the models at the time of graduation.^{24,13,25} Finally, the new graduate midwives in our study

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