



The barriers and motivators to learning infection control in clinical placements: Interviews with midwifery students

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SUMMARY

Aim: To investigate the barriers to and motivators for learning infection prevention and control as identified by midwifery students.

Methods: Semi-structured interviews were undertaken with 15 undergraduate midwifery students within one large university. Data were analysed using Framework Analysis.

Results: Barriers to good clinical practice were identified by students which were concordant with previous literature related to reasons for non-compliance with infection control precautions. Issues such as competing demands specific to midwifery were also identified. Factors which act as barriers to learning good practice in placements included conflicting information and practices from different staff and placement areas and staff attitudes towards students who tried to comply with precautions. Motivators to good practice included the perceived vulnerability of infants to infection, the role modelling of good practice to new mothers and the monitoring of practice.

Conclusions: This study demonstrated that midwifery students perceive barriers and motivators to learning infection prevention and control in their clinical placements. Many of the barriers identified are related to the attitudes and practices of qualified staff. Some of the motivators are related specifically to midwifery practice. Midwives need to be aware of the effects of what is observed in practice on midwifery students and how their practices and attitudes can influence learning both positively and negatively. As healthcare-associated infection and poor compliance with precautions are a global problem, this research should be of benefit to midwives and midwifery educators worldwide in terms of addressing barriers and ensuring better clinical education.

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Introduction

It is estimated that around 8.2% of patients acquire infections as a result of healthcare interventions in the UK (National Audit Office, 2009) and that up to 30% of such infections are preventable by the application of current standard infection prevention and control (IPC) precautions. Compliance with such precautions is therefore vital in minimising the risk of healthcare-associated infection (HCAI). Despite this, compliance with IPC precautions can be sub-optimal world-wide (Gammon et al., 2008), one suggested reason being a lack of education (Rosenthal et al., 2003).

Midwifery students are exposed to occupational risks associated with infection and may themselves be a potential risk to others due to their limited experience and knowledge (Atulomah and Oladepo, 2002). A significant proportion of IPC education is provided in practice placements in the UK and this paper reports on a study of the barriers and motivators to learning good practice in IPC in clinical placements as

perceived by midwifery students, an area which should be of interest internationally considering the global nature of HCAI and non-compliance with IPC precautions.

Background

Sub-optimal compliance with IPC has been reported globally in midwifery. Ji et al. (2005) identified that 40% of obstetrics and gynaecology health workers, including midwives, did not comply with hand hygiene in China, while Cutter and Jordan (2003) reported that only 1.5% of study participants (including midwives) adopted standard IPC precautions for all patients. In a study of Traditional Birth Attendants in Nigeria, only 10.7% of staff identified that they wear protective clothing including gloves during births (Bassey et al., 2007). While TBAs are not qualified midwives, it is acknowledged that in some areas of the world, these are the people who assist in the birth of a significant proportion of babies and their practices are therefore relevant in terms of infection risk. Most midwives who participated in a questionnaire study did not implement recommended interventions which could minimise the risk of transmission of HIV from mother to child during birth (Roets et al., 2003). Midwives in the UK, despite recognising the need to use IPC precautions,

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do not always adequately protect themselves from blood and other body fluids, citing reasons such as workload and emergency situations (Bott, 1999).

Education has been identified internationally as a part of any IPC strategy (Ward, 2011). In midwifery, Wilson et al. (2005) linked a rise in infections in obstetrics to inadequate training. A lack of knowledge has also been identified as contributing to poor practice (Roets et al., 2003; Bassey et al., 2007). Winani et al. (2007) reported that education in combination with single-use equipment could significantly decrease the risk of developing sepsis or cord infection in Tanzania. Iranian midwives themselves have expressed a need for education to increase their levels of knowledge in IPC (Askarian et al., 2007). Reda et al. (2009) also reported insufficient knowledge of IPC precautions among health care workers, including midwives, in Ethiopia and made recommendations for more intensive training. Training interventions to support maternity care providers have also been recommended by Turan et al. (2008) in relation to HIV/AIDS. Education and training has been reported to lead to increases in knowledge of IPC in midwives in the UK (Crofts et al., 2007) and there therefore seems to be a link between education, knowledge and practice.

There is minimal literature about IPC education in midwifery (Ward, 2011). In the UK, midwifery is a direct entry pre-registration qualification with both university theoretical components and clinical placements. This is not the case in all other countries, some of which require a nursing qualification or run programmes which confer both a nursing and midwifery qualification. Research which considers midwifery education in this area should however be of value globally in addressing this knowledge deficit in order to improve practice.

Methods

Aims

The aim of this study overall was to investigate the experiences of nursing and midwifery students in relation to IPC in clinical placements, aspects of which are reported elsewhere (Ward, 2010). This paper reports specifically on the barriers to and motivators for learning good IPC in clinical placements as identified by midwifery students during the study as these were issues specific to the midwifery student interviewed and were considered important aspects to investigate due to the lack of research relating to midwifery education in IPC.

Data Collection Methods

A qualitative approach was utilised to explore the views and perceptions of midwifery students (Marshall and Rossman, 2010). Semi-structured interviews allowed for a focused approach to ensure that all research questions were addressed while enabling additional questions for clarification (Wengraf, 2001). Interviews were audio recorded and transcribed verbatim. All interviews were undertaken by the principal investigator at the main university site in 2009 and 2011 and an interview schedule was used (Table 1). Each participant was interviewed once for up to 1 h.

Table 1
Interview schedule.

Why do you think that people don't always comply with IPC precautions?
Are there any issues specifically in midwifery that you think stop people from complying with IPC precautions?
Is there anything that you've seen that helps staff to comply with IPC precautions?
Are there any reasons specific to midwifery that people might comply more or less than in other areas?
What do you personally think would make staff comply more?

Sample

Midwifery students in years 2 and 3 of a pre-registration degree programme were invited to participate in the study. These were chosen to ensure that participants had been exposed to several placements and were therefore able to comment on what had been observed in practice in several different areas. The resulting sample was voluntary. Interviews continued until data saturation was achieved.

Ethics

Research Ethics Committee approval was gained from the University. Interviews were anonymised by allocation of a participant number on transcripts. All personal data which could identify participants, other staff members and clinical placement areas were removed from transcripts.

Data Analysis

Interview transcripts were analysed using framework analysis (Ritchie et al., 2003), a method of analysis which is now seen as established and rigorous for qualitative data (Furber, 2010). Although it is said to be similar to grounded theory, Srivastava and Thomson (2009) argue that Framework is better adapted to research that involves specific questions and a pre-designed sample such as professional participants. The analysis involved 5 stages (Table 2). Analysis of all transcripts was undertaken by the principal investigator.

Results

Sample

A total of 15 midwifery students in years 2 and 3 of their studies, across 4 cohorts were interviewed, 9 in 2009 and 6 in 2011. All were female and all had experienced practice placements in both hospital and community settings including the delivery suite, ante-natal and post-natal wards, community midwifery, an exposure to nursing placement and neonatal intensive care / special care baby unit.

Identified Themes

Three themes emerged from the data; Barriers to good IPC practice, barriers to learning good practice and motivators to learning good practice. Within each of these three themes were sub-themes. (Table 3).

Barriers to Good IPC Practice

Compliance Barriers

Students identified several reasons for clinical staff not complying with IPC precautions including time, workload, facilities, not being prepared, adverse skin effects, laziness and habits forming over time. Some

Table 2
Stages of framework analysis.

Stage	Activity
Familiarisation	Involves reading and re-reading transcripts to become familiar with their contents and identification of initial recurring ideas
Identification of thematic framework	Collating and grouping recurrent ideas to identify important themes
Indexing	Draft framework applied back to transcripts, themes modified as needed
Charting	Data charted within framework as summaries
Mapping and interpretation	Charts reviewed to ensure all data addressed, framework amended if needed

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