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## Exploring midwifery students' views and experiences of caseload midwifery: A cross-sectional survey conducted in Victoria, Australia



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## ARTICLE INFO

## Article history:

Received 24 July 2014

Received in revised form

22 September 2014

Accepted 23 September 2014

## Keywords:

Midwifery

Midwifery students

Workforce

Caseload

Continuity of care

## ABSTRACT

**Objectives:** in Australia, models of maternity care that offer women continuity of care with a known midwife have been promoted. Little is known about the intentions of the future midwifery workforce to work in such models. This study aimed to explore midwifery students' views and experiences of caseload midwifery and their work intentions in relation to the caseload model following graduation.

**Design:** cross-sectional survey.

**Setting:** Victoria, Australia.

**Participants:** 129 midwifery students representing all midwifery course pathways (Post Graduate Diploma, Bachelor of Midwifery, Bachelor of Nursing/Bachelor of Midwifery) in Victoria.

**Findings:** midwifery students from all course pathways considered that continuity of care is important to women and indicated that exposure to continuity models during their course was very positive. Two-thirds of the students (67%) considered that the continuity experiences made them want to work in a caseload model; only 5% reported that their experiences had discouraged them from continuity of care work in the future. Most wanted a period of consolidation to gain experience as a midwife prior to commencing in the caseload model. Perceived barriers to caseload work were being on-call, and challenges in regard to work/life balance and family commitments.

**Key conclusions and implications for practice:** midwifery students in this study were very positive about caseload midwifery and most would consider working in caseload after a period of consolidation. Continuity of care experiences during students' midwifery education programmes appeared to provide students with insight and understanding of continuity of care for both women and midwives. Further research should explore what factors influence students' future midwifery work, whether or not their plans are fulfilled, and whether or not the caseload midwifery workforce can be sustained.

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### Introduction

There is strong evidence of the benefits of continuity of care models in the maternity care setting. Women who receive continuity of care are more likely to have a spontaneous vaginal birth and are less likely to have an instrumental or pre-term birth

(Sandall et al., 2013). A recent large randomised controlled trial conducted in Victoria, Australia, also found that women who had caseload midwifery care were less likely to have a caesarean section; and their infants were less likely to require admission to the special care nursery (McLachlan et al., 2012a). Women accessing continuity of carer models report a higher degree of satisfaction with their care (McLachlan et al., 2012b; Sandall et al., 2013).

In Australia midwife-led models of care that offer women continuity of care with a known midwife have been promoted, with recommendations for the expansion of models such as caseload midwifery to increase its availability to women (Department of

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Human Services Victoria, 2004; Department of Health Western Australia, 2007; NSW Department of Health, 2008; Queensland Government, 2008; Bryant, 2009). Despite this, continuity of care options are still limited in Australia, and only a minority of women are able to access midwifery continuity models (Bryant, 2009). A 2007 study conducted across the states of Victoria and South Australia found that 12% of women received midwifery-led care (Sutherland et al., 2012).

A number of studies have explored the views and experiences of midwives who work in a caseload midwifery model. Overall, midwives working in caseload have found the role to be professionally satisfying and fulfilling (Turnbull et al., 1995; McCourt, 1998; Stevens and McCourt, 2002c; Collins et al., 2010), and they feel more autonomous (Sandall, 1997). It has been suggested that it is the satisfaction and occupational autonomy that is associated with positive views of the caseload model and that contributes to the potential sustainability of the model (Stevens and McCourt, 2002c; Wakelin and Skinner, 2007). In a recent Australian study, Victorian midwives working in caseload had lower burnout scores compared with their non-caseload working counterparts (Newton, 2013); however some authors have postulated that there are elements of caseload work which could lead to burnout (Stevens and McCourt, 2002a; Wakelin and Skinner, 2007). For example, on-call work has been viewed by midwives as being a negative feature of caseload which may result in difficulty in maintaining a work-life balance, as well as impacting on family and social commitments (Mccourt, 1998; Sandall et al., 2001; Stevens and McCourt, 2002a; Tracy and Hartz, 2006; Newton, 2013). Conversely, others have reported that for some midwives, caseload has been associated with more family time than working shiftwork (Sandall et al., 2001; Newton, 2013), and that the model provides more flexibility to work around personal commitments to facilitate work life balance (Collins et al., 2010; Newton, 2013). However a limitation of the studies that have explored midwives' experiences is that they may be confounded by the self-selection of caseload midwives to that style of work (Benjamin et al., 2001; Newton, 2013).

Midwifery students in Australia are exposed to continuity of care models through 'continuity of care experiences' (CoCEs). All Australian midwifery educational pathways accredited since 2009, regardless of programme length or type, have been required to incorporate CoCEs (also known as 'follow through experiences') into their curriculum (Australian Nursing and Midwifery Council, 2009).<sup>1</sup> CoCEs are an educational strategy for students to learn about continuity of care regardless of the health care setting or model of maternity care in which they take place (Sweet and Glover, 2011). In Victoria, there are currently three accredited midwifery education pathways: the Bachelor of Midwifery (BMid, three years); the Bachelor of Nursing/Bachelor of Midwifery (BNBM, four years) and the Postgraduate Diploma of Midwifery (Grad Dip, one year to 18 months). At the time of this study, the number of CoCEs required in Victorian midwifery programmes differed across courses, with a range of 1–20.

CoCEs involve the student engaging with pregnant women in early to mid-pregnancy and following them through their pregnancy, birth and postnatal experience, working in partnership with the woman (Sweet and Glover, 2013). Sweet and Glover (2011) identify three further purposes of the CoCEs; 'to engage with and reflect on the world of midwifery work, to understand and develop the individual's capacity for midwifery and to understand the nuances of the many and diverse instances of midwifery

practices and birthing women's trajectories' (p. 85). Within the educational setting, continuity models allow application of theory to practice in a meaningful and women-focused manner (Rawnsion et al., 2009). It has been argued that when midwifery students have been educated in midwifery-led models of care they are likely to be receptive to this way of working, and be advocates of continuity models (Homer, 2006). As clinical exposure during the student experience has been identified as crucial to career decision-making and to providing opportunities and ideas around career preferences (McCall et al., 2009), exposing students to continuity of care models may be an important component ensuring that midwives entering the workforce are familiar with the concept of continuity. These experiences also aim to address the policy and framework direction of government in order to meet the needs of a workforce which is prepared to work in this way (Rawnsion et al., 2009).

No studies were identified that focused on midwifery students' work intentions following graduation, or in relation to working in caseload midwifery. A small number of studies have explored midwifery students' views of CoCEs, and while these report support for CoCEs, significant barriers have also been identified (Gray et al., 2012, 2013; McLachlan et al., 2013). Benefits have included the positive relationship developed with women; getting to know what women want; and the unique and valuable learning experiences CoCEs provides. Barriers for students include the personal and financial impact of CoCEs; the time commitment (including being on-call); challenges recruiting women; impact on other university requirements; and disruptions to family time, leisure time and other personal commitments (Gray et al., 2012, 2013; McLachlan et al., 2013).

In view of the evidence of the benefits of continuity of care for women, and of policy recommendations to extend the availability of the caseload model, it is important to explore and understand the views and intentions of the future maternity workforce. This paper reports on the findings of a study of graduating midwifery students in Victoria, Australia, that explored students' views and experiences regarding the caseload model and their work intentions following graduation.

## Methods

A cross-sectional survey design was used. A convenience sample of final year undergraduate and postgraduate student midwives who were attending a seminar about midwifery employment opportunities were invited to participate in the study. The seminar, held in July 2013, was open to all completing midwifery students from all educational pathways in Victoria. The annual event is hosted by the Australian College of Midwives (ACM) Victorian Branch, and invitations to the seminar were distributed via course co-ordinators of all midwifery education programmes in Victoria, and posted on the ACM website.

The survey was developed specifically for this study and was informed by work undertaken by Newton (2013) regarding midwives' experiences of caseload midwifery. Students' work intentions and views were explored generally, and their exposure to and views about caseload and continuity of care models during their course explored using both open- and closed-ended questions. Different aspects of caseload care and students' views about CoCEs were explored using Likert-type scales which required the respondents to select from a range of responses ('strongly agree', 'agree', 'not sure', 'disagree' and 'strongly disagree'), whereas other questions provided the opportunity for free text responses. The survey was piloted with midwives, including recently graduated midwives, then minor amendments made.

<sup>1</sup> In Australia, accreditation of programs leading to registration and endorsement as a midwife is required every three to five years (Australian Nursing and Midwifery Council, 2009).

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