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## Final year students' learning experiences of the Bachelor of Midwifery course

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### ABSTRACT

**Aim:** the aim of the study was to explore the concerns of 3rd year Bachelor of Midwifery students.

**Background:** earlier research indicates that midwifery students experience a number of conflicting learning demands and expectations, during their student years. These difficulties can lead to anxiety and a lack of confidence, which have implications for student integration and socialisation into the profession.

**Methods:** a qualitative method was used, underpinned by Smith and Osborn's (2008) approach to interpretative phenomenological analysis IPA. In-depth interviews were conducted among 10 senior midwifery students as they looked back over their three year course. Data were analysed using steps proposed by Smith and Osborn (2008).

**Key findings:** more than two-thirds of participants were over 35 years, and had two or more children. More than half were living with a spouse/partner and the majority worked 16 hours or less per week. Themes emerging from the data included (1) linking theory to practice; (2) a focus on clinical skills; (3) learning expectations and experiences; and (4) the role of midwifery lecturers/educators.

**Conclusions and implications for practice:** midwifery students experience a number of challenges associated with their pre-registration midwifery education, including difficulty understanding the relevance of some study units to midwifery practice. A strong focus on practical skills may inhibit the development of cognitive skills such as critical evaluation and reflection.

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### Background

For more than 10 years, the Bachelor of Midwifery program has been offered in Australia (Seibold, 2005; Carolan and Hodnett, 2007) and contributes significantly to the number of midwifery graduates annually. This educational approach differs from other courses in that students have no nursing experience but instead undertake a three years undergraduate degree in midwifery studies. The Bachelor of Midwifery program was developed in line with changing midwifery philosophy and the desire to create a new type of reflective midwife whose practice would be grounded in research evidence, and who would herself participate in research and scholarly activity (Carolan and Kruger, 2011; McIntosh et al., 2012; Schytt and Waldenström, 2012). Students from a wide range of backgrounds are attracted to this course and differ demographically from earlier midwifery students in that they are often older and may have no recent student experience

(Seibold, 2005; Carolan and Kruger, 2011). Many have idealised views of the role of the midwife and the motivation for studying midwifery may stem from their own or the observed birth experiences of someone close to them (Carolan and Kruger, 2011). A percentage of these students have not completed secondary education and make a case for admission, into the course, based on life and other experience. Together these factors may mean that this group of students is likely to experience a number of challenges during their university education.

### Introduction

Midwifery course requirements are dictated by guidelines determined by regulatory bodies, such as the Australian Health Practitioner Regulation Agency (APHRA) in Australia, with an overall aim of equipping the student with the necessary skills to safely and competently commence practice as a midwife (Fullerton and Thompson, 2005; ICM, 2010). This means that although curricula vary from University to University, all must meet particular requirements of clinical and theoretical hours and specific skills. The Bachelor of Midwifery at our University is composed of

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1000 theoretical hours, 1150 clinical hours and 350 follow through hours (where students follow a woman through pregnancy attending antenatal appointments and being present for the birth). The hours are distributed across the three years as 2–3 theoretical units per semester, and clinical units involving hospital placements (clinical hours) of 120–208 hours each semester. Theoretical and clinical units are paired and students attend laboratory skills training related to the specific units, prior to clinical placement. The result is a relatively intense course with little flexibility, and there are indications that this approach is not always well received by students. McIntosh et al. (2012), for example, who explored the learning experiences of British midwifery students, from both three year and shortened courses for nurses wishing to become midwives, found that students had learning expectations that were not necessarily well met by the 'andragogical approach to learning in midwifery' (p. 5), and also that students were driven to seek definite answers to problems, rather than evaluating the evidence. Many were unconvinced of the value of research skills (McIntosh et al., 2012).

This finding is at odds with the overall aim of university education, which is to provide students with a broad liberal education, and to foster the development of skills such as critical thinking and evaluation, communication, expression and collaboration (DeBrew, 2010; McKie, 2012). The university approach also encourages the integration of knowledge from disparate fields such as science and the humanities and ideally should enable midwifery students to appreciate the complexity of humans, from biophysical, sociological and psychological viewpoints, within the context of their individual lives (DeBrew, 2010; McKie, 2012).

An additional complexity presents in the nature of midwifery clinical practice, which is subject to a number of influences such as regulatory guidelines, funding constraints, different models of care and institutional practices. For these reasons, midwifery course philosophies of women centred and individualised care may not be well aligned or compatible (McIntosh et al., 2012). The resulting tension has implications for the preparation and socialisation of midwifery students and several authors have indicated that midwifery students and graduates encounter a number of difficulties integrating into clinical practice (Van Der Putten, 2008; Fenwick et al., 2012; Skirton et al., 2012). These difficulties include a mismatch between student perceptions and the reality of clinical practice (Van Der Putten, 2008; Fenwick et al., 2012), conflict between approaches to care such as individualised compared to standardised care (Begley, 2001; Fenwick et al., 2012) and strained relations between students/graduates and hospital midwives (Begley, 2001; Fenwick et al., 2012).

Against this background of conflicting learning demands, and tension between midwifery practice and education, this study sought to understand the particular concerns of final year Bachelor of Midwifery students as they reflected on their three year course. This is the second paper in this series. The first paper reported on the trajectory of students' experiences over their three year course, from a challenging start to overall satisfaction with the course blinded for review. The current paper reports on specific learning concerns raised by the students.

## Methods

An interpretative phenomenological analysis (IPA) approach was used in the study, and this method was chosen for its in-depth exploration of individual experience and its particular attention to how individuals 'make sense of their personal and social world' (Smith and Osborn, 2008, p. 53). The study focussed on the individual experiences and understandings of midwifery students as they reflected on their three year course. The interpretative

phenomenological approach was considered appropriate as IPA espouses a belief that individuals' stories and descriptions of their experiences are linked to their thoughts and emotions. Thus, potentially, this approach should provide access to students' thoughts, feelings and concerns as they reflected on their progress through their studies. Ethics approval was obtained from the University Human Ethics Committee. Pseudonyms are used throughout the paper to protect student anonymity.

## Sample and recruitment

Eligibility criteria were inclusive, and all 3rd year midwifery students enrolled in 2012 were invited to participate ( $n=32$ ). Of those invited, a total of 10 students agreed to take part in the project. Recruitment occurred in the following manner: 3rd year students were invited to attend a brief informal session at the end of class and those interested were given information about the study to take home and read. Two days later, a specific session was organised, wherein the purpose of the study was outlined, along with likely time requirements and the voluntary nature of participation. Attendance was voluntary and students were provided with opportunities to ask questions and to clarify concerns. Students indicating a wish to participate were provided with a question list for interview. In-depth interviews were organised at a later time, with student convenience in mind. All were audiotaped and written consent was recorded prior to the interview. An anonymous questionnaire was used, at the time of interview, to collect data on age, hours of paid work, income and living arrangements. Interview questions centred on student experience of the bachelor of midwifery course.

## Data analysis

Interviews were transcribed verbatim and data analysis was guided by Smith and Osborn's (2008) analytic approach which involved a number of steps, as follows:

- (1) listening to the interview tapes over several occasions;
- (2) reading and re-reading interview transcripts;
- (3) once familiarity with the data was achieved, notes and memos were written in the margin of the transcript. These notes included comments, early interpretations, and understandings of the data;
- (4) later, notes and memos were written up and formed the basis of emerging broad themes;
- (5) this process was repeated with all transcripts and connections were sought between emerging themes;
- (6) a broad list of emerging themes was drawn up and the data were revisited to ensure accuracy of interpretation;
- (7) at this stage, all researchers came together for discussion of emerging themes. Broad themes were collapsed and agreement was reached on final themes;
- (8) writing up commenced.

(Smith and Osborn, 2008, pp. 66–76)

## Findings

Results indicated that most participants were 35 years or older, and had two or more children. Most were living with a spouse/partner and all worked part-time. Employment hours varied from < 8 hours to 32 hours a week (Table 1). All participants were interested in securing a graduate placement transition program in their first year of clinical practice.

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