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Newly-graduated midwives transcending barriers: Mechanisms for putting plans into actions

Michele J. Barry, RM, MEdSt (Midwifery Lecturer)[a,b,*], Yvonne L. Hauck, RM, PhD (Professor of Midwifery)[b], Thomas O'Donoghue, PhD (Professor of Education)[a], Simon Clarke, EdD (Professor of Education)[a]

[a] The University of Western Australia, Faculty of Education, Graduate School of Education, 35 Stirling Highway, Crawley, Perth, Western Australia 6009, Australia
[b] Curtin University, Faculty of Health Sciences, School of Nursing and Midwifery, Building 405, Kent Street, Bentley, Perth, Western Australia 6102, Australia

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ABSTRACT

Objective: the aim of this qualitative study was to develop theory regarding how newly-graduated midwives deal with applying a midwifery philosophy of care in their first six months of practice.
Design: the research aim signifies the study of social processes. Hence Grounded Theory methodology was employed. Data were generated from semi-structured interviews and participant and interviewer journals.
Setting: the study was conducted in Perth, Western Australia, with graduate midwives working in private and public, secondary and tertiary maternity hospital settings.
Participants: 11 female midwives who were previously nurses and had recently graduated from a 12 month post graduate university-based midwifery course participated.
Theory generated: the substantive theory of *transcending barriers* was generated. It has three stages: '*Addressing personal attributes*', '*Understanding the* '*bigger picture*'', and '*Evaluating, planning and acting*' to provide woman-centred care. An overview of the theory was presented in a previous paper. The mechanisms where 'plans are moved into action' which form the final sub-stage of the stage '*Evaluating, planning and acting*' are presented in this paper.
Key conclusion: the theory of *transcending barriers* provides a new perspective on how newly-graduated midwives 'deal with' applying the philosophy of midwifery in their first six months of practice. The final sub-stage of the theoretical model highlights four mechanisms that newly-graduated midwives implement in their endeavours to provide woman-centred care, increase autonomy and develop their personal philosophy of midwifery.
Implication for practice: understanding the four mechanisms can assist health care providers to facilitate the transition of newly-graduated midwives into clinical practice.

Background

Newly-graduated midwives are a precious entity as they represent the future of midwifery. The transient nature of the midwifery workforce due to work-life balance issues, the increasing number of midwifery vacancies Australia-wide, and the increasing birth rate in Australia highlight the need to nurture new graduates (Select Committee into Obstetric Services, 2007; Pugh et al., 2013). Despite concerted effort by academics to ensure sufficient midwifery graduates, the majority of whom have a younger age profile, Australian midwives' current average age of 50.2 years continues to increase (Australian Institute of Health and Welfare, 2012) and workforce planning issues remain prominent (Commonwealth of Australia, 2009; Pugh et al., 2013). Although age does contribute to Western Australian (WA) midwives' intention to leave midwifery, younger midwives quote work-life balance, family commitments and role dissatisfaction as reasons for their leaving (Pugh et al., 2013). In the United Kingdom (UK), role dissatisfaction has also been cited as a reason for leaving the midwifery profession prior to retirement age (Curtis et al., 2006).

Current midwifery education is focused on developing a student who adopts a midwifery philosophy based on providing care from a

* Corresponding author at: Curtin University, Faculty of Health Sciences, School of Nursing and Midwifery, GPO Box U1987, Perth, Western Australia 6845, Australia.
E-mail addresses: m.barry@curtin.edu.au (M.J. Barry), y.hauck@curtin.edu.au (Y.L. Hauck), tom.odonoghue@uwa.edu.au (T. O'Donoghue), simon.clarke@uwa.edu.au (S. Clarke).

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woman-centred perspective in both low and high-risk settings. Once in the workforce, the realities of working within institutionalised settings, often under a medicalised model of care, may create dilemmas for the graduate. A willingness to understand how newly-graduated midwives 'deal with' the discrepancies between their ideals and the reality of the workforce was the catalyst for the question, 'How do newly-graduated midwives 'deal with' applying the philosophy of midwifery in their first six months of practice?'

An overview of the generated theory resulting from the research question, along with a detailed description of the methodology and participant profile have been previously published (Barry et al., 2013). This two-part approach has facilitated an in depth examination of the final sub-stage of the generated theory. Hence, only a brief summary of the generated theory and methodology is presented.

The generated theory of *transcending barriers* suggests that newly-graduated midwives move through three stages. In the first stage, newly-graduated midwives seek to develop their own personal attributes. Whilst being deemed competent as beginning level practitioners, graduates are keen to bolster their confidence and increase the depth of their competence. In this stage of '*Addressing personal attributes*', midwives are also confronted by the reality of the responsibilities that accompany the midwife's roles.

The second stage of the theory, '*Understanding the bigger picture*', describes the midwives' developing understanding of external influences that may impact on their practice. These influences are derived from such sources as the woman's attitudes and beliefs, the beliefs and actions of other health care members, the changing unpredictability of 'mother nature', the model of care in which midwifery is practiced, and the context of the midwives' employer. These 'bigger picture' items can either facilitate, or hinder, plans of action that the graduate implements to provide care to the woman and her family.

The third stage of the theory, '*Evaluating, planning and acting*', describes a process whereby graduates reflect on the care they provide for women, consider how this care differs from their beliefs and, subsequently, develop and implement an action plan to realign practice with beliefs. To enact change, the action plans of graduates incorporate 'protection' as a means to facilitate the outcomes they desire. Fundamentally, the theory purports that through protecting themselves and protecting the women and, for some graduates, protecting the profession of midwifery, change can be realised through selected mechanisms. This paper now outlines that part of the larger study that resulted in the generation of theory, detailing the mechanisms implemented in the final sub-stage of the stage of '*Evaluating, planning and acting*'.

Method

Symbolic interactionism, the theoretical framework underpinning the study, is located within the interpretivist research paradigm. This paradigm recognises the role of social interaction as the basis for knowledge (O'Donoghue, 2007). Grounded Theory methodology, consistent with this paradigm, is used to uncover patterns regarding such interactions (Strauss and Corbin, 1994) in phenomena where little is understood (O'Donoghue, 2007). Guided by this methodology, data were collected through semi-structured interviews with 11 midwifery graduates working in private and public hospitals in metropolitan Perth, Western Australia, during the period August 2008–March 2009. Additional data were obtained through participant journals and an interviewer's journal.

To generate substantive theory, concepts, with their properties and dimensions were generated through the constant comparative method of analysis (O'Donoghue, 2007). Open coding, axial coding, and selective coding were used to enrich the analysis process (Glaser, 1978). Credibility, authenticity and trustworthiness of the data were sought through calling on research colleagues to examine the data analysis. Member checks (Maxwell, 2013) by three participants were conducted during analysis with participants agreeing on the emerging coding patterns. An audit trail was also created (Leedy and Ormrod, 2013). As the researcher transcribed the data confidentiality was maintained and pseudonyms were employed.

Prior to describing the final sub-stage of the theory of *transcending barriers*, it is important to appreciate the assumptions of research using Grounded Theory methodology; it does not involve reporting a case-study. Rather, it proposes tentative theory based on analysis of data generated from a study of a selection of participants (O'Donoghue, 2007).

Theory of transcending barriers

Being in a state of action

As graduates move through the stages of the theory of *transcending barriers*, the final sub-stage is reached, titled 'being in a state of action'. In this sub-stage, the midwives' actions are primarily focused on protecting the women, protecting themselves, or, for some, protecting the profession of midwifery. Mechanisms are developed within the plan of action so that woman-centred care can be realised. Hence, graduates become architects of their own environment, in both a physical and philosophical sense. Whilst there is variation in midwives' actions in recreating their environment, a pattern of four mechanisms is identifiable, namely graduates draw upon their knowledge, draw upon their reserves, devise specific communication styles and devise specific patterns of behaviour (Table 1).

Drawing on knowledge

By utilising their previous and current knowledge, graduates are able to instigate pathways to mobilise their plans into action.

Drawing on prior knowledge. Graduates, having formulated a personalised model of care they want to see offered to women, start to put their ideas into action. Although limited in their ability to implement change on a major level, their initial actions involve searching for different models of care that could be initiated in their workplace. For example, one midwife describing a holiday to her hometown said:

Table 1
Four mechanisms for putting plans into action.

Drawing on knowledge
Drawing on prior knowledge
Drawing on current knowledge
Drawing on their reserves
Drawing on psychological reserves
Drawing on moral reserves
Drawing on physical reserves
Devising patterns of communication
Manipulating the conversation
Mixing messages
Couching
Fostering intimacy within conversations
Promoting inclusivity
Communicating through dress-sense
Devising patterns of behaviour
Acting to belong
Acting to be recognised
Acting to survive by setting boundaries
Acting to ensure autonomy
Acting to gain professional recognition
Acting to fulfil family commitments
Acting to support emotional demands