

Addressing culture shock in first year midwifery students: Maximising the initial clinical experience



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ABSTRACT

Background: Many Bachelor of Midwifery students have not had any exposure to the hospital setting prior to their clinical placement. Students have reported their placements are foreign to them, with a specialised confusing ‘language’. It is important to provide support to students to prevent culture shock that may lead to them leaving the course.

Aim: To assist first year midwifery students with the transition into clinical practice by providing a preparatory workshop.

Methods: An action research project developed resources for a workshop held prior to students’ first clinical placement. Four phases were held: Phase one involved holding discussion groups with students returning from clinical practice; Phase two was the creation of vodcasts; Phase three was integration of resources into the clinical subject and phase four was the evaluation and reflection on the action research project. Evaluations of the workshops were undertaken through surveying the students after they returned from their clinical placement. A descriptive analysis of the evaluations was performed.

Findings: Students rated the workshop, vodcasts and the simulated handover positively. Further recommendations were that complications of labour and birth be included in their first semester as students were unexpectedly exposed to this in their first clinical placement.

Conclusion: The students evaluated the workshop positively in reducing the amount of culture shock experienced on the first clinical placement. In addition the students provided further recommendations of strategies that would assist with clinical placement.

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1. Introduction

The Bachelor of Midwifery (BMid) degree comprises theoretical lectures and tutorials on campus or online and clinical experience in health services. Clinical experience is an essential part of midwifery education in order to build skills and confidence in practice. However, it can also challenge a student’s preconceived ideas about midwifery and this can be distressing.¹ Hospitals are usually foreign places to students containing unfamiliar sights, sounds and smells and have their own ‘language’. Some students find that clinical experience reinforces the reasons behind their desire to be a midwife^{1,2} while others report positive experiences are dependent on the attitude and manner of the midwife they worked alongside^{2,3} and others have ‘culture shock’ in their initial

clinical placements. Educators are often concerned that culture shock could lead to attrition from the course. Therefore, the aim of this action research project was to develop strategies that would assist first year undergraduate midwifery students with their transition into clinical experiences by addressing the culture shock experienced in their initial clinical placement.

1.1. Workplace culture and culture shock

Culture shock comes from the concept of ‘reality shock’ that was first described in 1974, for the purposes of this paper, reality shock and culture shock will be used simultaneously.⁸ It was argued that formal education equipped learners with ‘visionary ideals’ however on their clinical practice placement they can feel completely unprepared.⁸ The ‘shock’ happens because there is a disconnect between expectation and reality which can be hard for an individual to cope with.⁸ For example, students in an American study exploring ideal versus actual midwifery practice reported ‘reality shock’ as they were confronted with a lack of congruity between ‘ideal’ and ‘actual’ midwifery practice, especially when

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reality differed from their own vision of midwifery or what they were taught in the classroom.⁹ Similarly, in Ireland, 'reality shock' and 'living up to expectations' was identified as being typical of midwifery students' transition to practice.¹⁰ Australian studies^{2,11} also highlighted the difficulties faced by students in some clinical practice settings that are at odds with their own philosophy and/or beliefs. Culture shock can be impacted by the workplace culture that is present in all organisations. Developing a positive workplace culture requires role clarification, open communication, teamwork, safety, support and challenge.⁴ It is well recognised that workplace culture is linked to an employee's wellbeing and engagement at work.^{5–7}

Despite these few studies, knowledge about the phenomenon of 'reality shock' or 'culture shock' is limited especially in undergraduate midwifery education. Improving the preparation of midwifery students before their first transition to clinical practice is hypothesised to reduce the 'culture shock' they experience and reduce the attrition of first year students.

1.2. The attraction of midwifery as a profession

Midwifery is often chosen as a profession because of the life experiences of potential students. Recent Australian studies examining the motivation to become a midwife showed that some had altruistic notions of wanting to help women.¹² In another study, some students chose midwifery as they expressly wanted to work with healthy women, while others were interested in working with women and babies.¹ Childbirth was viewed as a special event and the majority wanted to help women, advocate and safeguard them from unnecessary intervention.¹ Some adopted this position from their own positive or negative experiences of birth.¹ The students reported limited exposure to hospital environments prior to entering the BMid course and therefore have the potential to experience culture shock.

1.3. Clinical placement as a midwifery student

For many students, the clinical placement is a positive experience and reinforces the reasons behind their desire to be a midwife.^{1,2} However, clinical placements can change the way some students view midwifery when the placement fails to meet their expectations. Often positive experiences are dependent on the attitude and manner of the midwife the student works alongside.^{2,3} Some students reported that more senior students or newly graduated midwives were the most supportive, assisting them to see theory in practice.³ Students often classified midwives into "good" or "bad" depending on their interest in teaching and passion for midwifery.^{3,11} Positive clinical experiences are more than just about which midwife the student worked alongside. It was also about having continuity of mentorship.³ Continuity of mentorship with the midwife and placement, such as working in the same ward for a period of time, gave the students a sense of belonging.^{3,13}

In practice, midwives may not always be able to provide students with a positive clinical experience due to time constraints and reduced teaching time and, at times, this puts students' learning needs second to the needs of the hospital/organisation.^{16,17} In addition, lack of staff can mean that midwives are unable to attend study days and keep updated, yet they are

expected to teach students up-to-date practices.¹⁶ This means that students report a gap between what they witness in clinical practice and what they are taught in the classroom.¹⁸ In these instances, the student may experience culture shock due to the differences between university midwifery culture and the hospital midwifery culture.¹⁹

It seems likely that the quality of the clinical experience and the sense of feeling a part of the midwifery professional team may influence the retention of midwifery students. Strategies to ease the culture shock experienced by midwifery students on clinical placements were developed in this project.

2. Method

Within Australia, action research has been used to improve many aspects of maternity care. For example, examining new models of midwifery care²⁰ the introduction of electronic resources for midwifery students,²¹ and postnatal care.²² An action research project was undertaken to develop strategies that would assist first year undergraduate midwifery students with their transition into clinical practice. This methodology was chosen as it meets the aim of the research project. The action research cycle is a process of observation and reflection, planning to make change that will improve the practice and reflecting on the outcomes.²² The participants play an active part in the research process, and critical reflection determines the progression of each phase.²² Midwifery students and clinical midwifery educators were participants in this study.

This study consisted of four phases: Phase one was a process of observations of the student's experience of their first clinical placement and was achieved through conducting focus groups, Phase two of the research project was the creation of resources based on the findings from the focus groups with a plan to provide students with resources that could be embedded into the clinical subject. Phase three was the implementation of resources within a workshop, this action was to expose students to the challenges described in the focus group. The final phase, an evaluation of the workshop, provides an ongoing reflective process whereby the resources are refined each year on the basis of feedback from each year's cohort of students (Diagram 1).

Approval to undertake the project was received from the relevant university faculty and human research ethics committee. Written informed consent was gained from all midwifery students and clinical midwifery educators who took part in the research.

First year BMid students were invited via email to participate in focus groups to explore issues surrounding their first clinical placements. At this stage in their programme, students had been on one clinical placement. A large number of students wished to participate, so names of students were randomly selected (names were pulled out of a hat) to choose participants for two groups.

3. Data collection

3.1. Phase one: the conduct of focus groups

There were two focus groups, each with eight students. A midwifery lecturer (principal researcher) conducted the focus groups. Although the researcher had an established relationship

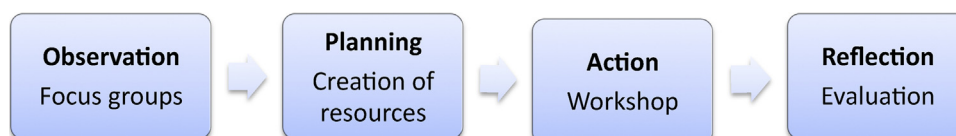


Diagram 1. Action research cycle and methods of the project.

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