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Graduate midwives' perception of their preparation and support in using evidence to advocate for women's choice: A Western Australian study

Yvonne Hauck [a, b, *], Lucy Lewis [a, b], Lesley Kuliukas [a], Janice Butt [b], Jennifer Wood [a]

[a] School of Nursing, Midwifery and Paramedicine, Curtin University, Perth, Western Australia, Australia
[b] Department of Nursing and Midwifery Education and Research, King Edward Memorial Hospital, Subiaco, Western Australia, Australia

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ABSTRACT

A retrospective cohort study was conducted with 83 midwives working across the Western Australian (WA) maternity sector who graduated from one WA University. We explored midwives' attitudes and utilisation of research and assertive communication in addition to perceptions of their educational preparation to advocate for women. The greatest opportunity for research exposure was working on a clinical audit (25.3%). No differences were found between graduate groups using the Edmonton Research Orientation subscales, although findings suggest a positive view towards research. Midwives were more likely to be assertive with their clinical colleagues than a midwifery manager or medical colleague when: expressing their opinions ($P = <0.001$); saying no ($P = <0.001$); allowing others to express their opinions ($P = <0.001$); and making suggestions to others ($P = 0.025$). A qualitative phase with 15 midwives explored concepts around advocating for women. Four themes emerged: 'having the confidence to question', 'communication skills', work environment' and 'knowing the woman and what she wants'. Findings suggest strategies are needed in their entry to practice preparation and ongoing professional development to facilitate research engagement. Using assertive behaviour to provide feedback to clinical colleagues warrants attention to enhance reflective practice. Building communication skills through observing positive role models and participating in role play was highlighted.

Introduction

All health professionals are expected to demonstrate evidence based practice (Jolley, 2010). In fact, the core competency standards for Australian midwives reflect these expectations with two elements confirming that midwives must interpret research evidence and ensure its incorporation into clinical practice (NMBA, 2006). Being able to interpret evidence and utilise it in clinical practice requires knowledge of research as well as the ability to communicate effectively with women, their families and professional colleagues.

Historically, barriers to research involvement and utilisation in nursing and midwifery clinical practice have been widely cited confirming issues around time release, financial support, skills, training and leadership (McNicholl et al., 2008; Reid et al., 2007). Although midwives and nurses are generally positive about using research in clinical practice and supporting the importance of practice being influenced by research (McNicholl et al., 2008), perceived barriers of time, insufficient research knowledge and confidence continue to dominate explanations for nonengagement (Smirnoff et al., 2007).

Research by midwives and nurses has been noted as being significantly lower in numbers than other health disciplines such as medicine (Rafferty et al., 2003). Debate and reflection has ensued in the midwifery and nursing literature regarding the quality of publications, choice of topics and their relevance to health promotion and policy (Fahy, 2005; McVicar and Caan, 2005). The development and ongoing fostering of research capacity is therefore essential to cultivate relevant contributions to health and policy outcomes (Condell and Begley, 2007).

* Corresponding author. School of Nursing, Midwifery and Paramedicine , Curtin University, GPO Box U1987, Perth, Western Australia 6845, Australia. Tel.: +61 8 9266 2076; fax: +61 8 9266 2959.
E-mail addresses: y.hauck@curtin.edu.au (Y. Hauck), lucy.lewis@curtin.edu.au (L. Lewis), lesley.kuliukas@curtin.edu.au (L. Kuliukas), janice.butt@health.wa.gov.au (J. Butt), j.wood@curtin.edu.au (J. Wood).

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Although health professionals such as midwives, nurses and occupational therapists have reported positive attitudes toward research, confidence in their knowledge and research skills continues to be less than optimistic (Lyons et al., 2010; Smirnoff et al., 2007; Witzke et al., 2008) reflecting reduced involvement (Smirnoff et al., 2007). What we do know is that participation has been positively correlated with education levels, completion of a research course, prior experience in research, engagement with journal articles, administrative support, and knowledge and confidence in using research (Smirnoff et al., 2007).

To achieve woman centred care in midwifery and foster informed choice, it is imperative that midwives are able to provide full and unbiased disclosure of evidence. If midwives are not able to interpret and disseminate research or withhold information due to paternalistic attitudes, ritualistic practice or negative attitudes to research, evidence based practice is not being achieved (Poat et al., 2003). Having a university education that provides knowledge on research designs or how to read and use research contributes to a positive attitude and greater utilisation for nurses (McCleary and Brown, 2003). The challenge for midwifery education, therefore, is to ensure midwives have adequate knowledge, skills and positive attitudes to interpret and translate research into evidence based practice. Appropriate use of assertive behaviour is also essential to providing women centred care. Nurses and midwives acknowledge their responsibility to their clients as a key factor for being assertive (Timmins and McCabe, 2005).

Early career midwives face numerous challenges during their transition to the profession such as developing personal attributes, understanding the influences of the workplace and consolidating their skills in client advocacy (Barry et al., 2013). Core competencies for Australian midwives include the skills to assertively communicate evidence whilst advocating for women's choice (NMBA, 2006). Incorporating research knowledge and communication skills such as assertiveness behaviours in the educational preparation of midwives is one strategy to address this competency. However, early career support by their employer is also a key factor to facilitate client advocacy (Barry et al., 2014). To gain insight and contribute to our knowledge around client advocacy, the aim of this study was to explore early career midwives' attitudes and utilisation of research and perceptions of their educational preparation in relation to research knowledge and assertive communication skills.

Design

A retrospective cohort cross sectional study was conducted with early career midwives who had completed their education within the past three years. A qualitative phase was also undertaken to further explore in depth the concept of using evidence to advocate for women's choice. Mixed methods have been recognised as useful due to recognised benefits from both research paradigms (Nieswiadomy, 2012). Quantitative methods allow for objective measurement of variables and their relationships and qualitative methods provide data that offers a depth of understanding of a phenomenon (Langford and Young, 2013).

Sample and recruitment

The study population included graduate midwives from one Western Australian (WA) University who completed the post-graduate midwifery course following a previous nursing qualification. The midwives were working across the WA health sector in private and public hospitals. Permission was granted to access university records for eligible graduates (2010–2012) to obtain contact information such as an email or postal address during the period they were students. Ethical approval was obtained from the university (SONM44-2012). Graduates were also given the option to express interest in participating in an individual telephone interview with a non-university based midwife to ensure they felt comfortable providing constructive feedback regarding their university preparation and workplace support.

Data collection and analysis

Demographic data such as gender, age, and clinical experience were collected including time since completion of their midwifery course; current employment; clinical experience in midwifery; exposure to past research units of study; experience with research related opportunities since graduation and a ranking of their current research knowledge. The Edmonton Research Orientation Scale (EROS), a two part self-report questionnaire was used (McCleary and Brown, 2002) to collect data on research knowledge. One item seeking a ranking from a five point Likert scale (very poor to very good) around perceived understanding of research topics was expanded from five to ten topics. Aside from this item, the EROS was unchanged and included four subscales: Valuing Research (8 items) with a Cronbach alpha (internal consistency) $\alpha = 0.82$; Research Involvement (7 items) $\alpha = 0.79$; Being at the Leading Edge (6 items) $\alpha = 0.68$; and Evidence Based Practice (10 items) $\alpha = 0.87$. The EROS Scale total reported Cronbach alpha was $\alpha = 0.94$ (McCleary and Brown, 2002). A 24 items assertive behaviour scale developed and tested in Ireland (Cronbach alpha of 0.88) with nurses and midwives (Timmins and McCabe, 2005) was used seeking frequency of eight assertive behaviours with three groups (clinical midwifery colleagues, midwifery managers and medical colleagues).

Data were analysed in SPSS for Windows (Version 21.0) with significance being set at 5%. Medians and interquartile ranges were used to summarise continuous data. To compare the medians obtained from the three groups (those qualifying in 2010, 2011 and 2012) a non-parametric median test was utilised and for means ANOVA was used. Frequency distributions summarised categorical data. Chi-squares compared age and working characteristics between the groups. Cochran's Q test was used to compare the three correlated proportions for assertive behaviours between. Internal consistency of the four EROS sub scales (evidence based practice, valuing research, research involvement and leading edge) and eight assertive behaviour items computed by Cronbach's alpha. The five point Likert scale for rating of research knowledge and assertive behaviour was converted to a binary variable, with ratings one (very poor or never), two (poor or seldom) and 3 three (sometimes) classed as ‘poor’, and ratings four (good or usually) and five (very good or always) classed as ‘good’.

The qualitative component incorporated one-on-one telephone interviews with interested midwives who completed the ‘expression of interest’ invitation in the survey. All digitally recorded interviews employed a semi-structured approach to allow for a “flexible and fluid structure” suitable to generate in-depth data (Lewis-Beck et al., 2004, p.1020). Data analysis of transcripts involved a modified constant comparison method to capture and describe the midwives' experiences (Schneider et al., 2007). Themes and subthemes extracted from the transcripts were finalised through collaboration between research team members. Data collection and analysis ceased once data saturation was reached.

Results

The total cohort of potential graduates was 231. We posted surveys or emailed an information letter and an online survey link to all graduates. Unfortunately, 50 were not able to be contacted