



Midwifery education

Practice development for midwifery education: An innovative way forward[☆]

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ABSTRACT

Within workplaces there can be several different cultures operating, and it is widely recognised that this occurs in health services. Midwifery and maternity care has, and continues to face many challenges as services continually change and develop to meet the needs of women and their families. To help meet these challenges a practice development initiative was undertaken within a large maternity service in Australia to improve the learning and workplace culture. This service consisted of four separate units providing care for women and their families in the antenatal, birthing, postnatal and neonatal periods. The coming together of these four units as a service began with the creation of a shared values statement which was adopted by all midwifery staff. To obtain evidence of the current workplace, observations of practice, the review of women's stories, and audits of clinical data were undertaken. Nine midwives were trained and supported to facilitate critical discussions of the data. These critical discussions, reflections and analysis of the data, led to the identification of four domains or key areas the staff prioritised for change. This led to practice development groups being formed within the maternity service, who developed collaborative and creative ways of thinking about the issues or problems identified. This paper highlights how the processes of practice development were implemented to improve one of these domains "the learning and workplace culture", especially in relation to educational information and resources for women, their families and staff. The journey began over three years ago and continues to evolve.

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Introduction

It is widely recognised each workplace will have its own culture and within an organisation there will be several cultures co-existing (McCormack et al., 2008). In the UK and Australia the changes to the role of the midwife have led to some conflict in the

workplace (Reiger, 2008; McIntyre et al., 2012). Many midwives voice concerns about being employed in large maternity units; feeling undervalued, and not being able to provide continuity of care to women. This results in inner conflict and loss of job satisfaction (Lavender and Chapple, 2004). In Australia health care system and workforce shortages (Homer et al., 2009) often require midwives to adjust workloads; alter the way in which they provide care, sometimes with little time to reflect upon how this process occurs. Individual midwives vary in their response to these workplace challenges, some choose not to question practice, refraining from critical conversations for fear of disrupting the 'status quo' (Deery and Kirkham, 2006) or experience intimidation or bullying from others within the workplace (Hollins Martin and Bull, 2006). Homer et al. (2009, p. 677) identified that midwives 'need to care for oneself and ones colleague's as part of the role of the midwife'. In order to address these challenges it has been suggested that models be developed to assist midwives to work through experiences, learn from these experiences and to work together to enhance the culture that midwives work within (Deery and Kirkham, 2006).

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Practice development is now recognised as a methodology which can improve workplace culture (McCormack et al., 2007). Practice Development was the model chosen to meet these challenges in an Australian maternity service reported on in this paper. According to Manley et al. (2008, p. 9) Practice Development (PD) is:

a continuous process of developing person centre cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imaginations with practice skills and practice wisdom. The learning that occurs brings about transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy

This paper will outline a practice development programme aimed at improving the learning and workplace culture of a large Australian maternity service. However, as the PD programme was large in scope, the paper will highlight the journey so far with particular emphasis on education for women and staff and improving the workplace culture. Staff in this context included midwives, nurses and other members of the multidisciplinary team. Women in this context included pregnant, birthing and postpartum women.

An effective workplace culture incorporates many values relating to learning (Manley et al., 2011). Values in the workplace should include lifelong learning, support and challenge, evidence use and development, and a positive attitude to change. Other essential attributes of effective workplace cultures include appropriate change being driven by the needs of the patients/users/communities and ensuring formal systems exist to continuously enable and evaluate learning, performance and shared governance (Manley et al., 2011). Many midwives are ill prepared, often lack skills or are uncertain of the approach required to affect change as they manage the daily activities of midwifery care. This makes it difficult to be proactive and initiate changes in their workplace (McAllister, 2003). When enabling factors (individual and organisational) and the essential attributes exist, the positive consequences of empowerment and human flourishing are experienced (Seligman, 2011).

Background

The journey for this maternity service began 3 years ago following a review of the service which indicated a need for practice change and the development of a more person-centred culture. The initial step was to develop a partnership with the Nursing Development Research Unit (NDRU) within the health service. The NDRU developed and facilitated a series of workshops that allowed staff to discuss the current learning and workplace culture and consider the ideal culture. These Practice Development workshops used several processes to identify how the service could look in the future. These processes included; values clarification (Warfield and Manley, 1990), creative activities to illustrate the staff's perception of the current workplace culture and solution focussed approaches (Walsh et al., 2006).

A shared 'Values Statement' was created and adopted by all midwifery and nursing staff working within the service in 2010. This maternity service included four separate clinical areas antenatal, birthing, postpartum and neonatal care. The value statement 'Working with Women Working Together' was adopted:

*Working together as a service we create a positive and rewarding environment for women their families and for staff. We believe we can make a difference by creating a professional environment through support, **education** and mutual respect.*

Knowing the staff's collective values was only the beginning. Through critical dialogue staff explored how these values would, and could be lived in the workplace. This dialogue of "if these values were lived what would we see, hear and feel?" became a touchstone for a collaborative way of working that strived to have the values lived in the workplace.

Throughout the PD work 'puzzling' was adopted (Walsh et al., 2006, 2008) as a cooperative and creative way of looking at 'problems' surfaced from the discussions and data. Puzzles imply a solution rather than focussing on the problem; are often solved with the help of others, generate creativity and ultimately better solutions. From the workshops four major puzzles were identified that, if we could solve them, would improve the maternity service for the benefit of the women, their families, the staff and the organisation. The puzzles examined within this paper relate to developing a learning culture and improvements to the workplace culture. At this stage these issues were only assumptions and needed clarification.

A collaborative approach to practice change in a maternity service

Nine maternity service staff volunteered to become facilitators and were assisted to develop their facilitation skills by the NDRU. They attended a 2 day workshop aimed at developing knowledge and skills around facilitation and providing feedback. This encouraged them to work with their colleagues in collaborative, participatory and inclusive ways.

Based on staff 'assumptions' from the initial workshops the facilitators determined what information was needed in order to clarify whether the staffs 'assumptions' were real.

The project was registered with the local health district quality improvement unit. After a review of the National Health and Medical Research Council guidelines for quality assurance and ethical review (NHMRC, 2003) it was determined that the project did not require Health Research Ethics Committee ethical review.

Following registration of the project, a number of methods of data collection were used to provide staff with evidence related to the puzzles developed in the workshops.

These data collection methods included the following

Observations of practice

The facilitators, with help from the NDRU and a number of staff volunteers from other services, trained fourteen staff to plan and conduct 17 h of clinical observation over the four clinical areas of the maternity service. They were instructed not to enter women's rooms but to review the flow of the work. There were notices placed around the wards to inform women and their families and verbal discussions were held with women and staff. It was made clear to staff and women that the observations were of workflow and processes. Observation notes did not include personal or identifiable information. Staff and women were verbally consented and observations did not take place if any staff or women declined to participate.

Patient stories

As part of a New South Wales Health initiative to improve patient care and outcomes, patient stories are routinely collected in all wards and units by health service clinical quality improvement units. These de-identified stories were used to provide staff with information around the experience of women and families cared for in the maternity service.

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