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Midwifery students learning experiences in labor wards: A grounded theory

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SUMMARY

Background: The labor ward is an important and challenging learning area for midwifery students. It is there the students learn in authentic complex situations, in intimate situations, with potential risk for the life and health of mothers and their babies.
Objective: The aim of this study was to explore the main concern expressed by midwifery students in labor wards and how they handled this concern.
Design: A longitudinal study based on grounded theory methodology was used. The participants were 10 post-graduate midwifery students, from a University College in Norway. Data were gathered and analyzed throughout the 2-year postgraduate program, in the students first, third and fourth semesters. Every student was interviewed three times in a total of 15 single and three focus-group sessions.
Findings: The grounded theory of "building relationships" explains how students dealt with their main concern: "how to gain access to learning experiences". This theory consisted of three strategies; a) controlling vulnerability, b) cultivating trust and c) obtaining acceptance.
Conclusion: Clarifying discussions involving midwives and students may facilitate the process of building relationships and contribute to confident learning. Students appreciate it when the midwives initiate discussions about acute situations and state that a novice may perceive labor and childbirth as more frightening than an experienced midwife would.

Introduction

In midwifery educations, clinical practice is vital in the development from student to professional (Burns and Paterson, 2005). Clinical placements are therefore an important learning arena. Some may fear failure in practice (Löfmark and Wikblad, 2001; Myall et al., 2008). The interaction between the learning environment, preceptors, students and faculty teachers, influences what and how students learn (Hjälmhult, 2009; O'Brien et al., 2014). According to Bandura's Social Cognitive Theory, learning is affected by the interaction between a person's internal (cognitive) characteristics and environmental events (Bandura, 1989). Efficacy is central in this theory and a person with positive self-efficacy has a better chance of coping with the situation than a person with negative self-efficacy. Judgments of self-efficacy will determine how much effort a person will expend and how long they will persist when faced with a challenge (Bandura, 1982).

Midwifery education varies throughout the world. The International Confederation of Midwives (ICM) has developed a minimum education standard for teaching programs. This sets global benchmarks in order to improve health services for women and newborns. Some of the standards are: the midwifery curriculum must include a minimum of 40% theory and minimum 50% practice: the minimum length of a direct-entry program is 3-years and of a post-nursing is 18 months. The student must also have sufficient practical experiences in midwifery in a variety of settings, and there must be clinical preceptors who can facilitate and evaluate their practical learning (ICM, 2013).

Norway has a 2-year postgraduate program; admission requirements are a BSc in nursing and one year of full-time work as a registered nurse. The program consists of 40 weeks of theoretical studies and 40 weeks of clinical studies. The students must carry out at least 50 spontaneous deliveries (Ministry of Education and Research, 2004).

Background

Midwifery students' experiences in labor wards vary considerably. Studies have shown it is important that they feel welcome and accepted on the ward (Blaaka, 2006; McKenna et al., 2013). According to Begley (1999) students perceived themselves as part of the workforce, and described their learning as taking place by trial and error. They received little clinical teaching and guidance, and the structure in the system was described as hierarchical (Begley, 2002). In other studies, midwifery

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students stated that midwives needed to be updated in the teaching and learning strategies that support learning in clinical settings (Armstrong, 2008), and that midwives were gatekeepers to their learning situations (Blaaka, 2006). In addition, good relationships with preceptors were considered fundamental for the midwifery students' confidence, and confidence was considered an integral element of successful learning (Jordan and Farley, 2008; Licqurish and Seibold, 2008). Studies have revealed that midwives are effective role models for students in both positive and negative ways (Bluff and Holloway, 2008; Hughes and Fraser, 2011), and that students adopted the traditional practices of midwives, although this was not always evidence-based practice (Armstrong, 2010). However, both the midwives and the clinical settings may constitute a source of stress for midwifery students (Khajehei et al., 2011).

This study focuses on midwifery students' clinical placements. Each student has placements in both low-risk and high-risk labor wards. Every student is allocated two midwives as preceptors and they are the midwives who are responsible for the practical training, feedback and the clinical assessment.

In the daily learning situation, students are assigned a woman who is giving birth, but are not always with their allocated midwives. During their clinical placement, they also have academic writing assignments, intended to link theory to their experiences in the clinical setting. The labor ward is a challenging learning setting, providing authentic and intimate situations in which there is a potential risk for the life and health of mother and child. This is because time is short and misjudgments can have serious consequences. The ward setting differs from their other practical placements because it is more intense and there is little room for trial and error. The aim of this study was to explore the main concern expressed by postgraduate midwifery students during their clinical placements in labor wards and how they acted to resolve this concern.

Method

We chose classical grounded theory because it is well suited to highlight latent social processes (Glaser, 1978). The purpose is to develop a substantive grounded theory in a specific field. A criterion is that the theory developed must fit the data and not a theoretical perspective or the researcher's preconceptions. The theory must anticipate and explain what is happening in the field, be relevant and be modifiable when new knowledge develops (Glaser, 1978, 1992).

Participant and Recruitment

A cohort from the same class of twenty-nine students was invited by the first author to participate. They received oral and written information in the beginning of their study program. The students who wanted to participate replied by e-mail to the first author, and this was perceived as written, informed consent. Ten students replied and volunteered; one did not meet in the last focus-group in the fourth semester.

Ethical Issues

Ethical guidelines were followed, and participants could withdraw at any time. The first author was a teacher at the University College, but was not involved in the guidance or assessment of the students in their clinical studies. The data were anonymous and confidential, which meant that the exact cohort these students belonged to has not been given, but the data was collected after 2009. The Norwegian Social Sciences Data Services approved the study (no. 19854).

Data Collection and Analysis

Both authors planned the study and the first author conducted the interviews in a private room at the University College. The individual interviews lasted for 30–50 min and the focus groups 90 min. Special attention was paid to creating a relaxed atmosphere. The conversations with all of the study participants flowed smoothly and naturally. Ten students participated in individual interviews in their first semester. In the third semester, the same students were divided into two focus groups and in their fourth semester, five of them participated in individual interviews and four in a focus group. Thus, the data consisted of a total 15 individual and three focus group interviews collected over a period of two years. The individual interviews were used to gain more in-depth insight, and the purpose of the focus groups was to stimulate discussion as source of data, thereby capitalizing on the synergistic effect and increasing the variety (Krueger and Casey, 2009). The interviews were semi-structured and started with open questions regarding how the students experienced their clinical placement, how they learned and how they met challenges. We also used clarification questions such as: “can you please tell more about this?” in order to minimize misunderstanding. The interviews were recorded and transcribed verbatim, and supplemented by on-going memos about the data.

In grounded theory, the data collection and analysis occur simultaneously. We started with open coding after the first interview. In accordance with Glaser (1978), codes were constant compared for similarities and differences, in order to generate the properties and dimensions of the codes. We sorted the codes into broader categories, and continued until we had identified the students' main concern and then next the core category that captured how they handled this concern. This was followed by selective coding to develop and saturate the core category: by theoretical sampling, we examined the data again to make the generated theory more distinct, and the last focus group confirmed saturation. Theoretical coding was the last phase in the coding process, in which we conceptualized how the substantive codes might relate to each other at an abstract level.

Findings

All of the students were women 26–39 years old. The students expressed a great concern about “how to gain access to relevant learning experiences” and they found this very challenging. They sought to handle this concern by building relationships to midwives. These strategies encompassed three phases: controlling vulnerability, cultivating trust and obtaining acceptance (Fig. 1), all driven by the need for learning.

Conditions for Building Relationships

Students felt responsible and were afraid they would overlook something. They had learning sessions together with different midwives. Some were frustrated and insecure, and felt that this reduced the continuity because the less familiar the midwife and student were with each other, the fewer situations the student could gain access to. They had to be accepted by the midwives before gaining access to learning experiences. Students' emotional responses were linked with the midwives' personalities and communication. Their midwives' manner and questions could make students feel great, or small and insecure. Their feelings were also related to unexpected incidents in the clinical setting, especially initially:

> I thought the child was dead and wondered whether I had done something wrong, whether it was my fault (Individual (I) first semester).

In the third semester, the students were more familiar with the environment and the midwives. The students were delegated more responsibility and the expectations increased: from themselves, colleagues and midwives. Some found this pressure uncomfortable. When student–midwife relations were good, the students felt secure, although they worked differently. However, some struggled with experiences of being ridiculed or mocked by a midwife, and others were afraid they were making incorrect judgments.