



Midwifery Education in Practice

Dignity and respect in midwifery education in the UK: A survey of Lead Midwives of Education

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ABSTRACT

In the UK respect, dignity and compassion are the underpinning values which must determine service user care in the National Health Service (NHS). In midwifery education it is unclear how students are being taught these values. We created a study that aimed to explore how learning about dignity and respect is facilitated and assessed within pre-registration midwifery curricula. An online survey was devised and distributed to all Lead Midwives for Education in the UK. The findings are presented under the three main themes of understanding the meaning of dignity and respect, teaching and assessment and experiences. The study concludes that, though there are some good areas of education practice there is inconsistency in how Nursing and Midwifery Council (NMC) guidelines are transferred into curricula. This leads to students receiving differing emphasis of education on the values of dignity and respect.

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1. Introduction

In the UK respect, dignity and compassion are the underpinning values which must determine service user care as outlined by the NHS Constitution (Department of Health (DH) 2013). The Department of Health (2013) and the NMC (2015) are unambiguous in their declaration that patients and services users must be cared for with dignity and respect. Respect for human dignity is also the underpinning philosophy of the International Confederation of Midwives (2014) Yet recent national and international concerns have been raised which illustrate that too often service users receive care that falls below this standard (DH, 2012a, The Mid Staffordshire NHS Foundation Trust Inquiry, 2013, Birthrights, 2013; Kirkup, 2015; White Ribbon Alliance, 2011). Promotion of dignity in healthcare includes concepts of respect, empathy and individualised care (Goodman, 2013). The Royal College of Nursing (RCN) provides a useful definition when considering promoting dignity in care:

'Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat

someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.'(RCN, 2008).

The indication is that dignity and respect are entwined. From a midwifery perspective there is expectation that concepts of dignity and respect are included in the UK Chief Nurses' campaign to increase compassionate care in nursing and midwifery (6 Cs programme) (Hall, 2013). The campaign for respectful care has also received an international focus (White Ribbon Alliance, 2011; Freedman and Kruk, 2014; Bohren et al., 2015). The White Ribbon Alliance (2011) place considerable emphasis on the role of interpersonal relationships in providing respectful care. However, globally there is a lack of consensus of what consists of respectful care in midwifery practice (Vogel et al., 2015).

Pregnancy and childbirth are a time of immense change in women's lives and many women report feelings of vulnerability and of being on an 'emotional rollercoaster' (DH, 2011). Many women are fearful of birth and the pain of labour. This coupled with often the need for intimate examinations by professionals' demands highly skilled and sensitive care. The quality of care experienced by women during pregnancy and birth may affect emotional wellbeing. Pregnancy and childbirth can be experienced as empowering, healing particularly when the quality of care is individualised, reassuring, and emotionally supportive (Moberg, 2015). However, research confirms that many women describe

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their encounters with midwives as uncaring (Eliasson et al., 2008; Bowser and Hill, 2010; Bohren et al., 2015). A recent survey identified that women in the UK do not always feel that they have been treated with dignity and respect during their birth experience (Birthrights, 2013). Additionally, Morad et al. (2013) found in a recent audit of one NHS Trust that complaints from women highlighted the care they received lacked compassion, empathy, and emotional support. A number of complaints also related to midwives demonstrating a lack of courtesy and rudeness. There can be no excuses for such behaviour but some suggest that the ability of health care professionals to provide care that promotes dignity and is respectful is compromised by over medicalisation, administrative overload and the organisation structure which detracts from continuity of care and leads to stress and burn-out (Morad et al., 2013). It is well documented that workplace stress can lead to 'burn-out' resulting in substandard care and, in the extreme, unsafe care (Schaufeli et al., 2009; Boorman, 2009). Women appear to accept without question the loss of their dignity during birth yet we argue that this does not need to be the case and midwives and students should be educated to ensure that providing dignified care is the norm.

In these challenging times, it is essential that staff receive appropriate support and education in how to deliver care that respects service user's individual needs and aims to maintain their dignity at all times. However, dignity and respect are complex and multifactorial concepts and thus difficult to teach or learn about in a formal way (Goodman, 2013). There is a call for more effective education around these concepts, with identification on how they can be learnt and assessed in health professionals (Birthrights, 2013). There is a lack of educational initiatives to enhance the teaching and learning of the core values of dignity and respect. The RCN's (2008) work pack which aims to promote dignity and respect was evaluated with nursing staff and found to stimulate reflection on how promotion of dignity could be improved in practice. However, no such initiatives are reported in the education of student midwives.

As midwifery educators, we are concerned to explore how we can best prepare student midwives to protect dignity and provide respectful care to all women and their families. The NMC Standards for Pre-registration Midwifery Education (2009:39) states that all student midwives must 'treat women with dignity and respect them as individuals' but no direction is given for how students should be prepared. There is currently no consensus of what these terms mean within a midwifery context or how learning around dignity and respect for student midwives can be facilitated.

For the purpose of this paper, the term 'dignity' or 'care that promotes dignity' will be used and will include 'respect' and 'respectful care' unless required to be otherwise.

2. Research aim

The aim of the study was to explore how learning about dignity and care that promotes dignity, is facilitated and assessed within pre-registration midwifery curricula.

3. Research methods

An online survey was devised with 8 open ended questions to elicit information on: midwifery educator's understanding of dignity in midwifery care, how learning about dignity is included and assessed in midwifery curricula, midwifery educator's experiences of facilitating learning about dignity and examples of innovative ways of teaching and assessing about dignity. A total population sample of Lead Midwives for Education (LME) in each Higher Education Institution (HEI) in the UK (n = 58) were invited to

participate. The response rate was 21% (n = 13). Although the questions provided opportunity for extensive answers some of the answers were expressed succinctly we therefore chose to use content analysis to interpret the findings. This was carried out by both authors independently, jointly tabulated and cross checked to confirm interpretation and presentation of the findings. The findings are presented under the three main headings: understanding of the meaning of dignity and respect, teaching and assessment strategies and educator experiences. Confidentiality and anonymity were guaranteed to respondents. Ethics approval was given by the University of the West of England, Bristol, Ethics Committee.

4. Understanding of the meaning of dignity and respect

Participants were invited to write in a free space their understanding of the terms dignity and respect. Seven respondents referred to dignity and respect as integral to each other.

'Respect and dignity are synonymous and is about recognising that all people are equal and valuing individual values, beliefs and preferences.' (R8)

Others gave broad definitions for both, yet also indicated the links between them. For example,

'Respect for dignity is in terms of maintaining an individual's self-worth. Respect is in terms of treating someone as an individual, thereby maintaining their dignity and enabling choices' (R13)

The responses above highlight respect for the individuality of the person while also recognising their worth as human beings. These concepts are not alien to midwifery practice where it is expected care should be 'women-centred' and 'individualised' (National Collaborating Centre for Women's and Children's Health (NCCWCH) (UK) 2008).

Concepts of dignity and respect were described by participants in a number of ways i.e. as a specific way of caring, as recognising personhood of others and as essential as intrinsic values for midwifery practice.

4.1. A specific way of caring

The respondents' made suggestions of how to promote dignity including 'understanding people's personal needs and values' (3). The term 'treating others in a way you would wish to be treated' (1,6) was referred to more than once, along with 'treating all people with 'intelligent kindness'' (5). The respondents mentioned that care promoting dignity ensures the needs of a person are met. For example, respondent 2 listed:

'meeting a woman's needs for information, privacy, hygiene, cultural and religious needs.'

The need to ensure privacy in midwifery practice was also seen as essential by others:

'dignity means protecting privacy being aware of the intrusive nature of some midwifery procedures and activities and the impact they may have on women and adapting care accordingly.' (R4)

It was also highlighted the quality of the relationship between women and midwives is fundamental to promoting dignity but that these relationships require 'time to listen and care' (R11)

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