



## Professional confidence among Swedish final year midwifery students – A cross-sectional study



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### ABSTRACT

**Objective:** Previous international studies have shown that midwifery students do not feel confident in many areas where they are supposed to practice independently.

**Objective:** The knowledge about Swedish midwifery students' confidence is fairly under investigated. The purpose of the present study was to explore final years' midwifery students' professional confidence in basic midwifery skills according to ICM competencies and associated factors.

**Methods:** A cross-sectional survey where all midwifery programs in Sweden were invited to participate. Data was collected by a questionnaire that measured midwifery students self-reported assessment of confidence against four selected domains of ICM competencies; antenatal, intrapartum, postpartum and new-born care.

**Result:** The main findings of this study showed that Swedish midwifery students were confident in managing normal pregnancy, labour and birth. Midwifery students at a school with a medical faculty were more confident in handling obstetric emergency situations. Some background variables were also associated with confidence.

**Conclusion:** This study highlighted some midwifery skills that needs further training and reflection. More training and developing confidence in complicated and emergency situations are needed. There seem to be a need of midwifery education reforms if we believe that high levels of confidence at the time of graduation is equal to competent and skilled midwives in the future.

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### Introduction

Sweden has educated qualified midwives for more than 300 years. Prior to being a university education, there were several types of midwifery education, such as hospital based and community based educations as well as apprenticeship [1].

According to the state of the world's midwifery report, 2011, midwifery education differs in the world. Though there are promising developments in some countries, optimal standards are still unmet [2]. There is a need for strengthening midwifery curricula, resources, teachers, and direct supervised clinical practice for students [2]. There are three types of midwifery educations in the world, direct entry programs, post nursing midwifery programs

and double degree nursing-midwifery education. In Europe, there are both direct entry programs and post nursing midwifery programs: Denmark has a direct entry program of three years' and UK has both types of programs. The double degree nursing and midwifery program is common in India and other parts of South East Asia as well as many African countries. In Australia, many midwifery schools are offering direct entry programs, as the post nursing midwifery programs are being criticized for educating fragmented care. Direct entry midwifery schools often use a women-centred care philosophy especially with midwifery continuity of care, which is seen as beneficial for learning midwifery and promotes students competence and confidence [3].

Educational standards for teaching programs should be based on the International Confederation of Midwives (ICM) Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education. The ICM competence description answers the question "What is a midwife

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expected to know? And What does a midwife do? It is guidelines to basic midwifery care. ICM recommends a direct entry program of at least three years, or an eighteen-month post nursing registration program [4,5].

### *Swedish midwifery program*

Until the mid-1950s, Swedish midwifery program was a direct entry program, but development of the midwifery profession with antenatal care and hospitalized childbirth put new demands for the midwife. Midwives needed to be registered nurses as a basic qualification, and midwifery education was a specialist program within the field of nursing education [6]. In 2007, the Bologna reform was implemented in nursing and midwifery education which is an academisation process that places higher demands on the students' performance. Sweden is a part of the process. Midwifery education in Sweden is offered at universities with (6 programs) or without medical faculty (2 programs) and at university colleges (5 programs). The students, regardless of the type of program, receive a professional diploma in midwifery after completing studies and an academic degree at the postgraduate level [7]. Swedish midwifery education is regulated by the higher education reform [8] and also a competence description for midwives [9] which includes: antenatal care including antenatal education, gynecological cancer screening, family planning and contraception (including prescriptions). The major area of clinical practice is intrapartum care, also including postnatal and gynecological care. To enter a midwifery program in Sweden a three-year nursing program with Bachelor degree and at least one year of nursing practice is a prerequisite in most of the schools. The midwifery program consists of an 18-month education [9], in line with ICM: s recommendations of length and content, leading to an academic degree as "one year master", which could be described as a shorter master level, with 160 ECTS credits. Half of the education is in the clinical placements. In the labour ward, the student has to care for at least 100 women in labour, and to assist at 50 births [7]. After graduation, Swedish midwives' professional area are mainly in maternal care, responsible for the normal pregnancy and birth working in collaboration with obstetricians in complicated cases, but also within sexual health, contraception and gynaecology. The care is fragmented and there are no continuity between episodes of care (such as pregnancy-labour), although in some hospitals midwives rotate between labour ward and postnatal ward.

### *Confidence*

Confidence has been defined as "the ability to do something successfully or efficiently [10]. Norman & Hyland describes confidence as a cognitive, emotional (affective), and performance components, with descriptions like; "being able to relax", "not being frightened in a situation", and "being happy with materials" [11]. Increased levels of confidence may not be in direct proportion to increased competence, but decreased confidence can be showed by actions, a reduction of skilled performance [12]. Confidence is related to competence, it could be linked but it is not synonymous [13]. Fullerton et al. [10] describe competence as necessary and underlying knowledge, it incorporates a capacity for critical thinking, ethics and values.

Confidence is also related to the concept of self- efficacy. Bandura describes self-efficacy as "the belief in ones capabilities to organise and execute the courses of action required to manage prospective situations" [14]. Professional confidence is of importance since midwives are expected to become autonomous practitioners, they need to be well prepared for their future profession [15]. Professional confidence depends on the inner capacity in the individual midwife and the surrounding environment, e.g. the

culture where professional confidence can nourish and grow, but it is also important with an supportive environment and colleagues who supports the development of knowledge and confidence [16].

Midwifery has distinct and clearly articulated philosophical tenets and hallmarks of care, which includes a therapeutic presence and confidence in performing midwifery care, and in clinical placements it is important to recognize hallmarks [17]. Therefore, there are needs of strong, confident midwives to provide women the sort of care they desire, and midwifery students need a lot of support to build their confidence [18–20].

In India, Sharma et al. found out that students in the double-degree nursing-midwifery education had low levels of confidence in a lot of core competencies from ICM [13]. There were also differences in students' confidence depending on the organisation of education (diploma or bachelor), students at the diploma education who is below university level had higher levels of confidence than the bachelor education [21]. In Australia confidence were measured before and after the first year of practice in newly qualified midwives. The result showed low levels of confidence related to ICM:s definition of a midwife, and after the first year of practice new midwives only gained modest levels of confidence [18].

### *Problem area*

Previous international studies have shown that midwifery students lack confidence in many areas where they are supposed to practice independently.

The knowledge about Swedish midwifery students' confidence is fairly under investigated. The purpose of the present study was to explore final years' midwifery students' professional confidence in basic midwifery skills according to ICM competencies and associated factors.

## **Methods**

### *Design*

A cross-sectional survey where all midwifery programs in Sweden ( $n = 13$ ) were invited to participate.

### *Sample*

All final- year students, from Universities/University colleges, who were about to complete their midwifery education in 2016/2017, received the questionnaire if they were present on the day the specific day of data collection ( $n = 238$ ).

### *Procedure*

The program directors at the Swedish Midwives Association's Educational Board were informed about the study in spring 2015. During the spring semester of 2016 a formal request was sent to the program directors asking for their interest in participating. A letter with information was distributed through the course coordinator at the midwifery program. Appointment for data collection was agreed upon with the program director. Data was collected from January 2016 to January 2017 to coincide with the term ending. The first author was available in the classrooms to clarify any items when the students filled out the questionnaires.

### *Setting*

Six of the midwifery programs were at a university with a medical faculty, and seven midwifery programs were at Universities/ University colleges without a medical faculty.

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