



Evaluation of strategies designed to enhance student engagement and success of indigenous midwifery students in an Away-From-Base Bachelor of Midwifery Program in Australia: A qualitative research study

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ABSTRACT

Background: A strategy to close the gap in relation to Indigenous health is the employment of more Indigenous health professionals. However, despite government reviews, research studies and educational initiatives, Indigenous students' retention and completion rates of tertiary education remains below those of non-Indigenous Australians.

Objective: To evaluate two enhancements to an Away-from-Base Bachelor of Midwifery program for Indigenous students, namely the appointment of an Indigenous Academic Liaison Midwife to provide academic and cultural support and an additional clinical placement in a high-volume tertiary hospital.

Method: In this qualitative study, 10 Indigenous students enrolled in the Away-from-Base Bachelor of Midwifery program participated in one of two focus groups. Focus group transcriptions were subjected to a manual thematic analysis, and key themes were identified and explored.

Findings: The role of the Indigenous Academic Liaison Midwife was highly valued as students had access to a resource who provided cultural and academic support, and who encouraged and advocated for them. Regular contact with the Indigenous Academic Liaison Midwife enabled students to stay connected with and focussed on their study. Students were overwhelmingly positive about the opportunity to undertake the additional clinical placement, as it exposed them to complex clinical cases they may not have seen in their home communities.

Conclusions: The introduction of an Indigenous Academic Liaison Midwife and an additional clinical placement in a high-volume tertiary hospital were perceived as valuable additions to the range of support mechanisms already in place for Indigenous Away-from-Base Bachelor of Midwifery students. These interventions have had a direct impact on retention, course progression and completion rates for Indigenous students. Students expressed enhanced clinical learning and knowledge retention as a result of the additional clinical placement, and the Indigenous Academic Liaison Midwife provided culturally sensitive support for students undertaking remote learning, and during on-campus intensive sessions.

1. Introduction

Maternal mortality for Aboriginal and Torres Strait Islander women is double that of non-Indigenous women (Australian Institute of Health and Welfare [AIHW], 2015), and infant mortality is just below twice that of non-Indigenous infants (Australian Indigenous HealthInfoNet, 2016). A key strategy targeting the discrepancy in maternal health outcomes is to increase the number of Indigenous health workers, including midwives, who are able to work within their own communities

servicing local Indigenous populations outside of major urban centres (Australian Health Ministers' Advisory Council [AHMAC], 2015). However the limited number of Australian and Torres Strait Islander midwives impacts on the capacity to provide these services. In 2015, there were 234 midwives employed in Australia who identified as Indigenous, representing 1% of all employed midwives, indicating significant underrepresentation relative to the estimated 3% of the Australian population who identify as Indigenous (AIHW, 2015). An increase in the number of Indigenous people in the maternity workforce

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able to work in their home communities is an Australian health workforce priority (AHMAC, 2015), and according to Best and Stuart (2014) would go some way towards mediating poorer health outcomes for Indigenous women and their infants. There are two pathways to midwifery qualifications in Australia. The first is for registered nurses who complete a postgraduate diploma or equivalent. Alternately, at the undergraduate level, becoming a registered midwife in Australia requires the completion of a three year midwifery program of study or a four year double degree (usually paired with a Bachelor of Nursing). These degree programs are accredited by the Australian Nursing and Midwifery Accreditation Council [ANMAC] (2015), and approved by the Nursing Midwifery Board of Australia, and delivered by government-accredited universities.

In 2008, the Bradley Review of Australian Higher Education identified Indigenous Australians, together with students from rural and remote areas and low socioeconomic backgrounds among the most disadvantaged populations in Australian higher education (Bradley et al., 2008). Given a number of Indigenous Australians still reside in rural and remote areas and are more likely to be socioeconomically disadvantaged (Australian Bureau of Statistics, 2016; Pechenkina and Anderson, 2011), it is reasonable to assume many Indigenous students are affected by these circumstances. In relation to students who do enroll, the literature consistently reports retention and course completion rates are significantly lower in Indigenous students compared to non-Indigenous students (Behrendt et al., 2012; Mitrou et al., 2014; Rigby et al., 2011; West, 2012), as they face significant barriers to participation and academic success in higher education (Craven and Dillon, 2013; National Rural Health Alliance, 2010; Sharrock and Lockyer, 2008).

Many Indigenous students struggle with the level of academic literacy required when studying independently, and it is well documented that these students commence university studies with a lack of confidence and are underprepared for tertiary study (Gibb, 2006; West et al., 2010). Academic support is an essential factor in the success of many Indigenous university students, particularly for those who possess low levels of academic preparedness (Andersen et al., 2008). Inadequate academic support has been identified as a factor leading to early withdrawal from studies (Pechenkina and Anderson, 2011), but according to Meiklejohn et al. (2003) and Best and Stuart (2014) the appointment of an Aboriginal academic based within the school contributes to student success. Pechenkina and Anderson (2011) maintain to provide the best chance of success it is not only vital to increase enrolments but also to provide adequate support networks and a quality student experience.

The small proportion and lack of participation of Indigenous support staff within Australian universities, both academic and general, has a significant effect on Indigenous university students' success (Adams, as cited in West et al., 2014; Milne et al., 2016). The support Indigenous staff provide to students is immense; these staff play a vital role in inspiring and guiding Indigenous students, by acting as mentors and positive role models (Pechenkina and Anderson, 2011).

2. Background

In 2010 the Australian Catholic University (ACU) introduced an Away-from-Base Bachelor of Midwifery degree (AFB BMid). The program is offered to Indigenous students who reside more than 100 km from campus in flexible delivery mode, enabling students to study within their communities and to come to a major city campus for intensive study blocks during the year. The intensive also brings a number of students together, providing them with an opportunity to focus on academic success, building a peer support network, and socialisation and friendships (Meiklejohn et al., 2003). The mode of delivery and resources are specifically designed to meet the learning and cultural needs of Indigenous midwifery students who reside outside of major urban areas, with some students living up to 3000 km from campus.

While the AFB BMid program focuses specifically on the preparation of Indigenous midwives, it nevertheless presents challenges. These challenges include engaging students in the program while off campus, enabling effective student progression rates within the program, and retaining students so that qualified Indigenous midwives graduate. Student and staff feedback from earlier program evaluations identified the need for additional support within the AFB BMid program, and enhanced placement experiences.

Qualitative feedback from the students has consistently reported the need for additional, individualised, program specific support. When the program began the support consisted of regular teleconferences with each cohort of students facilitated by the Indigenous midwife who was a casual member of the midwifery teaching team. While this support improved outcomes for some students, individualised, program specific support in the context of a formal 'Indigenous Academic Liaison Midwife' (IALM) role as advocated by Best and Stuart (2014) and Milne et al. (2016) remained absent. It was evident that a structured Enhancement Program was needed and the inclusion of the IALM role would markedly improve the structures and support available for Indigenous students, contributing to improved student engagement and success. The IALM would be in an ideal position to link the student and other academic staff in formal administrative roles, acting as a cultural mediator. The role would also include personal advocacy for the students, as well as teaching and providing specialist support for students within midwifery subjects, contextualising application for indigenous women. As such, in 2013 an Indigenous midwife was appointed as the IALM. The Indigenous midwife would be in a position to proactively lead the development and implementation of other culturally appropriate improvements of the midwifery program. Further, as an indigenous person, the IALM is a cultural connection for students, facilitating a culturally safe environment in which to learn.

An additional challenge for the AFB BMid program was the increase by ANMAC in midwifery registration requirements. While the positive aspect of the AFB BMid program allowed students to undertake their clinical placements in their own regions and often in small facilities, it also risked compromising components of ANMAC Standard 8: Management of Midwifery Practice Experience. Based on feedback, it was acknowledged that achieving the increased requirements for registration may be a challenge if clinical placement experience was limited to this context. Hence as part of the Enhancement Program, to avoid a 'second best' approach, and to improve the student learning experience and achievement of course requirements, the addition of a clinical placement in a tertiary health facility was necessary.

In keeping with the cultural aims of the program it was essential this experience be conducted in a way to minimise the time each student spent away from their community at each study block. Therefore at each block four students remained in Brisbane for an additional week to undertake clinical placement in a tertiary hospital. This placement occurred at a tertiary hospital where ACU currently places midwifery students and has a formal Clinical School partnership. This additional clinical placement experience was facilitated by hospital staff and the IALM in a manner which ensured close supervision and culturally sensitive support for the students.

3. The Study

3.1. Design

This qualitative study used a participatory action research (PAR) methodology to explore through the students' interactions and experiences, the contribution of the IALM in relation to their course progression, and to understand the impact of learning and achieving course requirements in a large, tertiary maternity hospital. According to Baum et al. (2006) PAR endeavours to comprehend and improve the world by changing it. The participatory action learning cycle of question-action-analysis-evaluation/reflection leading to new actions (and a new cycle)

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