

Support For Learning In The Clinical Area: The Experience Of Post-Registration Student Midwives*

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Abstract

Prior to 2006 Irish midwifery education was available only in the form of postgraduate in-hospital training to registered nurses. Since 2006 midwifery education continues to be offered as a postgraduate course but it is also available as a direct entry undergraduate programme in a number of Irish third level institutions. In line with these changes in Irish midwifery education, the [National Council for the Professional Development of Nursing and Midwifery \(2005\)](#) identified, among other priorities, the need to provide educational support for student midwives in the clinical area because acquisition of fundamental skills will facilitate their smooth and sound transition into the workforce given that they will be the future functioning midwives. This study explores postgraduate post registration student midwives' experiences of learning support in the clinical area. A qualitative phenomenological approach was used. The students were registered in one of the Schools of Midwifery in an Irish third level institution. A purposive sample of six student midwives participated in individual face-to-face tape-recorded interviews to discuss their experiences. Data analysis revealed six major themes that represent student midwives' experiences of support for learning in the clinical setting – lack of support, learning environment, employee status, support strategies, ways of learning, and theory-practice integration. During the clinical learning process participants felt abandoned by the more senior staff while the senior students and the newly qualified midwives were supportive.

Keywords: Student midwives, learning support, clinical environment.

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1. Introduction

Midwifery education in Ireland is available as a postgraduate hospital-based course for registered nurses and since 2006 has also been offered as a direct entry undergraduate programme in a number of Irish higher education institutions. One fundamental difference between these two educational routes to midwifery registration is that the postgraduate course is a traditional apprenticeship style hospital-based training - a system in which student midwives are regarded as part of the workforce on the basis that they are already registered nurses as well as being paid employees – while the undergraduate midwifery students have a supernumerary status in the clinical area. In 2005 the National Council for the Professional Development of Nursing and Midwifery identified the provision of educational support in the clinical area for all student midwives as a priority. This article presents the findings of a study of post registration postgraduate student midwives' experiences of support for learning in the clinical area. The author's interest in conducting this study stems from lack of research examining the concept of support for learning in the clinical area from a midwifery perspective. Midwifery education takes place in both academic and clinical environments, hence the need for appropriate teaching strategies in both areas (Bewley 1995; Chamberlain 1997; Begley 1999b; Hindley 1999). An Bord Altranais (ABA 2000) and the Government of Ireland (2000) assert that all qualified staff are responsible for providing students with learning opportunities in the clinical area. This is in line with the UK Department of Health publication 'Making a Difference' (DOH 1999), a document that emphasises the necessity for students to be trained by those with both practical and up-to-date experience. Despite such emphasis on the importance of clinical learning support, the criteria for this support have been poorly defined and are often unreliable. While several authors (Wilson-Barnett et al. 1995; Dunn & Hansford 1997; Papp et al. 2003) have attempted to explore the concept from a nursing perspective and an Bord Altranais (ABA 2000) clearly states that it is the responsibility of all qualified staff to provide learning support for students in the clinical area. Literature from elsewhere demonstrates that, there exists in practice, conflicting and inconclusive evidence regarding both the nature of such support and responsibility for its provision (Bewley 1995; Lee 1996; Clifford 1999; Andrews & Roberts 2003). However, it is beyond the scope of the present article to attempt to clarify these issues as the focus of this study is student midwives' experiences of support for learning in the clinical area.

2. Background

There have been a number of discussions and debates in recent years about the difficulties associated with providing students with educational and learning support in the clinical area (Papp et al. 2003; Brown et al. 2005; Hutchings et al. 2005; Mannix et al. 2006). Traditionally, it has been the role of clinical staff to give learning support for students who are on clinical placements. Mentors and preceptors are some of the terms that have been used to describe those who support students in the clinical area. The complexity and demanding nature of providing sufficient support for learners in the clinical area have been documented; factors

such as increased workload, shortage of clinical staff, and the training shortfall of newly qualified staff are identified as having a negative effect on this role (Chamberlain 1997; Hutchings et al. 2005). Chamberlain (1997) also revealed that clinical staff may neglect supervision of student midwives even when competing demands on their time are minimal.

In a series of publications, Begley (1999a; 1999b; 2002) reports that student midwives are viewed as part of the workforce and learn more from senior students and the newly qualified midwives than from experienced midwives. Observation, indirect learning, and trial and error constitute other strategies developed by midwifery students in order to obtain clinical skills. During the clinical practice placement, emphasis is placed on getting the work done rather than on the students' learning process. Therefore opportunities to bridge the theory practice gap are frequently missed. Consequently midwifery students experienced stress, anxiety as well as role conflict. These findings are also noted in other studies of midwifery students (McCrea et al. 1994; Chamberlain 1997). Papp et al. (2003) and Dalton (2005) have described students' learning experience as including: appreciation and support from clinical staff; quality of clinical practice; self directed learning characterised by the students' awareness of their own limitations and potential as well as having a sense of responsibility. Savage (1999) and Condell et al. (2001) reported that staff nurses were seen as the key stakeholders in the creation and maintenance of a good clinical learning environment.

A learning environment can be divided into academic and clinical settings (Clarke et al. 2003). While the importance of classroom teaching is acknowledged, good quality clinical placements constitutes the most significant influence on the learning process and are therefore necessary in order that students' achieve effective learning outcomes. Consequently present day midwifery and nursing educators place a high value on students' learning in the clinical environment (Chamberlain 1997; Begley 2002; Condell et al. 2001; Clarke et al. 2003). The clinical learning environment is defined as one that provides an interactive network of forces within the clinical setting which influences the students' clinical learning outcomes; it consists of all that surrounds the student, including setting, equipment, clinical staff, patients and educators; the learning environment is therefore an important element in the whole learning process (Papp et al. 2003).

An Bord Altranais (ABA 2001) asserts that clinical practice experience should provide learning opportunities which enable the achievement of proficient clinical midwifery skills and stated learning outcomes. According to Landers (2001), discrepancy exists between theory and practice because educators and practitioners work from different perspectives, one from teaching and the other from practice. In order to meet the clinical learning needs of students, collaboration between midwifery educators and clinical staff is essential (Dunn & Hansford 1997). This presents on-going challenges for providers of midwifery education, and is therefore, an area that requires continuous discourse and deep thought (Endacott et al. 2003; Mannix et al. 2006). As a result, it is important to gain an understanding of the post-registration student midwives' experiences of learning support in the clinical area.

3. Methods

The aim of the study was to explore, describe and understand the post-registration midwifery students' experience of support for learning; consequently a qualitative phenomenological research method was deemed appropriate. In qualitative research, the researcher attempts to obtain the purest description of the participants' experiences of the phenomenon under investigation (Streubert & Carpenter 2003). The qualitative research paradigm helps to provide a methodology for understanding the complex world of lived experience from the point of view of those who live it (Creswell 2007). This method ultimately leads to the collection of rich data (Streubert & Carpenter 2003; Silverman 2005), because phenomenology re-examines the experiences that are usually taken for granted; as a result, new and/or forgotten meanings are revealed (Laverty 2008).

4. Ethical consideration

Ethical approval was obtained from the ethics committee of the hospital and the affiliated third level institution. Access to the participants was gained through the principal midwife tutor. Prior to the commencement of the interview, written informed consent was obtained from the participants and information about their freedom to withdraw at any stage was stressed. To maintain anonymity and confidentiality, pseudonyms were used throughout the study and all information gathered was kept in a locked cupboard.

5. Sampling

A purposive sample of six postgraduate student midwives who had completed at least six months of the programme participated in the study because they were in a better position to provide the required information, as they had already experienced both the classroom and the clinical area. (Silverman 2005) contends that when using purposive sampling the researcher samples on the basis of desiring to interview people who are relevant to the research question.

6. Data collection and analysis

Individual tape-recorded interviews were conducted with six post-registration student midwives from May-June 2006, prior to the integration of midwifery registration programmes into third level institutions. The interviews, which lasted between 30-60 minutes, took place in a quiet office at the study site and were guided by open-ended and clarifying questions. Prior to commencement of each interview, participants were reminded of their freedom to withdraw from the study at any time. The collected data were analysed using Colaizzi's (1978) 7-step data analysis process. All the interviews were transcribed verbatim. The texts were read several times in order to obtain an overall feeling of the data. Significant statements were highlighted with a colour marker and extracted from each transcript. An attempt was then made to formulate meanings from these significant statements. A number of themes and sub-

themes emerged. These were further arranged into cluster of themes, colour coding and flip chart were used to assist in putting different themes together. The emergent themes, theme clusters and formulated meanings were incorporated into the description to create its overall structure. Validation occurred by referring these themes back to the original descriptions. This involved repeatedly examining and moving significant statements and their formulated meanings into appropriate themes. The original transcriptions were handed to the participants with a comment sheet in case they wished to add anything. They all agreed that the transcripts accounted accurately their experiences of support for clinical learning which they shared during the interviews; hence no new data was provided.

7. Findings

Six major themes reflecting the students' expectations and experiences emerged: lack of support, clinical environment, employee status, support strategies, ways of learning, and theory-practice integration. A detailed account of these themes will be presented below.

7.1 Lack of support

The participants had an ambivalent assessment of midwifery tutors. Though their theoretical input was described as brilliant and excellent, their presence was not much felt in the clinical area where it was most needed. This was compounded by the lack of support from clinical staff.

Participant 6: "I suppose the academic support is brilliant, I mean..., I feel the..., you know the tutors and that give good em, [pause] knowledge but when you are actually on the ward working, you are very much on your own."

Prior to commencing the midwifery programme, the participants expected maximum support from all those involved in their education. They were disappointed by the lack of support, the experience was daunting for some participants, and even frightening for others. This was of particular concern in the first six months of the programme.

Participant 3: "I would say definitely in your first few months you are not supported... A lot of people will find it very traumatic; do you know what I mean? very upsetting to have no support."

7.2 The clinical environment

The reality of the clinical area was far from the ideal. In general, the clinical staff's attitude was not conducive to providing the level of support required by students. It was characterised by lack of both recognition and positive feedback.

Participant 6: "I think the only feedback is if there is a problem that comes up...you don't have any information on what you did well; they just know what you

missed... “Oh that wasn’t done, you know!” I don’t think it helps the students with their confidence.”

Participant 1: “... the factors that facilitate learning is definitely how the staff meet you and greet you...”

The participants reported that during their clinical placement priority was given to work to be done on the ward rather than to their learning. This was due to the amount of work that needed to be completed within a limited period of time.

Participant 5: “The wards are very busy; so that really doesn’t facilitate learning, the optimal learning environment... and you know it is quite very task oriented and you have so many things to do.”

7.3 Employee status

The participants reported that they were seen as qualified nurses instead of being considered as learners of midwifery practice. They felt that they had to take more responsibilities than should be expected of student midwives. Some participants described this situation as frightening and uncomfortable.

Participant 1: “... I mean it was very scary, very frightening, I just feel like, oh my God, did I miss that...you know you will be very conscious of [pause] the responsibility you have all of a sudden.”

Participant 6: “It was like, okay go, get on with it, you know! [pause], I really felt that was a quick jump...”

All participants acknowledged that three factors contributed enormously to the sudden responsibility they were given: shortage of staff, resultant increased workload and lack of time. While some accepted the situation, others found it problematic because they felt they were almost abandoned on their own.

Participant 4: “I think a lot of problem is lack of staff, they don’t have the time to do things with you properly and to assess you.”

Participant 3: “One of the biggest issues is lack of staff you know...you feel like students are running the place, it is very difficult.”

7.4 Support strategies

The participants expressed the need for staff to take responsibility for providing learning support for students in the clinical area.

Participant 2: "They need to have somebody assigned like a clinical facilitator or what ever [pause] designated to each area..."

Participant 4: "We are supposed to be having em... [pause] preceptor but you don't get one. I never had one since I started; I have been here a year now."

The overall experience of the participants as midwifery students was quite different from their previous experiences as student nurses.

Participant 2: "I suppose in general training, you had clinical coordinators, you had people like clinical facilitators that came up every day to see you; you are kind of scheduled to work with your mentor or with clinical facilitator so that you never felt that you are on your own."

7.5 Ways of learning

There are a variety of ways through which student midwives obtain information and acquire skills while on the clinical placement. But the clinical area environment also matters.

Participant 3: "I think you are learning by yourself possibly through errors or mistakes, you know no one will actually take you aside."

While some participants obtained support for learning from other students, particularly the senior ones, others described the newly qualified staff as their source of help.

Participant 4: "I say... student midwives who are six months or one year ahead of you... you never had any problem going to them, they will always be willing to help you even though they had their own work."

Participant 5: "The junior midwives, the one that have just qualified, understood where we are coming from and that we have no clue whereas the more senior staff expect us to come on and get on with it."

7.6 Theory-Practice integration

The ability to link theory and practice was particularly important for the participants. However, it was not easy for them as the views expressed in the classroom by the midwifery tutors were very different from the reality they found in the clinical environment.

Participant 6: "I mean we are in a tertiary unit, a lot of high risk cases and it is very confusing, you feel that what you are learning on the wards is not actually what you learned previously in the classroom and that is why you don't feel really happy."

It was identified that some practices were not evidenced-based. This gave rise to some questions which, unfortunately, were inadequately answered. The student described this experience as upsetting:

Participant 4: "Because we were learning natural birth, we went asking why we are doing active management, the response you will get well this is the hospital policy, this is the way we do it whether you agree with it or not, this how it is done here."

8. Discussion

All the participants of the study expressed a need for support. Inevitably the type and the quality of support experienced were influenced by many factors. Broadly speaking, the participants felt unsupported during their clinical placement. They describe support as being taught how to perform the midwifery skills, working alongside an experienced and skilled person who supervises and assists them while performing those skills, particularly within the first six months of the course. Many reasons were highlighted in the present study as to why it was difficult for clinical staff to meet the required level in providing students with learning support in the clinical area. These include the current staff recruitment and retention problem, which resulted to severe increased workload, lack of time and a stressful environment. In fact, the need to support students in their clinical experience whether by the clinical staff, the lecturers or other student colleagues is crucial and has been highlighted in the literature by several writers of both midwifery (Chamberlain 1997; Begley 1999b; Begley 1999a) and nursing (Wilson-Barnett et al. 1995; L. Aston & Molassiotis 2003; Hutchings et al. 2005). Many benefits of support (providing guidance and supervision) in the clinical setting for the students have been reported including development of self-confidence and improvement in learning, which will ultimately lead to development of competent practitioners (Williamson & Webb 2001; Lee W-S. et al. 2002; Chapple & E. S. Aston 2004; Hutchings et al. 2005; Mannix et al. 2006). It will also result in the prevention of feelings of depersonalisation and burn out (Wilson-Barnett et al. 1995).

The employee status of post-registration student midwives contributed to the fact that emphasis was placed on meeting the service need rather than on students learning. As an outcome, the students felt frustrated because they were not ready to undertake such

unexpected responsibilities. They highlighted the importance of smooth and gradual transition. It is noteworthy that this did not only affect learning opportunities for students in the clinical area, but it also had a significant effect on the quality of care given to women. As pointed out by Nolan (1998), students are constantly being challenged by the complex and demanding nature of the clinical environment, which threatens both their self-esteem and sometimes the safety of patients. This was also part of the findings of other student midwives' studies in Ireland (McCrea et al. 1994; Begley 1999b) and the UK (Bewley 1995; Chamberlain 1997).

All the participants expected the learning support staff to perform wide range of roles, particularly providing them with theory and supervision as well as assessing them. They identified the need for having support systems or strategies in place in the clinical area. These mirror the findings of the studies of student nurses (Wilson-Barnett et al. 1995; Dunn & Hansford 1997; C. A. Nolan 1998; Neary 2000). They used terminologies such as preceptors, clinical placement coordinators or clinical placement facilitators to describe practitioners who provided them with learning support in the clinical area. The interchangeable use of these terms has also been documented in the nursing and midwifery literature; this actually creates role confusion and overlap among practitioners (Neary 2000; Andrews & Roberts 2003; L. Aston & Molassiotis 2003; Clarke et al. 2003; Dalton 2005). The lack of a named preceptor was identified by the participants of this study as leading to the inaccurate assessment of students at the end of a particular clinical placement.

The participants identified their student colleagues, particularly those who were six months ahead of them in the programme, and the newly qualified staff midwives, as their major source of support. Chamberlain (1997) and Begley (1999b) found that student midwives were viewed as part of the workforce. Often the students carried out their skills without clinical supervision and feedback on how the skills were performed. They learned through mistakes. Gray and Smith (2000) describe students in such situations as 'masters of their own destiny,' for they are almost totally responsible for their own learning in the clinical area. This demonstrates that trial and error; the traditional ways of learning, still exists in midwifery practice.

In the first six months of the course, the participants were equipped only with the theoretical knowledge of ordinary pregnancy cases while in the clinical area they were facing the challenges of complicated cases of pregnancy. This is partly attributable to the structure of the curriculum content and the overall health care organisational delivery structure, a situation unique to Ireland with its obstetric led maternity services. As a result, the students felt almost lost in the clinical environment. This is where students need the presence of preceptors to help them make the link between what they have learnt in class and the concrete situation they find in the clinical area. Without theory it is hard to talk about practice and without practice, theory has no meaning (Fealy 1999; Spouse 2001).

9. Limitations

This research on midwifery students' experience of support was conducted in a single site, using a small sample. Thus, it does not offer results which may be generalised to the wider population of student midwives. However, its findings, which also reflect the findings of other studies, raise awareness and offer valuable insights into midwifery students' lived experience with regard to support for learning in the clinical area. They also highlight pertinent issues locally in relation to students' experience in the clinical area.

10. Conclusion and recommendations

It is important to acknowledge that following the move of midwifery programmes into third level education, some support structures were put in place to support post-registration student midwives in the clinical area. It is yet to be explored what changes if any this has made. All in all, there appears to be a real challenge facing the midwifery educators particularly following the current integration of midwifery education into third level institutions. This study has indicated that post-registration postgraduate student midwives experienced inadequate clinical support during their training from both lecturers and clinical staff, especially in the first year of their programme when they most needed it. Therefore, the study advocates for genuine collaboration between midwives and midwifery educators in order to provide the best learning environment and support for midwifery students in the clinical area. Furthermore, the midwifery educators have a central role to play in midwifery education. Their task can be said to be two-fold: first, providing educational support to clinical staff who act as preceptors to students in the clinical placement; second, adjusting the curriculum to reflect the knowledge needed for clinical placement at each stage of the programme.

This study clearly reports the need for adequate support for student midwives in the clinical area. It is a challenge for all midwives and midwifery educators. When given the required support, students will be able to translate their theoretical knowledge and integrate it into practice. This will not only facilitate their smooth and sound transition into the workforce but will also have a huge bearing on the quality of care given to women. Further research is required in this area to explore the effect of the presence of clinical tutors in the clinical area and also a comparative analysis is required of the experiences of post-registration and pre-registration midwifery students in relation to support in the clinical area.

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