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Australian Midwifery Students' Views about Profession-Specific Peer Mentoring

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Abstract

Midwifery is one of the most demanding professions there is, and midwifery students can find coping with the practice aspect of their course difficult. Mentoring is one way of supporting health clinicians' emotional wellbeing; to date however, there is little research on mentoring for midwifery students. In this study, the aim of which was to discover midwifery students' views of profession-related peer mentoring, qualitative and quantitative data were collected from 21 midwifery students at one Australian university. Analysis of the data revealed that most participants felt they would benefit from and would like to know more about mentoring. The qualitative themes, 'Support' and 'Knowledge and Guidance', convey the challenges to being mentored in the clinical area as well as participants' 'ideal mentor' profile. Further work to conceptualise and test a robust clinical mentorship matrix for midwifery students is required.

KEYWORDS: [RSTDPub], Midwifery, Peer Mentoring

Introduction

There is no doubt that midwifery is rated as one of the most demanding and exhilarating professions there is (Licqurish & Seibold, 2008). It is perhaps not surprising then that midwifery students can have difficulty coping with their entry-to practice courses in two aspects: as well as having the academic component to contend with, the clinical demands placed upon midwifery students also pose significant challenges (Jones, 2008).

Existing research into the stressors experienced by midwifery students broadly focuses on three areas; these include how higher education providers perceive the issue, the development of research methodologies to investigate the topic, and the challenges associated with clinical experience placements (Cavanagh & Snape, 2002; Chamberlain, 1997; Yearsley, 1999). Moreover, research into why midwifery students and qualified midwives leave the profession has repeatedly demonstrated that the practice environment, and more specifically a lack of support therein, is a key factor in attrition rates both in Australia and overseas (Ball, Curtis, & Kirkham, 2002; Carolan & Kruger, 2011; Hauck, Bayes, & Robertson, 2012; Hughes, 2012). Thus it seems that mechanisms for the occupation-related care and support of midwifery students and midwives are largely ineffective, and that to reduce attrition from the profession, improvements in this regard are necessary. Mentoring, which has long been used very effectively in other health professions such as nursing and psychology to support members' mental and emotional wellbeing, may offer a useful remedial contribution (Spouse, 2001).

Mentoring, defined by Eby (1997) as "…an intense developmental relationship whereby advice, counseling and developmental opportunities are provided to a protégé by a mentor, which, in turn, shapes the protégé's career experiences." (p. 126), is now well known as an extremely effective support strategy across a range of contexts and ages; school-age children, university students and those established in their career have all been shown to benefit from the process (Alonso, Castaño, Calles, & Sánchez-Herrero, 2010; Willis, Bland, Manka, & Craft, 2012; Wilson, 2014). Mentoring occurs through two types of support to protégés: (1) instrumental or career support and (2) psychological support (Eby, 1997, p. 126). Some work has been done to theorise the application of these concepts in entry to midwifery practice courses; Licqurish and Seibold (2008), for example, suggest that in order to fulfil the two support remits outlined above, the support person's role should "encompass … therapeutic, interpersonal and clinical characteristics" (p. 480).

Effective peer mentoring programs now exist in many universities wherein students who are further on in their studies undertake to provide support to those who are new to higher education; the purpose of such programs is to ease incoming students' transition to university life and improve

retention. While this is evidently very helpful in assisting the new university student into academia and reducing dropout (Alonso et al., 2010; Wheeler, 2012), the profession attrition research cited earlier in this paper strongly indicates that those entering into emotionally demanding professions such as midwifery also require discipline-specific support to cope with and make sense of their practice learning experiences. Mentoring of this nature has been demonstrated to be effective in facilitating both transition into the profession and personal growth for students in relation to nursing (Glass & Walter, 2000; Li, Wang, Lin, & Lee, 2011), however the need for peer mentoring and its impact on supporting midwifery students has yet to be reported. The purpose of the research reported in this paper was to begin to address this gap in knowledge by investigating midwifery students' understanding of midwifery-specific peer mentoring; further, we sought to ascertain the level of interest in establishing such a role at one Australian university. The overall aim of the study therefore was to discover midwifery students' views of profession-related peer mentoring.

Methods

A survey design was employed for this study and the setting was a School of Nursing and Midwifery within a Western Australian university. Students who were enrolled in either of two entry-to-practice midwifery courses (one undergraduate and one postgraduate) were eligible to participate. Potential participants were made aware of the study by the midwifery course coordinators, who made direct contact with those eligible to take part via the university's established online learning management system. The message contained all the information about the study and included a hyperlink that would take the message recipient to an online questionnaire comprising of eight questions, three of which were open-ended (qualitative). Responses to the five quantitative questions, for which a 'yes' or 'no' response was required, were frequency-counted, while the replies to the open-ended questions were analysed using the standard qualitative 'fracturing, grouping and gluing' (Harding & Whitehead, 2013) approach. Submission of the completed electronic questionnaire was assumed to represent students' informed consent to participate, and complete anonymity was guaranteed; at no time were participants required to provide any identifying information. Ethical approval for this study was granted by the relevant University Human Research Ethics Committee.

Findings

Twenty one midwifery students from a possible sample size of 93 (23%) participated in this study, nineteen of whom were undergraduates.

Those in the first half of their course represented the greatest number of respondents (see Table 1).

Stage	Number
Undergraduate Yr 1	7
Undergraduate Yr 2	8
Undergraduate Yr 3	4
Postgraduate	2
Total	21

Table 1: Participants

Quantitative results

Respondents were asked five questions to which they could answer 'yes' or 'no'. Analysis of the responses to these demonstrate that the majority of respondents felt a support person with whom to debrief would be valuable (n=20) and would make use of a mentor if one were available (n=19) even though most had never heard the term mentor (n=17) and almost none had sought this kind of support out themselves (n=20). See Table 2 for the full results of this aspect of the questionnaire.

Question	n = Yes	n=No	No answer provided	n=responses
'Would you benefit from an outside support person to debrief with, ask questions of etc?'	20	1		21
'Have you heard the term 'mentor' during your time as a student midwife?'	17	3	1	21
'Do you currently have or have you had a mentor whilst being a student midwife?'	1	20		21
'Would you be interested in knowing more about what a mentor is and how they could be beneficial for student midwives?'	18	2	1	21
'If you were offered a mentor program, would you participate?'	19	2		21

Table 2: Quantitative results

Qualitative findings

The remaining three questions participants were asked were open-ended. The responses to these provided as-yet-unreported insights into

midwifery students' views about the practical value of occupation-specific mentorship. The questions were,

- "Do you feel you have adequate support in the clinical environment?"
- "How do you think having a support person would be of benefit to you?"
- "If you have had a mentor, what were the benefits?"

Two broad themes, namely 'Support', and 'Knowledge and Guidance', were derived from the analysis of this data. These themes are reported below, and are illustrated with direct quotes from participants, who are identified throughout this section as 'P' plus the number ascribed to the computer report of their questionnaire responses (1-21).

Support

A need for more support was strongly highlighted throughout the participating midwifery students' responses; this was a feature of the majority of the qualitative data. This theme comprises two dimensions. In the first, labelled 'we're left to it and it's daunting', respondents describe feeling that when they are out in the practice environment there is perhaps an expectation that, having had theoretical instruction about midwifery in university, they are capable of 'getting on with it' with minimal guidance. As P2 said, "we learn things once in class and (then) are expected to do this competently outside." This expectation seems to be greatest during Continuity of Care Experiences ('CCEs'), wherein the midwifery student attends an appointment with a woman usually in a clinical setting where the student is not formally placed for practice experience, thus no named clinician is responsible for supporting their learning. P9 confirms this when she says "(no-one) really take(s) the time to help me enhance my skill(s), especially on CCE appointments"; another respondent similarly finds that "In appointments with CCEs it is very unsupported as you are dealing with… practitioners who don't care about your learning experience and often don't have time to involve you" (P19). P3 implies that because of this, she finds "the whole CCE process very daunting".

In the second dimension of the 'Support' theme, labelled 'time is an issue', respondents talk of the pressure the midwives they are working with are under to manage their existing workloads, the subsequent difficulties those midwives have in trying to also accommodate student support and teaching, and the impact on the midwifery student in this situation. According to P3, in her experience "most of the time [the student's allocated clinical supervisor/s] aren't around"; P11 goes on to explain this as possibly because "staff in the clinical environment are often inundated with their own tasks", and observes that this means they are often unable "to provide the support (midwifery

students) need". The apparent impact of this on the students in this study was that they felt either a burden or somewhat lost, as confirmed by the following quotes: P9 disclosed that "(at) times I feel I'm … a bother", and P15 told how she is "often unsure what is required of me."

P3 sums up the participants' views about midwife preceptors and supervisors' time availability thus: "the support is good but….time is an issue", and P14 is very clear that "more consistent support would be helpful". This view echoes that of most respondents, who collectively and very strongly convey that continuity of support from an independent, industry-specific mentor would provide them with emotional support, reassurance and someone to debrief with. Specifically, participants put forward that in terms of providing support, a preceptor would be someone to "talk to when things get tough or busy and provide emotional support" (P3), would enable the student "to turn to someone else for help" (P5), and would be "a person that you could debrief to" (P1). In the case of CCEs, participants were clear about how a preceptor could be helpful, and P6 explains it thus:

> Every time I have a CCE appointment I walk away with questions that I don't feel comfortable asking the health provider at the CCE appointment as they are always so busy and rushed. (So) after (CCE) appointments (is when) I would find having a support person helpful.

By the nature of the service it provides, continuity of midwifery practice is necessarily a 24 hours a day, seven days a week endeavour; given this, the midwifery students who participated in this study also identified the need for support to be available for them twenty four hours a day, seven days a week. For P11, like others, a preceptor "would be available to contact whenever we needed guidance or reassurance, as often we visit CCEs or do prac(tice placement time) outside business hours where our supervisors can't be available". This would evidently ease the concerns students carry with them when they have no-one to talk things through with: P14 would ideally like someone to "debrief with if you come across something you don't understand or a confronting situation", and for P21, this person "would be able to reassure me so I don't worry for days until I can ask (at) uni(versity)".

Finally, respondents put forward a view about the model for a relationship with a preceptor: these midwifery students asserted that the supportive preceptor should be, as P14 put it, "someone who you know well and knows you".

Knowledge and Guidance

As well as the 'support' factor, participants in this study identified that having someone to ask about factual and more philosophical questions midwifery would significantly extend and enhance their own practice knowledge. Participants' vision of this aspect of the preceptor's role was that it would, for example, "allow me to turn to someone else for help" (P5), would offer "a different perspective on things" (P5) and would be "a person that you can bounce ideas off" (P14). According to P1 and P3, the preceptor would be someone who you could ask and who would answer questions, which according to other participants would be about, for example, their "practical knowledge" (P2) and "current midwifery protocols and antenatal and birth procedures" (P12).

The idea of the professional preceptor as someone who was not directly involved in the participants' study or competency attainment also came across clearly from the responses: P17, for example, offered that it should be "someone who could be more objective", while P11 suggested they could "provide information without being an authoritative person" and went on to clarify it would be "someone on more of an equal level that we could feel comfortable asking any questions" (P11).

Discussion

A number of limitations to this study and its findings are recognised. Firstly, participants were from one university so findings cannot be generalised. Secondly, the response rate was low from the total sample size available, which could be directly related to the design of the study; the link to the online questionnaire was distributed via email which had the potential to be missed by busy students and if this study was replicated, a more personalised recruitment strategy is advised. Despite these limitations, the aim of the study, which was to investigate midwifery students' views about profession-related peer mentoring, was achieved. Of particular note in the findings are the profile of the majority of the respondents, the contextual difficulties they reported in obtaining adequate profession-specific support, and their views about the ideal support person's profile; these are now discussed in the context of the existing literature.

Those in the first half of their course represented the greatest number of respondents to this study. The reason for this was not clearly apparent in our findings, however previous work suggests this may be explained by the journey to professional socialisation that students entering clinical disciplines take (Day, Field, Campbell, & Reutter, 2005; Richardson, 1999). As Houghton (2014) explains, until professional socialisation - what she terms 'newcomer adaptation' - is achieved, students feel very unsure about their professional

values attitudes and beliefs and have no sense of belonging to their new profession ; it is perhaps understandable then that the 'newcomers' in our available sample would be particularly interested in contributing to a study about profession-specific support.

The difficulties participants encountered in attaining effective profession-related support were largely attributed to organisational and contextual factors; in particular, lack of continuity of clinical preceptor, and the midwives around them having little time or opportunity to facilitate guided reflection were specified. These findings suggest that although it is mandated in national competency standards that practising health professionals must foster the development of learners (see for example Nursing and Midwifery Board of Australia, 2006, Element 13.2), evidence confirms that fulfilment of this requirement is very difficult due to pressure of time and capacity. In a number of studies around the theme of what clinically-located mentors or 'preceptors' find challenging, not having enough protected time for this aspect of their work is repeatedly found to be an issue across a range of practice settings (Chuan & Barnett, 2012; Kenyon & Peckover, 2008; Moseley & Davies, 2008; Teatheredge, 2010; Veeramah, 2012).

Many suggestions about the role, function and purpose of a profession-specific support person were offered in this study and although these were diverse, they can be encompassed in three elements: professional identity development, learning and learning consolidation, and facilitation of emotional wellbeing. These elements are consistent with what is defined as 'Clinical Supervision' in other work, and feature in a number of existing Clinical Supervision models such as that developed by Proctor (1986) (see Table 3). Models such as these could theoretically scaffold a student's program through to completion of their entry-to-practice course, and although they have been evaluated for their utility in a range of professions (see for example Bowles & Young, 2001), studies so far are largely concerned with post-registration practitioners, and no work has seemingly yet been conducted with pre-registration midwifery students.

Normative function (Accountability)	Concerned with maintaining and ensuring the effectiveness of the supervisee's everyday caring work
Formative function (Learning)	Concerned with developing the skills, abilities and understandings of the supervisee through reflective practice
Restorative function (Support)	Concerned with how the supervisee responds emotionally to the stresses of working in a caring environment

Table 3. Proctor's Interactive Model of Clinical Supervision (1986).

Finally, as a whole and somewhat disappointingly, the midwifery students' narratives reported in this paper reflect similar themes from previous research undertaken over a decade ago. Lloyd Jones, Walters and Akehurst (2001), in their paper on student nurses and student midwives contact with the mentor, report similar themes to our study, and their exemplar quotes from their participants are almost identical to those cited in our findings. Spouse's (2001) work also reflects a similar narrative and likewise, comments from participants also align with our participants' experiences. The need to provide mentorship to enable students to enable the transition of, as Spouse (2001) puts it, "knowledge-in-waiting to knowledge-in-use" (p. 519) is evidently as relevant today as it was at the turn of this new century.

Conclusions

This paper adds to the body of knowledge related to the support of midwifery students in the practice arena and supports the conclusions and assertions of previous studies. Students in the first half of their course represented the greatest number of respondents in this study, which could suggest that their need for professional support is greater than that of their further advanced counterparts, however this needs further investigation. The findings themselves confirm a need for a more robust support matrix for the student midwife; they also highlight the need to conceptualise a support system that is effective and reliable as well as the role and label ascribed to those therein. This is of particular importance in an arena where the terms 'supervisor', 'mentor' and 'preceptor' are used synonymously and interchangeably.

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