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Perceptions of nearly graduated fourth year midwifery students regarding a 'good midwife' in the Netherlands

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ABSTRACT

Objective: Midwifery students have the challenge to learn to be autonomous and capable midwives to ensure a safe and emotionally satisfying experience for mothers (to be) and their babies. They have to develop and acquire knowledge and skills for practice, and they have to adopt and internalize the values and norms of the midwifery profession in order to socialize as a midwife.In this study we explored conceptualisations of 'good midwives' among nearly graduated final year midwifery students as a result of their professional socialization process.

Design: A cross-sectional study consisting of an one open-ended question was undertaken. Data was analyzed qualitatively, inductively and deductively by using Halldorsdottir's theory of the primacy of a good midwife.

Setting: One of three midwifery academies in the Netherlands in July 2016 were included.

Participants: All midwifery students (N=67) in their final year were included.

Findings: Student midwives gave broad interpretations of the features of a good midwife. Three themes - next to the themes already conceptualised by Halldorsdottir - were revealed and mentioned by nearly graduated Dutch midwifery students. They added that a good midwife has to have specific personal characteristics, organizational competences, and has to promote physiological reproductive processes in midwifery care.

Key Conclusions: Students' views are broad and deep, reflecting the values they take with them to real midwifery practice. The results of this study can serve as an indicator of the level of professional socialization into the midwifery profession and highlight areas in which changes and improvements to the educational program can be made.

Introduction

Midwives are key professionals in the care of women during the childbearing process. (Halldorsdottir and Karlsdottir, 2011; International Confederation of Midwives, 2011) In high-income countries, midwives usually have regular contact with prospective parents. This requires good midwives who are autonomous and capable to ensure a safe and emotionally satisfying experience during pregnancy, childbirth and postpartum period. (International Confederation of Midwives, 2011).

In the literature many descriptions of the concept of a good midwife can be found. (Borrelli, 2014) However, only one theory regarding this theme reflects and operationalises the professionalism of the good midwife: the theory of Halldorsdottir et al. (Halldorsdottir and Karlsdottir, 2011) Five aspects are included in this theory; professional caring, professional wisdom, personal and professional development, interpersonal competence, and professional competence (Fig. 1). All these aspects together make up the midwife's professionalism. (Halldorsdottir and Karlsdottir, 2011) Therefore, midwives face the challenge of bringing the five aspects together in their daily work. In

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Fig. 1. Five aspects of professionalism of the good midwife: 1. Professional caring (for women and their family within the professional domain), 2. Professional wisdom (development through the interplay of knowledge and experience), 3. Personal and professional development (knowledge of herself, both personally and professionally), Interpersonal competence (partnership with women and the capacity of empowering communication), Professional competence (competency within the professional domain). (Halldorsdottir and Karlsdottir, 2011).

summary, 'a professional midwife, who is caring, professionally competent and has interpersonal skills and professional wisdom, is a good midwife'. (Halldorsdottir and Karlsdottir, 2011).

Midwifery students need to acquire knowledge and skills for practice and they have to adopt and internalise the values and norms of the midwifery profession in order to socialise as a midwife. (Carolan, 2013) Professional socialisation has been defined by Ulrich (2004) as: 'acquiring the knowledge and skills necessary for practice and acceptance of the values and beliefs of the profession'. For all professions this process is similar (Carolan, 2013). The process of professional socialisation takes place over the course of a multiannual studentship (Toit, 1995; Ulrich, 2004). At the end of the midwifery education it is expected that students have internalised the values and attitudes which are demanded by the profession. Despite the importance of this issue, we do not have the knowledge about the perceptions on professional socialisation of nearly graduated midwifery students entering the profession.

To our knowledge only two studies examined the degree of professional socialization of midwifery students (Carolan, 2011; Carolan, 2013). Carolan (2013) studied a group of first and final year students in Australia. They found that first year midwifery students primarily highlight their important role in relation to emotional attributes, such as good communication skills while final year students find safe practice while remaining committed to empowering and communicating with women most important (Carolan, 2013). Adams et al. (2006) found that first-year midwives and nursing students already had a relatively strong professional identity, however, this varied by profession. In this study midwives and nursing students were combined, therefore no specific outcomes regarding midwifery students could be generated.

To add more knowledge and understanding about the extent to which nearly graduated midwifery students are socialised entering the midwifery profession we defined the following research question: To what extent do nearly graduated students adopt the values, norms and competences of a good midwife as a result of their professional socialization process?

In the Netherlands the midwifery educational program is a vocational program. Five years of secondary schooling are required for entry to one of the three midwifery academies. The educational program makes four years in which students spend about two years in midwifery practices and hospitals. After graduation, Dutch midwives practice autonomously in a maternity system where, of all pregnant women, 85.4% start in midwifery care (PRN foundation, 2013). This indicates the high level of responsibility carried by graduated midwives in the Netherlands. Both educators (responsible for the theoretical part of the educational program and being the link between the student and practice) and midwives (being mentors and role models at the placement) have a great responsibility regarding the professional socialization of student midwives into the important role of a midwife. The results of this study can serve as a barometer of socialization into the profession (Carolan, 2013) and highlight in which areas changes in the educational study have to be made.

The aim of this study is to explore the adoption of values, norms and competences of a good midwife of nearly graduated students as a result of their professional socialization process.

Methods

We conducted a cross sectional study consisting of one open-ended question. (O'Cathain and Thomas, 2004) By using this method we were –with little effort and little burden for the students - able to discover insights among students regarding a good midwife.

Procedures and participants

All fourth year students of the midwifery academies in Amsterdam and Groningen – half of all midwifery students in the Netherlands – were asked to participate in this study. All students consented to participate.

In the last week before graduation, the students (June 2016, cohort 2012) were asked to answer the following question (max 1 A4 page) after class while a midwifery lecturer was present: 'In your view, what constitutes a good midwife?' The open-ended question was pilot tested in a group of first year students of cohort 2015. The results of this pilot study were analyzed and discussed in view of the clarity of the question. No adjustments needed to be made regarding the terminology. A few background characteristics were asked (age, educational level before entering midwifery education, year of starting midwifery education, and planned workplace/study after graduation). The mean duration of filling in the document was 30 minutes per student.

Ethical approval

In the Netherlands no ethical approval is required regarding this type of research. (http://www.ccmo.nl) In order to secure (1) informed consent and (2) confidentially requirements we followed a certain procedure: 1. A lecturer of the Midwifery Academy (who was not involved in the study) distributed a package of documents to the students, and explicitely stated that participation in this study was voluntarily. The documents included information about the study, the informed consent procedure, and the questionnaire. After this, the opportunity was given to students to leave the classroom. 2. No detailed information about the students (e.g. names, birth dates) was collected to ensure anonymity of the respondents.

Analysis

Analysis was performed qualitatively because we wanted to reveal broad meanings of the students and we did not want to exclude any topics important for students. Two researchers coded, categorised and thematised the data (EF and LK). Familiarization with the data took place by reading the data repeatedly and carefully. Text words were underlined, at the same time we created interpretive codes. Next, we identified groups of categories by similar codes. The two researchers compared and discussed the categories until full agreement was reached. After this, these categories were labeled into themes; if possible these were coded deductively according to the themes of the

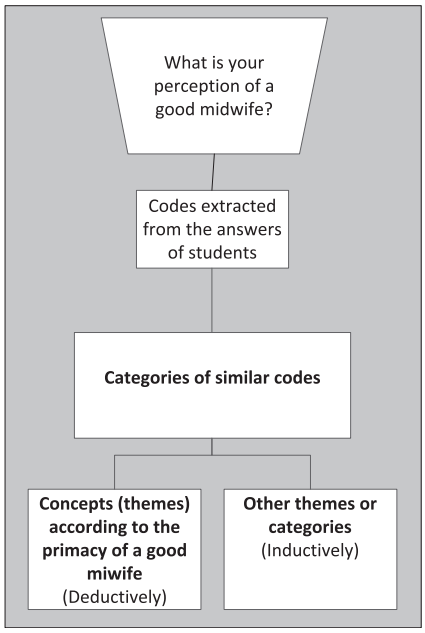

Fig. 2. The process of analysis (from question to category to themes).

theory of Halldorsdottir. (Halldorsdottir and Karlsdottir, 2011) If not possible, inductive themes were created (Fig. 2). MAXQDA (11.0) was used to analyse data.

Findings

Background characteristics

Table 1 shows the characteristics of the participants. The group consisted of 67 female-students, with a mean age of 24.51 years. A relatively large group (n=49) had a higher educational level than required for entry to midwifery education in the Netherlands. The majority of the students were planning to work in primary midwifery care after graduation (85%).

Themes

All five themes of the theory of Halldorsdottir and Karlsdottir (2011) emerged in the descriptions of the students.

Three additional themes could be identified; (1) personal characteristics of a good midwife, (2) organizational and advocacy competences, and (3) promotion of physiological reproductive processes.

Deductive analyses

Professional caring (for women and their family within the professional domain)

Participants described that caring is important in midwifery. A good midwife stands beside the woman, empowers her and knows her needs and those of her family.'A good midwife explores the wishes, worries/anxieties of women and what motivates them.' (P:37).

Next to that participants mentioned that the voices of women are important. A good midwife stands beside the woman and has the important task to level with her.

A good midwife supports a woman in her internal development process during pregnancy, labour and post-natally, and her transition into parenthood. (P:31).

A good midwife is a sister for the woman. She stands with her. (P:31).

Also, participants mentioned characteristics of midwives that are important in caring for women. It is important to be friendly, open minded, service orientated, reassuring, patient, and empathic.

A good midwife can sense emotions well. (P:41).

A good midwife reads between the lines and also listens to what isn't said in the conversation.(P:37).

Professional wisdom (development through the interplay of knowledge and experience)

Participants indicated that midwifery is about knowledge and application of professional guidelines. A good midwife also knows when to deviate from these guidelines if necessary. Participants mentioned that experience in midwifery care is important in order to make these deviations.

A good midwife acts in accordance with the guidelines and standards and, if well founded, possibly deviates from it. (P: 22).

The word passionate is often used. According to participants, passionate relates to the profession of midwifery, women, and the job itself. Good midwives are inspiring women.

A good midwife is passionate about her work and clients. (P:64).

Research is also important according to the participants. A good midwife is involved in scientific research and she is critical regarding scientific evidence. Also, she integrates the wishes of women into evidence-based practice.

A good midwife bases her practice on EBP and is receptive to the woman' needs. (P:37).

A good midwife can undertake and interpret research. She understands the importance of research and uses it to support her practice. (P:35).

A Good midwife understands what she does both theoretically and practically. (P:57).

Table 1
Characteristics of participants (descriptives, N=67).

Place of education	Amsterdam	37 (55.2%)
(n, %)	Groningen	30 (44.8%)
Age (μ, SD)		24.51 (4.65)
Preliminary degree	Secondary education preparing for research university	22 (32.8%)
(n, %)	Secondary education preparing for applied science (HAVO)*	12 (17.9%)
	Prevocational secondary education (MBO)*	6 (9.0%)
	One year education on a university of applied sciences (with certificate)	10 (14.9%)
	One year education on a research university (with certificate)	7 (10.4%)
	Bachelor or Master in applied sciences	7 (10.4%)
	Bachelor or Master at a research university	3 (4.5%)
Planned workplace/study after graduation (n, %)	Primary midwifery care (community)	57 (85.1%)
	Secondary midwifery care (hospital)	2 (3.0%)
	Combination of primary and secondary midwifery care	3 (4.5%)
	Combination of a gaining a master's degree and working in primary/secondary care	4 (6.0%)
	Unknown	1 (1.5%)

* Minimally required for entering the midwifery program in the Netherlands.

Lastly, participants referred to the term 'vision on midwifery' and explained this as: a good midwife has her own views on midwifery care, she substantiates her views and has an open mind. Halldorsdottir describes in her theory related to the aspect of professional wisdom that a good midwife knows what she is doing and why, participants deepened and broadened this aspect of midwifery care by adding vision on midwifery care.

Personal and professional development (knowledge of herself, both personally and professionally)

Lifelong learning is a category many times mentioned by participants.

A good midwife is up to date with guidelines and (relevant) new insights, and policy developments – in order that she can apply these. (P:61).

A good midwife stays up to date with new developments and stays in contact with other medical professions and regularly evaluates her own practise. (P:28).

Next to that, participants reflected on their own personal development.

A good midwife knows her own limitations. (P:1).

Interpersonal competence (partnership with women and the capacity of empowering communication)

Participants mentioned that a good midwife is *empathic and participatory,* and builds on trust within the relationship with women and other health care professionals.

A good midwife is present (P:34).

A good midwife offers a listening ear (P:49).

Next to that, she creates a relaxed atmosphere for her clients. She is a collaborator and team player. Finally, midwives should instruct other health care professionals as well.

A good midwife can cooperate well with other disciplines in perinatal care, and does not cause unnecessary tension. (P:14).

A good midwife is open to cooperating with other disciplines and will ensure that this cooperation is done optimally, with the client central. (P:3).

Professional competence (competency within the professional domain)

Participants mentioned many words and sentences related to the content of professional competences. Summarised, a good midwife is skilled and competent in all medical situations regarding pregnancy and childbirth.

A good midwife can develop policy and act quickly and adequately. (P:40).

A good midwife works evidence based and practices medicine within the scope of midwifery. Furthermore, participants mentioned that good midwives have the obligation to educate, supervise, and mentor midwifery students. Participant 6 wrote: 'A good midwife has the obligation to educate future midwives'. Next to that, an important task is to guide parents into the transition of parenthood. A participant (P:37) expressed this as follows; 'a good midwife guides and supports a woman in her inner development into the transition of parenthood'. Providing preventive care is also mentioned as a characteristic of a good midwife. Furthermore, wishes of women are important regarding decision making, although a good midwife always relates to known guidelines: 'A good midwife takes into account the wishes [of women], but clearly within the broader frame of reference that risk selection provides.' (P:31).

Participants added to the aspect of professional competence the term gatekeeper, which is a typical characteristic of Dutch midwives in a maternity care system whereas midwives refer to secondary care when problems arise. (Amelink-Verburg et al., 2009) 'A good midwife applies risk selection appropriately and acts medically.' (P:31).

Inductive analyses

Personal characteristics

According to the participants, personal characteristics are related to the midwife herself. Words used by participants are: unique, spontaneous, positive, having life-experience, working hard, independent (vigor, powerful, confident, composed) and smart.

A good midwife is inspired [by her job] and looks beyond her own area of expertise. (P:44).

A good midwife is a gutsy independent woman. (P:20).

Organisational competences

Participants describe that good midwives know how to run their own midwifery practices. She acts as a good employer and entrepreneur. Also, she advocates as an ambassador for midwifery.

A good midwife is an entrepreneur who can ensure a good running practice and is able to deal with health insurers, if necessary. She is not a walkover. (P:21).

A good midwife actively gets behind her profession/fellow professionals. (P:5).

Promotion of physiological reproductive processes

Physiology is described as a core value of midwifery. Participants mentioned that a good midwife supports physiological processes in pregnancy and childbirth.

A good midwife strives for a physiological approach to birth. She avoids unnecessary interventions (i.e. artificial rupture of membranes and vaginal examinations). (P:61).

A good midwife needs to maintain the physiology [of birth] and meet the client in her wishes (such as positioning women on all fours, water birth, upright positions). (P:57).

A few codes remained, which we could not thematise. Participants reported that a good midwife has her own opinion and also has the courage to stand for her own opinions. She has an academical degree. She provides client-centered care, however, only when it is possible. 'A good midwife starts from the premise that control and autonomy are very important for the woman, but this shouldn't fail to take into account personal agency and everyone's safety.' (P:13).

Furthermore, a good midwife is involved with and takes care of other health care providers.

A good midwife is involved in partnering with other health professionals. (P:11).

Comparison between the theory of Halldorsdottir and the opinions of nearly graduated midwifery students in the Netherlands

Fig. 3. shows the theoretical model of Halldorsdottir (Halldorsdottir and Karlsdottir, 2011) related to the professionalism of the good midwife. It also shows the themes added by nearly graduated midwives to the theoretical model. Next to that, it shows the number of times the themes are mentioned, represented by the size of the grey circles.

Discussion

Halldorsdottir and Karlsdottir describe that all the major concepts of the theory create the midwife's professionalism. This professionalism includes more than cognitive and practical competencies, and also includes the ideology of midwifery. In our study we used this theory as a framework in order to evaluate the perceptions of nearly graduated midwifery students as an outcome of their professional socialization process. Student midwives gave broad interpretations of the characteristics of a good midwife. Three themes next to the themes already conceptualised by Halldorsdottir (Halldorsdottir and Karlsdottir, 2011) were revealed and mentioned by nearly graduated Dutch

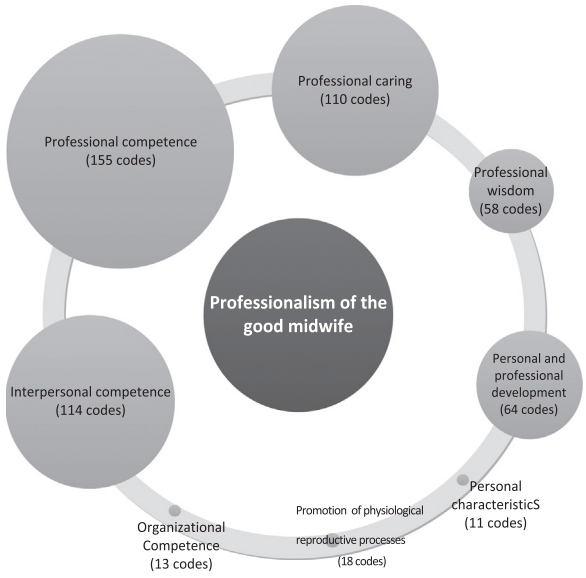

Fig. 3. The theory of the professionalism of the good midwife related to the perceptions of nearly graduated midwifery students in the Netherlands.(Halldorsdottir and Karlsdottir, 2011).

midwifery students. They added that a good midwife has specific personal characteristics, organizational competences, and promotes and prevents physiological reproductive processes in midwifery care.

Reflection

With regard to the theory of the primacy of a good midwife, Halldorsdottir and Karlsdottir (2011) describes and defines five major concepts (Figs. 1 and 3). We showed that nearly graduated students mainly referred to the concepts professional competence, interpersonal competence and professional caring. Carolan (2013) found that last year Australian students encompassed safe practice (professional competence) while remaining committed to empower and communicate with women (interpersonal competence), which is consistent with the results we found. With regard to professional wisdom it can be expected that this will be more developed after graduation because it develops in time by the interplay of knowledge and experience. Next to that, it is also possible that professional wisdom is not educated explicitly because it has to be further evolved during practice. With regard to personal and professional development, Halldorsdottir (Halldorsdottir and Karlsdottir, 2011) describes that the midwife knows and nurtures herself, both personally and professionally. This personal and professional development should prevent midwives from a burnout. The students in this study seem to recognise this aspect of a good midwife and relate to this in terms of lifelong learning, using evidence based knowledge, and self-development. However, in terms of numbers they do not emphasise this concept in the theory of Halldorsdottir (Halldorsdottir and Karlsdottir, 2011). Research shows that increasing students' motivation, creating spaces for students to reflect, and engaging in discussions with each other and faculty can create a better perspective for the development of the aspect of lifelong learning. (Mayhew et al., 2008).

From the new defined themes we think that 'organizational competencies' and 'promotion of physiological reproductive processes' may be desirable to incorporate in the theory because we think these are standard midwifery activities. In the Netherlands, organizational competencies are a very important aspect of daily midwifery practice. Almost half of all midwives have their own practice and serve as employers as well (Hingstman et al., 2013). Depending on the context of a maternity care system organizational competences can be more or less important. Despite this fact every midwife has to be capable to organise and manage her care on client and institutional level.

We found a duality of supporting women to make their own choices and in the same time wanting to follow strict maternity guidelines, which, as Carolan (2013) mentions, can be an expression of 'protective steering' (Levy, 2006). Protective steering is the mechanism in which midwives aim to protect pregnant women and in the same time aim to protect themselves, when decisions have to made (Carolan, 2013). On the other hand, students in our study also mention that pregnant women decide, despite what is written in professional guidelines.

Strengths and weaknesses

The strength of this study is that we asked half of all midwifery students in the Netherlands which gave us a broad qualitative and quantitative overview of the views and opinions of students. We therefore could explore the perspectives of nearly graduated students after four years of education and add preliminary content to the theoretical model of Halldorsdottir (Halldorsdottir and Karlsdottir, 2011). Despite the fact that Halldorsdottir and Karlsdottir (2011) did not quantify their data we created an overview of the number of codes. We think this was meaningful because it showed what students focus on.

Data was not triangulated by adding in-depth interviews with students to corroborate findings across data sets. This implies that we could not ask students to explain their answers. Next to that we only asked students in one cohort, adding another cohort could have resulted in an even broader insight into the socialization process of midwifery students.

Implications for practice, education and research

This research has been important for gaining insight into the professional socialization process of students at the end of their education. We recommend replications of this study at several moments of the educational program. By gathering such data it is possible to react to and interact with students during midwifery training. Educators can consider including specific lessons in which students, lecturers and midwives can debate about the midwifery profession. Also, such research can be a starting point to reflect and discuss the main values in midwifery care. Insight in the views of students can help lecturers and midwifery educators to fit their curricula better to the needs of students. Moreover, the theoretical model of Halldorsdottir can be a tool to measure and to determine the level of professional socialization in the midwifery program. With regard to lifelong learning we recommend that during midwifery education, efforts have to be expanded to increase the awareness of this important aspect.

Midwives should be aware of their important task regarding the professional socialization of student midwives. Also after graduation the professional socialization process will continue (Lange and Kennedy, 2006) which legitimises support and guiding of NQM in order to maintain their confidence they need to hold on to the values of midwifery care (van der Putten, 2008).

For research, student views can add knowledge to existing theory and insights in the current state of being of the midwifery profession.

Conclusions

Dutch midwifery students have a complete view of a good midwife in light of the theory developed by Halldorsdottir (Halldorsdottir and Karlsdottir, 2011). They refer to all the concepts of a good midwife. In fact, our study shows that perceptions of nearly graduated students of a good midwife are broad and deep, reflecting the values they take with them to real midwifery practice. However, during real practice in the years after graduation the professional socialization process will continue (Lange and Kennedy, 2006) which legitimises support and guidance of NQM in order to maintain the values of midwifery care

(van der Putten, 2008).

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