

1 **Educating Student Midwives around Dignity and Respect**

2 **Abstract**

3 **Focus:** There is currently limited information available on how midwifery students learn to provide
4 care that promotes dignity and respect.

5 **Background** In recent years the importance of dignity in healthcare and treating people with respect
6 has received considerable emphasis in both a national and international context.

7 **Aim** The aim of this discussion paper is to describe an educational workshop that enables learning to
8 promote dignity and respect in maternity care.

9 **Discussion:** An interactive workshop, using different creative methods as triggers for learning will be
10 described. Provision of learning opportunities for students around dignity and respect is important
11 to ensure appropriate care is provided in practice. The use of creative methods to inspire has
12 contributed to deep learning within participants. An evaluation of the workshop illustrated how
13 learning impacted on participants practice. Data to support this is presented in this paper

14 **Conclusion** The use of creative teaching approaches in a workshop setting appears to provide an
15 effective learning opportunity around dignified and respectful care. These workshops have evoked a
16 deep emotional response for some participants, and facilitators must be prepared for this outcome
17 to ensure a safe space for learning.

18 **Keywords:** Dignity, respectful care, midwifery education, midwifery, creative teaching approaches

Issue: Internationally some women have experienced maternity care that does not promote their dignity or is respectful. Little is known about how best to educate students around promote dignified and respectful midwifery care.

What is Already Known: Women desire maternity care that sustains their dignity and is respectful. Transformational learning practices will raise students' awareness of their personal values and practice.

What this Paper Adds: Students who participate in a dignity in care workshop using creative teaching methods were able to take this knowledge into practice.

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20

21 **Introduction.**

22 In recent years the importance of dignity in healthcare and treating people with respect has received
23 considerable emphasis in both a national and international context¹⁻³. In the Declaration of Human
24 rights⁴ dignity is a human value seen as a basic right for all. The provision of care that respects and
25 protects service users' dignity, is a core value expected of most health care professionals
26 internationally^{5,6,7} Dignity in healthcare is considered to be a variety of things that includes
27 concepts of respect, empathy, and individualised care⁸. The Royal College of Nursing provides a
28 definition:

29 *'Dignity is concerned with how people feel, think and behave in relation to the worth or value*
30 *of themselves and others. To treat someone with dignity is to treat them as being of worth,*
31 *in a way that is respectful of them as valued individuals.'*⁹⁷.

32 Yet several high-profile cases illustrate that many people have experienced less than dignified care
33¹⁰⁻¹², in English healthcare services. Recent surveys have identified that women in the United
34 Kingdom (UK) do not always feel that they have been treated with dignity and respect during their
35 maternity care experiences^{13,14} despite an expectation that women should receive a holistic and
36 women-centred approach to care.¹⁵ Examples of women receiving poor care including poor
37 communication, lack of empathy, lack of courtesy and rudeness have been documented.¹⁶ In
38 addition, lack of respect of the individual and effective listening has led to increased effects on
39 morbidity and mortality to both mother and baby^{12,17}. It could be argued, therefore, that respectful
40 care would lead to safer practice.

41 Respect for human dignity and a holistic approach is also the underpinning philosophy of the
42 International Confederation of Midwives¹⁸ Yet again recent surveys demonstrate that women
43 worldwide do not receive such care during pregnancy and childbirth¹⁹⁻²². In the United States of
44 America (USA) Eliasson et al¹⁹ found that many women reported their sense of dignity being
45 offended by the behaviours and actions of midwives. An international study by Bowser and Hill²⁰⁹
46 reported examples of women receiving non-consented care, non-confidential care and physical
47 abuse. In developing countries disrespectful care seems to be endemic, for example, Abuya²¹ found
48 20% of women reported receiving disrespectful maternity care in Kenya, while in Tanzania Sando et
49 al²² found 70% of women reported receiving disrespectful maternity care. This is despite The White
50 Ribbon's international campaign launched in 2011 which provides a standard for respectful
51 maternity care embedded within international human rights¹. A recent World Health Organisation
52 Statement²³ reiterates a commitment to eliminating disrespect in maternity care.

53 In order to achieve change it is imperative that healthcare staff receive appropriate education in
54 how to deliver care that respects service user's individual needs and maintains their dignity at all
55 times. However, dignity and respect are complex and multifactorial concepts, and thus can be
56 challenging to teach and learn in a formal way^{8,24}. There is a call for more effective education
57 around these concepts, with identification on how they can be learnt and assessed in health
58 professional education programs¹³. A recent survey by Hall and Mitchell²⁵ found in the UK there
59 was little standardisation across midwifery programmes for the teaching of dignity and respect in
60 midwifery practice, and that no consensus of how learning about dignity is facilitated or assessed.
61 We have not been able to establish how this learning is facilitated globally as there is a paucity of
62 literature available. There is a need to share educational practices designed to support midwifery
63 students to learn about the concepts of dignity and respect, and how these relate to midwifery
64 practice. In this paper, we present an educational intervention of a workshop that aimed to
65 encourage the students to explore the concepts of dignity and respect, and how these relate to
66 midwifery practice. We also present evaluation feedback from the perspective of some student
67 midwives who have participated in these workshops.

68 **Educational philosophy**

69 Our underpinning philosophy which determined the approach taken to develop the workshop was
70 grounded in theories of transformational learning; defined as learning which involves a fundamental
71 and irreversible shift in perspective²⁶. Transformational learning is not about the learning of facts or
72 the mastering of specific skills, but focusses more on enabling deeper insights and problem solving.
73 McAllister²⁷ highlights how educational approaches which offer 'a perspective changing experience'
74 can lead learners to cast-off old ways of thinking, and inspire the cultivation of new values.

75 To achieve this 'perspective changing experience' the workshop employs a range of interactive and
76 engaging learning strategies. The workshop was devised based on John Heron's principles of
77 facilitation²⁸, in order to promote meaning, to confront previous rigid behaviour and utilise emotion
78 to promote learning. Creative use of photos, video, sound tracks and storytelling, along with
79 discussion, reflection and problem solving in the application to midwifery practice is used in the
80 workshop. These creative approaches are underpinned by a teaching philosophy that believes
81 students are intellectual beings that learn best when they are emotionally engaged to the concepts
82 under discussion. It is recognised that different parts of the human brain have different attributes,
83 and whole brain development may be encouraged through creative means²⁹. Furthermore, it is
84 suggested that each person has a different psychological system for understanding the world, and
85 therefore they will learn through different forms and methods³⁰. Creative approaches to teaching

86 and learning, which connect with the audience on both a cognitive and an emotional level,
87 contributes to the art and science of midwifery practice.³¹

88 In recognition of the potential that the workshop may raise significant emotional issues for
89 participants, the workshop is always led by two facilitators. The workshops described here were led
90 by both authors, who are Senior Lecturers in Midwifery, experienced educationalists who are well
91 versed in facilitating learning around sensitive subjects.

92 **Outline of workshop for teaching Dignity and Respect in Midwifery Care**

93 The workshop commences with the facilitators sharing their background and interest in the subject
94 matter of dignity and respect in maternity care. The purpose for this is to put the participants at ease
95 and to provide an environment for mutual learning. Sharing in this way removes some of the 'power
96 base of educator over students'³². To ensure participants feel safe to share their views and opinions
97 all participants are asked to maintain confidentiality about any issues raised during the session.
98 Facilitators offer their support following the session and the University Wellbeing Services are
99 signposted as a post workshop support for participants.

100 The workshop is positioned with a short introduction in which both the National and International
101 contexts, and drivers for improving dignity and respect in healthcare and maternity services are
102 addressed. This provides a context for the activities that follow.

103 In the first activity participants are asked to consider what the words 'dignity and respect' mean to
104 them, and to share this in small groups of 3-4. We have found that participant responses at this
105 stage, when fed back to the group, often offer only a limited view of these concepts. It is common
106 for the concept of dignity to be related to maintaining physical dignity, whereas understanding of
107 the concept of respect is mostly viewed as respecting people's right to make choice, and for
108 midwives to gain informed consent.

109 In the second activity participants are asked to sit quietly, to watch and listen to a presentation titled
110 'Dignity and Respect: two sides of the story', which has a 15 minute duration. This presentation
111 consists of a series of triggers which illustrate the potential for the loss of dignity, as well as how
112 dignity can be respected for both parents and the baby, during maternity care experience. The
113 triggers include images, sounds, recordings and narratives which illustrate the impact on individuals
114 when respectful and dignified care is experienced, and when it is not. The triggers offer the
115 perspective of the mother, father and the baby. References to the impacts of disrespectful care from
116 a global perspective is also included to emphasise the significance of dignity and respect for all. The

117 creative triggers were selected from personal teaching resources, including letters, photos and audio
118 clips.

119 The choice of creative triggers purposively blends aspects of care that could be classed as
120 disrespectful or undignified alongside opposing triggers that exemplify good practice. Examples of
121 disrespectful or undignified care were chosen to reflect analysis of contemporary literature,
122 including the national Birthrights survey¹³ of women and midwives, and the international evidence
123 of disrespect and abuse in 'facility-based childbirth'²⁰. These include: non-confidential care, non-
124 consented care, humiliation, lack of privacy, and abandonment of care. More nuanced
125 interpretations of a failure to provide respectful dignified care were also included, such as negative
126 perceptions of care and a lack of choice. An evaluation of an educational initiative developed by the
127 Royal College of Nursing as part of the dignity in care campaign³³ also found that the use of visual
128 metaphors helped nurses develop self-awareness in relation to their practice³⁴. During the
129 presentation, we have noted that the audience's attention is fixed, and often the 'silence is
130 palpable', with the exception of the triggers involving sound or narratives. At the completion of the
131 presentation it has been our experience that participants remain spontaneously silent and
132 thoughtful. Our experience confirms that the creative aspect of the workshop is the most powerful,
133 triggering reflection and much subsequent discussion.

134 Following the presentation the participants are invited to consider their individual responses to the
135 triggers, and to debate the issues in relation to their experiences in the various maternity practice
136 areas. The discussion is often wide reaching, and it has been our experience that the presentation
137 broadens participants' perspectives on the meaning of dignity and respect in care. The discussion
138 reveals how the concepts of dignity and respect are understood as intertwined and complex,
139 incorporating care practices such as inadequate pain relief, failure to respect the woman's choice,
140 failure to support the partner, and leaving a baby to cry isolated in an incubator. The concept of
141 dignity as 'personhood' also emerges. Supporting our approach, it has been shown that when given
142 the opportunity to discuss these issues is provided, a deeper understanding of the complexity of
143 dignified and respectful care is reached.^{13,35} The creative triggers often stimulate self-reflection
144 which have resulted in emotional responses, either in relation to their personal or practice
145 experiences . Many participants have recounted personal experiences of receiving care lacking in
146 respect, or where their personal dignity was compromised. Participants also share their experiences
147 from practice, where they have viewed care lacking in promotion of dignity and identify where care
148 can be improved.

149 In the final activity of the workshop participants are asked to identify key areas for practice
150 improvement. On sticky notes participants are asked to record the following:

- 151 • One thing they can do to make a difference
- 152 • One thing they can do to improve the environment
- 153 • One thing the health services could do to make a difference.

154 This is to encourage the participants to consider their personal response to the workshop, and ways
155 in which their learning can be translated into action, both individually, and in the macro
156 environment. These responses are collected and collated, and used to promote further discussion of
157 how dignity and respect in care can be promoted. Following the workshop, the practice
158 improvement ideas are recorded and shared with the participants (see box 1).

159 **Participants of the workshops**

160 We have conducted the workshop in the BSc (Hons) Midwifery undergraduate curriculum over
161 around 5 years, and also with qualified practitioners within a range of settings including study days
162 and conferences. The evaluation data presented here was gathered from undergraduate students
163 from multiple groups of around 50. The students were all female, from a wide range of age groups,
164 between 18 and 45, and from varied cultural and social backgrounds. The workshops were
165 conducted in the first year of the midwifery program and after the students had undertaken a
166 variety of placements in both community and hospital settings. As this discussion paper is presenting
167 educational evaluation data, no ethics approval was sought. To maintain confidentiality of
168 participants, no names or identifiers are used. Providing evaluation feedback was voluntary and has
169 been used to improve the both programme content and delivery.

170 **Evaluation and feedback**

171 As part of usual education practice, students were invited to immediately provide comments of their
172 experiences of the workshop. We frequently receive comments such as that the workshop was
173 *'inspiring and insightful'*. Feedback identified that the workshop successfully triggers consideration
174 of relevant issues, and it is clear that the participants are able to identify how to apply the content to
175 their own midwifery practice. Comments such as the session *'made me think'* and it was *'thought*
176 *provoking'* illustrate achievement of our aim, of encouraging students to think about the complexity
177 of practice in relation to providing respectful care in a way that promotes the dignity of service
178 users.

179 We were also interested to understand if the immediate impact of this workshop was upheld over
180 time and whether it made any differences to students once they returned to practice placements.
181 Six months following one of the workshops, students were invited to provide feedback on whether
182 they perceived the workshop had made an impact on their practice. By this time students had
183 completed two further placements of at least 6 weeks each in the community and hospital setting.
184 The students are used to having such requests to provide feedback to help us improve the
185 programme of learning for future students. Again, their choice to respond was purely voluntary and
186 did not require formal ethical approval. Five students of one group of 50 responded. This evaluation
187 feedback is therefore limited to those who were interested enough to respond, but is nevertheless
188 of interest. One student commented she was initially sceptical about the need for such topics to be
189 taught, but following further practice experiences she recognised its value.

190 *'I was sadly surprised that dignity and respect actually needed teaching as one*
191 *had hoped it would be ingrained, however it has made me aware that often it is*
192 *not. I have definitely been more conscious of making sure that the women I have*
193 *cared for have fully understood and given consent for anything we offer to do for*
194 *them, to ensure that they are covered and that the door to the room is closed*
195 *when they are in it to ensure not just privacy but also shielding them from the*
196 *space outside the room so that they feel they have my full attention'*

197 Some students could identify how the session impacted on their awareness and practice. One
198 student wrote:

199 *'the session on dignity and respect has made me more aware of the fact that the*
200 *words and tone used when caring for women can have such a big impact on*
201 *them, not only in that actual moment, but the effects can last for a long time*
202 *afterwards too. Since starting in practice I realise that women don't forget when*
203 *they have not been treated with dignity and respect, and this can have a huge*
204 *impact on their perceptions of the midwifery staff and hospital too.'*

205 Others reflected on the 'routine' nature of midwifery care. One wrote:

206 *'It did make me more aware of practices which may be so routine for midwives*
207 *(e.g. urinalysis) but can be very awkward for women.'*

208 A further student recognised aspects of practice where dignity or respect for individuals was
209 compromised, and acknowledged the challenges she faced in practice. She wrote:

210 *'I have observed much recently which made me question whether dignity and*
211 *respect was prioritised, and definitely found that it is more limited in a busy*

212 *hospital setting, yet I have maintained my position of communicating and*
213 *acknowledging requests without, I feel, being disrespectful to common practices.*
214 *this is a fine line to walk, and can be nerve racking, and I hope that I am managing*
215 *to tiptoe along developing my practice and not stepping on any toes whilst I do*
216 *so'.*

217 This student, faced with the reality of how the environment and culture of the maternity services
218 can impact on the provision of care, held firm in her view of what constituted respectful care.

219

220 This feedback gives us confidence that the workshop has both short and long term outcomes for
221 student learning, raising awareness of and improving practice to provide dignified and respectful
222 care.

223

224 **Discussion and Conclusion**

225 Dignity and respect are complex multifactorial concepts central to midwifery practice, yet there are
226 many examples in the literature where women report disrespect and undignified care.^{13, 14, , 36,37}

227 Individualised care, and trusting relationships are key to women experiencing care as respectful¹⁵. It
228 is therefore important to dispel any suggestion of maternity practice as 'routine', and embed a
229 holistic, woman-centred approach early into the education of all future maternity carers.

230 Respect should be an essential value in all interaction between midwives, woman and their families.

231 Magill-Cuerden³⁸ suggest the skills of providing respectful care to all women develop over time, and
232 that the best place to learn these skills is in the community. However, since the recent illustrations

233 of lack of provision of dignified care^{11,12} in UK health services, and ongoing international concerns²⁰⁻

234 ²², the drive to improve the quality of care in order to improve safety is an imperative. Listening to

235 women, and thus meeting their needs through respectful dignified care, is the hallmark of a positive

236 maternity experience for women and their families. Therefore, these values should be embedded

237 and modelled throughout all student encounters. Changing individuals' embedded beliefs and the

238 culture of an organisation to one in which dignity and respect is a central value is challenging.

239 However, change must start with the individual, hence there is a need to address such important

240 value-based subjects through an individual philosophy.

241

242 A previous recent survey of education providers in the UK has identified that the provision of

243 education for midwifery students around dignity and respectful care is variable, ranging from being

244 embedded in the philosophy of the curriculum and university, to being more limited.²⁵ We would

245 argue that the concepts of dignity and respect should be embedded throughout all aspects of
246 learning in both theory and practice. However, student feedback illustrates this is not the case, and
247 therefore it has become an imperative for a discreet learning opportunities to be provided within
248 the curriculum.

249

250 As experienced midwifery educators, we value students as ‘whole people’^{39,40} along with the
251 principles of transformational learning²⁶. and meaningful facilitation²⁸. We are also proponents of
252 the use of creative approaches to teaching and facilitation to aid transformation in learners,²³ and
253 have used such methods extensively.

254

255 **Conclusion**

256 The aim of this paper has not been to present a formal evaluation of the effects of such methods but
257 is intended to illustrate and reflect upon the content and delivery of a workshop and the use of
258 creative methods of facilitating learning. The feedback from the participants illustrate how they
259 were provoked to think more about their practice, and were inspired to think more deeply. The
260 feedback from students demonstrates that later in their programme they recognised that the
261 learning in the session had made them more aware of their own attitudes, and prompted them to
262 question the use of ‘usual’ practices.

263

264 Our reflection on our experience of facilitation of these sessions on dignity and respect over a
265 number of occasions has highlighted some important recommendations for practice:

- 266 • The importance of a balanced perspective: we provide examples in the presentation of both
267 positive and negative demonstration of dignified care, hence ‘Two sides of the story’.
- 268 • Importance of recognising the emotional impact on the participants, issues of confidentiality
269 during the discussions and sign posting to student support services as required.
- 270 • Ensure two facilitators: the session was designed to provoke an emotional response and
271 participants may require support should memory of difficult past situations be triggered.
- 272 • The success of the workshop, we feel, lies in the use of creative methods to stimulate
273 emotional as well as cognitive response to the issues. By using real stories, participants are
274 able to recognise the importance of their contribution to dignity in health care. We believe
275 using a creative approach leads to the participant to gain a deep understanding of the
276 concepts.

277 We believe that this innovative approach using creative methods to enhance teaching and learning,
278 alongside clinical placements, offers an effective learning opportunity about how to provide
279 dignified and respectful midwifery care.

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