



## Introducing sensitive issues and self-care strategies to first year midwifery students



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### ABSTRACT

**Objective:** first year midwifery students learn early in semester about situations in midwifery where a high level of emotion is expressed, such as taking a sexual history, being faced with the body image changes of pregnancy and working with women in the extreme pain of labour. Commencing students usually have not had exposure to the realities of studying and working in midwifery, and often have an idealised view of midwifery that may lead to attrition from the course. We aimed to equip students with personal and professional tools to discuss sensitive issues in midwifery and promote self-care through the development of two workshops. The first workshop focussed on sensitive issues in midwifery and the second on self-care strategies.

**Design:** quantitative and qualitative data were collected pre and post workshops using a survey.

**Setting:** the workshops were developed at one university in New South Wales, Australia. Participants: Beginning first year midwifery students

**Measurements:** feeling more comfortable, confident and knowledgeable was measured using a paired t-test from the responses on a pre and post workshop survey. Content analysis was performed on the qualitative survey responses.

**Findings:** there were significant increases in the students feeling more comfortable to discuss sensitive issues in midwifery following the first workshop. They found meeting new people, respecting opinions, normalizing confronting topics to be valuable and useful. The second workshop found significant differences in being more confident and knowledgeable to access and try new self-care strategies in both their personal and professional life. Students discussed learning to be more mindful in order to prepare for stressful situations. They became aware of their feeling and thoughts when under stress and said they would practice techniques including meditation.

**Conclusion:** the workshops assisted the students to develop peer support, self-care strategies and coping mechanisms when faced with the intimate and sometimes confronting nature of midwifery practice. Through embedding these first year workshops early in the degree we hope to address attrition rates and facilitate the students' to become the compassionate, caring, woman-centred midwives that they envisioned.

**Implications for practice:** the workshops have the potential for replication in other universities to support and nurture beginning midwifery students.

### Introduction

First year midwifery students learn early in their first semester about situations in midwifery where a high level of emotion is expressed. They are exposed to the intimate nature of midwifery work such as taking a sexual history, being faced with the body image

changes of pregnancy and working with women in the extreme pain of labour. Students are also required to engage in continuity of care experiences where the student develops a relationship of trust with a woman. First year midwifery students are introduced to all these types of topics within the early weeks of their course. Such sensitive issues have the potential to trigger emotional distress for the students. This

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may lead to students' inability or reluctance to discuss complex and personal issues with each other in the classroom and then later with women when on clinical practice.

## Background

Midwifery students come from a diverse background including those who have just finished secondary school (school leavers) and those who are older and have a previous career working in another unrelated industry or completed previous study in an unrelated area (mature age) students. School leavers often consider a midwifery career after witnessing midwifery care for friends and relatives or hearing their birth stories (Cullen et al., 2016). These younger midwifery students are also exposed to midwifery through reality television and many have a desire to work with babies (Cullen et al., 2016). Mature age students have reported personal experience with childbirth, either as a mother or professionally, such as working as a doula; others have been members of maternity consumer organisations (Fraser and Hughes, 2009; Carolan and Kruger, 2011b; Cullen et al., 2016). Both school leavers and mature age students have an attraction to midwifery based on their preconceived ideas of the role and scope of the profession of midwifery. These ideas are often of an altruistic nature; students want to be part of a caring profession and make a positive difference to women's lives during childbirth. Overall, midwifery is portrayed as a satisfying career (Fraser and Hughes, 2009; Williams, 2009; Carolan and Kruger, 2011a, 2011b;). Commencing students usually have not had exposure to the realities of studying and working in midwifery, and often have an idealised view of the midwifery.

Students may begin midwifery studies with the view that pregnancy and birth are overwhelmingly joyful and happy events for women and their families and they expect to share in this joy. Younger students view pregnancy, birth and motherhood as natural positive life-changing events; this construct is particularly articulated by non-mothers (Fraser and Hughes, 2009). There is a belief from undergraduate students, undertaking science degrees in preparation for nursing or medicine that birth can be risky and most students believe women should have a baby in hospital. These views are influenced by the depiction of childbirth in the media (Fraser and Hughes, 2009; DeJoy, 2010). Midwifery students believe they can support women to have a positive birth experience through creating a caring compassionate environment in the hospital setting (Seibold, 2005; Fraser and Hughes, 2009). These idealised notions are a challenge for educators when faced with the reality of undertaking midwifery that requires intense study, clinical practical experience in often busy understaffed birth units and a high level of emotional work (Hunter, 2001; Fraser & Hughes, 2009).

The high level of emotion midwives experience during their work is due to the sensitive, complex and varied nature of midwifery. It involves the acknowledgement of sexuality, being with women in labour who are experiencing intense pain and the organisation of midwifery care (Hunter, 2001). A midwifery degree requirement includes continuity of care experiences in addition to rostered clinical shifts throughout the maternity ward. Continuity of care experiences require the student to develop a relationship of trust with women through pregnancy, be on call for her birth and provide care in the early parenting period. The continuity of care experiences together with the division of labour in the hospital wards can result in an additional emotional load (Hunter, 2001). Midwifery students are expected to address all of these issues in their first year of study at university and may feel overwhelmed leading to high levels of attrition (Carolan and Kruger, 2011b).

Reasons students leave within the first six months of their midwifery degree include a lack of support in clinical practice, the emotional demands of midwifery and balancing study and other life demands (Gray et al., 2012; Green and Baird, 2009). A strong network of peers provides support and a safe environment for midwifery students to reflect on their clinical experiences (Sidebotham et al.,

2015). We have previously addressed the issue of 'culture shock' in clinical placement through a first year workshop that has been embedded into the curriculum (Cummins et al., 2014). However we recognise there is a need to address other factors that cause student attrition.

Students desire a sense of connectedness to lecturers and other students. There is scope for tutor-mediated support, peer-to-peer support, counselling services and nurturing interventions to support first year midwifery students to stay in the profession (Green and Baird, 2009; Carolan and Kruger, 2011b). It has been suggested that midwifery students would benefit from reflecting critically on their own concept of midwifery, early in their degree, so they are better equipped to deal with the different experiences they have during study and clinical practise (Fraser and Hughes, 2009). To address this we decided to develop a further two workshops with the aim of equipping students with personal and professional tools with which to discuss sensitive issues in midwifery and develop tools for self-care.

The two workshops developed provided students with an opportunity to explore and reflect on their own backgrounds, engage early with their cohort, obtain a formative experience in the discussion and digestion of sensitive issues relating to their profession, and begin to prepare them for their first year of midwifery studies. The workshops also aimed to promote self-care strategies to support students in their transition to becoming a midwifery student. Ethical approval was granted by the university ethics committee: UTS HREC REF NO. 2015000101.

## Methods

The first workshop introduced students to sensitive topics in midwifery and was run in the first class of semester before the students' clinical placement in hospitals. This workshop was facilitated by an experienced midwifery lecturer with a strong clinical background who has experience in first year projects. The second workshop focused on self-care strategies and was run later in semester following the students' clinical placement. The second workshop was facilitated by a professional who has experience in mindfulness and life coaching. A midwifery lecturer attended and was provided with skills and strategies for running this workshop in the next year in order to embed the workshop into the first year experience. For each workshop, quantitative and qualitative data were collected pre and post workshops using a survey.

### *Description of the workshops*

The first workshop had a dual aim of introducing the students to some sensitive issues in midwifery education/practice and secondly to begin to identify the students' support systems should the content cause them emotional distress. The workshop opened with an introduction to the concept of a safe, non-threatening environment to encourage students to discover their own beliefs and preconceptions. Green and Baird (2009) proposed students could benefit from professional counselling services therefore we informed students that professional counselling services were available on campus, free of charge, should the content of the workshop cause them distress.

### *First workshop*

#### *Getting to know each other*

The first activity focused on meeting new people. Students were divided into groups based on where they lived by train lines. The purpose of this activity was for students to meet new people that they could travel to and from home together. After the students were grouped by train line they engaged in a well-known team building activity called the human knot. Each group stands in a tight circle and the participants place their hands into the centre with closed eyes. Each

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