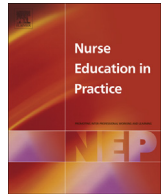




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## The mentoring experiences of new graduate midwives working in midwifery continuity of care models in Australia

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### ABSTRACT

The aim of this paper was to explore the mentoring experiences of new graduate midwives working in midwifery continuity of care models in Australia. Most new graduates find employment in hospitals and undertake a new graduate program rotating through different wards. A limited number of new graduate midwives were found to be working in midwifery continuity of care. The new graduate midwives in this study were mentored by more experienced midwives. Mentoring in midwifery has been described as being concerned with confidence building based through a personal relationship. A qualitative descriptive study was undertaken and the data were analysed using continuity of care as a framework. We found having a mentor was important, knowing the mentor made it easier for the new graduate to call their mentor at any time. The new graduate midwives had respect for their mentors and the support helped build their confidence in transitioning from student to midwife. With the expansion of midwifery continuity of care models in Australia mentoring should be provided for transition midwives working in this way.

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### Introduction

In Australia, upon graduation from midwifery education programs, most new graduates find employment in hospitals and most undertake a new graduate program (Clements et al., 2011). This usually requires the new graduate midwife to rotate through antenatal clinics, birth suite and postnatal wards over a 12 month period (Clements et al., 2011). Another model is midwifery continuity of care, that is caseload midwifery in small group practices, however new graduate midwives are usually not offered the opportunity to work in midwifery continuity of care as they are seen as lacking the skills necessary to care for all women including those that may have medical complications (Panettiere and Cadman, 2002). Rotating through wards has historically been seen as necessary to gain enough experience to work in midwifery continuity of care although it is not clear now whether a traditional transitional program is appropriate or necessary for new graduates who desire to work in these models (Clements et al., 2013). New

graduate midwives feel they are prepared to work in continuity of care due to the “follow through” experiences they undertake as students as part of the Australian registration requirements for midwifery (Cummins et al., 2015; Australian Nursing and Midwifery Council, 2010; Gray et al., 2012). In addition, new graduate midwives in Australia have expressed a desire to work in midwifery continuity of care models soon after graduation and there is high level evidence of the benefits of these models for women (Sandall et al., 2013) and for midwives (Cummins et al., 2015; Dawson et al., 2015). Perhaps what is required is a mentor to support the new graduate midwife to transition from student to autonomous practice within a midwifery continuity of care model.

Midwifery continuity of care (also known as caseload midwifery or one-to-one midwifery) is defined as “care provided to women throughout pregnancy, birth and the early parenting period from one midwife or a small group of midwives” (Sandall et al., 2013). Limited numbers of new graduate midwives have the opportunity to work in midwifery continuity of care in Australia although the numbers are slowly increasing due to demand from graduates and to address workforce needs. Public maternity services have been directed by both the federal and state government to increase the numbers of continuity of care models available to women (Australian Government Department of Health and Ageing, 2009;

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New South Wales Department of Health, 2010) consequently there is a demand for midwives to staff these models. New graduates who enter these models of care are often formally or informally mentored while their confidence grows although the precise nature of their mentoring is not known. Mentoring new graduate midwives into a midwifery continuity of care model may be an answer to increasing confidence and consolidating skills. The aim of this paper was to explore the mentoring experiences of new graduate midwives working in midwifery continuity of care models in Australia as part of a wider study exploring the experiences of new graduates.

### Mentoring

Mentorship is defined as a relationship between a more senior staff member with a more junior member focussing on the development of job related skills and career advancement within a hierarchical organisation (Eby, 1997). Mentoring is about the development of an interpersonal relationship between a less experienced individual a more experienced individual (Eby, 2011). Mentoring has been described as a one-to-one activity that can happen in many different contexts or environments with various definitions of coach, mentor or tutor, often used interchangeably (Parsloe and Wray, 2000). Mentoring has been used in many disciplines including business and nursing (Beecroft et al., 2006; Fajana and Gbajumo-Sheriff, 2011). Throughout the literature the concept of mentoring involves support from a more senior or experienced person to someone new to the organisation. In the business model the overall aim of mentoring is to meet the strategic directions of the company while advancing the career path of the mentee (Fajana and Gbajumo-Sheriff, 2011). Mentoring has become such common practice in business that some resistance has evolved, a suggested solution to this problem is to make mentoring as informal as possible along with the promotion of a mentoring culture (Fajana and Gbajumo-Sheriff, 2011). In nursing, the goals of mentoring are to provide a smooth transition from student to the profession of nursing through socialisation into the culture and environment (Beecroft et al., 2006). It has been found that registered nurses will resign if they have not assimilated into the culture within twelve months, making mentoring an important strategy for staff retention (Beecroft et al., 2006). Similar to the business model it is recommended that mentors have training in mentoring, adequate time for meeting between the mentor and mentees is also recommended to make the mentoring program a success (Beecroft et al., 2006; Fajana and Gbajumo-Sheriff, 2011).

Mentors may be either allocated or selected by the mentee (Lennox et al., 2008b; Eby, 2011). The mentoring relationship may have no defined end date; the period of mentorship may be over when either the mentor or mentee decide they no longer require the support (Lennox et al., 2008b). Preceptorship is different to mentoring in that it tends to be of a shorter duration and focused on the development of clinical skills not on confidence building (Lennox et al., 2008b).

Mentoring in midwifery has been described as being primarily concerned with confidence building based on a more personal relationship and not just an assessment of competence (Lennox et al., 2008a). Mentoring in this context includes teaching, role modelling and socialising for the mentee however the benefits are reciprocal as new graduates bring enthusiasm to the mentor (McKenna, 2003). Constraints of mentoring include time and financial barriers including the necessity of the health system to provide resources to support the ongoing development of midwives into mentors (Lennox et al., 2008a).

There are few studies that specifically explore the mentoring needs and experiences of new graduate midwives as they transition

into midwifery continuity of care. One particularly relevant study is from New Zealand; which examined the experiences of new graduate midwives who were mentored into caseload practice (Kensington, 2006). Mentoring occurred 'within' the midwifery practice from a midwife working alongside the new graduate in the same group practice or from 'outside' the practice where midwives working in other caseload practice provided mentoring without working alongside the new graduate (Kensington, 2006). 'Inside practice' was seen as mentoring through providing support, advice, a second opinion and education, the mentor and new graduate met casually, at caseload practice meetings or on scheduled occasions to meet with women (Kensington). 'Outside practice' included support without meeting in the practice although the mentor did provide assistance with setting up the contractual business provided by the midwives (New Zealand College of Midwives (inc) 2012). On occasion, they did attend births, mostly when there was some difficulty or the midwife was distressed by the clinical events (Kensington, 2006). These experiences were described as supportive and empowering (Kensington, 2006) rather than the condescending nature of other transition support programs within the hospital setting and demonstrated the ability of mentoring to build confidence.

An earlier ethnographic study from the United Kingdom used focus groups and observations of new graduate midwives to report reflections from the midwives on feedback received from women (Stevens, 2002). This reflective practice provided the new graduates with the realization of "what they did" and "did not know", proving to be an excellent model for consolidation of midwifery skills and knowledge (Stevens, 2002) towards professional development. These two qualitative studies discussed show that new graduate midwives working in caseload practice have a positive experience and are well supported. This part of our wider study aimed to explore similar issues in a different context, in particular, to discover the mentoring experiences of new graduate midwives working in midwifery continuity of care models in Australia.

### Method

The experiences of mentoring are part of a larger study looking at the overall experiences of new graduate midwives working in midwifery continuity of care. A qualitative descriptive study was undertaken (Sandelowski, 2000) and framed by the concept of continuity of care (Saultz, 2003). Qualitative descriptive designs are a rigorous and credible form of inquiry (Avis, 2003; Hughes and Fraser, 2011; Sandelowski, 2000) and particularly useful to describe how people feel about an event. In this case, the event was the experiences of the newly graduated midwives working in midwifery continuity of care models, in particular their experience of mentorship. Mentoring for novice midwives has been found to be about the relationship with each other (Lennox et al., 2012). The benefit of continuity of care as a relationship was articulated by Saultz (2003) and applied to midwifery (Page and McCandlish, 2006) and provides a framework to the proposed research design.

### Participants

Midwives who were either in their first or second year of practice and working in midwifery continuity of care were recruited to the study. The new graduate midwives worked as caseload midwives, in small group practices in public hospitals throughout Australia, only one participant had worked in private practice providing caseload care from a small group of privately practicing midwives. Sampling began after researching which hospitals/area health services within Australia offered midwifery continuity of care and employed new graduate midwives into

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