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The good midwife: commencing students' views

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ABSTRACT

Objective: to explore commencing students' views of the good midwife. This study was set against a background of high course attrition and concerns that discordant students' views of midwifery practice may have been associated with course attrition.
Design: qualitative thematic analysis.
Setting: Melbourne, Australia.
Participants: all commencing midwifery students, in 2008, were invited to participate ($n=41$).
Measurements and findings: students spoke of a series of key attributes they felt were important to the role of the midwife. Most fell into the affective domain and four themes were identified: personal qualities and attitudes; a belief in women and natural birth; compatible work ethic; and the possession of additional attributes.
Key conclusions and implications for practice: commencing students showed a clear understanding of the affective attributes required of a good midwife but a lesser understanding of requirements of knowledge and competence. A small number of students felt that they were already equipped to advise pregnant women, despite their early stage in the course. This is an issue that needs to be addressed.

Introduction

In Australia, the role of the midwife has undergone a number of changes in recent years (AHWAC, 2002; Homer, 2006; Homer et al., 2008), related primarily to a greater emphasis on 'women-centred' care (Carolan and Hodnett, 2007). Similar changes have been reported in most other high-income countries (Leap, 2000; McCourt and Pearce, 2000; Page, 2003; McCourt et al., 2006; Finlay and Sandall, 2009). This changing philosophy has given rise to a greater consideration of what constitutes acceptable midwifery care. It has also sparked renewed debate about the essential attributes of a midwife. At present, there is no clear operational definition of the good midwife (Nicholls and Webb, 2006). Rather, there exists a regulatory definition of the midwife which is endorsed by the International Confederation of Midwives (ICM), the World Health Organization (WHO) and the International Federation of Gynaecology and Obstetrics (FIGO) as follows:

> A midwife is a person who, having being regularly admitted to a midwifery education program fully recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery (ICM/WHO/FIGO, 1992).

Literature review

To date, there is no clear consensus as to what exactly constitutes a good midwife, and literature searches using keywords such as 'good midwife', 'exemplary', 'midwifery care', 'views', 'perceptions', 'women', 'midwives' and 'students' reveal a body of literature that falls into three main categories. Categories include: studies examining the 'good midwife' from the perspective of midwives (Byrom and Downe, in press; Nicholls and Webb, 2006); studies examining 'good' midwifery care from the perspective of women (Homer et al., 2008; McCourt and Pearce, 2000; McCourt et al., 2006; Tennant and Butler, 2007); and studies from an educational perspective (Butler et al., 2008; Fullerton et al., 2003; Fullerton and Thompson, 2005). The views of midwifery students are noticeably absent in this literature and, despite exhaustive searching, just a single American reference was located (Lange and Kennedy, 2000). No Australian literature was found which evaluated midwifery student views of the good midwife.

In the first category of literature, midwives in clinical practice, while endorsing safety and the acquisition of competencies, go beyond the ICM definition of a midwife to describe additional essential attributes that the good midwife should possess. These

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attributes include communication skills, empathy and relationship building (Fraser, 1999; McCourt and Pearce, 2000; McCourt et al., 2006; Nicholls and Webb, 2006; Byrom and Downe, in press). Throughout this category, there is a dual emphasis on midwifery skills and emotional and affective attributes, such as empathy and compassion (Nicholls and Webb, 2006; Byrom and Downe, in press). Nicholls and Webb (2006), for example, undertook a systematic review to answer the question 'what is a good midwife' and found that the good midwife was described as having attributes located in affective, cognitive and psychomotor domains. According to this review, the good midwife should be compassionate, kind and supportive, in addition to being knowledgeable, skilful and a good communicator (Nicholls and Webb, 2006). Byrom and Downe (in press, p. 1) explored midwives' views of the good midwife and found similarly that views were based both on 'skilled competence' and 'emotional intelligence'. This understanding of the compassionate and communicative midwife pervades recent accounts, and is closely associated with an emphasis on the midwife–woman relationship (Carolan and Hodnett, 2007). However, this view is not entirely contingent on women-centred care as it can be found in literature that precedes common acceptance of this philosophy. For example, Hicks (1995) found that emotional qualities dominated views of the good midwife who was described as kind, popular, compassionate and a good communicator but likely to be less rational than the good midwife researcher. The principal difference in this view, and contemporary views, is that the good midwife is now expected to be a reflective practitioner, who is cognisant with, and preferably engaged in, research activities, while at the same time, possessing compassionate and caring qualities (Carolan and Hodnett, 2007).

In the second category of literature, the focus is on good midwifery care from the perspective of women, and here the literature is again dominated by the same two features: skilled care and emotional elements. However, it differs from the midwifery literature in that there is a stronger emphasis on an individualised approach to care and a lesser emphasis on knowledge (Finlay and Sandall, 2009; Fraser, 1999; Homer et al., 2008; McCourt and Pearce, 2000; McCourt et al., 2006). Homer et al. (2008), for example, found that women identified three essential components of good midwifery care: skilled care, the personal qualities of midwives and knowledge. Fraser (1999, p. 102), who also explored women's views of optimal midwifery care, uncovered very similar themes including the characteristics and clinical competence of midwives, but this work also stressed the importance of individualised care.

Many women identified the midwife–woman relationship as important and as making a difference (Berg et al., 1996; Finlay and Sandall, 2009; Fraser, 1999; Homer et al., 2008; Nicholls and Webb, 2006), and Fraser (1999, p. 105) found that approximately 75% of women wanted a 'special' relationship with the midwife as both an advocate and a friend. Meanwhile, McCourt et al. (2006) found that women valued conversation with the midwife and access to the midwife's time. It was also clear that women were unhappy with care that they perceived as rushed or unsympathetic (Small et al., 1999). Other important elements of care were trust and a belief in the women's ability to give birth naturally (Berg et al., 1996; Homer et al., 2008). Homer et al. (2008, p. 6), for example, found that women wanted to be certain that midwives caring for them believed in the birth process, while Berg et al. (1996) went one step further and found that women felt empowered to listen to their own bodies when the midwife believed in them. Competence in the midwife was recognised as an essential element of care by a percentage of women (Fraser, 1999; Homer et al., 2008). However, this feature was also often taken for granted by women who emphasised a requirement for kind and respectful care rather than skilled competence (Small et al., 1999).

In the third category, views of the 'midwife', from an educational position, have been dominated by the achievement of specific competencies and skills and by notions of safe practice (Butler et al., 2008; Fullerton et al., 2003; Fullerton and Thompson, 2005). Much of this work aimed to inform curriculum development and it is therefore focused on skills training, but there is also recognition of the importance of the midwife's personal attributes and communication skills (Butler et al., 2008; Nicholls and Webb, 2006). Throughout all categories of studies reviewed, communication skills were identified as paramount and there was a clear indication that clinical competence alone did not make a good midwife (Fraser, 1999; Nicholls and Webb, 2006; Byrom and Downe, in press).

The views of student midwives are noticeably absent in the literature and only one reference was found. Lange and Kennedy (2000, p. 71) undertook a study exploring nurse-midwifery students' observations of ideal midwifery care in an American setting, and found that commencing midwifery students embraced idealistic views about empowering and assisting women through advocacy, empowerment and 'gentle birth'. Although not comparable to an Australian setting of undergraduate midwifery programmes, this work offers some insight into commencing midwifery students' views.

Finally, becoming a good midwife or taking on midwifery identity is a complex process and, according to Foley (2004), involves working within regulations, negotiating medicalisation of practice while at the same time aspiring to hold on to the tenets and sentiments of traditional midwifery practice. It also involves adjusting to the clinical reality of the role, which in itself can be challenging for students (McCall et al., 2009). For commencing midwifery students, this process is complicated by unclear descriptions and perhaps limited understanding of the 'good midwife'. This study was therefore undertaken to explore commencing students' views of the good midwife in one Australian university. It was also hoped that the insights gained from this study would add to the limited literature on students' views of the good midwife, and might open the debate on how best to support students in their trajectory to becoming a good midwife.

Methods

This study was part of a larger qualitative study examining the motivations and beliefs of commencing midwifery students at one Australian university (Carolan and Kruger, in press). It was undertaken amidst concerns that a mismatch between student expectations and the clinical reality of the midwifery role might impact on attrition rates. The research was driven by feedback which had been provided by completing first year students the previous year.

In 2008, first year midwifery students were asked to fill out basic demographic questionnaires containing information such as age, income, living arrangements and children. Two open text questions were included on the questionnaire and sought to gather information about how commencing students understood what constitutes a 'good midwife'. Students were then asked to write a reflective essay on 'Why I want to be a midwife: role of the midwife in Australia'. This paper reports only on findings from the open text questions:

- What attributes do you think a good midwife should possess?
- What makes you believe you are suited to the midwifery role?

Ethics approval and student permission was obtained prior to using student data for research purposes. Student confidentiality

was maintained by using an identifier code rather than student name on all data. Additionally, researchers were aware of dilemmas associated with unequal power relations when students are involved in research conducted by their lecturers (Clark and McCann, 2005; Ferguson et al., 2006). Because of this, data were only collected by the principal researcher, who does not teach or co-ordinate first year midwifery students. Students were also informed that participation in the study was voluntary and that they could withdraw at any time without penalty.

Sample and recruitment

All first year midwifery students enrolled in 2008 ($n=41$) were invited to participate. By week five of semester, when the study was undertaken, a total of 37 students remained enrolled in the course. Of these, 32 students agreed to participate. Students were approached by the first year midwifery co-ordinator and given information about the study to take home and read. Students interested in participating attended a specific session at the end of class two days later. The study took place the following week and only students who were interested in participating attended. Recruitment was unexpectedly smooth and students, for the most part, were interested in participating.

Data analysis

Quantitative data were analysed using SPSS, version 15. Qualitative data were analysed using thematic content analysis informed by Burnard's (1991) method. The following steps were employed:

- Transcripts were read and re-read several times to allow the researcher to be fully acquainted with the content.
- Core consistencies, themes and values were sought.
- Data were classified under broad headings.
- Headings were amended and collapsed as data analysis progressed.
- Themes/sub-themes were moved to the category where they belonged.
- Emergent understandings were tested against the data.
- Alternate explanations were sought.

Reliability and credibility

Development of analytic themes was triangulated between researcher and co-researcher. As a measure of quality, data were also reviewed by a colleague, experienced in qualitative research, who independently generated a theme list. This theme list concurred very closely with themes identified by the researchers.

Findings

Demographics revealed that students were reasonably representative of midwives and midwifery students in Australia (AHWAC, 2002; Leap and Barclay, 2001) in that they were predominantly female (100% in this study) and were employed up to 16 hours per week (71%). Most had an annual income of less than $30,000 AUD (80.6%) and lived with a partner, family or friends (96.8%). 32.3% of students had at least one child. The principal difference appears to be the average age of midwifery students at this institution, where the majority were aged less than 25 years (71%). In Australian statistics, the average age of midwives in practice is greater than 40 years (AHWAC, 2002), and the limited literature available indicates that a sizeable percentage of midwifery students are mature aged entrants (Seibold, 2005; McKenna and Rolls, 2007) (Table 1).

Themes

Data analysis revealed four broad themes including: personal qualities and attitudes; a belief in women and natural birth; a compatible work ethic; and additional attributes.

Personal qualities and attitudes

Students identified specific qualities and attitudes in the midwife which they understood to make a major contribution to being a good midwife. The most important characteristic appeared to be good communication skills, and students used phrases such as a 'good listener', 'good at explaining things' and being 'approachable' as requisite:

> I think it is important to have good communication skills and to be just an easy person to talk to. (S17)

> I think it is important to be able to listen to the woman's and partner's needs .. I think that I'm a good listener. (S26)

> I am approachable and I'm good at explaining things. (S27)

The personal qualities of the midwife were also deemed to be very important, and participants identified a host of attributes that the midwife should possess, including a positive, cheerful and friendly demeanour and a caring, supportive and empathetic nature:

> I feel I am suited to this role because it is my passion and someone who gets up every day with a smile on their face when going to work is someone who's going to project that passion on to all around her, and hopefully add something positive to the environment. (S28)

> I think that I am a patient, caring and understanding person. I think these are all qualities needed of midwives. (S11)

> My personality traits are compassionate, I have a genuine sense of empathy. (S8)

These traits were considered important to forming a relationship with the woman and allowing her to relax:

> I think that a midwife should be a friendly person and be able to put the woman at her ease. (S10)

> As a midwife it is important to create this bond/friendship with the mother. (S27)

Students also discussed the importance of respectful care, particularly for the woman whose experience was not as expected or for the woman with specific needs:

> I think my ability to be understanding of a women's choices and my empathy to a women whose birth doesn't go as she planned will come in useful! (S28)

> I would be accepting of women's wishes – cultural aspects for example. (S21)

Table 1
Student demographic characteristics.

Age (years)	< 25	26–30	31–35	36–40	≥ 41
	71%	12.9%	6.5%	9.7%	0%
Living with	Partner	Parents	Relatives	Friends	Alone
	19.4%	19.4%	16.1%	9.7%	3.2%
Children	0	1	2	3	4 or more
	67.7%	6.5%	16.1%	6.5%	0%
Hours paid work per week	≤ 7.00	8–16	17–24	25–32	≥ 33
	35.5%	35.5%	9.7%	6.5%	3.2%
Income range	≤ $20,000	$21,000–30,000	$31,000–40,000	$41,000–50,000	> $51,000
	54.8%	25.8%	6.5%	0%	12.9%

Some students believed that the woman needed nurturing, and identified this aspect of their personality as equipping them well for the role of the midwife:

> A major part of my personality is my nurturing side. I find a lot of joy in helping and comforting others and I think this will be useful when I am a midwife. (S31)

> I'm very mother-ish and people are always saying to me that I would be a good midwife or nurse. (S21)

A belief in women and natural birth

Most students identified a belief in natural birth and a confidence in women's ability to give birth naturally as an important characteristic of the midwife. This understanding was reported almost exclusively among mature aged students, particularly among students who themselves had given birth:

> I believe I am suited to this role as I believe in women and the natural process of birth. (S1)

> I think a major part of the role of a midwife in Australia is to help stop birth from becoming over medicalised. (S23)

> I am very interested in embracing the 'natural' side of childbirth. (S31)

This theme was underpinned by a concern that women might not fully understand the process of birth, and students considered that the provision of education would better prepare women to participate in decision making:

> Educating women about options and helping them make those choices [is important]. (S23)

> I want to educate them as much as possible, so they have a full understanding of what's happening to them. (S14)

One student used a more paternalistic approach and spoke of educating women to be responsible:

> I want to educate women and to help them to take responsibility. (S19)

Others believed that their role would be largely facilitatory and that women would intuitively know the decision they should make:

> I believe everyone has the right to make decisions that affect their life. Every individual knows what is best for them and my job will just be to help women with their decisions. (S16)

A compatible work ethic

Here, students identified a range of work-related characteristics that they possessed and which they felt rendered them particularly suited to the role of the midwife. These characteristics included an ability to work well under different conditions, and to be flexible and adaptable:

> I believe it is important for a midwife to be dedicated, available and flexible. (S7)

> Endurance is an important quality. (S17)

> I'm a team player and I'm able to access situations and make the right decisions which is a vital part of midwifery. (S26)

> I am able to work well under pressure. (S25)

An element of personal sacrifice and dedication was also described:

> I have found I am willing to give things up to be a midwife. (S3)

Additional attributes

In the final theme, students identified additional characteristics that they felt brought a new dimension to their suitability for midwifery practice. These characteristics included life experience and knowledge, specific cultural knowledge and passion/enthusiasm.

Life experience

> I believe being mature you are more knowledgeable and interested in learning. (S3)

> I am suited to this as I am mature, keen and more than able to perform the tasks required. (S5)

Cultural knowledge

> I would like to help the women in my community and add to the number of ethnic midwives in Australia. (S11)

Passion/enthusiasm

> To do something well you have to be passionate about it. (S21)

> I have a passion for this field. (S17)

From students' accounts, it appeared that students had a limited perception of the depth of knowledge required of a midwife. Several students discussed that they already felt very

knowledgeable about pregnancy. One student discussed watching TV shows to further her pregnancy-related knowledge. Some felt well equipped to provide information to pregnant women, and this trend was seen most often among mature students. It appears to relate to students' own or observed pregnancy experiences:

> I already have children so I am quite knowledgeable about what to expect. (S7)

> Now that I am a midwifery student, people respect the advice I give. (S7)

> I am always watching maternity shows to further my knowledge. (S24)

> I am a mature student so I already feel quite knowledgeable about pregnancy. I often give advice to pregnant women now. (S3)

Discussion

Although findings are limited by sample size and by the questions asked of students, this study nonetheless offers some original insights into how Australian midwifery students at the study University viewed the 'good midwife'. Such insights are useful as they highlight areas where students need additional support and where educational effort should be directed to best foster particular attributes desirable in the good midwife.

The principal finding was that students' views of the good midwife were similar to views of midwives in terms of emotional attributes, but differed in identifying the good midwife as a knowledgeable and professional person. In this regard, students' views were more similar to women's views of good midwifery care, which emphasised the value of kind and empathetic care primarily.

Students in this study identified attributes, such as good communication skills, as critical to the midwifery role and almost all described the good communicator as being a good listener who possessed the ability to explain things well and to put the woman 'at ease'. Similar views are reported in the midwifery literature (Byrom and Downe, in press; Homer et al., 2008; Nicholls and Webb, 2006), and Nicholls and Webb (2006, p. 426), for example, found that having good communication skills was the most important contribution to being a good midwife. Homer et al. (2008) concurred with this view and found that midwives and women equally valued effective listening and communication skills. Similar to students in this study, Byrom and Downe (in press) discussed the importance of approachability so that the woman felt comfortable asking questions of the midwife.

Students identified the midwife–woman relationship as important and as likely to lead to greater communication, and this finding is similarly discussed in the midwifery literature (Berg et al., 1996; Fraser, 1999; Hildingsson and Haggstrom, 1999; Homer et al., 2008; Nicholls and Webb, 2006). Fraser (1999, pp. 103–105), for example, found that approximately 75% of women wanted a 'special' relationship with the midwife which was based on friendship and advocacy, and wherein the midwife had time for conversation and to answer the woman's questions. A 'caring', supportive and empathetic attitude was considered by students to be a major contribution to the good midwife, and the literature is replete with similar findings from the perspectives of both midwives and women (Byrom and Downe, in press; Fraser, 1999; Hicks, 1995; Homer et al., 2008; Nicholls and Webb, 2006). Students also identified particular groups of women as having specific needs, such as cultural needs, and this area is also addressed in the midwifery literature (McCourt and Pearce, 2000). Most students considered that midwives should subscribe to a belief in natural birth and should have confidence and trust in the woman's ability to give birth; this finding is well supported in the literature (Berg et al., 1996; Homer et al., 2008).

Generally speaking, the greatest difference between students' accounts of affective attributes and the views of midwives is one of degree. Compared with midwives, students in this study were more effusive in their identification of the emotional support that the midwife should provide. Students' accounts were dominated by description of essential midwifery attributes such as: being empathetic, caring, cheerful, friendly, patient, kind and understanding. This finding is similar to Lange and Kennedy's (2000, p. 71) finding that commencing nurse-midwifery students in America, embraced views about empowering and assisting women through advocacy, empowerment and 'gentle birth'. Parallel findings present in studies examining student motivations to study midwifery (Seibold, 2005; and Williams, 2006).

There are some areas of difference, however, between students' and midwives' perceptions, and students in this study did not identify either competence or knowledge as important. This is in direct contrast with studies of midwives, which almost ubiquitously identified skills and knowledge as an essential component of good midwifery care (Byrom and Downe, in press; Homer et al., 2008; Nicholls and Webb, 2006). Women's views were located somewhere inbetween, and most women spoke of requiring knowledgeable midwives, rather than skilled and knowledgeable midwives (Fraser, 1999; Homer et al., 2008). Byrom and Downe (in press) and Homer et al. (2008) both postulate that this finding reflects a widespread and taken for granted expectation among women that the midwife will be skilled. In the students' case, this departure from established midwifery views may relate in part to the students' recent entry into the course. Equally, it may simply be that the questions asked were insufficient to capture this information.

There was, however, some indication among students of a limited perception of the depth of knowledge required of a midwife, and this finding is marginally addressed in the literature. McCall et al. (2009), for example, discussed how students held preconceived views of the midwifery role. Those views were challenged during their first clinical placement which brought about a greater understanding of the knowledge and clinical requirements of the role.

For the most part, students' views of the good midwife, in this study, were based on a lay interpretation of midwifery care which students had gleaned from several sources. Sources included information read prior to entry into the course, reflections on their own birth experiences, or the observed birth experiences of friends or relatives, information from popular television shows and from internet sources. Together, this information provided a good, although possibly exaggerated, overview of the emotional attributes of midwifery care, but a lesser view of the midwife as a skilled and competent health-care practitioner.

Implications for practice

What appears significant in this study is the fact that students displayed a limited view of the role of the midwife which was centred principally on emotional qualities. This situation has the potential to cause student dissatisfaction if the reality of the clinical role does not meet expectations. Students may also be unprepared for the degree of difficulty of theoretical and clinical knowledge acquisition when midwifery is viewed as a primarily social and supporting role.

There are several ways in which this situation can be addressed in the study institution. Firstly, to include a clearer articulation of the role of the midwife in university open days and forums where prospective students first make contact with course leaders. The role of the midwife will also be highlighted in initial and core midwifery modules. It seems likely that first year students may also need support to examine their pre-existing views and beliefs around the role of the midwife. To cater for this need, a series of supported student discussion groups are planned for first year midwifery students. It is hoped that this level of support may assist in the transition process by better equipping the student to assimilate and socialise into clinical midwifery practice.

Finally, it is recommended that further research is conducted into the views and perceptions of midwifery students at different junctures in the course. This work should examine how students negotiate changing perceptions of the role at different stages throughout their course. Such information, it is hoped, will inform meaningful student support development.

Conclusions

In conclusion, students in this study showed a strong clear understanding of the affective attributes required of a good midwife, but a lesser understanding of the need for knowledge and competence. There was some evidence of a blurring of boundaries with a small number of students feeling that they were already equipped to advise pregnant women based on their prior life experience. This is an issue that needs to be addressed early in the course.

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