

**Gaining from Giving: The Benefits for Midwives of
Working with Student Midwives**

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**Declaration Concerning Thesis Presented for the Degree of
Master of Midwifery**

I, **Emma Bilous** of **16 Farrant Drive, Wanaka**, solemnly and sincerely declare,
in relation to the thesis entitled:

The Benefits for Midwives of Working with Student Midwives

(a) That work was done by me, personally

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Abstract

Asking any midwife what she remembers of being a student midwife brings tales of nervousness and anxiety, balanced with stories of kindly wise midwives whose words you still hear to this day. Midwives can usually easily conjure their own student memories, but probably very few have paused to think what the experience of having a student was like for the midwife. This paradox, where the relationship between student midwife and midwife is important enough to be forever etched into our memories, but has all the focus on one partner, was the seed for this thesis.

I wanted to bring the experiences of the midwives in these formative relationships from the shadows. I was intrigued, from my own experiences of working with student midwives on practice placements in my years as a Lead Maternity Care (LMC) midwife and in my current role in midwifery education. I wondered whether formally exploring the experiences of midwives working with student midwives would support my own feelings that midwives as well as students benefitted from the relationship. This exploration seemed worthy as I was unable to find any literature that had directly considered this.

From this came my research question “***what are the benefits for midwives of working with student midwives?***” The study used to explore this question was qualitative in design, using a self-selecting sample of ten LMC midwives who participated in semi-structured interviews. An Appreciative Inquiry (AI) approach was used to consider what the benefits might be as opposed to any negative aspects of the relationship. The data was analysed using thematic analysis and the findings grouped into three main themes of sustaining midwifery, enhancing midwifery practice and affirming midwifery ways of knowing and being.

The study was underpinned by a theoretical feminist standpoint of otherness. As midwifery is a predominantly female profession it is the *other* to dominant gender norms. This standpoint was also evident in the outcomes from the study,

where the discussion and conclusions reflect the context of being the other. This otherness liberated the midwives to behave differently in a relationship that would otherwise conform to traditional roles of teacher and student or expert to novice and allowed reciprocity to flourish.

The benefits that midwives gain from working with student midwives were multi-layered and more complex than I had anticipated. The midwives often describe seemingly small singular choices that had far reaching impacts, such as sustaining the midwifery profession to influence the position of women in society in Aotearoa/New Zealand. The depths of the benefits gained led to the recommendation that midwives be incentivised to work with student midwives, so these benefits may be enjoyed more widely. Further, that student midwives may understand the contribution they make to the profession even before they are registered midwives.

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Chapter One: Introduction

Dreams and passion are the vernacular of the aspiring midwifery student and this was my language when I entered midwifery school in Aotearoa/New Zealand over twenty years ago. During this time I viewed experienced midwives with wide eyed reverie, hopeful that one day I would transcend into the enlightened being that I held them to be. While it would be both preposterous and arrogant to describe myself in any way as enlightened, an experienced midwife I am.

Reflecting on my development as a midwife, practice placements, which afforded the opportunity to integrate theory with the reality of working with women, were pivotal. My appreciation of these formative experiences led me to seek opportunities as a midwife to share my midwifery practice with student midwives. As I moved into midwifery education the powerful influence of the midwife and student midwife relationship remained present. These relationships, which favour the midwifery student and appear as an act of professional altruism for the midwife, provoked a constancy of feeling, that midwives may also benefit from these relationships. This was the genesis of this study.

Midwifery care in the Aotearoa/New Zealand context

In Aotearoa/New Zealand midwives became autonomous maternity service providers following the 1990 Nurses Amendment Act (Pairman, 1998). This enabled in 1996 the establishment of the Lead Maternity Carer (LMC) system, whereby maternity service providers contract directly with the Ministry of Health to provide complete primary maternity services under Section 88 of the New Zealand Public Health and Disability Act 2000. The policy changes introduced with the LMC system contributed to midwives becoming the main providers of maternity care in Aotearoa/New Zealand with 93.6% of all pregnant women registering with a midwife as their LMC in 2015 (Ministry of Health, 2017). The system of contracting directly with central government is utilised by midwives working in the LMC role and midwives who work in maternity facilities (known as core midwives) are usually employed and provide care for women requiring secondary or tertiary level care as well as providing inpatient services for primary care women.

The context of the student midwife and midwife relationship in Aotearoa/New Zealand

Pre-registration midwifery education in New Zealand is regulated by standards set by the Midwifery Council of New Zealand (MCNZ), (MCNZ, 2015). The MCNZ was established following the passing of the 2003 Health Practitioners Competence Assurance Act (NZ Government, 2003) and prior to this midwifery education was regulated by the Nursing Council of New Zealand. In 2004 the Midwifery Council chose to roll over existing pre-registration standards, while it embarked on a review of the requirements. In 2007 the MCNZ released its

own set of pre-registration requirements with one of the major changes being an increase in programme hours by 1,200. These additional hours were primarily made up of midwifery practice, which meant that since the standards were first adopted in 2009, midwives are spending more time than ever before working with midwifery students on practice placements.

In Aotearoa/New Zealand pre-registration midwifery education is provided by tertiary education institutes, in polytechnics or in universities. Student midwives are required to complete a four year Bachelor's degree, which is delivered over three calendar years. Students must complete 2,400 midwifery practice hours as part of their undergraduate degree. On successful completion of their Bachelor's degree and after meeting the MCNZ requirements for clinical practice experience¹, they may apply to the MCNZ to sit the national midwifery examination. A pass in this examination allows the student midwife to apply for registration as a midwife.

Whilst the relationship between an experienced midwife and a student midwife has clear benefits for the student (Begley, 2001a; Carolan-Olah & Kruger, 2013; Finnerty & Collington, 2013; Hughes & Fraser, 2011; James, 2013; Rogers, 2010; Sidebotham, Fenwick, Carter & Gamble 2014), I am interested in whether the same is true for the midwife. My own experience has delivered personal and professional benefits and anecdotal conversations with midwifery colleagues

¹ Each approved pre-registration midwifery education programme must provide a minimum of 2400 midwifery practice hours in specified practice placements, which prepare students to work across the Scope of Midwifery Practice and meet the Competencies for Entry to the Register of Midwives (MCNZ, 2015).

supported my experience. After an extensive search for research and literature on the topic proved fruitless, the impetus to explore this area was strengthened.

Purpose and brief overview of the study

The aim of this study was not to deny the extent of *giving* from midwives who work with student midwives. Nor was it aimed at diminishing the energy it takes for midwives and women to share their time and experiences with a student midwife. The development of the student towards being a practicing midwife requires sustained efforts from both midwives and women as teachers and students as learners. The benefit of this learning for the student is visible as they enter the workforce as competent practitioners. Yet what of the secondary partner in the relationship - the midwife, what *are* the benefits for her?

Exploration of this idea leads to a consideration of how midwifery knowledge is shared in the practice setting. What forms of knowledge do midwives use when working with student midwives and likewise does the knowledge used by the student result in reciprocity within the relationship which is beneficial for the midwife.

That the relationship of midwife and student midwife in Aotearoa/New Zealand is almost exclusively a woman to woman relationship provides its own uniqueness. While teacher and student relationships have historically been developed in support of dominant patriarchal power relationships, midwives and student midwives need not necessarily subscribe to such norms. Thus a

feminist standpoint that acknowledges this place of being the other has been used to underpin the exploration of this dynamic relationship.

In hearing the voices of the less obvious beneficiary in the midwife and student midwife relationship this study illuminates an area that has lacked formal enquiry. It shapes feelings, which have to this point been conversational and anecdotal, into evidence. Using an Appreciative Inquiry (AI) approach it explores the positive aspects of the relationship between experienced midwifery practitioner and student, developing knowledge both for midwifery and potentially for other professions that have significant practical placements shared between experienced practitioner and student.

While currently there is a professional expectation that midwives will share their knowledge with student midwives (MCNZ, 2015) there is in fact an element of choice for midwives providing community based case loading LMC² services as to the extent they engage in working with student midwives.

Whereas facility based midwives providing core midwifery services may be contractually obliged to work with student midwives as per the conditions of their employment. With a view to demonstrating that there may be an advantage to the midwife from choosing to work with student midwives, the

²Pregnant women are required to choose a Lead Maternity Carer (LMC) who coordinates their maternity care. Lead Maternity Carers can be midwives, obstetricians or general practitioners with a diploma in obstetrics. LMCs are contracted through the Ministry of Health to provide a complete maternity service under Section 88 of the New Zealand Health and Disability Act 2000. The vast majority of women and their families choose a midwife as their LMC (NZCOM, n.d)

study looked at the experiences of LMC midwives who had previously worked with student midwives.

The design was qualitative, as it is concerned with the lived experience of the participants and uses an AI approach. AI was chosen for its ability to provide a positive rather than a problem orientated lens, the focus being on what is possible rather than what is wrong (Whitney & Trosten-Bloom, 2010) which fitted the research question. As the study focused on the less obvious partner within a relationship, semi-structured interviews were undertaken to allow for a rich and deep discussion of the topic. Ten midwives, who had provided community based case loading LMC services for at least three years were interviewed and the data generated from the interviews was analysed for emergent themes using thematic analysis. From the emergent findings and the following thematic analysis conclusions and recommendations have been made.

Assumptions declared

I have worked as a community based LMC midwife in a remote rural setting since 1998. During this time I have shared my practice with numerous student midwives on midwifery placements. For the past seven years I have been formally involved with pre-registration midwifery education in Aotearoa/New Zealand as a midwifery educator at Otago Polytechnic. This role involves debriefing with students about their experiences in practice placements and also discussing student performance in practice placements with midwives. Both of these positions have given me close proximity to the midwife and student relationship and I share experiences of working with student midwives

similar to the participants in this study. Whilst this proximity affords me accessibility in understanding the frameworks and functioning of these relationships, it also means that my perspective is influenced by my being a midwife and an educator. In these roles I am deeply motivated to ensure student success and a strengthening of the midwifery profession through the growth of confident capable student midwives as they move into midwifery practice.

Aims of this study

This study explored the benefits for midwives of working with student midwives, by seeking to answer the research question “***what are the benefits for midwives of working with student midwives?***” Developing knowledge of the beneficial aspects for midwives of these relationships raises appreciation in the midwifery profession of what can be gained from a relationship that is based predominantly on giving. Advancing the understanding of the nature of the relationship between midwife and student midwife may serve to stimulate, encourage and enhance midwives availability to engage in working with student midwives. In presenting the study data with the subsequent analysis and discussion, the voices of the midwives highlight to student midwives the contributions student’s make to the midwifery profession. Thus rather than feeling burdensome to the midwife and the midwifery profession, the student may gain confidence from understanding the value for the midwife of their participation in the relationship. The joint outcome for both midwife and student midwife is an increased understanding of the depth and complexity of

the relationship. The aim of highlighting this is to enhance understanding of the benefits experienced practitioners receive from working with students and encourage participation in these relationships.

Summary

This introductory chapter has set out the background, purpose and aims of this study. The background and context is of student midwives working with midwives in the community based LMC midwifery setting in Aotearoa/New Zealand. The purpose of the study was to explore the benefits midwives received from these relationships. This exploration was based on personal experience that there are benefits which have not previously been formally studied. By using an appreciative approach the study was aimed at developing understanding of the benefits that can occur in relationships that are seemingly based more on giving. An overview of the structure and content of this study follows.

Thesis overview

This thesis comprises seven chapters.

Chapter One introduces the study and outlines the background, purpose and aims of the study and methods used to conduct the research

Chapter Two reviews the literature around the topic. As no literature was found that directly related to the premise that midwives receive benefits from

working with student midwives, adjoining literature was reviewed. This literature considered the relationship from the student perspective, new graduate experiences with mentoring, literature from education looking at the way we learn and reciprocity in the teacher learner relationship, and literature discussing forms of knowledge used in midwifery practice.

Chapter Three discusses the philosophical underpinnings of the study and the influence of these on the research process.

Chapter Four provides detail of the methodology used and design of the study.

Chapter Five focusses on the findings of the interviews undertaken and details the themes that emerged from the interviews.

Chapter Six provides a discussion of the findings.

Chapter Seven considers the strengths and limitations of the study and provides recommendations, conclusions and reflection.

Chapter Two: Literature review

Introduction

This chapter provides a review of the literature pertinent to the research question of *what are the benefits for midwives of working with student midwives*.

As this area of enquiry has not been the direct focus of previous research the review of literature was extended to associated fields, such as mentoring and student perceptions of the relationship with experienced midwives.

It would seem prudent to be cautious when a topic is devoid of previous study as one must question why; is the concept weak or the findings irrelevant? Or perhaps at this time, while the body of midwifery research knowledge is growing, there are still areas untouched and awaiting exploration (Pairman, 2005). Whilst the relationship between student and midwife has been researched (Begley, 2001a, 2001b; Brunstad & Hjalmlhult, 2014; Carolan-Olah & Kruger, 2013; Chenery-Morris, 2015; Finnerty & Collington, 2013; Hughes & Fraser, 2011; James, 2013; Fraser, Avis & Mallick, 2013; Rogers, 2010; Sidebotham, et. al. 2014; Wilkes, 2006) the experiences of the midwife have not been covered. However due to the abundance of research into the relationship from the student perspective it is reasonable to conclude that the relationship is of interest to the profession.

The student midwife and midwife relationship

I began my search focused on the relationship between midwife and student midwife, which generated literature with the student as the focus of the study. This searching did not manage to uncover any literature with the experiences of the midwife in the relationship as the focus. Therefore from this initial searching I needed to broaden my inquiry to the midwife and student midwife relationship more widely.

While exploring the relationship more generally I was able to generate a more substantial body of literature. I read this with an eye to glimpse possible benefits for the midwife. As I did this I began to gain a feeling of validation for the research question. Despite the midwife appearing in this literature as the 'other' less obvious benefactor in the relationship and a focus in the studies on the demands that working with students places on midwives, a sense of reciprocity and enjoyment of the relationship was visible and thus worthy of further exploration.

A search of midwifery literature on the topic of the midwife and student midwife relationship is somewhat muddled by the many terms that are used to classify the relationship. 'Mentor', 'preceptor', 'clinical supervisor', 'tutor', 'assessor' are all used in the literature. Lennox, Skinner and Foureur (2008) traced the histories of mentorship, preceptorship and clinical supervision in Aotearoa/New Zealand looking for the common characteristics with the hope that bringing clarity to them would benefit those using them. Whilst each role has context specific meanings there is some commonality in the fundamental

nature of the relationship when it is between an experienced practitioner and a student (Wilkes, 2006). There are difficulties in the application of overseas research in this area, as whilst the relationship structure may be the same, the differing educational frameworks and models of midwifery care may influence the relationship and hence study findings. These differences may be pivotal in trying to gain a sense of benefit, enjoyment or reciprocity, which supports the need for research based in Aotearoa/New Zealand in this area.

Midwives' experiences of working with third year midwifery students

Midwives' experiences of working with third year midwifery students was the topic of Liz James's 2013 study based in Aotearoa/New Zealand. The focus of this study was to identify what supported "midwives to work effectively with third year midwifery students" (James, 2013, p. 14). The study design used two focus groups of experienced midwives using trigger questions to initiate discussion. One of the trigger questions asked the midwives to describe a positive experience they had had working with a student midwife. Responses to this question in the emergent themes touch on some of the positive reciprocal benefits derived from the relationship. Watching student midwives gain confidence and competence gave the midwives a sense of pride that added an enjoyable element to the relationship for the midwife. The "enthusiasm" and "fresh knowledge" the students brought were also identified as enjoyable aspects for the midwives. As enjoyment is inexorably linked to happiness and happiness is surely beneficial, these can be seen as benefits midwives enjoyed from their relationship with a student midwife. My literature review then

moved from midwifery students to midwives in their first year of practice. I chose to review this area as new graduate midwives often work with experienced midwives in preceptorship, supervisory or mentoring roles which contain similar elements to the midwife and student midwife relationship.

Midwives in their first year of practice

Concerns regarding midwifery shortages in Aotearoa/New Zealand and the need to develop strategies to support both the recruitment and retention of midwives within the midwifery profession, were considered at a Midwifery Council forum in 2005. Agreement was reached that a formal transition to practice programme for new graduate midwives would be an effective retention strategy (Guilliland & Pairman, 2010). This saw the introduction of the government funded voluntary Midwifery First Year of Practice Programme (MFYP) in 2007, which became compulsory in 2015 (Ministry of Health, n.d.). MFYP aimed to support midwives in their first year of practice in Aotearoa/New Zealand after graduation from an approved midwifery programme and encourage a supportive environment to aid retention in the midwifery profession (Dixon et al., 2014).

A cornerstone of the MFYP programme is the role of an experienced midwife as a mentor to the graduate in her first year of practice. This role of expert and novice has similarities to the midwife and student midwife relationship. The journey from being a novice to becoming an expert was explored in depth in Patricia Benner's 1984 seminal book *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. This work has been highly influential in

guiding our understanding of the development that occurs during this transitional passage.

I also undertook a review of the literature in this area in an attempt to extract the voice of the expert midwife mentor and any articulation of benefits she receives from her relationship with her mentee. A comprehensive report 'Stepping forward into life as a midwife in New Zealand/Aotearoa. An analysis of the MFYP programme 2007 to 2010' was undertaken by the New Zealand College of Midwives (Dixon et al., 2014). All 415 new graduates who completed the MFYP programme between 2007 and 2010 were surveyed with a response rate of 43.4%. The quantitative data were analysed, but it is in the themes of the free text responses that we gain a sense of some of the meaning of the relationship for the mentor. Considering the elements that create meaning for mentors in this study may provide some hints towards what the benefits may be for midwives in working with student midwives.

The sense of meaning that was highlighted in the study by Dixon et al., relied on developing relationships with the midwifery community, as an essential milestone in the transition to practice. That these relationships were greatly enhanced by a positive relationship with the mentor suggests a reciprocal nature to these relationships. Such relationships develop a 'community of practice' which is defined by Wenger, McDermott and Snyder (2002) as a group sharing common topics or concerns "who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (Wenger et al., 2002,

p.4). This sharing of knowledge would be classed as a beneficial outcome of the relationship for both mentor and mentee.

Dixon et al., also discussed the impact of the MFYP programme on the wider midwifery community. The authors noted that as the programme gained acceptance and became embedded into the midwifery profession, it increased understanding within the profession of “processes which assisted professional development, such as the use of reflection and of learning goals” (Dixon et al., 2014, p.47). By increasing knowledge and understanding of the benefits of reflective process there is an “inherent positive result for the wider midwifery community” (Dixon et al., 2014, p.47). This illustrates that in the mentor mentee relationship, while there are significant benefits for the mentee, the mentor is also benefitting from the wider impact of increased knowledge and understanding which spreads from an individual benefit to the midwifery community at large.

International studies of the student midwife and midwife relationship

As noted earlier, the ability to generalise findings from research conducted overseas is limited by differing models of maternity and midwifery care. Plus, in these countries differing midwifery education systems have been developed in response to each countries’ particular context. This makes some of the findings from overseas studies difficult to apply to the Aotearoa/New Zealand context. However some literature from overseas is useful in considering the research question, providing some insight into the relationships of student midwives and

experienced midwives and supports the premise that there are reciprocal benefits from these relationships.

In the 2010 United Kingdom (UK) based study by Kay Rogers 'Exploring the learning experiences of final-year midwifery students' the primary focus was the inter-professional experience of midwifery students during their education. Some of the qualitative data that was collected from students during interviews touches on the importance for the students of humanistic and social relationships with those they are learning from. The reciprocal storytelling that occurred in these learning relationships was widely valued by the students. Again in increasing understanding from these personal relationships there is benefit for both the individuals as well as wider professional networks.

Much of the discussion and conclusions in the Australian based study of 'Final year students' learning experiences of the Bachelor of Midwifery course' (Carolan-Olah & Kruger, 2013) were framed in the negative, looking at the challenges students faced to their learning. However, it provides evidence of the value placed on the role of the midwife in the learning experience. Evidence in this study was reflective of other studies (McIntosh, Fraser, Stephen & Avis, 2012; Skirton et al., 2012) showing that midwifery students tended to focus on and value skills acquisition over other learning in their education programme. Thus the area they most valued led them to interact with experienced midwives and these relationships were also highly valued. The simple act of being in a relationship where one party is extremely well valued by the other would indicate reciprocal benefits, as feeling valued increases our sense of well-being

and sense of self which may provide benefits both personally and professionally (Seligman, 2012).

The beneficial value of the relationship between mentor and mentee is evident in the work of Finnerty and Collington (2013). This study looked at student perceptions of practical coaching by midwifery mentors in five midwifery education programmes in the UK. Student participants in this study placed great importance on the relationship with the mentor and saw this as an extremely valuable aspect of their education. In articulating what they found important in this relationship midwives were made aware of the student's perception of the mentor being very knowledgeable and accomplished at practice. This affirmation of the mentor's knowledge and skill could translate into a benefit for the mentor by positively affecting their sense of competence and cognisance of their individual body of knowledge. This may be important, given learning in midwifery never ceases, which can sometimes lead to focusing on what we do not know rather than accounting for the knowledge we have. If the focus is shifted in this way confidence may be increased which is beneficial.

Collaborative learning relationships

The collaborative relationship between the mentor and student midwife, with particular reference to how collaboration could enhance learning was also discussed by Finnerty and Collington (2013). Using a model of 'cognitive apprenticeship' the impact of the crucial elements of 'scaffolding' and 'fading' and how their omission could hinder student development were detailed. In relationships where these learning strategies were successfully employed there

was an acceleration in learning for the student, but also the midwife could benefit particularly in the area of 'fading' whereby the mentor would use coaching strategies and role reversal in experiential learning opportunities with the student. Witnessing a student assume the role the mentor had taken and apply some of the knowledge and skills learned from the mentor, provides the mentor with positive feedback on both their teaching and practice which would be beneficial to them.

The mentoring relationship, particularly when there is continuity, reaches beyond that of coaching and learning. The 2015 study of Chenery-Morris noted the importance of continuity in mentoring relationships in midwifery. This study was set in the UK where continuity in mentoring was not always the norm. A secondary finding in this study was the impact the depth of the relationship had for both the mentee and the mentor. That is, when a mentor developed a friendship with the mentee she was more inclined to offer more practice opportunities and also be conscious of nurturing the mentee. Nurturing a mentee could provide personal satisfaction to the mentor, which could be seen as a mutually positive benefit, given that nurturing relationships are by nature positive for both the nurturer and the nurtured (Achor, 2011).

Summary

The paucity of literature directly related to the benefits for midwives of working with student midwives presents both a barrier and an opportunity. A barrier in that there is no basis to compare and contrast the findings of this study with previous work. An opportunity to not be limited by the findings of other studies.

The quantity of work considering the passage of student midwife from novice to competent practitioner, looking at what may hinder or heed this process, provides glimpses into the world of the midwife as the secondary partner in the relationship. Such glimpses are enough to validate focusing the research light from the student midwife towards the shadow of the midwife and illuminating the experience from her point of view.

Chapter Three: Theoretical and philosophical underpinning of the study

Introduction

This chapter considers feminist standpoint theory which provides the theoretical underpinning for this study. Firstly I discuss the connection between this standpoint with the participants and subject matter of the study, then describe the influence of this theoretical positioning on the research process. In conclusion the meaning of a feminist standpoint to both the process used to conduct the study and its relevance to the subjects and outcomes of the study is described.

Feminist standpoint theory

While the words feminist and feminism lead to a multitude of meanings and interpretations, common to their heart is an emphasis on the differences between women and men (Annandale & Hunt, 2000). Feminist standpoint theory posits that men are in a position of dominance in society and therefore cannot accurately know the truth of reality for women. Truth and meaning for women is inextricably linked to the social and political position of women in society (Hartstock, 1998). Such positioning initially stems from the physical differences between men and women, which contributes to the differing social and political experiences of being gendered male or female (Hooks, 2000). Social and political contexts and power structures have capitalised on this difference, resulting in men holding greater power and being the norm from

which all else is measured (Charles, & Hughes-Freeland, 1996). This positioning means that women are not the norm and therefore they hold the position of being the other.

The positioning of men as dominant also influences the research process, as the unequal power balance in society requires a consideration of which group both the participants and researcher belong to. As Sandy Harding argued in the book 'The feminist standpoint theory reader: Intellectual and political controversies' it is only research stemming from within and by a marginalised or subordinate group that will accurately portray the perspectives of that group (Harding, 2004). For in belonging to that group the subject will be able to recognise phenomena or understanding that is inaccessible to the dominant group (Collins, 1986). Harding (1997) theorises that making visible the understanding of the oppressed or marginalised group contributes to and encourages development within the boundaries of the dominant culture.

As midwifery in Aotearoa/New Zealand is predominantly a profession of women, supplying a service to women, it is outside the dominant culture. This means that the subjects of this study, midwives and student midwives, belong to a subordinate group. Therefore, in keeping with feminist standpoint theory, the perspectives and experiences of this group will be influenced by their standing within the existing social order and position within the subordinate group.

A criticism of feminist standpoint theory is in its identification of the group as sharing a standpoint, which presents the views of that group as homogenous,

negating differing perspectives from within the group (Butler, 2011). Whilst that is a risk when striving to make claims for large groups, such as all midwives, it is not necessarily a draw-back to this research. That is, this study involved a small sample group of midwives and the conclusions do not seek to be representative of midwives in general. Rather, the study acknowledges the position of the midwives in it as being outside the dominant culture. It seeks to recognise and articulate how this standpoint influences their experiences and perspectives, both individually and collectively in relation to the midwifery student.

Feminist standpoint and the process of conducting research

Accepting that this study was underpinned by a feminist standpoint, which sees both the midwives in the study and myself as a woman researcher as the other poses contention (McHugh, cited in Leavy, 2014). This contention raises the question as to how this standpoint can be maintained when the research process itself is situated within the dominant culture; a culture that serves to hide, negate and suppress women's experience (Lather, 1991). This is the dilemma that DeVault (1999) suggests faces the feminist researcher, working within a disciplinary tradition while simultaneously revolutionising the discipline to reflect the feminist stance.

Thus, the researcher with a feminist standpoint, exists at an intersection where feminist theory provides the perspective and the dominant culture provides the method (Reinharz, & Davidman, 1992). Working from this point of intersection can be reconciled by the individual researcher but tensions may occur when

feminist research is placed in the wider research domain. This wider domain is in itself well established in the dominant male order and female researchers have often had to challenge this order to have their research heard or validated (Gelling, 2013).

The position of the researcher in feminist standpoint theory

Although adopting a feminist standpoint tends to influence the researchers interpretation and response to the data rather than how the data is collected; consideration must be given to the position of the researcher and their relationship to the subject and participants in the study (Gelling, 2013). While a feminist standpoint supports woman to woman research my role as a midwife and midwifery educator places me in the position of being a researcher with both insider and outsider knowledge, which warrants critique (Undurraga, 2012).

A traditional approach to study design may question the appropriateness of an insider researcher and their ability, albeit unintentionally, to influence the data and outcomes. This view may be ameliorated by a process of reflexivity.

Reflexivity in research explores, “how a researcher’s contribution within [the research] process may influence and inform [the study]” (Lambert, Jomeen & McSherry, 2010, p.321). This acknowledges the influence of the researcher and supports this influence as being informing rather than detracting to the study.

This view is congruent with qualitative research which does not stem from an analytical viewpoint that determines the world to be predictable, measurable

and scientifically verifiable (Denzin & Lincoln, 2000). Rather in accepting that there is more than one way of creating knowledge, qualitative research accepts the relationship of the researcher to the study and their own personal circumstances can be legitimately used to generate knowledge (Leavy, 2014). However this does not provide qualitative researchers carte blanche to influence and interpret their data without considering how their assumed knowledge and relationship to the phenomenon in question impacts it (Denzin & Lincoln, 2013). Indeed, it requires that the researcher consider these factors and acknowledges this relationship in the study. Also they must ensure rigorous and transparent processes for conducting the study including techniques for data gathering and study design - elements which can influence the relationship of the researcher to the research project (Hemmings, 2011).

Summary

Feminism takes many forms and possesses a multitude of varying meanings and interpretations. Within this there is a commonality that feminism is centrally concerned with the differences in how men and women experience the world. This includes the social, political and power relationships that arise from the dominance of one group over the other, male over female. This means that the experiences of the dominant group are taken as the norm, leaving those outside of this group to be positioned as the other. Feminist standpoint theory asserts that given such differences the dominant group cannot know and speak for the experiences of those outside this group. The positioning of both the researcher and participants and their relationship to either a dominant or subordinate group will impact the design, execution and interpretation of a research project.

In this study the researcher and participants are positioned outside the dominant group and the concept of 'otherness' is the standpoint which underpins this study.

Chapter Four: Methodology and study design

Introduction

This chapter provides the detail of how a theoretical feminist standpoint of otherness led to the qualitative design of the study that used Appreciative Inquiry (AI) as its approach. The chapter begins by discussing the choice of AI noting its influence on the positive framing of the research question. The background and development of AI with its modification for the study of health sciences is described. Further detail of AI is given, particularly referencing the 4-D model adapted as a metaphor for this study. The remainder of the chapter addresses the study design and processes used to plan, recruit and conduct the study, with the subsequent method of data analysis concluding the chapter.

Appreciative Inquiry

AI is a research approach not commonly found in midwifery research. Perhaps this is due to it originating in the field of organisational behaviour and business, which may not seem closely akin to midwifery. However it has been used effectively in some small numbers of midwifery research studies both in Aotearoa/New Zealand and overseas and has gained popularity as a methodology in the wider social science disciplines (Bellinger & Elliott, 2011; Sidebotham, Fenwick, Rath & Gamble, 2015; Smythe & Payne, 2008). After some shy dance steps with phenomenology and grounded theory I found my rhythm with AI as the approach for this study, given its firm footing in the positive. This appreciative attitude directed the positive framing of questions in the

interviews with the midwives. I was interested in an approach that had practical application, given the aim of the study was to make a contribution to the midwifery profession. For this contribution I was drawn to the possibilities presented by AI to change “attitudes, behaviours and practices through appreciative conversations and relationships” (Fry, 2008 cited in Cooperrider, Whitney & Stavros, p.vi).

The development of AI

The development of AI as a methodology for action research began in 1987 when Cooperrider and Srivastva introduced their model focussing on what is possible rather than what is wrong (Cooperrider et al. 2008). It is this ‘flipped’ approach to research, the building on positives rather than the distilling of ideas to prove a theory, which is at the core of AI.

It was as a doctoral student of Srivastva that Cooperrider had the first notions of what was to become AI. Cooperrider was involved in a research project for the Cleveland Clinic Foundation in Ohio on physician leadership. For this project Cooperrider interviewed physician leaders who were involved in an organisation that had evolved to be a successful partnership of over 300 doctors (Bushe, 2012). For the study Cooperrider collected data on problems and issues for the organization, but became more interested in the organisational processes that enabled success (Reed, 2006). When Cooperrider presented the themes from the study he coined the term an ‘appreciative analysis’ and shifted the focus from being problem based. This approach drew tremendous interest and was further developed in Cooperrider’s doctoral thesis ‘Appreciative

Inquiry: Toward a Methodology for Understanding and Enhancing Organizational Innovation' (Bushe, 2012).

While AI has become an eminent tool for organizational development and change, its early beginnings were as a research method (Reed, 2006). Born of frustrations with existing research methods AI sought to make grounded theory more generative, by researching in a way that generated more ideas rather than distilling ideas down (Bushe, 2011). Perhaps as science can be seen as a community of 'interpretationists' and art as a community of 'appreciationists', AI is a community where both exist in an egalitarian manner (Grant & Humphries, 2006). That AI has positioned itself within the research disciplines as an alternative to other approaches, provides alignment with the feminist view of considering the world from the standpoint of being the other.

This position acknowledges that 'objective' social research is not possible and that all forms of social research are inherently biased by the positioning of the researcher (Cerwonka, cited in Lykke, Buikema & Griffin, 2011). However what both AI and feminist research assert is that this in itself should not be a reason to give up the pursuit of knowledge through research. It assumes the generative power of human social relationships, which are enhanced by inquiry to generate knowledge, and that this knowledge can be used as the basis for change (Fry, cited in Cooperrider, et al. 2008).

While AI provides a tool for change, it was not the capacity to do this alone that drew me to its use in this study. Although change in perceptions and behaviour

may be an outcome of the study, what may predicate this cannot be anticipated at the commencement of the study. The ability to generate knowledge from an appreciative standpoint was a motivating factor in my use of the methodology. Indeed, as a novice researcher the desire to live within a positive framing rather than asserting a point from a reductionist view appealed.

The meeting of Cooperrider and Whitney in the early 1990's progressed AI from a theoretical research methodology to the process it is most associated with today and the development of the 4-D model (Bushe, 2012). The four D's of discovery, dream, design and destiny utilise unconditional positive questions to apprehend, anticipate and heighten positive potential amongst groups of people or organisations (Cooperrider, et al. 2008). Thus in refraining from asking critical or negatively framed questions AI seeks to surface and understand what "gives 'life' to a living system when it is most effective, alive and constructively capable" (Cooperrider, et al. 2008, p.3).

Cooperrider resisted calls to write a book on AI as a methodology through the 90's and in the absence of this others, such as Hammond (Thin Book of Appreciative Inquiry, 1996, 2013) Elliot (Locating the Energy for Change: An Introduction to Appreciative Inquiry, 1999) and Watkins, Mohr & Kelly (Appreciative Inquiry: Change at the Speed of Imagination, 2011) stepped in to fill the gap (Bushe, 2012). Consequently some varied approaches to AI have occurred which facilitated the promotion of AI as action research using positive questions. AI has received some critique based on this notion which is somewhat unfortunate as this approach does not recognise the distinctions

within AI. Critique has centred on the exclusive focus on the positive, arguing that a balanced focus on what works well and what is dysfunctional, will illicit the truth (Reed, 2006).

Social constructionists argue instead that all research only makes sense within a community of discourse and that social science research constructs the world it studies (Reed, 2006). Thus no theory or method will reveal the truth and every theory or method will make allowances for some things to be seen and others to be overlooked (Cooperrider, et al. 2008). However AI is not seeking to discover just 'what is' but rather it seeks to discover 'what could be'. Advocates of AI are critical theorists who are suspicious of any research methodology that claims a monopoly on the truth and sets the knower apart from the knowledge gleaned (Fineman, 2006).

Applying the 4-D model to this study

As this research study does not seek to invoke organisational change, it did not involve taking the study participants through the process described in the 4-D model of AI. Yet as qualitative research, which aimed to challenge some attitudes and behaviours, the 4-D model can be applied as a metaphor for the stages in the process of conducting this study. While the AI approach supports the positive framing of the research question, the 4-D model provides a frame for the research process. In the 4-D model participants are guided through four distinct stages which will ultimately lead to change.

Stage 1: Discovery

The first stage is the 'discovery' phase. This phase introduces and focuses on the purist notion of appreciation. Participants engage in a dialogue of 'what is' - what are the things that give life to an organization or phenomenon (Cooperrider, et al. 2008). In this research study the discovery phase was the interviewing of the midwife participants. It was in the dialogue of the interviews that appreciative concepts of what the benefits are for midwives from working with student midwives were discovered.

Stage 2: Dream

The second phase of the 4-D model is the dream phase. This phase is centred on what might be. It is a phase of envisioning (Cooperrider, et al. 2008). In this research study the interviews themselves contain some aspects of envisioning, with midwives having a freedom of expression made available through a semi-structured approach to interviewing. The dream phase is also closely linked in this study to both the interview and analysis stage of the research process. Considering what is and what could arise from the raw research data.

Stage 3: Design

The third phase of the 4-D model is the design phase. In the AI model this phase is concerned with how can it be, with this visioning being co-constructed between facilitator and participants (Cooperrider, et al. 2008). In this research study the design phase is connected to the discussion of the themes from the interviews. This discussion seeks to interpret the explicit and implicit meanings from the interviews. In so doing the discussion touches not only on how things

are but also on how things could be via the forward thinking visions of the midwives.

Stage 4: Destiny

The fourth phase in the 4-D model is destiny. Destiny is concerned with what will be and how to sustain this (Cooperrider, et al. 2008). This comes from the conclusions and recommendations chapter of this thesis. In considering the actual and potential benefits described by the midwives from their relationships with student midwives a sense of what will be emerges and is made into recommendations. Drawing conclusions and actionable recommendations from this leads to what changes perhaps can or will occur for the midwifery profession as a consequence of this study.

Summary of AI

The methodology of AI supports this research study in positive grounding, providing the research approach to explore a research question that seeks to appreciate an aspect of the student midwife and midwife relationship that has not previously had focus. Rather than using AI purely as the theoretical backdrop for this study, I have sought to further integrate the principles of the applied AI 4-D model. This aims to illustrate the ability to integrate an organisational change tool into the research process and potentially provide a springboard for change. From this study the change may be in thought and behaviour whereby the midwife and student midwife relationship may be more mutually beneficial than previously appreciated. Or the change may come from actionable recommendations made at the conclusion of the study.

Methods used to conduct the study

This section of the chapter will cover the methods used in conducting the study. It begins with the process of participant recruitment. In the ethical approval section I have considered cultural implications and those of Te Tiriti o Waitangi³. The processes for gaining informed consent and maintaining confidentiality are also covered, before moving to consider the methods for analysis of the data generated.

Participant recruitment

The preliminary step towards recruiting participants for the study was to seek permission to access the Otago Polytechnic School of Midwifery database of LMC midwives who had worked with student midwives. Permission was granted following ethical approval for the study from the Otago Polytechnic Research Ethics Committee (approval no: 664). The sample was limited to LMC midwives, as the focus of the study was to look at the benefits for midwives, which I did not want to confuse with any benefits for facilities that would be made more likely if I accessed midwives employed in maternity hospitals and birthing units. Also LMC midwives tend to engage in longer more continuous relationships with student midwives, as they are attached to them on formal planned placements. This is in contrast to the shorter more sporadic placements that occur with core midwives within the hospital setting. It was hoped that by engaging with midwives who had participated in pre-arranged

³ The Treaty is Te Tiriti o Waitangi which is the founding document of Aotearoa/New Zealand. It was first signed between the British Crown and Māori chiefs in 1840. The contemporary application of Te Tiriti o Waitangi is based on the shared values of protection, participation and equity (Evans, 2016).

formal placements, deeper reflective thought about the relationship would be elicited.

The research was restricted to this single database so that the variables which may affect the midwife and student midwife relationship were limited, as all the midwives and students interrelate under the same educational programme structure. This programme structure places students in the final year of their degree with LMC midwives on practice placements which are between six and fourteen weeks in length. LMC midwives also work with students in the first two years of the programme, but these placements tend to be of shorter duration. It was anticipated that recruiting from one educational programme would allow for the generation of thematically rich data not influenced by differing institutional logistical variations. The sample of midwives was sought from the database of one educational institution, noting that this institution used a blended satellite model⁴ to provide midwifery education with students working with midwives from wide geographical areas across Aotearoa/New Zealand.

An administrator from the educational institution, but outside the School of Midwifery, emailed midwives who offered supervised practice placements, inviting them to participate in the research. The email included a detailed participant information sheet (Appendix 1) inviting midwives who offered

⁴ A blended satellite model means that the institution delivers midwifery education across small 'satellite' groups, rather than students being physically based on a main campus. The student midwives study at home, in their satellite groups and at two main centres for week long course blocks four times a year. The learning resources are delivered by a mixture of face to face and online methods.

supervised practice placements to participate. The inclusion criteria were that the midwives had to have been:

- Registered for a minimum of three years and
- Have no restrictions to their Annual Practicing Certificate.

The inclusion criteria reflected the MCNZ requirements for midwives' eligibility to work with student midwives⁵. I also wanted to interview midwives who had relationships with student midwives on placements of similar lengths of time, to allow for some control of the data by negating the risk of having contrasting themes from placements of vastly differing lengths of time.

Midwives meeting the criteria registered their interest with the administrator. As more midwives expressed interest beyond the required sample, the participants were selected by computer generation of a random list coordinated by the administrator outside of the School of Midwifery.

I chose to use an administrator for the recruitment process so the selection would not be influenced by any bias I may show. Due to my roles as a midwife and a midwifery educator I anticipated it was probable that some of the respondents may be known to me. Those selected were emailed a consent form by the administrator (Appendix 2). Those not selected were emailed by me thanking them for their willingness to participate and asking to keep their name

⁵ "Practising midwives who precept or supervise midwifery students in practice areas must have at least three years post-registration midwifery practice experience to precept third year students, and at least one year of post-registration midwifery practice experience to precept first and second year students" (MCNZ, 2015, p.18).

on file to be contacted again if some of the original participants were unable to be interviewed or withdrew during the research process. All ten of the randomly selected participants were interviewed and none withdrew.

Ethical considerations

Prior to the recruitment of participants ethical approval for the study was sought from the Otago Polytechnic Research Ethics Committee (OPREC). The application was made on 30th May 2016 and was not initially approved as the committee questioned the study being based in the positive. I was given the opportunity to respond explaining why the research question had been framed this way. The correspondence regarding this is attached (Appendix 3). No further localities approval was required as the inclusion criteria was restricted to midwives providing LMC services who were most likely to be self-employed and thus not participating under the auspices of any District Health Board. Ethical approval was confirmed by OPREC on June 29th 2016.

Cultural considerations

It was anticipated that the findings of this study may be of particular interest to the social and cultural groups the study participants represented. This could include, but may not be limited to, Māori, Pacific, Asian and European cultural groups.

As participation in the study was by a self-selection process by individual midwives, no particular cultural concerns were identified by the researcher.

During the formulation of the research proposal I consulted with the

Kaitohutohu office at Otago Polytechnic to seek their advice on cultural considerations for the specific groups they represent. Correspondence concerning this consultation is attached (Appendix 4). Given all midwives in New Zealand require a minimum standard of English to register as midwives (MCNZ, 2015), the interviews were recorded in English.

Treaty considerations

Te Tiriti o Waitangi is the founding document for Aotearoa/New Zealand, and its contemporary interpretation and application is of the shared values of both Treaty partners (the Crown and Māori) of protection, participation, and equity. As the research was conducted in Aotearoa/New Zealand I had an obligation under Te Tiriti o Waitangi to consider my responsibilities as a researcher under Te Tiriti and to specifically consider any effects of the study for Māori. It was anticipated that some of the participants may be Māori or be midwives who had experiences of working with Māori student midwives potentially making the research of interest to Māori.

As the research aimed to explore the secondary theme of the benefits for midwives of working with student midwives it was positioned to explore themes outside of the dominant culture and viewpoint. This may be inclusive of Māori cultural views of learning and the reciprocity in learning known as Ako.

Informed consent

Midwives who consented to participate agreed to their interview being digitally recorded. The interview was transcribed by either the researcher (5 transcripts) or a transcribing typist (5 transcripts) who had signed a confidentiality agreement (Appendix 5). The interview transcript was returned to the participant to check for accuracy or to make any changes they wished prior to being returned to the researcher. At this point data analysis began. None of the interviewees requested any changes to the transcripts and one provided some further clarification of a point that was inaudible on the recording. Participants were aware that they could withdraw from the research at any time until the transcript was returned to the researcher.

The use of personal information

To maintain confidentiality participants were asked to select or be given a pseudonym, prior to the interview commencing. Audio recordings, consent forms and transcripts were stored in a locked filing cabinet by the researcher during the research period and will be stored this way for five years following completion of the study, following which the files will be destroyed by secure shredding.

Original data will be stored in a password protected computer file, accessible only to the researcher, the transcribing typist, who has signed a confidentiality

agreement, and the research supervisor. Following the completion of the study, files will be destroyed by deleting the recorded files and any electronic records.

The method and process for data analysis: thematic analysis

Background to thematic analysis

Once the interviews were returned I began to analyse them using Thematic Analysis (TA). TA is not particularly designed as a feminist data analysis technique, but as Gelling 2013 notes “a feminist approach influences what questions researchers ask and how they think about their data but it does not usually influence how the data is managed or analysed” (Gelling, 2013, p.6).

TA as a qualitative analytic method has been most widely used in psychology. Until the seminal paper by Virginia Braun and Victoria Clarke in 2006, (Using Thematic Analysis in Psychology) it was perhaps poorly understood. Braun and Clarke sought to fill the gap by outlining the theory, application and evaluation of thematic analysis in an accessible manner to those unfamiliar with qualitative research (Joffe, 2012). Since their paper in 2006 the use of thematic analysis has proliferated and stretched beyond the discipline of psychology. As the method becomes more widespread so does the information available about how to apply it, leading to both critique and refinement (Braun & Clarke, 2014).

TA is a way of analysing patterns of meaning from a dataset, in this case the interview transcripts (Braun & Clarke, 2006). It shows which themes are

important in the area under study with the findings highlighting the “most salient constellations of meanings present” (Joffe, 2012, p.209). TA also provides a means to draw out both manifest and latent drivers of an issue or topic.

A manifest meaning is a meaning that is quite clear, transparent or explicit that may be able to be directly observed (Joffe, 2012). However behind this there may be more latent drivers of a theme. That is, things of influence which have not yet been discovered or are as yet untapped and referred to more implicitly within the interviews (Joffe, 2012). By utilising specific criteria, when analysing data using TA to reduce subjectivity, both these implicit as well as explicit themes can be identified (Aronson, 1995).

This is well suited to this study, given that the aim of the study was to explore a phenomenon that is quiescent in current literature. The area of the benefits for midwives is secondary to the benefits for students. As such, assumptions may occur and there is a need to analyse the data using a process able to generate depth by exploring both manifest and latent themes.

Despite TA being a widely used method for analysis in qualitative research there is little literature to offer guidance on how to actually carry out TA. Braun and Clarke, (2006, 2014,) Joffe, (2012) and Joffe and Yardley, (2004,) offer the most detail. It should also be noted that the exact technique employed will be guided by the sort of study being undertaken with such elements as the sample size being relevant (Braun & Clarke, 2014).

Process for data analysis

For this study data analysis began by examining the entire dataset as a whole. The purpose of this was to create a conceptual tool to further classify and interpret emerging themes (Joffe, 2012). Once I developed this framework I could develop a coding guide to apply to each interview within the dataset.

It was important to me to have such an element of structure in the analysis, as a safe guard to ensure I was, as far as possible, representing the reality of the participants rather than my own. This was important due to my own experiences of being a midwife working with student midwives as well as being an educator working with students who participate in practice relationships with midwives. It means that whilst the discussion of the themes will be influenced by my interpretation of the analysis, the analysis itself will be based on a more empirically driven approach.

When I conducted the interviews, I began to recognise certain patterns and themes arising. Each interview added its own unique voice, but some general themes became evident. However, to be true to the process of TA I 'sat' with those themes for some time before returning to the data to conduct the full analysis. In the midst of interviewing, full of the convictions behind the research question, it becomes easy to grasp onto themes you want to hear, or those that resonate the loudest. With the process of TA and the aim of exploring meaning both implicit and explicit, I found that the passing of time, whilst the enemy of any Masters student, was actually an enhancer to facilitating meaning and understanding.

I began my analysis by reading each transcript and creating broad themes as I read, numbering each theme within the transcript with a code. This yielded seventeen coded sub-themes at the end of this process. I then looked at each of these sub- themes and grouped together those that had similar meaning. I added a further column that provided definition and a description of the categories within each sub-theme or expanded on the sub-themes that may have included more than one meaning.

Table 1: Initial coding of the data with definitions

Code number	Sub-theme	Definition
1	Sustainability	(a) Being the change you want to see (b) Giving something back (c) Practising sustainably
2	Shared responsibility	(a) Sharing caseload feels like sharing the responsibility
3	Holistic relationship	(a) Professional friendship (b) Unique relationship
4	Value of shared experience	(a) Building collegiality (b) Antidote to isolation
5	Nurture	(a) Seeing the students grow (b) Wanting to share in the student's development
6	Stimulate reflection on own practice	(a) Prompted to consider or reconsider what they may take for granted (b) Student questions the midwife, wonders why
7	Provides another perspective on practice	(a) Students working with many different midwives (b) LMC's often isolated in their day to day practice

8	Intuition	(a) The midwife's trust of intuition compared to the student's (b) Alternative ways of knowing (c) Arriving at the same conclusion by differing means
9	Doing things differently when the student is there which improves practice	(a) More detail, demonstrating good practice
10	Validation and support of the midwife's advice to the woman	(a) Improves the overall experience for the woman
11	Shares up to date evidence and research	(a) Access, currency and fluency
12	Affirmation of midwife's own choices	(a) Affirms how the midwife is, how she behaves and what kind of midwife she want to be
13	Building collegiality and professional understanding	(a) Extending professional networks and networks with women
14	Facilitators of change	(a) Being the change you want to see
15	Practical help	(a) Time savers and company
16	Increased professionalism and sense of accountability	(a) Stimulates the midwife to 'practice better' when the student is there
17	Increases role satisfaction	(a) Energy and vitality, keen and eager which is infectious

I then went back to the interview transcripts and coded again to the seventeen sub-theme codes and on the next reading extracted direct quotes from the participants to match the codes. In this matching of quotable data to illustrate meaning I found that some of the themes and codes were weak, either represented in other themes or were in fact individual outliers. This reduced the sub-theme count to eleven.

I then examined each of the themes and associated quotable data for both implicit and explicit meaning. This enabled the grouping of the eleven sub-themes to become themes under three main thematic headings, 'sustaining midwifery', 'enhancing midwifery practice' and 'affirming midwifery ways of knowing and being.'

Summary

This chapter has covered AI as the methodological approach of this study, describing the rooting of AI in the positive, which is an alternative to many traditional research methodologies. AI supports the unashamed asking of a positive research question, rather than attempting to explore a balanced view of pros and cons. This foundation led to the development of a research study that was qualitative in design, with semi-structured interviews conducted with ten self-selected LMC midwife participants. The data generated from these interviews was analysed using thematic analysis resulting in three main themes evolving which will be described in detail in the next chapter.

Chapter Five: Findings

Introduction

This chapter presents the results of the interviews with the ten LMC midwives.

A table summarising the work setting and experience of the midwives is presented, followed by each of the three main themes of sustaining midwifery, enhancing midwifery practice and affirming midwifery ways of knowing and being. Within each of these themes lie smaller sub-themes which are linked through the quotes from the midwives to the main themes. I have aimed to be generous in the use of quotes as this is the opportunity for the midwives voices to be heard.

Participants' profile

Table 2: Summary of midwife participant information

Midwife's pseudonym	Years of midwifery experience	Number of student midwives worked with in a long practice placement	Midwife's practice setting	Does the midwife work full time or part time
Louisa	3.5	1	Remote rural	Full time
Hannah	5	3	Rural	Full time
Ella	11	6	Urban	Full time
Sandy	13	10	Urban and rural	Full time
Charlie	40	16	Rural	Full time
Sarah	6	1	Urban	Part time
Michelle	30	20	Urban	Full time

Daisy	15	5	Urban and rural	Full time
Jo	10	8	Urban	Part time
Nina	8	12	Urban	Full time
	Range= 3-40 Mean= 14.15	Range= 1-20 Mean= 8.2		

Theme One: Sustaining midwifery

Introduction

The concept of sustainability is commonly held as beneficial to society, and the philosophy of the midwifery profession is “essentially aligned with sustainability” (Davies, Daellenbach & Kensington, 2010, p.2). The idea of contributing to the sustenance of the midwifery profession by nurturing student midwives was a theme that was found within all of the interviews, albeit expressed in differing ways. This ranged from the desire to give back to the profession in order for it to continue, to being the change you wish to see, to building a sustainable midwifery future and on to the practice of sustainable midwifery.

Sustainability as a motivation for working with student midwives

All the midwives interviewed were asked a question about what motivated them to work with student midwives. In the responses the desire to build or sustain the midwifery profession for future generations was expressed. Such motivations create benefits for the midwife in being part of a sustainable

enterprise as well as benefitting women more widely, in that a sustainable midwifery profession will be of benefit to society as it encourages and supports the continuation of a normal life process. The desire to see midwifery continue as a sustainable practice could be seen as a motivating factor for working with students and was expressed by Louisa.

It's important to, you know, keep midwifery sustainable and I really appreciate it when student midwives choose to come here. (Louisa)

Ella captured this same motivation as a statement of fact.

If we don't have students coming to us we won't have students, let alone midwives. (Ella)

Sandy spoke of the responsibility she felt to try and nurture the next generation of midwives for the profession to be sustained and related this specifically to Māori midwifery.

I think it is hard for us midwives not to nurture that next generation. They are our next generation. We're not going to be around forever, so I do feel it's a professional responsibility and probably more so for me being Māori ... I really believe I need to nurture as many Māori midwives as I can. (Sandy)

Sandy went on to expand this concept and relate it to personal sustainability and the broader impact this has on those receiving midwifery care.

... my passion is students, because they are our next generation. I want them to be sustainable, I want them to be happy. That trickles down to women and whanau, if they are good in themselves. It's a win/win in my eyes.
(Sandy)

The motivation to treat students differently from their own experience

From the motivation to contribute to the sustainability of the midwifery profession stemmed the more personal desire to treat student midwives differently from the midwife participants' own experience. Some of the midwives had memories of mixed experiences as a student and they sought not to replicate any negative experiences, in the hope of supporting the sustenance of the midwifery profession. This led to the belief that kinder treatment would encourage the student midwives to enter the profession and thus contribute to a sustainable future for the workforce. Sandy begins by speaking of her own experience as a student midwife.

I was bought up through that system that you weren't allowed to say no and you just followed that midwife and you just did what she did, that's how it was. I couldn't really get the concept of it. (Sandy)

Other midwives spoke more forcefully of the poor treatment they had received as a student midwife and the extra motivation this gave to treat student midwives differently.

I treat them how the midwives that I loved treated me! Because I see how those midwives benefitted me. And the midwives that put me down or rubbished me ... I didn't enjoy that or saw them as closed minded. So I don't want to be that midwife. (Hannah)

Charlie, a midwife of forty years' experience said of her time as a student midwife,

Oh you were dirt...it was a really low form of life. (Charlie)

And Nina recalled her negative experiences,

I spent most of my time as a student terrified, we were treated badly by the older midwives, I think they just wanted to put us in our place, which was at the bottom. (Nina)

Daisy also remembered being poorly treated,

I haven't been a midwife for that long compared to some but I still remember when I was new or a student the other midwives didn't always treat you well, they might humiliate you in front of women, show up what you didn't know. We used to think that went on in the olden days when midwives could be dragons, some kept doing it though, I guess it was all they knew, I want to change that. It doesn't have to be that way. (Daisy)

Such a change in practice positively contributes to sustaining the midwifery profession by making the experience of being a student midwife more enjoyable. It also lends benefit to the midwife in a sense of personal satisfaction from taking better care of student midwives. Through this personal action the midwives are contributing to the sustainability of the future midwifery workforce. While the motivation for this personal action may be borne out of kindness, the result can be measured as supporting midwifery sustainability.

On being a novice

One of the midwives, Michelle, remembered her own feelings when she was a student midwife and a novice again when she was accustomed to having expertise in her previous work. This created an anxiety for her and has led her to be conscious of this when working with student midwives.

I remember being a student and always feeling anxious, which was weird because that's not how I am. Then I realised it was because the midwives made me anxious. I was confident and good at my other job before I decided to become a midwife and now I was sometimes being made to feel stupid. I want to make sure student midwives I work with don't feel that, I want to show them you can take those things you were good at before you were a midwife and bring them into midwifery. It will make midwifery better and it will make more good people want to be midwives which is good for us all.
(Michelle)

Michelle drawing from her own experience is applying how she works with student midwives to a sense of a greater good. A greater good that helps sustain the midwifery profession.

Nurturing the next generation

This feeling of contributing to a greater good is echoed in the importance placed by the midwives in being involved with the next generation as a means to positively influence the profession. As expressed by Sandy,

So I believe we have been given a gift, we have to pass it on. It's about making sure we have our future generations and how we support them. (Sandy)

Balanced against working with students as a counter to their own experience, the midwives also expressed a desire to work with student midwives by way of recognition for the experiences midwives had offered them as students.

That was the best part of my experience ... those independent LMC's gave me such a vast variety of understanding and practice alongside when I was learning my theory and that's what I enjoyed the most and what I wanted to do for others. (Hannah)

This sentiment of giving back or passing on the elements the midwives had appreciated when they were a student midwife was echoed by Louisa and Charlie.

I certainly remember seeing some of the midwives I worked with and I really appreciated their time, so hoping they appreciate my time. (Louisa)

I hope they feel respected. I think they get a much better deal than we did. I think it's now a positive relationship both ways. (Charlie)

For Ella, Jo and Sarah the desire to give back to the profession that had educated and sustained them was not in response to their own treatment, it was more about the feeling of having something of value to offer.

We need to grow good midwives and I felt at that stage I was comfortable with my practice, I had a good experience level and experienced rationale for the way I did things. So I had things to share. (Ella)

We are all at different stages and we all need different things, but one thing is for sure we need more midwives to keep coming through. I have had lots of different midwifery jobs that have taught me a lot and so I want to share this to do my bit towards keeping the cycle going. (Jo)

I enjoy study myself, I did lots of university education before I decided to become a midwife. So it's partly about being part of the educational process. (Sarah)

From the variety of comments the motivations to work with students were at times expressed differently, but the thread of keeping the midwifery profession

sustainable and protecting it for the future was a commonality. This was summed up by Jo;

I love midwifery and I want it to go on. I see students come through who love midwifery and are often prepared to pour enormous amounts of themselves into it, that makes me happy, it gives me hope. (Jo)

Theme summary; sustaining midwifery

The desire to contribute to sustaining the midwifery profession was often a motivating factor for the midwives to work with student midwives. This grew to benefit the midwives. For in sustaining the midwifery profession they were contributing to strengthening the profession they belong to, and a strong and sustainable profession is beneficial to its members. In so doing the midwives created an opportunity to treat the student midwives differently from how they had been treated when they were students. This was expressed through the nurturing of the individual students which became a way to nurture the next generation of midwives and sustain the midwifery profession.

Theme Two: Enhancing midwifery practice

Introduction

The second theme of enhancing midwifery practice through working with student midwives was a rich theme that generated a number of threads. There were two main strands within the threads. These could be divided into areas that provided either a practical contribution to the midwife's practice, such as economies of time, or areas where the sharing of knowledge and experience provided enhancement to the midwife's practice. I have chosen not to divide this theme into these sub-themes here however as both are dependent on one another. The practical contributions are only made possible by the sharing of experiences and knowledge and therefore co-exist under the same thematic banner.

The threads that emerged in this theme are based on the fact that midwifery practice in Aotearoa/New Zealand is often conducted individually, which adds an element of isolation. Sharing practice with a student midwife tempers this and the beneficial effects of sharing an experience together were spoken of. The thread of having access to and the sharing of recent knowledge and evidence by the student midwife is also a beneficial outcome of the relationship for the midwife. Building from this was the practical support the student gave the midwife and the benefit the midwife received from the student midwife's exposure to a variety of other midwives' practice. These threads all culminated in a sense of improving practice in the presence of a student midwife. This then

flowed through to the care of women, where the student midwife was seen to support the advice given to the woman and her family by the midwife.

The benefit of shared experience

The simple act of sharing her working life with a student midwife provided benefit for the midwives and was described by Daisy and Sarah as,

I'm accountable, it's my practice, but there is something about having someone else there, someone else who cares about the woman from a midwifery point of view. In a funny way it somehow helps to share the partnership. (Daisy)

I enjoy having someone to bounce ideas off. I think so much of LMC midwifery is often quite isolated and you do a lot of processing. I do a lot of processing and thinking, going back over notes and trying to figure out what's happening sometimes and what the best approach is in a given situation. You can talk to other people, but they're always coming from an external perspective. It was really nice to have someone in my caseload who I could bounce ideas off, who was seeing the whole picture I was getting. (Sarah)

For Hannah the benefit of this shared experience was as pure as the simple benefit of human company.

We spend so much of this job by ourselves it's really nice when we get company for a while. (Hannah)

This was echoed by Louisa.

I do enjoy the camaraderie, you know having someone with you, the company on long travels. (Louisa)

For Michelle having the company of a midwifery student served to counterbalance the energy of always giving in her midwifery work.

Sometimes it's just nice to have someone to spend time with. There is all that time driving and even when you run a clinic it is nice to have someone come and ask you how you are, as generally the women never do that, it's all about them. It's nice to just be spending work time with someone that you aren't providing midwifery care for. (Michelle)

Student midwives sharing midwifery research and evidence

While the midwives described the pleasurable experience of enjoying the company of the midwifery student they also described a more tangible benefit the student brought. That is, being well versed in current evidence and research, coupled with the advantage of having seen many different midwives practice during their education, the student midwives contributed positively to the midwife's continuing practice knowledge development. This was seen by

Hannah and Ella as particularly beneficial, given the busy nature of many LMC midwives working life.

A midwife said to me when I was a student that she doesn't have time to read magazines and journals and that students brought her the new research. I haven't forgotten that. And they do, they do! (Hannah)

They had current research that often by the time you get to the end of the day you can't be bothered reading. It just gets more than you want to do. Unless something actually crops up in front of you, you don't want to be going and looking up about the current policy or current guidance and all the rest of it on say which way to deliver the placenta. We all know how to deliver a placenta, it's the way we were taught. What does the current research say? Well, who gives a toss, actually, at the end of a long day? You've had enough. So it was good for them to come and say, "The current research says" or "What we were taught in class said..." and you think, "oh well maybe I better look that up then and check it out, someone's learnt something new on a topic." That's how I found they were very good. (Ella)

This sentiment was also supported by Charlie,

They bring new research to bear ... I have other interests as well now, so I don't sit and pore over everything. Whereas I'm very interested to hear and I invite them always to let me know when there's something that's popped up ... and I will happily pick it up. (Charlie)

Charlie also added,

I'm sure I've forgotten more than I ever knew, but I keep my working knowledge up to date and they help with that. So I'm very happy to tap into their knowledge as well. (Charlie)

The integration of research into practice and the relationship between what the evidence suggests and how this is applied to individual practice was spoken of by Jo and Sandy.

I like the ones who read the research, they can talk about it and they want to know what it is really like, how you actually do it, what your experience is. You tell them what you do and they might tell you about the latest stuff they have read. Sometimes I don't think they realise we don't necessarily know all that latest stuff. (Jo)

So I think the students are really up to date with all the recent knowledge and they keep you humble; they'll question you. I love that. (Sandy)

Some of the midwives recognised the ease of access student midwives had to research and that they perceived the student midwives had time, unlike them, to delve and digest research in depth.

And they've got access to a lot more in terms of journals and things like that as a student that I would have to pay for. (Hannah)

Indeed the student midwives seemed to become trusted colleagues in terms of research and evidence with the midwives, as Nina points out,

You know you hear about the latest new way of doing something or new information to give out and you don't always actually know if other midwives are doing this. They get to see other midwives and so they often know more about what is going on out there than we do. You know, it's like you read the research but you aren't sure if you should change your practice. When they have read the same article or whatever and have talked about it with their tutors and have the same opinion as you, well it gives you confidence to change and use the research, because you trust what they know about research. They have just been taught how to use it, for some of us we were never really taught that (laughs) or can't remember anyway.

(Nina)

Michelle also added about the proficiency of the student midwives in the area of research.

You know they are researching things all the time for their assignments and stuff. You know they know how to do it and sometimes I am amazed at how much they know and how they can talk about it. They are so much better than me at it and it is great to be able to learn from them. We get a bit of free education from them so it goes around and comes around. (Michelle)

For Daisy working with student midwives reminded her of what it was like to be immersed in the study of midwifery.

I remember what it was like to be a student, you were always reading and soaking up knowledge and evidence because you wanted to know what to do and why to do it. So when they are with me and they talk about the latest research I know I can trust them, they are better than Google! (Daisy)

The benefit of providing another perspective on practice

While the midwives spoke specifically of the contribution the student midwives made with research and evidence, they also spoke of the benefit gained from working with student midwives who had the opportunity to work with other midwives in varied work and geographical settings. This added to the initial feeling that simply being in the relationship was beneficial, building more benefit when the student provided a different perspective gained from differing practice experience. This was highlighted by Hannah and Charlie.

Speaking of a specific student Hannah said,

She would bring up so much new stuff, or just different things from the North Island she's done that we were like "Oh I might try that." (Hannah)

And speaking more generally,

You get access to other midwives practice if you're a student that you don't see once you are already practicing. (Hannah)

This same sentiment was reiterated by Charlie,

Oh, I never get to see another midwife's practice. It's only if you get called in to help someone. Yes, they bring you bits and pieces. (Charlie)

Additionally this new perspective benefitted the midwives in prompting them to reflect on their own practice. For Ella this reflection was prompted by the age difference between herself and most of the student midwives.

I did enjoy their company. We did talk about cases that sometimes because I'm older and most students are younger, they had a different perspective on things. It helped me learn. (Ella)

For Louisa the reflection came from the questions the student midwives asked,

It makes me reflect on my practice a lot. When they go, 'so what was your decision making around that' and you kinda go 'that's a good point, why did I go to do that.' (Louisa)

For Jo the student midwife prompted her to reflect on what she accepted as the norm,

She made me think about why I said that, it was so normal to me but because of where she was from it seemed strange to her. It made me think that if it is strange to her maybe it's strange to the women and maybe the way we do things here is different to the rest of the country. I just assumed it was the same everywhere. (Jo)

For Sarah it was not only the differing practice view that gave benefit, it was the opportunity to reflect on her own practice coming from the time she was able to spend conversing with the student midwife.

So there were hours and hours of conversation over the weeks she was with me, as we were driving reflecting back on things from the last few weeks, not just what was happening now. (Sarah)

While there was a broader benefit from having the reflection and sharing of different practices with the student midwife, Hannah and Michelle took this a little deeper acknowledging the benefit that an outside perspective brought. They were aware that their own view could sometimes be influenced by their prior knowledge or closeness to the woman or situation.

Sometimes the student can see something just looking in from the outside; it's like that helicopter view kind of thing. She can see things sometimes you can't. (Hannah)

I had been thinking a lot about this particular woman and her situation. Having the student come into the care gave me a fresh perspective and it let me trust my gut feeling that things weren't right. (Michelle)

Hannah also acknowledged that the previous life experiences of student midwives were really beneficial in caring for some women.

I wouldn't put a student in danger, but there have been some occasions where I have been genuinely concerned about a woman and her welfare. Actually last year on one occasion it was the father I was more concerned about, so I took the student with me....The student had a different background that she had probably just, not more or better, but just a different understanding than I did on those sorts of issues. So we were really able to talk about that case after the visits in the car and kind of talk about where we would go with that and what referrals we could make and things. (Hannah)

And as Ella summarises there is value in another perspective irrespective of its origin;

If there's a suggestion to be made it doesn't matter who makes it. (Ella)

Improving midwifery practice when a student is present

Having the benefit of the student midwife to provide another perspective in the midwifery relationship also translated into improving midwifery practice for

some of the midwives. They spoke of being mindful of demonstrating good midwifery practice in front of the student. Or that having the student midwife present made the midwife explain the rationale for her actions or information she was sharing with the women more fully. This was seen to benefit the midwife by being 'reminded' of best practice. It would also provide the circular benefit of being good for the woman which would come around to benefit the midwife as it means the woman may be more satisfied with her care. This was illustrated by Louisa when doing something as routine as taking a woman's blood pressure.

I might, when a student is doing a palpation or a blood pressure I might like discuss it in more detail...maybe that actually gives the woman some other information. (Louisa)

For Hannah this aspect was more general, but pulled into what she would say to the woman,

And when there is a student there (I think); nah I'm not saying that, I will try my very best. (Hannah)

This same effect was described by Louisa, noting that the dynamics of the relationship changed in having a student present,

I do think I am more mindful of my language...you can't just talk straight to the woman, it's a three way conversation. (Louisa)

For Michelle having a student midwife with her made her quite consciously demonstrate good practice,

I think when the student is there I make much more of an effort, it's good because it keeps you on your toes, but not so good if you want a cruisy day. Then again that's midwifery, we don't come into it to cruise so it's a good thing. (Michelle)

Demonstrating good practice because of having a student midwife was illustrated by Ella particularly in the area of documentation,

I may have to be more careful with my documentation, trying to demonstrate good practice. You sometimes take shortcuts when you're always doing it because you know what you mean by a phrase, whereas I would say it out in full more. (Ella)

It was also apparent from the interview data that the midwives were aware of being a role model and teacher to the student midwives and this created a sense of responsibility to demonstrate exemplary midwifery practice. This can be seen as beneficial to the midwife as again it requires them to practice to a standard of which they are proud and reinforces the midwife's sense of well-being about her work. As expressed by Sandy,

We are what they see. We know that actually through teaching they mimic us. So if we don't teach them right or steer them round the right path, well they're going to just follow our steps. (Sandy)

For Nina it was personally important to exemplify good practice in front of the student midwife,

I am conscious of getting things right in front of them. I guess I think they know all the latest stuff and I never want to appear like a dinosaur. So I just try really hard to make sure I am showing them good practice, you know doing everything fully, not taking shortcuts because I know they are watching me. (Nina)

For Daisy, like Michelle earlier, having a student midwife meant she made an extra effort in her work,

Make no mistake sometimes we are tired or just don't have as much energy for it all that day and then you have a student and you think, 'gosh I'd better show her well' and that can give you a lift and you work better. It's better for the women. (Daisy)

The benefit of the student midwife providing practical support to the midwife

Student midwives were also seen by the midwives as beneficial in being sources of practical help. Sometimes quite literally as time savers and also the midwives

expressed that having a student midwife could relieve some pressure on them.

This is captured below by Sandy,

I probably work more when I don't have a student. I can sorta sit back and watch them and see how they're going a bit more, but the same context and stuff doesn't change, I just do all the work myself. (Sandy)

This was similar for Michelle,

They save me time and energy. Sure I put energy into them, but when I can see what they do I can trust them to run appointments and I get to sit back, it's a chance to catch my breath. (Michelle)

And for Hannah there was the same element of building trust with the student that would facilitate the practical help the student would then provide,

But also you can trust them with things. So it is mutually beneficial in that students can answer my phone at times, take phone calls when I am driving, that saves me a lot of time; pick up a bag if it's been left with a backup or something...just those little things that end up costing you time that students can save you. (Hannah)

The sense of saving time also raised how much of a midwife's time is spent doing additional tasks which they are currently not directly compensated for.

Having a student midwife for these jobs was beneficial in creating efficiencies that happen when working as a pair. As explained by Jo,

They can do lots of those little jobs, phoning for results, sorting out referrals, follow up phone calls, answering crazy text messages. All those things that add up to take extra time that you often aren't being paid for. They are a real help with that stuff and it lets them know what it's really like out there, all the extra stuff you don't see, that midwifery school can't tell you. (Jo)

And supported by Nina,

They can be great time savers, it just makes it more efficient having another pair of hands. (Nina)

Ella was impressed by some of the student midwives ability to be efficient and the difference this made to her working day,

Most of the students I got actually were good thinkers. And when they formed a plan they did it. I had a few that were really efficient young women, they got on and they did stuff quickly and you would think 'Woo that's good'. Things were always picked up and tidied up and paperwork was done. (Ella)

Daisy spoke directly of the current issues around midwives' pay, which ironically she could feel better about when working with a student midwife who was not being paid either.

It's like 'gee they aren't even getting paid' and I think well half the time neither are we! So together though it all gets shared, you can share the work and this makes the work quicker and easier and I'm less angry about the pay. (Daisy)

The benefit of the student supporting midwifery advice given by the midwife

While there were practical benefits that the student midwife provided for the midwife, the benefits also extended into practice with support for the information or advice the midwife gave the women in her care. Having a midwifery student present could provide some benefit to the midwife in some of her interactions with a woman and her family. This was due to the unique position of the student being somewhat knowledgeable and thus reliable and able to validate the midwife's advice. This was described by Daisy as she recalled an interaction with a woman which was altered by having a student midwife present.

This woman was looking at me like I was crazy and the student came forward and stood next to me and she nodded with what I was saying and this made the woman think what I was saying was less crazy. It was really perceptive of the student to place herself next to me and it really helped turn a difficult situation around. (Daisy)

Hannah also described the influence the student can have in supporting the information shared by the midwife.

Even if it's just a change in perspective of location of birth, when they've heard me talking to the student about it or heard the student asking questions its' made the woman think, 'Oh maybe it's not just the midwife pushing that because she wants me to birth somewhere. (Hannah)

She attributed this to the added value an outside perspective can bring, particularly if the midwife feels the woman sees the information as being the midwife's opinion.

There are some women I think the student is really beneficial for because they're more likely to listen because they are listening to an outside perspective of the student rather than just being told something. (Hannah)

Hannah went on to explain how a student midwife can draw more or different responses from women.

Some women open up about things in front of a student that they wouldn't necessarily, just because the student might ask things differently or whatever in front of the woman, and you learn more of the woman with the student. (Hannah)

That the student may be able to illicit responses from women differently to the midwife or the woman may share information with the student that she would not share with the midwife, is perhaps due to the student midwife being viewed

in a more supportive role. The midwife may be viewed in a more authoritative way, or perhaps simply the woman did not relate to the midwife as well as she did to the student midwife. This is not to suggest that the relationship the woman had with the midwife was inadequate, it is more to note the added benefit of having another person in the relationship. Indeed as Nina describes, it may be age that allows the student and the woman to relate to each other more easily.

She told the student all sorts of things she would never tell me. I think it was because I'm older and she didn't relate to me the same. I didn't get offended about it, I know I'm old (laughs), it was just really helpful to know those things and it made it better for me and the woman. I was grateful for having a young student for that. (Nina)

In the following excerpt from Jo, the willingness of a woman to be more open with the student midwife than she was with Jo as the midwife is highlighted,

I was suspicious this woman had been drinking alcohol in her pregnancy, but she wouldn't tell me. She (the student) just asked when I was answering my phone, the woman told her the whole story; I was amazed. First of all I thought, 'why wouldn't she tell me, am I that scary?' Then I thought about it and realised this woman had been told off by health professionals her whole life and I was just another one, but the student she was different because she wasn't quite 'one of us' yet. (Jo)

Louisa recounted a story from practice where a woman had her mother at the appointment and the mother disagreed with the choices her daughter was making. The mother had previously had a bad experience herself and Louisa was struggling to get her point across to the mother.

And you could tell that by having the student there the mother was feeling really ganged up against, but it helped reinforce that it was her experience and not what would happen to her daughter. (Louisa)

Louisa went on to conclude,

Yeah, so that actually helped, I think in some way the woman herself felt more empowered to say 'look we are all over it.' Yes it was interesting because the student was sitting there agreeing. (Louisa)

The midwives appreciated the benefit of the support from the student midwife particularly when it helped them navigate some difficult conversations or circumstances with a woman and her family. The midwives also noted the way this support also seemed to benefit the women, as described by Louisa,

And a lot of women that worked with her fed back to me how much they appreciated her being there, that she was a really good support person for them. (Louisa)

And further supported by Jo,

She was particularly great support for that woman, but I think the women nearly always appreciate the student and what they bring and do, they can be so helpful and supportive. (Jo)

Daisy noticed the support the student provided the woman and that this was often additional to what the midwife could give as she was busy with other tasks.

You know what it is like in a busy labour, sometimes you are so busy running trying to get everything done that you don't have enough time to support the woman. But the student does, they provide amazing support, I think every woman should have one if she can. (Daisy)

Interestingly none of the midwives interviewed saw the favourable relationships women developed with students negatively or exhibited any signs of jealousy about the closeness students may form with women. This goes alongside the spirit of generosity that the midwives showed to the students in many aspects of their relationship with them. This generous sentiment was succinctly expressed by Sandy,

Actually 'do you mind if I ask the student to be my midwife next time?' When you've done a good job that happens. (Sandy)

Theme summary; enhancing midwifery practice

There were many dimensions to enhancing midwifery practice through working alongside a student midwife, ranging from practical support such as saving the midwife time to the midwife consciously demonstrating best practice in front of the student. The student contributed to this enhancement of practice by sharing up to date evidence and research and learnings from their experiences of working with other midwives during their education. While enhancing her midwifery practice was of benefit to the midwife, the benefits also extended to the women in her care, who enjoyed the outcomes of enhanced midwifery practice.

Theme Three: Affirming midwifery ways of knowing and being

Introduction

Midwifery as a discipline within the health sciences and as a profession has its own distinct body of knowledge. As midwifery care takes place within a social relationship between the midwife and the woman she is caring for, midwifery has also developed its own ways of knowing and being. These have grown from the inability of science to understand and explain all outcomes and choices in midwifery and childbirth. This serves as an acknowledgement that at times midwives must use differing forms of knowledge that may not be held in as high esteem as scientific knowledge. That midwives have currency with differing forms of knowledge leaves them perfectly placed to also consider their own personal body of knowledge and way of being as a midwife, noting that this will be unique to each individual midwife. In their work with student midwives the midwives in the interviews spoke of the benefits they derived from the affirmations they received of their own midwifery ways of knowing and being.

Affirmation of the midwife's personal choices and role

A benefit that was perhaps unanticipated from working with a student midwife was the affirming effect this had for the experienced midwife. This was confirming the midwife's own practice and also affirming the choices the midwife had made to enter and stay in the midwifery profession. The midwives gained a positive sense of their role in the midwifery profession from their

interactions with student midwives. This can be seen in the following quotes from Hannah, Jo, Michelle and Sandy.

I don't feel like I need an ego boost, but it helps to feel like you're doing something right I suppose. (Hannah)

They can be so sweet when they have had a good experience with you, it makes me feel great, like I must be a good midwife. (Jo)

Day to day you don't always get a lot of positive reinforcement in this job. Sometimes it feels like an uphill battle all the way. But every day you spend with a student, if they are enthusiastic, it can give you the warm fuzzies. They remind you of why you are here, that you're doing well and that the world needs midwives. (Michelle)

The enthusiasm, they're so fresh and they're so keen. I think we lose that when we have been around a long time. We sometimes lose that why we first joined. So they sorta give me a bit of youth again, because I see it through their eyes. I've always found that positive. (Sandy)

Developing friendships and collegiality

In the first theme we saw midwives actively nurturing the next generation of midwives to contribute to the sustainability of midwifery. This nurturing sometimes developed into friendships between the midwives and student midwives. Such friendships and the developing collegiality between the

midwives and student midwives has the potential for both personal and professional benefits for the midwife. Sandy noted this transition from student to friend to colleague.

I've kept in contact and become really good friends with all the (student) midwives, especially once they have graduated. To me they are a colleague.
(Sandy)

The developing of friendships for Daisy also led to a sense of personal accomplishment from the role she had played in the student becoming a midwifery colleague and the reciprocity this generated.

I didn't think I was looking for new friends, but I have found them. Not all of them but I have become friends with quite a few. Your friendship can develop over the years and it's not long until they are on the same level as you. I feel chuffed when I go into the hospital and there is a midwife there that I had as a student and I see how good she is. I think I had a little part in that and they've gone on to get even better and they help you. They will always help you if they were your student and you were good to them. (Daisy)

Nina saw the development of friendships with the student midwives positively, both in terms of growing her professional network as well as growing her friendship base, especially given that her relationship with the student midwife sometimes extended to the student's family and beyond midwifery.

Midwifery is all about relationships at the end of the day. Having good relationships with the students who are with you gives you a bigger pool of midwifery friends. We all need each other and it's much better if we get along. I get to have these new young midwifery friends, that's nice for me. I'm interested in them not just as midwives but in their families because you get to hear about them when they are on placement with you. You just know so much about them and they do about you. (Nina)

Midwifery ways of knowing; intuition

This positive affirming both of the relationship and the choices the midwives have made extended to other aspects of midwifery practice as well. This spreading of positive affirmation is found in both the application of knowledge and midwifery ways of knowing.

Midwifery is often said to be a blend of arts and science that does not always have empirical answers, requiring at times a sense of intuition. Intuition is a difficult trait to measure or teach, being one that does not always withstand scientific scrutiny, and the midwives showed interest in how it was expressed in students. The midwives used working with student midwives as a means to affirm their own feelings about their sense of intuitive knowledge described by Louisa as,

But yeah, students make you stop and think. 'Why did I do that?' sometimes I think 'I don't know', it makes you go 'yeah because I have that midwifery intuition', sometimes you have a feeling you can't teach or explain that to a

student. So you just have to hope that over time they will get that midwifery intuition. (Louisa)

Sarah and Charlie both acknowledged the role of intuition and equated this with good midwifery practice. Sarah thought that this was innate rather than learned and Charlie also acknowledged that the development of intuition was more instinctive than learned.

It was in their personality to respond to people empathetically and intuitively. At the same time they were using empirical information to frame it. So there were some who could balance both those two parts, but I think to some extent it was just their personalities. (Sarah)

But some of them I think are going to be superb and I think they're the ones who instinctively are going to be really really good and probably use the intuitive knowledge. (Charlie)

The midwives also seemed to be able to use the presence of the student as a means of gauging their own use of intuitive knowledge. The difference they perceived between themselves and the student midwife validated the midwife's sense of both the use and the accuracy of her intuition.

You know how sometimes as a midwife you just know. You get that gut feeling that you can't get from a text book. I talk to the students when I am operating from that intuitive space because they don't have that yet, but

they will and it's important that they know they can trust it. Sometimes I'm working off this feeling but because the student is there I have to try to work out why I got the feeling and that's a good thing to be reminded of. (Jo)

Michelle, in her use of intuition also acknowledged that the student may use differing forms of knowledge when addressing the same situation.

We share things, it's funny sometimes I'm thinking about what I'm going to do based purely on intuition and the student will be going through all the steps to work out what they are going to do. So it's awesome when we come to the same conclusion from entirely different directions. (Michelle)

Nina noted the link between experience and intuition, while at the same time acknowledging the place of intuitive knowledge in midwifery practice.

Well sometimes I just know, I think actually maybe I should be worried about this, the baby isn't coming quickly enough or the labour isn't getting going, but I'm not worried because I just know it will be ok. Then I think that must be hard for the student as tomorrow I might be worried, but then I have years of experience for my intuition and they don't. So I have to try to explain why I feel the way I do, it can be hard but intuition in midwifery is a real thing and we should treat it as such. (Nina)

However, not all the midwives interviewed thought that intuition was reserved for the experienced midwife, as Hannah says;

I have to say some students have blown me away. I do think there are some students who have a real innate sense of things and their intuition is really good. (Hannah)

While Sandy did not think intuition belonged in the realm of most student midwives, she did acknowledge that some showed potential to develop it for future use.

I don't think they have the intuition because they haven't been exposed enough to it, but you know when you meet a student midwife and she's got it, she just needs more time. (Sandy)

Likewise Charlie acknowledged the individual nature of intuitive knowledge development.

I think the intuitive stuff comes after a couple of years of working, if you're lucky ... some of them have a much better sense than others. (Charlie)

The affirming nature of reciprocity

The difference between the experienced midwife and the student midwife in terms of intuitive responses to midwifery situations sometimes contributed to a sense of reciprocal learning. While there was often a sense that the relationship held some mutually beneficial aspects, the theme of there being a reciprocal nature to the learning within the relationship was seen as a specific benefit to

the midwives. As Sarah comments this reciprocity was seen in response to her decision making being at times intuitive, which links back to Nina and Michelle's comments about students enhancing their ability to trust their intuition.

There were certainly situations where it was about verbalising and having someone confirming that my intuitive response was something that they were seeing or noticing as well. There were a couple of situations where she had suggestions to make, or reflections that gave me something to think about. (Sarah)

For Nina this sense of reciprocal learning was more overt;

Ha, they think you are teaching them but what they don't realise is you are learning as much sometimes. It might not be obvious to them, but it might just be the little things they do or the way they say something and you think, 'Gosh what a good way to say that' and then you think that you will change your routine. They don't know you have been saying it another way for over twenty years and they have invented a much better way. It makes me laugh. (Nina)

Daisy spoke of the differences midwives have with student midwives on a placement in contrast to the learning relationships students have with their lecturers at their educational institution. She speaks of how this difference lends itself to reciprocal learning.

There's a freedom being with a student that they don't have with their other tutors. Although you are assessing them and all that stuff, it's not the same. You know, you spend time with them in the car, getting to know them and so they share things with you. I learn heaps from them at these kind of times. You have conversations and throw ideas backwards and forwards and it can change your opinion on things, the give and take that's what makes it special. (Daisy)

Jo took a holistic view which encompassed an element of reciprocity. Looking at the wider purpose for the student midwife and midwife relationship she drew out the benefit of the reciprocal learning that takes place within the relationship.

They need us and we need them, that's what we need for midwifery to keep ticking over. But it's not like we used to think about it, that they knew nothing and we had to fill them up and they would only be useful when they were finished and full. No it's not like that anymore. They know about being a woman even if they don't know as much about midwifery and they know that someone shouting instructions at them doesn't help them learn about midwifery. So you have a different relationship, you are in it together and you both have something to contribute. There are so many different ways to learn and things to learn about, not just midwifery things, and you get to learn some of that stuff with the students. (Jo)

For Hannah reciprocal learning was also about the ability to change her own practice;

To update practice it takes a level of humility and understanding and forgiveness of things that you've been taught in the past that you did just because you didn't know any better. (Hannah)

And,

I wanna be like those midwives who adopted things from what they'd seen from students and from new practice and research and stuff. So that's why I don't want to be the midwife who doesn't change and students allow you to do that. (Hannah)

Theme summary; affirming midwifery ways of knowing and being

There is a distinct body of knowledge as well as particular ways of being which are exclusive to midwifery. Through their relationships with student midwives both of these were affirmed for the midwives. The student midwives provided affirmation for the midwives of their abilities to apply forms of knowledge such as intuition to their practice. Such positive affirmations resulted in a sense of reciprocity in the relationship and developed collegiality and communities of practice.

Summary

My intention in this chapter was to be generous with the quotes from the midwives, for it is their words that give a richness to the data that was generated. Using thematic analysis I have grouped their words to develop the three main themes of 'sustaining midwifery', 'enhancing midwifery practice' and 'affirming midwifery ways of knowing and being'. While these themes have been drawn out to provide a structure to the analysis of the data, what is also noteworthy is the interdependent nature of each theme. For example, midwifery may be sustained by affirmation of midwifery ways of knowing and as midwifery practice is enhanced midwifery ways of knowing may be affirmed. Evident throughout these themes is the unique nature of the student midwife and midwife relationship in its lessening of the sense of isolation and solitary practice the midwives experience in the nature of their day to day work. Indeed, it is the human and social context of the relationship from which all the themes and rich data stem.

Chapter Six: Discussion

Introduction

This project was born from feeling that there are benefits for midwives of working with student midwives. This stemmed from my own experiences of working with student midwives in midwifery practice and educational settings. This work created a sense that, while the balance of the benefits may belong in the student midwife's favour, there were also aspects of benefit for the midwives. These aspects were not always articulated or appreciated.

Previous to the enriching experience of interviewing the midwives in this study, I anticipated the interviews would lead me to an exploration of reciprocity and ways of learning, for example, the benefits of mutual learning from shared experiences. What I found were two concepts that were interwoven throughout the data. Leaving the findings I anticipated to be parts within these concepts. While reciprocity most certainly exists, it is one strand in a multi-faceted relationship between student midwife and midwife. The two foundational concepts that hold all such strands together are *otherness* and *sustainability*.

On being the other and the meaning of otherness

The concept of otherness is grounded in feminist thought (LeSavoy & Bergeron, 2011). That is, the experience of being a woman is rooted in being the 'other' in a world that is defined by the masculine as the norm (McHugh, cited in Leavy, 2014). As midwifery in Aotearoa/New Zealand is predominantly a woman's

profession, it is akin with being the other. The sense of otherness in midwifery is compounded by its history, whereby midwifery has been an oppressed profession (Davis, 1995). Considered women's work midwifery was usurped by 'medicine men', relegated as an adjunct to nursing and struggled to be recognised as an autonomous profession in its own right (Fleming, 1996; Mein Smith, 1986; Papps & Olssen, 1997; Stojanovic, 2008). Indeed, many of the professionalising strategies of midwifery serve to illustrate the struggle that accompanies achieving recognition when you do not belong to the dominant group (Pairman, 2005).

The hangover from the struggles to gain autonomy and combat oppression was evident in the data from the midwives. A connection between the dynamics of the relationship and a standpoint of otherness was reflected in the responses of the midwives. For, when a standpoint is more than an interested position and moves to influencing the way we engage, meaning beyond simple dualism can be created (Hartstock, 1998).

Moving from dualism and acknowledging the multi-dimensional nature of the relationship between midwife and student midwife emphasises the influence of the standpoint of otherness. The standpoint of otherness describes levels of reality whereby the deeper level explains what appears on the surface (Hartstock, 1998). This enables meanings to be attributed to the voices of the midwives without them necessarily verbalising the concept, where what appeared on the surface – the verbal responses, reflected a deeper level of thought. In the findings this showed in such areas as acceptance of differing

forms of knowledge, treating the student midwife differently from their own experience and reciprocal learning unbound by traditional learning relationships.

The effects of otherness on the teaching and learning relationship

That the relationship between student midwife and midwife is set against this background of otherness provides an interesting position in the teaching and learning aspect of the student midwife and midwife relationship. It sees the dominant culture that traditionally surrounds such teaching and learning relationships adjusted (McLelland, McEnna & French, 2013; Miller, Ross & Freeman, 1999; Rowan, McCourt & Beake, 2008). That midwife and student midwife both come from a standpoint of otherness gives a freedom to construct the teaching and learning relationship their own way.

Learning by teaching and teaching by learning

Views of students being empty vessels waiting to be filled are being made redundant as our understanding of learning increases and we transition from the traditional roles ascribed to teacher and student (Brown, Roediger & McDaniel, 2014; Hattie & Yates, 2013). Historically education has been positioned in the masculine domain with an emphasis on the teacher as the knower and the student seeking to know (Arnot & Weiler, 1993). While individuals may move towards more enlightened approaches and appreciate the reciprocal nature of learning, there is still a tendency to revert to more traditional roles when placed in the position of teacher, expert or student (Brown et al., 2014).

Yet the midwives in the interviews, albeit perhaps at a subconscious level, did not always subscribe to such traditional notions. Indeed they actively sought to give students a different experience from their own and appreciated the freedom afforded to learning relationships that occur outside of educational institutions, as was commented upon by Daisy. That this occurred is perhaps linked to the personality traits common to women who have chosen to be midwives and student midwives.

Women and education

Historically education had heavily gendered roles and was reserved for a few rather than many (LeSavoy & Bergeron, 2011). The gendering of roles in education is associated with preserving patriarchal power, as education and the ability to think critically is linked to the control of social order (Bunch, 1979). Previously women in education have not been encouraged into realms that require critical thought (Lather, 1991; Patai & Koertge, 1994). Perhaps because this sits in stark contrast with the expectations that women's minds should be concerned with the mundane, the keeping of home and family, brooding on the personal and fate (Bunch, 1979).

Yet the role of the midwife necessitates critical thinking and both the midwives and the midwifery students in this study sought to be critical thinkers, to question the way things are and seek out how things could be different. This characteristic is congruent with AI, which seeks out the best of how things are and uses this to imagine what could be rather than focusing on weaknesses (Grant & Humphries, 2006).

The midwife participants in this study were non-conformist in their approach to their teaching roles, treating the learning relationship unconventionally and aligning with feminist thought by transgressing traditional learning boundaries (Hooks, 1994). The midwives appreciated the best of what the teaching and learning opportunity created and derived personal benefits from this contemporary approach.

Creating a sustainable future by treating student midwives differently to previously

Strongly resonating from the interviews with the midwives was the desire to want to treat students differently from how they had been treated as learners and novice practitioners. This indicated that the midwives in the study, who had a range of 3 to 40 years' experience (mean 14.5 years) were mainly educated in a hierarchical learning structure where you were made to know your place.

The sense of wanting to treat students differently having experienced feeling 'rubbished' and humiliated during their own education ties the midwives to a position of otherness. From this position of otherness the midwives, through fostering the relationship differently, are also contributing to the sustainability of midwifery. This occurs through building a future unfettered by the negative experiences of the past. This is done consciously by the midwives as they do not wish to replicate their unfavourable experiences, which were served by the hands of the dominant culture.

Given the span in range of experience of the midwives interviewed one may expect the more recently educated midwives to have not experienced such a hierarchical learning environment. However midwifery education in Aotearoa/New Zealand occurs in part in midwifery practice settings, which are still influenced by traditional learning relationships and this contributes to the mixed reality of midwifery education that exists today. Midwifery education institutions may have moved to break down such hierarchical structures, but they have limited influence over those in the practice setting. This serves to illustrate the typically slow pace of change for traits that are deeply culturally embedded, rather than reflecting on the individual midwives interviewed. It is intriguing that the feelings of wanting to treat students differently was present in the data irrespective of how many years the midwife had been in the profession. This indicated that although much may have changed in midwifery in the 37 year range of experience between the midwife participants, the feelings of not wanting to replicate poor treatment of students remained.

Freedom to express varied forms of knowledge

The freedom afforded by living the relationship with student midwives unburdened by convention facilitated the sharing of varied forms of knowledge. This was seen in the interviews when the midwives discussed intuition. That the midwives equated intuitive responses from student midwives with the potential for being a 'good' midwife demonstrates that the midwives valued this characteristic. The value of knowledge tends to be ranked according to the dominant culture. This sees the valuing of knowledge supported by historically traditionally masculine domains, such as science, as greater than knowledge

from more traditional feminine domains (Davis-Floyd, 2017). The sharing of knowledge around intuition, which may commonly be seen as a more feminine trait (Davis-Floyd & Arvisdon, 1997) in the relationship between midwife and student midwife illustrates the effect re-envisioning a relationship can have. Being rooted in a sense of being the other frees the midwife and student midwife from needing to value empirical knowledge over other ways of knowing such as intuition in some situations (Hunter, 2007).

Given the research question was seeking to explore the benefits for midwives from their relationships with student midwives we must consider how this valuing of differing forms of knowledge and intuition is of benefit to the midwife. One benefit for the midwives is in the validation of their own use of intuition and practice wisdom. A validation that may feel supportive given that midwifery practice in Aotearoa/New Zealand is measured as competent with little reference to such forms of knowledge. This immediately relegates this knowledge as seemingly inferior or untrustworthy. The support the midwives gained from working with students, who both admired and respected the ability of the midwife to use intuitive knowledge, was a beneficial validation of this skill that midwives do not receive from existing regulatory or feedback structures. This also links to the concept of otherness where validation is provided from another unanticipated source.

Yet while the midwives showed a sense of freedom and placed value on intuitive knowledge they also recognised the challenge it raised for both themselves and the student midwives. This challenge is linked back to dominant

culture and the desire to control birth - to free it from risk by the use of technology versus the faith of birth as a normal life event. That is, when the rise in the reliance on technology to authoritatively base decision making in pregnancy and childbirth is combined with its ineffectiveness at improving outcomes a paradox occurs (Davis-Floyd, 2017). In answer to this paradox midwifery globally has varying degrees of reliance on empirical knowledge and technocratic approaches to birth, which attempts to balance empirical knowledge with other knowledge forms in the childbirth arena (Davis-Floyd & Arvidson, 1997).

However, arguably the balance of power in knowledge is often still tipped in favour of the empirical world, with its easy to quantify and measure variables. From the interviews the relationship the midwives had with student midwives showed the midwife was cognisant of her role in helping the student midwives negotiate these paths and intersections between the quantification of knowledge and evidence. Indeed, evaluating midwifery practice in Aotearoa/New Zealand sits more comfortably within the empirical paradigm, where legislation governs prescribed concepts of competency and midwives practice is scrutinised in terms of outcomes quantified by data. Yet despite this, midwifery parlance in Aotearoa/New Zealand is also heavily weighted with the telling of stories that include alternative forms of knowing. Given this the midwifery road in Aotearoa/New Zealand may be seen as two knowledge paths, paths that wind and cross at various intersections, with the midwife being the figure present at each intersection.

The presence of another reducing isolation in midwifery practice

While otherness allowed the freedom to treat students differently and value midwifery ways of knowing, the physical presence of another person also enhanced the midwives sense of benefit from the relationship. The change from the norm of LMC midwifery, where we conduct our actual practice in isolation, was a beneficial outcome for the midwives. While midwives often have a sense of belonging to the cohesive whole of their profession the actual day to day work of an LMC midwife is mostly solo. We may debrief with practice partners or discuss practice topics on study days, but how we translate this into our work is generally individualistic. Bringing another person into the relationship had benefit given the isolated individualistic reality of midwifery practice.

Breaking this isolation could also be confronting for the midwife. For in working individually the midwives expressed that they had developed their own way of doing things. Some expressed feeling vulnerable when they first started working with a student midwife, but most acknowledged that they had reached a point where they were comfortable with their practice and had something to offer. This willingness to share their practice was a pre-requisite for benefitting from the experience of having another person intimately participating in their midwifery practice. As Hannah said, she wanted to be like some of the midwives she had worked with as a student midwife herself, the ones she saw as being open to change and she was emulating this in her own relationship with student midwives.

Diminishing isolation and supporting reciprocity

The midwives showed that having another person in the relationship was not a simple transaction of the less experienced student midwife learning from the experienced midwife. There was an element of reciprocal learning and a validation for the midwives. Validation that their practice was comparable to the practice of other midwives that the students had seen, plus the opportunity to learn from the varied practice the student midwife had been exposed to. This sense of validation also extended to the midwife's work with women where the presence of the student could provide support and added influence to the advice of the midwife.

The value of insider knowledge

The key to the presence of a student midwife, rather than the presence of just another body, is that the student midwife was seen as knowledgeable and reliable. The student midwives were immersed in the study of midwifery and in this research study were often close to completing their undergraduate midwifery education. This placed them in the position of being valuable insiders in terms of midwifery knowledge; they had knowledge developed from being within midwifery.

There is particular benefit in insider knowledge when it comes from the outside. The midwifery student is outside the midwife's usual way of working by herself and she is adding a perspective to the midwife's practice, providing a fresh pair of eyes, an outside view. Yet this outside view is accompanied by the inside knowledge of midwifery. This gives rise to benefit, expressed by the

midwives in the opportunities for reflection on practice that the student provided as well as the link to current evidence and research.

The student midwife as a conduit to midwifery scholarship.

The past twenty years of midwifery in Aotearoa/New Zealand has seen a rise in research and evidence that is either or both based in Aotearoa and midwifery specific. This is accompanied by the requisite rise in midwifery scholarship. While scholarship has been used differently by many of the main influencers of recent midwifery practice, it is the root of midwifery education and strongly influences midwifery practice (Smythe, 2007). Yet in midwifery, as in many other disciplines, one of the challenges for scholarship is the dissemination of the created information and translation of this information into practice (Hattie & Marsh, 1996; Smythe, 2007).

This study shows how student midwives act as a conduit between the world of midwifery scholarship and practice. The midwives in the interviews clearly valued the student midwives access and currency with latest evidence and research and this was seen as beneficial. Having inside knowledge, but coming to the relationship from the outside and being regarded as trustworthy, encouraged this sharing of information between student midwife and midwife. This was a benefit that was explicitly expressed by the midwives, but it can also be seen to be quite circular - that is, the articulation of evidence and integration into practice in a reciprocal learning environment has benefits for the student. The student then acting as a bridge between scholarship and practice provides benefits back to scholarship too. Thus the benefits extend around students,

midwives, researchers and scholars and contribute positively to the sustainability of the midwifery profession.

Sustaining midwifery practice

The standpoint of otherness informed many of the themes that were generated from the interviews. Accompanying this standpoint there was also a cohesive thread of sustainability. Sustainability was represented in many of the themes, growing from being a motivating factor for working with student midwives to one that impacted personal and professional sustainability for the midwives.

Defining sustainability in midwifery

The word sustainability and all its associated concepts have become firmly rooted in our consciousness in recent years. It pervades on many aspects of daily life, from shopping bags to climate change. At times 'sustainability' suffers from being a much quoted buzzword, with tangible outcomes falling behind the need for change. However sustainability's relationship to midwifery is not of pop culture, rather midwifery and sustainability are intricately and integrally linked, as birth is the very manifestation of creating the future. In Aotearoa/New Zealand midwifery is centrally located in most women's experience of birth, thus tying midwifery, sustainability and birth together (Crowther et al., 2016; Davies et al., 2010; McAra-Couper et al., 2014).

That sustainability is global but also personal creates a certain uniqueness. The concept of 'thinking globally and acting locally' (Kefalas, 1998) means that each person has a sense of consciousness of their individual contribution to the

sustainability of the planet. While it can be easy to be overwhelmed or disconnected from large global issues, where we feel our individual voice makes little difference, sustainability recognises the interconnectedness of individual choices, where the sum of the whole is indeed much greater than that of the parts (Jamison, cited in Moore, 2010).

The expressions of the midwives in the interviews often echoed this translation of global concepts back into the personal sphere. In their expressed desires to maintain and sustain the future of the midwifery profession by nurturing student midwives, the midwives were engaged in a personal endeavour that would have wider benefits. These benefits were to the broader midwifery profession, predicated on a belief that midwifery itself is good for the world and a reminder of the adage that 'women need midwives need women' (Donley, 1986).

International concern for workforce issues, sustainable midwifery practices and strategies for resilience, are the focus of 2016 discussion paper by Crowther et al., titled 'Sustainability and resilience in midwifery.' While the research may be on individual midwifery practice, the implication is more global. This sits alongside the findings of this study, where the midwives had undertaken to work with student midwives as a means to nurture the next generation to sustain the midwifery profession for global benefit.

Crowther et al.'s discussion paper compared New Zealand and United Kingdom studies of resilience and sustainability in midwifery. The studies did not seek to

offer solutions or evaluate practices, the discussion of Crowther et al., was to highlight similar themes from studies that occurred in countries with different models of midwifery practice. Love, joy and passion for midwifery, self-care, self-determination, and relationships were the main themes from this comparison. While none sought to specifically highlight the student midwife and midwife relationship in these themes it is interesting that when they are compared with the data from this study, those same ideas are present. This is particularly true when the midwives speak of their motivation to work with student midwives and the sustaining benefit this creates both for the midwives and the midwifery profession.

The connection of midwifery to the tenets of sustainability

While midwifery has a connection to all tenets of sustainability, with the power to influence economically, environmentally and societally, it has a particularly strong connection to the spiritual, moral and ethical aspects of sustainability. This connection was captured in interviews with midwives in this current study and was articulated by Sandy in the sense that she felt she had 'a gift' to be handed to the next generation. This was not merely a gift of knowledge, but a deeper sense that in nurturing the next generation of midwives there was a fulfilment of a moral obligation to sustain the profession. The sustaining of the profession was built on a belief that midwives contributed positively to the sustenance of the future in their guardianship of normal birth. While their work with student midwives benefitted the students in helping them establish themselves in the profession, it also held wider benefit for the midwives as a vehicle for their positive contribution towards sustainability.

Personal sustainability

The data from the interviews with the midwives provided a wonderful illustration of how seemingly small individual contributions are connected to more global concepts of sustainability and it also produced ideas of enhancing personal sustainability through their relationships with student midwives.

While it is a professional responsibility to work with student midwives and this may have been motivation in part for the experienced midwives, what they expressed through the interviews were motivations that were more personal.

Wanting to support, nurture, give back, do differently – which in this act of giving also created personal benefit for the midwives.

The importance of self-sustaining practices in midwifery have been highlighted in recent research which has sought to explore what helps or hinders midwives in terms of their retention in the profession (Cox & Smythe, 2011; Dixon et al., 2016, McAra -Couper et al., 2014; Wakelin & Skinner, 2007). This research based in Aotearoa/New Zealand is supported with similar findings in international research of the altruistic nature of the motivations of midwives and the importance of the relationships in sustaining them in practice (Curtis, Ball & Kirkham, 2006; Hunter, 2010; Sullivan, Locke & Homer; 2011).

In highlighting quality relationships as a contributor to personal sustainability in the midwifery profession the benefits of engaging in positive relationships with student midwives is seen. Gaining wellbeing through positive emotions, engagement and relationships is supported by research in psychology (Seligman, 2012) demonstrating that through their relationships with student

midwives the midwives gain benefit in other dimensions of their lives as well as in their professional role.

Summary

The findings from this study generated many themes, the discussion of these themes has focussed on two central concepts that underpin the findings and link back to being informed by standpoint theory. The two central concepts are otherness and sustainability. Otherness is expressed on many differing levels from the standpoint of being a predominantly women's profession, to the freedom this affords midwives in how midwives conduct their learning relationships with student midwives. The standpoint of otherness and what results from this can be seen to enhance both resilience and wellbeing for the midwives which in turn contributes to sustainable midwifery practice.

Sustainable midwifery practice that begins with a connection to a global conviction - the importance of sustaining midwifery for the sake of birthing women. It then extends through to personal sustainability with wellbeing enhanced through positive relationships between midwives and student midwives.

Chapter Seven: Conclusion and Recommendations

Introduction

This chapter presents what I have concluded to complete this research study. At this point of conclusion I return to the beginning of the work and reflect on the aims of the study and its answering of the research question. The study aim was to illuminate and hear the voices of the secondary partner in the relationship between midwives and student midwives. These relationships, which occur in midwifery practice settings and are very formative for the student midwife, also have an effect on the midwife. The effects on the midwife have not been the focus of previous research, perhaps as they are the secondary partner in the relationship, where the focus is on development of the student midwife.

Although this area lacked formal study, I came to the research topic motivated by my own experiences and anecdotal conversations with midwifery colleagues. This motivation has carried me through the research process and following are my conclusions from this research process. I then move make recommendations based on these conclusions and consider the strengths and weaknesses of the study.

Conclusion

The purposeful choice of AI as the approach in this study was to ground it in the positive. There was a risk in this, given the relationship at the heart of the study has both negative and positive elements. However its choice proved fruitful, as the positive framing surfaced deeper meanings that may have otherwise been missed.

The nature of the role of the midwife in the midwife/student midwife relationship is based on giving, with the midwife sharing her practice knowledge for the development of the student midwife. However assuming this as the only role is too simplistic, given that the relationship occurs in a social context with all the intricacies that occur within human relationships. The midwives are giving, but perhaps so are the student midwives. And just as the student midwives are receiving benefits from the interactions, in the dynamic complexity of the relationship, the midwives are also receiving benefits. Exploring these benefits suited positive framing, aimed at understanding what adds vitality to the relationship and benefits the midwives. To do so we do not need to understand what may negatively influence the relationship. For it is in understanding what the benefits are for the midwives that supports the recommendations made.

Student midwives are an antidote to isolation

Consistent throughout the conversations with the midwives was that student midwives mitigated the sense of isolation that can occur in the day to day life of an LMC midwife. This acknowledges that although the midwives may have

strong relationships with their practice partners, midwifery colleagues, family and community, the actual work of providing care for women is done individually and there is a certain isolation that stems from this. The student midwives, who shared the motivation for midwifery with the midwives, were in the unique position of sharing the minute by minute practice lives of the midwives. No one else shares this position. Therefore the student midwife and midwife relationship is both unique and exclusive, a simple but important point. While we acknowledge the integral role midwives play in the education of student midwives, rarely do we consider the uniqueness of the relationship which fosters reciprocity and sees benefits for the midwives too.

Exclusivity and otherness

This study was grounded in the feminist standpoint of otherness. As midwifery is a predominantly female occupation its position in society is influenced by gender. Being gendered female places midwifery in a subordinate position in relation to the dominant masculine culture. Meaning it is therefore in a position of otherness, as it is not the norm from which all else is measured. Rather than this other position being negative, in this study the standpoint of otherness enhanced the beneficial aspects of the midwives relationships with student midwives. Not needing to conform to the norms of the dominant culture, because they were already in a position of being the other, liberated the midwives to approach the relationship with the student midwives free from the binds of convention. Convention that would dictate the midwife was the giver and the student the receiver and that these roles would not mix. However what occurred in the relationships was that otherness, coupled with the exclusive

nature of the relationship, supported mutual benefit with a mixture of giving and gaining for both the midwife and the student midwife.

Individual actions contributing to global change.

Exploring the relationship between midwives and student midwives provides a metaphor for the contribution of individual actions to global change. The midwives described their motivations for working with student midwives in terms of the contribution it made towards sustaining the midwifery profession. Sustaining the midwifery profession connects to protecting and sustaining physiological birth and successful motherhood, which in turn strengthens society. There was a commonality across all the midwives interviewed in a desire to contribute to the sustenance of midwifery. Leading to the conclusion that each midwife was making an individual choice underpinned by a desire to contribute positively through their actions to the wider role of midwifery in society, which in turn contributes to the position of women in society. Thus, individual action on the part of the midwives sets in motion contributions that have global results, mirroring how in sustainability terms individual actions multiply to create world change.

From global influence to individual benefit

Entering into a practice relationship with a student midwife may have a more holistic starting point, but once the relationship was established the benefits diversified and became individual. This is seen in the practical enhancement of midwifery practice that occurred. The benefits came from sharing current evidence and research, an outsider view on the midwife's practice, the midwife

wanting to demonstrate good practice for the student, as well as the practical time saving and supportive actions of having a student. A myriad of practice enhancement benefits that each individual midwife received, but were not necessarily anticipated, when they entered the relationship motivated by the desire to sustain the midwifery profession.

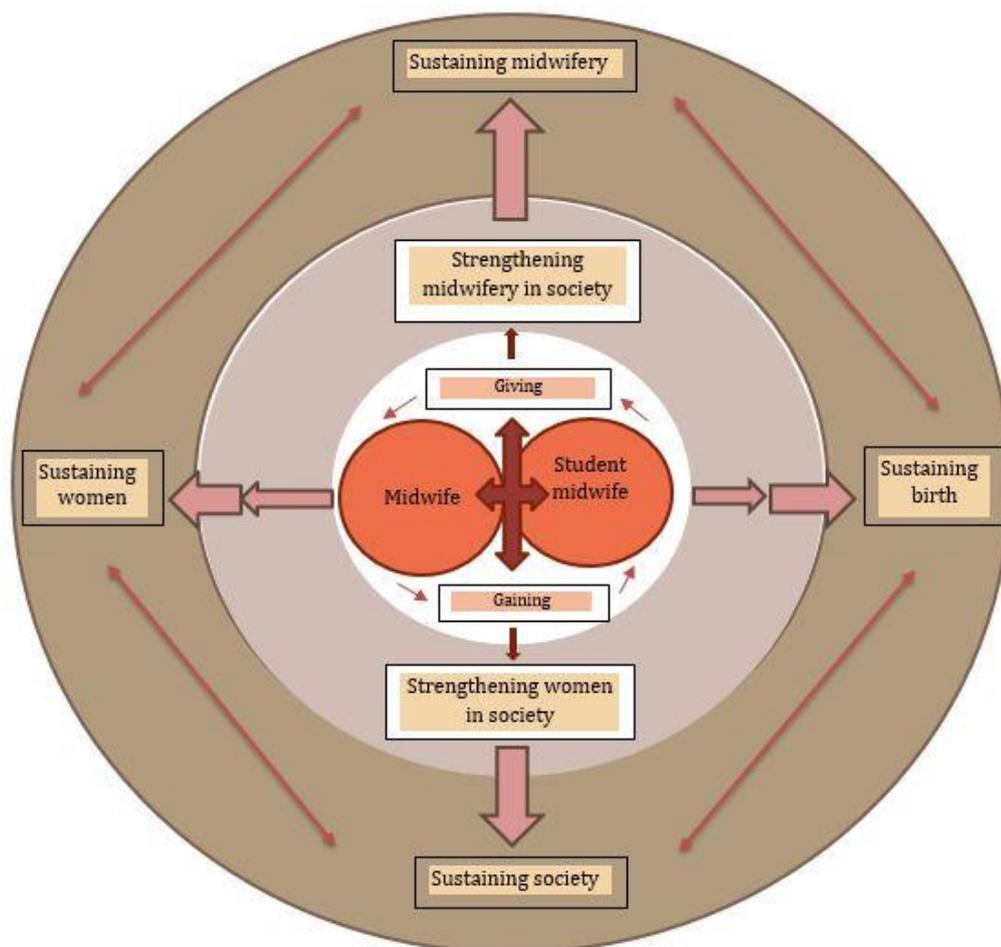
Individual benefits that increase overall strength

The individual benefits gained by midwives contribute to overall gains for the midwifery profession. If the strength of a profession or organisation can be measured by the strength and well-being of its individual members then the relationship between midwives and student midwives enhances this. The positive affirmation of midwifery ways of knowing and being through the midwives work with student midwives can be linked to an overall positive benefit for the profession. Given that midwifery can suffer from challenges of perception, perhaps due to lack of understanding and its standpoint of otherness, there is much to be gained from aspects that offer positive affirmation. For in the positive affirmation of the individual midwives practice, midwifery knowledge and ways of being may be passed on to the student midwives and strength is gained from midwives feeling validated and worthwhile. If the student midwife relationship plays a role, no matter how small in creating this, the benefit spreads to the whole of the profession. Such collective strengthening that stems from the positive enhancement of individuals.

Conceptualising the conclusion

The conclusions I have reached from the findings and themes are ones of interdependent relationships. Such interdependency which is created when seemingly small individual actions, such as choosing to work with a student midwife, have much more global implications. Thus there is a flow from small to great which is mirrored by the flow of giving and gaining that occurs in the individual relationships between midwife and student midwife. This individual reciprocity then spans out to the wider midwifery community in the effect and influence it has is to strengthen midwifery as a whole.

This is represented in Diagram 1: Conceptualising the conclusion



Conclusion summary

At this concluding point comes the consideration of the value of this study. That from this small study, that was asking quite a simplistic question, conclusions can be drawn that can be extrapolated to such wide areas and global implications points to value. The benefits for midwives of working with student midwives sees conclusions that extend as far as strengthening the position of women in society. While discovering this points to value, it also lends a glimpse into the deeply complex world of midwifery, where a simple question unveils multitudes of meaning. This world of midwifery can be likened to a plant, whose small parts on the surface are supported by a vast root system that are only made visible by digging.

Recommendations

The findings in this study had small components that contributed to the three themes of sustaining midwifery, enhancing midwifery practice and affirming midwifery ways of knowing and being. These themes led to the conclusions, whereby seemingly small individual actions have far reaching implications both for the midwives personally, the midwifery profession and society at large. Accepting this as what we now know, the challenge is how to share this knowledge and make practical recommendations. With this in mind three recommendations I would like to make are:

- incentivising working with student midwives for midwives,
- sharing the outcomes of this study in midwifery and across other disciplines that have experienced practitioners working with students,

- highlight in midwifery education the valuable role student midwives play in contributing to individual midwives and the midwifery profession.

Incentivising and rewarding midwives who work with student midwives

Currently midwives enter relationships with student midwives as a professional responsibility. While midwives may receive an honorarium for that participation there is little monetary value or remuneration for midwives to work with student midwives. Given this study has demonstrated there are benefits for midwives personally and professionally I recommend that incentive is given to encourage more midwives to work with student midwives. The benefits for midwives have, up to this point, been obscured or unseen due to the dominance of the benefits for student midwives. This may dis-incentivise midwives to work with students, as they view the relationship as one of giving on their part with little gain.

This study focusses on work that midwives do that does not receive remuneration. Whether we agree or not, once we attach monetary value to an action it increases the visibility and value of the action. Therefore in incentivising midwives to work with student midwives the visibility and thus the importance of this work will be increased. Increasing the participation in, and the visibility of, the unique relationship between midwife and student midwife will produce a net gain for the profession.

There is both complexity and depth in the midwife and student midwife relationship and midwives are highly influential in the education of student midwives. This would lend strength to the recommendation that by way of incentivising midwives into the relationships, midwives who undertake them should be rewarded with remuneration. The more midwives who experience these benefits, the more benefit there is to the profession and a strong midwifery profession has benefit for women in society. If we are to visibly value the benefits to midwives from working with student midwives we will make visible an aspect of midwives work and skill that is currently unrecognised in terms of significant remuneration.

Benefits for other professions

There are a number of other professions, particularly health professions, which use experienced practitioners to work in practical placements with students. When I undertook my review of literature on this topic and found none relating to midwives I extended my search into adjacent professions to still yield very little. Therefore I would recommend that the findings from this study be shared across other professions who have similar student and experienced practitioner relationships as the benefits may be echoed. This recommendation is based on the belief that in highlighting the benefits that occur for the secondary partner in the student/experienced practitioner relationship participation in such relationships may be encouraged. This may allow views to be shifted from the conventional – of student being receiver and experienced practitioner being the giver and the mutual benefits being appreciated.

The findings from this study may be useful to other professions which will have the effect of increasing the visibility and value of midwifery. Indeed, it is the standpoint of otherness that midwives occupy that has allowed them to develop relationships with students differently. To be able to share the benefits of reciprocity and the gains for the wider midwifery profession will demonstrate how midwifery can contribute to and advance our understanding of the teacher and learner relationship. Understanding the possibilities that are achieved from re-envisioning the teacher/learner relationship may lead to increased well-being and positivity for students and teachers which ultimately may lead to increased recruitment and retention within specific professions. This leads to the recommendation of sharing this study with other interested professions.

Students appreciating their own value

While sharing the outcomes of this study across midwifery and other disciplines could prompt some to consider the student/teacher relationship differently, a similar shift may also occur for students. Students often see themselves as burdensome when they are on practice placements, cognisant of both their inexperience and need to learn. They are often aware of the effort required by the person they are working with to support their learning. This study has shown that while there is effort required when working with a student, there is also benefit for the experienced practitioner. Incorporating knowledge of what these particular benefits are in midwifery of sustaining midwifery, enhancing midwifery practice and affirming midwifery ways of knowing and being into student midwife education may positively influence the experience and well-being of student midwives. Student midwives who realise they are contributing

to the profession positively before they have achieved registration as a midwife increases their sense of value both personally and collectively. This is important as in the role of the student there are many challenges to their sense of value, as they work and sometimes struggle to achieve confidence and competence. Appreciating their own value may serve to mitigate these challenges somewhat. Overall this will increase understanding of the role both for student midwives as well as midwives.

Summary of recommendations

When I embarked on this study the aim was to explore and make visible an aspect of the student midwife and midwife relationship that was hidden. This came from my own experiences of working with student midwives and anecdotal conversations with colleagues where a sense of benefits for the midwives was generated. The richness of the data that came from interviewing the midwives not only confirmed the presence of benefits for the midwives, but extended to being able to interpret these benefits as applicable to the midwifery profession, wider society as well as to the individual midwife. This leads to value being ascribed to the relationships and a re-envisioning of them where gains are made from an action that appears to be one of giving. That such value occurs indicates that midwives should be encouraged by remuneration to participate in the relationships. While the benefits that were illustrated in this study belong to midwifery, they may extend to other professions who utilise similar relationships and therefore the findings of this study could be shared outside midwifery. Finally, while this study has centred on the midwife it is for the student midwife that the final recommendation is aimed. The study has

articulated and created evidence of the valuable contribution student midwives make to the profession before they have become midwives. Knowledge of such contributions should be embedded into midwifery education, to increase a sense of value and well-being for student midwives.

Strengths and limitations of this study

Considering the strengths and limitations of this study creates an intriguing see-saw of balance and tipping points. For what may be seen as a strength may also be a limitation and vice versa depending on how the see-saw is weighted.

In this study the fundamental approach used can be seen as both a strength and a limitation depending on viewpoint. Using AI as the approach and its connection to positivity, whilst supported as a strength by its ability to shed light on the elements that give most life and meaning, may also provide limitation. A limitation that in closing ears to negative reductionist views a balanced consensus cannot be reached, which may be seen to limit the value of the study. However the desire to achieve balance is not the aim of AI and therefore the strength of the approach is the ability to uncover previously hidden understandings, which was the aim of this study.

The qualitative design and AI approach resulted in strong consistent themes that had both depth and complexity. As this study was looking at the human relationship between midwife and student midwife had depth and complexity not surfaced then the study would be considered limited. Such complexity

provides strength by pulling to the fore deep meaning that may be more implicit than explicit. However, the tipping point where this may become a limitation is that the interpretation of this meaning is made by the researcher, who may derive meaning that was not intended by the participants.

Yet this interpretation, which may be limited by being individual, can develop into a strength as it becomes the springboard for discussion and critique. The importance of creating this space for discussion is also a strength, as this study was concerned with illuminating an area that has not previously been the focus of research.

Regarding the process of conducting the research study, after review some limitations can be identified. The study included a small number of participants and therefore the findings are not able to be generalised. The participants also were self-selecting which may limit the study in terms of bias. That is, midwives who agreed to participate knew the research question was to consider the benefits for midwives from working with student midwives, suggesting that those who wished to participate held a favourable view of the relationship. This may indicate that the sample was therefore restricted to midwives who held a commonality of viewpoint and was not diverse.

While this study has provided exploration and evidence that there are benefits for midwives from working with student midwives and has been able to base recommendations on this, it may be valuable for further research to consider what the barriers are for midwives to engaging with student midwives.

Understanding this may help inform further recommendations mindful of the current challenging conditions for midwives practicing in Aotearoa/New Zealand.

Reflections

Undertaking writing a master's thesis is like being involved in a strange dance – the master's dance. A dance you are thrilled to receive an invitation to and one you hope others are coming to as well. For you want your friends to be on the dance floor with you and whilst they may have the same ticket their route to the prom is different and you have to travel alone. So you talk to others who have been to the dance before, they give a knowing smile, or was it a smirk, and tell you what to expect. Their tales dampen your excitement of going to the master's dance. 'It will be different for me' is what you tell yourself, hanging onto the hope that perhaps you are a better dancer than they.

The day of the dance arrives and the anticipation of the occasion overwhelms you. You enter shy, hoping someone will notice you while at the same time hoping not to be noticed. You sway around the edge, for what seems like eternity, but as the tempo picks up you are drawn onto the floor. At this point in the master's dance you are choosing your topic, finding your question, discovering your methodology. Each time you spin you bump into another dancer who may share some moves with you or turn in the other direction. Then you find your partner, your rhythm improves and you are into the groove.

Head down in the crowd you dance and sway, when the beat picks up and the crowd moves away. You are left in the middle of the floor, hands clapping all around encouraging you to spin some more. It is at this point when you feel exposed and your work is done for others to read, dancing alone in the middle unable to see the view of the crowd.

So as I finish writing and my master's dancing is done, I get to look back on the prom and will no doubt one day be embarrassed by what I wore. An occasion where I learnt the struggle it can be to shape ideas, which seem so clear to you, into words that convey the meaning for others. I have learnt to admire those who do this well, whose works I have been able to be immersed in to help stimulate and inspire my own.

While this struggle to shape thought to word may have been more arduous than anticipated it has developed a new appreciation. When I embarked on this study I thought I was asking quite a simple question, that I had a manageable topic that would nicely take me through each of the steps required to complete a thesis. What has happened, leading to my new appreciation, is understanding just how complex the answers to a simple question can be. That my simple question could generate such a multitude of ideas leaves me marvelling at the depth, richness and complexity of what happens in midwifery relationships. That this one small aspect leads to a synergy that influences both the profession and women in society proves to me what many midwives know; that the work they do is important. Just what makes up this importance is both complicated and hard to articulate, as exploring this one layer has shown. For midwives

work on so many levels simultaneously and while it may look like a simple transaction going on between midwife and student midwife it is just the visible part of a transaction where multiparous meanings spread far and wide. It has been a privilege to have the opportunity to explore a previously obscured aspect of one kind of midwifery relationship. This has rejuvenated my midwifery soul and left me to marvel at the often unappreciated skill of midwives to hold multiple relationships of meaning and influence simultaneously in their daily working lives.

References

- Achor, S. (2011). *The happiness advantage: The seven principles of positive psychology that fuel success and performance at work*. New York, New York: Random House.
- Annandale E., & Hunt K. (Eds.). (2000). *Gender inequalities in health*. Philadelphia, Pennsylvania: Open University Press.
- Arnot, M., & Weiler, K. (Eds.). (1993). *Feminism and social justice in education: International perspectives*. London: Falmer Press.
- Aronson, J. (1995). A pragmatic view of thematic analysis. *The Qualitative report*, 2(1), 1-3.
- Begley, C. (2001a). 'Knowing your place': Student midwives' views of relationships in midwifery in Ireland. *Midwifery*, 17(3), 222-233. doi: 10.1054/midw.2001.0262
- Begley, C. (2001b). 'Giving midwifery care': Student midwives' views of their working role. *Midwifery*, 17(1), 24-34. doi: 10.1054/midw.2000.0232

- Bellinger, A., & Elliott, T. (2011). What are you looking at? The potential of appreciative inquiry as a research approach for social work. *British Journal of Social Work, 41*(4), 708-725.
- Benner, P. E. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Commemorative edition. Upper Saddle River, New Jersey: Prentice Hall.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Braun, V., & Clarke, V. (2014). What can 'thematic analysis' offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-being, 9*(1). doi: 10.3402/qhw.v9.26152
- Brown, P. C., Roediger, H. L., & McDaniel, M. A. (2014). *Make it stick*. Cambridge, Massachusetts: Harvard University Press.
- Bunch, C. (1979). Some Definitions of Feminism. In *International Workshop on Feminist ideology*. Bangkok, Thailand: Documents from the Network for Women Studies in Nigeria.

Brunstad, A., & Hjalnhult, E., (2014). Midwifery students' learning in labor wards: a grounded theory. *Nurse Education Today*, 34(12), 1474-1479.
doi: 101016j/nedt.2014.04.017

Bushe, G.R. (2011). Appreciative inquiry: Theory and critique. In D. Boje, B Burns, & J. Hassard, (Eds.) *The Routledge Companion To Organizational Change* (pp. 87-103). Oxford, UK: Routledge.

Bushe, G.R. (2012). Foundations of appreciative inquiry: History, criticism and potential. *AI Practitioner*, 40(1), 8-20.

Butler, J. (2011). *Gender trouble: Feminism and the subversion of identity*. New York, New York: Routledge.

Carolan-Olah, M., & Kruger, G. (2013). Final year students' learning in the Bachelor of Midwifery course. *Midwifery*, 30(2014), 956-961.

Charles, N., & Hughes-Freeland, F. (1996). *Practicing feminism: Identity, difference, power*. London, UK: Routledge.

Chenery-Morris, S. (2015). The importance of continuity of mentorship in pre-registration midwifery education. *Evidence Based Midwifery*, 13(2), 47-53.

- Collins, P. H. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social Problems*, 33(6).
- Cooperrider, D., Whitney, D. D., & Stavros, J. M. (2008). *The appreciative inquiry handbook: For leaders of change*. San Francisco, California: Berrett-Koehler Publishers.
- Cox, P., & Smythe, L. (2011). Experiences of midwives' leaving Lead Maternity Care (LMC) practice. *New Zealand College of Midwives Journal*, 37, 10-14.
- Crowther, S., Hunter, B., McAra-Couper, J., Warren, L., Gilkison, A., Hunter, M., & Kirkham, M. (2016). Sustainability and resilience in midwifery: A discussion paper. *Midwifery*, 40, 40-48.
- Curtis, P., Ball, L., & Kirkham, M. (2006). Why do midwives leave? (Not) being the kind of midwife you want to be. *British Journal of Midwifery*, 14(1), 27-31.
- Davis, D. (1995). Ways of knowing in midwifery. *Australian College of Midwives Incorporated Journal*, 8(3), 30-32.
- Davies, L., Daellenbach, R., & Kensington, M. (Eds.). (2010). *Sustainability, midwifery and birth*. Hoboken, New Jersey: Taylor and Francis.

Davis-Floyd, R. (2017). *Ways of Knowing about Birth: Mothers, Midwives, Medicine, and Birth Activism*. Long Grove, Illinois: Waveland Press.

Davis-Floyd, R., & Arvidson, P. S. (Eds.). (1997). *Intuition: The inside story: interdisciplinary perspectives*. New York, New York: Routledge.

DeVault, M. (1999). *Liberating method: feminism and social research*. Philadelphia, Pennsylvania: Temple University Press.

Denzin, N., & Lincoln, Y. (Eds.). (2000). *Handbook of qualitative research* (2nd edition). Thousand Oaks, California: Sage.

Denzin, N., & Lincoln, Y. (Eds.). (2013). *The landscape of qualitative research* (4th edition). Thousand Oaks, California: Sage.

Dixon, L., Guilliland, K., Pallant, J., Sidebotham, M., Fenwick, J., McAra-Couper, J., & Gilkison, A. (2016). The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings. *New Zealand College of Midwives*, 52, 5-14.

Dixon, L., Tumilty, E., Kensington, M., Campbell, N., Lennox, S., Calvert, S., Gray, E. & Pairman, S., (2014). *Stepping forward into life as a midwife in New*

Zealand/Aotearoa: An analysis of the Midwifery First Year of Practice programme 2007 to 2010. Christchurch, NZ: New Zealand College of Midwives.

Donley, J. (1986). *Save the midwife.* Auckland, NZ: New Zealand New Women's Press.

Elliot, C. (1999). *Locating the energy for change: an introduction to appreciative inquiry.* Winnipeg, Canada. International Institute for Sustainable Development.

Evans, R. (2016). *Change and context: another look at the Treaty of Waitangi.* Auckland, NZ: Lal Bagh Press.

Fineman, S. (2006). Accentuating the positive? *Academy of Management Review*, 31(2), 306-308.

Finnerty, G., & Collington, V., (2013). Practical coaching by mentors: Student midwives' perceptions. *Nurse Education in Practice*, 13(6), 573-577. doi: 10.1016/j.nepr.2012.09.016

Fleming, V. E. (1996). Midwifery in New Zealand: Responding to changing times. *Health Care for Women International, 17*(4), 343-359.

Fraser, D., Avis, M., & Mallik, M. (2013). The MINT Project. An evaluation on the impact of midwife teachers on the outcomes of pre-registration midwifery education in the UK. *Midwifery, 29*(1), 86-94. doi: 10.1016/j.midw.2011.07.010

Gelling, L. (2013). A feminist approach to research: Leslie Gelling looks at the insights and challenges brought up by methodological studies from a feminist perspective. *Nurse Researcher, 21*(1), 6-7.

Grant, S., & Humphries, M. (2006). Critical evaluation of appreciative inquiry: Bridging an apparent paradox. *Action Research, 4*(4), 401-418.

Guilliland, K., & Pairman, S. (2010). *Women's Business: The Story of the New Zealand College of Midwives, 1986-2010*. Christchurch: New Zealand College of Midwives.

Hammond, S. A. (2013). *The thin book of appreciative inquiry*. Bend, Oregon: Thin Book Publishing Company.

Harding, S. G. (Ed.). (2004). *The feminist standpoint theory reader: Intellectual and political controversies*. New York, New York: Routledge.

Harding, S. (1997). Comment on Hekman's " Truth and Method: Feminist Standpoint Theory Revisited": Whose Standpoint Needs the Regimes of Truth and Reality? *Signs: Journal of Women in Culture and Society*, 22(2), 382-391.

Hartstock, N. C. (1998). *The feminist standpoint revisited and other essays*. Boulder, Colorado: Westview Press.

Hattie, J., & Yates, G. C. (2013). *Visible learning and the science of how we learn*. New York, New York: Routledge.

Hattie, J., & Marsh, H. W. (1996). The relationship between research and teaching: A meta-analysis. *Review of Educational Research*, 66(4), 507-542.

Hemmings, C. (2011). *Why stories matter: the political grammar of feminist theory*. Durham, North Carolina. Duke University Press.

- Hooks, B. (2000). *Feminist theory: from margin to centre*. Cambridge, Massachusetts: South End Press.
- Hooks, B. (1994). *Teaching to transgress: Education as the practice of freedom*. New York, New York: Routledge.
- Hughes, A., & Fraser, D. (2011). 'There are guiding hands and there are controlling hands': Student midwives experience of mentorship in the UK. *Midwifery*, 27(4), 477-483. doi: 10.1016/j.midw.2010.03.006
- Hunter, B. (2010). Mapping the emotional terrain of midwifery: What can we see and what lies ahead? *International Journal of Work Organisation and Emotion*, 3(3), 253-269.
- Hunter, B. (2001). Emotion work in midwifery: A review of current knowledge. *Journal of Advanced Nursing*, 34(4), 436-444.
- Hunter, L. (2007). A hermeneutic phenomenological analysis of midwives' ways of knowing during childbirth. *Midwifery*, 24, 405-415.

James, L. (2013). Nurturing the next generation: Midwives' experiences when working with third year midwifery students in New Zealand. *New Zealand College of Midwives Journal*, 47, 14-17.

Joffe, H., & Yardley, L. (2004). Content and thematic analysis. *Research Methods for Clinical and Health Psychology*, 56, 68.

Joffe, H. (2012). Thematic analysis. *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*, 1, 210-23.

Kefalas, A. G. (1998). Think globally, act locally. *Thunderbird International Business Review*, 40(6), 547-562.

Lambert, C., Jomeen, J., & McSherry, W. (2010). Reflexivity: A review of the literature in the context of midwifery research. *British Journal of Midwifery*, 18(5), 321-326.

Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York, New York: Routledge.

Leavy, P. (2014). (Ed). *The Oxford handbook of qualitative research*. Oxford, UK: Oxford University Press.

Lennox, S., Skinner, J., & Foureur, M. (2008). Mentorship, Preceptorship and clinical supervision: Three key processes for supporting midwives. *New Zealand College of Midwives Journal*, 39, 7-11.

LeSavoy, B., & Bergeron, J. (2011). "Now I have something that is mine": women's higher education gains as feminist standpoint. *Wagadu: a Journal of Transnational Women's and Gender Studies*, 9, 141.

Lykke, N., Buikema, R., & Griffin, G. (2011). *Theories and methodologies in postgraduate feminist research: Researching differently*. New York, New York: Routledge.

McAra-Couper, J., Gilkison, A., Crowther, S., Hunter, M., Hotchin, C., & Gunn, J. (2014). Partnership and reciprocity with women sustain Lead Maternity Carer midwives in practice. *New Zealand College of Midwives Journal*, 49.

McIntosh, T., Fraser, D.M., Stephen, N., & Avis, M., (2012) Final year students' perceptions of learning to be a midwife in six British universities. *Nurse Education Today*. 33(10), 1197-1183.

McLelland, G., McKenna, L., & French, J. (2013). Crossing professional barriers with peer-assisted learning: Undergraduate midwifery students teaching undergraduate paramedic students. *Nurse Education Today*, 33(7), 724-728.

Mein Smith, P. L. (1986). *Maternity in dispute: New Zealand 1920-1939*. Wellington, NZ: Department of Internal Affairs, Historical Publications Branch: Government Printer.

Midwifery Council of New Zealand, *Te Tatau o te Whare Kahu*. (2015). *Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations (2nd edition)*. Wellington, NZ: Midwifery Council of New Zealand.

Ministry of Health. (n.d.). Education and training. Retrieved from: <https://www.health.govt.nz/our-work/health-workforce/education-and-training>

Ministry of Health. (2017). *Report on Maternity 2015*. Wellington: Ministry of Health. Retrieved from: https://www.health.govt.nz/system/files/documents/publications/report-on-maternity-2015-updated_12122017.pdf

Miller, C., Ross, N., & Freeman, M. (1999). *Shared learning and clinical teamwork: New directions in education for multi-professional practice. Researching professional education research report series*. English National Board for Nursing, Midwifery and Health Visiting, Publications Department,

Moore, S. A. (2010). *Pragmatic sustainability*. New York, New York: Routledge.

New Zealand College of Midwives. (n.d.). What is an LMC? Retrieved from <https://www.midwife.org.nz/women-in-new-zealand/about-lead-maternity-carer-lmc-services>

New Zealand Government. (2003). Health Practitioners Competence Assurance Act. Retrieved from <http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

Pairman, S. (1998). Developing & crafting a vision: A strategic plan for midwifery. *New Zealand College of Midwives Journal*, 18, 5-9.

Pairman, S. (2005). *Workforce to profession: An exploration of New Zealand midwifery's professionalising strategies from 1986 to 2005*. Unpublished doctoral thesis, University of Technology, Sydney, Australia.

Patai, D., & Koertge, N. (1994). *Professing feminism: Cautionary tales from the strange world of women's studies*. New York, New York: Basic Books.

Papps, E., & Olssen, M. (1997). *Doctoring childbirth and regulating midwifery in New Zealand: A Foucauldian perspective*. Palmerston North, NZ: Dunmore Press.

Reed, J. (2006). *Appreciative inquiry: Research for change*. Thousand Oaks, California: Sage.

Reinharz, S., & Davidman, L. (1992). *Feminist methods in social research*. Oxford, UK: Oxford University Press

Rogers, K. (2010). Exploring the learning experiences of final-year midwifery students. *British Journal of Midwifery*, 18(7), 457-463.

Rowan, C. J., McCourt, C., & Beake, S. (2008). Problem based learning in midwifery: The students' perspective. *Nurse Education Today*, 28(1), 93-99.

Seligman, M. E. (2012). *Flourish: A visionary new understanding of happiness and well-being*. New York, New York: Free Press.

Sidebotham, M., Fenwick, J., Carter, A., & Gamble, J. (2014). Using the five senses of success framework to understand the experiences of midwifery students enrolled in an undergraduate degree program. *Midwifery*, 31(2015), 201-207.

Sidebotham, M., Fenwick, J., Rath, S., & Gamble, J. (2015). Midwives' perceptions of their role within the context of maternity service reform: An appreciative inquiry. *Women and Birth*, 28(2), 112-120.

Skirton, H., Stephen, N., Doris, F., Cooper, M., Avis, M., & Fraser, D. M. (2012). Preparedness of newly qualified midwives to deliver clinical care: An evaluation of pre-registration midwifery education through an analysis of key events. *Midwifery*, 28(5), 660-666.

Smythe, L. (2007). A hermeneutic analysis of the rise of midwifery scholarship in New Zealand. *New Zealand College of Midwives Journal*, (37).

Smythe, L., & Payne, D. (2008). Warkworth Birthing Centre: An appreciative inquiry. Warkworth Birthing Centre.

Stojanovic, J. (2008). Midwifery in New Zealand 1904–1971. *Contemporary Nurse*, 30(2), 156-167.

Sullivan, K., Lock, L., & Homer, C. S. (2011). Factors that contribute to midwives staying in midwifery: A study in one area health service in New South Wales, Australia. *Midwifery*, 27(3), 331-335.

Undurraga, R. (2012). Interviewing women in Latin America: Some reflections on feminist research practice. *Diversity and Inclusion: An International Journal*, 31(56), 418-434.

Wakelin, K., & Skinner, J. (2007). Staying or leaving: A telephone survey of midwives, exploring the sustainability of practice as Lead Maternity Carers in one urban region of New Zealand. *New Zealand College of Midwives Journal*, (37), 10-14.

Watkins, J. M., Mohr, B. J., & Kelly, R. (2011). *Appreciative inquiry: Change at the speed of imagination*. San Francisco, California: Pfeiffer.

Wenger, E., McDermott, R. A., & Snyder, W. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Cambridge, Massachusetts: Harvard Business Press.

Whitney, D., & Trosten-Bloom, A. (2010). *The power of appreciative inquiry: A practical guide to positive change* (2nd ed.). San Francisco, California: Berrett-Koehler.

Wilkes, Z. (2006). The student mentor relationship – a review of the literature.

Nursing Standard, 20(37), 42-47. doi: 10.7748/ns20.37.42s55

Appendix 1



Otago Polytechnic
Te Kura Matatini ki Otago
School of Midwifery
Te Kura Atawhai ka Kaiakapono te Hakuitaka

Participant Information Sheet

Kia ora,

My name is Emma Bilous and I am undertaking a research project looking at **the benefits for midwives from working with student midwives** as part of my Master's thesis and would like to invite you to participate.

Purpose of the research

The increase in the practice hour's requirements for student midwives instigated in 2007 by the Midwifery Council of New Zealand (MCNZ) for pre-registration midwifery programmes has meant that midwives, more than ever, are working with student midwives in the practice setting. While some research has looked at the experience of this from the student perspective I am interested in exploring the relationship from the midwife's perspective, specifically looking at the benefits either personal or professional midwives gain from them.

What's involved?

Midwives who provide Lead Maternity Carer (LMC) services who have at least three years post registration experience and have worked with students are being sought from the Otago Polytechnic School of Midwifery database. I am seeking to recruit 8-10 midwives to attend an interview, either at a mutually agreeable location or by Skype, which will involve semi structured questions and take about an hour.

Should you choose to participate prior to the interview consent will be sought for the interview to be digitally recorded and each participant will be given a pseudonym to maintain confidentiality. All publications and presentations arising out of this research will use this pseudonym.

The data generated at the interviews will be transcribed by a researcher who has signed a confidentiality agreement. It will then be returned to the participant to review and once approved as accurate by the participant will be returned to the researcher which is when data analysis will commence. You can withdraw your consent to participate at any point until data analysis has commenced.

The data collected will be securely stored in a locked cupboard in a locked office at Otago Polytechnic, only the researcher and the research supervisor will have access to it. It will be retained in secure storage for a period of five years, after which it will be destroyed by shredding and any electronic files deleted.

The findings from the research will contribute to a Master's thesis and may be presented at national or international midwifery or parenting related conferences and articles may be written for publication in professional journals. The findings from the research will be made available to the participants.

If you have any questions regarding the research please contact either the researcher, Emma Bilous, emma.bilous@op.ac.nz 021 705 681 or the research supervisor Christine Griffiths, christine.griffiths@op.ac.nz 021 736 545

This project has been reviewed and approved by the Otago Polytechnic Research Ethics Committee approval no: 664, 29th June 2016

Appendix 2

CONSENT FORM: PARTICIPANT

Study title: *What are the benefits for midwives from working with student midwives?*

Study Supervisor: Christine Griffiths, Otago Polytechnic

Researcher: Emma Bilous

Please tick and sign below

- I have read and understood the Participant Information Sheet provided to me.
- I have had the opportunity to ask questions and am satisfied with any answers given.
- I understand that my confidentiality will be maintained by me choosing or being given a pseudonym, so I will not be identifiable in any of the publications or presentations arising out of this research study.
- I understand that notes will be taken during the interviews and that with my consent the interview will also be audio-taped.
- I understand that the interview will be transcribed by a researcher or transcribing typist who has signed a confidentiality agreement.
- I understand that the interview transcript will be returned to me to review to ensure the transcript reflects the interview and to make any changes I wish.
- I understand that I may withdraw myself or any information that I have provided for this project at any time up until I return the transcript to the researcher for data analysis to begin.
- I understand that all tapes and transcripts will be securely stored at Otago Polytechnic for a period of five years after completion of the research when they will then be destroyed.
- I consent to take part in this research

I agree to take part in this study under the conditions set out in the Participant Information Sheet.

.....
(signature of participant)

.....
(date)

.....
(signature of researcher) **This project has been reviewed and approved by the Otago Polytechnic Research Ethics Committee, approval no: 664, 29th June 2016.**

Appendix 3

Report from Otago Polytechnic Ethics Committee

Otago Polytechnic Ethics Committee

Feedback to Applicant

Date: 30 May 2016

Application No: 664

Applicants: Emma Bilous

Title of Project: *The benefits for midwives of working with student midwives*

Item	Issue	Recommendation	Applicant Response/Action
Ethics Application	The ethics application has been thoroughly considered and completed, including appendices.		
The research question: <i>What are the benefits for midwives of working with</i>	The question is inherently bias as it means only positive aspects will be explored. Being solely	Need to either acknowledge that there may be negative impacts but state that the research is not focusing on these (as a	

<i>student midwives?</i>	focused on the positive reduces the opportunity to recognize and thereby negate any negative impacts.	result of the methodology adopted) or redress the question for a more holistic perspective. Need to be clear, if electing to only look at the positive, that this is the case in any subsequent output/publication.	
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Response to Otago Polytechnic Ethic Committee

Otago Polytechnic Ethics Committee

Feedback to Applicant

Date: 30 May 2016

Application No: 664

Applicants: Emma Bilous

Title of Project: *The benefits for midwives of working with student midwives*

Item	Issue	Recommendation	Applicant Response/Action
	The ethics application has		

<p>Ethics Application</p>	<p>been thoroughly considered and completed, including appendices.</p>		
<p>The research question: <i>What are the benefits for midwives of working with student midwives?</i></p>	<p>The question is inherently bias as it means only positive aspects will be explored. Being solely focused on the positive reduces the opportunity to recognize and thereby negate any negative impacts.</p>	<p>Need to either acknowledge that there may be negative impacts but state that the research is not focusing on these (as a result of the methodology adopted) or redress the question for a more holistic perspective. Need to be clear, if electing to only look at the positive, that this is the case in any subsequent output/publication.</p>	<p>The intention of the research is not to provide a holistic view of the relationship between midwives and student midwives eliciting both the positives and negatives. The intention is to study what could be considered the secondary or less obvious outcome of the relationship, that being possible positive benefits for midwives. The negative aspects of such relationships</p>

		<p>have been considered in other research, whereas the positive benefits have only surfaced as an adjunct in this literature (Carolan-Olah & Kruger, 2013; Dixon, Tumilty, Kensington, Campbell, Lennox, Calvert, Gray and Pairman, 2014; James, 2013; Rogers, 2010 & Sidebotham, Fenwick, Carter & Gamble, 2015).</p> <p>The premise of a positive lens is supported through the methodology of Appreciative Inquiry, which does not take a traditional problem-solving</p>
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			<p>approach to research that tends to focus on weaknesses, flaws and attempts to fix these (Grant & Humphries, 2007). Rather the appreciative approach focuses on exploring the ideas people have about what is valuable and looks for ways to build on these (Reed, 2007). Appreciative Inquiry in health research offers the opportunity for transformational change and it is the aim of this research, to potentially inform where information is currently lacking, and provide a launching point for</p>
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			<p>discussion or application in midwifery and other professions.</p> <p>Further to this, the questions used in the participant interviews allow for responses which if the dominant feeling is negative can be expressed. Therefore while the research question is framed in the positive, the bias is mitigated by firstly having the participants be self-selecting and also by having semi structured questions which could be responded to entirely in the negative.</p>
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			<p>The nature of the methodology may not have been clear in the original Ethics application as this is not required. In this instance it is the methodology which addresses the issues raised regarding the inherent bias in the question and this would be fully explained in any subsequent publications or presentations.</p>
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References used in response

Carolan-Olah, M. & Kruger, G. (2013). Final year students' learning in the Bachelor of Midwifery course. *Midwifery*, 30(2014), 956-961.

Dixon, L., Tumilty, E., Kensington, M., Campbell, N., Lennox, S., Calvert, S., Gray, E. & Pairman, S., (2014). *Stepping forward into life as a midwife in New Zealand/Aotearoa: An analysis of the Midwifery First Year of Practice programme 2007 to 2010*.

Christchurch: New Zealand College of Midwives.

Grant, S. & Humphries, M. (2006). Critical evaluation of appreciative inquiry: Bridging an apparent paradox. *Action Research, 4 (4)*, 401-418.

James, L. (2013). Nurturing the next generation: Midwives' experiences when working with third year midwifery students in New Zealand. *New Zealand College of Midwives Journal, 47*, 14-17.

Reed, J. (2007). *Appreciative Inquiry: Research for Change*. Thousand Oaks, California: Sage Publications.

Rogers, K. (2010). Exploring the learning experiences of final-year midwifery students. *British Journal of Midwifery, 18(7)*, 457-463.

Sidebotham, M., Fenwick, J., Carter, A. & Gamble, J. (2014). Using the five senses of success framework to understand the experiences of midwifery students enrolled in an undergraduate degree program. *Midwifery, 31(2015)* 201-207.



29 June 2016

Emma Bilous
16, Farrant Drive
Wanaka
9305

Dear Emma

Re: Application for Ethics Consent

Reference Number: 664

Application Title: *The benefits for midwives of working with student midwives.*

Thank you for your application for ethics approval for this project.

The review panel has considered your revised application including responses to questions and issues raised. We are pleased to inform you that we are satisfied with the revisions made and confirm ethical approval for the project.

Many thanks for your careful responses to our recommendations.

We wish you well with your work and remind you that at the conclusion of your research you should send a brief report with findings and/or conclusions to the Ethics Committee. All correspondence regarding this application should include the reference number assigned to it.

Regards

A handwritten signature in black ink, appearing to read "Richard Humphrey".

Richard Humphrey
Chair, Ethics Committee
Otago Polytechnic

Otago Polytechnic

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Email: info@op.ac.nz
www.op.ac.nz

Appendix 4

Copy of email consultation with Kaitohutohu office sent 10/5/2016

Kia ora koutou,

I am a staff and student of OP and am writing as a student who is in the beginning stages of my Masters in Midwifery, supervised by Christine Griffiths. The area I have chosen to focus my research on is to look at the benefits midwives receive from working with student midwives. Currently the evidence of the benefits to the experienced practitioner in the relationship are anecdotal, as the focus of existing research has been to look at the relationship from the student perspective. My aim is to explore the less obvious side to the relationship and hope that by shifting away from more traditionally dominant views of learning and knowledge transfer I will be able to demonstrate that the experienced midwife learns from being in a relationship with a less experienced student midwife. I hope that my findings may be seen as being applicable across other areas of learning, where there is reciprocity in the learning relationship.

I am at the stage of developing my research proposal, planning a qualitative study using appreciative inquiry as the methodology. I plan to interview 8 to 10 midwives who have worked with student midwives over long placements and analyze the data using thematic analysis. I would value your input and thoughts at this stage before I move into my Ethics Application. While this research is not directly about Maori, it would be hoped that Maori midwives may self-select to participate in the study and that they may bring unique views around the concepts of ako. It is also hoped that in articulating the positive benefits

midwives receive working with students, the students will feel more valued in their contribution to the relationship, this is equally of importance to our Maori student midwives as non-Maori, arguably more so.

I have attached my research proposal which I am also sending to the PG team in the School of Midwifery for comment before I begin to work on my Ethics Application.

Thank you for taking time to read and consider this and I look forward to any feedback you may have,

Naku noa, na

Emma

Copy of email reply from Kaitohutohu office 23/5/2016

Kia ora Emma,

Firstly this looks a really interesting project and something quite different but important.

On a practical point we need just 4 questions to be answered having read through the Moodle page on Kaitohutohu consultation.

I will put in answers as I understand from your email and you can amend as you see it needs for accuracy. Then let me know.

1. Is the researcher Maori? No
2. Will the research involve Maori? (possibly as Maori Midwives and Maori students make up the participants).
3. Will the research be of benefit to Maori? Yes as the aim is to enhance the experience of learning for the student Midwife.
4. Will the research be of interest to Maori? Yes as Maori whanau use midwives and Maori choose to become midwifery students

Cheers, Richard

**Copy of email reply to Kaitohutohu office 23/5/2016
confirming answers**

Kia ora Richard,

Thank you for taking time to look at my proposal and replying. The answers you have put below are correct and do not need amending at all.

Many thanks,

Emma

Appendix 5

CONFIDENTIALITY AGREEMENT: TRANSCRIBER

Study title: *What are the benefits for midwives from working with student midwives?*

Study supervisor: Christine Griffiths, Otago Polytechnic

Researcher: Emma Bilous

Please tick and sign below

- I understand that all the material I will be asked to transcribe is confidential
- I understand that the content of the recordings or interview transcripts can only be discussed with the researchers
- I will not keep any copies of the transcripts nor allow third parties access to them

Transcriber's signature:.....

Transcriber's name:.....

Transcriber's Contact Details (if appropriate):

.....

.....

Date:

Study supervisor's Contact Details (if appropriate):

.....

.....

This study has been reviewed and approved by the Otago Polytechnic Research Ethics Committee, approval no: 664, 29th June 2016.