

PERCEPTIONS AND EXPERIENCES OF UNDERGRADUATE MIDWIFERY STUDENTS CONCERNING THEIR MIDWIFERY TRAINING

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner thereof and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Date.....

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ABSTRACT

During the period 2006-2008 more than 50% of midwifery students at the college under study failed the midwifery training programme.

The academic performance of students can be attributed to various factors, ranging from personal uniqueness and institutional aspects to the course content itself. Accordingly, this study aims to explore the perceptions and experiences of student midwives with reference to their training programme.

The objectives set for the study were set to determine the perceptions and experiences of the student midwives with regard to:

- guidance in the practical field,
- classroom experiences
- assessment procedures and
- whether the students attribute their academic successes or failures to the training programme.

A qualitative approach with a descriptive design was applied to determine the perceptions and experiences of the undergraduate midwifery students concerning their training programme.

The population of this study was fourth-year students who have successfully completed their midwifery-training programme. Nineteen students consented to participate in the study. The trustworthiness of this study was assured by using the Lincoln and Guba's criteria of credibility, transferability, dependability and conformability. A pre-test was completed.

All ethical principles were met. Data was collected through focus group interviews, using an interview guide. The analysis of the data revealed that students attributed their academic failures and success to guidance received in the theoretical as well as the practical field.

The findings displayed the frustration that the students experienced with the lecture method as a teaching strategy. Discontentment was perceived among the participants regarding the

demarcation, which differed among lecturers. Students were of the opinion that certain content of the curriculum was intended for the doctors, and they indicated a need for the extension of class time, for the instruction of the theory, as the curriculum was perceived as “content heavy”.

Guidance in the clinical field, by the clinical educators, was perceived as being positive, yet the student-clinical educator ratio was proving to be a challenge. Marking of tests and examination answer sheets was perceived as too strict.

Recommendations

Students must be active participants in the learning process, not passive recipients of information.

Teaching methods (such as role-play, brainstorming, case studies, simulations, and group work), that expand and reinforce basic communication, intellectual and interpersonal skills, should be employed.

Uniformity amongst midwifery facilitators, in terms of content selection, demarcations, classroom activities and assessment techniques, should be agreed upon prior to the commencement of a block period.

OPSOMMING

Tydens die periode 2006-2008 was meer as 50% van die verloskunde studente by die kollege waar die studie gedoen was, onsuksesvol in die verloskunde program.

Akademiese prestasie van studente kan aan verskillende faktore toegeskryf word. Hierdie kwessies wissel van persoonlike uniekheid en institusionele aspekte tot die kursus inhoud self. Dus poog hierdie studie om die persepsies en ervarings van die student vroedvroue ten opsigte van hul opleidingsprogram te verken.

Die doelwitte van die studie was om die persepsies en ervarings van die student vroedvroue met betrekking tot:

- praktiese leiding,
- klaskamerondervinding,
- assesseringsprosedures te bepaal en
- of die studente hul akademiese suksesse en mislukkinge aan die opleidingsprogram toe skryf.

'n Kwalitatiewe benadering met 'n beskrywende strategie was gebruik om die persepsies en ervarings van die voorgraadse studente rakende hul opleidingsprogram vas te stel.

Die populasie van hierdie studie was studente, in hul vierde jaar, wat reeds die verloskunde opleidingsprogram suksesvol voltooi het. Negentien studente het ingestem om aan die studie deel te neem. Die vertrouenswaardigheid van die navorsing is verseker deur van die Lincoln en Guba kriteria – geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestiging – gebruik te maak. 'n Voorafgaande toets is voltooi.

Al die etiese beginsels is nagekom. Data is ingesamel deur onderhoude met fokusgroepe te voer. 'n Onderhoudsgids is vir die doeleinde gebruik. Die data-ontleding het getoon dat studente hul akademiese mislukkinge en suksesse aan die leiding wat hulle op teoretiese en praktiese gebiede ontvang het, toeskryf.

Die bevindinge het die frustrasie wat die studente met die lesmetode as 'n onderrigstrategie ervaar, getoon. Ontevredenheid rakende die werkaftakking, wat verskil van lektor tot

lektor, is ook waargeneem. Studente voel dat dele van die kurrikuluminhoud vir dokters bedoel is. Hulle is van mening dat meer klastyd nodig is om teorie te onderrig, aangesien die kurrikulum oorvol is.

Hoewel die leiding op kliniese gebied, deur die kliniese opvoeders, positief ervaar is, is die student-opvoeder verhouding as 'n uitdaging beskou. Die studente het gevoel dat hul toetse en eksamenantwoordstelle te streng nagesien was.

Aanbevelings:

Studente moet aktief by die leerproses betrek word en moet nie bloot passiewe ontvangers van inligting wees nie.

Onderrigmetodes, wat basiese kommunikasie-, intellektuele en interpersoonlike vaardighede aanvul en versterk (soos byvoorbeeld rolspel, dinkskrums, gevalllestudies, simulاسies en groepwerk), moet ingespan word.

Die fasiliteerders moet ooreenkom en 'n eenvormige beleid, betreffende die kurrikuluminhoud, afbakening van werk, klaskameraktiwiteite en assesseringsmetodes, voor die aanvang van die blokperiode, daarstel.

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CHAPTER 1

SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION, BACKGROUND AND RATIONALE

Midwives teach, educate and empower pregnant woman to manage their own wellbeing during the peri-partum period. In most communities they offer prenatal care, ensure the wellbeing of the foetus, mother and family, assist during birth and the post partum period (Fraser, Cooper & Nolte, 2006:5). Consequently, midwifery education seeks to facilitate the growth of capable, caring, well-informed and competent midwives who communicate openly and inspire trust from a wide array of people (Association of Radical Midwives, 2006: np).

The education of midwives dates back to 1883 when Sister Henrietta Stockdale started the first training school (Searle, 2000:11). It has undergone unparalleled alteration over the last decades with regard to content, method and place of delivery. Since the late 1980's a larger number of midwifery students have entered the training programme without previous nursing qualifications. These direct entry programs are well established in some countries such as France, the United Kingdom and Holland (Fraser et al., 2006:959). Schools of midwifery have also moved out of hospitals and into institutions of higher education, with programmes being offered at diploma and degree level (Association of Radical Midwives, 2006: np).

In South Africa, the training of midwives is incorporated in the four year undergraduate nursing training programme formulated according to Regulation 425 (R425) the Nursing Act 33 of 2005 (South African Nursing Council, 2010:np). Students enrolled in the four year undergraduate programme undertake midwifery training during their third year. Midwives can further their career by doing an advanced course at post graduate level at a university regulated by the SANC, under regulation 212. This would lead to registration as an advanced midwife.

In South Africa the midwives' independent functions are controlled by the Nursing Act (Act 50 of 1978) and also by the South African Nursing Council regulations. These regulations determine the conduct of registered midwives and the conditions under which they may pursue their profession (Fraser et al, 2003:5).

Midwifery practice in South Africa is regulated by the South African Nursing Council (SANC). The South African Nursing Council is a juristic body that has been established to control nursing practice in South Africa (Act No. 33, 2005:6). All nursing educational institutions and training programmes need to be accredited by SANC. Accreditation of educational institutions is a prerequisite and assists in protecting the community by maintaining or improving the standards of education, practice and care of patients/clients (Searle, 2000:6). It further ensures that learners obtain education and training that meets the requirements for approval according to the National Qualifications Framework (NQF). The NQF was established to ensure that qualifications obtained are recognized and accepted nationally and internationally. The NQF therefore encompasses calibrated qualifications, credits and unit standards at various levels (Act 67 of 2008, National Qualifications Act, 2008:6-7).

Furthermore, the learning and assessment strategies within a nursing college correspond with the principles of adult education, based on the motivation that both teacher and student will bring prior knowledge and experience to add to the educative process (Knowles, 2005:1). Active learner contribution is facilitated by midwifery facilitators and mentors. Wherever achievable the midwifery students are located so that they can learn jointly with students from other health care disciplines for example physiotherapists and dieticians. In the clinical training setting it is anticipated that students learn from their experiences of care-giving under direct supervision of qualified registered midwives. Furthermore, as the student progresses in her/his training, it is expected of him/her to perform physical assessments of the mother and the unborn child which will determine the direction of care.

The midwifery lecturer, through her facilitation sessions, guides, assists and provides students with methods which enable them to learn the art and science of midwifery so that they can apply it to the nursing care of patients (Mellish, 2004:6). Currently, at the college under study, formal lecturing is the principal source of content delivery. These lecture sessions are usually about 1 hour in duration. Mulligan and Kirkpatrick (2002:334) postulate that often the lecturers afford little opportunity for students to ask questions during these sessions. In addition, verbal instructions from the lecturer are difficult to understand for non-English speaking students, who rely heavily on textbooks. Furthermore, student satisfaction is also influenced by module content, significance and intellectual stimulation, teaching arrangements and student support in relation to the work required for each module.

Motivation therefore plays an important part as to how the students will perceive their midwifery training. Quinn (2001:16) postulates that motivation is considered to be an important factor in the learning process and one of the key aims of teaching is to increase the student's motivation to learn. Motivation is an invaluable part of the explanation of the causes of behaviour, the prediction of the effects of actions, and the direction of behaviour to achieve goals. It is the internal process that fosters behaviour, its energy and direction. These internal processes include one's goals, beliefs, perceptions and expectations (Dembo, 2000:5).

This learning becomes more effective through evidence-based practice. There is common agreement in midwifery literature that an evidence-based approach to midwifery is essential (Fraser et al. 2006; 71). This is described by Page (2000:9) who states that evidence-based midwifery is the method of finding and weighing up all the facts in co-operation with the patient so that decisions can be made regarding her care. Thus, as a midwifery lecturer at the college under study, the researcher strives to inform students about what is relevant and of current research findings concerning the subject of midwifery.

At the college under study, the midwifery learning modules consist of a practical component which the students are required to master. There seems to be a positive experience of this component as students tend to pass this module more easily. For the period 2006-2008, 90% of the 3rd year midwifery students at the college under study passed the practical component. However, more than 50% of midwifery students for the same period failed the theoretical component in their 3rd year.

A simulation technology laboratory was opened at the college under study to counteract the various barriers to learning which may influence academic performance. The practical component has various barriers, such as increased enrolment, nursing faculty shortages, a lack of physical space and depleted clinical settings. Since hospitals expect graduate nurses to have highly developed skills due to increased patient acuity and technology, the patient simulation experiences allow students to practice these essential midwifery skills (Feingold, Calaluce & Kallen, 2004:424).

The students' performance is furthermore assessed through a versatile ongoing developmental process which includes case studies, examinations and three-way practical assessments involving the mentor, student and lecturer (Student Year Book, 2010 program).

Assessment criteria are clearly expressed and connected to the desired outcomes. The practical assessments form part of the overall course assessments and involve a full

collection of midwifery skills which include an assessment of the antenatal patient, performing a neonatal assessment in order to determine the condition of the newborn, and assessing the postpartum patient to exclude any abnormality.

Even with all these structures in place, the annual midwifery examination results for the 3rd year students of the last four years reflect the problem of poor student performance in the theoretical component of their midwifery training. The midwifery pass rate between 2006 and 2008 was between 40 – 49%. However, in 2009 a considerable improvement was noticed as the pass rate increased to 93% due to the demarcation of important content in the midwifery module.

Accordingly, the aim of the study was to explore the perceptions and experiences of student midwives regarding their education, with the intention to interpret and understand the impact of the learning environment on the participants, so that future students can be assisted by improving the experiences and perceptions of the midwifery training programme.

1.2 SIGNIFICANCE OF THE STUDY

The significance of this study is to explore the lived experiences and perceptions of undergraduate midwifery students at a nursing college under study as well as the influence these have on their academic performance. Hopefully through exploring the lived experiences of the students the reasons underlying the academic performance will be revealed.

1.3 PROBLEM STATEMENT

Despite various interventions the academic performance of students was problematic. For this reason, the aim of the study was to explore the perceptions and experiences of undergraduate midwifery students concerning their training programme as well as the influence it had their academic performance.

1.4 PURPOSE

The purpose of this study was to explore the perceptions and experiences of undergraduate midwifery students concerning their midwifery training programme.

1.5 RESEARCH QUESTION

The study was guided by the research question “What are the perceptions and experiences of undergraduate midwifery students concerning their midwifery training programme?”

1.6 OBJECTIVES

The objectives of the study were to determine the perceptions and experiences of the midwifery students after their 3rd year:

- by reflecting on their classroom experiences:
- with regard to the guidance and supervision they received in the practical field.
- concerning their formative and summative assessment procedures.
- Whether the students attribute their academic successes or failures to the training programme.

1.7 RESEARCH METHODOLOGY

A brief overview of the research methodology applied in this study is described in the current chapter while a more in-depth report follows in chapter 3.

1.7.1 Research Design

A qualitative approach with a descriptive design was applied to explore the perceptions and experiences of the undergraduate midwifery students regarding their midwifery training programme.

1.7.2 Population and Sampling

The total population consisted of 166 students and included all students who completed the midwifery programme and who were registered as fourth year students.

Normally in qualitative studies, random sampling does not apply and purposive sampling is rather used. In purposive sampling a particular case is chosen since it illustrates some features or a process that is of interest for a particular study (Silverman, 2000:104). However, since the researcher is a lecturer at the college under study, it was necessary to prevent possible bias and hence simple random sampling was applied instead of purposive sampling.

Through simple random sampling, (the process of simple random sampling is explained in chapter 3) 19 students were selected from the following categories: 5 students who passed the final midwifery after having repeated the course, 5 students who passed the final midwifery examination with an average of 50 – 59%, 5 students who passed the final midwifery examination with an average of 60 - 69% and 4 students who received a second opportunity in 2009. None of the students passed the first attempt with an average of 70% or more. It was important to include students who perform on various academic levels in the sample.

1.7.3 Interview guide and data collection

Four focus group interviews were conducted with an interview guide (see Annexure B). The interview guide consisted of a list of open-ended questions based on the objectives set for this study. Interviews were recorded by means of a tape recorder. To exclude bias, data collection was done by two trained field workers not affiliated to the college.

1.7.4 Ethical Considerations

Informed written consent was obtained from each participant (see annexure A). Consent was also obtained for the recording of the interview. Participation was voluntary and anonymity, confidentiality and privacy concerning all information were maintained. The study was approved by the Ethical Committee of Health Sciences at Stellenbosch University (see annexure C) and consent to conduct the study was obtained from the Council of the college under study (see annexure D).

1.7.5 Data Analysis

During the analysis of the data the researcher followed the approach for data analysis proposed by de Vos, Strydom, Fouché and Delpont (2008:333). Transcription of interviews was done by the researcher. Transcripts were cross checked by the supervisor for exactness and validity. The supervisor compared the transcripts to voice recorded tapes. A search for themes or recurring regularities was undertaken through a coding process.

1.7.7 Validity

The trustworthiness of the data was assured by applying the criteria of credibility, dependability, confirmability and transferability as described by Guba and Lincoln (Lincoln & Guba, 1985; 290) (see chapter 3 paragraph 3.4.3).

1.8 DEFINITIONS

Teaching

Teaching may be defined as the process of helping or enabling another person to learn and can be intentional or unintentional. An example of intentional teaching is the midwifery student who guides and assists the inexperienced mother with breast-feeding. Unintentional teaching happens, for example, when the professional behavior and competency displayed by lecturers and registered midwives in both practical and theoretical areas is emulated by the student (Kiger, Hardy & Mitchell, 2004:63).

Learning

According to Kiger, et al. (2004: 64), learning is a basic human activity which is essential for survival. The ability to learn helps us avoid danger, communicate with others, earn a living and enjoy the finer aspects of any art form. Traditionally, learners have been seen as passive receivers of the educator's knowledge but with the new approach, the focus shifts to learning as required by the learner (Meyer et al., 2008:35). The importance of learning is therefore placed on learning itself and not on the person delivering the lesson.

Perception

Perception is the process through which we give meaning to the information we get from our senses (Louw, & Edwards, 2009:150).

Experiences

Encarta dictionary (2010: np) defines experiences as something that happens to somebody or an event that somebody is involved in. (Encarta dictionary: English, United Kingdom, 2010).

1.9 STUDY OUTLAY

The study consists of five chapters and the content is as follows:

Chapter 1

This chapter describes the relevance of this research to the field of midwifery, significance of the study, research problem, research question, objectives, research design, methodology and ethical considerations.

Chapter 2

In chapter 2 an in-depth literature review with reference to the education of the midwife, responsibilities of both the educator and student, different roles in the education system and legislation pertaining to midwifery education is presented.

Chapter 3

In chapter 3 the research design and methodology are described in detail

Chapter 4

This chapter presents the analysis and interpretation of the data and findings.

Chapter 5

In this chapter the focus is on the discussion of the findings, the conclusions reached and recommendations based on the scientific evidence are described.

1.10 CONCLUSION

In this chapter the researcher presented the introduction and the background to the research problem. In the rationale an explanation is provided on the problematic performance of undergraduate midwifery students, specifically describing the academic output relating to the theoretical component of the training programme. Also presented in this chapter is a brief overview of the relevant methodology as applied in this study.

Chapter 2 provides a detailed discussion of the related literature pertaining to this research.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter entails a comprehensive literature review concerning midwifery education internationally and nationally, legislation controlling midwifery practice and training as well as the practical and theoretical components involved in midwifery, including assessments, and the profile of the nursing students, adult learning in nursing, motivation and learning styles

The purpose of a literature review is to find similar studies, familiarize oneself with practical and theoretical issues related to the phenomenon of interest, generate a picture of information available on the topic, and prevent unintentional duplication. A literature study is done before, during and after the research to build on existing research and compare the findings. In the research process a literature review assists in identifying gaps in the existing research and in the development of a conceptual framework. It also assists the researcher to compile a written report on what is known about the topic. (Burns & Grove 2007:133; Polit & Beck 2003:127).

2.2 ROLE OF THE MIDWIFE

Midwifery is one of the oldest professions and specific reference is made to the accounts of twin births in the Bible (Gen, 25:24-26; Gen, 38:28-30). In addition, Rachel's difficult labour and the presence of a midwife is also described (Gen, 35:16-17).

A midwife is an individual who has successfully completed the prescribed course in midwifery. The person has the required credentials to be registered as a midwife and is legally accredited to practice midwifery (Fraser, Cooper, & Nolte, 2006:5). The midwife has an important function in promoting the health and wellbeing of the childbearing woman. During the peripartum period the midwife educates and prepares the woman and her partner for parenthood. Deliveries are being conducted in the intrapartum period as well as caring administered to the new mother and her infant. The care includes the recognition of any abnormal condition in both mother and infant. During the postpartum period the midwife provides the necessary supervision, care and guidance to women who have given birth.

2.3 TRAINING OF MIDWIVES

Historically, midwifery training comprised of a higher practical component than theoretical, with training predominantly hospital-based and student midwives being guided by experienced midwives (World Health Organization (WHO), 2006:87).

2.3.1 Internationally

Currently in most countries the midwifery facilitators are skilled health professionals with clinical experience and a teaching qualification. Subsequently these facilitators are comfortable in the classroom setting and are able to provide guidance in the clinical environment (WHO, 2006:80).

In the United Kingdom (UK) the supervision of midwives was introduced early in the 1900s with the passing of the Midwives Act of 1902. The first birth supervisors were not registered midwives, but medical practitioners. Gradually medical supervisors were employed to oversee midwives. Courses for supervisors of midwives were introduced in 1978. In 1994, The Midwives Code of Practice United Kingdom Central Council for Nursing and Midwifery and Health Visiting (UKCC, 1994:963), was revised to include a section that emphasized the relationship between midwife and supervisor of midwives as a corporation.

In the United States of America, late in the 1960s and early 1970s, preceptors were made available to guide newly qualified nurse midwives. Standardization of the curriculum was introduced with regular reviewing, evaluation of students' requirements, restrictions, strengths as well as decentralization of clinical instructions and examinations (UKCC, 1994:963).

2.3.2 Midwifery education in South Africa

In 1876 Sister Henrietta Stockdale, the head of a training centre for midwives in Kimberley, was approached by Dr. James Prince to provide a midwifery service to the community. Although never formally qualified, Sister Stockdale was head of a training centre for midwives in Kimberley. Stockdale persuaded the chairman of the select committee to include state registration for midwives, and was later joined by Mary Hirst Watkins, also known as the Founder of modern midwifery education. This led to the founding of the midwifery training school in Kimberley which became renowned throughout South Africa and Great Britain (Sellers, 2008: xlvii).

In 1945 the South African Nursing Council (SANC) took control of midwifery training, and increased the training period to eighteen months for unregistered persons, and nine months for registered persons. In 1960 the training period increased to twenty-four months and twelve months respectively. Requirements to be registered as a midwife included conducting a minimum of thirty deliveries and the ability to provide postnatal nursing care. Unregistered midwives wrote a common preliminary examination with general nursing students in view of the fact that SANC accepted the principle that a midwife should also be a registered nurse. In 1969 a three and a half year undergraduate training programme was introduced, comprising of general nursing and midwifery. Those who passed the undergraduate training programme qualified for registration as a general nurse and a midwife. The number of required deliveries was reduced to fifteen, and the syllabus amended to make provision for the instruction of mother craft and care of the pre-school child.

Currently, midwifery training is included in a four year undergraduate programme, regulation 425 and is presented in the third year of training. In total regulation 254 leads to registration as a nurse (general, psychiatric and community) and as a midwife (Sellers, 2008: xlvi).

2.4 LEGISLATION IN MIDWIFERY TRAINING

Education of midwives in South Africa is governed by the Nursing Act, Act 33 of 2005 and outlined by the South African Nursing Council (SANC). Statutory regulations provide structure and boundaries that can be understood and interpreted by both professionals and the public (Fraser, Nolte & Cooper, 2009: 81). The SANC reviews training programs continuously to meet the educational requirements of students. The SANC also issue guidelines to training schools. These guidelines set by the SANC directs the purpose of the course, the course content, minimum credentials of the lecturers, as well as the minimum number of teaching periods required for the course (Mellish, Brink & Patton, 2004:50).

Midwives are specialists in normal labour and birth. They hold the potential to build personal relationships with women, assisting them through their entire pregnancy, labour, birth and the early weeks of their babies' lives (Fraser et al, 2003:32).

2.5. THEORETICAL COMPONENT

2.5.1 Curriculum

A curriculum is a plan or design upon which the education of students is based. It is a scientific, accountable, written document containing selected, ordered and evaluated content (Meyer & Van Niekerk, 2009:49). A curriculum can also be viewed as the single most important idea in educational delivery, comprising of all the activities normally incorporated under education and training (Quinn, 2001:131). Hence in South Africa the midwifery curriculum must comply with the rules and regulations of the SANC before it can be implemented at an institution and the approval by SANC of clinical facilities.

The curriculum focuses on the educational experiences rather than expected outcomes and recognizes that student midwives bring a wealth of knowledge and skills to the midwifery course. Emphasis is placed on teaching students to be life-long learners and to have a holistic view of the midwives professional work. The program attempts to equip the student midwife with knowledge and skills that enable them to take responsibility for their educational development (Hallin & Danielson, 2009:296). In midwifery education, the theory is interrelated to practice, and the theoretical foundation of nursing practice enhances scientific practicing (Meyer et al., 2009:81)

2.5.2 Teaching facilitation

Theoretical information is provided in the classroom through facilitation sessions which enable the student to learn, absorb and store knowledge for future use. However, the theoretical information taught in the class room also forms the basis of clinical nursing care given to patients (Quinn, 2001:178). Mellish et al. (2004:75) explain that by facilitating, the nurse educator enables the learner to move into the next stage of their education and to develop personally, professionally and become practically/ clinically competent

However Brodie, Andrews, Andrews, Wong, and Rivon (2004:727) affirm that for many students the academic component was unexpected and challenging. In the study of Heikkinen and Isola (2004:163) the students describe their perceptions of the educational milieu as being long and demanding both physically and psychologically, due to the long hours they have to spend listening in class. Yet student fulfilment is also influenced by the module content, significance and intellectual stimulation, teaching arrangements, and student support in relation to the work demanded for the module (Mulligan & Kirkpatrick 2002:334).

2.5.3 Qualities of the midwifery

Quinn (2001:428) accentuates that the midwifery instructors requires formal academic qualifications, specialized knowledge and skilled experience to contribute to the growth of their students. Billings and Halstead (2005:334) concur that lecturers need expertise in the subject they are teaching if they are to facilitate the learning of student midwives effectively. Billings and Halstead (2005:334) state that students value the following qualities in teachers namely neatness, enthusiasm, willingness to admit mistakes, cheerfulness, consideration, honesty, calmness, a sense of humour, control of anger, flexibility, patience and not having irritating mannerisms. Mellish et al. (2004:76) points out that the facilitator of learning should be an effective leader

2.6 PRACTICAL COMPONENT

Supervised practical training is provided for the period as specified in regulation 425 as amended and promulgated through the Nursing Act 50 of 1978. Supervised practical training includes a planned instructional programme and it forms an integral part of the course of study. This training is designed to increase the student midwives confidence and improve their basic skills in the practical field of midwifery as outlined in **regulation R425**.

2.6.1 Clinical teaching

Meyer et al. (2009:168) state that clinical instruction and education takes place in the clinical setting, where learners are in touch with patients and other health personnel. Gaberson, Gaberson and Oerman (2010:3) affirm that clinical teaching is performed by a faculty within a planned curriculum and offered in response to professional, societal and educational expectations and demands. The teacher guides, support, stimulate and facilitates learning by designing appropriate activities in appropriate settings and allowing the student to experience that learning. In addition, practice in clinical settings exposes the student to realities of professional practice that cannot be conveyed by a textbook or a simulation (Gaberson, Gaberson & Oerman (2010:3-7). Quinn (2001:445) added that clinical teaching should also deal with the practical aspects of methods of clinical teaching, so that the student can become proficient in peer group teaching and be able to assist other fellow students in the clinical field.

2.6.2 Clinical accompaniment

Craven and Hirnle (2000:216) describe the process of accompaniment as facilitation, mentorship, preceptorship, supervision and role modelling. The midwifery tutor in the clinical setting guide the students towards independency through planned teaching and learning activities as well as the way guidance is done (Hincliff, 2005:101). Mellish et al. (2004:213) explains guidance to midwifery students as assisting the students to perform their independent functions and applying their knowledge since the students are responsible for their own actions and omissions. According to Fraser et al. (2006:5) the independent functions of the midwife indicates that she is a responsible, autonomous practitioner who is accountable for her own acts and omissions. These functions include the nursing diagnosis, treatment and caring, which are the prerogative of the nurse.

It is a SANC (1992:7) requirement that lecturers should accompany student midwives in clinical settings. The accompaniment of midwives involves the physical presence of the midwifery lecturers in the clinical setting, since it is cognisant, decisive support and guidance of the midwifery student based on their exceptional needs (SANC, 1992:6).

2.6.3 Preceptorship

Billings and Halstead (2005:338) describe preceptors as knowledgeable practitioners who teach, instruct, supervise and serve as role models for students for a set period in a formalized educational programme. These preceptors act as resource persons for the students and are responsible to ensure that they receive the maximum benefit from their allocated ward, while caring for the mother and eventually for her infant. Other duties of the preceptor include acting as a role model, provide clinical teaching, orientating students to different areas, supporting and guiding them and conducting formative and summative evaluations (Cele, Gumede & Kubheka 2002:41). McCarthy and Higgins (2003:92) verify that with preceptorship the emphasis is on supporting and socializing nurses in a specific clinical area regardless of the nurses' previous experience.

According to McCarthy and Higgins (2003:92) it would appear that students who have an identified preceptor report increased confidence, more effective feedback on performance and decreased stress levels.

2.6.4 Mentorship

O' Connor (2006:254) describes mentoring as an activity undertaken by a more experienced person on behalf of someone the mentor believes has the ability and potential to succeed. It involves guiding the individual to make career decisions and opening doors for further professional growth. Wilson, Leners, Fenton and Connor (2005:45) affirm that mentorship is inherent to transformational leadership and foundational for professional nursing leadership

Mentors possess suitable professional attributes, knowledge, communication skills and the inspiration to teach, support and evaluate the student midwife. Mentors are role models, energizers and visionaries. In contrast to a preceptor, a mentor is more concerned with building close personal relationships with students. Mentors serve as friends, advisors, professional role models, resource persons, good listeners and provide feedback to student midwives (Billings & Halstead 2005:217).

2.6.5 Role models

According to Bastable (2003:390) role models are exemplary in academic, professional, and social aspects and in their administrative management styles. Bastable (2003:390) continue by stating that often role modelling is overlooked as an instructional method whereby the learners acquire new behaviours and social roles through identifying with the role model.

Pera and Van Tonder (2005:53) assert that role models should be conversant, competent, concerned, empathetic, good teachers and supervisors. The image portrayed by role models should at all times be positive and acceptable to student midwives (Billings & Halstead, 2005:25).

Kwan, Mao and Zhang (2010: 311) found that role models were positively perceived by their protégé's and had influenced their personal learning, including both relational job learning and personal skill development.

Therefore it is imperative for midwifery facilitators to further their academic qualifications to allow them to teach midwifery as required by the set quality standards (Hincliff, 2005:35).

2.7 EVALUATIONS AND ASSESSMENTS

Bloom (2001) identified 3 domains of educational activities, namely, the cognitive (understanding), the affective (attitude) and the psychomotor (physical skills). The cognitive domain involves knowledge and the development of intellectual skills. This includes the

recall of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. The affective domain refers to the manner in which students deal with emotional aspects such as feelings, values, appreciation, enthusiasm, motivation and attitude. The psychomotor domain includes physical movement, coordination and use of the motor-skills areas. Development of these skills requires practice and is measured in terms of speed, precision, distance, procedures, or techniques in execution. (Anderson & Krathwol, 2001:2-8)

Evaluation is defined as a systematic process by which the worth or value of teaching and learning are judged (Bastable, 2003:558).

Billings and Halstead (2005:556) however, explain assessments as the process of gathering, summarizing and interpreting teaching strategies with the goal of enhancing student learning. Meyer et al. (2008:149) state that the assessment of learning implies the assessing of any change, growth or improvement of the learners cognitive abilities, attitude and understanding that took place because of teaching.

Clinical evaluation is a method to determine the competency of students in the clinical field. The assessment should be done by an expert in midwifery practice who has also been trained in assessing clinical competence (Mellish et al., 2004:223). Waltz (2001:157) affirms that while clinical evaluation measures the dimensions of clinical competence of the midwifery student, it also improves problem solving skills, application of theory to practice and psychomotor skill performance.

2.7.1 Formative and summative assessments

According to the Centre for Educational Development and Research (2005:6) formative assessment can be seen as the frequent interactive assessments of student understanding and progress to identify learning needs. It is an important area of reform for the promotion of student achievement, equity of student outcomes and learning.

Through formative assessment, learning is monitored and learners are given feedback and supportive accompaniment (Meyer et al, 2008: 151).

A summative assessment evaluates the product of learning. It helps to identify students who have successfully completed their studies and deserve to be promoted to the next level (Bastable, 2007:557). Joughin (2008:86) argues that summative assessments teach the student to answer the questions better, but they may not necessarily learn more. Joughin

(2008:89) further explains that a great amount of time is used in preparing for summative assessment which reduces the learning experience.

2.7.2 Theoretical assessments

Ongoing developmental processes or continuous assessments in the theoretical component consist of four tests. Entrance into the theoretical examination is gained should the student obtain an average of 35% in the formative assessments (Student Yearbook 2010). Oerman & Gaberson (2009:334) postulate that those not in favour of assessments argue that assessments could result in emotional and psychological harm to students. Assessments cause students to become anxious, discouraged and could damage their self-esteem (Oerman & Gaberson, 2009:334). Heikkinen et al. (2004:163) report that students experienced unfair evaluation procedures and that the lecturers changed the times of returning papers as well as the rules regarding the assessments. However, the rationale of assessments is to determine whether the person being assessed is a competent informed, and compassionate midwifery practitioner, able of performing her dependent and autonomous functions (Mellish, Brink, & Patton 2004:226).

2.8 PROFILE OF THE NURSING STUDENT

The entry level as a 3rd year midwifery student requires that the student has undergone most of his/her general nursing training.

Mellish et al. (2004:62) describe the student entering nursing as an adolescent who has not fully completed the adolescent stage and are therefore still in search of a self-image. Mellish et al. (2004:62) further describes these students as being subjected to mood changes, inclined to be troubled about many things, often have feelings of inadequacy and may even withdraw from a situation which is burdened with too many anxiety producing conditions.

Each student has been socialized in a particular ethnicity and has assimilated the morals, customs and values of that specific culture. Students enter nursing with varying previous experiences and levels of readiness for learning (Mellish et al, 2004:62). In order to provide adequate assistance to students it is essential that the nurse educator should be knowledgeable of the needs, fears, values and beliefs of students.

2.9 THE NURSING STUDENT AS ADULT LEARNER

Midwifery students are regarded as adult learners since they are actively constructing knowledge by forming their own representation of material to be learned, selecting

information they perceive to be relevant, and interpreting this on the basis of their own present knowledge (Sutherland, 2003:30). Jacobs and Hundley (2010:5) defines an adult learner by their non-traditional status of age which recognizes that adults may be sixteen or eighteen years of age, but in others it may refer to someone older than twenty-five years of age. They continue by saying that students in higher education are often defined as adult learners or non-traditional students if they are twenty-five years and older. The definition of an adult learner is more significant if the students have taken on what would be considered adult roles and responsibilities (Jacobs & Hundley, 2010:5).

2.10 MOTIVATION

Quinn (2001:16) postulates that motivation is considered to be an important factor in the learning process. One of the key aims of teaching is to increase student's motivation to learn. Motivation to learn could be intrinsic or extrinsic. Intrinsic motivation occurs when individuals engage in learning activities which they enjoy, value and is of importance to them. Extrinsic motivation is created when a student is compelled to do something or act a certain way because of factors external to them. An example of extrinsic motivation is found in the dedicated student who strives to achieve a specific bursary (Greenberg, 2000: 132). Since students are not always internally motivated, they sometimes need extrinsic motivation, which is found in environmental conditions that the teacher create by designing activities and teaching content that the students find enjoyable (Reis, 2004:179).

Schunk, Pintrich, and Meece (2007:123) have shown that motivated students have the benefit of higher levels of success. Motivated students show better self regulatory control with the outcome influencing future motivation. Parboteeah (2010:2) avers that lecturers should think of themselves as active socializing agents skilled to inspire students to study. Behavior displayed by teachers can almost certainly restrain or improve the learning of students on a sub-conscious level (Gravett & Geysler, 2007:38).

According to Scullion and Guest (2007:29) having clear goals will serve as a motivating factor. Scullion and Guest (2007:29) further explain that having more medium and short term goals is more rewarding and motivating. Dembo (2000: 67) argues that motivation serve as a precious part for the explanation of causes of behavior which will predict the effects of actions and direct behavior to attain goals. Dembo further explains that it is the inner processes which include one's goals, beliefs, perceptions and expectations that cultivate behavior.

2.11 LEARNING STYLES

Individuals have different ways of studying or processing information (Quinn, 2000:32). Gravett and Geyser (2007:92) purport that a deep approach to learning is characterized by making associations and an active search for meaning, whereas a surface approach is characterized by an objective to complete the requirements of outwardly exposed tasks. In contrast, the surface approach implies that a learner tries to learn the facts without trying to understand the ideas that underpin those facts. Consequently the learner who embarks on a surface approach is not likely to be able to effectively relate the learning to previous understanding (Moon, 2002:117). In order to enhance an in depth approach to learning in midwifery training, students are encouraged to seek solutions to problems, monitor their own progress through constant assessments and should be exposed to written tests as well as clinical assessment procedures (Moon, 2002:117).

2.12 CONCEPTUAL FRAMEWORK

According to the National Council For Accreditation of Teacher Education (NCATE) (2001:8-9) a conceptual framework is the underlying structure of the unit that sets forth a vision of the unit and provides a theoretical and empirical foundation for the direction of programs, courses, teaching, candidate performance, faculty scholarship, service and unit accountability. According to Miles and Huberman (2003:45) a conceptual framework explains either graphically or in the narrative form, the main aspects to be studied, the key factors, constructs or variables and the presumed relationship among them.

Figure 2.1 provides a graphic illustration of the conceptual framework for the study

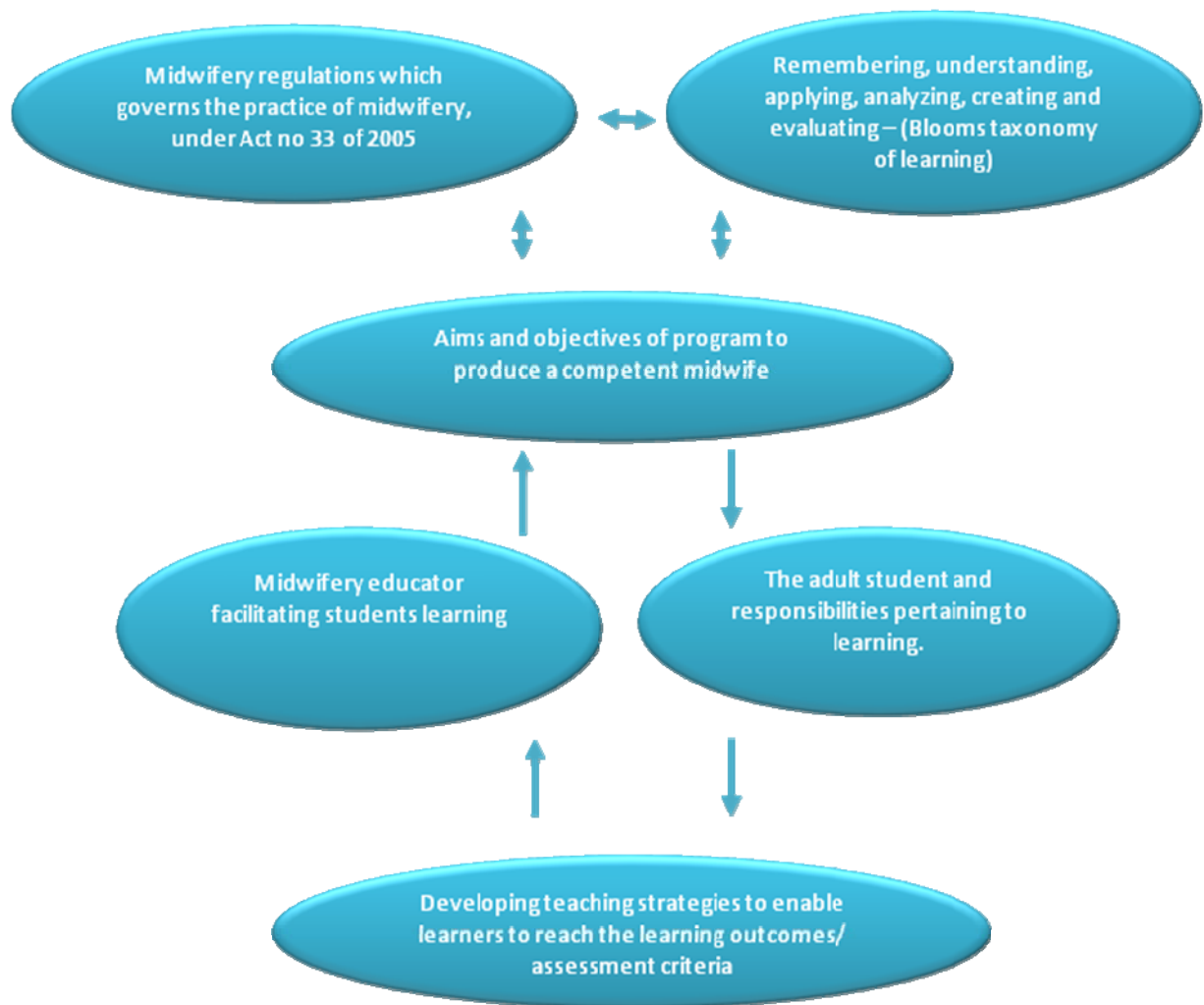


Figure .1: The conceptual frame of the study - illustrated by the researcher

2.12.1 Midwifery regulations

Figure 2.1 displays the midwifery regulations as the basis of midwifery practice in South Africa. Midwifery is practiced within a legal framework. In South-Africa the Nursing Act (Act No 50 of 1978) governs the practice of midwifery. In terms of this Act, the registered midwife is an independent practitioner, which means that she is accountable for all her acts and omissions. The registered midwife, however, also forms part of a multidisciplinary team, liaising with the general practitioners, health visitors and social workers. In addition the registered midwife works alongside the parents and baby (Fraser et al, 2003:32).

2.12.2 Blooms taxonomy of learning

Also included in the conceptual framework (see figure 2.1) is Blooms taxonomy of learning which aims to motivate lecturers to focus on all three domains, creating a more holistic form of education to help groom the development of the student. These three domains consist of the cognitive, affective and psychomotor domain (see page 14 and 15). It allows the midwifery facilitator to select appropriate class room assessment techniques for student evaluation. Understanding the taxonomy will help develop competencies in the lecturers by which they can design effective learning experiences, devise and organize fruitful co-curricular activities and take care of all-round development (Ahmad, 2001:43-44).

2.12.3 Aims and objectives of a programme to produce competent midwives

The graphic illustration of the framework (figure 2.1) shows that the aims and objectives of the midwifery programme is to produce competent midwives who embraced learning in a wide variety of contexts and environments based on the curriculum as explained in paragraph 2.5.1 on page 4.

2.12.4 Midwifery educator's responsibilities

The framework of this study (see figure 2.1) underpins the responsibility of the educator to facilitate students' learning in the classroom as well as in clinical settings by providing a framework and resources to enhance the learning processes. Evidence of this function includes the arrangement of educational learning outcomes while facilitating access to resources by providing a reference list, or by assisting the students in search for learning materials (Leste 2008:183). Callara (2005:55) adds that the lecturer needs to integrate theory into practice, teach theory at a degree level, plan and run entire placement programmes, tailor make programmes of teaching and learning and develop learning contracts and assessment tools. The educator's ultimate responsibility is to enable the student to comprehend new information or experience in order to change conduct (Callara, 2005:55). In addition, the educator should not only coordinate with the clinical mentors to evaluate the students, but should also act as role models of the midwifery profession (Leste, 2008:183) Further description of this role is provided in paragraph 2.5.3 on page 5.

2.12.5 Student's responsibilities

Included in the graphic illustration are the student's responsibilities. Figure 2.1 explains that the midwifery education programme is designed for adult students and it presumes that the

student is self-directed (Leste 2008:183). Leste (2008:183) explains that self direction requires the student set to their own goals for educational experiences by identifying strategies to make the most of their own strengths. The students ought to explore resources and prepare materials for discussions or presentations. Moreover, the students should demonstrate professionalism by being punctual with submission of written assignments, clinical experiences, tutorials and seminars. It is required of students to be courteous, culturally sensitive to their clients, families and other professionals. The students should show evidence of purpose by appreciating the uniqueness and differences of other people. They have to be open to change and new ideas, suggesting alternative solutions when identifying problems, and demonstrate patience with evolving uncertain circumstances. The student ought to reveal evidence of learning by showing academic and clinical progress in meeting expected behaviours (Leste, 2008:183).

Pickford and Brown (2006:5) vow that students in higher education are expected to demonstrate the wide range of skills and abilities that they have mastered. However, student should not only convey or echo subject content, but should be able to practice the acquired skills in real life situations. The students should be able to combine the content from all modules in fulfilling programme obligations. It is therefore required that the students should be active, thoughtful and participate in seminars and academic discussions in a class room situation (Pickford & Brown, 2006:5). Paragraph 2.9 further clarifies the student as an adult learner.

2.13 CONCLUSION

This chapter consists of a literature review relating to the training of student midwives. The discussion covered the history of midwifery education both nationally and internationally. It includes the theoretical training of the midwives as well as clinical learning and accompaniment. It is required of the midwifery lecturer to do clinical accompaniment and her role as a mentor, preceptor and a role model is explained. Also included is the conceptual framework which outlines the responsibly of the midwifery student as an adult learner, the lecturer who facilitates learning and the legislation surrounding midwifery training.

Chapter 3 consists of a discussion of the relevant research methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the preceding chapters the background and rationale of the study were provided. A detailed literature review in relation to midwifery education and the corresponding legislation was described.

This chapter entails a description of the research methodology that was applied to determine the perceptions and experiences of midwifery students concerning their midwifery training programme.

3.2 GOAL

The goal of the study was to determine the perceptions and experiences of the undergraduate midwifery students concerning their midwifery training programme.

3.3 OBJECTIVES

The objectives set for this study were to determine the perceptions and experiences of the midwifery students:

- by reflecting on their classroom experiences.
- with regard to the guidance and supervision they received in the practical field.
- concerning their formative and summative assessment procedures.
- Whether the students attribute their academic successes or failures to the training programme.

3.4 RESEARCH METHODOLOGY

3.4.1 Research design

For the purpose of this study, the researcher used a qualitative approach with a descriptive design to explore the perceptions and experiences of the undergraduate midwifery students

concerning their educational programme. This approach and design was found to be the most appropriate for the purpose of this study.

Research designs are the plans and the procedures for research that span the transition from broad assumptions to detailed methods of data collection and analysis. The selection of the research design is based on the nature of the research problem or issue being addressed. **Qualitative research** is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009:3-4).

Descriptive research is a strategy of inquiry in which the researcher identifies the essence of human experiences regarding a phenomenon as described by participants. Understanding the real-life experiences marks phenomenology as a philosophy as well as a method. The procedure involves studying a small number of subjects through extensive and prolonged engagement to identify patterns and relationships of meaning (De Vos et al., 2008:264).

3.4.2 Research Question

A research question is an interrogative statement that flows from the research purpose and narrows the focus of the study (Brink, 2009:80-81). Therefore the research question which guided the study is: "What are the perceptions and experiences of undergraduate midwifery students concerning their midwifery training programme?"

3.4.3 Population and Sampling

Universe, according to De Vos et al. (2008:193), refers to all potential subjects who have the attributes which the researcher is interested in studying. The term population refers to all the elements, objects or substances that meet the inclusion criteria in a given universe (Burns & Grove, 2007:40). The inclusion criteria for this study were all fourth year students who have completed their midwifery training during their 3rd year.

Macnee and McCabe (2008:125) substantiate that sampling strategies in qualitative research seek to identify participants who have experience with the phenomenon of interest based on the objectives set for a study and which will bring detail and complexity to the study. Polit and Beck (2009:291) verify that a sample consists of the elements and units that compose the population.

Sampling involves a process of selecting a sub-section of a population that represents the entire population in order to obtain information regarding the phenomenon of interest (Polit & Beck, 2009:279).

The total population for this study comprised of all fourth year (N = 166) during 2010 at the college under study. The fourth year students comprised of the students who studied and passed this module for the first time in 2009 (n = 94) as well as a group (n = 72) who struggled to master midwifery and only passed the module after having repeated the program in 2009 (see figure 3.1).

For the purpose of this study, the sample consisted of n = 19 students drawn from the population of N = 166 students in their fourth year of training. The sample of students (n = 19) constituted the participants of the 4 focus groups as explained in **figure 3.1**.

Polit and Beck (2009:305) purport that since qualitative studies are concerned with measuring attributes and relationships, a representative sample is needed to ensure that the measurements accurately reflect and can be generalized to the population.

Therefore, to ensure a representative sample (see figure 3.1), five lists were compiled consisting of the following categories:

Category 1 - New admissions in 2009 of 3rd year students

- the students (n=30) who passed the midwifery program in 2009 receiving an average of 50-59%,
- students (n = 60) who passed with an average of 60-69%, and
- students (n = 0) who passed their first attempt with an average of 70% or more.
- A secondary list was compiled that consisted of a small number of students (n = 4) who received a second opportunity in 2009 and then passed.

Category 2 - Students who were unsuccessful for the period 2006-2008

- The last list reflects the students who passed **the 3rd year** after having repeated the **midwifery** programme.

Each list represented the students who fall in the various academic performance categories as stated in the table below. The participants were divided into four groups based on characteristics that were significant to the study and then 5 members within each group were randomly selected, one group consisted of 4 members. Random selection is a method whereby each element in the population has the same, independent chance of being selected. Random sampling was undertaken to prevent researcher bias. Random selection can be completed in a variety of ways. For this research, simple random sampling was used.

All names identified on each list were written down on pieces of paper and placed in four different containers in accordance to the categories. The containers were shaken well. Names were drawn out of each container one at a time until the preferred sample size was reached as described by Burns & Grove 2007:331).

Burns & Grove (2005:358) declares that saturation of data occurs when additional sampling provides no new information, only redundancy of previously collected data. In the current study during the fourth and last interview which lasted no new information emerged and saturation of data occurred.

Table .1: The Total Population (N = 166) and Sample (n = 19)

Category 1 New admissions for 2009	Total category	per	Total selected per category
Passed 1 st attempt 50% - 59%	30		5
Passed 1 st attempt 60% - 69%	60		5
Passed 1 st attempt 70% and more	0		0
Passed 2 nd attempt	4		4
Total	N = 94		n = 14
Category 2 Students who were unsuccessful for the period 2006-2008	Total category	per	Total selected per category
Passed 1 st attempt after repeating the midwifery program twice	72		5
Total	N = 72		n = 5
	N=166		n = 19

3.4.4 Pilot Study

Burns and Grove (2007:549) describe a pilot study as a small study conducted prior to a larger piece of research in order to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate.

A pre-test consisting of one student was conducted, under similar conditions to the actual study, to test the feasibility of the research design and to determine whether it supported the validity of the study. The results of the pre-test were not included in the actual study.

3.4.5 Reliability

Wallen and Fraenkel (2004: 477) propose that reliability concerns measures to ensure internal consistency. To ascertain reliability the researcher made use of digital audiotapes as well as notes that were taken during the interview process to ensure the effective capturing of data. Responses that seemed unusual were noted and later checked against other remarks (Wallen & Fraenken, 2004:447).

3.4.6 Validity

Simons (2009:127) confirms that validity is concerned with how the merit of the study is established; whether it is sound, defensible, coherent, well grounded, appropriate to the case and worthy of recognition. To ensure validity the researcher checked the precision and relevance of participant perspectives and meanings and accounts were verified as proposed by Simons (2009:127). For the purpose of this study validity was assured through the application of the principles for trustworthiness as described by Lincoln and Guba (1985: 290), reflecting reality in terms of the problem.

3.4.6.1 *Transferability*

Transferability refers to the extent to which the findings can be transferred to other settings or groups (Lichtman, 2010:228). The extent to which the findings of a qualitative study are transferable is challenging (De Vos et al., 2008:346). This study was based on a conceptual theoretical framework which allows transferability as maintained by De Vos al et. (2008:346). De Vos et al. (2008:346), however, postulate that the capacity of findings of a qualitative study to be transferable could be increased through the application of various sources for data gathering, in other words, through triangulation. Hence although this study is based on a conceptual framework, data collection by means of focus groups was the only method of data collection that was applied. Therefore the conclusion can be made that the findings of the study are not transferable.

3.4.6.2 *Dependability*

According to Lichtman (2010: 228), dependability emphasises the need for the researcher to account for the ever changing milieu within which research occurs. The dependability of the study was supported by an 'inquiry audit' during which the two field workers compared the interview transcripts made by the researcher with the original notes obtained during the interviews as well as with their own interpretative summaries of the interviews.

3.4.6.3 *Conformability*

Conformability relates to the degree to which results can be confirmed or corroborated (Lichtman, 2010:228). Conformability according to Brink (2008:119) ensures that the findings, conclusions and recommendations are supported by the data and that is an internal conformity between the investigators analysis and the actual data. The researcher enhanced her neutrality by providing an audit trail consisting of well documented notes of the raw data collected, the analysis of the notes, the reconstruction and synthesis of the products, the process notes and personal notes as well as the preliminary developmental information.

The conformability of the interpretations, conclusions and findings was confirmed by the supervisor who checked the processes of data analysis as applied by the researcher. Hence the supervisor of the researcher checked the transcripts, interpretations, conclusions and findings made by the researcher and confirmed whether member checking was done and the result thereof. Member checking refers to showing the finished product of the analysis to the participants (Creswell, 2009:191). Consequently, the participants in this study were given an opportunity to comment on the themes that emerged. The participants did not make any further recommendations. Also, the continuation and similitude between the themes and the transcript were checked by the supervisor of the study.

3.4.6.4 *Credibility*

Credibility suggests that the results be evaluated from the participant's point of view and therefore they are the only ones capable of judging the credibility of results (Lichtman, 2010:228).

To ensure credibility, the participants were asked to validate and verify the field worker's interpretations and conclusions as well as the final conclusions drawn from the information collected. The latter assisted in ensuring that the facts were not misconstrued.

3.4.7 Ethical Considerations

Ethical approval to conduct the study was obtained from the Ethical Committee of Stellenbosch University 26 August 2010 (see Annexure C). Prior to the study consent was obtained from the council of the college under study (see Annexure D).

Confidentiality of authorship of statements by participants was assured throughout. Forrester (2010:111) reports that qualitative researchers tend to have more personal contact with their participants hence consent-giving should be seen not as a single action but as an ongoing

process of negotiation. Consequently, preceding each interview an explanation of the study was given and written consent to participate in the study was obtained (see Annexure B) as well as consent to record the participants using a tape recorder.

All participants were reassured that information in the report would not identify them personally. Forrester (2010:112) suggests that qualitative researchers can never promise complete confidentiality but should rather clarify what will be done with the data and how participant identity will be protected. Hence during the interviews students were not addressed using their names but pseudonyms/aliases were used. Participants were seated around a table and requested to identify themselves according to their seating arrangement around the table from numbers 1 – 5. Security of the written accounts was guaranteed. These were kept in a locked file when not in use, with access only to the researcher. The participants' rights to anonymity, confidentiality and privacy concerning all information were maintained throughout the study.

The participants were assured of their right to self-determination meaning that participation in the study was voluntary and that they could withdraw at any stage should they wish to do so (Brink, 2009:32). Forrester (2010:112) concurs, claiming that participants ought to be made aware of this right as well as their right to withdraw data after it has been collected from the start of the data collection process.

3.4.8 Instrumentation

The instrumentation for data collection consisted of an interview guide (see annexure B) and four focus group interviews. The questions in the interview guide was based on the objectives of the study was used to guide the focus group interviews. The questions included in the interview guide (Annexure B) were prepared by the researcher and were reviewed by the supervisor, co-supervisor and a midwifery lecturer employed at an institution of higher education.

3.4.8.1 Focus Groups Interviews

Morgan (quoted in De Vos et al, 2008:300) describes focus group interviews as a research method to collect data through group interaction on a topic predetermined by the researcher.

Focus group interviews are recommended should the researcher wish to uncover factors that influence opinions, conduct or motivation. Focus group interviews also assist in determining differences in perspectives between groups. The optimal size for a focus group is between four to eight participants (Watson, McKenna, Cowman & Keady, 2008:290).

Subsequently, four focus group interviews were conducted. Three focus groups consisted of (n = 5) participants each. The fourth focus group consisted of (n = 4) students since the total number of students on that specific list was only four (see figure 3.1). Each group interview lasted about forty minutes.

3.4.9 Data Collection

Four focus group interviews were conducted over a period of 2 days. Both a battery operated and a digital tape recorder was used to record the interviews. Notes were also taken by the second field worker in order to ensure that all data were effectively captured. The data was collected by a field worker who received training in the area of conducting interviews and who was not associated with the college. A second field worker who was also not associated with the college was present to observe and take notes during the interview. The second field worker was advised to take notes concerning the seating arrangements, the sequence in which the participants spoke, non-verbal behaviour such as gestures or eye contact between participants and prominent themes as suggested by de Vos et al. (2008:298).

3.4.9.1 Preparations for the Focus Group Interviews

The interviews were conducted in the conference room of the library at the college under study. The participants were seated around a table to encourage participation and refreshments were made available, since eating together tends to promote dialogue and communication within a group as described by De Vos et al. (2008:309). Students were addressed according to their position around the table. It was much easier for the field worker to maintain anonymity with numbers instead of names, since the numbers synchronized with the position of the participant around the table. Smith (quoted in de Vos et al, 2008:298) mentions that a tape recorder allows a much fuller record than notes taken during the interview. The tape recorder enabled the researcher to concentrate on how the interview was proceeding and where to go next. To minimise the risk of unexpected pressures by means of technical failures both a battery operated tape recorder as well as a digital tape recorder were used simultaneously.

3.4.10 Data Analysis

Boeije (2010:93) defines analysis as a breaking-up, separating or disassembling of research materials into pieces, parts, elements, or units, with facts broken down into manageable pieces. Boeije (2010:93) maintains that the researcher ought to search and sort for types, classes, sequence, processes, patterns or wholes. The researcher with the help of the supervisor made use of the following steps proposed by De Vos et al. (2008:334) to analyse the data:

1. Data was organized and prepared for analysis. This involved transcribing interviews and typing up field notes.
2. The data was arranged into different types depending on the sources of information.
3. Data was then read through again to obtain a general sense of the information and to reflect on its overall meaning.
4. A coding process was used to generate a number of categories which were supported by diverse quotations and specific evidence (De Vos et al., 2008:311).

Discussion of emerging themes and subthemes followed between the principal researcher, the supervisor and the field worker. The researcher considered, as supported by De Vos et al. (2008:312), the focus should not only be on the individuals that form the group but also on the dynamics within the group as a whole. Consequently, the researcher endeavoured to obtain a balance between individual opinion and group opinion.

3.5 CONCLUSION

In this chapter the researcher provided a detailed description of the research methodology that was applied in the project. The following chapter entails a discussion of the procedures applied during data analysis and interpretation.

CHAPTER 4

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 INTRODUCTION

In this chapter an analysis and interpretation of the perceptions and experiences of undergraduate midwifery students concerning their educational programme at the college under study are presented. The data is predominantly qualitative.

Qualitative data consists of words and observations, accordingly analysis and interpretation are necessary to bring order and understanding (Powell & Renner, 2003:1). Burns and Grove (2005:45) affirm that data analysis enables us to obtain a fresh view of our information. Analysis entails the process whereby information is broken down into bits. The researcher, endeavors' to determine how these bits interconnect.

The following steps as recommended by De Vos (2008:334) were used to analyse the narrative data obtained:

- Planning for recording of data
- Data collection and preliminary analysis.
- Managing or organizing the data.
- Reading and writing memos.
- Generating categories, themes and patterns.
- Coding the data.
- Testing emerging understanding.
- Searching for alternative explanations.
- Representation and visualizing i.e. writing a report

Data analysis in qualitative research is not a distinct step in the analysis process but occurs concurrently with the data collection process (Brink, 2008:184). Hence during data collection, as the participants revealed their experiences as midwifery students at the college under study, it became obvious that similar views were shared among the study participants. Therefore, themes that relate to a specific group were not detected. However, a difference that relates to the dynamics within the various groups was detected. The latter is provided under 4.4.1.

4.2 RESULTS OF DATA ANALYSIS

Qualitative analysis of focus group interviews was conducted. The principal purpose of this study was to obtain an in-depth understanding of the perceptions and experiences of the undergraduate midwifery students concerning their educational programme, and to provide information to enhance the perceptions and experiences of future midwifery students. This analysis was conducted to address the following questions:

1. How did you experience your facilitation sessions in midwifery? Do you associate it with your academic performance and why?
2. Describe your experiences about guidance in the practical field of midwifery. Would you relate it to your academic success and why?
3. How do you experience assessment procedures? Please describe your views / experiences on both practical and theoretical assessments.

The succeeding report summarizes the results of the qualitative analysis of transcripts from four focus group discussions.

The data will be discussed according to the questions (see 4.2) contained in the semi-structured interview guide (Annexure B) used during the focus group interviews and through the coding category. The questions in the interview guide were based on the objectives of the study.

Each category reflects the main aim of each objective, e.g. class room experiences, guidance in the practical field and assessments (see chapter 3, subsection 3.3).

The notes made on each question were studied and common themes and subthemes were identified according to the categories.

4.3 SECTION A DEMOGRAPHIC DATA

The demographic data obtained indicated that all the participants were students in their fourth year of training, with an age range of 24 to 34 years. Three males and sixteen females participated in the study. Most of the participants resided in the hostel at the college, while some were married and lived outside the college.

The participants were all able to communicate in English, and do speak a second language, either Afrikaans or Xhosa.

4.4 SECTION B CATEGORIES AND THEMES

Before explaining the themes and subthemes derived from the data, information regarding the dynamics within the various groups is provided.

4.4.1 DYNAMICS WITHIN THE GROUPS

Group 1 day 1

The group size consisted of 5 students in their 4th year of training, their ages ranging between 24 and 27 years. The group consisted of 4 females and 1 male. The group formed a productive cohesive team, with the male member dominating the team. This group of students appeared rather relaxed and although four out of the five participants ascribed below average academic performances to the college under study, one participant was of the opinion that individual factors also contribute to academic failures or successes.

Group 2 day 1

This group was made up of 5 members, 4 females and 1 male. Their ages ranged between 24 and 34 years. The group functioned as a unit, with members in agreement with each other most times. Some degree of hostility could be sensed towards the training programme as well as towards some of the lecturers presenting the training.

Group 3 day 2

The group consisted of 5 members, 4 females and 1 male, with ages ranging from 24 -28 years. The group operated with a high level of cohesiveness. Members of the group were in agreement with each other. There seemed to be a feeling of hostility towards the programme. Relationships amongst group members appeared to be positive. A female dominated the group completing sentences for some of the other members.

Group 4 day 2

The group consisted of 4 members, all females, with ages ranging from 25 to 34 years. This group was negative towards the programme and the lecturers presenting the programme, blaming the programme for their failure. Some level of disagreement between members could be sensed.

4.4.2 CATEGORIES AND THEMES

The emerging categories and themes are displayed in **table 4.1** below. The following table, **table 4.2** illustrates the themes and subthemes that emerged during data analysis

The participants were numerically coded from one to nineteen. Numbers **one to five** represented the group who passed with an average of between **60-69%** (**group 1**), numbers **six to ten** represented the group who passed with an average of between **50-59%** (**group 2**), numbers **eleven to fifteen** embodies the students who passed after having **repeated the course (group 3)**, and numbers sixteen to nineteen represented the group who received a **second opportunity in 2009 (group 4)**.

Table .2: Categories and themes

Category	Themes
Class room experiences	<ul style="list-style-type: none">• General perceptions regarding class room experiences.• Issues with facilitators in the class room set up.• Curriculum issues.• Textbook issues.
Guidance in the practical field	<ul style="list-style-type: none">• Clinical experiences
Assessment procedures	<ul style="list-style-type: none">• Marking of examinations and tests• Tests and examinations• Academic output

Table .3: Themes and sub-themes

Theme	Subtheme
General perceptions regarding class room experiences.	<ul style="list-style-type: none">• Technology and teaching strategies• Content• Experiences

Issues with facilitators in the class room set up.	<ul style="list-style-type: none"> • Demarcation • Approachability of lecturers • Getting the task done
Curriculum issues	<ul style="list-style-type: none"> • The length of the programme • Information load
Text book issues	<ul style="list-style-type: none"> • Textbook experiences • Referencing
Clinical experiences	<ul style="list-style-type: none"> • Quality of guidance • Lecture / student ratio • Guidance received from the ward sisters • Exposure in the clinical field
Marking of examinations and tests	<ul style="list-style-type: none"> • Presenting practical experiences in examinations • Marking according to memorandum.
Tests and examinations	<ul style="list-style-type: none"> • Insufficient preparation time • Scheduling of tests • Practical assessments
Academic output	<ul style="list-style-type: none"> • Failures / successes

4.4.1.1 Theme 1: General perceptions regarding class room experiences

Table .4: General perceptions regarding classroom experiences

Theme	Subtheme
General perceptions regarding class room experiences.	<ul style="list-style-type: none"> • Technology and teaching strategies. • Content. • Positive experiences

Table 4.3 displays **theme 1** and the corresponding **subthemes**

The statements below display dissatisfaction with the **technology** and the teaching **strategies applied**. It is clear that **one** student views the lecture method, the use of **one** overhead projector and the green board as insufficient. The last sentence revealed the **use of just one method or dissatisfaction that accompanies the lecture method**. The responses reflected that through the lecture method students merely receive the textbook content. The remark: "Spend the whole day in class listening" gives the impression that interaction between the lecturer and the students was minimal. Sparling (2001:203) confirms the importance of learner input to ensure effective self-directed learning experiences.

“Only 1 lecturer with 30 students and one overhead projector and green board.”(group 3, student 15)

“They are not going into depth just say what the books are saying.” (group 3, student 15)

“They just read from the books.” (group 3, student 13)

“Spend the whole day in class listening.” (group 2, student 6)

“The way they facilitate was not working for me.” (group 1, student 1)

The following sentences reflect a critical attitude towards the amount of **content** that were given in midwifery as a subject. Quite a few students view the amount of information taught as excessive. One student viewed the lecture sessions as unsuitable with too much new information presented on the first day in class.

“The sessions are inappropriate.” (group 2, student 6, 7)

“Lots of new information introduced on 1st day.” (group 3, student 19)).

“For me it was not the facilitation it was more the work and workload and the modules we have to cover every day.” (group 4, student 17)

“I think it is a tremendous amount of work being squeezed in.” (group, 1 student 2).

“Midwifery is a nice subject but the thing is the workload.”(group 1, student 3)

The following student was of the opinion that some of the **content** that is being taught to them should be excluded from their curriculum as it is intended for the doctors.

“Some of the work we do I feel should not be done by us.” (group 1, student 3)

While the bulk described negative relations a few focused on **positive experiences**. A few students were of the opinion that the lecture sessions were indeed without fault. One student complimented the lecturers on a job well done.

“Facilitation sessions are perfect and good.” (group 1, student 4)

“If it was not for these sessions I would have failed.” (group 1, student 2)

“I did not experience any difficulty in class, because before we start a new module or unit we first revised the work.” (group 1, student 5).

“They did a brilliant job.” (group 1, student 2).

Various opinions were given by the participants on how they perceived and **experienced** the facilitation sessions in the class room, ranging from the sessions being perfect and good to the sessions being inappropriate with the students spending the whole day in **class** listening. Positive comments came from the students who passed their theoretical midwifery examination, while negative comments came from those students who had not passed that well. Compared to teens and children, adults need to be more involved in the learning process in order for learning to be effective. Learner participation and interaction are critical to effective facilitation techniques that increase learning and retention with adult learners (Sparling, 2001:203).

4.4.1.2 Theme 2: Issues with facilitators in the class room set up.

Table .5: Issues with facilitators in classroom setup

Theme	Subtheme
Issues with facilitators in the class room set up.	<ul style="list-style-type: none">• Demarcation• Approachability of lecturers• Getting the task done

Table 4.4 displays theme 2 and the corresponding subthemes

The **comments below demonstrate** discontent and mistrust with **demarcation** as provided by facilitators and could be indicative of impaired communication between lecturers. Students were of the opinion that one lecturer gave them outlays indicating important content which was never asked in either a written test or examination.

“NB’s (outlays that were given indicating important content in modules) that were given out by one lecturer never appeared in tests and exams, while the NB’s that were given out by the other lecturer, they were all there.”(group 3, student 12)

“They gave us eleven units in the demarcation and then only four of those eleven units would appear in a test.” (group 3, student 15).

The next three remarks demonstrate a rather strict and directive approach to teaching. Some of the participants view certain lecturers as not very **approachable**. Moreover it is the direct

opposite to what Eggen and Kauchak (2001:166) identified in their study as the sought-after teacher attitudes that will foster a caring and supportive class room environment. Eggen and Kauchak recommend that the attitude of the lecturer should be caring, enthusiastic, firm, **and** employ democratic practices to promote student responsibility, use time for lessons effectively, have established effective **routines**, **interact** freely with the students and provides motivation for them.

“On first day of program we were told of the high failure rate very threatening.” (group 3, student 13)

“Lecturers were unapproachable as if they want you to be scared of them.” (group 2, student 8)

“We had to orientate her, that one she was on attack mode, it was stressful.” (group 3 student, 12)

The following sentence exposes a rather indifferent approach and creates the idea that the facilitator is more concerned to **get the task done** than whether learning has taken place.

“The other one she does not care, she just continues with the work if you understand or no.” (group 2, student 7)

“The lecturers teach as if they are in a hurry, book must be finished in three weeks.” (group 1, student 3)

Competent teachers influence the academic achievement of students positively. However, the results of the same study showed that student related factors such as intelligence, personality factors and time dedicated to study influence the academic performance of students either positively or negatively. The goal of the lecturers should be to create an environment that encourages productive behaviour as this would discourage unproductive behaviour and the blaming of others (Akiri and Ugborugho, 2009:109).

4.4.1.3 Theme 3: Curriculum issues

Table .6: Curriculum issues

Theme	Subtheme
Curriculum issues	The length of the programme Information load

Table 4.5 displays theme 3 and the corresponding subthemes

The midwifery educational programme is presented over twenty seven weeks **during the 3rd year**. The midwifery programme comprises of two modules namely, normal and abnormal midwifery. Both these modules are facilitated over a period of three weeks respectively. During the remaining twenty one weeks the students are accommodated in the clinical field to gain practical experience.

The comments below indicate that the students associated their academic failures to the **length of the midwifery educational programme**. The students recommended an extension of the **theoretical** programme to at least twelve months.

“Midwifery training programme should be presented over twelve months.”

(group 1, student 3)

“Three weeks for normal and three weeks for abnormal inappropriate.”

(group 2, student 5)

“Course should be the same as at UWC twelve months.”(group 3, student 16)

The following remarks reflect that the participants **n=19** are in agreement regarding the excessiveness of the academic **workload**. The comments display a general believe the amount of **information** provided in the class room, is too much. It can be concluded that the time available to facilitate the midwifery curriculum is not sufficient for the content presented. The students verbalised that too much information is offered in too short a space of time, resulting in them not paying attention during the facilitation sessions.

“On the first day a lot of information is given without a foundation.”(group 4, student 1)

*“In class I don’t listen I just stare due to the fact that the information was too much.”
(group 4, student 1)*

“Too much information given in too little time.” (group 2, student 7)

*“You get 3 weeks in class to do your normal syllabus which I think is impossible.”
(group 4, student 19)*

“Too little time difficult to cope with work.” (group 3, student 15)

In a study done by Achike and Ogle (2000:182) it was identified that information overload is one of the major contributing factors to poor student performance.

4.4.1.4 Theme 4: Text book issues

Table .7: Text book issues

Theme	Subtheme
Text book issues	<ul style="list-style-type: none"> • Textbook experiences • Referencing

Table 4.6 displays **theme 4** and the corresponding **subthemes**

The following comments demonstrate the confusion **the students** experienced with the prescribed text books. The students commented that the lecturers were not clear about which text book should be used to formulate their answers when answering tests and examination **questions**. **They** were not allowed to combine information out of all their prescribed text books. Responses varied from the lecturer not being clear concerning the textbook she had obtained her information from to textbooks being outdated.

“The lecturers are not clear on which textbook we should use.” (group 2, student 9)

“The lecturer queries the textbook information.” (group 3, student 14)

“The textbooks are outdated.” (group 3, student 13)

“The students fail because they don’t know which books to study from.” (group 1, student 5)

One participant noted that the lecturers never revealed the **references** of the lecture notes:

“The lecturers never indicated their source of referencing for lecture notes.” (group 2, student 7)

The lecturers failed to provide referencing for the literature contained in the lecture notes.

4.4.2 Category 2: Guidance in the practical field

4.4.2.1 Theme 5: Clinical experiences

Table .8: Guidance in practical field

Theme	Subtheme
Clinical experiences	<ul style="list-style-type: none"> • Quality of guidance • Lecture / student ratio • Guidance received from the ward sisters • Exposure in the clinical field

Table 4.7 displays **theme 5** and the corresponding **subthemes**

The remarks below display the contentment of the students with the **quality of guidance** in the practical field. As expressed by a few students *“the results speak for themselves”*. For the period 2006-2009 the pass rate in the practical component at the college under study, was 100%. **Practical assessment tools between 2006 – 2009 remained the same.**

The following comments were made:

“The guidance was magnificent.” (group 4, student 19)

“The midwifery lecturer was always there unlike the lecturers from other departments.”(group 1, student 4)

“They always reassured us.” (group 2, student 8)

However, the following responses show that the students considered the **lecturer/student ratio** problematic as it hindered their development relating to clinical practice. According to Snider (2011:508) the ideal lecturer/student ratio should be 1/8.

“25-30 students allotted to one lecturer... insufficient time to practice.” (group 4, student 19)

“We could not practice one complete procedure, had to break it dow.” (group 2, student 7)

“She cannot give you all the attention you need.” (group 2, student 6)

Yet the **practical guidance received from the ward sisters** (professional nurses) proved to be less positive as noted by the students. According to the students, the technique of the ward sisters is different to what they are being taught due to “the ward sisters taking short cuts...”

“The technique of the ward sisters differ we cannot apply our practical experience to the theoretical area.” (groups 1, student 3)

“The ward sisters take short-cuts we cannot apply our practical experience to the theoretical area.” (group 4, student 18)

“The technique of the ward sisters differ we cannot apply our practical experience to the theoretical area.” (groups 3, student 11)

Guidance from the professional nurses (PN) in the wards was less positive as their techniques diverge from what were demonstrated to them by the clinical lecturers, and for this reason, they could not apply their practical experience to their theoretical component of their midwifery training. Moreover the PN's used them for the same monotonous tasks every day (in the observation room) and they were not exposed to the more skilled procedures (doing the antenatal assessments with the PN). The following remarks demonstrate the discontent of the students regarding **exposure in the clinical field**.

“The ward sisters (professional nurses) use us for the same tasks placed in the observation room everyday and not allowed to work with the sister doing the antenatal assessments.” (group 4, student 4)

“The sisters in the hospitals will not allow us to suture episiotomies, and yet tomorrow we must do it.” (group 3, student 12)

A study done by Mc Carthy and Higgins (2003:90) showed that preceptoring of undergraduate nursing students are both complex and demanding. Moreover an increased of burnout amongst the clinical staff has been reported as the clinical nurse has continuously taken on the role of preceptor (Mc Carthy & Higgins, 2003:90).

4.4.3 Category 3: Assessment procedures

4.4.3.1 THEME 6: Marking of examinations and tests

Table .9: Marking of examinations and tests

Theme	Subtheme
Marking of examinations and tests	Presenting practical experiences in examinations Marking according to memorandum.

Table 4.8 displays theme 6 and the corresponding subthemes

In the statements below the students expressed the need to receive credit when applying their practical experience in theoretical assessments. Theoretical and practical components are interlinked, the one compliment the other and cannot exist on its own. Nevertheless, as mentioned in theme 5 due to the differences in practicing techniques it is difficult for them to apply their practical experience in their theoretical assessments. Participants also mentioned the need to be allowed to write according to their understanding of the content.

“They should be allowed to apply their practical experience and receive credit for it in the theoretical examinations.” (group 1, student 5)

“Students must be encouraged to write to their understanding if is similar to what is in their textbooks.” (group 2, student 7)

“No credit is given when practical experience is given.”(group 1, student 5)

The following quotations illustrate the views of the students concerning marking of assessments. The participants were of the opinion that marking was too strict and that the memorandum was not always correct. They were not allowed to combine information from all their prescribed text books.

“Lecturer mark strictly according to memorandum. “ (group 1, student 2)

“You must write exactly what is written in book, to get credit. “ (group 1, student 5)

“Memorandum not always right.”(group 3, student 11)

“You are not allowed to combine information from all your textbooks to answer questions.” (group 3, student 12)

4.4.3.2 Theme 7: Tests and examinations

Table .10: Tests and examinations

Themes	Subthemes
Tests and examinations	<ul style="list-style-type: none"> • Preparation time • Scheduling of tests • Practical assessments

Table 4.9 displays **theme 7** and the corresponding **subtheme**

The statements below indicate a call for **time to prepare for tests and examinations**. The students are of the opinion that they need more time to prepare for a test.

“Do get time but time is not sufficient to study just to pass and not to understand if some.”(group 1, student 1)

“Demarcation handed out a week prior to test but new information is taught the day prior to the test and it is included in the test the next day.”(group 3, student 14)

Assessments were done before the students were exposed to the specific clinical area that related to the test. Consequently the students were unable to gain practical experience in the specific field prior to the test. Students were of the opinion that tests should be written after they had gained some practical experience since it would enhance their comprehension of the theoretical content. The following quotation shows the discontent with the scheduling of tests

“Test is written before any practical experience has been gained might have helped us to improve understanding of theory if we could write the test after practical placement.” (group 3, student 11)

In addition students reported that although they received demarcated units to prepare for test and examinations most of those units did not materialize in the question papers. The students noted that this was unique to the midwifery module.

All the participants shared the perceptives that due to transparency **practical assessments** were fair.

On the question how do you experience your practical assessments the response were:

“Nothing difficult about this.” (group 4, student 16)

“Evaluation forms are given beforehand which are straight.” (group 3, student 14).

“Tutors are always available and they give reassurance.”(group 1, student 3).

“You are told which procedure you will be evaluated on one hour prior to the actual assessment so you have time to practice.” (group 2, student 10).

4.4.3.3: Theme 8: Academic output

Table .11: Academic output

Themes	Subthemes
Academic output	Failures

Table 4.10 displays theme 8 and the corresponding subthemes

Asked about whether they attributed their academic successes and failures to facilitation sessions in the class room, the majority of students indicated that they definitely attribute their academic failures and successes to facilitation sessions experienced in the class room, while the minority indicated that personal factors as well played a role.

“Uninspiring and hostile affected my academic performance.”(group 2, student 7)

“Theory was a nightmare.” (group 2, student 13)

“Theory just went horrible wrong.” (group 2, student 6)

“They don’t have much time to explain everything to us.” (group 4, student 19).

“You must learn theory like a parrot and theory is so abstract.” (group 1, student 5)

The next comment indicates the realization that personal factors impacts academic encounters.

“I did not study.”(group 3, student 9)

“There are personal factors involved in academic experience.” (group 1, student 2)

A study done by Akiri and Ugborugbo (2009:113) revealed that student academic performance is also influenced by student related factors involved such as intelligence, parental education, socio-economic status, and personality issues. However, school environmental factors involved, such as class size, infra-structure and facilities available for both facilitators and students should also be considered.

Another study by Fraser (2003: 258) concerning factors influencing academic success or failure concluded that academic failure was primarily attributed to lack of study, poor time management and inadequate goal setting.

4.5 SUMMARY

The goal set for this study was to investigate the perceptions and experiences of the undergraduate midwifery students concerning their training programme. This goal is successfully investigated as the various categories and themes identified that the perceptions and experiences of the students does affect their academic performance. A few students however indicated that personal factors as well influence academic output.

The objectives set for this study were met namely:

- The perceptions and experiences of the midwifery students by reflecting on their classroom experiences.
- The perceptions and experiences of the midwifery students with regard to the guidance and supervision they receive in the practical field.
- The perceptions and experiences of the midwifery students concerning their formative and summative assessment procedures.

In this chapter the management, analysis and interpretation of data were discussed. The goals and objectives set for this study investigated and the findings have been discussed and tabled.

CHAPTER 5

DISCUSSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapters the researcher defined the reasons for this study, presented a comprehensive literature review and described the research methodology applied in the study and analysis of data.

The current chapter entails the conclusions on the findings and detailed recommendations are proposed.

5.2 CONCLUSIONS

The goal and specific objectives set for this study to explore the perceptions and experiences of the midwifery students about their midwifery programme was successfully explored.

5.2.1 Objective 1: Perceptions and experiences of midwifery students regarding their class rooms experiences

The analysis of the data displayed the frustration (see chapter 4, section 4.4.1.1- 4.4.1.4) that the students experienced with **the available technology utilized, as well as the current** teaching strategies. Furthermore, the participants indicated discontentment with the demarcation that differed amid lecturers. In addition, the negative attitude of the lecturers at the inception of the midwifery training programme produced disappointment. The findings also revealed that the students were of the opinion that certain content contained in the curriculum was intended for the doctors. However a few students indicated positive experiences pertaining to their class room perceptions.

In addition, the participants indicated a need for an extension of time allocated for the theoretical midwifery instruction. The students experienced the content of the midwifery curriculum as excessive, and verbalized that lecturers were not always clear with regard to which textbooks the students should consult. They also stated that lecture notes received from the facilitators were not accompanied by references.

5.2.1.1 Recommendations

Teaching strategies

- **Student centred approach**

The use of the traditional lecture method should be used minimally as this creates a passive environment resulting in a non-productive teaching and learning environment. Students of today find this method boring as described in section 4.4.1.1. A student centred approach is therefore recommended. Active participation of students in the form of group discussions, student debates, patient case studies, **clinical bedside teaching in small groups to integrate theory and practical** are some suggestions that will promote active student participation in teaching and learning. Russel, Comello and Wright (2007:np) explains that during the lecture method the students are passive learners who solely depend on the faculty to teach them information, instead of involving themselves in the learning process. The findings of the study correspond with Russel et.al. (2007:np) statement that the lecture method does not allow learner participation.

- **The use of technology**

Web-based teaching in learning should be introduced which should promote self study assignments, self study quizzes, electronic assessments, the use of software such as turn-it-in to assist students to check for plagiarism are interventions that will take students into a higher level of learning. Furthermore the use of live electronic discussions or debates facilitated by students and posting of questions on web study will promote discussion among students about a range of issues in the curriculum. These interventions will stimulate critical problem solving abilities as well as cognitive growth. Students will move into a higher level of critical thinking. It is also economically efficient from a time efficiency perspective. Learners experience higher satisfaction with education received if actively engaged (Bastable 2007:549). **It will also address all 3 domains of Blooms Taxonomy (see paragraph 2.7).**

- **Curriculum issues**

The findings of the study show that the students perceived the content of the midwifery programme as excessive. Hence to enhance a student friendly approach it is advised that students should receive their study guides pertaining to midwifery before the onset of the programme. The study guide should contain information regarding prescribed textbooks and other sources, due dates pertaining to assignments and formative assessments, as well as unit outcomes specific to the modules.

- **Demarcation of learning material**

The conclusions drawn from the project displayed the dissatisfaction of the students in this regard. Therefore to prevent disparities among lecturers in relation to demarcation it is advised that issues pertaining to demarcation be discussed before the inception of a programme, Uniformity amongst colleagues in terms of content selection, demarcations, class room activities and assessment techniques should be agreed upon prior to the commencement of a block period.

- **Student evaluation**

To ensure that quality assurance pertaining to the midwifery training programme is maintained it is recommended that each block period should be concluded with the students evaluating the quality of the course, e.g. teaching strategies, the content and the venues among other. It is advised that an administrative official should be allocated to explain the procedure to the students and not the lecturers involved as students might be reluctant to participate in the proposed evaluation due to fear of reprisal. Participation should be voluntary and anonymity should be maintained. A report on the results of each evaluation should be available to the various lecturers and problem solving strategies should be implemented. A study done by Chen and Hoshower (2003:72) revealed that student evaluations of teaching effectiveness are commonly used to provide feedback to the faculty for improving teaching, course content and structure.

5.2.2 Objective 2: Perceptions and experiences of the midwifery students with regard to the guidance and supervision they receive in the practical field.

The findings as described in section 4.4.2.1 indicated that the students perceived their practical guidance as positive due to the transparency and the availability of the clinical

lecturers. Yet the report of the current study identified that the student/clinical educator ratio of 25-30/1 proved to be a challenge. According to Gaberson and Oermann (1999:62) the number and level of students in a clinical group may influence the type of learning activities planned for a course. According to Chen and Hoshower (2003:78) the ideal student/lecturer ratio should be 8/1.

The analysis shows that the students were perturbed with the guidance from the professional nurses in the ward as they were tasked with the same monotonous duties every day while placed in the clinical areas. However, exposure to specific learning opportunities as expected in the midwifery programme such as suturing of episiotomies were according to the findings not always allowed.

5.2.2.1 *Recommendations*

- **Practical guidance**

The findings suggested that **professional nurses** in the wards do not always adhere to the set practice standards. Moreover the notion in the findings that exposure to specific learning opportunities as expected in the midwifery programme are hindered by the workflow in the wards, could be an indication that staff shortages were impacting on student training in the clinical setting.

According to the regulation R425 midwifery students are expected to be competent in a range of clinical competencies in midwifery such as completing five episiotomies. A lack of learning opportunities in the clinical environment to practice the various skills in midwifery will result in a cadre of midwives who is less competent and the delivery of quality patient care impeded. It is hence recommended that the ratio of student and clinical lecturers be revised to decrease the number students allocated to a clinical educator. Consequently, the use of clinical opportunities will be maximized. Students should not form part of the workforce and be super numeral in the clinical environment to enable them to practice the skills as required for the midwifery programme. Ultimately the sound application of theory in practice in midwifery will be enhanced.

5.2.3 **Objective 3: Perceptions and experiences of the midwifery students concerning their formative and summative assessment procedures**

The findings (see chapter 4, section 4.4.3.1) show that the students perceived the marking of their tests and examination answer sheets as too strict. The perceptions and experiences

of the students could be ascribed to the discrepancies between theory and practice taught and the actual practicing techniques (i.e. in theory midwifery students are taught that with the admission of a patient to the labour ward the woman's genital area need to be shaved and an enema administered in practice it is not done) of the professional nurses in the wards. This might have been the reason why the participants were unable to provide acceptable examples of practical encounters during examinations. According to the conceptual theoretical framework participants have a responsibility as an adult student to become actively involved in their training by taking responsibility for their own learning. It is believed that through the recommended teaching strategies as described the abilities of the students will be reinforced. No immediate results are foreseen, but as the abilities of the participants are developed through interaction in teaching and learning, a positive outcome will become evident.

5.2.3.1 Recommendations

The participants verbalised that time available to prepare for tests and examinations were inadequate. The current practice at the college under study, participants are provided with tests demarcations a week before the scheduled test and the actual time permitted for preparation before the test is less than a day. With reference to examinations, demarcations are provided three weeks in advance of the actual examination.

- **Continuous assessment versus tests**

It is recommended that various types of **formative** assessment measures be introduced and not necessarily just written tests. Consistent rather than intermittent learning are more beneficial to a student. Individual and group presentations, electronic quizzes and assignments are examples for which marks could be allocated.

- **Presentation of patient case studies in the clinical settings following clinical bedside teaching in small groups**

It is also recommended that during student clinical follow-up visits in the clinical setting, students should present an overview of each midwifery patient under their care. The overview should include a short history, current diagnosis and management, including the rationale. The student should be knowledgeable of the underlying pathophysiology and related medical treatment plan. A mark should be allocated for each follow-up visit in the clinical setting which must add

up to the year mark for the practical component in midwifery. Failure to provide informative feedback concerning the patient or task at hand will result in a poor or no mark which will negatively impact on the student's final practical mark. Hence this recommendation will improve student participation and responsibility towards learning.

- **Block period for studying for examinations**

A reasonable time period for preparing for examinations should be considered. Overloading learning material during a short period does not deliver long-term results.

5.2.4 Objective 4: Whether the students attributed their academic successes or failures to the training program.

The conclusions drawn from the study indicated that students attributed their academic failures to their training programme (see chapter 4, section 4.4.3.3.). The general perceptions of the students specifically regarding the attitudes of certain lecturers, teaching strategies practiced and the excessive curriculum content suggest that institutional factors could have contributed to academic performance.

5.2.4.1 Recommendations

- **In-service training for lecturers**

Negative attitudes of lecturers in the teaching and learning environment could be detrimental to the success of students. It is recommended that lecturers are given continuous in-service training in teaching and learning such as how to enhance throughput, create student friendly environments, creating a healthy competitive environment amongst students.

- **Vision and Mission of the College**

The vision and mission of the college should be clearly communicated to all lecturers and it should be aligned with that which should serve as motivation to work towards.

- **Proper induction of all new lecturers, including above**

- **Mentorship programmes for lecturers as well as peer group reviews.**
- **Quality assurance strategies for programmes**
- **Continuous professional development for lecturers**

Lecturers should provide evidence of continuous professional development at prescribed intervals to ensure that they are updated with various teaching strategies and the latest research in teaching and learning. This could be achieved through the attendance of workshops, congresses and conferences.

- Incentives for the best educator for teaching and learning to be introduced as evaluated by the students.
- **Performance evaluation**

Performance of academics should be evaluated objectively based on clear deliverables which should include evidence of pass rates, interventions introduced to minimise failure rate and managing poorly prepared academic students.

5.2.5 Further research

It is recommended that further research is conducted to explore factors influencing teaching and learning from the perspective of the educators.

The appropriateness of the block period should also be explored since the theoretical component could also **for example** be facilitated one day per week throughout the six monthly midwifery programme.

5.3 CONCLUSION

Throughout the discussion, clear purposeful recommendations pertaining to teaching and learning, specifically adult learning was made. The conceptual framework states that the midwifery curriculum is designed for the adult student who actively constructs knowledge by forming their own representation of material to be learned, selecting information they perceived to be relevant, and interpreting this on the basis of their knowledge. The institution therefore has a responsibility to produce competent, skilled midwives who are developed in all three domains as explained by Bloom's taxonomy which is attitude, skills and knowledge. Therefore the management at the college under study should take cognisance of the

discontent of the participants with their training programme and implement measures for transformation.

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APPENDICES

Annexure A: Participant information leaflet and consent form

TITLE OF THE RESEARCH PROJECT: Perceptions and experiences of undergraduate midwifery students concerning their midwifery training programme.

REFERENCE NUMBER: N10/08/252

PRINCIPAL INVESTIGATOR: Wendy Phiri

ADDRESS: 32 Picasso Crescent Meltonrose Eerste- River

CONTACT NUMBER: 0848210107

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study will be conducted at the Western Cape College of Nursing and a total number of 19 participants will be recruited to participate in the study. The aim of the study is to explore the perceptions and experiences of the undergraduate midwifery students about their training program at the institution. Focus group interviews will be held with the intension to investigate the perceptions and experiences of the midwifery students about their educational program to improve the perceptions and experiences of future midwifery students.

Why have you been invited to participate?

We would like to talk to midwifery students who have successfully completed their midwifery training program at the Western Cape College of Nursing, and who wish to make suggestions about changing/improving the program to better the perceptions and experiences of the midwifery students about their training program

What will your responsibilities be?

You will take part in a discussion with 5 other students. The discussion will be guided by Mrs. Lindy Van den Berg, and it will last for about one and a half hour. The group discussion will start with Mrs. van den Berg making sure the participants are comfortable. She will also answer questions about the research that you might have. Then she will ask questions about your classroom experiences, about guidance in the practical field. She will also encourage you to talk about assessment procedures. She will not ask you to share personal stories or anything that are not comfortable sharing.

The discussion will take place in the Sim lab at the Western Cape College of Nursing and no one else but the people who take part in the discussion will be present during the discussion. The entire discussion will be tape-recorded, but no-one will be identified by name on the tape. The tape will be kept in a locked cabinet. The information recorded is confidential, and no-one else except myself Wendy Phiri and my supervisor Mrs. Mariana van der Heever will be allowed to listen to the tapes. The tapes will be destroyed after five years.

Will you benefit from taking part in this research?

There will be no immediate and direct benefit for you taking part in this study, but your participation is likely to help us find out more about the perceptions and experiences of the midwifery students and these will help the College to meet those needs better in the future.

Are there in risks involved in your taking part in this research?

We foresee no risk or discomfort for you taking part in this study.

If you do not agree to take part, what alternatives do you have?

You may choose not to participate in this study if you do not wish to do so. Choosing to participate or not will not affect your relationship with the College in any way, you will still have the benefits that would otherwise be available at this institution. You may stop participating in the discussion at any time you wish without you losing any of your rights here.

Who will have access to your information records?

The information that we have collected from this research project will be kept confidential. Information that has been collected from the research will be put away and no-one but the researches will be able to see it. We will talk to others in the group not to talk to people

outside the group about what was said in the group. We will in other words, ask each participant to keep what was said in the group confidential. You should know however that we cannot stop or prevent participants who were in the group from sharing things that should be confidential.

Will you be paid to take part in this study and are there any costs involved?

No you will not be paid to take part in the study.

Is there anything else that you should know or do?

- You can contact the **Health Research Ethics Committee** at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled (*insert title of study*).

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2010.

.....

Signature of participant

.....

Signature of witness

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2010

.....

Signature of investigator

.....

Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

.....

Signature of interpreter

.....

Signature of witness

Annexure B: Interview guide

Title: Perceptions and experiences of undergraduate midwifery students about their midwifery training

The interview guided consisted of the following open ended questions:

1. How did you experience your facilitation sessions in midwifery. Do you associate it with your academic performance and why?
2. Describe your experiences about guidance in the practical field of midwifery. How would you relate it to academic success and why?
3. How do you experience assessment procedures? Please describe your views / experiences on both practical and theoretical assessments.

Annexure C: Ethics approval
