Midwifery students’ perceptions and experiences of learning in clinical practice: a qualitative review protocol

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ABSTRACT

Objective: This systematic review aims to investigate and synthesize qualitative evidence related to midwifery students’ perceptions and experiences of learning in clinical practice.

Introduction: Midwifery students are required to develop strong competencies during pre-registration education for future practice. Clinical placements provide a good opportunity for students to build essential practice capacities. Understanding the perceptions and experiences of midwifery students in clinical practice helps develop effective midwifery clinical educational strategies. A qualitative systematic review is therefore proposed to improve midwifery clinical education.

Inclusion criteria: This proposed review will consider qualitative studies that have explored midwifery students’ perceptions and experiences of learning in clinical practice in all degrees. The search will be limited to English-language published and unpublished studies to the present.

Methods: This review will follow the JBI approach for qualitative systematic reviews. A three-stage search will be conducted to include published and unpublished literature. Databases to be searched include PubMed, Science Direct, Web of Science, CINAHL, PsycINFO, American Nurses Association, Google Scholar, ProQuest Dissertation & Theses, and Index to Theses in Great Britain and Ireland. Identified studies will be screened for inclusion in the review by two independent reviewers. Any disagreements will be resolved through discussion. Data will be extracted using a standardized tool. Data synthesis will adhere to the meta-aggregative approach to categorize findings. The categories will be synthesized into a set of findings that can be used to inform midwifery education.

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Keywords: clinical practice; experience; midwifery students; perception; qualitative research


Introduction

Due to strong advocacy for improved health and safety of pregnant women and their babies globally, many countries have made significant progress in increasing the proportion of pregnant women who give birth at health care facilities.¹ However, such effort has not led to the expected level of reduction in maternal and newborn mortality and stillbirths,² which can be caused by inadequacies in the quality of care provided in the health care facilities.³

The delivery of quality and safe midwifery practice requires that health professionals develop strong competencies and high-level accountabilities. Evidence shows that well educated, regulated, and licensed midwives are associated with improved quality of care and rapid and sustained reduction in maternal or neonatal morbidity and mortality.⁴ Pre-registration education is an important stage for midwifery students to develop the fundamental professional knowledge, skills, and judgment essential for their future practice. Clinical practice programs as a significant component of midwifery education provide a valuable opportunity for midwifery students to build hands-on capabilities that integrate with classroom theories, and to be socialized into their chosen profession.⁵ Specifically, it helps students develop the required professional competencies for registration and ideas about their career preference, as well as smoothly transit to their future
It has been found that education undertaken through clinical placements provides up to 50% of the learning experience for students in pre-registration midwifery courses. Midwifery refers to “skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life.” Midwifery practice involves a wide scope of care activities that are undertaken to pursue the overall well-being of pregnant women. This includes providing continuous support to the women during their antenatal, intrapartum, and postpartum periods, being responsible for conducting births, caring for the newborns, and preventing and managing complications in pregnancy and childbirth. These require that midwives are highly competent in undertaking various work tasks in partnership with the women and to cope with the complex and dynamic nature of the practice environments. To face such challenging learning requirements, midwifery students can become frustrated when they first enter a practice setting. Literature shows that student health professionals often face challenges and experience a high level of stress during their clinical placements, and midwifery students experience more stress compared to students in other professions. Research has found that the midwifery students’ clinical stress was either due to their low confidence in undertaking care and a fear of making mistakes, or their relationships with clinical educators and colleagues. Negative clinical experiences perceived by the student midwives can pose a potential threat to their effective learning and recognition of their future professional career.

As a key part of successful midwifery education, a well-designed practice program with a supportive environment is essential for fostering students’ confidence and passion to pursue a future midwifery career and for building competencies for entry to their registrations. Students’ perceptions and experiences about their clinical learning are considered a hallmark of quality education. While there is a growing body of knowledge reported in the literature about these elements, a systematic aggregation of such evidence should identify implications for the educational and clinical faculties to develop appropriate and effective clinical training strategies and provide required support to the students. Our literature search has identified three reviews about student professionals’ learning experiences; however, these reviews have focused on the learning experiences of undergraduate nursing rather than midwifery students, a setting other than clinical placements, or the relationship between workplace culture and the practice experience. This review addresses a gap in the literature by aggregating evidence about midwifery students’ perceptions and experiences of learning in clinical settings. The ultimate aim is to improve midwifery educators’ understanding of their students’ clinical experiences.

**Review question**
What are the perceptions and experiences of midwifery students’ learning in clinical practice?

**Inclusion criteria**

**Participants**
This review will consider qualitative studies that focus on midwifery students’ perceptions and experiences of learning in clinical practice settings. There will be no limitation regarding age, gender, grade or year, or ethnicity of participants.

**Phenomena of interest**
The phenomena of interest will be midwifery students’ perceptions and experiences of learning in clinical practice settings.

**Context**
This review will consider studies conducted in any settings identified as a clinical practice, including clinical placement or internship, in acute care, community care, or simulated learning environments.

**Types of studies**
This review will consider English-language qualitative studies that describe the perceptions and experiences of midwifery students in their clinical practice. These studies will focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, and action research. Qualitative data from mixed method studies will also be included.

**Methods**
The proposed systematic review will be conducted in accordance with the JBI methodology for systematic
reviews of qualitative evidence. The review has been registered in PROSPERO (CRD42020208189).

Search strategy
The search strategy aims to locate both published and unpublished studies. A three-step search strategy will be utilized in this review. An initial limited search of PubMed will be undertaken followed by analysis of the text words contained in the titles and abstracts, and of the index terms used to describe the articles. This preliminary search in PubMed will be used to develop a search strategy for this review that will include other databases. A second search using identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies. A sample search strategy for PubMed is detailed in Appendix I. There is no date limit for the studies included in this review.

The databases to be searched for published studies include: MEDLINE (PubMed), Science Direct, Web of Science, EBSCO (CINAHL), and EBSCO (PsycINFO). The search for unpublished literature will include Google Scholar, American Nurses Association, ProQuest Dissertation & Theses Database, and Index to Theses in Great Britain and Ireland.

Study selection
Following the search, all identified citations will be collated and uploaded into EndNote v.9 (Clarivate Analytics, PA, USA) and duplicates removed. Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant studies will be retrieved in full and their citation details will be imported into the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI; JBI, Adelaide, Australia). The full text of selected citations will be assessed in detail against the inclusion criteria by the two independent reviewers. Reasons for exclusion of full-text studies that do not meet the inclusion criteria will be recorded and reported in the systematic review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussion or with a third reviewer. The results of the search will be reported in full in the final systematic review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram.

Assessment of methodological quality
Papers selected for retrieval will be assessed by the two independent reviewers for methodological quality prior to inclusion in the review using the standard JBI critical appraisal checklist for qualitative research. Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. Authors of primary studies will be contacted with questions on missing information or if clarification is needed. The results of the critical appraisal will be reported in narrative form, as well as in a table. All studies, regardless of the results of their methodological quality, will undergo data extraction and synthesis.

Data extraction
Qualitative data will be extracted from studies included in the review by the two independent reviewers using the standardized JBI qualitative data extraction tool for qualitative evidence (JBI SUMARI). The data extracted will include specific details about the participants, context, geographical location, study methods, and the phenomena of interest relevant to the review question and specific objectives. Findings will be verbatim extractions of the authors’ analytic interpretations, along with relevant illustrations. Each finding will be assigned a level of validity or credibility. Findings will be described as “unequivocal” or “credible,” as recommended in the JBI Manual for Evidence Synthesis. All “unsupported” findings will be excluded from the review. Any disagreements relating to credibility that arise between the reviewers will be resolved through discussion or by a third reviewer.

Data synthesis
Qualitative research findings will, where possible, be pooled using JBI SUMARI with the meta-aggregation approach. This will involve aggregation or synthesis of findings to generate a set of statements that represents the aggregation, through assembling and categorizing these findings on the basis of similarity in meaning. These categories will then be subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. The categories and synthesized findings will be agreed by discussion among the reviewers to ensure they support the meaning of the data. Where textual pooling is not
possible, the findings will be presented in narrative form.

Assessing certainty in the findings
The final synthesized findings will be graded according to the ConQual approach for establishing confidence in the output of qualitative research synthesis and presented in a Summary of Findings. The Summary of Findings includes the major elements of the review and details how the ConQual score is developed. Included in the Summary of Findings will be the title, population, phenomena of interest, and context for the specific review. Each synthesized finding from the review will then be presented along with the type of research informing it, score for dependability and credibility, and the overall ConQual score.

Acknowledgments
The library staff at Southern Medical University for their guidance and support on literature retrieval.

References


Appendix I: Search strategy

**MEDLINE (PubMed)**

Search conducted August 2020

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Limited to present; language limit: English

1118