ORIGINAL RESEARCH ARTICLE

Exploring supportive relationship provided to newly qualified midwives during transition period in Limpopo province, South Africa

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Abstract

Transition from midwifery training to professional practice is enhanced by positive support from experienced colleagues. The study explored experiences of newly qualified midwives regarding existence of supportive relationship during transition. The setting was a maternity unit of a selected hospital from each of the five districts of Limpopo province. Population was all midwives who completed a comprehensive nursing programme (R425 of 19 February 1985, as amended); and qualified as nurses (general, psychiatric and community) and midwives working in selected hospitals. Twenty-five participants selected from maternity units of the five selected hospitals using non-probability, purposive sampling method. In-depth individual interviews conducted until saturation was reached. Data analysed through Tesch's method. Ethical issues considered. Findings revealed negative unsupportive relationship experienced by participants resulting in poor performance. Graduates expressed dislike experienced from senior colleagues. Establishment and maintenance of positive relationship between experienced and newly qualified midwives should be enhanced to promote effective transition. *(Afr J Reprod Health 2021; 25[5]: 105-112).*

Keywords: Experienced midwives, newly qualified midwives, supportive relationship**,** transition period

Résumé

La transition de la formation de sage-femme à la pratique professionnelle est favorisée par le soutien positif de collègues expérimentés. L'étude a exploré les expériences des sages-femmes nouvellement diplômées concernant l'existence d'une relation de soutien pendant la transition. Le cadre était une maternité d'un hôpital sélectionné dans chacun des cinq districts de la province du Limpopo. La population était constituée de toutes les sages-femmes ayant suivi un programme complet de soins infirmiers (R425 du 19 février 1985, tel que modifié); et qualifiées en tant qu'infirmières (généralistes, psychiatriques et communautaires) et sages-femmes travaillant dans des hôpitaux sélectionnés. Vingt-cinq participantes sélectionnées dans les maternités des cinq hôpitaux sélectionnés à l'aide d'une méthode d'échantillonnage non probabiliste et raisonnée. Entretiens individuels approfondis menés jusqu'à saturation. Données analysées par la méthode de Tesch. Questions éthiques prises en compte. Les résultats ont révélé une relation négative de soutien vécue par les participants, entraînant une mauvaise performance. Les diplômés ont exprimé leur aversion pour l'expérience de leurs collègues seniors. L'établissement et le maintien de relations positives entre les sages-femmes expérimentées et les sages-femmes nouvellement diplômées devraient être améliorés pour favoriser une transition efficace. *(Afr J Reprod Health 2021; 25[5]: 105-112).*

Mots-clés: Sages-femmes expérimentées, sages-femmes nouvellement diplômées, relation de soutien, période de transition

Introduction

In South Africa, nursing students undergo a comprehensive training programme based on the South African Nursing Council (SANC) Regulation R425 of 19 February 1985 (as amended); and become qualified as nurses (general, psychiatric and community) and midwives[1]. This programme is conducted in universities and the nursing colleges over a period of four years.

On completion, graduates from the university acquire a Degree in Nursing Science, whereas graduates from the nursing college receive a Diploma in Nursing. Students' clinical learning is performed at the state hospitals and primary health care settings that have signed the memorandum of understanding with the educational institutions. During clinical placement, students practise under the direct supervision of practising professional midwives. Lecturers from educational institutions regularly

visit the facilities in which students are placed for supervision of clinical learning.

According to the South African's Nursing Act, all newly qualified midwives who have undergone a comprehensive programme, are placed in public hospitals to complete one year of compulsory service. The main aim of this compulsory placement is that they be supported, orientated, and mentored in their new role[2]. On completion of this placement, the newly qualified midwives become registered as independent practitioners by the SANC[2].

In a study conducted in Canada, literature revealed that in their journey of becoming professional practitioners, graduates progress through the stages of doing, being and knowing; which are based on positive supportive relationship with experienced colleagues[3]. The stage of doing is the honeymoon phase, where graduates are excited and exhilarated, in the stage of being, graduates experience reality shock as they are faced with the responsibilities of a new role followed by the recovery and resolution phases, marked by a return of a sense of balance[4-3]. This is supported by what was reported that, newly graduated midwives need strong and positive support from the senior midwives, as they bridge the gap between training period and professional practice[5].

In Nigeria, newly qualified midwives are left with no choice, but just to practise through trial and error, as there is nobody to rely on for support, supervision and mentoring which put patients' lives at risk. This was because of serious shortage of senior members and lack of equipment[6]. In a study conducted in Swaziland by Dlamini *et al*, graduates requested that they be supported as they indicated that they were inadequate as far as provision of services was concerned[7]. Shongwe also demonstrated concern when reporting about lack of support for graduates in Gauteng, where no provision was made to support them in their new role as they expressed feelings of inadequacy and lack of confidence during the first months of service[8]. However, there seems to be no empirical study on support of newly qualified midwives during transition period in Limpopo province. It is in this light that the researcher aimed to explore the experiences of newly qualified midwives regarding support provided to them during transition period in Limpopo Province, South Africa.

Methods

Study design

A qualitative, explorative, descriptive, and contextual design was used, to enable the researcher to obtain in-depth information about the type of relationship newly qualified midwives had with experienced midwives during transition period.

Setting

The study was conducted in a maternity unit of a selected hospital from each of the five districts of Limpopo province. This was done to gain a demographic mix, which was also accessible, while ensuring a broader study.

Study population and sampling strategy

Population comprised all newly qualified midwives who have undergone a comprehensive nursing programme, and qualified as nurses (general, psychiatric and community) and midwives[1] working in selected hospitals in Vhembe, Mopani, Capricorn, Waterberg and Sekhukhune districts of Limpopo province, South Africa. Non-probability, purposive sampling method was used to select five newly qualified midwives working in maternity unit of selected hospitals, during their first year following completion of training.

Data collection

Researchers secured and honored appointments for interviews. Data were collected using unstructured in-depth face-to-face interviews, which were conducted in a relaxed conversational manner and each session lasted for 45–60 minutes. The researcher engaged with participants individually by posing a question in a neutral manner and listening attentively to their responses. The central question which guided the interview was, *"Can you please share the supportive relationship between experienced professional and newly qualified midwives during transition period?"* Follow-up questions and probes were posed based on participants' responses, which elicited more information from the participants. A voice recorder was used to capture the data, and observational notes were taken. Interviews were conducted until data saturation was reached. Permission to use

voice recorder was obtained and recordings were transcribed verbatim. Field notes were documented during interviews and given meaning.

Data analysis

Data from unstructured interviews were analysed qualitatively using Tesch's open coding method[9]. The method included the following steps: the researcher read carefully through all the transcripts to get a sense of whole. After the completion of all transcripts, a list of similar topics was compiled. Data were grouped according to themes and sub-themes and field notes were also coded and categorised. Literature control was done to contextualise the results of the study[10].

Measures to ensure trustworthiness

Trustworthiness was ensured through credibility, transferability, dependability and confirmability based on Lincoln and Guba's principles as described in Babbie[10]. Credibility was achieved by ensuring that the population was accurately identified based on their knowledge regarding the phenomenon under study. Prolonged engagement and persistent observation were ensured. An independent coder was used to ensure consistency, which enhanced dependability. Notes were kept safely to enable conduct of an adequate trail and to determine the conclusions, interpretations and recommendations if traced for their sources, to enhance confirmability. To enhance transferability, a dense description of the results was done to make it possible for another person to make comparison if needed.

Results

Theme: Collegial relationship and willingness to help

Based on the results of the study, negative relationship and unwillingness to help displayed by experienced midwives towards newly qualified midwives led to poor performance.

Sub-theme: Negative versus positive relationship experienced during execution of duties

According to the findings, some experienced midwives displayed positive and supportive relationship with newly qualified midwives, whereas some demonstrated negativity.
One newly qualified midwife stated:

The relationship I am having with some experienced midwives and other members of staff are very good. I respect them and they also treat me with respect. One advanced midwife always encourages me to ask questions where I don't understand, and she teaches me different conditions when the ward is not busy. But with others, they only show you how things are done if you ask, if you don't ask, they just leave you.

Another newly qualified midwife said:

Some experienced midwives are very friendly and approachable; when you ask them to help you, they are always there. I feel so safe and confident working in that situation.

On the contrary, one of the participants reflected a different view when reporting:

The relationship between us and some experienced midwives is very poor. When we ask questions, we are told that we are so impossible.

This was supported by another participant from a different hospital:

Some of the experienced midwives don't like us, they even isolate us. If you decide to join them during meals, they openly tell you to wait for them to finish.
Another participant stated:

The relationship is so bad in such a way that when I think of coming on duty, I feel so bored; especially when I know I am in the same shift with those who are not friendly. There are those who even tell you that they don't want newly graduated midwives in their shift. Such statements are so discouraging and destroy one's confidence.

Sub-theme: Support from experienced midwives: a scarce commodity

The findings revealed that, some of the experienced midwives were willing to offer support, whereas they were those who showed no interest.

Table 1: Themes and sub-themes of the study

Theme	Sub-themes
Collegial relationship and willingness to help	Negative versus positive relationship experienced during execution of duties. Support from experienced midwives: a scarce commodity. Information sharing and skills transfer: a burden to experienced midwives
Attitudes towards a four-year programme	Existence of dislike by experienced midwives: a common experience.

This was reported by one of the participants who said:

There are those who are very helpful, and are always available whenever you ask for assistance during performance of procedures. If they are not sure of what you are asking, they tell you that they will first go and check you will get the answer tomorrow and indeed when they come the next day tomorrow, they will give you an answer.

Another participant stated:

One day I remained with one of the experienced professional midwives who was so negative and unsupportive, and we were going off at 19h00. A woman who was in labour started to scream and I went to check her and found that the cervix was fully dilated. When I asked the experienced midwife to help me as I was delivering her, she told me to leave her alone and went out. I delivered that woman alone, while an experienced professional midwife was just sitting outside talking with other nurses. She only came back when we were about to go off. Sometimes you even think that these experienced midwives want you to make a mistake so that you end up being reported to the South African Nursing Council.

One of the participants said:

The other day I was sent to theatre to receive a new-born baby born through caesarean section; I did not know how theatre in that hospital looked like as I never worked in that hospital during training. When I said, I have never been in that theatre and wanted an experienced midwife to go with me, I was told that theatre is theatre just go, there is nothing different. I could even feel negativity from the tone of the voice. Labour ward was not even busy at the time, it's just that an experienced midwife did not want to offer support.

This was supported by a participant who stated:

Experienced midwives give excuses when you ask for help, and there are those who are so bold to openly say that they are not willing to help, others refer you to your colleagues.

Sub-theme: Information sharing and skills transfer: a burden to experienced midwives

Results of the study revealed that the environment in which newly qualified midwives are working, is not conducive for learning. As a result, their doubts and questions related to aspects of midwifery care are less likely to be attended to, resulting to poor performance.
A participant supported this when she stated:

The environment is not conducive for learning because when you ask questions you are told that there is no time to attend to your questions as the ward is busy. It is not that they don't teach because the ward is busy, they just don't want to teach. The environment here is not conducive for learning at all. I don't know as to when was the teaching programme prepared, because it has even changed the colour. It is not renewed and not implemented. You even ask yourself as to why is it there because we are never taught

This was also stated:

We don't learn much from the teaching program that is available because in most instances the program is ignored, and no teachings are done. In cases where the responsible person is reminded to give a lesson, excuses, are made. Example of excuses made include 'I am not prepared as I didn't know that I would be giving a lesson.' If forced, the information shared is very limited as there was no preparation made and lessons end up not helping much.

A participant stated: *The environment is not conducive for learning; in most instances, you have to learn through trial and error. I did not know how to resuscitate the new-born baby, until one day in which I had to practise it for the first time on the baby. To tell you the honest fact, it was just learning through trial and error. Fortunately, the*

baby cried whilst I was still struggling with the tubing. We were well prepared academically, but you need to have more time of practice in areas such as resuscitation of a new-born baby. We need more workshops and in-service training regarding some midwifery procedures before we can be left to be all by ourselves.

This was also said:

Some experienced midwives do not say anything when you are doing a procedure. They just keep quiet. If you do something wrong it is then that they scold at you telling you that you think you know better. Some even go to an extent of threatening you, telling you that South African Nursing Council will charge you as if that is their wish. Such threats destroy the little confidence I have resulting in reluctance to perform procedures, because I don't want to be charged.

Theme: Attitudes towards 4-year programme

Based on the findings, experienced professional midwives displayed negative attitudes towards newly qualified midwives, which made graduates not to experience sense of belonging.

Sub-theme: Existence of dislike by experienced midwives: a common experience

Participants raised concerns that experienced midwives displayed dislike and unacceptance towards them; which negatively affected their confidence as well as competence. This was confirmed by what participants reported.

One participant stated:

There are those who accept and like us, but there are those who hate the graduates of a four-year programme. One day I asked one of the experienced midwives to help me with a certain procedure; hey, the response was 'what were you doing at the university for all these four years. We thought you will be an expert.' I thought she would help me after having said that, unfortunately she did not.

A confirmation was made by another participant:

Some experienced midwives do not like us. They are having a problem with our training because they always say that they are looking forward to see the specialised nursing skills learnt at the university. Such remarks make us feel that we are not welcomed. Some even say that products of a four-year programme, think they know better, so, I don't want to ask any question because they will think that I want to prove a point.

A participant reported:

My experience is that some of the experienced midwives don't accept us, and you don't know what to do to make them happy. One day I made a mistake of going for tea without reporting, when I came back, I was scolded at. What surprised me was, the following day I reported, instead of her applauding me for having repented, the following was said 'don't tempt me, why are you telling me. Isn't that you are a boss you just go as you please, don't try to be smart on me. I felt so confused, and I did not know what to do because I thought she was going to be happy and praise me because I changed my bad behaviour. They are so frustrating; you don't know how to make them happy. You do this you are wrong; you do that you are also wrong. Really, the relationship is not good.

Discussion

The findings of the study revealed that though there were some experienced midwives who displayed positive and supportive relationship with newly qualified midwives, most of the experienced midwives demonstrated negativity and did not offer any support. Negativity was so evident to an extent that experienced midwives did not want any interaction with newly qualified midwives even during meal times. Consequently, newly qualified midwives suffered withdrawal, isolation and lacked sense of belonging which negatively affected their confidence level as well as their performance.

These results are supported by Javanmard *et al* who reported that, positive relationship between experienced midwives and newly qualified ones, forms the basis of support, resulting in production of competent and confident professionals[13]. The type of relationship between newly qualified midwives and their senior colleagues forms the cornerstone of their early experiences; and positive relationships with experienced midwives provided a firm foundation of support on which participants grounded

themselves[11,14]. Results of the study conducted by Dixon *et al*, supports previous assertions when they argued that the individual actions and interactions of midwifery colleagues had a powerful effect on either facilitating or hindering the graduates' level of confidence, competence and sense of safety and engagement within the work environment[12]. Results also showed that negative relationship between the two groups resulted in newly qualified midwives suffering low morale and experiencing job dissatisfaction.

In a study on 'Embracing graduate midwives' transition to practice', Kensington *et al* reported that newly graduated midwives felt unaccepted and unwelcomed in the labour ward. As a result, graduates developed negativity towards work which was evidenced by high absenteeism rate[18]. Other studies have shown a great similarity between what participants reported when they discussed about how positive and collegial relationship with the experienced midwives facilitated their ability to take up their role as newly qualified midwives within the context and culture of the maternity unit[16,17].

Results also showed that lack of effective support from experienced midwives had a negative impact on the quality of midwifery care provided by newly qualified midwives. This was because, newly qualified midwives did not have any pillar to lean on for support as some of their questions related to care provision were not effectively addressed. Participants also reported that sometimes they had to manage difficult deliveries alone with no assistance from their experienced colleagues, which made them nervous, anxious and frustrated; therefore, putting patients' lives at risk.

In a study on perceived expectations of newly graduated midwives, Kensington *et al*, described the hostile learning environment as 'eroding' and 'undermining' graduates' confidence and exponentially increased their fear of 'doing something wrong'; and all these affected their level of performance[18]. Based on the study by Kensington *et al*, newly qualified midwives' performance was negatively affected, as midwives treated them negatively; therefore, graduates felt they did not belong to a community of midwives[18].

The clinical environment in which newly qualified midwives worked was not conducive for learning; basically, due to negativity but experienced midwives used shortage of staff and the issue of busy labour units as scapegoats. Participants also reported that some of the emergency procedures such as resuscitation the new-born baby was learnt through trial and error; whereby you just do whatever comes to mind until you miraculously get positive results, which compromised patients' lives.

Cummins *et al* described experienced midwives who were willing to facilitate the sharing of knowledge and expertise and participated in assisting the newly qualified midwives, as crucial to learning and professional development of the newly qualified midwife[11]. According Black, midwives who were 'inclusive' and willingly shared their knowledge, skills and expertise were highly valued by newly qualified midwives[20]. This helps in building confidence and competence and enhancing one's ability to maintain focus in the process of progressing a woman in labour.

Instead of being supported, newly qualified midwives received threats from their experienced colleagues reminding them about the South African Nursing Council (a registering body for nurses), which is capable of implying disciplinary measures to nurses found guilty of offences. Such threats made newly qualified midwives to be anxious and lose confidence in whatever they did, as they did not want to fall prey of the '*South African Nursing Council'.*

In a study conducted by Pairman *et al*, newly qualified midwives reported that they experienced a sense of isolation and exclusion and worried about being labelled a 'troublemaker' if they spoke out[19]. This heightened their nervousness and anxiety. Perceptions of being 'blamed' and feeling 'guilty' over poor clinical outcomes were associated with an increasing sense of 'incompetence' and an inability to fulfil their 'dream' of being a midwife[19].

Newly qualified midwives were concerned about the dislike which was displayed as evidenced by unacceptable and unwelcoming remarks passed by experienced midwives. Negativity towards the training programme was also demonstrated by such statements as 'we thought you learnt *specialised nursing skills at the university, so why all these questions?*'

According to Dixon *et al*. feeling 'small', 'belittled', 'foolish' and 'intimidated' were just a few of the words used to describe how participants responded to what they described as 'humiliating'

interpersonal situations and negative interactions with colleagues[12]. Based on the findings of the study, there is a close relationship between provision of positive support by experienced colleagues and newly qualified practitioners' level of performance. These was revealed when negative attitudes displayed by experienced midwives impacted negatively on the graduates' performance.

A culture that promotes a supportive learning environment where skilled clinicians are able and willing to share their clinical knowledge and expertise is required to create confident practitioners who feel valued and able to start on their professional career[5,6]. Unfortunately, there is evidence that this is often not the case, with the new graduates repeatedly describing the workplace as a negative environment that is unhelpful, unsupportive, oppressively hierarchical and at times perceived as having a bullying culture [5,15,20].

Ethical considerations

The study was approved by the Ethics Committee of the University of Venda (SHS /16/PDC/06/1304) and Limpopo Provincial Department of Health (Ref 4/2/2). Also, selected hospitals' managers granted permission to access the facilities. The purpose of the study and all procedures to be followed were explained to the participants, who gave written, informed consent. Participants were given full assurance that they were free to discontinue their participation at any time without being required to offer any explanation, and no penalty would be instituted. Ethical principles of fairness, anonymity as well as participants' rights to voluntarily participate in the study were adhered to.

Conclusion

The study focused on the support provided to newly qualified midwives during transition period. Two themes and four sub-themes were identified. The findings revealed negative and unsupportive relationship experienced by newly qualified midwives, which resulted in graduates' poor performance. Newly qualified midwives were less empowered as information sharing and skills transfer were not effectively done. Results also revealed that graduates expressed dislike they experienced from their senior colleagues. Establishment and maintenance of positive relationship between experienced and newly qualified midwives should be enhanced to promote effectiveness of transition process.

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Contribution of authors

Dr Simane-Netshisaulu KG conceived and designed the study. The author collected and analysed data and prepared the manuscript.
Professor Maputle MS reviewed literature and analysed data. All authors mentioned in the article approved the manuscript.

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