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Exploring and developing student midwives' experiences (ESME)

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Title – Exploring and developing Student Midwives’ Experiences (ESME) – An Appreciative Inquiry Study

Abstract

Background: There is increased focus on investing in midwifery students as our future workforce. Inquiring into what helps to support an enriched learning experience for student midwives in clinical placements is timely.

Aim: To work collaboratively with key stakeholders (student midwives, midwives) in clinical placements to generate an experience-based understanding of what works well in relation to the student midwife experience and from this understanding, co-create ways to enhance students’ experiences.

Design: An appreciative inquiry approach was used to discover what matters and what works well at present in the student midwife experience from the perspective of student midwives, midwives, and midwifery managers and to use this knowledge to create enhanced experiences in the future. Data were generated across four local health districts in New South Wales, Australia. Data were analysed using immersion crystallisation and then mapped to the ‘Senses Framework’.

Setting: Four midwifery units in tertiary teaching public hospitals in NSW.

Participants: There were 124 participants in this study: 45 midwifery students and 76 employed midwives.

Measurements and findings: The data culminated in the refinement of the ‘Senses Framework’ for use in the midwifery learning context. Student midwives and midwives valued experiences that helped them to feel safe, to feel that they belong, to experience continuity in their learning and work, to have a sense of purpose, to have their achievements and their contributions to be recognised and to feel that they matter. Furthermore, the midwives themselves valued the experience of these senses in supporting them to be facilitators of learning in the workplace. The relational framework for learning together in the workplace has the potential to support achievement of the sense of security, belonging, continuity, purpose, achievement and significance for all involved.

Key conclusions: There is much to celebrate in what is being achieved currently in promoting excellence in learning experiences in the midwifery context. In particular this study has made conscious the contribution that student midwives and midwives can and do make to enable the positive and reciprocal relationships that develop in the student midwife experience that support the nurturing of enriched learning environments. This study emphasised that learning in the workplace is a relational endeavour, rooted in the day to day engagement between student midwives, midwives and others. By mapping these positive processes to the senses framework these processes are made more explicit and provide guidance for enhancing the learning experience in the midwifery context.

Implications for practice: The framework and related inquiry tools developed from the study may be useful in other settings to further test out the impact of this relational approach to learning for student midwives.

Keywords: Student midwives; midwives; appreciative inquiry; learning, relationships.

Introduction

There is increased focus on investing in the midwifery students as our future workforce. We were keen to explore the experience of student midwives to enhance the quality of the experience of both being a student and supporting student midwives in the workplace and this research will provide information that may influence future strategies that aim to enhance the quality of the experience. There is excellent practice in supporting a quality experience for student midwives and very few reports have explored what works well in a systematic manner. Therefore, a study using appreciative inquiry that explores what a good experience would look like from the perspectives of those who have had the experience – student midwives and midwives is timely.

This study was commissioned by the New South Wales (NSW) Health (Nursing and Midwifery Office), and was a collaboration with NSW Health, two universities (one national and one international) and four other local health districts in NSW to explore and develop enriched learning environments for student midwives. The researchers worked with Essentials of Care Coordinators (EOC) (co-inquirers) in each of the local health districts to generate an experience-based understanding of being a student midwife, and from this understanding, co-created ways to enhance the experience with student midwives and midwives. Essential of Care Coordinators in clinical practice facilitate discussions with teams to explore values and ways of working, enabling opportunities for student midwives and midwives to develop a wide range of skills.

Background

To date, studies have identified the importance of workplace culture in creating enriched learning environments (Arundel et al., 2017; Kemp et al., 2018; Young et al., 2019). There is evidence to suggest that student midwives' experiences in their practice placements are influenced by the workplace culture. Workplace culture can be influenced by the system's functioning and processes and the individuals working within that system.

Arundel et al. (2017) in a meta-synthesis of the literature of student midwives focusing on the workplace culture identified some key themes. For example, students valued a warm welcome at the first point of contact in the workplace. This first encounter impacted on their self-confidence. Student midwives also valued being credited for specific existing skills and knowledge that could be celebrated and built upon in the workplace. Nursing students have previously identified the workplace culture as a central influence on their ability to care (Young et al., 2018). Learning about what further positive experiences help to create workplace cultures that promote enriched learning environments seems important. Changing the workplace culture is a key component of appreciative inquiry and has been shown to transform environments into being relationship-centred, respectful of learners and more engaged (Kemp et al., 2018).

Other research has identified particular issues that have affected student midwives experiences and made it difficult to continue in this role. These include emotional and family demands, feeling alienated from mentors in clinical practice, and lack of academic support (Green & Baird, 2009). It is important to learn about experiences that help to support student midwives where these issues are present.

Mentorship and / or preceptorship, designed to support student midwifery learning in clinical practice, have been identified in the literature as heralding both positive and negative experiences. The successful relationship with a student midwife and the mentor can make a positive difference to the clinical placement and their learning experience and in generating confident practitioners into the future (Gray, 2018). Closer exploration as to what specific behaviours support learning in the mentor and mentee relationship would help us to share what is valued. Being allocated a formal mentor means that the new graduate midwife is able to establish a more meaningful long-term relationship with the midwife, as opposed to an informal mentor, which has been identified as also very useful as the new graduate is able to identify and find a midwife who is someone they can go to and with whom they usually spend more time (Cummins et al., 2017). There has been a suggestion to make mentoring as informal as possible, as it has become usual practice in many disciplines (Fajana & Gbajumo-Sheriff, 2011).

Promoting a supportive culture and positive mentoring when students are learning accelerates students in being able to voice their opinion in the clinical environment, especially when addressing adverse circumstances and women's care. The collaborative nature of appreciative inquiry empowers individuals to create new opportunities and this collaboration is an essential element of mentoring

(Daskavich et al., 2015; Law & Chan., 2015; Lafrance, 2018). Student midwives have identified how they have developed confidence about speaking in groups and this has been possible by midwives inspiring them to achieve this. Student midwives have developed confidence to approach midwives who they identify as mentors which establishes good communication between student midwives and other health professionals in clinical practice (Kemp et al., 2018). Establishing, developing and maintaining these positive, professional relationships that differentiates boundaries between personal relationships aligns with the Midwifery Standards for Practice (Nursing and Midwifery Board of Australia, 2018).

Another strategy identified in the literature that supports the student midwife experience includes self-care which is increasingly becoming an integral component of the curriculum design (Prymachuk & Richards, 2008). Introducing coping strategies and recognition of empathy for student midwives' own well-being as well as building resilience during student training could prepare student midwives for emotional demands within their study and practice (Green & Baird 2009; Beaumont et al., 2016).

Support for wellbeing in the workplace is increasingly being seen as a core aspect to enable student midwives to flourish and grow. Creating a supportive learning environment can help student midwives to flourish in the complex health environment of midwifery practice. There is scope to develop our understanding of the positive behaviours and experiences that are currently valued in the student midwife learning experience which is the focus of this research study.

Aim

To work collaboratively with key stakeholders (student midwives, midwives) to generate an experience-based understanding of what works well in relation to the student midwife experience and from this understanding, provide stimulating evidence which can help future strategies.

Methodology

An appreciative inquiry approach was used in this study. Appreciative inquiry was developed by Cooperrider and Srivasta in 1987 in the United States of America in the business discipline (Van Der Haar and Hosking, 2004) and has been further developed by Dewar in Scotland in the area of nursing and midwifery (Dewar, 2012). The Appreciative inquiry focuses on what is working well and using this knowledge to develop strategies to enhance future practice (Sharp et al., 2017). The approach provides evidence to develop future strategies to enable student midwives to move towards a desired

future where they feel supported and valued and this is crucial to both attracting potential student midwives to this field of work and in retention and future leaders and transformers of care.

Appreciative Inquiry is a methodology for uncovering the 'positive core' within a unit / organization; the central premise is seeking out 'what gives life' to both the organization and crucially to those within the organization (Cooperrider et al., 2005; Sharp et al., 2017). From this, experimentation in action takes place to enable the identified good practices to happen more of the time. Appreciative Inquiry is intended to adhere to specific tenets, which include; inquiry begins with appreciation; that it is relevant to the organization or system in which it is working; that is collaborative, and that it creates new knowledge relevant and compelling for those working within that system (Bushe & Kassam, 2005).

Appreciative inquiry has a four-phase inquiry process of Discover, Envision, Co-create and Embed that offers a methodology for learning in and from practice (Dewar et al., 2017). Inquiry starts with a process of *Discovery* of what is already working well and why, what matters and what is valued in the 'here and now'. These insights help those involved to jointly *Envision* a desired future, then to *Co-create* and share ideas about potential ways to bring what has been envisioned into being. Small 'tests of change', trials or prototypes are devised by the participants to try out what might be possible. Meaningful ways to measure the success of investigating in practice are devised and data gathered. The final phase of *Embed* is about successful developments becoming part of routine practice and considering what is needed to continue learning and flourishing. Table 1 identifies the specific phases, their purpose and key questions asked during each phase in this study. This paper reports on the findings of the discovery and envision phases.

Participants and recruitment

The researchers worked with the six co-inquirers (Essential of Care Coordinators) across four local health districts in NSW. The co-inquirers already had a role within the local area for practice development and participatory research. The role of the Essential of Care Coordinators in clinical practice involves facilitating discussions with teams to explore values and ways of working, providing opportunities for team members to develop a wide range of skills, engaging teams in discussions about exploring and understanding the current culture and assisting teams to recognise and celebrate

ongoing outcomes and achievements and supporting teams to share their achievements, key learning and future directions.

The co-inquirers recruited a range of participants from each site to take part in the study. Participants in this study were student midwives and midwives of all ages who consented to be involved in the study between July 2018 and March 2019 and consisted of over 388 data generation interactions with staff including student midwives and midwives (n= 124) over the course of eight months. The participants from all sites included 45 student midwives and 76 midwives including clinical midwifery educators, one enrolled nurse and two registered nurses. The co-inquirers engaged with clinicians in each of the designated ward areas in the maternity units by using the appreciative inquiry methods to create positive working relationships.

Ethical approval

This study was approved by the local Health District Human Research Committee (ethical approval number – HREC/18/73) as well as from the University (ethical approval number – RH12832).

Methods

A range of methods were used throughout the inquiry to examine and develop the student midwife learning experience.

Table 1- Phases of this appreciative inquiry study and data generation methods

Phases	Purpose	Key questions	Methods used
Set up	Sharing information about the study, building relationships and discussing the nature of participation in the study.	How might you like to be involved in the study? What would help you to participate in a way that felt meaningful and safe for you?	Informal discussions
Discover (August 2018 –October 2018)	Uncovering and understanding of what supports a good	What is important to you in the learning experience/in	Appreciative participatory observation, stories using emotional touchpoints,

	<p>student midwife experience.</p> <p>Discovering what people value, what is working well, and understanding why these things work well.</p>	<p>supporting the learning experience?</p> <p>What works well in relation to the learning experience?</p>	<p>discussions using visual inquiry, feedback about experiences of learning, and analysis of language.</p>
Envision (December 2018)	To collectively reflect on the data from the discover phase in order to envision the desired future in relation to developing the student midwife experience.	What have we learnt already that helps us to say what the student midwife experience would look and feel like at its best?	<p>Development of composite stories to stimulate discussions about preferred future for the student midwife experience. Recording of discussions.</p> <p>Small discussion groups with co-inquirers and participants across 4 sites (52 people attended)</p>
Co-create (December – February 2019)	To work with participants to collectively develop ways to achieve the desired vision and to test these out in practice. This involved implementing, improvising and evaluating these strategies through small cycles of change.	<p>What would you and others be thinking, doing, feeling that would help to enhance the student midwife experience?</p> <p>What might it be like to try out small actions to help this to become reality?</p> <p>What are we learning from implementing</p>	<p>1. Learning and development discussions where participants who took forward developments discussed learning and outcomes with the co-inquirers and researchers.</p> <p>2. Observation – the co-inquirers also carried out further</p>

		these small changes in practice?	observations in practice depending on the innovation that was taken forward.
Embed (March – April, 2019)	To explore how people can be supported to continue to develop and grow enriched learning environments for student midwives.	What would help you to continue being curious about the student midwife learning experience?	Group discussions and individual interviews with the co-inquirers focused on how to support people to continue to flourish and grow and what would need to be in place to enable any new practices to be sustained. Resources were developed based on the findings of the study to help to continue the inquiry process.

Data generation methods

Data generation for the study was led by each co-inquirer at the local site and supported by the researchers. The second and third authors worked over two sites each with the co-inquirers to facilitate and support data collection and analysis. The first author also worked with all the researchers and co-inquirers over all of the sites. A number of methods were used during the study. Methods included emotional touchpoint stories, appreciative observation, and group discussions. Methods and their frequency used at each site are detailed in Table 2.

Table 2 Appreciative Inquiry Methods used at each site

Hospital	Emotional Touchpoint Interview	Appreciative participatory Observations	Discussions groups using visual imagery and positive inquiry
<i>Site 1</i> <i>2 co-inquirers</i>	4	10	44
<i>Site 2</i> <i>1 co-inquirer</i>	15	4	62
<i>Site 3</i> <i>2 co-inquirers</i>	14	20	130
<i>Site 4</i> <i>1 co-inquirer</i>	8	48	29
	41	82	265
Total			388

Emotional touchpoint interviews

Emotional touchpoints are a way of interviewing that enables us to find out about a persons' experience in a structured way and focuses on emotions (Dewar et al., 2010). The 'touchpoints' refer to neutral points in the experience journey. In this study touchpoints used were 'learning in the unit' 'working with my mentor', 'support', 'my assessments', 'working in the team', 'learning at the university', and 'exploring challenges'. The researchers provided the emotional touchpoints for the participants to choose that related to experiences that student midwives were most likely to encounter, although the participants could choose to identify their own emotional touchpoint. Participants were then asked to select from a range of emotional words (for example heard, involved, supported, awkward, let down, frustrated) that sum up what the experience felt like, then explaining why they felt this way. These were carried out in a quiet area on the unit and lasted for no more than 30 minutes. Notes were taken and the interview was typed up and shared with the storyteller who had the opportunity to make changes or additions.

Appreciative Participatory Observation

Observation of events within the units took place, for example during handover and interactions in the unit. The co-inquirer took on the role of appreciative observer advocated by Reed (2007) which

involved taking part in the activity if it was deemed appropriate and noticing incidences of learning that worked well and identifying other incidences that raised curiosity. Inherent in the observation was feedback to the staff during or immediately after the observation to discuss what helped particular interactions work well.

Informal discussions

Informal discussions between participants took place and focused on two affirmative questions: ‘what is working well for you here that enhances your experience of learning?’ and ‘how can we work together to enhance your experience of learning?’ (Dewar, 2012). These affirmative questions align with the appreciative inquiry methodology to focus on what is working well rather than problems (Cooperrider, Whitney & Stavros, 2008). In addition, visual inquiry was used to stimulate dialogue (Dewar, 2012, Roddy et al., 2019). The use of images can evoke emotion and gain more or a different type of information about the human experience (Dewar, 2012, Roddy et al., 2019). Photo elicitation has been used with midwives to facilitate rich responses from participants (Copeland et al., 2014). Individuals were asked to select an image that sums up how they felt about an experience, for example learning / support in the unit, and explain why they selected that image. The images (approximately 70) are available from the Myhomelife website on www.myhomelifescotland.org.uk and some examples of the images include: hands holding a small plant, a different coloured rope tied in different directions, a dog with its head buried in the sand and four people sitting on a bench facing the same direction. The images are diverse enough to capture any thoughts or feelings from the participants and assists them in describing how they are feeling at that point in time. In addition to the methods described above a large group discussion took place with 52 participants in the Envision phase (see table 1). To aid data generation composite stories were developed from the discover data. Table 3 gives an illustration of one of these stories.

Table 3 – Composite story

Student midwife

My mentor giving me positive feedback in the moment made me feel comfortable and supported. For me, being honest and realistic helps to give me a sense of achievement and a clear view of the direction I need to travel. I feel like you always want to achieve everything you want to but sometimes this is not possible as a student midwife. So being realistic is key. We as individuals don't always realise our strengths so I like to have that reinforcing feedback.

The midwife's wealth of experience was amazing and her suggestions were really helpful for my learning about what it means to be a midwife. The other day a midwife came on shift and I heard her say that having 2 students on was great, so that just put us in a better frame of mind working with a midwife that was appreciative of students and valued our learning experience. That was really nice for students to hear.

Registered midwife

I remember when I was a student midwife, positive feedback would help me and I wanted to ask for it more of the time but it can be hard. We all have strengths so it's nice to remind each other and it brings us together. I feel passionate about giving and receiving feedback both good and bad. I think it is important to provide feedback as we go along and not just at the end of the day, saying things like, "You should feel proud of yourself". It was really nice when my manager said she noticed that I used my initiative, if she had of said this in two weeks' time it would have meant nothing to me.

I think it is good for students to be challenged, but there needs to be support. Students feel encouraged to stay if well supported, knowing who to go to for support (approachable) is important, giving them reassurance. It is important to us when students start in the unit that they don't feel like 'a spare part', we try to make sure they are orientated and have things to do.

What would be great is if we had a quiet space to give feedback and to hear something positive as we are trying our best and maybe the students could give us feedback so we are more aware of what their needs are and what they expect from us. I could say to students, "Let me know if you need anything" but if they don't know me, would they actually ask me? What if I had asked them, "What would you like feedback on"? I can support and empower the student midwives by sharing my knowledge and understanding in order to help them understand what is important to the women and their journey.

I also like to let the students know that they will find their own way of doing things on their student midwife journey. Some students are embarrassed if feedback is not provided in the appropriate way. It's about making them feel positive, not leaving them feeling horrible and taking the time to acknowledge the good things that they have accomplished.

Participants were then asked to consider the following questions in relation to the story they heard:

- 1) How did you feel when you heard this story?
- 2) What struck or surprised you about this story? What is there to celebrate in this story?
- 3) What are you curious about?
- 4) What new insights does this generate?
- 5) How would you prefer things to be?

Data analysis

Data were analysed using a method known as immersion crystallization. Immersion crystallization is used in a creative way to establish patterns and themes in the data. Immersion crystallization is an engaged, fluid and intuitive way of looking at the data throughout all levels of the data generation process, including the data generation, field experience to final interpretation (Crabtree & Miller, 1999). Other disciplines including family physicians and nurses have used immersion crystallization when exploring patients' experiences (Eden et al., 2019; Petronio-Coia & Schwartz-Barcott, 2020) and so this type of analysis is most suitable for midwifery education research as it enables an understanding of making sense of the whole situation (Petronio-Coia & Schwartz-Barcott, 2020). Analysis involved initial engagement of the area under focus, crystallization (making sense) during data collection, reflecting upon emergent insights, reflecting themes / insights back to the participants and synthesizing and collaborating themes.

Preliminary data were framed and mapped according to the Senses Framework (Nolan et al., 2006). The senses framework provided an analytical and theoretical lens through which to gain a greater appreciation for what student midwives and midwives valued as important elements of an enriched learning environment. Data were mapped to the senses of security, belonging, continuity, purpose, achievement and significance (Senses Framework, see Table 4). The findings mapped well to the six senses. The analysis of the data enabled the team to refine the meaning of the senses in the context of the student midwife and midwife experience of working and learning together.

Table 4. The senses and overall meaning for student midwives and midwives

<p>Sense of security</p> 	<ul style="list-style-type: none"> a) To feel safe to raise difficulties and sensitive issues in a supportive and facilitative environment. b) To work in the physical environment with the knowledge and skills to practice and learn at a level that is appropriate.
<p>Sense of belonging</p> 	<ul style="list-style-type: none"> a) To feel part of a valued group who share similar values and beliefs. b) To feel part of a team with a recognised and valued contribution. c) To have opportunities to form/ maintain/ improve valued and meaningful relationships. d) To be able to confide in trusted individuals to feel that you are not alone.
<p>Sense of purpose</p> 	<ul style="list-style-type: none"> a) To work actively together to support us in our role now and in the future. b) To work together to have a shared understanding of our purpose, aspirations and a clear sense of what is valued.
<p>Sense of continuity</p> 	<ul style="list-style-type: none"> a) To experience links and connections. b) To be able to relate the current learning and practise to the past, present and future.
<p>Sense of achievement</p> 	<ul style="list-style-type: none"> a) To feel satisfied with one's efforts b) To contribute towards goals as appropriate c) To use skills and abilities to the full d) To know what worked well and what can develop
<p>Sense of significance</p> 	<ul style="list-style-type: none"> a) To feel that they matter b) To feel learning in the workplace is valued c) To feel that one's caring efforts are valued and appreciated d) To experience an enhanced sense of self

It is important to note that the senses, as they were originally put forward by Nolan et al. (2006), were not intended to be hierarchical, but to interrelate, therefore, although the senses are discrete, they also overlap. The senses are interlinked and in part, interdependent. For example, student midwives are unlikely to feel totally secure if they do not feel that they belong, and a Sense of Purpose cannot be entirely separated from a Sense of Achievement. Similarly, there are key aspects in each sense that have a relationship with other senses. For example, a key aspect in relation to creating a Sense of Significance is that you matter learning what you are good at and what contribution you make. This aspect also relates to a Sense of Achievement.

Findings

Each of the six senses are identified below with evidence from the data to support the sense as important to nurturing an enriched learning environment for student midwives. It was interesting that through data analysis the senses were relevant for student midwives and midwives emphasising the relational nature of learning in the workplace (SM denotes student midwife and M denotes Midwife).

Sense of Security

There were some basic considerations in relation to the feeling of security. Students and midwives did not want to feel or look stupid or incompetent but neither did they wish for sub-standard care of the women if they were left to perform tasks/care for which they felt unprepared. They each valued feedback and valued environments where they felt safe to give and receive feedback. Students also wanted to feel that they could express how they felt about their experience without feeling judged or inadequate, and to have the emotional and physical demands of their role acknowledged.

Much of the data focused on the student midwife receiving timely and specific feedback. Students talked about the value of receiving this in the moment:

I felt safe in my practice because the midwife I was working with made the experience good. She gave me good feedback in the moment. (SM)

The feedback in the moment helped to contribute to the sense of security people felt.

There were also some important comments about the value of feedback for everyone:

I feel we can get better at our interpersonal skills of listening and knowing how we are doing. Asking each other are you ok? (M)

I am not sure I feedback to the midwife. I would like to do this more (SM)

Creating an environment where the giving and receiving of feedback is reciprocal is something that is an important aspect of practice that could develop further. It was important to recognise that it took some courage to work in this way.

Student midwives reported feeling vulnerable, frustrated and overwhelmed with the recognition of things that they did not know. They were often concerned that this would have a detrimental impact for the woman they were caring for:

I felt vulnerable because I did not have the tools to educate the women when they had questions and if I had all that experience in my head prior to delivery suite, it would have been better as I had no experience with babies whatsoever. (SM)

Not knowing everything is a normal part of learning. The key aspect in the quote above relates to feeling supported rather than embarrassed if you don't know something.

Working in an environment that supported learning including learning from mistakes:

There is no blame, I am able to learn from mistakes in a safe environment. (SM)

This aspect of feeling safe with what we don't know and sharing this with others was of relevance to the midwife also. A midwife discussed her surprise that she had never learnt about facilitating learning in the workplace or mentorship:

I have never been on anything that has prepared me for my role in helping others to learn. I think people assume that we can all just do this – but it is a skill and we need to value it more. We need support to do it well. (M)

Further discussions were enabled in the co-create phase in one of the sites to explore what support for learning in the workplace might look like at its best in the future.

Helping people to feel emotionally and physically safe at work was a key aspect of the sense of security. Student midwives spoke about the importance of support to enable this to happen:

We are all working together to help me get through this. They are always there for me and everyone is really supportive. It makes a big difference. (SM)

The sharing of experiences could challenge assumptions people had:

I have learnt more about the student's experience during this study – it has opened my eyes. Some things I assumed like they did not like it when it was busy – but I was wrong some do. (M)

It was evident that sharing feelings about experience did not 'just happen' and that some students felt they had to develop courage to do so. The demeanour and approach by the midwife to encourage this sharing was important.

Midwives valued the opportunity to share with the student how they were feeling about the shift ahead of them:

I like to check in with the student and share how I am feeling about the shift – if it is really busy and I am feeling a bit stressed sharing this with the student helps them to understand and fit in with what is happening. (M)

A sense of security in the relationship as well as the environment was important to both student midwives and midwives. If this sense was achieved people used words such as safe, calm, heard, and supported to sum up how the sense of security felt when it was happening.

Sense of Belonging

A sense of belonging was related to feeling part of something. Student midwives move around different areas and the sense of belonging needs to be continually supported. Student midwives wanted to feel they fitted in. Aspects that contributed to a sense of belonging included knowing what mattered to each other and building a sense of community. They identified a range of different actions that helped them to feel at home in the new environment, including a warm welcome.

Student midwives valued when there was a strong cohesive team without cliques:

There are cliques sometimes which make it hard to fit in (SM).

They identified a range of different actions that helped them to feel at home in the new environment, including a warm welcome:

Simple things like saying hi, knowing my name, including me in invites to lunch, smiling faces, acknowledging you, treating you like normal, being included in conversations, one midwife said – “great you are here” – I felt valued. (SM)

Midwives were acutely aware of potential negative feelings the student midwife might have in an unfamiliar environment. They used a number of strategies to support the student to find a sense of space and belonging:

Sometimes we need to take a step back and appreciate the environment that is so familiar to us as midwives and realise how intimidating it is to someone who is unfamiliar with it. We need to notice the way we talk to each other, the jargon we use, the way we dress. The words and gestures we use. (M)

Feeling a part of the team rather than a spare part was seen as something that started as soon as the student midwife came to the unit during orientation:

I feel encouraged when I can see how well the students can do things. I see them as part of the team. Students might sometimes feel excluded if they are looking traumatised or lost and I make sure they get included and offer debriefing after traumatic situations. It is important to us when students start in the unit that they don't feel like 'a spare part', and we try to make sure they are orientated and have things to do. (M)

One of the sites were working in the co-creation phase to develop orientation using the senses framework, in particular the sense of belonging as a core thread throughout the process.

During the course of the study there were a number of discussions where people shared what mattered to them and what they valued about each other:

I like it when the student is someone who is holistic and values soft skills of midwifery for example, getting the woman a warm blanket, not just ticking boxes for example, number of births. (M)

I like it when the student is able to use her initiative and do things without being asked. (M)

Student midwives talked about the immense privilege they felt in being a part of the woman's birthing experience:

I feel privileged about caring for women as it is a huge part of a woman's life. They share with you, they let you in, they show their breasts, asking for advice, not just on the ward but also the Continuity

of Care experience, you say if you go into labour and you don't feel like having a student there, and the partner says, "we want you there", this is a protected safe space, that's amazing, they want you in that space. We can ask the educator for help and she is really obliging. (SM)

It was not only the privilege that midwives and student midwives felt with the women but also being in relationship with a whole range of people who made up this caring community:

....a seedling, I feel my role is providing a foundation of support, educating students to grow and blossom into knowledgeable midwives. I'm happy to be a part of their learning. (M)

But I am now creating relationships with the midwives and it is getting much better. I feel that I am gradually getting into more of a colleague state rather than just a student. It takes time. (SM)

Many factors helped to create this sense of belonging and a key component of this seemed to be recognising and valuing relationships.

Sense of Purpose

Having a clear sense of purpose, related to how we understand what we care about and using this knowledge to help us to support each other to fulfil our role and aspirations.

There were comments from midwives and student midwives about how each of them could support each other in fulfilling roles and aspirations:

I am not at the stage of feeling helpful yet. Teaching is such an integral part of everyone's role but we need support to learn more about how best to do this. (M)

Midwives themselves recognised the important part that the student midwives had in the ongoing development of practice:

The students are a fresh pair of eyes. I appreciate the students' perspective of reality in practice. (M)

I really enjoy learning from students new/up to date knowledge. (M)

Knowing what the aspirations were and sometimes taking a chance to support someone to develop these was valued enormously:

I like it when the midwife says this is your woman for the day and I get to look after her myself – with the midwife in the background there to ask any questions. It makes me feel she trusts me. (SM)

Midwives also valued being able to support students to fulfil their aspirations and commented on contextual factors that may have a bearing on whether this was always possible:

I think we are on such a time limit with getting women in and out of the unit and obviously with students it takes a little longer to do things and letting them do things and explaining as you go. So I have to be mindful not to take over from the students to just do what needs to be done rather than letting them do it. (M)

A sense of purpose also related to balancing feeling comfortable with uncertainty and knowing how things were done around here. This relates back to the sense of security where not knowing was uncomfortable and also to a sense of belonging where one can feel a spare part if you are not sure 'how things are done around here'.

Student midwives valued when staff took the time to 'show them the ropes' and the way:

They are willing to take the time to show you how to do things and explain what's happening. (SM)

This recognition of the relationship, caring and privilege that prompted some midwives to question whether we should use the term relationship centred practice rather than woman centred practice:

We talk about woman-centred care – it is really about everyone though, the partners too. (M)

Sense of Continuity

A sense of continuity related to making valued connections. This could be seen in terms of building on what is already known as well as valuing consistency in approaches to learning and development for everyone.

Some student midwives valued working with a range of midwives as they recognised different strengths in each of them that they wanted to experience:

It is good working with a number of different staff, I get to learn various ways of working. (SM)

In this aspect we see again the fact that knowing each other's strengths was not just the mentor knowing about the student midwives' strengths but the other way round – the student midwife learning about the midwives' strengths:

We are different people from different areas and skill sets. We are intertwined and form a strong unit. Connectedness means it doesn't matter where we are from and come together as one. (M)

Some student midwives felt consistency of mentor was important to support the identification of strengths:

It is helpful if we have the same midwife supporting us or group of midwives – they get to know your strengths. (SM)

Although there were some different views about how to best support the recognition and building of strengths of each other in the student midwife / mentor relationship there was agreement that this was important for a sense of continuity to be felt.

Others spoke about a team approach to mentoring.

The focus needs to be on opportunities for all to have access to learning opportunities. To encourage midwives to be positive role models for learning they need to engage in life-long learning themselves. There are many barriers to this that need to be explored. (M)

As well as having knowledge about each other's strengths there was something important about knowing about peoples past experience to see how this could be built upon:

Working as an anaesthetic nurse last year, I didn't think that I would be able to bring any skills. But I was able to bring my pain management skills and knowledge – like how to help set up for an epidural. I didn't realise that I would be able to bring this skill. (SM)

Seeing the student midwife or midwife as someone that had a range of other experiences. Including life experiences that contribute to the learning experience was valued but not always experienced:

I had the label of a student, but I am also a mother, registered nurse and mature woman student but that has never been mentioned. (SM)

Many of the midwives explicitly voiced their passion for supporting students and valued being given the opportunity to build on this:

I really love teaching students. I volunteer to do this. (M)

Sense of Achievement

A sense of achievement related to giving and receiving feedback, getting support to work through things that matter to us and knowing what is realistic to achieve and what is not. The timing of the feedback was seen as important and many of the student midwives spoke about feedback and appreciation in the moment:

I think it is important to provide feedback contemporaneously, saying things like 'you should feel proud of yourself'. Her saying to me at that point was so important, if she had said that to me two weeks later, it would not have meant anything to me. (SM)

There were contextual factors that were important to consider to explore what was realistic to achieve and what may not be possible or may take some rethinking or development:

I feel like this course is a juggling act. There are a lot of aspects to becoming a midwife, there is the university work, the family life, the clinical placement, the continuity of care experience women and in my case having kids as well. So I feel like I have a lot of competing priorities and having to keep all the balls in the air. (SM)

Sometimes when we are short it might be harder to focus as much on the student midwives learning needs – but just having them alongside you – there is learning for them in that. (M)

It seemed that an awareness of these factors within the relationship helped student midwives and midwives understand each other more with a result that compromises could be made:

If we are honest and say at the start of the shift if it is busy that we won't be able to spend as much time going through things – it feels better. (M)

I really value it when the midwife takes the time to explain things especially in a chaotic situation. (SM)

A sense of achievement was felt when midwives and student midwives gave each other feedback and they were able to achieve aspects of their role. When it appeared more difficult to achieve aspirations, this let down was softened by the midwife and student midwife discussing compromises within the relationship.

Sense of Significance

Feeling significant hinged largely on student midwives and midwives feeling that they had a valued contribution to make to the service and the learning experience, rather than just being seen as a pair of hands or a burden. This was enhanced with celebrations and feedback however small. Student midwives and midwives needed to feel cared for and valued in the relationship. This often depended on the extent to which they felt heard and their contribution mattered. To help a sense of significance to be realised the context in which people worked needed to value learning in the workplace as a priority. Another important aspect that seemed to help people feel that they mattered was the language that was used. People valued when this was respectful of who they were as a person.

Everyday valuing and celebrations that felt genuine helped others to feel that they mattered.

It's nice to say to each other and to the women things that we value. Women thank me for staying calm, the midwife tells me that it is lovely when I get involved and I tell the midwife she has done something in a different way to others and it helped me to learn. (SM)

I value it when the women are looking out for you; I like it when they ask for you by name. (M)

These celebrations were offered by a range of people in the workplace including the women who were being cared for.

Student midwives talked about midwives' approaches that helped them to feel comfortable to ask questions. The approach was often an invitation to student midwives to ask questions. This was identified also in a sense of security:

I think the students feel a bit silly asking lots of questions. It is important for the midwife working with them to reinforce that there is nothing silly. No question is a silly question. (M)

Some of the participants in the study had developed a heightened awareness of the language we use in part through the approach of appreciative inquiry. There seemed to be a greater awareness of language that would be more respectful and value the person. One midwife shared her new thinking around the use of the word expectations related to the student midwife experience:

Expectations mean that "you put the bar up there and I must achieve this and I am also setting up to fail". It would be better to say, "I would appreciate". We should provide a reason for doing it this way. We don't like, "should have done", better to say- it would be lovely if you are able. (M)

Another aspect of feeling that you mattered related to a commitment to considering others perspective about things:

It made me frustrated this morning. The handover relayed that the woman is always getting out of bed to check her baby because she thinks the baby is choking. I was thinking she was scared, it is her first baby and has had a Caesarean section. It would have helped if she could have shared the handover from the woman's perspective and asked me what I think was happening. (SM)

There were many quotes which illustrate the positive and reciprocal relationships that develop in the student midwife experience that support the development of enriched learning environments. The Senses and relationship-centred practice can provide a framework for education and practice to ensure the creation of enriched environments of learning in which the hopes of all groups are respected.

Discussion

The aim of this study was to work collaboratively with key stakeholders (student midwives, midwives) to generate an experience-based understanding of what works well in relation to the student midwife experience and from this understanding, co-create ways to enhance the experience for future student midwives' and midwives' experiences. The study identified many good practices. It seems important to celebrate these aspects and give balance to the other studies that report the negative experiences of becoming a student midwife (Green & Baird, 2009). Findings suggest that successful relationships between student midwives and midwives was the key underpinning of fruitful, learning environments. Relationships enabled and increased the capacity of students' knowledge and the ability of students' future inquiry. In addition, the quality of these relationships helped people to feel comfortable and brave enough to speak up and ask questions.

Although other authors have identified the importance of relationships in the learning experience there has been little work done to date to examine what works in these relationships (Gray, 2018; Prymachuk & Richards, 2008, Chandler 2012). This study has gone some way to identify the components that support the development of these relationships, that is the senses.

The study provided a unique insight not just in relation to what mattered to the student midwife but the midwives themselves. Indeed, midwives felt passionate about supporting student midwives and wanted support to enable them to do this well. Perhaps assumptions are made that supporting learning in the workplace is a natural skill that does not need support. Midwives in this study yearned for more support in how to do this well which resonates with other studies that midwives require further preceptorship to enhance confidence in their practice (Power & Ewing, 2016). Thus, the senses framework provided a theoretical lens through which to fully appreciate what student midwives and midwives valued as components of enriched learning environments. The senses comprise security, belonging, purpose, continuity, achievement and significance (Nolan et al., 2006).

There is a tendency to see the mentor / mentee relationship as supportive rather than relational and reciprocal (Bowen et al., 2019). The findings from this study highlight that aspects that matter to the student midwife and midwife are similar and include the midwife's desire to get feedback from the student, to share their strengths with the student and to feel supported to speak out. Mentors enjoy the opportunity of learning from the student and see this as beneficial in this relationship (Bowen et al., 2019). Consistency or continuity of a midwifery mentor was important for the student midwife, in both formal and informal mentorship to enable development of more meaningful relationships

between the student midwife and midwife (Cummins et al., 2017). Benefits have been shown for both the student and mentor to have the same student over a longer period of time in order to establish what the student was learning (Bowen et al., 2019). A team approach to mentoring via informal mechanisms was important for learning and development for everyone and that if learning and development opportunities for midwives themselves was not valued then this in turn would have an impact on the value of learning and development for student midwives. New graduate midwives have also valued relationships established within the team of midwives working alongside them (Cummins et al., 2017). All of the senses interrelated to a certain degree and in part, acted interdependently of each other but harnessed a relationship-centred focus.

Appreciative inquiry has demonstrated potential to not only explore what works well and why but a renewed excitement and energy about developing a positive and realistic future that nurtures the senses for student midwives and midwives. The student midwives and midwives identified that working in supportive, respectful, nurturing environments are ideal and understanding each other, not only as health professionals but also as human beings was important. The ability to check in with each other, increase the capacity to communicate more often and effectively by providing feedback and using appropriate language and embracing the students to assist the midwife's workload are all aspects that were considered in this process. The appreciative inquiry methodology enabled all student midwives, midwives, managers, researchers and co-inquirers to take an approach that was curious and focus on the positives of an organisation and the people within it and explore further about what was working well and to improve and enhance these experiences. This process enabled all who participated in the study to become aware of assumptions they might make and being open to re-frame how each individual may use language, jargon and respond to others in the workplace.

What emerged from this study was that the appreciative inquiry processes that were used to frame the study were also the strategies that could enhance the student midwife experience. A similar outcome was achieved in an appreciative inquiry study in a care home where the methods of for example emotional touchpoint stories that were used in the study to learn about experiences were the strategies that could be used as part of normal practice to promote positive caring cultures (Dewar & MacBride, 2017). All co-inquirers are now working with their sites to continue the development of appreciative inquiry processes.

Conclusion

This appreciative inquiry study has highlighted many good practices in the student midwife and midwife experiences who participated in this study and also gives an indication about what they valued. It has been important to explore the student midwife experience in collaboration with the midwives themselves and co-create and evaluate strategies to enhance their experiences because including both participants into the study follows through with the non-hierarchical nature of the concept (Nolan, 2006) underpinning this research. A component of the Nursing and Midwifery Office (2018) midwifery strategy has identified the co-creation of support structures for student midwives in practice. This study has identified a framework for developing the student midwife experience with mentors. As a result, the methods and tools have created a new way of gaining insight into work practices and highlighted areas for enhancing the learning experiences, development and continuous inquiry. To date the senses framework developed by Nolan and colleagues (Nolan et al., 2006) has not been tested out and refined in the midwifery context. This study poses an initial framework that would benefit from further refinement.

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