Educating Student Midwives around Dignity and Respect

Abstract

Focus: There is currently limited information available on how midwifery students learn to provide care that promotes dignity and respect.

Background In recent years the importance of dignity in healthcare and treating people with respect has received considerable emphasis in both a national and international context.

Aim The aim of this discussion paper is to describe an educational workshop that enables learning to promote dignity and respect in maternity care.

Discussion: An interactive workshop, using different creative methods as triggers for learning will be described. Provision of learning opportunities for students around dignity and respect is important to ensure appropriate care is provided in practice. The use of creative methods to inspire has contributed to deep learning within participants. An evaluation of the workshop illustrated how learning impacted on participants practice. Data to support this is presented in this paper

Conclusion The use of creative teaching approaches in a workshop setting appears to provide an effective learning opportunity around dignified and respectful care. These workshops have evoked a deep emotional response for some participants, and facilitators must be prepared for this outcome to ensure a safe space for learning.

Keywords: Dignity, respectful care, midwifery education, midwifery, creative teaching approaches

Issue: Internationally some women have experienced maternity care that does not promote their dignity or is respectful. Little is known about how best to educate students around promote dignified and respectful midwifery care.
What is Already Known: Women desire maternity care that sustains their dignity and is respectful. Transformational learning practices will raise students' awareness of their personal values and practice.
What this Paper Adds: Students who participate in a dignity in care workshop using creative teaching methods were able to take this knowledge into practice.

Introduction.

In recent years the importance of dignity in healthcare and treating people with respect has received considerable emphasis in both a national and international context [1-3]. In the Declaration of Human rights [4] dignity is a human value seen as a basic right for all. The provision of care that respects and protects service users' dignity, is a core value expected of most health care professionals internationally [,5.6, 7] Dignity in healthcare is considered to be a variety of things that includes concepts of respect, empathy, and individualised care .[8] The Royal College of Nursing provides a definition:

> '*Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.*[97].

Yet several high-profile cases illustrate that many people have experienced less than dignified care [10-12], in English healthcare services. Recent surveys have identified that women in the United Kingdom (UK) do not always feel that they have been treated with dignity and respect during their maternity care experiences [13,14] despite an expectation that women should receive a holistic and women-centred approach to care. [15]. Examples of women receiving poor care including poor communication, lack of empathy, lack of courtesy and rudeness have been documented.[16] In addition, lack of respect of the individual and effective listening has led to increased effects on morbidity and mortality to both mother and baby [12, 17]. It could be argued, therefore, that respectful care would lead to safer practice.

Respect for human dignity and a holistic approach is also the underpinning philosophy of the International Confederation of Midwives[18] Yet again recent surveys demonstrate that women worldwide do not receive such care during pregnancy and childbirth[19-22]. In the United States of America (USA) Eliasson et al [19] found that many women reported their sense of dignity being offended by the behaviours and actions of midwives. An international study by Bowser and Hill [209] reported examples of women receiving non-consented care, non-confidential care and physical abuse. In developing countries disrespectful care seems to be endemic, for example, Abuya [21] found 20% of women reported receiving disrespectful maternity care in Kenya, while in Tanzania Sando et al [22] found 70% of women reported receiving disrespectful maternity care. This is despite The White Ribbon's international campaign launched in 2011 which provides a standard for respectful maternity care embedded within international human rights [1]. A recent World Health Organisation Statement [23] reiterates a commitment to eliminating disrespect in maternity care.

In order to achieve change it is imperative that healthcare staff receive appropriate education in how to deliver care that respects service user's individual needs and maintains their dignity at all times. However, dignity and respect are complex and multifactorial concepts, and thus can be challenging to teach and learn in a formal way[8,24.]. There is a call for more effective education around these concepts, with identification on how they can be learnt and assessed in health professional education programs [13]. A recent survey by Hall and Mitchell [25] found in the UK there was little standardisation across midwifery programmes for the teaching of dignity and respect in midwifery practice, and that no consensus of how learning about dignity is facilitated or assessed. We have not been able to establish how this learning is facilitated globally as there is a paucity of literature available. There is a need to share educational practices designed to support midwifery students to learn about the concepts of dignity and respect, and how these relate to midwifery practice. In this paper, we present an educational intervention of a workshop that aimed to encourage the students to explore the concepts of dignity and respect, and how these relate to midwifery practice. We also present evaluation feedback from the perspective of some student midwives who have participated in these workshops.

Educational philosophy

Our underpinning philosophy which determined the approach taken to develop the workshop was grounded in theories of transformational learning; defined as learning which involves a fundamental and irreversible shift in perspective [26.] Transformational learning is not about the learning of facts or the mastering of specific skills, but focusses more on enabling deeper insights and problem solving. McAllister[27] highlights how educational approaches which offer 'a perspective changing experience' can lead learners to cast-off old ways of thinking, and inspire the cultivation of new values.

To achieve this 'perspective changing experience' the workshop employs a range of interactive and engaging learning strategies. The workshop was devised based on John Heron's principles of facilitation [28], in order to promote meaning, to confront previous rigid behaviour and utilise emotion to promote learning. Creative use of photos, video, sound tracks and storytelling, along with discussion, reflection and problem solving in the application to midwifery practice is used in the workshop. These creative approaches are underpinned by a teaching philosophy that believes students are intellectual beings that learn best when they are emotionally engaged to the concepts under discussion. It is recognised that different parts of the human brain have different attributes, and whole brain development may be encouraged through creative means[29] . Furthermore, it is suggested that each person has a different psychological system for understanding the world, and therefore they will learn through different forms and methods [30]. Creative approaches to teaching

and learning, which connect with the audience on both a cognitive and an emotional level, contributes to the art and science of midwifery practice.[31]

In recognition of the potential that the workshop may raise significant emotional issues for participants, the workshop is always led by two facilitators. The workshops described here were led by both authors, who are Senior Lecturers in Midwifery, experienced educationalists who are well versed in facilitating learning around sensitive subjects.

Outline of workshop for teaching Dignity and Respect in Midwifery Care

The workshop commences with the facilitators sharing their background and interest in the subject matter of dignity and respect in maternity care. The purpose for this is to put the participants at ease and to provide an environment for mutual learning. Sharing in this way removes some of the 'power base of educator over students'[32.] To ensure participants feel safe to share their views and opinions all participants are asked to maintain confidentiality about any issues raised during the session. Facilitators offer their support following the session and the University Wellbeing Services are signposted as a post workshop support for participants.

The workshop is positioned with a short introduction in which both the National and International contexts, and drivers for improving dignity and respect in healthcare and maternity services are addressed. This provides a context for the activities that follow.

In the first activity participants are asked to consider what the words 'dignity and respect' mean to them, and to share this in small groups of 3-4. We have found that participant responses at this stage, when fed back to the group, often offer only a limited view of these concepts. It is common for the concept of dignity to be related to maintaining physical dignity, whereas understanding of the concept of respect is mostly viewed as respecting people's right to make choice, and for midwives to gain informed consent.

In the second activity participants are asked to sit quietly, to watch and listen to a presentation titled 'Dignity and Respect: two sides of the story', which has a 15 minute duration. This presentation consists of a series of triggers which illustrate the potential for the loss of dignity, as well as how dignity can be respected for both parents and the baby, during maternity care experience. The triggers include images, sounds, recordings and narratives which illustrate the impact on individuals when respectful and dignified care is experienced, and when it is not. The triggers offer the perspective of the mother, father and the baby. References to the impacts of disrespectful care from a global perspective is also included to emphasise the significance of dignity and respect for all. The

creative triggers were selected from personal teaching resources, including letters, photos and audio clips.

The choice of creative triggers purposively blends aspects of care that could be classed as disrespectful or undignified alongside opposing triggers that exemplify good practice. Examples of disrespectful or undignified care were chosen to reflect analysis of contemporary literature, including the national Birthrights survey [13] of women and midwives, and the international evidence of disrespect and abuse in 'facility-based childbirth'[20]. These include: non-confidential care, non-consented care, humiliation, lack of privacy, and abandonment of care. More nuanced interpretations of a failure to provide respectful dignified care were also included, such as negative perceptions of care and a lack of choice. An evaluation of an educational initiative developed by the Royal College of Nursing as part of the dignity in care campaign [33] also found that the use of visual metaphors helped nurses develop self-awareness in relation to their practice [34]. During the presentation, we have noted that the audience's attention is fixed, and often the 'silence is palpable', with the exception of the triggers involving sound or narratives. At the completion of the presentation it has been our experience that participants remain spontaneously silent and thoughtful. Our experience confirms that the creative aspect of the workshop is the most powerful, triggering reflection and much subsequent discussion.

Following the presentation the participants are invited to consider their individual responses to the triggers, and to debate the issues in relation to their experiences in the various maternity practice areas. The discussion is often wide reaching, and it has been our experience that the presentation broadens participants' perspectives on the meaning of dignity and respect in care. The discussion reveals how the concepts of dignity and respect are understood as intertwined and complex, incorporating care practices such as inadequate pain relief, failure to respect the woman's choice, failure to support the partner, and leaving a baby to cry isolated in an incubator. The concept of dignity as 'personhood' also emerges. Supporting our approach, it has been shown that when given the opportunity to discuss these issues is provided, a deeper understanding of the complexity of dignified and respectful care is reached.[13,35] The creative triggers often stimulate self-reflection which have resulted in emotional responses, either in relation to their personal or practice experiences . Many participants have recounted personal experiences of receiving care lacking in respect, or where their personal dignity was compromised. Participants also share their experiences from practice, where they have viewed care lacking in promotion of dignity and identify where care can be improved.

In the final activity of the workshop participants are asked to identify key areas for practice improvement. On sticky notes participants are asked to record the following:

- One thing they can do to make a difference
- One thing they can do to improve the environment
- One thing the health services could do to make a difference.

This is to encourage the participants to consider their personal response to the workshop, and ways in which their learning can be translated into action, both individually, and in the macro environment. These responses are collected and collated, and used to promote further discussion of how dignity and respect in care can be promoted. Following the workshop, the practice improvement ideas are recorded and shared with the participants (see box 1).

Participants of the workshops

We have conducted the workshop in the BSc (Hons) Midwifery undergraduate curriculum over around 5 years, and also with qualified practitioners within a range of settings including study days and conferences. The evaluation data presented here was gathered from undergraduate students from multiple groups of around 50. The students were all female, from a wide range of age groups, between 18 and 45, and from varied cultural and social backgrounds. The workshops were conducted in the first year of the midwifery program and after the students had undertaken a variety of placements in both community and hospital settings. As this discussion paper is presenting educational evaluation data, no ethics approval was sought. To maintain confidentiality of participants, no names or identifiers are used. Providing evaluation feedback was voluntary and has been used to improve the both programme content and delivery.

Evaluation and feedback

As part of usual education practice, students were invited to immediately provide comments of their experiences of the workshop. We frequently receive comments such as that the workshop was *'inspiring and insightful'.* Feedback identified that the workshop successfully triggers consideration of relevant issues, and it is clear that the participants are able to identify how to apply the content to their own midwifery practice. Comments such as the session '*made me think'* and it was *'thought provoking'* illustrate achievement of our aim, of encouraging students to think about the complexity of practice in relation to providing respectful care in a way that promotes the dignity of service users.

We were also interested to understand if the immediate impact of this workshop was upheld over time and whether it made any differences to students once they returned to practice placements. Six months following one of the workshops, students were invited to provide feedback on whether they perceived the workshop had made an impact on their practice. By this time students had completed two further placements of at least 6 weeks each in the community and hospital setting. The students are used to having such requests to provide feedback to help us improve the programme of learning for future students. Again, their choice to respond was purely voluntary and did not require formal ethical approval. Five students of one group of 50 responded. This evaluation feedback is therefore limited to those who were interested enough to respond, but is nevertheless of interest. One student commented she was initially sceptical about the need for such topics to be taught, but following further practice experiences she recognised its value.

> '*I was sadly surprised that dignity and respect actually needed teaching as one had hoped it would be ingrained, however it has made me aware that often it is not. I have definitely been more conscious of making sure that the women I have cared for have fully understood and given consent for anything we offer to do for them, to ensure that they are covered and that the door to the room is closed when they are in it to ensure not just privacy but also shielding them from the space outside the room so that they feel they have my full attention'*

Some students could identify how the session impacted on their awareness and practice. One student wrote:

> *'the session on dignity and respect has made me more aware of the fact that the words and tone used when caring for women can have such a big impact on them, not only in that actual moment, but the effects can last for a long time afterwards too. Since starting in practice I realise that women don't forget when they have not been treated with dignity and respect, and this can have a huge impact on their perceptions of the midwifery staff and hospital too.'*

Others reflected on the 'routine' nature of midwifery care. One wrote:

> *'It did make me more aware of practices which may be so routine for midwives (e.g. urinalysis) but can be very awkward for women.'*

A further student recognised aspects of practice where dignity or respect for individuals was compromised, and acknowledged the challenges she faced in practice. She wrote:

> *'I have observed much recently which made me question whether dignity and respect was prioritised, and definitely found that it is more limited in a busy*

hospital setting, yet I have maintained my position of communicating and acknowledging requests without, I feel, being disrespectful to common practices. this is a fine line to walk, and can be nerve racking, and I hope that I am managing to tiptoe along developing my practice and not stepping on any toes whilst I do so'.

This student, faced with the reality of how the environment and culture of the maternity services can impact on the provision of care, held firm in her view of what constituted respectful care.

This feedback gives us confidence that the workshop has both short and long term outcomes for student learning, raising awareness of and improving practice to provide dignified and respectful care.

Discussion and Conclusion

Dignity and respect are complex multifactorial concepts central to midwifery practice, yet there are many examples in the literature where women report disrespect and undignified care.[13, 14, , 36,37] Individualised care, and trusting relationships are key to women experiencing care as respectful[15]. It is therefore important to dispel any suggestion of maternity practice as 'routine', and embed a holistic, woman-centred approach early into the education of all future maternity carers.

Respect should be an essential value in all interaction between midwives, woman and their families. Magill-Cuerden [38] suggest the skills of providing respectful care to all women develop over time, and that the best place to learn these skills is in the community. However, since the recent illustrations of lack of provision of dignified care [11,12] in UK health services, and ongoing international concerns[20-22], the drive to improve the quality of care in order to improve safety is an imperative. Listening to women, and thus meeting their needs through respectful dignified care, is the hallmark of a positive maternity experience for women and their families. Therefore, these values should be embedded and modelled throughout all student encounters. Changing individuals' embedded beliefs and the culture of an organisation to one in which dignity and respect is a central value is challenging. However, change must start with the individual, hence there is a need to address such important value-based subjects through an individual philosophy.

A previous recent survey of education providers in the UK has identified that the provision of education for midwifery students around dignity and respectful care is variable, ranging from being embedded in the philosophy of the curriculum and university, to being more limited.[25] We would

argue that the concepts of dignity and respect should be embedded throughout all aspects of learning in both theory and practice. However, student feedback illustrates this is not the case, and therefore it has become an imperative for a discreet learning opportunities to be provided within the curriculum.

As experienced midwifery educators, we value students as 'whole people' [39,40] along with the principles of transformational learning [26]. and meaningful facilitation [28]. We are also proponents of the use of creative approaches to teaching and facilitation to aid transformation in learners,[23]and have used such methods extensively.

Conclusion

The aim of this paper has not been to present a formal evaluation of the effects of such methods but is intended to illustrate and reflect upon the content and delivery of a workshop and the use of creative methods of facilitating learning. The feedback from the participants illustrate how they were provoked to think more about their practice, and were inspired to think more deeply. The feedback from students demonstrates that later in their programme they recognised that the learning in the session had made them more aware of their own attitudes, and prompted them to question the use of 'usual' practices.

Our reflection on our experience of facilitation of these sessions on dignity and respect over a number of occasions has highlighted some important recommendations for practice:

- The importance of a balanced perspective: we provide examples in the presentation of both positive and negative demonstration of dignified care, hence 'Two sides of the story'.
- Importance of recognising the emotional impact on the participants, issues of confidentiality during the discussions and sign posting to student support services as required.
- Ensure two facilitators: the session was designed to provoke an emotional response and participants may require support should memory of difficult past situations be triggered.
- The success of the workshop, we feel, lies in the use of creative methods to stimulate emotional as well as cognitive response to the issues. By using real stories, participants are able to recognise the importance of their contribution to dignity in health care. We believe using a creative approach leads to the participant to gain a deep understanding of the concepts.

We believe that this innovative approach using creative methods to enhance teaching and learning, alongside clinical placements, offers an effective learning opportunity about how to provide dignified and respectful midwifery care.

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