NEW ZEALAND RESEARCH

The Midwifery First Year of Practice programme: Supporting New Zealand midwifery graduates in their transition to practice

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ABSTRACT:

Background: The Midwifery First Year of Practice programme (MFYP) is a fully government-funded programme aimed at supporting newly qualified midwives in their first year of practice. This formalised programme provides mentor support, professional continuing education and quality assessment and reflection.

Aim: This research was designed to assess and explore the MFYP programme and identify which components New Zealand midwifery graduates considered important and supported them to develop confidence as a midwifery practitioner in their first year of practice.

Method: A survey of graduate midwives who participated in the MFYP programme from 2007 to 2010 was undertaken. A survey tool was developed which was designed to explore each element of the programme. Likert scales were provided for the majority of questions with comment boxes also provided so that answers could be contextualised. Quantitative data were analysed using SPSS 21 with descriptive statistics provided to demonstrate responses.

Findings: Between the years 2007 and 2010, there were 415 new graduate midwives who participated in the MFYP programme, of which 180 responded to the survey (43.4% response rate). The demographics of the respondents were reflective of the total cohort of MFYP programme participants. In their first year of practice, respondents were almost evenly split between self-employed midwives in case loading practice (47.5%) and midwives employed by a maternity facility (45.5%). Support from the mentor and the financial support for education were considered important contributors to developing professional confidence for these new graduates. The majority of respondents reported feeling supported when attending women during labour and birth (92.2%), and at other times during clinical practice (93.9%). Main sources of support were midwives employed within the facility, midwifery practice partners, and midwife mentors from the MFYP programme.

Conclusion: Each element of the programme was considered important by new graduates and this was regardless of their practice setting. The MFYP programme is flexible, meets the needs of New Zealand graduates and helps them to increase confidence in their first year of practice as a registered midwife.

Key words: Midwifery, graduate midwives, transition programmes, mentor support, reflective practice, professional education

INTRODUCTION

The transition from student midwife to registered midwife can be challenging as new midwives come to grips with the realities of professional practice and autonomy. New Zealand's maternity services are unique in that they are designed to be woman-centred and based on a primary health model that integrates seamlessly with secondary and tertiary services when required. Women choose a Lead Maternity Carer (LMC) to coordinate and provide their care throughout their childbirth experience, and they choose their place of birth. Midwives are chosen to be the LMC by 92% of women (Ministry of Health, 2015) and LMC midwives provide care to women across the Midwifery Scope of Practice (Midwifery Council of New Zealand, 2010) and on their own responsibility. Midwives can choose where and how they work with approximately half employed in maternity facilities (known as core midwives) and half working as LMCs within the community (known as self-employed midwives), providing continuity of care to a caseload of women (Midwifery Council of New Zealand, 2012). Midwives play a central role in maternity services and therefore, as a profession (through the New Zealand College of Midwives (NZCOM) and the Midwifery Council of New Zealand), have established a number of professional frameworks and initiatives to support midwives in their practice.

The Midwifery First Year of Practice (MFYP) programme is one such initiative and was specifically designed to support all newly qualified midwives as they transition from students to registered midwives, regardless of their place of work.

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The programme aims to promote the transition of new graduate midwives by providing a formal framework of clinical practice support, mentoring reflection, professional education and Midwifery Standards Review to encourage the growth of professional confidence within the first year of practice. The framework was designed by an expert advisory group and utilised principles drawn from studies identifying the challenges of transition, and how these challenges can be mitigated by providing structures that provide support and optimise learning and reflection (Amos, 2001; Solowiej, Upton, & Stagnitti, 2010; Tingleff, Rossen, & Buus, 2010; Hollywood, 2011; Morley, Smith, & Petty, 2011; Clements, Fenwick, & Davis, 2012; Avis, Mallik, & Fraser, 2013). Each new graduate chooses a mentor who provides support through regular planned reflective discussions. The mentor is available to provide 'hands-on' support if required although, as the findings of this research show, new graduate midwives also receive significant 'hands-on' support from core midwives and other LMC midwives to the extent that subsequent changes to the MFYP programme (after 2010) have reduced this expectation on mentors. New graduates receive funded release time for continuing education to meet their needs. Towards the end of the programme each new graduate undertakes the MFYP Midwifery Standards Review (MSR) for which they are supported to prepare.

This research project was designed to assess and explore the MFYP programme and identify which elements New Zealand midwifery graduates considered important and supported them the most to develop confidence as a midwifery practitioner in their first year of practice. A previous paper has identified that the MFYP programme has supported graduate midwives to be retained within the profession (Dixon et al., 2015). This paper provides the results of a survey of the graduates who participated in the programme between 2007 and 2010.

METHOD

This cohort study collected both quantitative and qualitative data through the use of survey methodology. The survey tool was developed by the research team and tested with eight midwives; it was designed to explore each element of the MFYP programme. Likert scales were provided for the majority of questions with free text boxes also provided so that answers could be contextualised. In 2012, the finalised survey was sent to all graduate midwives who participated in the MFYP programme between the years 2007 to 2010 inclusive.

Programme participants were identified from the NZCOM MFYP programme database of participants. Participants were provided with an information letter and informed consent was deemed to have been given when the participant completed the questionnaire. Anonymity and confidentiality were maintained throughout the research process. Details for graduate midwives who did not participate in the MFYP programme were not available so this group was not invited to participate.

The survey and information sheet were posted to 407 of the 415 eligible graduate midwives (eight from pilot group excluded). There were 21 surveys returned uncompleted due to invalid postal addresses. Each questionnaire was numbered with a link to a master sheet for follow-up purposes. Follow-up was by an email with an electronic link to the survey sent to the 251 MFYP participants who had a valid email address (six were returned as no longer in use). Email follow-up (for those with an email) was undertaken at two weeks and four weeks following the initial post out, with a final reminder at eight weeks.

This research project was designed to assess and explore the MFYP programme and identify which elements New Zealand midwifery graduates considered important and supported them the most to develop confidence as a midwifery practitioner in their first year of practice.

Participants were able to use either the posted survey form or an electronic survey form (sent as a link via email). Those who completed the electronic survey entered their responses directly into the organisational survey-based system. Responses to paper-based questionnaires were entered by the research assistant into the survey-based system. All responses were prepared and entered into SPSS 21 statistical software. Quantitative data were analysed using SPSS 21 with descriptive statistics provided to demonstrate responses. Qualitative data were analysed using an iterative thematic approach and will be presented in another paper. Ethics approval for the study was provided by the Health and Disability Ethics Committees Upper South, A Regional Ethics Committee (Reference: URA/12/EXP/012).

FINDINGS

There were 415 new graduate midwives who completed the MFYP programme between the years 2007 and 2010. A total of 180 surveys were completed and returned giving a survey response rate of 43.4%. Denominators may vary slightly with different questions as multiple options were available for participants.

Who Completed the Survey?

Comparisons between the demographic data of the survey respondents and the demographic data of all MFYP programme participants were made to determine whether the respondent group was representative of the total MFYP participant group (Table 1).

The respondents were asked to state their current age when completing the survey. It was expected that there would be a difference in the ages of the respondents (between 2 and 5 years) between completing the programme and undertaking the survey. Ethnicity was similar between the respondent group and that of

the total MFYP cohort. The proportion of responses for each year was similar.

These factors suggest that the survey sample is representative and generalisable although response bias cannot be completely excluded.

Table 1 - Comparison of survey respondent demographics with those of all MFYP participants

	MFYP participants		Survey respondents	
Year	**Number**	**%**	**Number**	**%**
No response	0	0.0	11	6.1
2007	89	21.4	29	16.1
2008	96	23.1	49	27.2
2009	105	25.3	40	22.2
2010	125	30.1	51	28.3
Total	415	100.0	180	100.0
Ethnicity				
No response	0	0.0	11	6.1
Māori	43	10.4	13	7.2
NZ European	286	68.9	119	66.1
Pacific Islander	9	2.2	3	1.7
Asian	18	4.3	8	4.4
Other	59	14.2	26	14.4
Total	415	100.0	180	100.0
Age	**Age at time of MFYP participation**		**At time of survey 2012**	
No response	0	0.0	11	6.1
20--24	47	11.3	6	3.3
25-29	73	17.6	26	14.4
30-34	93	22.4	32	17.8
35-39	80	19.3	29	16.1
40-44	60	14.5	30	16.7
45-49	46	11.1	27	15.0
50-54	15	3.6	14	7.8
55-60	1	0.2	5	2.8
Total	415	100.0	180	100.0
Currently practising	**According to Midwifery Council database**		**Survey participants responses**	
No response	0	0.0	12	6.7
No	57	13.7	11	6.1
Yes	358	86.3	157	87.2
Total	415	100.0	180	100.0

Workplace Setting for Midwifery Practice

Graduate midwives chose for themselves where they worked in their first year of practice (Table 2) and, in our survey, there were similar proportions working in employed (n=83, 46.1%) and self-employed (n=86, 47.8%) positions. There were 56 respondents (33%) who identified having a second place of practice (which was either a maternity facility or as a self-employed midwife). Graduate midwives will sometimes work in two settings when work is part-time as they are building to a full LMC caseload.

Table 2 - Main workplace setting first year of practice 2007 to 2010

Main place of work	Number	Percent
No response	11	6.1
Tertiary Hospital	35	19.4
Secondary Hospital	32	17.8
Primary Unit	4	2.2
DHB Caseload Practice*	12	6.7
Self-employed Midwife	86	47.8
Total	180	100.0

*Caseload practice midwives are employed by District Health Board (DHB) maternity hospitals to provide continuity of care and work in both the hospital and community.

What influences the choice of workplace setting?

Graduates were asked what factors had influenced their choice of work setting in their first year of midwifery practice (Figure 1). Options provided in the survey included financial security, family commitments, midwifery practice fitting with personal philosophy and availability of work. The respondents identified that the type of midwifery practice fitting with their personal philosophy was the strongest influence (78.9%). This was followed by family commitments and availability of work. This finding was consistent for each year of programme participation and was the same for both employed and self-employed respondents.

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The free text responses provided more detailed explanation of how family commitments guided the choice of workplace. Those who chose to work as LMCs often did so because of the flexibility:

> *Single parent so LMC work gave more flexibility and ability to do most work in school hours (Participant 175).*

For others working in a hospital provided more structure.

> *I wanted clear time with my family and to have set hours of work. A smaller secondary hospital that is midwifery-led was perfect for me (Participant 005).*

The ability to have a choice of work setting that suited their individual circumstances was important for the graduate midwives.

Professional Mentoring

An important element of the programme is that each graduate is able to choose an experienced midwife to be their mentor. The mentoring relationship is a negotiated partnership with the specific purpose of developing confidence (New Zealand College of Midwives, 2000). The majority of mentors (n=108, 60%) were self-employed midwives regardless of the work setting of the graduate (Figure 2). Mentoring takes place through a series of

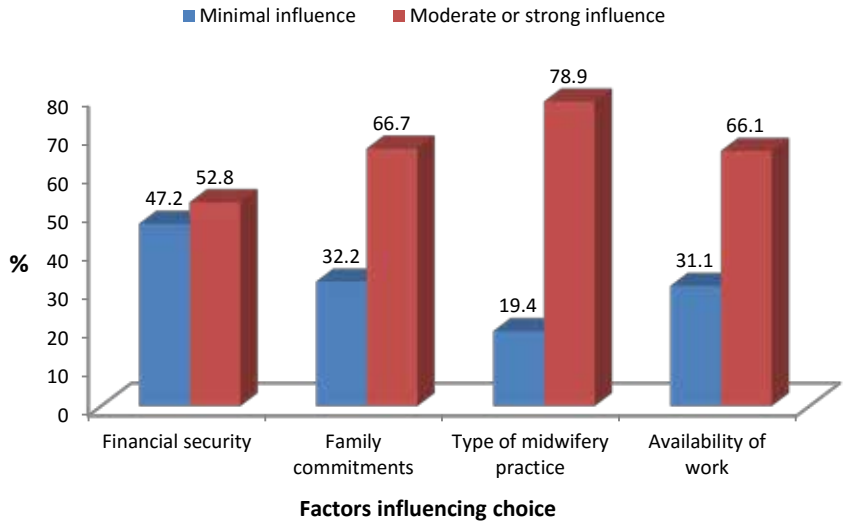

Figure 1 - Factors influencing choice of workplace setting

planned reflective discussions between the mentor and the mentee at times and in modes that suit them both including face-to-face, telephone and via the internet. The MFYP programme includes formal education for mentors to prepare them for the role and ongoing support mechanisms are established.

Almost half of employed graduates, 47.9% (n=45), chose a midwife in self-employed practice as their mentor while the other half chose mentors who were employed and worked in secondary/tertiary/primary units or other employed roles. The majority of self-employed graduates, 75% (n=63), chose a mentor who was also self-employed.

The source of support differed depending on whether the respondent was working as an employed or self-employed midwife (Figure 3). More of the self-employed midwife graduates identified their core colleagues as the main source of support (45.3%, n=82) whereas the employed graduates gained support from a variety of sources. Participants were asked to indicate how helpful the support had been. The majority of respondents reported that the support from colleagues was either very helpful (68.3%, n=123) or quite helpful (23.3%, n=42).

The graduates were asked whether they felt supported at other times during clinical practice in their first year. The majority

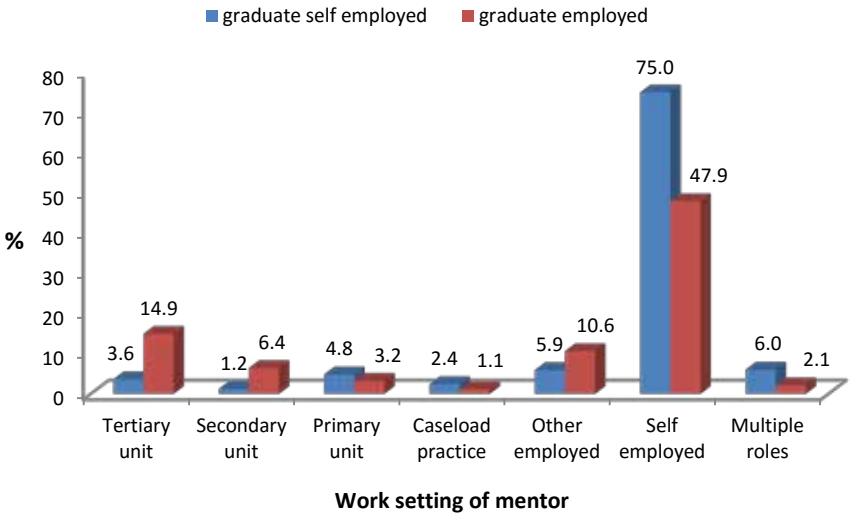

Figure 2 - The main work setting of mentor compared with setting of graduate

Clinical Practice Support

One of the important components of the Midwifery First Year of Practice programme is the provision of clinical practice support. Participants were asked if they felt supported when they attended women during labour and birth. The majority of respondents, 92.2% (n=166), responded positively with 37.2% (n=67), reporting getting support from their core midwife colleagues, 20.6% (n=37), from their mentor, 18.9% (n=34), from their practice partner and 15.6% (n=28) from multiple sources.

reported that they did (93.9%, n=169) with eight (4.4%) graduates feeling unsupported at this time. A further question asked who had provided the most support in clinical practice excluding labour and birth (Table 3).

In this section the majority reported that the mentor (30.6%) provided the most support in clinical practice, followed by the core midwife (25%) and practice partners (20%). There were 24 midwives who indicated more than one person provided clinical practice support (multiple sources).

Figure 3 - Support during labour and birth by employment type

Table 3 - Who provided the most support to you in clinical practice excluding labour and birth?

	Self-employed		Employed		Total	
	N	%	N	%	N	%
Mentor	26	30.2	29	30.8	55	30.6
Core Midwife	23	26.7	22	23.4	45	25.0
Practice Partner	18	20.9	18	19.1	36	20.0
Other	2	2.3	4	4.3	6	3.3
Multiple sources	11	12.8	13	13.8	24	13.3
No response	6	7.0	8	8.5	14	7.8
Total	86	100	94	100	180	100.0

There were no identifiable differences between employed and self-employed midwives in their responses to this question. The majority (70%, n =126) reported that the clinical practice support was very helpful, with a further 20% (n=37) reporting it to be quite helpful.

Professional Development

Each graduate is provided with financial assistance for education (both compulsory and elective) to support professional development during the first year. In addition, the mentor's role is to support the graduate to identify learning goals. These are documented in the graduate's professional development plan (PDP) at the start of the year, reviewed throughout the programme and discussed in the MFYP Midwifery Standards Review at the conclusion of the programme. All graduates are expected to develop an initial PDP which is linked with learning opportunities. Respondents indicated that the majority of mentors supported them to set learning goals (always or mostly 83%, n=150) with 25 (13.9%) respondents indicating sometimes or not at all.

Elective Education

The graduates were asked to identify what elective education they had undertaken. The list incorporated a wide variety of education with the majority strongly related to practice skills (Table 4).

Table 4 - Elective education identified as part of PDP

Intravenous cannulation	Water birth
Suturing	Epidural
Emergency skills	Family violence
Documentation	Prescribing updates (provided by Pharmac)
Breech birth	Fetal death and loss (provided by SANDS)

The majority (86.7%, n=156) reported that they were able to attend the elective education of their choice, with 10 (5.6%) unable to attend. For those midwives who were unable to attend elective education, reasons were related to lack of staff or back-up, or problems with the timing of, or distance to, the workshops.

The respondents were asked to indicate how useful the elective education sessions were in developing their confidence as a practitioner. The majority (82%, n=148) found the elective education supportive or very supportive.

Support in preparing for the MFYP Midwifery Standards Review

At the end of the first year of practice the MFYP participant is required to undertake a two-hour MFYP Midwifery Standards Review (MSR). MSR is a quality assurance activity established and managed by the New Zealand College of Midwives for all practising midwives in New Zealand. Each midwife is reviewed by a panel of midwives and maternity consumers (women) – who have been trained for the role. The midwife presents a self-assessment against the midwifery standards and competencies, provides data on the outcomes of her midwifery care, reflects on practice issues and discusses client feedback gathered over the period of the review. It is a confidential process of reflection and support that culminates with an agreed professional development plan for the midwife to undertake over the period until their next review. The MFYP MSR process differs by being a little longer and by the inclusion of the mentor's feedback to the review process. The graduates were asked whether they had felt supported in their preparations for the MSR. The majority (80%, n=145) reported they had, with 25 (13.9%) negative responses and 10 (5.6%) offering no response.

The respondents were asked whether they found the MFYP MSR helpful to their development. There were 53.9% of respondents

who found the review very helpful/quite helpful and 38.3% finding it slightly helpful/unhelpful (Table 5).

Table 5 - How helpful to your development did you find your MFYP Midwifery Standards Review?

	Self-employed		Employed		No response workplace setting		Total	
	N	%	N	%	N	%	N	%
Very helpful	19	22.1	22	26.5	1	9.1	42	23.3
Quite helpful	32	37.2	22	26.5	1	9.1	55	30.6
Slightly helpful	23	26.7	24	28.9	5	45.5	52	28.9
Unhelpful	6	7.0	10	12.0	1	9.1	17	9.4
No response	6	7.0	5	6.0	3	27.3	14	7.8
Total	86	100	83	100	11	100	180	100

It would appear that some midwives found the MSR to be a valuable mechanism for gaining feedback on the past year and planning development for the coming years. Those that found it unhelpful explained that there was a lack of clarity or support around the purpose of the review, a lack of connection with reviewers, or a mismatch of philosophies.

Because graduate midwives can choose their mentor and access education and support to meet their individual needs, the MFYP programme provides a flexible holistic framework for each graduate regardless of workplace.

The Overall Picture

The survey participants were asked to provide an individual appraisal of the programme. The majority of the respondents agreed or strongly agreed (88.4%) that participation in the programme had increased their confidence (Table 6) and this was regardless of where the graduate worked (a Chi-Square test for independence indicated no significant association between setting (employed or case loading) and increased confidence x^2 (1= 169) = .44, p=0.98, Cramer's V .04).

Participants were asked which elements of the programme had contributed to their professional confidence (Figure 4). The responses indicated that each element of the programme contributed to the development of professional confidence with 'financial support' and 'support from the mentor' considered to be the main contributors. The responses did not appear to differ between employed and self-employed midwives.

The free text comments were generally very positive and described the programme as providing a safe and supportive structure for development of the graduate in the first year of practice.

Table 6 – Did participating in the MFYP programme increase confidence as a registered midwife?

	Self-employed		Employed		No response workplace setting		Total	
	N	%	N	%	N	%	N	%
Strongly agree	40	46.5	40	48.2	4	36.4	84	46.7
Agree	37	43.0	34	41.0	4	36.4	75	41.7
Disagree	4	4.7	3	3.6	1	9.1	8	4.4
Strongly disagree	1	1.2	1	1.2	0	0.0	2	1.1
No response	4	4.7	5	6.0	2	18.2	11	6.1
Total	86	100	83	100	11	100	180	100

I think the programme is invaluable in promoting a safe and exciting environment, in which the new midwife can develop and grow in terms of actual knowledge, and also networking and confidence in practice. A mentor can bring out the best in you, whilst acting as a small buffer as you step forward into your life as a Midwife (Participant 031).

DISCUSSION

The aim of this study was to determine whether participation in the programme supported graduate midwives in their first year of practice. It sought to explore which elements were considered important to increase confidence and development as a practitioner. The vast majority of graduates agreed that participation in the programme had increased their confidence as registered midwives. While all elements of the programme were considered important in developing professional confidence, the most important were identified as 'financial support for education', 'support from a mentor', and 'clinical practice support from colleagues'. Support for professional development is inherent within the programme and was valued by the graduate midwives. The programme appears to be well regarded and highly valued by the programme participants.

Because graduate midwives can choose their mentor and access education and support to meet their individual needs, the MFYP programme provides a flexible holistic framework for each graduate regardless of workplace. The structural components enable an individualised programme to be developed with each element of equal importance for the graduate's professional growth. The programme structure of midwifery practice support, mentor support, financial support for education, critical reflection on practice and the Midwifery Standards Review (MFYP MSR) at the end of the first year of practice are all equally important and necessary for the graduate to develop confidence.

An important finding of this research is that new graduates experience midwifery support during clinical practice from the whole midwifery and maternity community. Hospital midwives provide high levels of support during labour and birth regardless of whether the graduate midwife is employed or self-employed. Mentor support extends across the whole midwifery scope of practice; some mentors provide hands-on support during labour and birth and some do not because it is not necessary when graduates are well supported by core midwives. The majority

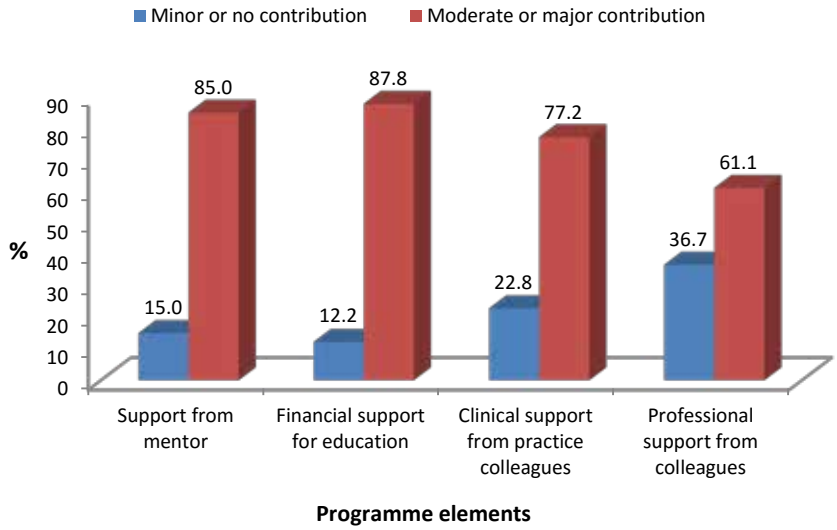

Figure 4 - Contribution of programme elements to professional confidence

of participants had been able to attend the elective education of their choice and these elective education sessions were considered important sources of support and a means of consolidating their knowledge and development.

An important finding of this research is that new graduates experience midwifery support during clinical practice from the whole midwifery and maternity community.

The MFYP MSR is the quality assurance aspect of the MFYP programme designed to support safety for the graduates, the women and the profession. Our study has found that the majority of participants felt supported to prepare for their MSR and found it a useful process. However, some did not and they reported that there were still some issues around the process. Since 2010, it has been a requirement of the MFYP programme that the mentor attend the review in a supportive role and this may resolve some of those issues identified where graduates felt unsupported, unclear of the purpose, or misunderstood by the reviewers. Additionally, the New Zealand College of Midwives has made changes to the MSR process since the period of this study, including increasing the training of reviewers and reducing the size of panels from four to two in order to increase consistency of approaches between panels. Because MSR is a compulsory component of the Midwifery Council of New Zealand's recertification programme, midwives are gaining more experience with the process with consequent greater understanding of it across the profession. Further research would be necessary to gauge the experience of graduates in the current MFYP programme.

It would appear that each component of the MFYP programme is important and complementary to the whole programme. The programme is individualised to each midwife yet the inclusion of each component builds support and confidence. This study shows that the nationally consistent MFYP programme is also individualised to each midwife's needs and is an important contributor to the increasing confidence of graduate midwives. The new graduates' ability to choose their setting, their mentor and their further education in the first year, as part of the programme, allows them to structure their development in line with the realities of their lives and their professional needs.

This study shows that the nationally consistent MFYP programme is also individualised to each midwife's needs and is an important contributor to the increasing confidence of graduate midwives.

The programme continues to evolve

Since the inception of the programme there has been a number of changes made in response to feedback from graduates or mentors and the wider midwifery profession. The findings of this study support these changes. Administrative changes to reduce paperwork and streamline reporting requirements to the Ministry of Health have been implemented. Expectations of graduates have been clarified and autonomy within the mentor relationship strengthened with the provision of more structured advice and guidance. Graduate participants are now advised to choose mentors outside of their immediate practice context in order to prevent possible negative consequences of unequal power relationships. For example, graduate LMC midwives should not choose their practice partners as mentors. Graduate core midwives should not choose senior midwives within their workplace. The midwife mentors themselves are also limited to mentoring for three consecutive years, after which time they are required to have at least a year off from mentoring. This promotes innovation and enthusiasm for the mentor role and also supports the individual to reflect on their own professional role. The importance of finding the right mentor is now strongly stressed within the programme as it is considered key to a successful mentor/graduate relationship and supportive of a positive transition. It is not necessary for the

mentor to be in the same work setting. The MFYP programme will continue to evolve to ensure that the transition needs of new graduate midwives are being met within their first year of practice. In 2015 the MFYP programme became a mandatory requirement for all graduate midwives.

Strengths and Weaknesses

This research has explored the views of graduate midwives who have participated in the MFYP programme. We were not able to explore the views of those who did not participate to gauge the reasons for non-participation. Additionally, as with any survey, there is the possibility of response bias in that those with stronger opinions were more likely to respond. The response rate from the participants was reasonable and the demographics of the survey respondents were reflective of the full cohort, which suggests that the responses are valid and can be generalised.

The new graduates' ability to choose their setting, their mentor and their further education in the first year, as part of the programme, allows them to structure their development in line with the realities of their lives and their professional needs.

Implications for Practice and Further Research

The findings have demonstrated that the MFYP programme is working well as a transition programme for new graduate midwives in New Zealand. Further research is needed to explore the perspective and experiences of the mentor within the MFYP programme and explore which skills contribute to a successful relationship. Exploring the perspectives and experiences of the wider maternity community with this programme could provide insight into its broader impact.

CONCLUSION

This survey has identified the importance of the MFYP programme for graduate midwives in New Zealand. The responses to the survey were overwhelmingly positive and demonstrate that the graduates highly value the programme. Each element of the programme was considered important regardless of the graduate's practice setting. This research has provided an overview and furthered understanding of how each of the key elements of the MFYP programme contributes to increased confidence of graduate midwives. The MFYP programme is flexible, meets the needs of New Zealand graduates and helps them to increase confidence in their first year of practice as a registered midwife.

ACKNOWLEDGEMENTS & CONFLICT OF INTEREST DISCLOSURE

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