

## AOTEAROA NEW ZEALAND RESEARCH

## Uncertainty and flexibility: Midwifery students' experience during the COVID-19 pandemic in Aotearoa New Zealand

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### ABSTRACT

**Introduction:** The initial COVID-19 lockdown in Aotearoa New Zealand (Aotearoa NZ) in 2020, likely resulted in significant disruption to maternity care and midwifery education. Therefore, we asked the question, “What was the experience of student midwives studying and providing maternity care during the COVID-19 pandemic in Aotearoa NZ?”

**Aim:** Our aim was to explore the impact of the 2020 lockdown phase of the COVID-19 pandemic for student midwives in Aotearoa NZ.

**Method:** This qualitative descriptive study used semi-structured interviews to explore the impact of alert levels 3 and 4 COVID-19 lockdowns in 2020. Inductive thematic analysis was used to identify codes and generate themes and sub-themes from the interview transcripts.

**Findings:** Seven midwifery students described their experiences from which two overall themes were identified. The first of these was **Uncertainty** in which participants described insecurity, loss of control, isolation and constant worry. On the positive side they described **Flexibility and Resilience** – the ability to be flexible as they moved to more frequent use of online platforms, which provided connection with their peers; and resilience where the pandemic was considered beneficial by some for the future as it built their ability to face unanticipated challenges in their midwifery practice.

**Conclusion:** During a pandemic, anxiety, isolation and insecurity are common and our participants felt additional institutional support for student midwives was required. We concluded that it is essential to acknowledge the anxiety and individual needs of all students and check in with them regarding their physical and mental wellbeing. Setting up online platforms and facilitating connections between tutors and peers may provide more structural support.

**Keywords:** COVID-19 pandemic, lockdown, midwifery student, education, maternity care

### INTRODUCTION

The COVID-19 viral illness, or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) illness, is a global pandemic that has caused widespread mortality and morbidity and will continue to threaten human health into the future. Countries have responded in various ways to reduce, contain or eliminate the virus and to lessen the impact on population health and health services. The focus of the response has varied but most countries have relied on minimising social contact, maximising the health service response, and the identification and contact tracing of cases.

The COVID-19 lockdown was part of the Aotearoa New Zealand (Aotearoa NZ) response to the pandemic, given the absence of a vaccine at the time, and sought to reduce community spread of the disease and limit the impact on the health system. In Aotearoa NZ, the announcement of the settings of alert levels 3 and 4 in March 2020 resulted in widespread health and education service

changes designed to reduce the spread of the virus. As disease transmission increased, so did restrictions and alert levels. The highest alert level (4) was announced to commence midnight 25 March and involved community-wide containment with households under “lockdown” and the whole country required to isolate at home. The only exceptions were essential services and essential workers. Alert level 4 necessarily caused disruptions and limitations which affected maternity workers and students. Restrictions within maternity included limiting the number of support people in maternity facilities and the wearing of Personal Protection Equipment (PPE). In education services, disruptions included stopping face-to-face learning and transitioning to online forms of teaching.

During COVID-19 alert levels 3 and 4, restrictions within the maternity service included limited physical access to direct antenatal care (precipitating a move to telehealth), limited access

to the maternity hospitals and restrictions on support for women/people during labour, birth and postnatally. During this time there was limited or no access to education campuses, simulation/practice skill development and clinical placements. The education of midwifery students was moved online for those who were not already engaged in blended learning.

This paper is part of a wider study exploring the experience of the Level 3 and 4 lockdown phases of the COVID-19 pandemic for women/people who were pregnant, giving birth and managing the early days and weeks of parenting, along with the experience of midwives and midwifery students providing maternity care at that time. In this current study, we explored the experience of midwifery students during the lockdown when little was known about the impact of the pandemic response on the education of student midwives. Therefore, the aim of this study was to determine how the initial lockdown phase of the COVID-19 pandemic affected student midwives in Aotearoa NZ.

## LITERATURE REVIEW

A narrative literature review was seen as the most appropriate review process for identifying the subsequently published studies and contextualising this research. It provides a platform for a comprehensive examination of the literature and an analysis of the emerging patterns. It was only as the pandemic unfolded post 2019/2020 that research was undertaken and a body of knowledge developed about the experience of student midwives during this time. The literature reviewed focused only on the experience of student midwives studying and providing maternity care during the COVID-19 pandemic initial lockdown and the impact on their learning and clinical placement opportunities.

The key words used in the literature search were: midwifery, students, COVID-19, midwifery pre-registration education, midwifery degree, midwifery student, midwifery clinical placements, and pandemic. The search was limited to studies conducted between 1 January, 2020, and 31 January, 2022. Key and relevant grey literature sources, including social media, were also searched and assessed as credible sources, due to their relevance to the topic. Databases searched included Medline, EBSCO, JSTOR, CINAHL, Scopus, Web of Science, and Google Scholar. Using the key words in different search engines resulted in approximately 200,000 sources of literature but when midwifery/midwife and then student were added, the relevant literature was reduced significantly. Articles were excluded if they did not include midwifery students in the population studied.

Nine publications were included in the review, 6 of which are peer reviewed research, 1 newsletter, and 1 blog site (2 blogs). Blogs are a rich source of data as they capture experience in real time. The insights offered by these blogs published on the all4maternity.com website and in their Student Midwife journal can now be put alongside the research that was carried out later. The literature included in the review comes from midwives, student midwives, midwifery policy advisors, midwifery educators and two newly qualified midwives as shown in Table 1. The literature reviewed presents the pandemic as both a challenge and an opportunity.

## Communication

Modes and methods of communication and connection were some of the challenges faced by staff and students alike during the pandemic. The ability of organisations to respond to these challenges impacted either positively or negatively on students'

**Table 1. Literature reviewed**

Title	Year	Authors and country	Type of literature	Place published
Supporting Students' Practice Covid 2020: What are the fears for the Third-year Midwifery Student Cohort?	2020	Hoggarth, T. United Kingdom	Blog	all4maternity.com The Practising Midwife
Covid-19 Special Report: What about the Future? Holding on to our Philosophy of Care	2020	Lai-Boyd, B. United Kingdom	Blog	all4maternity.com The Student Midwife
Exploring the STEP-up to practice: A survey of UK Lead Midwives for Education views of the Student midwife Extended Practice Placement during the first wave of the COVID-19 pandemic	2021	Cooke, A., Hancock, A., White, H., Clark, N., Gibb, F., McNeill, J., Thomas, G., Lloyd, C., & Furber, C United Kingdom	Peer reviewed journal article	Midwifery
The psychological effects of working in the NHS* during a pandemic on final-year students: part 1	2021	Kane, C., Rintakorpi, E., Wareing, M., & Hewson, D. United Kingdom	Peer reviewed journal article	British Journal of Nursing
A cross sectional study of midwifery students' experiences of COVID-19: Uncertainty and expendability	2021	Kuliukas, L., Hauck, Y., Sweet, L., Vasilevski, V., Homer, C., Wynter, K., Wilson, A., Szabo, R., & Bradfield, Z. Australia	Peer reviewed journal article	Nurse Education in Practice
Clinical nursing and midwifery education in the pandemic age	2020	Lazenby, M., Chambers, S., Chyun, D., Davidson, P., Dithole, K., Norman, I., & Tlou, S. United States, United Kingdom, Australia	Peer reviewed journal article	International Nursing Review
Midwifery education in COVID-19 time: Challenges and opportunities	2020	Luyben, A., Fleming, V., & Vermeulen, J. United Kingdom, Belgium	Peer reviewed journal article	Midwifery
Learning throughout the storm	2021	Nash, K., Zanchin, C., & Legge, T. United Kingdom	Peer reviewed journal article	British Journal of Midwifery
Student experiences of COVID	2021	Wilson, C., & Lloyd, C. United Kingdom	Newsletter	Midwives

\* National Health Service

learning and clinical experience. For example, in the transition to online learning, Handley-Stone (2021) identified the challenge for midwifery students in the United Kingdom (UK) of maintaining connection during the pandemic and that they needed a greater sense of community and improved communication during this time. Similarly, Kuliukas et al. (2021) carried out a cross-sectional study of midwifery students' experiences of COVID-19 in Australia which showed that too often communication from universities and hospitals was confusing and inconsistent, with students relying on each other and social media to keep themselves up to date.

### Midwifery way of working

In some areas, where the midwifery model of care or ways of working were restricted, there was an additional source of stress and anxiety for some midwives and students. Lai-Boyd (2020) explored the challenge of holding onto the midwifery philosophy and midwifery way of providing care during the pandemic and uncovered a confusing picture of changing guidance emerging in the UK, which resulted in a number of services, such as water birth and homebirth, being withdrawn as options. This added to the stress where midwives felt unable to provide optimal care during the pandemic (Lai-Boyd, 2020). Lai-Boyd's research in turn led to a survey by Kane et al. (2021) who explored the psychological effect, of working during a pandemic in the NHS, for final year students. The study showed that student midwives had higher levels of stress or burnout than did nursing students. Kane et al. (2021) suggest that this may corroborate with other research which shows a high level of psychological distress in midwives when they are prevented from practising to the standards expected of them.

### Anxiety

Anxiety is a common finding internationally due to the challenges of the pandemic. Hoggarth (2020) highlights the anxiety of final year midwifery students in the UK, as they worry about their midwifery experience and being able to register. This includes both anxiety while waiting to go on placement and anxiety about going on placement during the pandemic (Kane et al., 2021; Nash et al., 2021). When students were on clinical placement, they often felt they were not valued for the contribution they could make and were excluded; or there was confusion about their supernumerary status (Kane et al., 2021; Kuliukas et al., 2021). Students spoke of feeling an obligation to work on the front line during the pandemic, along with feelings of anxiety before starting placement and significant anxiety once deployed (Kane et al., 2021).

For many students, their anxiety was related to the confusing and rapidly changing picture. There was uncertainty when being asked to perform roles and tasks outside their comfort zone, less supervision, getting behind in studies, a feeling of "what next?", losing confidence and clinical skills, adapting to online learning, and increased family, financial and employment obligations (Hoggarth, 2020; Lai-Boyd, 2020; Wilson & Lloyd, 2021). Luyburn et al. (2020) saw the biggest challenge during the pandemic as being how to provide the clinical hours without the students suffering any time or financial penalties.

Some of these challenges were compounded by the fact that, in some countries, a change to online learning was completely new. Midwifery education had always been provided face-to-face (Luyben et al., 2020). The confusion and uncertainty were not helped by the fact that the approaches taken by education and clinical providers within cities and across countries ranged from complete closure to business as usual. Another layer of anxiety was added by the variable, or lack of, access to PPE when students were able to go to clinical placements (Kuliukas et al., 2021; Luyben et

al., 2020). One of the biggest challenges was the ongoing health and wellbeing of students and academic staff and one in five students felt more anxious or depressed than before COVID-19 (Luyben et al., 2020).

While there were many challenges, there were also opportunities, such as: learning to cope with stress and uncertainty, feeling and being part of a team, opportunities to learn and develop skills that were not usually available leading, in turn, to personal development and increased resilience (Nash, 2021; Wilson & Lloyd, 2021). Importantly, the sudden disruption and uncertainty caused by the COVID-19 pandemic changed the way that midwifery education was delivered and impacted students' clinical placements. This literature review has indicated the experience of some other countries' student midwives. We felt it was therefore important to explore the experience of midwifery students in Aotearoa NZ during the initial levels 3 and 4 lockdown phases of the pandemic.

### METHOD

A qualitative descriptive method was used to explore the experiences of student midwives who were current students in a midwifery programme at the time of the 2020 levels 3 and 4 lockdowns in Aotearoa NZ.

Midwifery students were invited to participate in a one-on-one interview about their experiences. The study invitation was sent via the New Zealand College of Midwives Facebook page and 16 students responded. All were sent participant information sheets. Inclusion criteria were: being a current midwifery student in Aotearoa NZ, over the age of 18, able to speak and read English, and having access to computer/internet services. Midwifery students who met the inclusion criteria were invited to participate. Twelve recipients requested a consent form and seven of those signed and returned these. These became the seven interviewees.

Ethical approval for this study was received from AUTECH 20/147 Birth in the Time of COVID-19 in Aotearoa New Zealand.

### Data collection

All data collection was undertaken virtually (via Zoom or similar audio/visual technology), and semi-structured interviews with students were conducted by one or other of the research team who were not midwifery educators. If Māori students wished to be interviewed by one of the team who was Māori, this was offered at the time of setting up the interviews. An interview guide was used to support the conversations and elicit fuller responses as necessary (Table 2). The questions included demographic details, changes resulting from the COVID-19 lockdown, and the impact of these on midwifery students.

The interviewer used further questions to elicit fuller responses as necessary.

Interviews were recorded, password protected and transcribed. All names have been changed to pseudonyms (chosen by the students themselves, the research interviewers, or by the lead transcriber), to support their anonymity. Any identifying details have also been removed.

### Analysis

Data were analysed thematically, guided by Braun and Clarke (2022). AG, JM and TJ read and individually began to code the student interview transcripts, then met several times to agree on the codes and the themes, which were then discussed with the wider research team. Themes were re-examined and further refined, before being re-checked against the data. The two overall themes which were identified from the analysis were "uncertainty" and "flexibility and resilience" as shown in Table 3.

**Table 2. Midwifery students' questions**

Where do you live?

How far through your programme are you? Three or four-year programme?

Which ethnic groups do you identify with?

During the COVID-19 levels, how many people were living in your home with you?

Describe what it was like being a midwifery student during the COVID-19 pandemic?

What were the biggest challenges you faced personally or study-wise during the COVID-19 pandemic?

Did you make any personal changes in your life as a result of the COVID-19 pandemic in view of your midwifery study?

Have you experienced any interruption to your education as a result of the COVID-19 pandemic?

What changes did your midwifery programme make as a result of the COVID-19 pandemic?

What did/do you think about these changes to your education?

How were you and other student midwives supported by your organisation during this time?

What was positive about this? What else could have been done?

If you were able to practise clinically, how did you prepare and or what preparation did you receive to practise clinically during the COVID-19 pandemic?

If you were able to practise clinically, can you describe any particular clinical situations that impacted on you at this time and describe how this made you feel?

What could have been done better?

What was done well?

**Table 3. Codes and themes identified in the data analysis**

Example quote	Codes	Themes
I think the biggest word to describe that would be 'insecure' and also 'uncertain'. So, there was just a huge amount of uncertainty mainly around whether or not any of us would finish this year, finish our degrees this year. (Lily)	Insecurity Loss of control Constant worry Isolation Concern for self and family	Uncertainty
If we can get through the first year with a COVID pandemic, we're going to come out the other end and we're going to be really resilient midwives who are going to really understand a lot of different things compared to some others. (Danielle)	Flexibility Resilience Connection	Flexibility and resilience
... it was quite hard, just not knowing where you were going to go and what was actually going to happen with the course. So, a lot of things did get put on hold but at the end of the day, for myself, I just told myself it's out of my control. I can only do what I can do, so I kind of just rolled with the punches in a way. (Kendall)		

**FINDINGS**

The impact of the uncertainty of the pandemic on the learning experience for these seven students required them to develop flexibility and become resilient. We first explore the theme of uncertainty which arose for students at the beginning of the pandemic.

**Uncertainty**

The theme of uncertainty came through strongly in the data, and included students saying they felt insecure and experienced a loss

of control, along with constant worry and concern for themselves, their family, their colleagues and for women/people.

**Insecurity**

The biggest challenge for these students was the disruption to the learning, especially clinical placements, and the flow-on effects from those disruptions which were being felt down the track. One student reflected in this way, which summed up what many others had said:

*I think the biggest word to describe that would be 'insecure' and also 'uncertain'. So, there was just a huge amount of uncertainty mainly around whether or not any of us would finish this year, finish our degrees this year. (Lily)*

Participants especially felt uncertainty about their clinical placements:

*The main thing that was tricky was the placements. We were in the middle of a community placement with an LMC [lead maternity carer] when we went into the first lockdown. So that just completely disrupted the year from then, and everything was just slowly getting shuffled back and back. (Abbie)*

Abbie is referring to being on a clinical placement that had to be rescheduled, and the flow-on effect of the disruptions meant that learning was delayed until later and later in the year. Clinical placements needed to be halted initially during the first level 4 lockdown. Students were worried about not completing their clinical hours and regretted the loss of the connections they had made with women/people. Kendall spoke about all the uncertainty:

*It was quite all up in the air because obviously you've got your placements, you're working with women all the time and all these sorts of things, and all of a sudden, because everything moved so fast when we did move into lockdown, it was all just like, 'oh my gosh, what do we do now?' And you didn't know what was happening with COVID, you didn't know what was happening with school, you didn't know what was happening with your family, and all these different scenarios. (Kendall)*

For the participants this uncertainty also led to a sense of loss of control. Not only were clinical placements affected, but also their relationships with midwives and women. Other aspects of their lives were also impacted, including family and children's schools, for example. The concern about missing births or hours created anxiety around being able to complete the Midwifery Council's practice requirements. As Emma says:

*I missed a birth um, oh I wasn't able to go to a birth ah because of, COVID so it's kind of impacted me um it sounds a bit heartless like numbers wise, like missed out on hours and missed out on that person being counted as a follow through for, um, for the Council missing out on those hours was, has impacted like quite a lot. (Emma)*

Emma explains that she feels heartless in being concerned about completing Midwifery Council requirements, but on the other hand she knows that she needs to meet these to register as a midwife, so felt the impact.

**Loss of control**

Danielle goes so far as to liken being a student midwife during the COVID-19 pandemic to a bus crash:

*Well, I described it as a bus crash. I described it as a bus crash because literally we were trucking along, everything*

*was going great, and then we hit the wall and then we had to stay in that bus. And we were told that it was going to be fine but we couldn't move. And then we had all the work piled on us while we were in this bus crash, while we were still stuck and we couldn't move. And then eventually when we got out of the bus we now needed to recover, but we've still got all the work on top of us.* (Danielle)

The metaphor of a bus crash, which Danielle uses, reminds us that, for the students, the momentum of their course (the bus), and then the crash of COVID-19 lockdown meant a sudden stop to the momentum. Nevertheless, all the course work didn't stop piling in on top of them, even though, metaphorically, they were unable to move. Then after the bus crash there was the sense that there was no time for recovery from the trauma (of the normal momentum of the course crashing to a halt), but the expectation was they had to get back to normal and get on with it. As another student put it: *So even though they thought, 'COVID's done, you should be fine now, stop sending us all these emails and complaints and extensions', I was sitting here, 'oh, but the damage is still ongoing and it's still going too'* (Abbie).

Usually after the trauma of an event such as a bus crash, there would be a period of recovery and rehabilitation and, for Abbie, even though at that time it seemed the pandemic was over, she still felt injured but there was no accommodation made for her trauma.

### Isolation

Participants who had been learning face-to-face had to move suddenly to working online from home. Some felt isolated from their midwifery support networks. Greta and Emma discussed how this was for them.

*I had pretty much no contact with people who understood what my degree was like, and just being by myself in general, no human contact is quite hard to find ways to focus I guess on studies.* (Greta)

*Personally, I'm quite a social person. And so, I really, really missed catching up with my friends and that kind of, release that you get from like studying like, like if you study all day then go catch up with your friends I really, really miss that part of it.* (Emma)

For those who were used to being around others and thrived on social contact, this was particularly challenging. Participants spoke about the smooth transition with the logistical changes to their midwifery education but highlighted the need for more pastoral support.

*Apart from actually asking us how we were feeling, their communication with us was really good. I know that seems silly but, if they'd communicated and asked us how we were feeling, then that would have been really helpful.* (Danielle)

### Constant worry

These students also spoke of their worry about the pandemic in general, and Abbie describes it as constant "noise".

*And it seemed, it was more just that it didn't seem right, in the time and with everything that was going on and these daily announcements and hearing about everything happening overseas, and how out of control that was, it didn't seem right to just sit down and carry on with my life. So, it was really hard to focus on study with so much noise in the background, literal noise and then, kind of other noise on the news and yeah that just plays in your mind a*

*bit. You almost feel, you almost feel guilty to just kind of sit away and keep doing your work.* (Abbie)

For Abbie, hearing the news about the pandemic internationally, the daily government/public health announcements, and the fear of COVID-19 meant she didn't feel right that she should be continuing life "as normal".

### Concern for self and family

Students expressed their concern for their families, and not wanting to bring the virus home to their family from the clinical area:

*I got to the point where I thought, 'well, what's the point of being careful at all?' Because we're careful here and we're careful here but we're not careful in this situation. And then I'm potentially taking this home to my family when I go home, and they're sitting at home waiting for me and then I bring whatever is here. So definitely anxiety in that sense, yeah.* (Lily)

### Flexibility and resilience

#### Flexibility

Students needed to be flexible in their response to the changing environment and uncertainty they faced during lockdown. There were changes to their mode of learning, with the delivery of theoretical content suddenly moving online for some. At some institutions, practical content like simulations were also carried out online. Participants spoke about the speed at which changes occurred and acknowledged the uncertainty that came with this: *I had it on my calendars, everything that I wanted to do in order and then they're like, 'sorry, we're changing it' and I was like, 'no'* (Greta).

Despite the sudden changes, students appreciated that their educators were also having to deal with the disruption and uncertainty: *It was an experience that nobody knew how to deal with* (Danielle).

For some participants, the move to online learning was convenient and they had a smooth transition to the new learning platform. Emma adapted easily and saw the benefits of online learning: *I do enjoy getting together and doing the face-to-face teaching and I know a lot of people learn differently but um I was fine doing it online* (Emma).

Some students with children saw the positive aspects of learning from home during lockdown. They saved money on childcare costs, and some had partners and family at home who offered support with childcare also. Danielle spoke about this.

*I thought that it was quite a benefit if they could make it work that if we could do it online, then it would save people a lot of money, a lot of childcare...So, I thought that was a benefit.* (Danielle)

Kendall was already familiar with a blended learning approach. She praised her institution for the easy transition to total online learning and the communication with students regarding this.

*Because I think my school, with the whole blended learning, it went quite seamlessly from one situation to the next. They were fantastic, they approached us very, very early on, so we had regular contact right from day one, as it was unfolding which was great.* (Kendall)

Students who were out in clinical placement had to adapt to wearing PPE. Maternity services were disrupted with limitations on numbers of support people. Some students took on a greater support role, where others could not be present at births.

*The midwife was like, 'oh you should go in and support her, it would be really good if she had an extra support person'. And then I couldn't even go and so it was just her and the*

*midwife in the end and I just felt so sorry for her. It would have been, for anyone it would have been rough but also, it's quite a cultural thing from my understanding for them to have their family present during this time. So that was really sad to hear and watch.* (Greta)

Participants reflected on the juggling of roles that was required being home during lockdown, while continuing with midwifery education. They had to balance their familial and household responsibilities with their study needs. Some found this more difficult due to their personal circumstances: *And you didn't know what was happening with COVID, you didn't know what was happening with school, you didn't know what was happening with your family, and all these different scenarios* (Kendall).

Emma found that she had more support than normal, which was a positive aspect of being at home during lockdown: *I felt like I relaxed back a little bit, especially with my husband home* (Emma).

She also recognised, however, that her classmates' needs may have been different from her own: *It was never going to be perfect for everyone* (Emma).

### Resilience

Despite the changes and uncertainty that accompanied COVID-19, students were able to see the positive side of their situation. They recognised that what they would gain, going through the pandemic, would be beneficial to them as future midwives. Danielle, a new midwifery student at the time of the lockdown, said the following about her cohort.

*If we can get through the first year with a COVID pandemic, we're going to come out the other end and we're going to be really resilient midwives who are going to really understand a lot of different things compared to some others.* (Danielle)

Some participants found that their midwifery studies gave them a sense of stability, amongst the uncertainty in other aspects of their lives. They found relief through focusing on midwifery. Bridget spoke about this.

*I think because I had my study, I was able to have something to focus on. Yeah, so that was a positive for me. I had the study to take my mind away from what was happening with the COVID.* (Bridget)

Bridget was pragmatic in her response to the COVID-19 pandemic. She recognised that it wasn't something that could be ignored, and it would affect her studies: *We just have to go through it. We just have to dig down* (Bridget).

### Connection

The frequent connection on online platforms provided support and a sense of camaraderie for these students. Despite not being able to meet up in person, they were able to still connect and support each other virtually.

*And I would say that probably one positive from the COVID experience and the lockdown experience is we've felt a lot more connected with everybody because of these meetups that we were having via this platform. So that's a positive.* (Kendall)

The pandemic situation was unique, and the response felt like it was everchanging. Rules and recommendations varied in different levels, locations and settings, and this impacted on students' clinical placements. Despite this, they understood that the situation was novel and recognised that they weren't alone going through it: *We've gone through something together, there's this sense of connection going through this really odd experience together* (Lily).

Students recognised that others' realities were different to their own. They showed empathy by offering support to their peers when needed. Emma talked about how she supported a vulnerable friend in her class during the lockdown.

*I know one of, um, my friends is a single mother who had a child that has um like chronic asthma and so it was nerve wracking for her going out at any time um and so I know I did like a shop for her and stuff like that just to help out where I could because she was living at home with a 2-year-old.* (Emma)

## DISCUSSION

The initial COVID-19 lockdown in Aotearoa NZ, in March 2020, brought much uncertainty for the midwifery students in the study. The situation was constantly evolving, resulting in insecurity, a loss of control, concern, and worry.

### Anxiety/constant worry

Our findings resonate with other international studies which have found anxiety to be a common challenge during the pandemic. Sögüt et al. (2021) investigated COVID-19 knowledge levels and anxiety states of midwifery students in Türkiye. They found that anxiety was increased during this time. For student midwives in the UK there was worry about being able to achieve the required practical components of their degree in time for their projected graduation (Hoggarth, 2020). The student midwives in our study described feeling "out of control" due to having placements changed or cancelled and not knowing how this would affect their progress and success.

Being on placement during a pandemic has also been described as difficult internationally, with some UK students feeling an obligation to work on the front line due to staff shortages during the pandemic, along with feelings of anxiety before starting placement and significant anxiety once deployed (Kane et al., 2021). The students in our study were also worried about their health and that of their family members, with concerns of catching the virus while on placement and spreading it within their family.

### Isolation/connection

Student midwives in our study described feeling isolated from their usual support networks. Connection and communication were major challenges for many institutions during the pandemic. These concerns were echoed by Kuliukas et al. (2021) who carried out a cross-sectional study of midwifery students' experiences of COVID-19 in Australia. They found communication from universities and hospitals was often confusing and inconsistent. Students relied on each other and social media to keep themselves up to date. The variable ability of organisations to respond to this challenge impacted either positively or negatively on students' learning and clinical experience. Handley-Stone (2021) identified the challenge for midwifery students in the UK to maintain connection during the pandemic and that they needed a greater sense of community and improved communication during this time.

Our participants described creating connections virtually to overcome isolation. Increasing online connection was also reported by other international studies. Nash et al. (2021) found that some UK students reported that the strong relationships, developed during this time between them and the midwives, increased their learning and developed their skills. Students spoke positively about their experience of gaining strength as a group, being supported by their tertiary institution, and also feeling part of something bigger (Wilson & Lloyd, 2021). Therefore, acknowledging students' anxieties and needs and being available to check in with students

are important to their physical and mental wellbeing. In addition, supporting contact and optimal communication can reduce isolation and support flexibility.

### A valuable experience

Kane et al. (2021) found that the pandemic provided an opportunity to advance personal development (for the student midwives in their study). Nash et al. (2021) spoke about the unexpected opportunities some students had for continuity of placement that they may not have had otherwise. A similar finding was reflected by the students in our study who identified that the pandemic was a valuable, yet challenging, experience which also strengthened their resilience.

### Lessons for the future

It is now (February 2023) the fourth year of the global COVID-19 pandemic, and attitudes and response to the threat have changed. Responses can now be informed by national and international research as well as individual experiences.

At the time that the participants were interviewed, no one anticipated that COVID-19 would continue to disrupt midwifery education for a number of years. Some of the interviewed participants have been impacted by the COVID-19 pandemic throughout their entire degree to date. Student midwives are considered part of the critical workforce and had to further adapt and be flexible as the situation continually evolved.

The challenges and opportunities presented by the pandemic provide some key insights for both education and health providers. The teaching of skills to cope with uncertainty and crisis management appears to be something that would serve midwifery students and the profession well for the future. Alongside this, institutions and clinical facilities that were flexible and innovative ensured the impact of the pandemic on students was minimal, or even potentially positive. It is important for institutions to respond and adapt to the changing needs of the education sector and health workforce, and develop strong, collaborative relationships. The setting up of online platforms has facilitated connection and provided structural support when being physically on campus hasn't been possible.

From the international perspective, one of the initiatives which impacted on students' clinical experience were "wobble rooms" where staff and students could have some time out, relax, gather themselves and gain their strength to go back into the clinical setting (Hoggarth, 2020). Such initiatives provided students with learning about coping during stressful times and even began to change the culture around stress and coping. Kane et al. (2021) also touched on this in that they identified that there was little or no preparation of students for the reality of health professionals becoming infected and dying of COVID-19. It would appear that the pandemic has provided an opportunity to review curricula to ensure we are better preparing midwifery students.

Renfrew et al. (2021) undertook a health system analysis to identify the lessons learnt from the pandemic translating into strategies to cope, adapt and transform for the future. One of the insights from this research is that those who responded successfully to the pandemic had strong pre-existing relationships and worked collaboratively across the educational and health sector.

Lazenby et al. (2020) captured the experience of the disruptions for clinical nursing and midwifery and the future implications. The authors of this article from the United States, Australia, UK and Botswana captured a common experience. One of the things they are clear about is that one of the most successful ways of dealing with the pandemic was where partnerships were set up between

education providers and hospitals, and students were a valued part of the workforce. The authors suggest it is time to take seriously the recommendations in the World Health Organization's State of the World's Nursing 2020 report. In particular, that academic leaders and nursing and midwifery workforce leaders need to be part of each other's governance and engage in joint projects rather than being within siloed institutions. The authors of this article called for an urgent recalibration of how clinical education is organised and facilitated to ensure competent, confident and credentialed providers in the new pandemic age (Lazenby et al., 2020).

It would appear that what enabled the best response was an integrated educational and health service built on trusting pre-existing relationships where there was the ability to be flexible and to adapt. The flexibility was seen in some areas in Europe where the European Union directive for the requirements of certain tasks and numbers was reinterpreted. This permitted those students to complete their education in three academic, rather than calendar, years and to enter the workforce early if they had reached all their targets. This not only meant these students were able to register and graduate on time, but that the workforce pipeline was sustained (Luyben et al., 2020). In Aotearoa NZ various pathways and supports have accommodated students to register as midwives. However, it is recognised that future research will be required to ascertain the support these new practitioners may need as they transition to their role as registered midwives.

#### Key points

- During a pandemic or similar crisis it is essential to acknowledge students' anxiety and needs and to check in and provide support regarding their physical and mental wellbeing.
- Midwifery educators need to be flexible in adapting their education programmes.
- Clinical placements need to be developed in collaboration with midwifery services to be safe and flexible for students.

### STRENGTHS AND LIMITATIONS

One of the strengths of this study was the in-depth interviews with midwifery students about their experience during the lockdown phase of the COVID-19 pandemic, which meant that their experiences were very current. A limitation of the study was the small number of participants. Because the experiences of only seven midwifery students were included in this paper, the findings may not be representative of the study population.

### CONCLUSION

The COVID-19 pandemic has provided midwifery education with both challenges and opportunities. The lessons are that during a pandemic it is essential to acknowledge students' anxiety and needs, and to check in and provide support regarding their physical and mental wellbeing. Other learnings from the COVID-19 pandemic are that midwifery educators need to be flexible in adapting their education programmes, including teaching via online platforms. Clinical placements need to be developed in collaboration with

midwifery services to be safe and flexible for students, and midwifery programmes need to prepare students for practising in a pandemic or similar crisis.

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